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Guideline

Emergency Preparedness in Healthcare Practices



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Introduction

Emergencies can occur in any location, including healthcare practices. Many factors can cause or lead to an emergency, including an accident, a medical event, trauma, a natural disaster, or an act of violence. The impact of emergencies often hinges on preparedness. With proper planning and training for emergency situations, healthcare providers and staff can potentially minimize risks and harm.

Objectives

The objectives of this guideline are to:

- Provide an overview of three common types of emergencies — medical, environmental, and violence-related — that can occur in outpatient healthcare settings
- Discuss the primary threat to safety or functionality that each of these emergencies poses
- Offer strategies and tips for preparing for various emergency situations, including developing action plans and emergency procedures, training staff, and maintaining equipment and supplies
- Provide additional resources for more in-depth guidance on each type of emergency

Planning and Preparing for Medical Emergencies

Medical emergencies are not uncommon in healthcare practices. A recent study from Germany showed that emergencies occurred in primary care offices about once a month.¹ The combined results from two dental studies showed

that more than 30,000 emergencies occurred in dental offices over a 10-year period.²

Unfortunately, many healthcare practices are not adequately prepared to manage medical emergencies.

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To ensure your office is ready should a medical emergency occur, follow these important steps: (1) develop an emergency response plan, (2) devise emergency procedures, (3) train staff, and (4) properly maintain emergency equipment and supplies.

Develop an Emergency Response Plan

Generally, medical emergencies occur as a result of trauma (e.g., a fall), a medical event (e.g., an anaphylactic reaction, cardiac arrest, or seizure), or a psychiatric/behavioral health event (e.g., acute psychosis or mania).

Developing a response plan that covers every possible medical emergency is unrealistic. Rather, when planning for in-office emergencies, focus on situations with a higher likelihood of occurrence based your specialty and patient population. Specifically, focus on major events as opposed to noncritical events that do not necessitate an emergency response.

When creating an emergency response plan, consider the following:

- **Goals.** The goals during a medical emergency are to (1) assess the patient's condition (e.g., airway assessment, breathing, and blood circulation); (2) provide stabilizing care so that the patient's condition does not worsen (e.g., ventilation, cardiopulmonary resuscitation, or controlling blood loss); and (3) transfer the patient to professional emergency care providers as quickly as possible.
- **The availability of skilled and experienced emergency medical services (EMS).** During planning, consider how quickly EMS will be able to respond to a medical emergency, and whether they are skilled at treating your practice's patient population. Various factors can affect EMS response time, including staffing shortages and financial issues. In some situations, 911 systems may dispatch local police or fire rescue to handle medical emergencies if they will be able to respond more quickly than EMS. You or another healthcare provider may need to provide emergency workers with additional guidance on patient care once they are onsite.
- **Transportation time.** Transport time to an emergency department (ED) is an important factor to consider when developing a plan and strategy for medical emergencies. A healthcare practice that is next to a hospital ED may have a completely different plan than a practice that is several hours from the nearest hospital.

Devise Emergency Procedures

Using well-defined procedures will help providers and staff members efficiently and appropriately assess and respond to medical emergencies. Coordinate with local emergency

first responders, law enforcement, fire departments, and hospitals when developing procedures for emergency medical response. Developing and maintaining a solid working relationship with these individuals and organizations is a crucial aspect of effective emergency management.

Specific responsibilities during a medical emergency should be delegated based on job positions, rather than individuals. For example, if someone is covering for a coworker who is on vacation or out sick — or if a temporary worker is filling a position — the individual should be aware of what duties they will be expected to perform.

Additionally, include emergency response accountabilities in written job descriptions for relevant positions. Review each position's emergency assignments at least annually to ensure that the office's emergency response plan has no gaps. Competencies for each staff position also should include skills that an individual will likely require to respond to emergency situations.

Risk Tip

Keep all written policies and procedures in an accessible common area, and make all employees aware of the location. Using a table of contents or other identification method can help individuals quickly find the information they need.

Train Providers and Staff

Initial training and periodic retraining are crucial elements of an effective response to medical emergencies. Training ensures that all providers and staff members are aware of their responsibilities and the skills needed to respond appropriately to an emergency situation.

Healthcare practices should consider having all staff obtain certification in basic life support (BLS) and perform regular drills (e.g., quarterly) to maintain competency. Additionally, healthcare providers should be trained to safely operate all emergency medical equipment and administer appropriate emergency medication (according to scope of practice).

