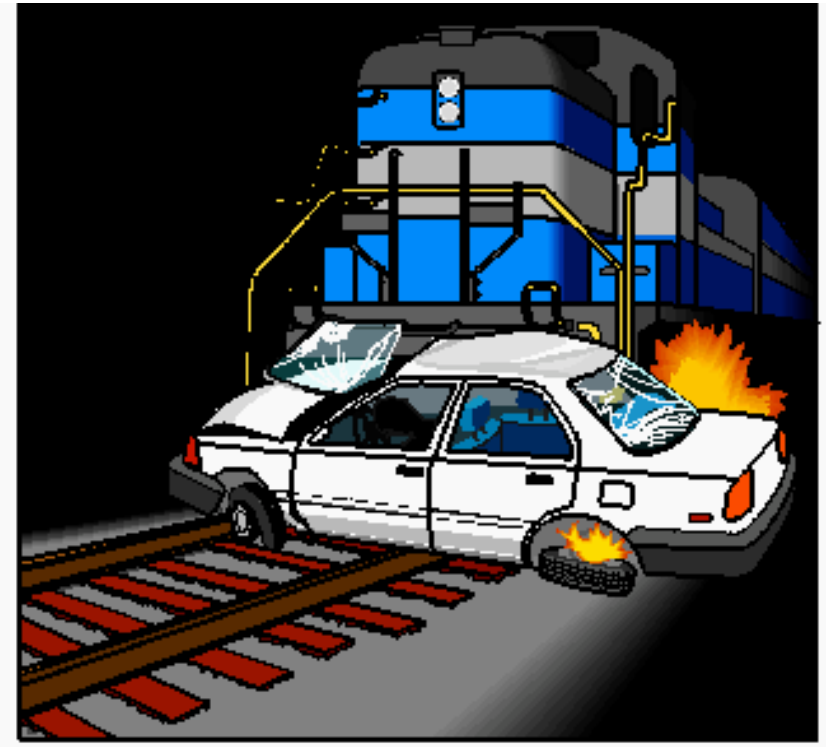
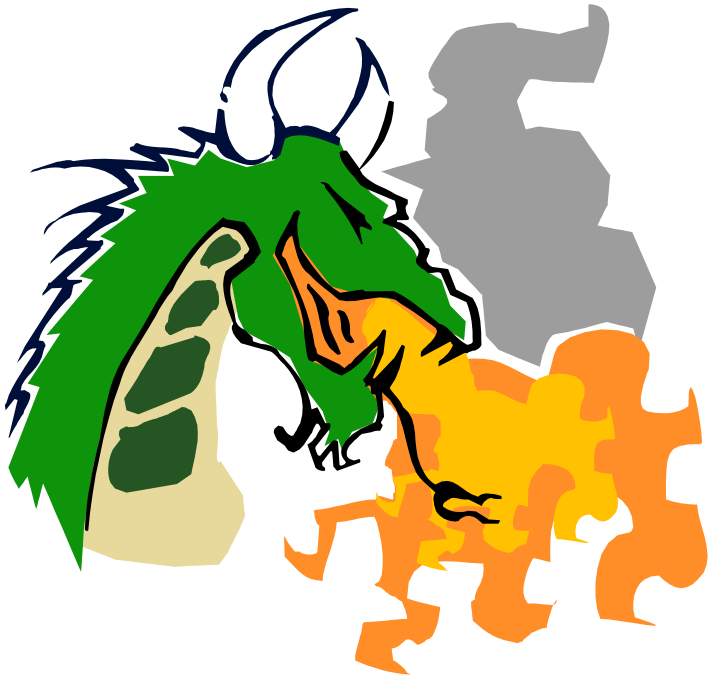
Emergency Management Plans

- Kevin Brown MD



JCAHO Definition: *Emergency*



- Natural or manmade event that:
  - disrupts the environment of care
  - disrupts care & Tx, or
  - increases demands for services

