



AFTER ACTION REPORT

Parker Wing Standpipe Break

Prepared by
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Prepared for
Susan Wade

Date(s) of Exercise or Event
Jan 27, 2026

Publication Date
Feb 17, 2026



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Executive Summary:

At approximately 11:10 am on Tuesday, January 27, 2026, water began pouring into floors 1 through 4 on Parker Wing from the 6-South stairway. The water was coming from a Fire Department Standpipe located in the stairway on the 4th floor. Staff quickly evacuated the impacted area of NICU on the 4th floor, rooms 3601-3610 on the 3rd floor. Staff in the Lab on the 1st floor immediately covered vital equipment with tarps and temporarily shut down operations.

With the exception of STEMI and Stroke, Hendrick Medical Center went on full divert from 12:34 to 3:01.

All patients were effectively and efficiently relocated to areas where they continued to receive adequate care throughout the incident.



Exercise or Event Overview

Type of Exercise/Event Completed:

(Check the appropriate exercise/event)

Discussion-Based Exercise

Tabletop Workshop Seminar

Operations-Based Exercise

Drill Functional Exercise Full-Scale Exercise

Emergency Event

External Event Internal Event

Capabilities: *List the appropriate targeted capabilities being evaluated during the exercise/event. Reference: "Target Capabilities List".*

- Planning
- Communications
- Risk Management

Location: *Be specific and provide details if more than one location is involved.*

Parker Wing, west area, floors 1-4.

Partners: *List all partners, contractors, co-sponsoring/supporting organizations.*

EMS, TDEM, NCTTRAC, Service Master.

Participants: *List all participating organizations or agencies.*

Service Master, Clinical, Lab, HMCS, Facilities,



Measurable Performance Expectations for the Six Critical Functions:

<p>1. Communications</p> <p>Considerations</p> <ul style="list-style-type: none"> • Activating the emergency all hazard command structure • Notifying appropriate departments • Communicating with local Office of Emergency Management (OEM) officials (if applicable), the news media, suppliers, and care recipients' families • Implementing appropriate effective internal communication 	<p>Satisfactory <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> NA <input type="checkbox"/></p> <p><i>Comments:</i> Events and updates were transmitted quickly to internal staff and essential outside agencies. MNS and call trees were utilized to inform personnel. Families were contacted to inform them of patient relocations.</p>
<p>2. Resources and Assets</p> <p>Considerations</p> <ul style="list-style-type: none"> • Locating additional potential resources before receiving patients (or other care recipients) • Planning for the replenishment of other medical nonmedical, and pharmaceutical supplies (if applicable) • Providing staff and staff family support (if applicable) • Assessing stockpile inventories (if applicable) 	<p>Satisfactory <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> NA <input type="checkbox"/></p> <p><i>Comments:</i> Plans were in-place and used effectively to control and stabilize the incident, mitigate the situation, and recover.</p>
<p>3. Safety and Security</p> <p>Considerations</p> <ul style="list-style-type: none"> • Maintaining internal and external security • Handling hazardous materials • Ensuring access to surge areas • Overseeing patient property and valuables • Identifying and monitoring patients/care recipients susceptible to “wandering” (in a nursing care Center for example) 	<p>Satisfactory <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> NA <input type="checkbox"/></p> <p><i>Comments:</i> Safety of all effected patients was the utmost priority. No safety or security concerns were noted.</p>
<p>4. Staff Responsibility</p> <p>Considerations</p> <ul style="list-style-type: none"> • Making sure staff are aware of their roles and responsibilities • Communicating with license independent practitioners about their role and to whom they report during emergency operations • Having appropriate method for identifying authorized personnel such as licensed independent practitioners during the emergency 	<p>Satisfactory <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> NA <input type="checkbox"/></p> <p><i>Comments:</i> Through past practices, exercises and training, all staff performed effectively to ensure a continuity of care and restore services quickly.</p>

