Emergencies: Non-Medical

What's the Risk?

Practices that forgo preparation or inadequately prepare for emergencies may find themselves unprepared during crises and disasters, resulting in a disruption of services, unexpected financial burden, and possible patient or employee injuries. Types of nonmedical emergencies may include:

- Potential weather-related disasters, such as flooding, fires, tornadoes, and hurricanes.
- Lack of electrical power, water supply, or phone services.
- Inaccessible electronic medical records.
- Violent patients, families, or staff members.
- Unsafe working conditions, such as wet floors, broken stairs, frayed or loose carpet, exposed electrical outlets, or wiring.

The lack of preparation, response, and recovery can affect the practice operationally and financially. It can expose patients, families, visitors, and staff to hazards that may cause serious injury and result in potential liability exposure.

When Is This Risk an Issue?

One of the many lessons of both the Boston Marathon bombing and Hurricane Sandy is that we are all subject to the ravages of disasters, both natural and man-made. Natural disasters (e.g., tornadoes, earthquakes, landslides, floods) and human-related events (e.g., bombings, riots, civil disturbances, and construction) may result in disruptions of essential services to a physician practice. Moving forward, there is no indication that the number of external natural and man-made disasters will slow or decrease. Without preparation, disasters can have severe consequences. Taking preventive steps may help minimize the impact of these larger-than-life events and aid in the protection of patients, visitors, and staff.

Hazard Vulnerability Analysis

Hazard identification and risk assessment enables the practice to focus attention and resources on the greatest risks. Determining vulnerabilities promotes opportunity to prepare for potential situations that may require a response.

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Space

In the event the office space is destroyed or suffers damage that will take weeks or months to repair, alternative space will be needed. For example, one practitioner, whose office was closed for over nine months due to a fire, rented space from three different colleagues. The practitioner saw patients on days when his colleagues weren't seeing patients or had lighter patient loads.

Equipment and Supplies

Discussions (and, ideally, contracts) with vendors before the fact may enable the practice to access replacement items as soon as they are needed. Maintaining a supply log aids the practice in identifying potential supplies needed in an emergency. The loss of computers means the loss of vital information and communication for most practices.

Emergency Action Plan

According to the Occupational Safety & Health Administration (OSHA, Minimum requirements) 29 CFR 1910.38(b), businesses with more than 10 employees should have a written emergency action plan (EAP). Businesses with 10 or fewer employees should also have an EAP, but they may communicate the plan to the employees orally. OSHA Standards-29 CFR 1910.38(c) EAP must include, at the minimum, the following elements:

- Procedures for reporting a fire or other emergency.
- Procedures for emergency evacuation, including type of evacuation and exit route assignments.
- Procedures to be followed by employees who remain to operate critical plant operations before they evacuate.
- Procedures to account for all employees after evacuation.
- Procedures to be followed by employees performing rescue or medical duties.
- Names and job titles of every employee who may be contacted by employees needing more information about the plan or an explanation of their job duties under the plan.

Although not specifically required by OSHA, an employer may find it useful to include the following in the plan:

- A description of the alarm system to be used to notify employees (including disabled employees) to evacuate and/or take other actions.
- The site of an alternative communications center to be used in the event of a fire or explosion.
- A secure on- or off-site location to store originals or duplicates of accounting records, legal documents, employee emergency contact lists, and other essential records.

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The employer must review the EAP with each employee covered by the plan when the plan is developed or the employee is initially assigned to a job, when the employee's responsibilities under the plan change, and when the plan is changed (OSHA, Develop & implement an emergency action plan).

In addition, for hospital-owned practices, the Centers for Medicare & Medicare Services Center for Clinical Standards and Quality (2017, June 2) §485.727 states the facility must develop and maintain an emergency preparedness plan that is reviewed and updated at least annually and includes a process for cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials.

Medical Records

Patient medical records may be the most significant loss for a practice that is ravaged by certain disasters. The HIPAA Security Rule has requirements that address the need to employ physical safeguards with regard to protected health information (PHI) in all forms, including paper and electronically protected health information (ePHI). These requirements include physical measures to protect paper medical records and electronically stored information and equipment from environmental hazards and policies and procedures that address security.

The loss of a computer system should not also mean the loss of the ability to treat patients. Physician practices must create contingency plans for the loss of EMR function. Having downtime manual systems in place can address this. For more information on EMR contingency planning, please see the chapter titled ***Medical Records: Electronic***.

