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## **HOPING FOR THE BEST. PLANNING FOR THE WORST. EMERGENCY PREPAREDNESS AND CONTINGENCY PLANNING**

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Both 2004 and 2005 have witnessed a series of catastrophic natural disasters - from a Pacific tsunami, to a massive earthquake, to an unprecedented Gulf coast hurricane season. In each instance, the impact on healthcare in the regions affected was immeasurable.

In the U.S. alone, over one million people were displaced by hurricanes Katrina and Rita, including thousands of doctors. All forms of communication and transportation in the Gulf region were disrupted. Healthcare facilities, physician offices, and patient medical records were destroyed.

Such disasters and their aftermath underscore the importance of emergency preparation and the need for contingency planning. However, in discussions of emergency preparedness, clinicians tend to focus solely on their response to a disaster as medical practitioners. Nevertheless, as tragically demonstrated by Katrina and Rita, one's ability to respond to a disaster and treat patients is often determined by more than simply one's competence as a clinician.

While most psychiatrists may never encounter an emergency on the scale or severity of the aforementioned disasters, the destruction of resources and records that can occur as a result of a small fire or flood, illustrates the importance of having an emergency plan in place. Having such a plan can insure your prompt, effective, and confident response in the event of an emergency.

### **The Purpose Behind Your Plan**

While an emergency plan may not be able to protect you from disaster, it can prepare you for disaster and minimize its effects on your practice.

The overall goals of an emergency plan are to:

- 1) *Minimize* the probability of injury or loss related to your patients, visitors, and or employees in an emergency;
- 2) *Minimize*, or prevent altogether, the risk of property loss (including equipment, patient and business records, etc.)
- 3) *Minimize* down time and expedite your recovery from the disaster.

For most psychiatric office settings, an emergency plan need 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.

## **Four Steps to Being Prepared for an Emergency**

### **1) Compile and Consider: Identifying and analyzing your potential emergency risks.**

**Compile** a list of 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.

**Helpful Hint:** Every state and most large cities have an emergency management office tasked with providing guidance and information in case of disaster. Most, if not all of these offices have websites with useful information that will aid you in your emergency planning. Oftentimes, these offices will have resources advising you about risks that are unique to your area. For example, the website for the New York City Office of Emergency Management can tell you whether your office is in a low-lying area at risk from flood damage during a hurricane.

Once you compile your list you will need to prioritize your planning resources based on the likelihood of occurrence. Identifying how and where your office is most vulnerable will allow you determine where you need to focus your attention.

### **2) Inventory and Incorporate: Take inventory of the safety features and emergency plans already in place at your practice location for incorporation into your plan.**

Before you allocate any of your own resources in developing an emergency plan, you need to determine what safety features and plans are *already* at your place at your location. For example, if your building has an evacuation plan for the building, your plan should incorporate those building procedures that are already there.

Locate and make copies of building and site maps with critical utility and emergency routes clearly marked.

- Identify and clearly mark entry-exit points both on the maps and throughout the building.
- Post maps for quick reference by employees.
- Keep copies of building and site maps with your emergency plan and other important documents and also at an off-site location.

Ask, at a minimum, the following questions:

- Is there an evacuation plan for your city, county or region?
- What are the security procedures for your building?
- Is there an evacuation plan, fire plan, etc for your building?
- Who is the emergency contact in your building if a problem arises
- Are there working fire and other alarms?
- Are fire extinguishers checked regularly?

### **3) Allocate Your Resources.**

Once you determine what plans and procedures are already in place at your location you can allocate your resources—this can mean something as simple as collecting emergency supplies (e.g., batteries, bottled water, flashlights, and non-perishable food), developing an office evacuation plan, or it can mean a more complex response as in the case of your medical records.

For example, in the past, your building has experienced flooding during severe storms. You identify flooding as a potential risk and determine that you need to allocate resources to prevent the loss of patient and business records. You develop a plan to 1) have electronic back-up records taken weekly to a secure off-site location, 2) transport active patient records to a safe location when a severe storm is imminent, and 3) to store inactive patient records with a medical record storage company. You decide against purchasing file cabinets advertised as waterproof and fireproof due to their high cost.

#### 4) Implement Your Plan

The first step in implementing any plan will be the act of communicating it to your office staff. Even the best plan will only be effective if your staff know it, understand it, and are able to put it into practice during an emergency. Here are some guidelines to help you in this process:

**Keep it Simple.** When committing the plan to writing, remember that the best plan—the plan that will be the simplest to implement—will be the one that is easy to read and understand.