Emergency drills should verify knowledge of emergency techniques, procedures, and location and proper use of emergency response equipment and supplies. Drills also should validate the team's ability to effectively provide emergency care on a moment's notice. Healthcare practices may want to have a local EMS provider come and observe emergency drills to provide valuable insight and feedback.

Beyond BLS, each practice should decide what level of response and type of equipment are necessary to provide quality emergency care. Although this might be as simple as calling 911, some practices may choose to provide a more robust response, such as advanced cardiac life support or pediatric advanced life support.

Maintain Appropriate Emergency Equipment and Supplies

Healthcare practices should implement policies requiring designated staff members to routinely inventory and test emergency equipment (according to manufacturer testing and maintenance guidance).

Assigned staff members also should routinely inventory emergency medications and supplies, check their expiration dates, and evaluate the integrity of the products and packaging.

Checklists can help ensure that designated individuals thoroughly document the results of these inspections.

Make sure to store medications and emergency response equipment in a specific area — e.g., in a receptacle that is easy to access at all times, labeled, and easy to transport. Make sure all staff members know the location of equipment and supplies. This will allow designated team members or others to quickly transfer items to the location of the person requiring assistance.

Did You Know?

Some states require medical and dental providers to have automated external defibrillators (AEDs) in their offices. Know your state's specific requirements related to AEDs and preparation for medical emergencies.

Learn More

For more in-depth guidance on preparing for medical emergencies, see [Managing Medical Emergencies A Three-Pronged Approach for Healthcare Practices](#).

Planning and Preparing for Environmental Emergencies

Preparation for environmental emergencies should include consideration of a broad range of possibilities, including any event that could impact the health or safety of patients, their family members, staff, and visitors. Planning for these events in advance will hopefully help healthcare

providers and office staff minimize emotional upheaval, inappropriate responses, and additional risk exposures that can easily occur during crisis situations.

Develop an Emergency Response Plan

When creating an environmental emergency response plan (also called an emergency operations plan or emergency action plan), take into account considerations for high-risk situations, contingency plans, and sheltering/evacuation.

High-Risk Situations

A crucial first step in planning is conducting a hazard vulnerability analysis (HVA) to identify the probability and frequency of various types of environmental emergencies (e.g., earthquakes, floods, fires, tornadoes, ice storms, toxic spills, etc.). Healthcare practices should conduct HVAs with input from outside responding agencies using an all-hazards approach.

The HVA should factor in your geography, local weather patterns, history of environmental disasters, proximity to potential hazards, and office structure. To help guide this process, see Ready.gov's [Risk Assessment](#) webpage for key information and tools. The [Kaiser Permanente Hazard Vulnerability Analysis](#) tool also offers helpful information for healthcare organizations. Practices also can contact their local emergency management office to request a copy of their HVA.

Contingency Plans

Once you have identified high-risk situations through an HVA, determine which potential events require contingency plans. In addition to safety implications, consider the impact on your team's ability to provide care to patients if an environmental emergency occurs.

As part of contingency planning:

- Develop a comprehensive plan that is based on the probable types of emergencies and addresses mitigation, preparedness, response, and recovery.

OSHA Requirement

The Occupational Safety and Health Administration (OSHA) requires healthcare practices that have 11 or more employees to have written emergency action plans that are kept in the workplace and available to employees.³ To learn more, see OSHA's [emergency action plan standard](#).

- Define staff roles and responsibilities for emergency response.
- Determine primary contacts during an emergency, and develop a command structure identifying second- and third-tier contacts if the primary contact is unavailable. Consider how to mobilize additional resources to respond if needed.
- Consider how to provide continuity of care in the event of technical interruptions, such as power outages, computer system failures, or loss of phone services.
- Develop strategies that you or office personnel can implement if transportation is not an option (e.g., if roads are blocked).
- Identify and procure needed resources (e.g., generators and data backup).
- Develop a staff training program for each high-risk scenario; training should include periodic drills.
- Meet with local emergency management officials and consider participating in a community disaster drill exercise annually.

Sheltering/Evacuation

When developing contingency plans for different types of emergencies, consider whether the safest option is sheltering in place (e.g., during a tornado) or evacuating the building (e.g., during a fire).

For sheltering in the building, signage should clearly indicate the shelter location and all available routes to arrive at this location, including preferable routes for people who have limited mobility.

For evacuation, consider the mobility of staff and patients (and their family members), facility layout, escape routes, and the destination where evacuees would be advised to relocate.