<p>5. Utilities</p> <p>Considerations</p> <ul style="list-style-type: none"> • Providing alternate means of electricity, fire suppression, water for drinking and patient care, and water for equipment and sanitation • Having adequate fuel for building operations and transportation functions • Providing alternate means for other essential utilities; for example, ventilation medical gas, elevators, and so on 	<p>Satisfactory <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments: Facilities quickly identified the problem and isolated the water to the standpipe.</p>
<p>6. Patient Clinical and Support Activities</p> <p>Considerations</p> <ul style="list-style-type: none"> • Addressing triage assessment, scheduling, treatment, admission, transfer, discharge, and evacuation • Implementing a search plan • Addressing the needs of special populations (for example, pediatric, geriatric, individuals with disabilities for English proficiency) • Planning for personal hygiene and sanitation needs • Planning for mortuary services 	<p>Satisfactory <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments: All support activities performed as expected. Locations for patients were quickly identified; NICU patients were evacuated and cared for.</p>

Comparing this emergency exercise/event to past emergency exercises/events, what was noticeably improved or deficient with regard to the six critical functions?



S.W.O.T. Analysis

What Strengths were observed/identified during the exercise/event?

Knowledgeable staff. The quick actions from all staff, from patient care areas to facilities and contract personnel, minimized operational interruptions and ensured continuity of care.

What Weaknesses were observed/identified during the exercise/event?

Non noted.

What Opportunities were observed/identified during the exercise/event?

What Threats were observed/identified during the exercise/event?

Temperature Extremes, which is #4 on our Hazard Vulnerability Assessment, continues to be a threat. Winter Storm Fern brought freezing temperatures to the region for several days.

Exposed water systems to the elements.

Other comments:

Follow up actions required: List observations requiring follow up action.

1. Repair and restore the standpipe system.
2. Develop a plan or project to separate the standpipe from the elements.



Performance Improvement Plan

Capability	Top 3 Observations	Top 3 Recommendation	Corrective Action Description	Start Date	Completion Date
Risk Management	Charged Fire Department Standpipe exposed to elements	Relocate or reengineer the standpipe.	Engage with engineering firm to research and implement corrective actions to prevent future environmental issues.	Feb 17, 2016	

Conclusion

Lessons learned:

Lab having tarps readily available proved extremely valuable. Due to past lessons learned during extreme cold weather, they were in the practice of covering equipment during non-operational hours.

Emergency Management has secured plastic covering to maintain for potential future events.

How will results be utilized to revise the Emergency Operations Plan?
 No changes are needed currently.



**HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204—215A**

1. Incident Name Parker Waterline Break	2. Operational Period (#) DATE: FROM: <u>01/27/2026</u> TO: <u>01/30/2026</u> TIME: FROM: <u>11:00</u> TO: _____
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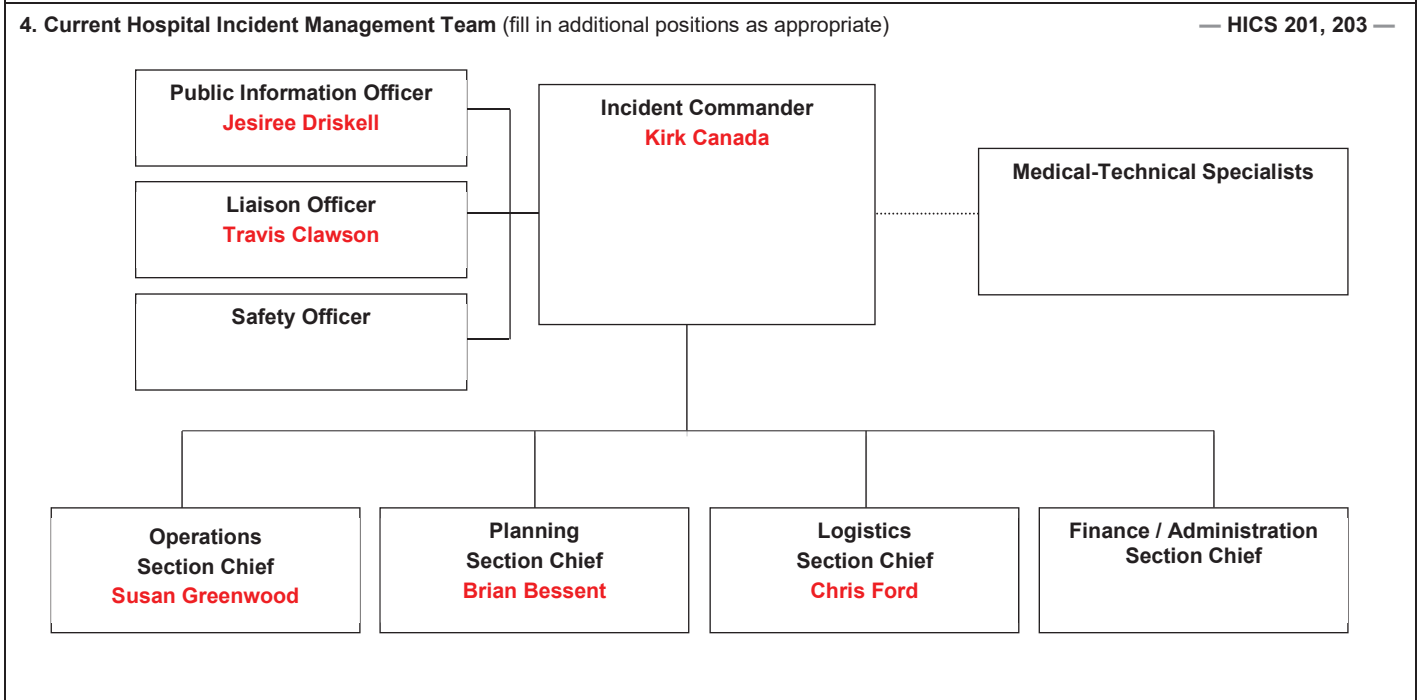
3. Situation Summary — HICS 201 —

