

# Emergency Planning

**F**ROM NATURAL DISASTERS TO bioterrorism, the threat of emergency situations has taken center stage in the public consciousness. Although every person, municipality, school or business must be prepared to cope with a vast range of possible emergency situations, healthcare facilities and staff face the unique pressure of preparing to receive and treat a surge of patients affected by a disaster.

The Joint Commission's standards require hospitals, ambulatory care, behavioral health, home care and long-term care organizations to develop and implement a management plan for effective response to emergencies affecting the environment of care and to execute the plan by conducting emergency management drills.

In an emergency, however, planning and training are only as effective as the individuals who carry it out.

## Types of Emergencies

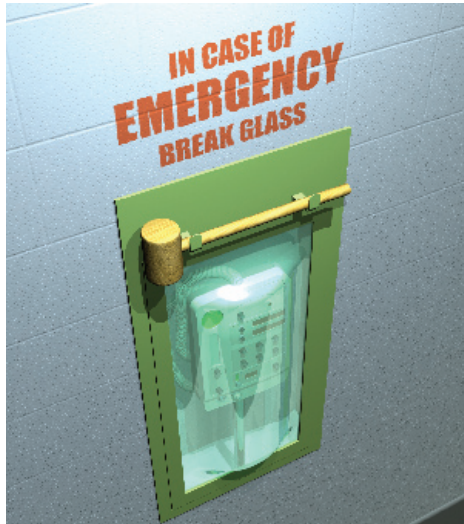
For healthcare facilities, The Joint Commission defines an emergency as a natural or manmade event that suddenly or significantly:

- disrupts the environment of care (for example, damage to the organization's buildings and grounds due to severe windstorms, tornadoes, hurricanes or earthquakes);
- disrupts care and treatment (for example, loss of utilities — power, water, telephones — due to floods, civil disturbances, accidents or emergencies within the organization or community); or
- changes or increases in demand for the organization's services (for example, bioterrorist attack, building collapse or airplane crash) in the organization's community.

## Collaborative Effort

Facility emergency plans will be most effective if developed and coordinated with local government, public health and other emergency response agencies.

To that end, the National Incident Management System (NIMS), in cooperation with the Department of Health and Human Services, developed a 17-step list of implementation activities designed to enhance coordination and communication, including establishing systems for incident command, multi-agency coordination and public information tracking.



## Plan Elements

The Joint Commission requires each organization's emergency management plan to address the four phases of emergency management activities: mitigation, preparedness, response and recovery.

- Mitigation activities lessen the severity and impact of a potential emergency, and begin by identifying hazards potentially affecting operations or the demand for services, followed by implementing a strategy that supports the areas of vulnerability.
- Preparedness activities build organization capacity to manage the effects of emergencies by creating an inventory of resources, including supplies and equipment which may be needed in an emergency, having an ongoing planning process,

training staff on basic response actions and running drills.

- Response activities control the negative effects of emergency situations, including actions all staff must take. This involves reporting to prearranged locations; actions taken by management, such as initiating the plan, assessing the situation, issuing warning and notification announcements, setting objectives and priorities; and serving as a liaison with external groups.

- Recovery actions begin almost concurrently with response activities to restore services and resume normal operations.

## Tailored to Tasks

In an emergency, nurses will be front and center providing care, treatment and related services.

A comprehensive emergency plan must include not only care management tasks, but also specific, detailed protocols for staff to follow to protect themselves and their patients. It is important these plans take into account the needs of each unit and the services it provides.

Detailed plans should be tailored to the special needs of the patient population each department serves. For example a protocol for evacuating a behavioral health unit will differ substantially from the protocol for evacuating a newborn nursery. Protocols should accommodate even small differences.

Emergency planning is an ongoing process. Ultimately the most effective plans will be frequently reevaluated and updated, with input and involvement from the staff charged with carrying it out. ■

*Compiled by Shelby Evans, associate editor at ADVANCE*