Emergency Preparedness and Management in Your Healthcare Organization

Author: Mallory Earley, JD, Senior Risk Resource Advisor

Healthcare emergency preparedness and management can take many forms. Unanticipated events, such as a physical altercation, an infection outbreak, or a natural disaster, can affect patient care and panic the public. With proper training and preparation, your organization can respond appropriately to a broad range of incidents and disasters.

In developing your plan, consider the specific risks associated with each type of event, including the challenges of using social and traditional media to alert your patients and the public. Regardless of the type of emergency, its impact can be reduced when staff are prepared, risks are assessed, and contingency plans are implemented before a disaster hits.

The Four Phases

In healthcare organizations, emergency management programs usually consist of four main phases: mitigation, preparedness, response, and recovery. These components can help facilities prevent some emergencies, decrease other vulnerabilities, and improve responses after an event.[1] The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) requires accredited organizations to have an emergency management plan that includes each of these four phases.

Mitigation and Preparedness

Regardless of the type of disaster, proper mitigation and preparedness can reduce severity before an incident occurs and possibly even prevent its occurrence. Mitigation can save money on the front end by ensuring appropriate safeguards are in place to avoid likely risks. Preparedness relates to the facility's ability to manage its response and recovery from an emergency. JCAHO recommends that organizations have an emergency operations plan (EOP) and practice using it by training employees, conducting mock drills, reviewing the plan, and coordinating with local, state, and federal emergency response agencies.[2]

Response and Recovery

Response is the third phase of managing an emergency. It usually focuses on providing emergency medical treatment to those affected, minimizing secondary impacts, and limiting the negative effects of the situation. The last phase, recovery, is the where a healthcare organization resumes its normal operations and services. Keep in mind that recovery seeks to return your facility to normal operations while caring for your staff who have experienced the event.[3]

Regardless of when an event occurs at your healthcare organization, keep in mind that the phases of your EOP are fluid and can overlap. Proper mitigation and preparation can help your organization respond and recover more effectively after a serious incident.

When developing your plan, address the specific risks for the many types of emergencies your facility may face. These can include physical violence, infection outbreaks, and natural disasters.

1 mitigation

2 preparedness

3 response

4 recovery
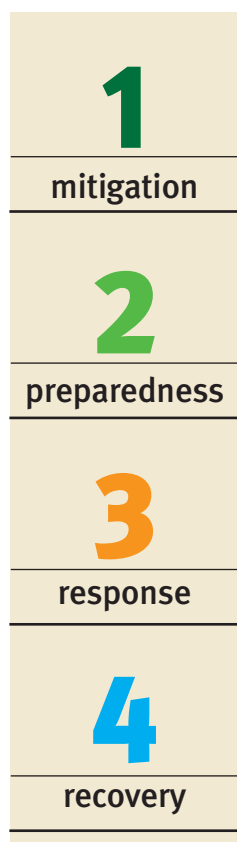
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Physical Violence and Active Shooter

Violence in healthcare organizations can occur despite the location, size, or type of hospital or facility. It can range from verbal abuse to physical assaults against providers, patients, family members, or others. The National Institute for Occupational Safety and Health defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty."[4] The Bureau of Labor Statistics cites that 18,400 workers experienced nonfatal workplace violence in 2017. Of those who experienced workplace violence, 71% worked in the healthcare and social assistance industry.[5] Being properly trained and prepared for such incidents can help save lives.

Risk Factors

Although violence against healthcare workers can occur in any patient care setting, certain risk factors increase the potential for violence. Violence against healthcare workers may typically come from patients, clients, or residents at their facility. Even though there is no way to predict future violent behavior in any specific patient population, certain types of inpatient care may be at a higher risk for physical violence: psychiatric services, long-term care settings, emergency departments, and residential services.[6]

Other factors may include working with patients who have a past history of violence or substance abuse, a facility located in a high crime area or where weapons are prevalent, poor emergency communication protocols, and property concerns such as poor lighting in parking lots or around your buildings. High employee turnover rates, understaffed departments, long wait times, inadequate policies and procedures for staff who deal with hostile behaviors, and a lack of physical security can also increase your organization's risks.[7]
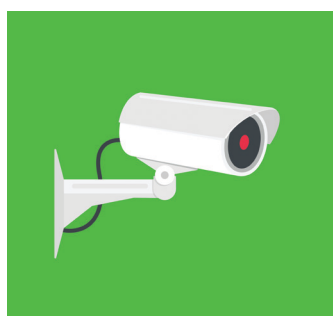
Security Measures

There are several physical security measures that can help prevent or mitigate violent acts against providers or patients. Consider the use of video cameras in areas where patient care is not taking place such as waiting rooms, hallways, or other common areas. Silent alarms or panic buttons may add security to general admissions areas. In addition, review your check-in procedures for patients, visitors, and vendors to limit the number of people entering your facility.

