

The Status of Hospitals Compliance with Seismic safety Deadlines  
Informational Hearing  
Senate Health Committee  
Wednesday, March 2, 2010  
State Capitol, Room 4203

Testimony of Kathy Carder, RN. Nursing Practice Representative, California Nurses Association  
(Critical Care Unit RN at UCLA, Santa Monica Campus at the time of the Northridge Earthquake)

I was in the CCU bathing a patient when the building jerked and the table with water fell. The electricity went off, came back on, and then went off.

I covered the water with a blanket and put a squeeze flashlight in my teeth.  
This patient required mechanical ventilation so I took the ambu bag, attached it to her endotracheal tube and oxygen, and began manually ventilating her. This all took about 15 seconds.

My colleagues were doing the same for their patients.  
The cardiac and hemodynamic monitors did not work. IV pumps and pulse oximeters worked up to 30 minutes until their batteries failed.

Our nursing supervisor, charge nurse, and respiratory therapist helped “bag” the ventilator patients.  
We brought the other patient to share rooms so we could see all patients.

We couldn't get into the medication room because items had fallen off the shelves. It was dark except for our flashlights. No streetlights or other electric lights were on. The city of Santa Monica did not have electricity for nearly two days. The hospital back up generator had fallen off whatever it was on. It was repaired about noon. So the hospital had no electricity for more than seven hours.

Patients who were able were helped down four flights of stairs to the ER parking lot.  
Neonatal ICU RNs evacuated two babies at a time in vests made especially for this purpose. They cared for their little patients in a parking lot. All needed medication and equipment, including diapers, was ready in the vests. NICU nurses practice for such an evacuation twice a year using dolls.

With no power patients vital signs were taken manually as often as every five minutes. IV rates were adjusted manually like in times before the technology was available.

Due to leaking pipes the ceiling tiles began dissolving and falling. Water dripped. We kept the “paper mache” from falling on our patients.

Someone outside shouted, “I smell gas. Get out! The place is going to blow!”  
We stayed with our patients. There was no explosion.

When the sun came up about two hours after the quake we could see!  
Then we and nurses on other floors got out the “ding bells” for each patient.

Our 1976 building was evacuated that morning. All patients were moved to the newer building that had sustained less damage.

Elective surgical procedures were postponed. We cared for critical care patients in the recovery room. Just on the other side of the recovery room mothers were laboring and babies were delivered. No one needed a c-section but the main OR would have been used.

The hospital auditorium was used for the many minor injuries such as cut feet from running outside and stepping on broken glass.

In the following weeks we were very crowded. We cared for more patients with one of two buildings unused because St. Johns hospital seven blocks away was forced to close by the State Building and Safety department.

There on patient went to surgery in Santa Monica and woke up at UCLA in Westwood.

I saw the stairwell that we took patients down in the dark. Large areas of exterior wall were missing. It was our only way into and out of the hospital until the elevators were working.

Sincerely,  
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