Accredited Healthcare Facilities

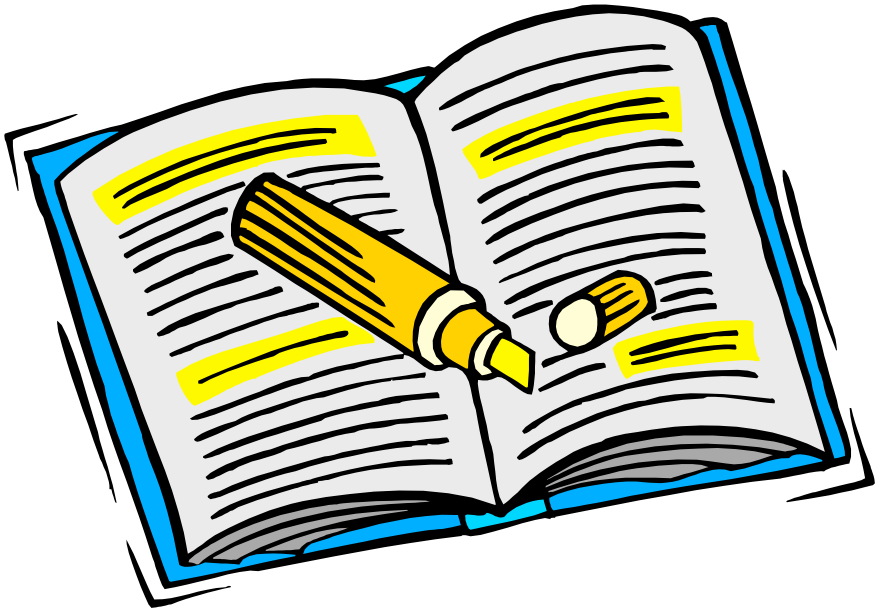
- Must have emergency management (EM) plan & ensure that employees are familiar with it.

EM Plans Often Fall Short

- Numerous emergency events have shown that many facilities are inadequately prepared for the actual demands during emergencies.

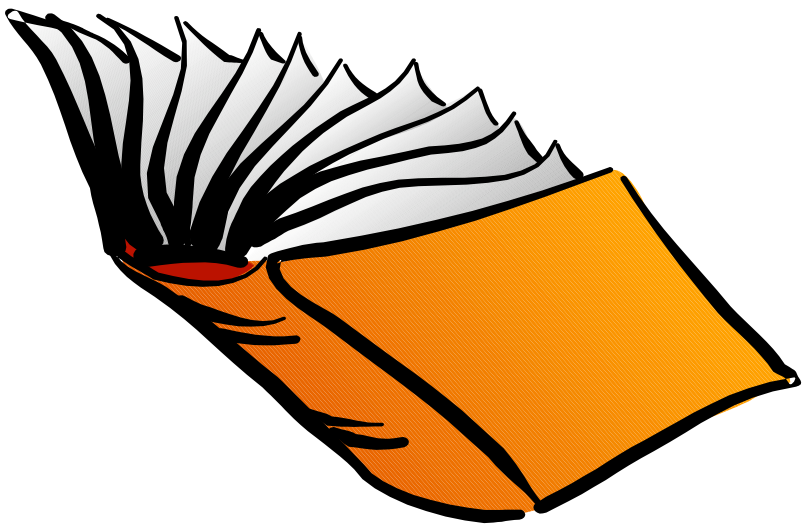
EM "Preparedness"

- *Illusion of preparedness* based on having a written document
  - When most staff have never read it



Paper Plan Syndrome

- Although most hospitals have a written plan, it is *not* accompanied by adequate training or drills.



Regular Drills

- Allow testing of the plans to flush out deficiencies.
  - theory vs reality
- Shown to have beneficial effect on actual EM responses.

Drills Require Preparation

- Drills that are not preceded by training are like "taking the final exam before attending the course".

2001 JCAHO Tasks

- Integrate EM plans with the emergency management community.
- Hazard Vulnerability Assessment (HVA): prepare staff for response to "all hazards" events.
- Incident Command Structure (ICS): organizational framework to implement EM plan.

Developing EM Plans

- *Process* of planning is more important than having a document.
- *Multidisciplinary planning* helps to cement actual response.




EM Planning

- Initial staff response must be based on awareness of overall EM plan
- Learned through lectures but most effective lesson: memory from drills

EM Plans

- Must address 4 phases of EM activities:
  - Mitigation
  - Preparedness
  - Response
  - Recovery

Mitigation Activities

- Goal: Lessen severity and impact of potential emergency.
- Begin by identifying potential hazards that may affect organization's operations (HVA).
- Use strategies to support perceived vulnerabilities of *most likely* to occur.