Electrical Power Outages

The loss of electrical power impacts more than patient care equipment. Developing a policy to ensure the reliability of backup electrical systems that support the patient care environment is important. Additionally, well-prepared employees should be able to answer questions such as "How much time should elapse between the time the lights go out and the emergency generator restores power?" and "If the generator does not restore power within two to five minutes, how would you respond?" Hurricane Sandy, which hit the mid-Atlantic and Northeast coasts in 2012, caused flooding and electricity loss in healthcare facilities across the affected area. Several days and even weeks passed before all power was restored. The office practice's policy should address this type of event.

Water Distribution

Breakage or disruption of the main water line into a physician practice may necessitate the use of an alternative or reserve water supply. Broken pipes inside the practice or other types of water damage can disrupt patient care activities. In addition to the obvious safety hazards,

pooled water can create infection control problems. For recommendations related to salvaging water-damaged records, see ***Medical Records: Paper***.

Falls

The Centers for Disease Control (CDC, 2018, May 11) noted that falls among older adults are a major threat to their quality of life, often resulting in serious injuries, decreased functional mobility, and loss of independence, and account for the largest percentage of deaths from unintentional injuries. Florence et al. (2018, April) estimated that in 2015 medical costs attributable to fatal and nonfatal falls amounted to approximately $50 billion, of which an estimated $754 million was spent for nonfatal falls.

Environmental conditions within the practice space may result in employee, patient, and visitor falls and injuries. Conditions can include loose or frayed carpets, lack of or loose bathroom railings, wet floors, unmarked or broken curbs and stairs, equipment in poor repair, clutter, and inadequate lighting.

Fire and Emergency Evacuation

Healthcare organizations are required to comply with the National Fire Protection Association (NFPA) 101® Life Safety Code® 2018 (Sections 18/19.7.1.1). To aid in ensuring fire safety, conduct fire drills on a quarterly basis in order to familiarize staff with the signals and emergency actions required under varied conditions (p. 226). Many physician practices owned by or affiliated with hospitals are also required to conduct quarterly drills (p. 244). The frequency of fire drills is determined mainly by the building occupancy classification, as defined by NFPA Life Safety Code® (Sections 3.3.196.1, p. 38). Ambulatory healthcare occupancy is identified as an occupancy used to provide services or treatment simultaneously to four or more patients in which the patients, either due to the administration of anesthesia or to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of others.

Generally, one fire drill per year per shift is typically required for a free-standing building that is classified for business occupancy, e.g., a primary care clinic where only local anesthesia or no anesthesia is used.

Furthermore, OSHA [29 CFR 1910.38(e)] states that the employer “must designate and train employees to assist in a safe and orderly evacuation of other employees” (OSHA, Develop & implement an emergency action plan).

Smoke Alarms and Fire Extinguishers
Early fire detection can mean the difference between life and death. Automatic fire detection systems quickly identify a developing fire and alert building occupants and emergency response personnel. The number, location, and spacing of detecting devices depend upon the building design and needs. NFPA 101 code requires that fire extinguishers are used only for small fires and are in working order; portable fire extinguishers should be easily located so they are readily accessible to employees (OSHA, 29 CFR 1910.157).

Tornadoes
Tornadoes can produce very strong winds and wide paths of destruction. The National Weather Service issues severe weather and tornado watches and warnings via radio, television, internet, and/or siren alerts. The office practice should heed all watches and warnings and take steps to protect patients, visitors, and staff members on office premises.

Personal Emergencies
Personal emergencies can leave patients at risk if a practitioner is away from the office for an extended period. At-risk patients may fall through the cracks if a follow-up plan is not in place.

Covering Practitioner
It's important to prepare for personal emergencies by identifying a covering practitioner who can not only cover emergencies, but also respond to urgent matters. Transition of care from one provider to another creates significant risk to the patient. The potential for patient harm stems from gaps in communication, including information that is inaccurate, incomplete, misinterpreted, untimely, or unnecessary. Having processes in place to ensure critical content is communicated during a transition in care is essential to ensure the safety of your patients.

Closing
From time to time, illness or death may require the closure of a practice. Attempts should be made to minimize the chaos that could prevail in what is bound to be an emotional time.

Disruptive or Violent Behavior in the Office

The potential exists for disruptive or violent behavior in the office setting. Planning for such behavior should take environmental and staffing factors into account. Training staff members on de-escalating disruptive and/or violent behaviors in the office setting is also important. Depending on the patient population, specialty, and geographic location, some practices have instituted measures such as installing panic buttons, enclosing the front desk area, locking the door from the waiting room, or even providing a gun box for weapons.

