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Office of Integrated Health Supports Network

Emergency Preparedness: Medical Emergency Policies, Plans and Drills Health & Safety Alert

Introduction

Emergency situations can happen at any time anywhere to anyone. The best way to handle any emergency is to be prepared. Regular folks living and working in the community are the actual first responders in any emergency (7).

It is beneficial for everyone to learn how to handle various types of emergency situations, in order to save lives. Repetitive practicing, or drills, of emergency responses, has been shown to improve muscle memory and helps people to respond automatically in stressful circumstances (7).

This is especially true for caregivers of individuals with intellectual and developmental disabilities (DD). Many individuals with DD may be diagnosed with conditions which render them:

- Medically fragile.
- Non-ambulatory.
- Non-verbal.
- Medically complex - those with multiple chronic health conditions.
- Mentally complex - those who have mental, emotional, or behavioral conditions which impact their ability to recognize danger, seek help, or save themselves independently (28).

Others may be able to communicate verbally but may be unable to describe what they are feeling (chest pains, etc.), and are therefore wholly dependent on their caregivers in the community to maintain their safety (8).

Potential Emergencies

It is important for providers to be familiar with all state regulations in order to keep the individuals in their care safe at all times (Virginia Code, 12VAC35-105-530). Virginia Code outlines the responsibilities of provider agencies and their employees to develop policies and plan for **potential emergency situations**, which may include the following:

- Medical Emergencies
- Weather (extreme temperatures (hot/cold), thunderstorms, hail, etc.)
- Natural Disasters (hurricanes, tornadoes, floods, wildfires, etc.)
- National Emergencies (war, terrorism)
- Fire (residential, day program, school, etc.)
- Hazardous Materials Accidents
- Chemical/Biological/Radiological (CBR) Emergencies
- Active Shooter.

Providers should contact their DBHDS Licensing Specialist of guidance in applying the regulations to their services.

This Health & Safety Alert will focus on best practice research relating to ***Medical Emergencies.***

Medical Emergencies

The Centers for Disease and Control Prevention (CDC) recommends that every person have some knowledge of how to handle a medical emergency to include first aid education, cardiopulmonary resuscitation (CPR) training, and the use of an automated external defibrillator (AED) (7). Acquiring these skills is especially important for employees whose work is focused on community caregiving.

Once obtained, practicing those skills, and making sure those skills are up to date reduces the risk that knowledge will not be forgotten. It is **best practice** for licensed DBHDS provider agencies to have written policies and plans for all types of emergency situations. Each staff member should be clear on their role, responsibilities, duties, communication requirements, and recovery efforts during all types of emergency situations (14).

Virginia Code 12VAC35-105-530, section A.9 states ***"The plan shall address: Schedule for testing the implementation of the plan and conducting emergency preparedness drills. Fire and evacuation drills shall be conducted at least monthly."***

Virginia Code 12VAC35-105-530 excerpts are shown on the next two pages.

12VAC35-105-530. Emergency preparedness and response plan.

A. The provider shall develop a written emergency preparedness and response plan for all of its services and locations that describes its approach to emergencies throughout the organization or community. This plan shall include an analysis of potential emergencies that could disrupt the normal course of service delivery including emergencies that would require expanded or extended care over a prolonged period of time. The plan shall address:

1. Specific procedures describing mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each emergency.
2. Documentation of coordination with the local emergency authorities to determine local disaster risks and community-wide plans to address different disasters and emergency situations.
3. The process for notifying local and state authorities of the emergency and a process for contacting staff when emergency response measures are initiated.
4. Written emergency management policies outlining specific responsibilities for provision of administrative direction and management of response activities, coordination of logistics during the emergency, communications, life safety of employees, contractors, students, volunteers, visitors, and individuals receiving services, property protection, community outreach, and recovery and restoration.
5. Written emergency response procedures for initiating the response and recovery phase of the plan including a description of how, when, and by whom the phases will be activated. This includes assessing the situation; protecting individuals receiving services, employees, contractors, students, volunteers, visitors, equipment, and vital records; and restoring services. Emergency procedures shall address:
    a. Warning and notifying individuals receiving services.
    b. Communicating with employees, contractors, and community responders.
    c. Designating alternative roles and responsibilities of staff during emergencies including to whom they will report in the provider's organization command structure and when activated in the community's command structure.
    d. Providing emergency access to secure areas and opening locked doors.
    e. Evacuation procedures, including for individuals who need evacuation assistance.
    f. Conducting evacuations to emergency shelters or alternative sites and accounting for all individuals receiving services.
    g. Relocating individuals receiving residential or inpatient services, if necessary.
    h. Notifying family members or authorized representatives.
    i. Alerting emergency personnel and sounding alarms.
    j Locating and shutting off utilities when necessary; and
    k. Maintaining a 24-hour telephone answering capability to respond to emergencies for individuals receiving services.
6. Processes for managing the following under emergency conditions:
    a. Activities related to the provision of care, treatment, and services including scheduling, modifying, or discontinuing services; controlling information about individuals receiving services; providing medication; and transportation services.
    b. Logistics related to critical supplies such as pharmaceuticals, food, linen, and water.
    c. Security including access, crowd control, and traffic control; and
    d. Back-up communication systems in the event of electronic or power failure.
7. Specific processes and protocols for evacuation of the provider's building or premises when the environment cannot support adequate care, treatment, and services.
8. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape routes, and list of major resources such as local emergency shelters.
9. Schedule for testing the implementation of the plan and conducting emergency preparedness drills. Fire and evacuation drills shall be conducted at least monthly.