Preparedness Activities

- Goal: Build organizational capacity to manage the effects of an emergency.
- Includes:
  - resource inventory, incl. supplies, equipment
  - arrangements with vendors & health care networks
  - staff orientation & training
  - organizational rehearsals

Response Activities

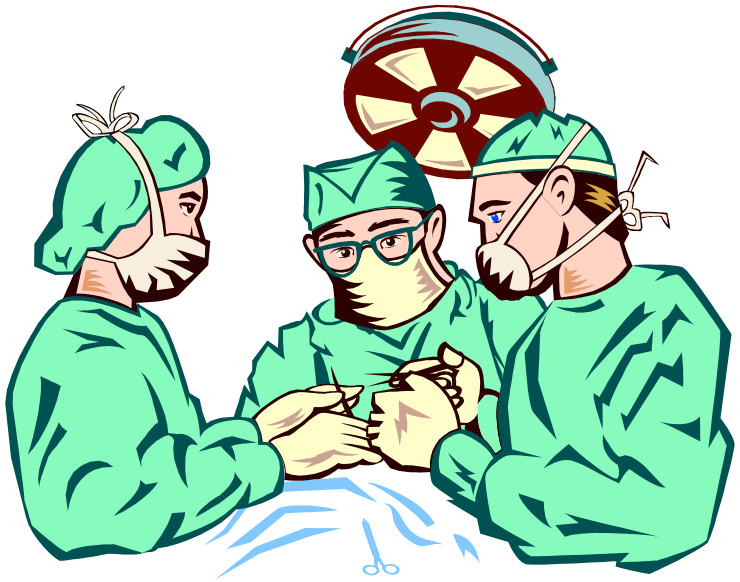
- Goal: Control the negative effect of emergency.
- Actions:
  - that staff must take, e.g. report to area, tasks, & reporting relationship.
  - that management must take, e.g. initiating the plan, assessing situation, setting objectives.

Recovery Activities

- Goal: restore essential services and resume normal activities.
- Begins almost concurrently with response activates.
- Consider loss of revenue, staff support, community reaction.

EM Planning

- Must take into account local resources.
  - Five trauma victims for 1 physician in small community hospital might only be a “slow night” for trauma center.

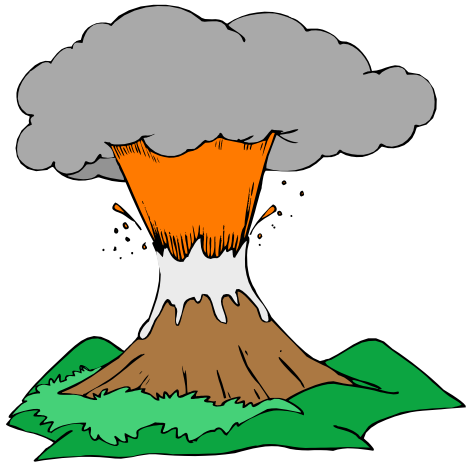


EM Plans

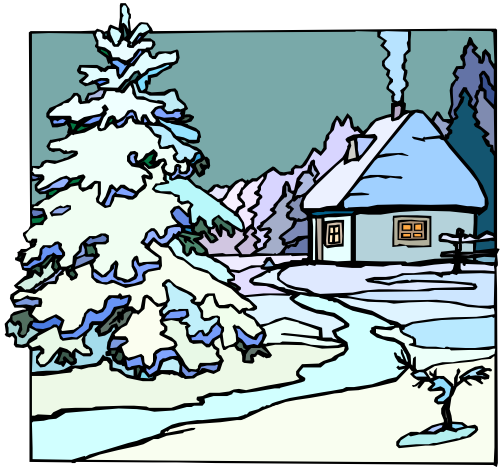
- Orientation & regular education programs that address:
  - roles and responsibilities
  - information & skills required
  - monitoring of staff knowledge, skills, competencies, and participation
  - incident reporting and review
  - program evaluation

Key Components of EM Plan

- Incident Command Structure:
  - Is not the EM plan itself—but rather how an organization carries out the plan.