Larger hospitals and facilities might employ security guards to patrol their campus. Consider limiting the number of entrances that are accessible to the public. Talk with your local police or security about safety plans and exit routes to ensure the safety of those involved in an incident as well as ancillary patients, visitors, or staff who might be on campus.

One of the most important security measures is an automatic lockdown system with a code all staff and providers will recognize. Practice drills for significant weather alerts, active shooters, violent altercations, and other lesser used codes to speed everyone's response to an actual emergency.

Employee Considerations

When hiring, conduct criminal background checks prior to employment. Once hired, staff should learn how to evaluate likely threats as part of an ongoing training process. Educate all staff on how to recognize and manage potential dangers. In addition to considering self-defense training, teach your staff de-escalation techniques for helping difficult patients or visitors redirect their anger to avoid violent outbursts.

Infection Control and Outbreak

Despite advances in technology and healthcare, healthcare-associated infections (HAIs) remain a top concern for healthcare organizations when it comes to patient safety. According to the Centers for Disease Control and Prevention (CDC), about one in 31 hospital patients has at least one HAI at any given time.[8] HAIs are potentially preventable, but antibiotic-resistant bacteria can cause infections that lead to sepsis or death. Data can help protect patients by showing how to prevent infections and ensure proper use of antibiotics.

The CDC has resources that can help organizations win the battle against HAI, including evidence-based recommendations for prevention and control in the hospital setting.[9] The federal government established goals through the National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination.[10]

Once the problem is outlined, the next step is determining how to implement change and work toward reducing or eliminating HAIs. Healthcare organizations often begin by promoting a culture where HAIs are not acceptable. There needs to be buy-in from all levels involved in patient care: federal, state, and local governments as well as the healthcare system, facility, provider, and patient. There has to be transparency and accountability, including an internal root cause analysis, when there is a breakdown in infection control policies and procedures.

One state has made dramatic improvements in patient safety regarding HAI. Tennessee used actionable data from the National Healthcare Safety Network to improve healthcare in their state.

Tennessee's Example

In 2008, Tennessee was one of only two states that had a central line-associated bloodstream infection (CLABSI) standardized infection ratio (SIR) significantly higher than the national average. Six years later, Tennessee had reduced CLABSI to 52% below the national average. With help from the Tennessee Department of Health, the state looked at its own data, identified where HAIs were occurring, and targeted prevention efforts at problematic locations in specific facilities. Dr. Marion Kainer, Tennessee Department of Health HAI Program Director, stated, "We've embraced the Target Assessment for Prevention strategy in Tennessee for several reasons. We feel it has the greatest return on investment, by targeting facilities with the potential to prevent the greatest number of infections."[11]

Pandemic

Another scenario that has become a reality for healthcare organizations around the world in the spring of 2020 is preparing for and operating during a global pandemic. In the midst of the COVID-19 outbreak, preparation for high numbers of critical patients as well

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as necessary precautions and supplies for staff and providers were critical in the local management of the pandemic. Quick response and proper planning led to many changes in facilities such as screening procedures for employees at each shift, eliminating unnecessary visitors, and close examination of infection protocols. The Department of Health and Human Services Office of the Assistance Secretary for Preparedness and Response developed a comprehensive checklist[12] that relates to general pandemics as well as the COVID-19 outbreak. The checklist considers topics such as safety/infection control activities, EMS activities, and hospitals and health care activities that include inpatient and outpatient recommendations. The CDC continues to examine and evaluate recommendations and provide a variety of specific guidance.[13] For state-specific recommendations, consult your state medical boards and hospital associations for local guidance. ProAssurance is committed to helping insureds navigate this challenging time, and has created a COVID-19 webpage to keep you informed. Visit the COVID-19 Information Center at ProAssurance.com/COVID-19.
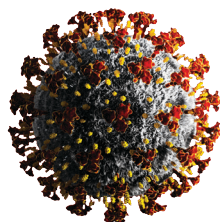
Resources for Managing and Preventing Outbreaks