12VAC35-105-530. Emergency preparedness and response plan (continued).

B. The provider shall evaluate each individual and based on that evaluation, shall provide appropriate environmental supports and adequate staff to safely evacuate all individuals during an emergency.

C. The provider shall implement annual emergency preparedness and response training for all employees, contractors, students, and volunteers. This training shall also be provided as part of orientation for new employees and cover responsibilities for:

1. Alerting emergency personnel and sounding alarms.
2. Implementing evacuation procedures, including evacuation of individuals with special needs (i.e., deaf, blind, non-ambulatory);
3. Using, maintaining, and operating emergency equipment.
4. Accessing emergency medical information for individuals receiving services; and
5. Utilizing community support services.

D. The provider shall review the emergency preparedness plan annually and make necessary revisions. Such revisions shall be communicated to employees, contractors, students, volunteers, and individuals receiving services and incorporated into training for employees, contractors, students, and volunteers and into the orientation of individuals to services.

E. In the event of a disaster, fire, emergency, or any other condition that may jeopardize the health, safety, or welfare of individuals, the provider shall take appropriate action to protect the health, safety, and welfare of individuals receiving services and take appropriate actions to remedy the conditions as soon as possible.

F. Employees, contractors, students, and volunteers shall be knowledgeable in and prepared to implement the emergency preparedness plan in the event of an emergency. The plan shall include a policy regarding regularly scheduled emergency preparedness training for all employees, contractors, students, and volunteers.

G. In the event of a disaster, fire, emergency, or any other condition that may jeopardize the health, safety, or welfare of individuals, the provider should first respond and stabilize the disaster or emergency. After the disaster or emergency is stabilized, the provider should report the disaster or emergency to the department, but no later than 24 hours after the incident occurs.

H. Providers of residential services shall have at all times a three-day supply of emergency food and water for all residents and staff. Emergency food supplies should include foods that do not require cooking. Water supplies shall include one gallon of water per person per day.

I. All provider locations shall be equipped with at least one approved type of ABC portable fire extinguisher with a minimum rating of 2A10BC installed in each kitchen.

J. All provider locations shall have an appropriate number of properly installed smoke detectors based on the size of the location, which shall include at a minimum:

1. At least one smoke detector on each level of multi-level buildings, including the basement.
2. At least one smoke detector in each bedroom in locations with bedrooms.
3. At least one smoke detector in any area adjacent to any bedroom in locations with bedrooms; and
4. Any additional smoke detectors necessary to comply with all applicable federal and state laws and regulations and local ordinances.

K. Smoke detectors shall be tested monthly for proper operation.

L. All provider locations shall maintain a floor plan identifying locations of:

1. Exits.
2. Primary and secondary evacuation routes.
3. Accessible egress routes.
4. Portable fire extinguishers; and
5. Flashlights.

M. This section does not apply to home and non-center-based services.

Medical Emergency Preparedness Drills

It is up to the provider agency to establish policies regarding regular drills on all types of *potential* emergency situations, not just fire and evacuation drills. Research shows that repetitive practice drills are highly beneficial. Practice drills allow staff members time to review needed competencies and been shown to reduce the risk of panic during an actual emergency event (23).

Emergency preparedness involves planning, training, practicing/drilling, and follow-up sessions. Practice drills might include a group discussion or verbal review of a case scenario by all staff members, in addition to the actual physical drill to act out the emergency situation in real-time (21).