At approximately 11:10 am on Tuesday, January 27, 2026, water began pouring into floors 1 through 4 on Parker Wing from the 6-South stairway. The water was coming from a Fire Department Standpipe located in the stairway on the 4th floor. Staff quickly evacuated the impacted area of NICU on the 4th floor, rooms 3601-3610 on the 3rd floor. Staff in the Lab on the 1st floor immediately covered vital equipment with tarps and temporarily shut down operations.

With the exception of STEMI and Stroke, Hendrick Medical Center went on full divert from 12:34 to 3:01.

All patients were effectively and efficiently relocated to areas where they continued to receive adequate care throughout the incident.

*Note: After all objectives were met, restoration was completed by contract personnel with over-site from Facility Management



HICS INCIDENT ACTION PLAN (IAP) QUICK START COMBINED HICS 201—202—203—204—215A

5. Health and Safety Briefing Identify potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. — HICS 202, 215A —

6. Incident Objectives — HICS 202, 204 —

6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO
Relocate affected patient areas			Clinical
Stop and secure water flow			Facilities and Contractor
Restore Lab Operations	Dry location, test equipment		Facilities and Lab Staff

7. PREPARED BY

PRINT NAME: TRAVIS CLAWSON

SIGNATURE:

DATE/TIME: JAN 27, 2026

_____ **FACILITY: HENDRICK MEDICAL CENTER**

Purpose: Short form combining HICS Forms 201, 202, 203, 204, and 215A
Origination: Incident Commander or Planning Section Chief
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204—215A