How Can I Reduce Risk?

While disasters are rare events, their occurrence often brings chaos. The best approach is preparedness, and the first step in any comprehensive emergency or disaster plan is for each practice to identify potential situations that may require a response. For healthcare practitioners, this will entail implementing risk management recommendations set forth in this chapter.

Hazard Vulnerability Analysis	
Identify potential disasters	• Determine which disasters might occur in a practice and the likelihood of occurrence, such as fire, flood, earthquake, tornado, hurricane, terrorism, pandemic, or emergency situations.
Identify needs	• Recognize that in order to function in the midst of or after a disaster, certain basics such as generators, furniture, fixtures, equipment, supplies, and staffing needs must be met. Make and keep a list of all such items currently in use, including the manufacturer name and model number, in order to know what to replace after a disaster.
Identify space	• Determine available relocation options and update the information annually. Check with colleagues to determine if renting space in the event of an emergency is an option.
Identify vendors	• Keep a list of all vendors with contact information and the equipment and supplies used in the office so those that may be damaged or destroyed can easily be replaced.
Identify computer needs	• Discuss with the computer vendor or manufacturer the option of leasing, renting, or purchasing both hardware and software in the event that a disaster disables or destroys your existing system.
Identify key records	• Identify key records (patient medical records, financial records, personnel records, operational records, payer records, compliance records) and their location, whether on- or off-site.
Identify staff member educational needs	• Incorporate a review of policy and procedures into regularly scheduled safety training programs or develop a separate educational program to ensure that all staff members are aware of the policies.

Develop Contingency Plans	
Develop a written disaster plan	• Develop a written disaster plan addressing the steps that should be taken to prepare for a disaster, the steps to take during a disaster, and the person responsible for carrying out each identified task.
Develop an EAP	• Recognize that OSHA requires businesses to develop an EAP. Follow OSHA standards when developing the plan. For more information on the standards, see https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=9726&p_table=standards. For help developing evacuation plans and procedures, see http://www.osha.gov/SLTC/etools/evacuation/index.html.
Empower staff members	• Make arrangements to ensure that designated staff members have access to all the information and sites they will need to keep the practice operational during and/or after a disaster.
Portable emergency supplies office	• Consider keeping a portable emergency kit off-site, filled with the basic medical and administrative needs required to keep the practice operational during and after a disaster. Necessary supplies might include basic medications, thermometers, blood pressure cuffs, otoscope/ophthalmoscope, wound care supplies, charged cellphone, laboratory request forms, prescription pads, flashlights, pen and paper, and other similar supplies.
Consider manual systems	• Develop manual systems that permit staff members to work around a nonfunctioning computer system. Enter the necessary data once the system is restored. For more information regarding downtime, backup, and recovery procedures, see ***Medical Records: Electronic***.
Conduct drills	• Schedule disaster drills at regular intervals to familiarize the staff members with their roles and responsibilities.

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Protect Medical Records	
Back up electronic records	• Back up electronic records on the main server at the end of each business day and store the backup media in an off-site location to minimize the risk of losing data when an office computer is damaged or destroyed. For more information, see ***Medical Records: Electronic***. • Relocate computer hardware and electronic media to an area that may reduce foreseeable damage from environmental elements. Restrict access of this area to authorized individuals only. Consider consulting with the EMR vendor on appropriate environmental controls to safeguard the equipment (e.g., proper ventilation, appropriate fire extinguishers for electronic equipment).
Develop contingency plans	• Develop a manual record-keeping system in order to ensure continuity of care in the event that medical records are unavailable.
Protect paper records	• Keep only the paper records of current patients on-site to minimize the risk of losing years of medical records. Store paper records that must be kept in the office off the floor and in fireproof file cabinets.

Plan for Electrical Power Outages	
Ensure reliable alternate power source	• Ensure that there is a reliable and adequate source of alternate power available to provide electricity to critical areas during the curtailment of the regular power source, especially if procedures are performed in the office. • Ensure that the practice has a battery backup for the phone system and that the backup is periodically checked to make sure it is in working order • If the practice uses an answering service that is also affected by the power outage, ensure that the service has a contingency plan for responding to calls during the time of the disruption. • Ensure that there is a contingency plan in place for the proper storage of medications, including vaccines, requiring refrigeration. For more

Plan for Electrical Power Outages	
	information, see the CDC resource for Vaccine Storage and Handling Toolkit at https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html.