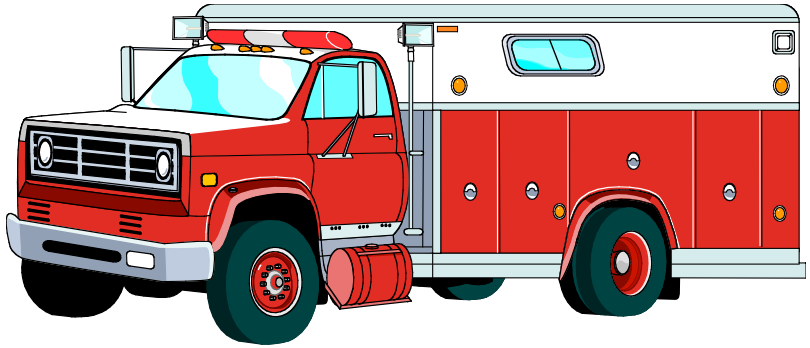


- Vulnerability assessment:
  - Assess threats to the organization.



Key Components of EM Plan

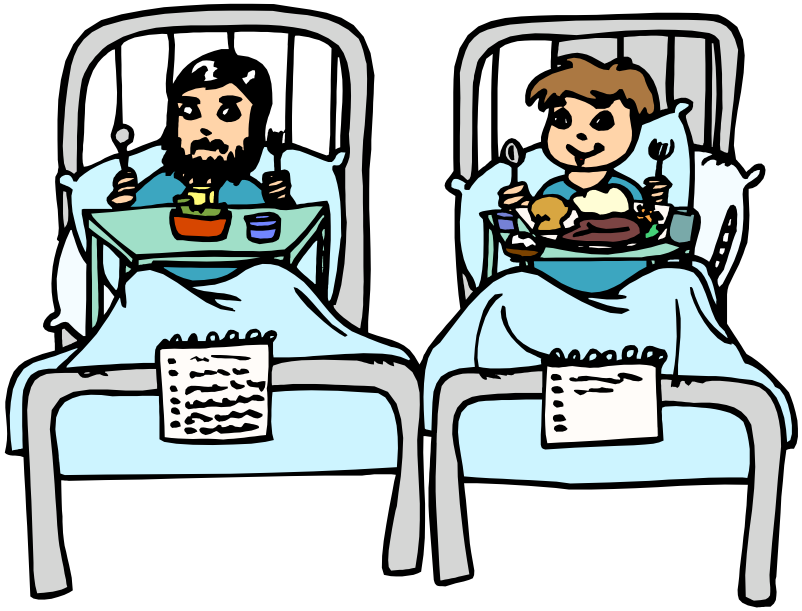
- Addresses:
  - patient care, staff support, supplies, logistics, security, community relations, and medical relations
- Integrate with community response



EM Plan Considerations

- Must address:
  - *external* as well as *internal* events.

  EM plan activation is not "all or nothing"
  - "Incident specific" vs. full plan activation.

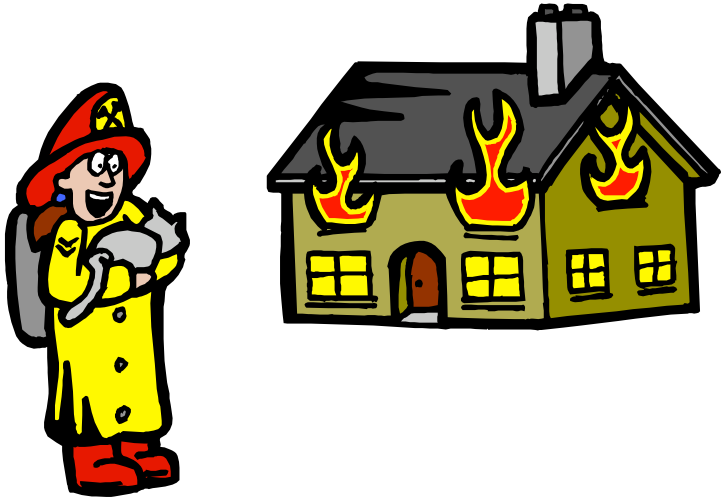


Incident-Specific EM Plan Activation

- Sudden surge of *limited* numbers of patients requiring rapid response, increased staff & or equipment, supplies but not full mobilization of entire hospital
  - e.g., twenty school children exposed to pepper spray or abducted baby
  - allows rest of facility activities to continue

External Emergency

- Anything that doesn't *directly* affect hospital infrastructure.
  - e.g.: plane crash in another county or fire in adjoining neighborhood.



