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— GUIDELINE —

Emergency Preparedness in Healthcare Practices



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Introduction

Healthcare practices are not immune to emergencies. Many factors can cause or lead to an emergency, including an accident, a medical event, trauma, a natural disaster, or an act of violence. These events can occur in healthcare practices just like they can happen in any other environment. With proper planning and training for emergency situations, healthcare providers and staff can minimize risks and potentially prevent adverse outcomes.

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 posed by each of these emergencies
- Offer strategies and tips for responding to various emergency situations, including developing action plans, implementing emergency protocols, 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. For example, one study found that 62 percent of family medicine and pediatric offices saw at least one child each week that required urgent care or hospital admittance.¹ Unfortunately, many healthcare practices are not adequately prepared to manage medical emergencies.

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Studies have reported that few healthcare practices are adequately prepared to manage medical emergencies.”

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

Develop an Emergency Response Plan

Generally, medical emergencies can occur as a result of either trauma (e.g., a fall) or a medical event (e.g., an anaphylactic reaction or cardiac arrest). Developing an emergency response plan that covers every potential scenario is unrealistic. Thus, when planning for in-office emergencies, focus on medical events, as the likelihood of major traumatic events occurring in healthcare offices is relatively low. Specifically, focus on major medical events as opposed to noncritical events that do not necessitate an emergency response.

When creating an emergency plan to respond to medical events, consider the following:

- **Goals.** The goals of treatment during a medical emergency are to (1) provide stabilizing care so that the patient's condition does not worsen, and (2) transfer the patient to professional emergency care providers as quickly as possible.
- **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 office that is next to a hospital ED may have a completely different plan than an office that is several hours from the nearest hospital.
- **Method of transportation.** Proactively determining the most efficient and practical way to transfer a patient during an emergency will facilitate the patient's care and may improve his/her outcome.

Devise Emergency Protocols

Using well-defined protocols will help providers and staff efficiently and appropriately assess and respond to medical emergencies. Coordinate with local emergency responders, fire departments, and hospitals when developing protocols for emergency medical response.

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 position is vacated and filled by a temporary worker – these individuals should be aware of what duties they will be expected to perform.

Additionally, these accountabilities should be included in written job descriptions for relevant positions. Each position's emergency assignments should be reviewed 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 will likely be required for responding to emergency situations.

Train Providers and Staff

Initial training and periodic retraining for all providers and office staff members are essential elements of an effective response to medical emergencies. Training ensures that providers and staff are current on the critical skills needed to respond appropriately to an emergency situation.

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Healthcare practices should consider having *all* staff obtain CPR

certification and perform regular drills related to basic life support. Additionally, healthcare providers should be certified and trained to initiate basic life support, safely operate all equipment, and administer appropriate emergency medication (according to scope of practice).

Emergency drills should verify knowledge of emergency techniques, protocols, and usage of emergency response equipment and supplies. Drills also should be used to evaluate the team's ability to effectively provide emergency care on a moment's notice.

Beyond CPR, providers and staff should decide what level of response is 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. For example, an office providing cardiac care may wish to have more equipment to respond to the increased likelihood of a cardiac event in the office.

Maintain Appropriate Emergency Equipment and Supplies

Healthcare practices should implement policies requiring designated staff members to routinely inventory and test emergency equipment. Also, assigned staff members 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.

Consider storing medications and emergency response equipment in a specific area – for example, in a receptacle that is easy to access at all times, labeled, and easy to transport. This will allow staff to quickly transfer equipment and supplies to 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 nonmedical office 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, and staff. By planning for these events in advance, healthcare providers and office staff will hopefully be able to minimize emotional upheaval, inappropriate responses, and additional risk exposures that can easily occur during crisis situations.

Develop an Emergency Response Plan

When creating an emergency response plan, take into account the following considerations related to high-risk situations, contingency plans, and sheltering/evacuation.

High-Risk Situations

Identify and rate the probability of various types of potential environmental emergencies (e.g., earthquakes, floods, tornadoes, toxic spills, etc.). Consider your geography, local weather patterns, history of environmental disasters, proximity to potential hazards, and

office structure as part of this risk assessment. To help guide this process, see Ready.gov's [Risk Assessment](#) webpage for key information and tools.

Contingency Plans

Once you have identified high-risk situations, 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 an individual plan for each type of event.
- 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.
- Identify and procure needed resources (e.g., generators and data backup).
- Develop a training program for your staff that includes periodic drills.

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 office, 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 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 FEMA office) review the structure to help plan contingencies and to ensure compliance with 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 Protocols

Following Hurricanes Katrina, Sandy, Harvey, and Irma, many medical and dental practices had the opportunity to learn from the experiences of other providers who were challenged by those 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 specify what equipment will be needed and 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.

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

Community Disasters

Beyond preparing for how an emergency or disaster might affect an individual practice, healthcare providers and staff members should consider their role 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 potential community disasters, healthcare personnel should become familiar with community resources for emergency preparedness and response as well as participate in community-wide drills.

be established in advance of the disaster, and partner organizations must be connected to the data-sharing network.²

Developing protocols and checklists for environmental emergencies can help staff focus during a crisis situation. All equipment needed for an environmental emergency or technical failure should be regularly checked, 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 [Preparing Your Healthcare Practice for Environmental Emergencies](#) and [Weathering the Storm: Electronic Health Records and Disaster Recovery](#).

Planning and Preparing for Violence Emergencies

Events in recent years have demonstrated that acts of violence can occur in a variety of settings, including outpatient healthcare facilities. These acts range in severity from verbal threats of violence to active shooter situations.

Within the healthcare office 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 (relationship) issues that “spill over” into the workplace setting
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 and that require disciplinary action. Educate employees about the code of conduct and disciplinary policies to reinforce the practice’s commitment to a safe workplace.

Although maintaining an ongoing dialogue with all employees may help bring to light potential disruptive or inappropriate behaviors, it won't necessarily prevent workplace violence. If excessive hostility is noted, appropriate intervention 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 (relationship) 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.

If such a situation exists, the practice manager may need to make certain modifications to the employee's working conditions to provide a safe 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. Thus, 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 violent or aggressive behavior.

If a situation turns violent, the response should be threefold: (1) contact law enforcement immediately; (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, the police should be called before a potential situation turns violent. This should be done sooner rather than later to allow the police time to respond to the scene (especially in rural areas).

Learn more: For additional information on developing a violence prevention plan, using de-escalation methods, and responding to violence emergencies, see *From Verbal Insults to Death: The Reality of Workplace Violence in Healthcare*.

Conclusion

Providers and staff 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, formalizing protocols, and ensuring the availability and functionality of needed equipment can help providers and staff protect patients, guests, and themselves during emergencies.

Resources

MedPro's *Risk Resources: Emergency Preparedness and Response* provides a comprehensive list of resources related to various emergency scenarios and planning activities.

Endnotes

¹ Toback, S. L. (2007, June). Medical emergency preparedness in office practice. *American Family Physician*, 75(11), 1679-1684. Retrieved from www.aafp.org/afp/2007/0601/p1679.html

² 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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