Medical emergencies don't occur frequently, but when they do happen, it requires a major response from staff members in order to improve outcomes. In most community settings, there may be months or years between one emergency situation and the next (23) (21).

Conducting regular Medical Emergency Response Drills is also the best way for a licensed provider to find out if the Medical Emergency Response Plan they have developed/planned actually works.

"Practice is a mechanism by which plans can be tested, gaps identified, and processes tweaked" (12). Drills are also beneficial for testing your team's readiness in all areas of the plan (21).

A group discussion or verbal review of an emergency situation should include:

- An informal discussion or presentation to orient everyone to the agency's emergency plans, policies and procedures (23) (21).
- Time for staff members to talk through each person's duties, actions, and responsibilities during a particular type of emergency situation (23) (21).
- Time for staff members to study, and review required skills, ask questions, and get feedback in a relaxed, non-judgmental atmosphere (23) (21).
- Staff leaders who are the most experienced and knowledgeable members of the team, who can best facilitate an open discussion (23) (21).
- A review of one simulated emergency situation per group discussion is recommended, in order to keep staff members focused (23) (21).
- A complete review of the step-by-step plan to be used during a particular emergency situation. This can be done using case studies or case scenarios which can mimic an actual emergency situation (23) (21).
- As much or as little time as needed should be allotted to address the emergency situation completely and verify competency of each staff member's skills and responsibilities (23) (21).

An actual practice drill of a medical emergency should include:

- A "supervisor" at each on-site practice, to document staff response times and the skills (or lack thereof) of each staff member to respond under pressure (23) (21).
- Any needed equipment, printed policies, or procedures. Staff should "act out" all communication required to address the simulated emergency (23) (21) as if it is actually occurring.
- A simulation or replication of a specific, small-scale medical emergency (e.g. a minor bleeding cut involving one individual) or a specific, larger-scale emergency medical emergency (a crush injury from a falling bookcase involving two individuals) (23) (21).
- A replication of the actual medical emergency as closely as possible, to identify knowledge gaps for staff regarding skills, policies, plans, or procedures; logistical issues; and equipment required (e.g. a cell phone, a first aid kit, etc.) (23) (21).

A follow-up discussion session should:

- Function as a debriefing and should be held immediately after the medical emergency drill is completed, in order to address any identified issues while the events can be easily recalled (14).
- Include a review of the overall performance of the simulation, and plenty of time to answer any staff questions or concerns (14).
- Offer positive reinforcement for a job well done, and constructive, non-judgmental recommendations in areas where improvements are needed (14).
- Include the implementation of an action plan to address any needs or gaps (e.g. skills, equipment, education, etc.) identified within the practice drill (14).

Not every practice drill will go smoothly, but this is expected. Reassure team members their responses will improve with time and practice. No one will perform perfectly the first time or every time! Uncovering gaps in staff knowledge, where mistakes might be made, and having a plan for promoting teamwork and improvement is part of the process.

Improving Knowledge Retention

Researchers have studied the benefits of reviewing emergency preparedness policies, plans and procedures before emergency drills. Pre-instruction increases interest and understanding for staff members along with improved overall outcomes during practice drills (23) (21).

Having routinely scheduled staff training on all emergency-related policies and plans, which include question and answer sessions, give employees an opportunity to gain a greater depth of knowledge about policy content.

- Staff should know how to locate and correctly use the equipment needed to carry out the emergency plan.
- Visual aids, such as printed posters with step-by-step instructions on first aid, choking response, CPR, and the use of AEDs, have been shown to improve skill abilities when responding to medical emergencies.
- Instructional posters can be organized into a 3-ring binder for ease of access by staff members (23) (21).
- All staff members should be shown where instructional posters are kept during orientation and reminded periodically of their location.
- Practice drills which include a pretend enactment of a medical emergency also improve recall of skills, understanding of procedures and response time of staff members (23) (21).
- Research reveals short CPR trainings using a manikin with real-time visual feedback is effective in improving CPR performance recall. Monthly CPR training has been shown to improve recall better than trainings spaced at 3-, 6-, or 12-month intervals (3).

Collaboration is Key

Practice drills and group discussions promote communication, collaboration, and cooperation among staff. Regular practice builds confidence and strengthens the relationships among team members so they can better handle emergency situations (17) (14).