External Emergency

- External EM plan
  - Mainly addresses how increased numbers of patients will be triaged, decontaminated, transported & treated.

Features of EM Plan

- Definition
- Plan activation
- Command center
- Traffic flow
- Triage
- decontamination

- **Treatment areas**
- **Specialized areas**
  - Family
  - Volunteers
  - Media
  - Morgue
- **Individual department plans**
- **Internal plan**
  - Individual dept plans
  - Evacuation

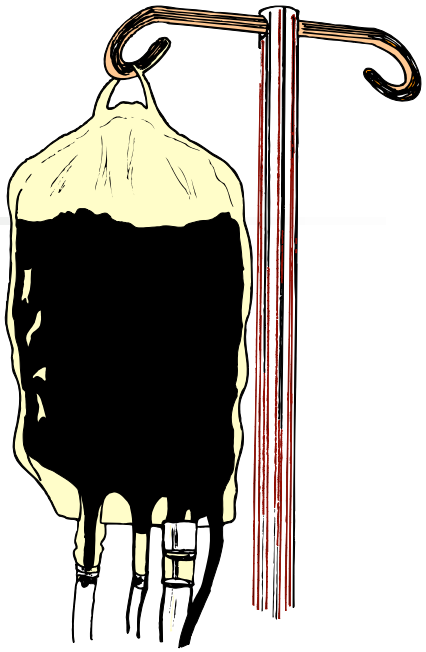
EM Plan Features

- Notification: usually from EMS to ED nurse or MD before first case arrives
- # & types of cases & ETA
- Authority to activate the plan needs to be predetermined.

Triage

- Who will staff it & where will it occur
- Dynamic process that needs to be continually reassessed
- At best triage is 70% accurate

Individual Dept. Plans



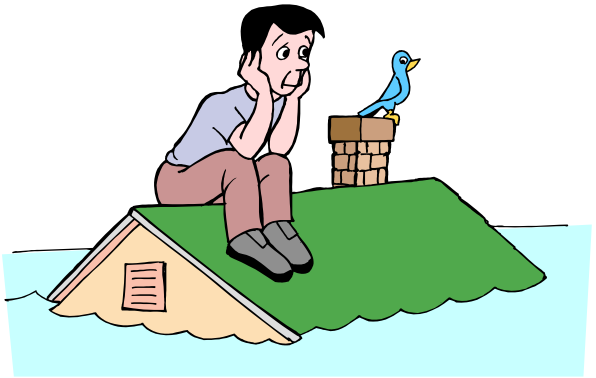
- Functional components of overall plan.
  - e.g.: telephone call plan; pharmacy, blood bank, central supply, operating rooms
- Assess needs and supplies
- Copies of these plans must be at command center as well as in departments

Internal Emergency

- Conditions that affect hospital facility *directly* and may be extension of external emergency
  - Hurricane Andrew damaged 145 health care facilities
  - e.g., fire in the hospital, power failure along with generator failure

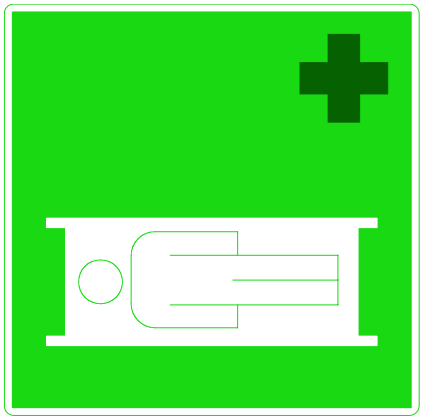
Internal EM Plan

- Additional concern for safety of hospitalized patients and staff
  - e.g., structural instability, fire or flood, loss of medical gasses, elevator loss, toxic events, loss of communications, staff inability to reach work, terrorism



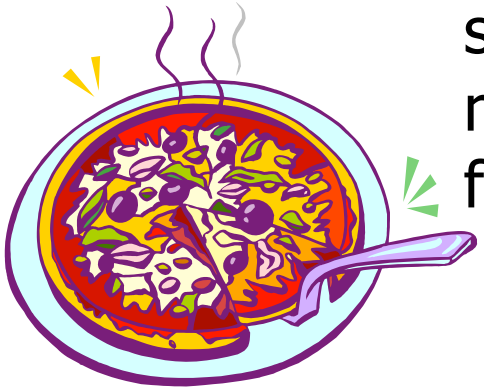
Internal EM Planning

- Single event could impact both the hospital as well as outside structures
  - must have alternative care areas: primary and secondary.