HICS-214-Activity-Log

1. Incident Name Parker Waterline Break		2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: 1125 _____ TO: _____	
3. Name Courtney Head		4. Hospital Incident Management Team (HIMT) Position	
5. Activity Log			
DATE / TIME		NOTABLE ACTIVITIES	
11:10 a.m.		Incident began	
11:25 a.m.		Started standing up the EOC	
11:40 a.m.		Status report from Precilla Camacho and Kim McCollough: P3, 3601-3610 are down, 4 moving to Dialysis, 3 moving to ICU, 1 moving down to non-impacted side of P3; P3 is now at capacity, ICU has one bed now; per Treva, standing water in the lab -Pharmacy assisting with transport -notifying the physicians -Chris Ford assisting	
11:45 a.m.		EOC began Susan Wade providing an overview – fire suppression line burst, NICU is impacted, they have moved the babies impacted, it was in the area with private rooms Precilla updated on P3 – 3601-3610 are down, 3 moved to Dialysis, 1 patient moved to Parker 7, 3 moved to ICU, 1 moved down to non-impacted side of P3; P3 is now at capacity, ICU has one bed now; Pharmacy is aware, physicians are being notified, nutrition is being notified; working with Lauren Grant/bed placement to figure out the long-term placements for these patients Lab (first floor) – has tarps to cover equipment, lab is shutting down all instruments, there will be delayed results today; instruments are down; need to go on all divert until we can get lab back up and running; doctors’ offices need to test patients to keep patients out of Hendrick lab facilities Kyle hematology is operational, Chemistry is shut down, Microbiology is down, Transfusion is down (need to go on Trauma divert); courier troponins to South, have already worked through the process, will communicate with Nursing to detail the process; istat can be run; Kyle and Kim McCollough to connect to work through the logistics Erin Eicke evaluating current and scheduled OR cases to see which procedures can proceed based on transfusion availability MRIs are also down, but unrelated to the flood NICU (4 th floor) – 5 patients had to be moved to the old NICU area, patient care is covered Administration (second floor) – flooded, no patient care impact Meeting again at 12:30 for next update	

HICS 214 - ACTIVITY LOG

1. Incident Name	2. Operational Period (#)
Parker Waterline Break	DATE: FROM: _____ TO: _____ TIME: FROM: 1125 _____ TO: _____
12:04 p.m.	Susan Greenwood - NICU is good; with moving the patients, there are still 4 open beds
12:06 p.m.	Omnilert sent out – Waterline break in Parker Wing There has been a waterline break in Parker Wing. Patients have been relocated. Impact being evaluated.
12:34	<p>Status Update – started by Kirk Canada</p> <p>Situation Update – fire suppression line burst between 10:30 and 11 a.m. in the Parker Wing between 3rd and 4th floor. Moved 5 patients on NICU, Moved 10 patients on P3, Admin is what it is, Lab is the most serious impact.</p> <p>Treva Broderick – team is still working on the water removal in the lab, though there is still water dripping. Equipment was covered and was protected. What is operational – hematology so CBC, UA, PT and PTT. Chemistry and all microbiology is down. Transfusion is still very much flooded though there is emergency release blood for emergency cases. Once the water is up, the lab will need at least 2 hours to power up equipment and be operational. Per Timothy Schmidt, it will take another hour to get rid of ponding water, but water will continue to drip and rain in the lab for a while.</p> <p>Kirk requested the physicians to discuss the impact to the Emergency department, the Operating Room, and the patient care floors (Cope, Russell, Lowry). The physicians asked about the possibility of cross-matched blood from south to north and the capacity with emergency release blood.</p> <p>Dr. Lowry said that he discussed with the surgeons, and they believe that they could get through the scheduled cases for the day in the operating room (there were only 2 that they were worried about needing blood). Dr. Lowry said that he would discuss with the surgeons the importance of discussing with patients the higher risk before proceeding with those cases. For the procedural areas, there was a c-section underway in OB and there were no other scheduled cases. Dr. Lowry discussed with the Cath Lab, and they were aware of the situation, and they would prefer to continue to receive patients knowing that there is emergency release blood available. Dr. Lowry said that he needed to talk to GI. Follow up was to see if there were any active GI bleeders in the hospital or any women in labor in the hospital.</p> <p>Treva shared that, per Kyle, there is a supply of 25 O- and 150 O+ units.</p> <p>Dr. Russell had some questions and concerns. Dr. Russell asked if the ED providers could get ahead of patients with a GI bleed and send cross match and screen to South. Dr. Russell supported being on trauma divert for component therapies, come off Stroke and STEMI divert, but stay on divert for everything else at North.</p> <p>Dr. Russell advised that an extra provider has been sent to South to help with the shift in volume and recommended shifting nursing staff to South and/or Plaza.</p> <p>Dr. Hyde advised that we need to coordinate with the onsite Trauma surgeon, Dr. Taves, on the blood supply to prioritize the cases that will require significant blood resources.</p>