It is best practice for providers to:

- Collaboratively develop medical emergency response policies, plans, and training programs with staff input.
- **Include individuals in the development of the plan, whenever possible.**
- Coordination and collaboration with local community emergency first responders (EMS, Fire Department, Police, etc.) can help promote best practice and can address specific issues which may be overlooked by employers and layperson staff when creating an emergency plan (23) (21).
- Group training sessions help staff obtain better understanding of the concepts within the plan and will create a time, space, and opportunity for employees to ask questions to resolve any confusion (13).
- Encourage staff to contribute their insights and suggestions. Much can be gained from the knowledge and perspectives of others engaged in the same goal (13).

Resources and Tools for Developing Emergency Response Plans

Planning is a fundamental part of all emergency preparations and should be aimed at lessening risk (10). Providers should strive to promote a culture of safety at their agency and should consider solutions to any problems which may arise during an emergency, such as a blocked driveway, or EMT's who cannot find the house.

- The Centers for Disease Control and Prevention (CDC) has an excellent downloadable emergency response template to help agencies develop a plan for potential emergencies: CDC Emergency Response Plan Template
- Ready.gov is a public service site focused on educating and empowering American citizens to prepare for, respond to and mitigate emergencies and disasters. The site also has a downloadable emergency response plan you can use to get you started.
  Ready.gov also has a downloadable Emergency Response Plan.
- The Occupational Safety and Health Administration (OSHA) also has many resources for both employers and employees relating to emergency preparedness.

  https://www.osha.gov/emergency-preparedness/getting-started

Additional Resources

American Red Cross First Aid Emergency App: https://www.redcross.org/get-help/how-to-prepare-for-emergencies/mobile-apps.html

CDC - Community Based Fall Prevention Program:
https://www.cdc.gov/falls/programs/community_prevention.html

FEMA - Developing and Maintaining Emergency Operations Plans:
https://www.fema.gov/sites/default/files/documents/fema_cpg-101-v3-developing-maintaining-eops.pdf

Mayo Clinic – Choking: First Aid – https://www.mayoclinic.org/first-aid/first-aid-choking/basics/art-20056637

Mayo Clinic – Severe Bleeding: First Aid: https://www.mayoclinic.org/first-aid/first-aid-severe-bleeding/basics/art-20056661

Mayo Clinic – Fainting: First Aid: https://www.mayoclinic.org/first-aid/first-aid-fainting/basics/art-20056606

Mayo Clinic - Cardiopulmonary resuscitation (CPR): First aid:
https://www.mayoclinic.org/first-aid/first-aid-cpr/basics/art-20056600

Sepsis Fact Sheet: https://www.sepsis.org/sepsis-basics/what-is-sepsis/

CDC – Seizure First Aid: https://www.cdc.gov/epilepsy/about/first-aid.htm

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Federal OSHA Regulations and Emergency Action Plans

Federal OSHA (2002) regulations explains the need for emergency action plans (EAPs) to be in writing, kept in the workplace and available to employees for review if the employer has 10 or more employees.

OSHA Standard 1910.38 contains the minimum expectations regarding EAPs such as providing all new employees education about the EAP as part of their orientation (3).

Per OSHA (2002) EAPs should include the following elements:

- Procedures for reporting a fire or other emergency (medical, etc.).
- Procedures for emergency evacuation, including type of evacuation and exit route assignments (if applicable).
- Procedures to be followed by employees who remain.
- Procedures to account for all employees after evacuation.
- Procedures to be followed by employees performing rescue or medical duties.
- Procedures to alert employees.
- Procedures to train all employees to assist other employees.
- Procedures for review of the EAP with each employee should take place:
  - When the plan is initially developed.
  - When the employee is initially assigned to a job.
  - When the employee's responsibilities under the plan change.
  - When the plan is changed.

OSHA recommends the following steps for employers when establishing any type of emergency response plan:

- Policy/Plan awareness training.
  - Staff cannot be expected to know the plan if they have not been made aware of it.
  - Employers should keep training records.
  - Participation in ongoing emergency drills should also be documented.

Federal OSHA Regulations and Emergency Action Plans

- Training for managers and supervisors should include information on their specific role.
- Training for staff on their specific role and the expectations of that role.
- Training for staff on hazard identification and areas where potential issues have been previously identified. Potential problems can be mitigated within the Emergency Response Plan (1).
  - Encourage staff to inform management of any potential hazards in the environment. Maybe there is a loose handrail on a deck, or a floor that gets especially slippery when wet. Many injuries can potentially be avoided with simple changes or repairs.