**Keep it Accessible.** A hard copy of the plan should be stored in a location that is easily accessible. All staff should know the location of the written emergency plan. You should also keep a copy of the plan along with employee emergency contact information at a separate location such as your home. This will allow you to refer to the plan if you are away from your office and an emergency arises.

**Keep in Practice.** Your staff needs to know the plan and be able to implement it. Provide training and periodic walk-throughs of the plan to ensure that everyone understands their roles and responsibilities during an emergency situation.

**Keep it Updated.** Your office may experience changes in personnel, facilities, computer systems, and record keeping. Your plan will need to change and evolve to reflect the changes in your practice. Keep your staff involved in updating the plan and inform them of any changes to the plan.

#### Plan For The Unthinkable: What if something happens to you?

One potential emergency that cannot be overlooked is if something were to happen to **you**. Psychiatrists should prepare a set of instructions for staff, family members, and willing colleagues regarding what should be done in the event of the psychiatrist's sudden incapacity. The incapacity can be due to an accident, an illness, a family emergency, or other type of unanticipated event that takes you away from your practice on short notice. The plan need not be complex, but as with any emergency preparedness plan, it should be documented, readily accessible to those who may need to implement it, and regularly updated.

A list of suggested items to be covered in a contingency plan includes:

- Contact information: the physician's pager number, cell phone number, home phone number, e-mail address, and home address.
- Contact information for the physician's spouse, life partner, adult children, or anyone else who would likely know of the physician's whereabouts or sudden health problems.
- A statement that staff is authorized to contact these people in the event of the physician's unexplained absence from the practice.
- Instructions regarding how long staff should wait before implementing the emergency contact plan in the event of any unexplained absence. One hour is probably the longest period of unexplained absence the plan should allow.
- Instructions regarding who is authorized to have access to patient records in the physician's unexplained absence. These instructions also should specify what information can be released from the records.
- Instructions regarding prescription refills and release of information to third parties.
- Instructions regarding how to deal with patients who become upset, either physically or emotionally, in the event of a crisis.
- Names, addresses, and phone numbers of psychiatrists who have agreed to act as emergency backups. There should be more than one. Staff should be trained on proper referral procedures and proper termination-of-care procedures.

**Helpful Hint:** Hurricane Katrina displaced both doctors and patients and destroyed medical facilities and countless medical records. Many mental health patients were displaced to other states and unable to contact their psychiatrist or gain access to their records. Katrina illustrates the importance of encouraging your patients to document their own medications and treatment history.

### **In Conclusion**

Psychiatrists and other healthcare professionals are often accustomed to planning for and responding to medical 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 disasters in an office setting are often just as devastating as those arising from emergencies in a hospital. Advance planning, staff training, and periodic reviews can insure an effective response in even the most modest of practice settings and prepare both your staff, and your patients for the unthinkable, so that when an emergency does occur, you can confidently maintain your focus on patient care.

### **Resources**

These resources will help you develop your practice's emergency plan.

American Health Information Management Association – [www.ahima.org](http://www.ahima.org)

See "Practice Brief: Disaster Planning for Health Information":

[http://library.ahima.org/xpedio/groups/public/documents/ahima/pub\\_bok1\\_019242.html#contingency](http://library.ahima.org/xpedio/groups/public/documents/ahima/pub_bok1_019242.html#contingency)

Federal Emergency Management Agency - [www.fema.gov](http://www.fema.gov)

FEMA also has a webpage listing links to your local state Emergency Management Agency -

<http://www.fema.gov/fema/statedr.shtm>

The Department of Health and Human Services along with the CDC have compiled a form whereby patients can document their own medical care -

<http://www.bt.cdc.gov/disasters/hurricanes/katrina/kiwy.asp>

American Red Cross - [www.redcross.org/services/disaster/beprepared/busi\\_industry.html](http://www.redcross.org/services/disaster/beprepared/busi_industry.html)

U.S. Department of Homeland Security has a website that provides information and resources including a common-sense framework for planning an emergency/disaster plan for any business

<http://www.ready.gov/business/index.html>

At the following website there is a cost estimator for emergency plan expenses:

<http://www.ready.gov/business/over-cost.html>

The National Partnership for Workplace Mental Health

<http://www.workplacementalhealth.org/>

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**For more information please contact:**

**Risk Management Consultation Service (RMCS)**

**Phone: (800) 527-9181**

**8:30 a.m. to 5:30 p.m. EST Monday through Friday**

Visit the RMCS Online in the "For Participants Only" section on [www.psychprogram.com](http://www.psychprogram.com)