HICS 214 - ACTIVITY LOG

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12:34	<p>Dr. Cope advised that for patients already admitted, there are a few that will need timely labs. Dr. Cope said that the biggest issue is bringing in new patients.</p> <p>Per Dr. Russell, Dr. Philpott stated that there is a Taylor County team available for inter-facility transport</p> <p>Susan Greenwood provided a report on the OB. There were 3 patients left to deliver, 2 had already delivered, 1 or 2 coming in this afternoon for overnight induction. Lab will do the type-and-screen for these patients.</p> <p>Clarified that we are going on divert for everything except for stroke and STEMI.</p> <p>Precilla provided an update on P3. The patients have been moved, providers and families have been moved, internal throughput working through, patients will be able to stay at North; there is some Med/Surg capacity so downgrading some tele rooms to create the appropriate. There is a Pyxis on P3 that was in the flooded area that had to be unplugged and moved, but it is not interfacing. Any new admission, discharge, or transfer will not go in to the Pyxis. P3 will have to contact the Pharmacy to get the meds and update the orders. Pharmacy and IT are working on that.</p> <p>Precilla provided the update on NICU. 5 of the private rooms were impacted, so the babies were moved to the old NICU, 4 more beds; able to shut the door of the area that was flooded, so the babies should not be impacted by the noise; Dr. D. has been made aware of the issue and recovery. Total census of 15.</p> <p>Kyle Copper gave an update on the status of the Lab. He said that no major instruments seem to be damaged; Kyle thinks that the instruments can be up and operational within a couple of hours once the water has been dried up (late afternoon, early evening), so the issue is how do we manage the next few hours. Per Kyle, there is an ample supply of O or have the patient's specific blood type in the record</p> <ul style="list-style-type: none"> - For OB patients, may already have a type-and-screen performed. - Have plasma, platelets and other components for massive transfusion protocol, addressed Dr. Russell's concerns. - Overall, better off being on trauma divert for a while until the Lab can get back up and going. <p>Timothy Schmidt stated that he thinks the water can be off the floor by 1 p.m., but may still be dripping, then added that he just got a report that water is off the floor in the Lab.</p> <p>Next update meeting was scheduled for 3 p.m.</p> <p>Susan Greenwood confirmed/questioned that there was no need to involve infection prevention – fire source water, not sewage.</p>

HICS 214 - ACTIVITY LOG

1. Incident Name Parker Waterline Break	2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: 1125 _____ TO: _____
6. Prepared by PRINT NAME: _ Courtney Head _____ SIGNATURE: _____ DATE/TIME: _____ FACILITY: _____	

HICS 214 - ACTIVITY LOG

PURPOSE: The HICS 214 - Activity Log records details of notable activities for any Hospital Incident Management Team (HIMT) position. These logs provide basic documentation of incident activity, and a reference for any After Action Report (AAR). Personnel should document how relevant incident activities are occurring and progressing, or any notable activities, actions taken and decisions made.

ORIGINATION: Initiated and maintained by personnel in HIMT positions as it is needed or appropriate.

COPIES TO: A completed HICS 214 must be submitted to the Documentation Unit Leader. Individuals may retain a copy for their own records.

NOTES: Multiple pages can be used if needed. If additional pages are needed, use a blank HICS 214 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Name	Print the name of the person for whom the activities are being documented.
4	HIMT Position	Enter the Hospital Incident Management Team (HIMT) position for which the activities are being documented.
5	Activity Log	<p>Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date (m/d/y), as well as if the operational period covers more than one day.</p> <p>Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, information received, etc.</p> <p>This block can also be used to track personal work activities by adding columns such as "Action Required," "Delegated To," "Status," etc.</p>
6	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.