Implement the following strategies to assist with evacuation:

- Post the emergency exit routes, including the best evacuation route for people who have limited mobility. (For example, consider which stairway would be the best for carrying down a wheelchair.)
- Designate a location where people should congregate for shelter and a head count.

- Work with building management or have external experts (e.g., the fire department or local emergency management office) review the building structure to help plan contingencies and to ensure compliance with local, county, state, and federal regulations and guidelines for emergency evacuation procedures (e.g., signage, elevators, exit routes, etc.).
- Have one or more alternate care sites available to meet the continuing needs of patients in case the evacuation is for an extended period.

Implement Emergency Procedures

Following major hurricanes in recent years, many medical and dental practices had the opportunity to learn from the experiences of other providers who were challenged by these enormous natural disasters.

One of the key lessons learned was the importance of having a contingency plan for notifying staff and patients when an environmental emergency affects the healthcare practice. If the emergency plan specifies that the practice will move to an alternate location, it also should give consideration to how long it will take to set up the new office and specify what equipment will be needed. The plan should cover how the equipment from the former office will be obtained and transported (including medical or dental records). If the practice uses an electronic health record system, planning for power outages and [computer downtime or system failures](#) should be addressed.

Community Disasters

Healthcare workers should consider their roles in community-wide emergency events. For example, will providers be called on for support? Will a community disaster potentially disrupt service and require transferring patients to remote locations? To prepare for these scenarios, healthcare personnel should become familiar with community resources for emergency preparedness and response as well as participate in community-wide drills.

The plan also should include steps for providing continuity of care if the practice is not able to operate. For example, consider how participating in a health information exchange (HIE) might facilitate record recovery and patient care with minimal interruptions. HIEs can be a valuable

tool in disaster recovery, but the connections must be established in advance of the disaster, and partner organizations must be connected to the data-sharing network.⁴

Developing checklists and guidelines for environmental emergencies can help staff focus during a crisis situation. All equipment needed for an environmental emergency or technical failure should be checked regularly, and providers and staff should have thorough knowledge of how to properly use the equipment.

Learn More

For detailed guidance on environmental emergency preparedness, see:

- [*Checklist: Environmental Emergency Preparedness for Healthcare Practices*](#)
- [*Electronic Health Records as a Tool for Disaster Recovery*](#)
- [*Environmental Emergency Preparedness for Healthcare Practices: Developing a Response Plan*](#)
- [*Environmental Emergency Preparedness for Healthcare Practices: Identifying and Assessing Risks*](#)
- [*Environmental Emergency Preparedness for Healthcare Practices: Training Staff Members*](#)
- [*Managing and Preventing Water Damage to Critical Records*](#)

Planning and Preparing for Violence Emergencies

Events in recent years have demonstrated that acts of violence can occur in a variety of settings, including healthcare facilities. These acts range in severity from verbal threats of violence to active shooter situations. Within outpatient context, violence emergencies are most likely to arise from one of three sources:

1. A disgruntled or disruptive employee who possibly has mental or emotional difficulties
2. An employee who has personal issues that spill over into the workplace setting (e.g., domestic violence)
3. A disgruntled patient, family member, or friend of a patient

Disgruntled or Disruptive Employee

Various personnel issues or other problems may lead to an employee feeling disgruntled or acting disruptive. One approach for proactively addressing these behaviors is implementing a code of conduct that establishes expectations for professionalism, respect, and dignity in the organization.

Identify in the code of conduct specific behaviors that are disruptive or inappropriate, that should be reported, and that require disciplinary action. Educate employees about the code of conduct and disciplinary policies to reinforce the practice's commitment to a safe and secure workplace.

Although maintaining an ongoing dialogue with all employees may help bring to light potential disruptive or inappropriate behaviors, it won't necessarily prevent conflicts or workplace violence. Proactively identifying and responding to conflicts and hostility can help prevent an escalation leading to confrontation. Working closely with a human resources specialist at an early point in the process may prove beneficial.

Employee Who Has Personal Issues

An employee who has personal issues may potentially expose the practice to the risk of violence if those issues are volatile or hostile. One consideration is to advise staff members that an appropriate person (such as the practice manager) has an "open-door policy," and employees can disclose personal difficulties that might affect their work performance or, more importantly, their safety and the safety of others while at work.

In these situations, the practice manager may need to make certain modifications to the employee's working conditions to provide a safe and secure working environment. These modifications may include staggered working hours, a specially designated parking place near the building, a security escort to the parking lot, limitations on public contact by telephone or in the office, and more. The response will need to be customized to the specific circumstances.