For example: The plan/training can state the following for staff:

- When calling 9-1-1, please state our address clearly and slowly and include a description of the group home, for example: *"I am Jane Smith, and I work at Sunnyside Group Home, and we need an ambulance. We are located at 120 First Street, Richmond, VA. The group home is a red brick, one-story house with black shutters and a black front door. My phone number is (804) 123-1230 in case we are disconnected."*
- The training should also include the reasons, or the "why" for specific actions, for example: Always include both the location and the phone number when calling 9-1-1 because during an actual emergency, anxiety levels will be high, and someone might accidentally hang up the phone or be misunderstood.

The ability for organizations to enact effective emergency plans and policies requires leadership/management within the agency to promote a positive culture for change and readiness. There is a proven link between leadership and quality performance of staff members (4).

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Pre-Drill Checklist

Directions: Utilize this Pre-drill Checklist to prepare for the pre-drill conference prior to medical emergency drill practices.

Date/Time:_____ Location: _____

Name & Position of person completing form: _____

Action	Additional Notes	Date Completed
Select specific single medical emergency topic staff will be using to review during practice drill.	Topic selected:	
Provide copy of medical emergency plan, specific to medical topic selected, to all staff members required to participate for review prior to pre-drill conference.	Number of staff involved in drill:	
Provide list of skills required during practice medical emergency drill for required staff members to review prior to pre-drill conference.	Required skills:	
Assign facilitator duties to lead staff members who will participate in the practice medical emergency drill.	Assigned Facilitator(s):	
Facilitator to prepare their practice medical emergency drill presentation/plan.	Presentation/Plan completed:	
Schedule date and time for pre-drill conference with all staff members required to participate, send notification and plan accordingly.	Location:	
Pre-drill conference	Number of Participants:	
Review of step-by-step medical emergency plan, policies, or producers.	Length of time for pre-drill conference:	
Specific concerns or issues noted during pre-drill conference.	Identified issues or concerns from pre-drill conference:	
Resolution to pre-drill conference concerns and person responsible for resolving issue.	Resolution plan:	

Emergency Drill Checklist

Directions: Utilize this Medical Emergency Checklist during the practice drill.

Name & position of person completing form: _____

Medical Emergency Drill Checklist	
Action	**Addition Notes**
Medical emergency drill topic.	
Date & time of practice drill.	
Location & scale of practice drill.	
Facilitator(s).	
Specific agency step-by-step emergency plan, policy, or procedure (Attach to checklist).	
List of skills used to complete medical emergency drill.	
List of equipment used during medical emergency drill.	
Complete staff competency requirements checklist in response to performance during medical emergency drill for each participant.	
Brief description of overall success of medical emergency drill (i.e., successful, needs more review and practice, etc.).	

Post Drill Checklist

Directions: Utilize this Post Drill Checklist to review the performance of the team overall during the medical emergency drill.

Date/Time:_____ Drill Location: _____

Name & position of person completing form: _____

Post Drill Review
Medical Emergency Drill topic/case scenario:
What did we do right? What was easy to remember to do?
What could we do better? What was hard to remember?
Staff members who were involved in the drill.

Medical Emergency Competency Checklist

Directions: Utilize this Medical Emergency Competency Checklist to verify staff members skills.

Staff member: _____

Name & position of person completing this form: _____

Action	Additional Notes	Yes	No
Staff member determined simulated victim unresponsiveness.			
Staff member checked vital signs and/or started simulated CPR, abdominal thrusts, first aid, etc. when/if appropriate.			
Staff member alerted at least one other staff member and requested help.			
Staff member called 911 quickly and no other calls were made first.			
Staff member stated their name, the agency name and the number calling from.			
Staff member stated basic information about the victim (age/gender), how found, and/or what happened and requested onsite EMS assistance.			
Staff member stated the full physical address and gave a description of the location when asked.			
Staff member relayed the individual's basic medical information (IDD, chronic illnesses, and diagnoses) when asked.			
Staff member remained calm and spoke slowly and clearly throughout the 911 call.			
Staff member followed dispatcher's instructions accurately.			
Staff member met/directed EMS.			
Staff member directed other individuals to a safe space.			
Staff member insured route from front door to victim was not blocked.			
Staff member provided appropriate medical information about the individual to onsite EMS.			
Staff member supplied a completed, individualized DBHDS My Care Passport to EMS.			
Staff member operated any required equipment correctly during medical emergency.			
Staff member performed necessary skills adequately.			
Additional comments:			