# A BRIEF LOOK AT -
EMERGENCY PREPAREDNESS

It is important for the Agency to develop, maintain, and be ready to implement an Emergency Preparedness Plan in the event of a disaster. A disaster is defined as: "The occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or man-made cause, such as fire, flood, earthquake, wind, storm, wave action, oil spill or other water contamination, epidemic, air contamination, infestation, explosion, riot, hostile military or paramilitary action, or energy emergency."
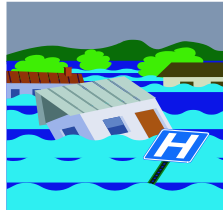
The Agency's leaders, including the Disaster Coordinator, will develop the Emergency Preparedness Plan (Plan). First, a risk assessment is completed that will help in developing an appropriate Plan. The steps of the Plan include preparedness, mitigation, response, and recovery:

✴ Preparedness - Preparing for the potential disaster including, but not limited to training; knowing your community's resources; developing/organizing Plan and the response and recovery activities; and having disaster drills.

✴ Mitigation - Reducing or eliminating the Agency's risks by coordinating with state, federal, private sector, and/or other community resources and the public.

✴ Response - Actions taken immediately before, during, and/or after a disaster to address its immediate and short-term effects.

✴ Recovery - The Agency's actions implemented during and after the disaster to enable the Agency to return to its normal operations a quickly as possible.

In each step, specific responsibilities are assigned to administrative staff and clinical staff. It is important for you to know what your assigned responsibilities are in the event of a disaster. Sample responsibilities in each step include, but are not limited to:

ADMINISTRATIVE STAFF	CLINICAL STAFF
<u>Preparedness</u> Have a calling tree with all contact numbers for all staff Meet with local emergency planners to coordinate services Maintain a list of current patients/clients prioritized by their care needs such as: I - Life Threatening, II - Not Life Threatening but individual can't go 24 hours without care, and III - visits could be postponed for 24 - 72 hours without adverse effects Secure the office building Secure the computers per HIPAA Security rules and other best practices Prepare for financial needs Prepare for utility disruptions <u>Mitigation</u> Ensure the office is adequately staffed	<u>Preparedness</u> Keep vehicle full of gas Provide training to patients/clients/families on disaster preparedness Rotate on-call <u>Mitigation</u> Communicate with the office and clinical team members using telephones, cell phones, pagers, walkie-talkies, email enabled PDAs, or any other designated method Register patients/clients with 211, the special assistance registry in Texas Ensure on-call books contain current patient/client information <u>Response</u>

Use the calling tree
Disaster Coordinator will monitor public information systems

Response
Initiate Plan
Activate the calling tree
Activate patient/client triage
Notify local emergency medical services
Notify the Texas Department of Aging and Disability Services of the disaster in progress
Document all aspects of the disaster including names, decisions made, and times of actions taken.
Make appropriate patient/client referrals to assure continuation of care
Notify local TV/radio stations as appropriate to communicate with staff and patients/clients
If necessary, remove patient/client records, personnel records, and financial records
Discontinue the Plan when appropriate

Recovery
Hold a briefing of all activities that took place during the disaster
Develop action plans for any areas on which improvement is needed
If appropriate, offer support groups for staff
Replenish office and patient/client supplies
Contact insurance carrier

Maintain contact with the office
Maintain contact with patients/clients as needed
As appropriate, notify the patient's/client's physician, medical advisor/director, and other disciplines involved in care

Recovery
Document any incidents that occurred
Contact all patients/clients
Notify physicians and/or medical advisor/director of patient/client status
Meet with other disciplines providing care and reclassify patients/clients for triage if needed
Resume visits as scheduled
Assist patient/client/family with updating their emergency preparedness and response plan.
Review activities and provide feedback for improvement

Additionally, the Agency should include actions and responsibilities in the response and recovery phases in the event a warning of the impending emergency/disaster was not provided. For example, what will you do if you did not have a radio on in the office to know a tornado was in your area? Other examples include: What will you do if someone opens mail that has anthrax spores in it? What will you do if an armed terrorist enters the office? The Administrator, Disaster Coordinator, and other staff should meet to plan for the Agency's actions in the event there is no warning. Document the decisions made.

POTENTIAL DISASTERS

Now, let's look at a few potential disasters with examples of specific instructions about what to do. No matter what the disaster is, however, if you are working in the field, contact the office for any concerns, to receive instructions, and to find out if there are any patient/client needs that should be addressed. Disasters include, but are not limited to:

Fire

If your clothes catch on fire, **stop, drop, and roll!** Running only makes the fire burn faster.

Know where the fire extinguishers are, know the escape routes. The universal principles of fire control are **RACE**:

- ◉ **Rescue** - rescue anyone in immediate danger
- ◉ **Alarm** - sound the fire alarm and/or dial the fire department
- ◉ **Confine** - close all doors in and around the fire. Turn off all oxygen in use. Turn off all equipment not needed to sustain life.
- ◉ **Extinguish** -Only if it is safe to do so, put out a small fire using portable fire extinguisher, baking soda, or water (if it is not an electrical or grease fire)

Flood

- ◉ Listen to the radio or television for information and follow any instructions given.
- ◉ Move to higher ground.
- ◉ Do not walk in moving water. Even six inches of moving water can make you fall.
- ◉ Do not drive into flooded areas.

Explosion

During an explosion:
- ◉ If things are falling, get under a table.
- ◉ When things stop falling, get out as soon as you can! Don't stop to get personal belongings.
- ◉ Don't use elevators.
- ◉ Watch for weakened floors, stairways, and falling debris.

Once you are out of the building:
- ◉ Do not stand in front of windows, glass doors, or other potentially hazardous areas.
- ◉ Move away from sidewalks or streets that will be used by others still getting out of the building or by emergency vehicles.

Terrorism

- ◉ Be aware of your surroundings
- ◉ Move or leave if you feel uncomfortable
- ◉ Do not accept deliveries from unauthorized personnel
- ◉ Promptly report unusual behavior, suspicious or unattended packages, and strange devices to the police or security personnel
- ◉ Learn where emergencies exits are! Plan on ow to get out of the building.

Remember: There are many other disasters that could happen including but not limited to; tornados, thunder storms, lightning, high temperatures/heat, earthquakes, winter storms/cold, hurricanes, hazardous materials incidents, nuclear power plan emergencies, and chemical attacks. Bottom line: BE PREPARED!!

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QUIZ

1. An Agency should develop, maintain, and be ready to implement an Emergency Preparedness Plan.
    ☐   True
    ☐   False

2. A "disaster" includes an oil spill.
    ☐   True
    ☐   False

3. A determination must be made of the risk assessment for the Agency.
    ☐   True
    ☐   False

4. The Plan includes preparedness, mitigation, response, and recovery.
    ☐   True
    ☐   False

5. The Plan includes specific responsibilities for the administrative and clinical staff.
    ☐   True
    ☐   False

_____   _____

Signature   Date

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ANSWER KEY

1.   TRUE

2.   TRUE

3.   TRUE

4.   TRUE

5.   TRUE