Internal EM Plan

- How individual departments assess their needs and operate with limited resources
  - e.g., how loss of elevators affect central supply; how loss of refrigeration affects morgue; how loss of kitchen facilities affects food preparation.

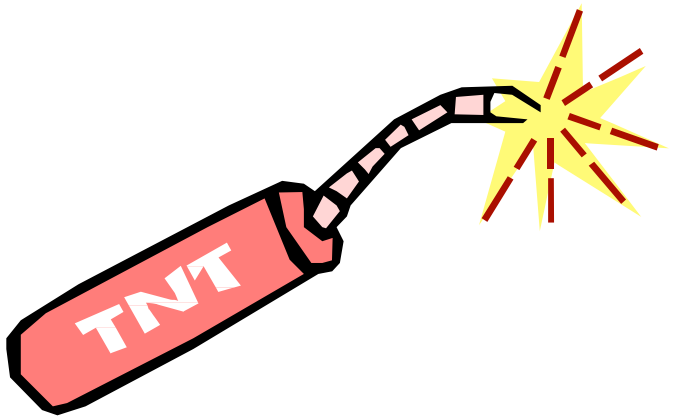


Internal EM Plan

- Individual plans for all conceivable hospital calamities as well as *evacuation routes and procedures*

Internal EM Plan

- Alternate Command Center site(s)
  - e.g. suspicious package could close down the ED where the primary command center is often found.
  - Ideal to have one inside and another *outside* the building.



Command Center

- Function, location & personnel must be established & preplanned
- Key management personnel
- Serves to relay information and coordinate facilities response
- Credible spokesperson for media

Reporting/ Resource Center

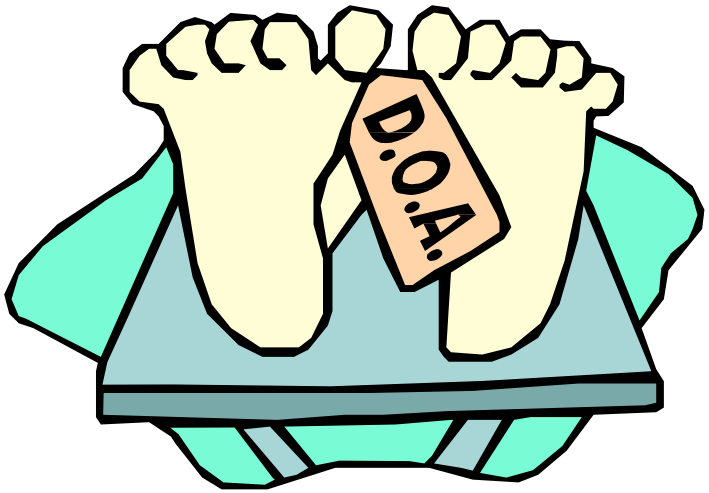
- Distinct from command center
- Supervisors of various departments to sign-in and be briefed
- Reporting may be done by phone or radio
- Medical volunteers report here

Security/ Safety Officers

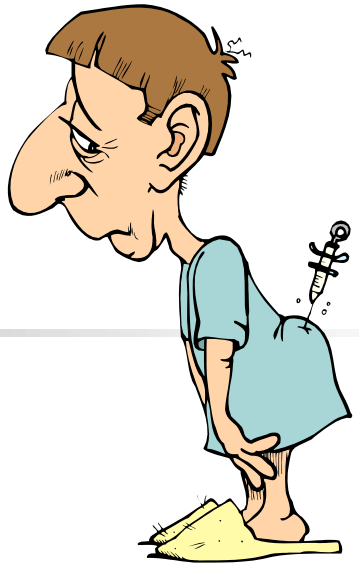
- Ability to distinguish staff from potential patients
- Media vs medical imposters
- Sleeping areas for staff who cannot leave

Morgue

- Ability to expand morgue
- Portable (D-Mort) units arrive within 12 hours
- Refrigerator trailers



Conclusions



- Functioning plans must exist not merely on paper but rather in the minds of the staff.
- Coordination requires familiarity with how one's actions and roles influence the ability of others to carry out the EM plan.
- No single ideal plan.