

OFFICE EMERGENCIES: PLANNING AND PREPAREDNESS

Medical Protective Clinical Risk Management Department

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INTRODUCTION

Healthcare offices are not immune to emergencies. Many factors can cause or lead to an emergency, including an accident, medical event, or trauma; natural disaster; and acts of violence.

These events are just as likely to occur in a healthcare practice as in any other environment. However, proper planning and training for emergency situations may help practices minimize risk and 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 could occur in outpatient healthcare settings/clinics.
- 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.

PLANNING AND PREPARING FOR MEDICAL EMERGENCIES

Medical emergencies that occur in public places also can occur in healthcare practices. For example, one study found that 62 percent of family medicine and childcare offices saw at least one child each week that required urgent care or hospital admittance.¹ Other studies have reported that few practices are adequately prepared to manage office emergencies.

To ensure your office is prepared for a medical emergency, it's important to develop an emergency response plan, implement emergency procedures and protocols, train staff, and 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). However, when planning for in-office emergencies, focus on medical events, as the likelihood of a major traumatic event occurring in a healthcare provider's office is relatively low. Specifically,

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

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 goal of treatment during a medical event is twofold: (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 the patient during an emergency will facilitate the patient's care and may improve his or her outcome.

Implement Emergency Protocols and Policies

The use of protocols and policies will help providers and staff efficiently and appropriately assess and respond to medical emergencies. Coordinate with local emergency responders, fire departments, and/or 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 should also include skills that will likely be required for responding to emergency situations.

Train Providers and Staff

Initial training and periodic updates for all providers and office staff are critical steps in developing an effective response to medical emergencies. Training ensures that doctors and staff are current on the critical skills needed to respond appropriately to an emergency situation.

It is recommended that practices consider having *all* staff obtain CPR certification and regularly drill on 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 if needed. Some states require that medical and dental providers maintain automatic defibrillator equipment in their offices. Know your state's specific requirements related to preparation for medical emergencies.

Emergency drills should verify knowledge of emergency techniques, protocols, and usage of emergency response equipment and supplies. Drills should also 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

Implement a policy requiring that all emergency equipment be regularly inventoried and tested. Also, all emergency medications should be routinely inventoried and checked for expiration. Develop checklists to ensure that designated individuals thoroughly document the results of these inspections.

It is recommended that medications and equipment designated for emergency response be stored 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.

PLANNING AND PREPARING FOR ENVIRONMENTAL EMERGENCIES

Preparations for nonmedical office emergencies should include consideration of a broad range of possibilities, including any event that could impact the health and/or safety of patients, their family members, and staff.

By planning for these events in advance, doctors 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 plan, take into account the following considerations:

- **High-risk situations.** Identify and rate the probability of various types of potential environmental emergencies (e.g., earthquakes, floods, tornadoes, etc.).

- **Contingency plans.** 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 in an office setting if a disaster occurs.
 - 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 and include periodic drills.
- **Sheltering/evacuation.** In some circumstances, sheltering in the office may be preferable to evacuation. For example, evacuation during a tornado might not be advisable. However, in an emergency such as a building fire, evacuation is likely the best option.
 - 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 family, facility layout, escape routes, and the destination where evacuees would be advised to relocate.
 - ✓ 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 review the structure (e.g., the fire department or local FEMA office) to help plan these contingencies and to ensure compliance with county, state, and federal regulations and guidelines for emergency evacuation procedures (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 and Policies

Following Hurricane Katrina, many medical and dental practices had the opportunity to learn from the experiences of other providers who were challenged by that enormous natural disaster.

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 office. If the emergency plan specifies that the practice will move to an alternate location, it should also specify what equipment will be needed and how the equipment from the former office will be obtained and transported (including medical or dental records).

The plan also should include steps for providing continuity of care when records are not accessible. If the office practice utilizes electronic health records, planning for power outages and computer downtime or system failures should be addressed.

Developing protocols and checklists for environmental emergencies is very helpful and may 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.

PLANNING AND PREPARING FOR A VIOLENCE EMERGENCIES

Events in recent years have demonstrated that acts of violence can occur in a variety of settings, including the healthcare office setting. 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:

- A disgruntled employee, who possibly has mental or emotional difficulties;
- A staff person who has personal (relationship) issues that “spill over” into the workplace setting; or
- A disgruntled patient, family member, or friend of a patient.

Disgruntled Employee

Various personnel issues or other problems may lead to an employee feeling disgruntled. Although maintaining an ongoing dialogue with all employees may help bring to light these issues, it won't necessarily prevent workplace violence.

If excessive hostility is noted, appropriate intervention can help prevent an escalation leading to confrontation. Consultation with a human resources specialist at an early point in the process may prove beneficial.

Staff Member Who Has Personal Issues

A staff person who has personal (relationship) issues may potentially expose the practice to the risk of violence if those issues are volatile or hostile in nature. It is recommended that all staff be advised that an appropriate person (such as the practice

manager) has an “open door” policy, and employees can disclose personal difficulties that may affect their work performance or, more importantly, their safety while at work.

If such a situation exists, the practice 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 frequently have an element of unpredictability associated with them. Thus, all staff should be trained to recognize behavioral characteristics that might indicate increasing aggression. Further, they should know what to do once they recognize such behavior.

The response to this sort of violent situation should be twofold: (1) isolation of 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 (2) evacuation 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.

Obviously, if 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).

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.

Medical Protective’s risk management consultants are available to help medical and dental practices prepare for all of the situations described above. To speak with your risk management consultant, call 800-4MEDPRO.

RESOURCES

- American Dental Association: Medical Emergencies — <http://www.ada.org/4737.aspx>
- American Health Information Management Association: Disaster Planning and Recovery Resources — <http://ahima.org/disaster/>
- Emergency Nurses Association: Workplace Violence Resources — <http://www.ena.org/practice-research/research/Pages/WorkplaceViolence.aspx>
- Occupational Safety & Health Administration: Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers — <http://www.osha.gov/Publications/OSHA3148/osh3148.html>
- Rosenberg, M. (2010, May). Preparing for medical emergencies: The essential drugs and equipment for the dental office [Supplemental material]. *The Journal of the American Dental Association*, 141, 14S–19S. Retrieved from http://adajournal.com/content/141/suppl_1/14S.full
- The Organization for Safety, Asepsis and Prevention: Emergency Preparedness Issue Toolkit — http://www.osap.org/?page=Issues_EmergPrep