Disgruntled Patient, Family Member, or Friend

The most difficult source of potential violence to prevent or prepare for is a disgruntled patient, family member, or friend of a patient. These encounters often are unpredictable. To establish expectations, the practice should have policies related to patient rights and code of conduct. Signage also should be posted inside and outside the office establishing appropriate behavior

and interactions between patients and healthcare staff. Consider using [patient agreements](#) as a tool to improve patient adherence to the practice's policies and expectations.

All staff members should be trained to recognize behavioral characteristics that might indicate increasing aggression. Further, they should know what to do once they recognize such behavior. De-escalation might be one appropriate technique that healthcare providers and staff can be trained to use if confronted with hostile or aggressive behavior.

If a situation turns violent, including verbal threats of violence, the response should be threefold: (1) call 911 for local law enforcement; (2) isolate the aggressor in as limited an area as possible, such as locking the waiting room door to prevent access to the patient care area; and (3) evacuate as quickly as possible by all means of egress available. Determining a location to regroup is not necessary in this situation; escape from the dangerous environment is the goal.

When possible, law enforcement should be called before a potential situation turns violent. This should be done sooner rather than later to allow them adequate time to respond to the scene (especially in rural areas).

Violence Recovery Planning

Planning for the recovery of violent situations is as important as preparing for how to respond to violence. In the case of active shooter events or other incidents of severe violence, having professional and spiritual assistance available for staff is essential for their well-being.

In addition, hiring a company experienced in the cleanup and restoration of the office or clinic prevents practice employees from having to relive the trauma of the violent act. To learn more, see the Cybersecurity & Infrastructure Security Agency's [Active Shooter Recovery Guide](#).

Team Training

All providers and staff members should be properly trained on the security measures developed for their facility. They need to be familiar with their roles and have an opportunity to practice. Tabletop drills have some value in educating team members initially, but physically practicing with drill activity is where the most value lies. The goal is to save lives, and everyone should be prepared. Consider asking local law enforcement to observe drills and provide input to improve emergency response.

Learn More

For additional information on developing a violence prevention plan, using de-escalation methods, and responding to violence emergencies, see the following MedPro resources:

- [*Active Shooter Preparedness and Response for Healthcare Practices*](#)
- [*An Uncomfortable Reality: Dealing With Domestic Violence in the Workplace*](#)
- [*Checklist: Planning and Response for Active Shooter Situations*](#)
- [*From Verbal Insults to Death: The Reality of Workplace Violence in Healthcare*](#)
- [*Risk Considerations: Ensuring Safe Discharge of Disgruntled Patients*](#)
- [*Risk Q&A: Concealed Carry of Weapons in Healthcare Facilities*](#)
- [*Risk Tips: Addressing Disruptive Behavior Among Healthcare Professionals*](#)
- [*Tips and Strategies for De-Escalating Aggressive, Hostile, or Violent Patients*](#)

Conclusion

Providers and staff members at healthcare practices need to be knowledgeable and flexible to adequately respond to a variety of emergency situations, including medical, environmental, and violence-related emergencies.

Preparation for emergencies requires an investment of time. Failure to make this investment may result in unfavorable outcomes and adverse events. Anticipating emergencies, preparing and training staff, conducting periodic drills, formalizing procedures, and ensuring the availability and functionality of needed equipment and supplies can help the healthcare team protect patients, families, visitors, and themselves during emergencies.

Resources

In addition to the resources listed throughout this guideline, MedPro's [*Risk Resources: Emergency Preparedness and Response*](#) provides a comprehensive list of resources related to various emergency scenarios and planning activities.

Endnotes

¹ Melzel, M., Hoffmann, F., Freitag, M. H., & Spreckelsen, O. (2022). Frequency and management of emergencies in primary care offices: A cross-sectional study in northwestern Germany. *The European Journal of General Practice*, 28(1), 209–216. doi: <https://doi.org/10.1080/13814788.2022.2094912>

² Dentistry IQ. (2004). *Medical emergencies in dentistry: Prevention and preparation*. Retrieved from www.dentistryiq.com/articles/wdj/print/volume-2/issue-10/you-and-your-practice/medical-emergencies-in-dentistry-prevention-and-preparation.html

³ 29 CFR 1910.38

⁴ Roth, M. (2018, September 20). Lessons from Florence: Set up advance HIE connections. *HealthLeaders Media*. Retrieved from www.healthleadersmedia.com/innovation/lessons-florence-set-advance-hie-connections

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