DO YOU KNOW WHERE YOUR FIRE EXTINGUISHER IS? PLANNING FOR OFFICE EMERGENCIES

Psychiatrists and other healthcare professionals are accustomed to planning for and responding to emergencies in acute care settings. Once in an office setting, however, many professionals fail to recognize the need for emergency planning. But injuries and damages resulting from emergencies in an office setting can be just as devastating as those arising from emergencies in a hospital, and advance planning, staff training, and periodic reviews can assure an effective response in even the most modest of practice settings.

Emergency Planning

The overall goals of an emergency plan are 1) to minimize the probability of injury or loss related to patients, visitors, and or employees in an emergency; and 2) to prevent or decrease the risk of property loss (including equipment, patient and business records, etc.).

For most psychiatric office settings, an emergency plan will not be lengthy and the planning and preparation should not be time-consuming. The following suggestions may assist you with planning, constructing, and implementing an emergency plan for your practice.

1) Begin by identifying and analyzing the potential emergency risks.

a. Think about the activities in your office and the various individuals and groups who are involved in those activities. Examples: patients & families, professional staff, administrative staff, visitors, individual &/or group therapy, acupuncture, and lab work.

b. Consider the specific types of emergencies that might occur. Examples: medical emergencies, psychiatric emergencies, fire, bomb threat, hazmat exposure, flood, weather related emergencies, and power outage.

c. Consider what other factors might contribute to an emergency and your ability to respond

Examples:

- How do office hours impact potential emergency situations? For example, do some staff members work during hours when there is no one else available should an emergency occur?

- Do you own or rent the office building or facility in which your practice is located?

- What federal, state, or county regulations or codes govern or apply to your practice setting? Will they affect how you respond to emergencies?

- Do you have backup systems available if, for example, power, telecommunications, or computer networking capacities are lost? Do you need them?

2) Weigh the various effective responses to the potential emergency situations identified and decide which responses are best for your practice setting.

Examples:

- The responses must be tailored to the size and make-up of your practice. For example, is it a large group
- practice with a waiting room and visitors coming and going all day, or is it a solo practice in your home?
- Is it appropriate to delegate responsibility for parts of the planning and implementation to others in your office or on your staff.
- If you are considering using medical supplies/equipment or drugs to respond to an emergency take into account the following issues:
- Can drugs be properly stored and secured?
- Who will have access? Does the system allow for quick access in an emergency but still maintain the security?
- Is there a protocol for checking expiration dates and having an adequate supply available?
- If there is personal protective equipment available in the office (e.g., gloves, masks, and resuscitation devices) is it easily accessible? Are the protocols for use defined?
- Do you and/or your staff have the appropriate credentials and training to intervene using drugs or medical

devices?

It is recommended that any emergency plan include strategies for managing one of the most likely situations to arise in psychiatric practices, a patient or visitor who is agitated or who becomes out of control and may injure himself or others. "Front-line" staff (e.g., receptionists, secretaries, and administrative assistants) should be educated and trained to recognize potential emergencies and request help.

Problem behaviors to look for in a visitor or patient include: appears to be under the influence of alcohol or drugs, paces and appears agitated, talks or complains loudly, uses profanity, and makes any type of threat to others.

Staff should be trained to take some immediate steps, such as: activate the emergency system to notify other office staff of a problem, stay at least two arms' lengths away from the agitated person, separate others from the hostile person (if possible), and be prepared to call 911.

3) Consider what safety features and plans may already be in place.

Examples:

- What are the security procedures for the building?
- Does the landlord/building maintenance have an evacuation plan, fire plan, etc?
- If there are no building emergency plans, should you discuss this issue with the landlord/building maintenance?
- Who is the emergency contact if anything goes wrong in the building or if a problem is anticipated?
- Is there a sprinkler system that is functional?
- Are there fire and other alarms?

- Are fire extinguishers checked regularly?
- Are fire exits and evacuation routes unobstructed?
- Are fire doors unlocked?
- Is there a "panic button" system, or other communication system, for staff to notify others if help is needed?

