The Emergency Preparedness Issue

Managing for "what ifs"

In a health care setting, unexpected shouldn't mean unforeseen. AAAHC Standards in Chapter 7 (Infection Prevention and Control and Safety) and Chapter 8 (Facilities and Environment) specifically address disaster and emergency preparedness. These are aspects of an overall safety program that should be formalized in writing and include a documented training process.

Here are some suggestions on how to be sure your organization is ready for anything.

1. **Imagine the worst.** While we'd rather look at life from a glass half full perspective, being ready for an emergency requires that you consider possible worst-case scenarios. Start by identifying what could (realistically) go wrong in your environment. Consider these categories:

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<th>Disaster/Emergency</th>
<th>Response considerations</th>
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<td>Medical emergencies</td>
<td>Emergency treatment protocols, Medical segregation, staff readiness, decontamination, evacuation, transportation, communications</td>
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AAAHC on the road

If you're attending any of these upcoming conferences, please stop by our exhibit booth and say hello.

- **CASA Annual Meeting**
  - September 5-7
  - Anaheim, CA

- **AAFPRS**
  - September 5-7
  - Washington, DC

- **Florida Assn. of Health Plans**
  - September 5-7
  - Miami, FL

- **National Assn. of Community Health Centers**
  - September 7-11
  - Orlando, FL

- **AAOMS**
  - September 12-15
  - San Diego, CA

- **WASCA Annual Education Conference**
  - October 4-5
  - Tulalip, WA

- **ASDS**
  - October 11-14
  - Atlanta, GA

- **OR Excellence**
  - October 17-18
  - Ft. Lauderdale, FL

- **MGMA**
  - October 21-23
  - San Antonio, TX

- **World Medical Tourism and Global healthcare Congress**
  - October 24-26
  - Ft. Lauderdale, FL
2. **Plan for the best.** Develop a response for each type of scenario. Commit it to paper and train your staff. Create documents that define action steps and provide laminated grab-and-go versions in multiple locations throughout your facility.

3. **Meet the neighbors** Collaborate with other businesses in or near your facility to pool resources in the event of an emergency. Having an easily accessible indoor space to go to during an evacuation can keep your patients and others safe and comfortable in the face of uncertainty.

Contact your local Fire Department to arrange an annual fire safety walk-through of your facility. Ask your county safety department what emergencies have occurred in the recent past.

4. **Make it real.** AAAHC Standards require an emergency drill each calendar quarter. Don't just go through the motions; make it as authentic as you can. If you drill when patients are not present, play the teddy bear game. Place a stuffed animal in an exam or procedure room and make sure that "patient" is accounted for when you regroup after an evacuation.

Connect with your local or county government emergency agency to coordinate activities and participate in larger emergency exercises. (You can also let them know of your capabilities/willingness to provide assistance to disaster victims in the larger community.)

5. **Measure your results.** Create a log of your drills. (AAAHC Surveyors will ask to see these.) Time your evacuations. Compare the results. Survey those involved (including patients): Did everyone know what to do? Where to go? Assess the effectiveness of your overall plan, make adjustments to documents and training as needed, and communicate the changes.

Remember that emergency preparedness is just one component of a comprehensive safety program that encompasses the management of identified hazards, reporting adverse incidents as required by law, regulation or processes to avoid medication errors, policies regarding food and drink (if applicable), and policies addressing recalls and falls prevention.

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**Case study: Excellence in the Face of Fire**
At 1:20pm on Monday June 11, the staff at Harford Endoscopy Center smelled a burning odor in the front office and then noticed smoke coming from the ceiling vents in both the front office and reception area. Center Director Sherry Adkins was immediately notified and made the decision to evacuate the center. At that point, the staff knew exactly what to do. A member of the front office staff called 911 and reported the fire, while other front office staff split into groups: two checked the front office area and closed doors; the other three went into the waiting area to escort patients (waiting to be taken back for procedures) and family members out the front entrance.

**Taking decisive action**

Adkins went to the clinical area and announced that they were evacuating the building. "Each room was individually notified; all center and medical staff were alerted. No patients were having procedures at the time of evacuation," Adkins said."Everyone began preparing patients for evacuation assisting them out of bed to wheelchairs, escorting others out the back door."

Within seven minutes, all patients, visitors and staff were evacuated from the center. After all the patients were evacuated, they made one final sweep, collecting remaining patient records, patient belongings and an IV basket of supplies (so that IVs could be discontinued).

Once everyone was safely evacuated to the parking lot, a nurse was sent to a physician's office, located in a nearby building, to request space for a few patients that required additional care, needed a private place to have a conversation with their physician or get dressed. The remaining patients were discharged from the parking lot. While in the parking lot, staff, patients and family/visitors discussed the events.

The patients complimented the staff on their response to and handling of this internal disaster. One patient's comments were particularly amusing - he shared that several years ago he was at the center for a procedure, and as he was getting ready to leave the center that day, there was a loud crash. He later found out that a woman (not being seen at the center) had driven her car through the side of the building! No one was injured that day either. It was an amazing coincidence that he had been at the center for both of these events.

"The fire department arrived about four minutes after the evacuation was complete, responding with four trucks (two engines and two
while the fire department attended to the fire, Sherry notified her Operations Lead, who in turn notified the Director of Facilities Management.

**Evaluating the response**

Congratulations to the Harford Endoscopy Center staff for their amazing response to this potentially life threatening situation. As a result of thoughtful planning and practice:

- The decision to evacuate was made quickly.
- The emergency situation was swiftly communicated to all staff in every location throughout the Center.
- The fire department was immediately alerted to the situation.
- Center and medical staff responded immediately. Each was very familiar with the evacuation routes and their role/responsibility.
  - The Center practices actual evacuation processes on a quarterly basis. Center leadership identifies certain individuals to act as patients, while the remaining staff participate as themselves.
- All patients, visitors/family, center and medical staff were evacuated within seven minutes.
- A nurse from the Center went over to another office to notify them of the event and request space for those patients that needed additional treatment.
  - Some time ago, Center leadership, working with leaders from nearby offices, had developed a plan to allow access to space within another office/building if the need arose.
- No injuries occurred.
- The building had minor damage and the center was able to reopen within five days.
- The patients were very pleased with the center's response to the situation and with how disruption of their appointment was handled.

If you have questions or comments, please contact Angela FitzSimmons at afitzsimmons@aaahc.org.

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