HICS-214-Activity-Log

1. Incident Name Parker Waterline Break		2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____	
3. Name Tabitha Marshall		4. Hospital Incident Management Team (HIMT) Position	
5. Activity Log			
DATE / TIME		NOTABLE ACTIVITIES	
1/27/26		EOC Stand Up	
3:01		EOC Update	
		Kirk asked for a situation update.	
		Timothy confirms that the water on the floor has been cleaned up. All drying equipment will arrive by 10:00 pm, and the teams will operate throughout the night. Once the patient rooms are dry, they can be evaluated with the clinical teams and put back into service.	
		Kyle confirms that all items are fully returned and the lab has experienced minimal loss of computers. All testing is being conducted as normal.	
		Dr. Wiley and Dr. Russell confirm that we can come off of divert from the North ED	
		NICU patients impacted are good to go.	
		Precilla confirms that we have throughput for patients and P3 patients are safe.	
		Procedural areas are good to go, confirmed by Dr. Lowry.	
		Dr. Wiley confirms that we are still on divert for MRI. As for effecting regional transfers, those teams are available and aware of the workarounds.	
		Marketing will respond to a media request via a generic statement that will be available for all media networks	
		Kirk confirmed that updates can be provided tomorrow on the safety huddle.	
		Kirk confirms that we will have a root cause analysis after this incident.	
		Chris confirms that Biomed checked the equipment on P3, and those are all good. EVS and transport was focusing on South campus and Chris will let them know about the change in divert status.	
		Mark shares that a few PCs will need to be replaced.	
		Susan Greenwood confirms that the families of P3 patients moved to inpatient Dialysis need to be kept in contact regarding accommodations.	
		Precilla confirmed that ED south was moved south and she would confirm the change in divert status to those teams.	
3:09		Kirk concludes that the EOC is stood down and any remaining issues can be sent to Judy LaFrance, the Admin on Call.	

HICS 214 - ACTIVITY LOG

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6. Prepared by PRINT NAME: Tabitha Marshall _____ SIGNATURE: _____ DATE/TIME: _____ FACILITY: _____			

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6	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

From Kayla Hale NICU Manager

The NICU Multidisciplinary Team was rounding. The team was in the back hall of NICU and heard a loud gush of water. It immediately started flowing in the hallway. The staff attempted to stop the water with blankets and towels initially. Maintenance was called promptly. Seeing it wasn't stopping, Charge Nurses coordinated and delegated staff to grab babies. All 6 babies were moved immediately to the front of the NICU away from the water. Parents were asked to grab belongings and babies' bedside supplies. The evacuation was swift.

From Dina Perez NICU Director

I was notified shortly after arriving on P3 responding to their call for help. I immediately went back to NICU. All the patients and families were already moved out, and facilities were on the unit. At that time, we cleared out the old NICU area in order to ensure there were additional bedspaces available for any unanticipated NICU admissions. Everything was prepared and ready for additional patients at 1150.

From Kyle Cooper

At approximately 11:00 a.m. on 1/27/26, I was notified that the lab was flooding. When I entered the lab, water was coming in through the back door by the stairwell, and the lab team was already working to contain it. Water was rapidly spreading throughout the area. The first ceiling leaks appeared in Microbiology and then extended into Chemistry and Transfusion.

Because we had purchased tarps in preparation for the weather, we immediately began covering instruments to prevent damage. I contacted Treva to report on the severity of the situation and recommended activating the EOC. Linens provided a cart of towels, which we used to slow the spread of water. We also placed trash cans and biohazard bins under ceiling leaks and began shutting down instruments to protect them. At one point, it was effectively "raining" inside Transfusion, Microbiology, and part of Chemistry, and it felt as though we were fighting a losing battle.

Facilities arrived during our effort and assisted by providing additional plastic coverings and deploying quick-dam kits to limit water movement. Once the water source was finally stopped, both Facilities and the lab team began cleanup efforts.

After conditions stabilized, we assessed operational status. The most significant concerns were the Chemistry and Transfusion areas. When Ashley Waldrip called, I recommended going on trauma divert due to the near-inoperable state of Transfusion. Emergency-release blood remained accessible. Chemistry instruments were shut down, and the ED was instructed to use Chem 8 cartridges on iSTAT devices, with all other testing routed to HMCS. Although Microbiology sustained substantial impact, most testing there is non-STAT, so it was not an immediate operational barrier. Hematology remained fully functional, and CBCs, PT, PTT, and urinalysis testing were still available.

Both the lab and Facilities teams worked exceptionally well together to limit damage and restore operations. The lab was fully operable again by approximately 2:30 p.m. The teamwork I witnessed between lab and facilities was amazing.