4) Prepare a written emergency plan.

The plan should be readable and stored in a location that is easily accessible.

5) Educate office staff about the emergency plan.

- Everyone should know the location of the written emergency plan. Copies of emergency and evacuations plans, if any, for your building should be attached.
- Decide on a central telephone number where staff can call to get information if the office is closed or inaccessible due to an emergency.
- Emergency contact numbers should be available close to all telephones.
- Consider an occasional impromptu "quiz" to make sure that staff know the locations of the closest fire extinguisher or fire pull station, etc.
- Have staff review the plan periodically. Hold an in-service training on responding to emergencies at least yearly.
- All staff members should be involved in identifying potential emergencies and updating the plan.

6) Periodically review the plan and update it as needed. Keep staff informed of any changes.

Real Life Examples

Potential emergency in the waiting room

Consider the following incident observed by a visiting risk manager.

Two women, a mother and her adult daughter, arrived at the waiting room of a large, psychiatric group practice. The older of the two women informed the receptionist that she had been instructed by a physician at the hospital emergency department to bring her daughter to see someone in the group practice. The receptionist told the women that the psychiatrist was not available but a message would be left for her. Although it was clear that English was not the woman's first language, the basic information was conveyed and the two women seemed to understand that they had to wait for the doctor.

The women waited for some time, and the daughter became more and more lethargic as time passed. The mother tried to talk to the daughter (in their primary language) and get her to respond, but without much success. The mother started to become anxious and her voice became louder. The daughter did not appear to be responding coherently and was even moaning periodically. At various times, individuals who appeared to be therapists with the group practice, came through the waiting room, noticed the situation, and spoke to the receptionist who informed them that she had left a message for the psychiatrist whom the

women were waiting to see. In every instance, the questioning therapist left the waiting room and went about his or her business.

Although the receptionist looked anxiously in the direction of the mother and daughter a few times; she did not seem to know what to do. After awhile, she simply stopped looking in their direction and ignored what was happening.

The risk manager approached the receptionist and stated that a professional needed to assess the situation promptly. At that moment, the psychiatrist arrived and intervened. However, the potential for a serious medical or psychiatric emergency was very real. It was not clear if the daughter was ill, was under the influence of substances, was having a reaction to medication, or had taken an overdose. Orientation of the receptionist and other staff to an emergency plan that included instructions about intervening promptly and who to contact in such a situation could have prevented this problem from escalating to the point it did.

Loss of patient and business records in a disaster

One of the most frequent property losses experienced by psychiatrists is the loss of patient and business records due to flood, fire, or theft. The loss of patient records potentially causes a variety of problems for patients and can also compromise the doctor's defense in a malpractice suit or administrative complaint. In many cases planning and preparation can prevent or mitigate the damage.

Sometimes the damage results from the inadequate maintenance or storage of records. For example, flood damage to records stored in cardboard boxes in a home basement or garage is surprisingly common.
In one case a psychiatrist was alerted to the potential flooding at his office in the aftermath of a hurricane. Unfortunately, there was no plan in place to mobilize the personnel and equipment needed to evacuate the records and equipment before the office was flooded.
A lack of regular backup of computer files can result in the loss of all computerized patient and business records due to the theft of computer equipment. Portable and hand-held electronic devices are particularly attractive targets.

Conclusion

Even office-based psychiatric practices should have an emergency plan in place. A prompt, effective, and confident response in the event of an emergency or an emergent situation can mean the difference between considerable damages or minimal damages.

The emergency plan for any practice will be unique to the needs of that particular practice. The information above should help you start your practice's plan. There are a variety of resources available to help in your planning process.

Resources

Federal Emergency Management Agency - www.fema.gov

American Red Cross - www.redcross.org/services/disaster/beprepared/busi_industry.html

National Safety Council – www.nsc.org

OSHA – www.osha.gov

Compliments of:

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