If your healthcare organization faces an HAI outbreak, the CDC will often work with the health departments and Food and Drug Administration to provide assistance for patients and stop the spread of the outbreak. The most common reasons for an outbreak are a breakdown in infection control procedures or contaminated equipment or medicines. In these scenarios, the CDC might release information to the public or help coordinate the prevention of future incidents, as well as work from a regulatory standpoint to reduce the risk of further outbreaks.[14]

Healthcare organizations need to have updated infection control policies and procedures. Working with your organization, you can develop educational tools for your staff, patients, and visitors that address germs' sources and their transmission through human contact, contact with surfaces, inhalation, or ingestion.[15] APIC has a number of resources and information on prevention and protocols for visitors and patients if you are considering updating your policies. Infection control education for your providers, patients, and guests is an important part of providing a safe environment for everyone at your facility.

Natural Disasters

Natural disasters can strike in a number of ways from wildfires to hurricanes to earthquakes. The lack of predictability and the potential long-term effects can cripple an unprepared healthcare organization. The CDC has a number of specific resources on how to prepare for and manage dangerous natural events, including severe temperatures, storms, wildfires, and earthquakes.[16]

Keep in mind that your options for evacuation or sheltering in place could depend on your organization's policies and ability to continue providing proper care in emergency circumstances. If your entire geographic area is impacted, your facility may become a refuge even for those who do not need medical treatment.

Prepare for Power Failures and Staffing Shortages

As with any potential emergency, organization before a natural disaster event will be important. Keeping patients calm and properly cared for will be two of the most important elements during this type of emergency. Without electricity, healthcare organizations may need to use a numbering system to track patients, their diagnoses, and treatment. Patient access and financial services staff can use this basic information to follow up when electronic systems are restored.[17]

Consider the need for increased staffing immediately after a natural disaster because some staff may be unable to continue working. You also may have to grant temporary privileges to providers during a disaster. Natural disasters can also have a larger impact on your organization's staff since they may also have lost personal property, homes, or loved ones.

Use of Social Media in Emergency Planning

With the rise in technology and smartphones, the public often turns to social media to alert others of an event regardless of the type of emergency. Keep in mind that HIPAA still applies to protected health information during a crisis and a facility needs to include processes for patient identification and family notification in an emergency. Consider having a designated person update social media to keep the public notified as circumstances change. Disseminating accurate, timely, and appropriate updates can help calm both patients and family members as well as reduce overall panic.

Be Ready for Rumors

Social media platforms can easily spread misinformation during emergencies, but proper monitoring can dispel rumors and reduce panic. For example, Massachusetts General Hospital monitored Twitter as part of its response plan during the Boston Marathon bombing. They found Tweets falsely claiming the hospital was on lockdown and treating the surviving bomber. The hospital quickly used Twitter to set the record straight.[18]

Regardless of your healthcare organization's size, emergency preparedness and management needs to be a top priority in your training and education of staff. Putting in the time and effort during a time of peace can have immense payoff when an emergency occurs. 👆

Clarification: Our cybersecurity themed *Key Considerations* discussed the CyberAssurance® coverage limits included in most ProAssurance professional liability policies for hospitals and facilities (same day/outpatient care only). Please note limits for the base cyber coverage vary by state and policy type. Policyholders wishing to verify their current cyber limits can reference their current policy, contact their agent, or call ProAssurance at **800-282-6242**.

Professional Liability Insurance & Risk Resource Services

KEYconsiderations
For Healthcare Organizations

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Endnotes

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2. Ibid.

3. Ibid., p. 3.

4. Occupational Safety and Health Administration (OSHA), "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers," p. 2, https://www.osha.gov/Publications/osha3148.pdf accessed October 9, 2019.

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8. CDC, "HAI Data," https://www.cdc.gov/hai/data/index.html accessed October 9, 2019.

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18. Jeff Ferenc, "Social Media can Strengthen Emergency Communication," HFM Magazine, April 24, 2014, https://www.hfmmagazine.com/articles/1273-social-media-can-strengthen-emergency-communication accessed November 8, 2019.