Fire and Emergency Evacuations	
Identify conditions	• Identify situations in which an evacuation would be necessary.
Develop a plan	• Develop a fire and emergency evacuation plan based on requirements of the local fire department, NFPA, and OSHA.
Create maps	• Create location-specific evacuation plans and prominently display the plans with ready availability for staff. Include schematics developed from floor diagrams with arrows that designate exit routes, assembly points, and any necessary equipment such as fire extinguishers, first aid kits, and spill kits that may be needed.
Exit routes	• Clearly marked and well-lit exit routes should be easily identifiable, wide enough to accommodate the number of evacuating persons, unobstructed and clear of debris at all times, and unlikely to expose evacuation personnel to additional hazards.
R.A.C.E fire response	• Kiurshi (2008, July 1) recommends including the R.A.C.E fire response as part of your emergency procedure. This is: ○ Rescue persons in immediate danger. ○ Activate the building fire alarm. ○ Confine the fire by closing doors. ○ Extinguish the fire if you can do so safely and comfortably.
Train staff members	• Train all employees designated to assist in emergency evacuation procedures. Include the complete workplace layout and various alternative escape routes if the primary evacuation route becomes blocked.

Develop Tornado Plan	
Develop a plan	• Develop a severe weather response plan and assign an individual who can initiate the plan once a tornado watch or warning has been issued.
Identify shelters	• Identify tornado shelters within the practice or the location of the nearest municipal shelter.
Take shelter safely	• Take shelter in the basement, interior hallways, or interior rooms without windows. Ensure that doors to rooms are closed.

Prepare for Personal Emergencies	
Plan for short-term absence	• Ensure that a plan is in place if a personal emergency requires a practitioner to be away from the office for more than a short while, so that patients with special needs do not “fall through the cracks.”
Empower the covering professional	• Give covering practitioners a list of at-risk patients and those with a need for follow-up.
Assign triage	• Ensure that a licensed professional is empowered to triage incoming calls. If that is not possible, alert the receptionist, office manager, or secretary to key phrases, words, or complaints that would signal a call to the covering professional for immediate handling is necessary. Make sure that the person in charge of triage, if calling to reschedule existing appointments, tells patients that a covering practitioner is available to see them immediately if needed. Have a licensed professional scan incoming laboratory and X-ray reports for designated “abnormal” results and ensure that results are telephoned and a copy of the report is sent to the covering practitioner. Keep a log of all information told or sent to the person providing coverage.
Get a report from the covering practitioner	• Ensure that the covering practitioner gives a full report to the returning practitioner. Understand that of particular interest are those patients who were hospitalized, who required extensive or ongoing care, and who died.

Prepare for Personal Emergencies	
Create a plan for closure	• Ensure that the practice has a written plan addressing the short- and long-term management of the office and closing the practice. For more information on this topic, please see the chapter titled ***Retirement, Closing Practice, or Leaving a Group***.

Prepare for Disruptive or Violent Behaviors	
Analyze the potential for workplace violence	• Conduct regular risk assessments of the workplace to identify areas needing increased safety and security measures. • Determine any current issues with workplace violence and identify weaknesses in defense. Consider developing a checklist to aid in completing a workplace violence analysis. See the sample ***Violence Prevention Checklist***.
Develop a written plan	• Develop a written workplace violence prevention plan. Take into account both environmental and staffing issues. See the sample ***Violent Patient Management Plan***. • Seek assistance from the local police when developing your plan.
Train staff members	• Identify staff members who can respond appropriately if a situation with a patient starts to escalate. Consider having designated safety coaches who can offer guidance and coaching in real time. They can also run ad hoc or scheduled educational sessions relevant to their workplace environment. • Regularly conduct drills to test and evaluate the response of staff members to a potentially violent situation. Conduct a debriefing after the drill to discuss the effectiveness of the violence prevention plan. • Train staff members on the causes of violent confrontations, potential violent behaviors, and de-escalation techniques. See ***Violence in the Workplace: Guidelines for Management*** and the sample ***Violence in the Workplace Poster***.

Prepare for Disruptive or Violent Behaviors	
	• Train staff members how to always be aware of their surroundings, avoid unsafe areas, and prevent violent behavior.
Test the panic button	• If the office has a panic button, test it at regular intervals.
Consider specific safety measures	• Depending on the patient population, specialty, and geographic location, consider implementing specific safety measures, such as enclosing the front desk area, locking the door from the waiting room, or providing a gun box for weapons.

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