DBHDS

Overview for OIH Regional Community Nursing Meetings
Emergency Preparedness
Crisis/Emergency Intervention

Office of Licensing

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Hello and welcome to our presentation on Emergency Preparedness and Crisis/Emergency Interventions. We are so excited that OIH gave us the invitation to present this valuable information and we hope you also find it helpful as you support individuals in our system.

My name is Angelica Howard and I am the Associate Director of Administrative & Specialized Units with the Office of Licensing. I oversee our Administrative/Policy Review Staff, our Incident Management Unit, and our Specialized Investigation Unit.

I will let my co-presenter introduce herself and we will begin this presentation.

Learning Objectives

- Gain a better understanding of:
  - Regulation 12VAC35-105-530 Emergency preparedness and response plan
  - Regulation 12VAC35-105-700 Written policies and procedures for crisis or emergency interventions; required elements
- Learn how 911 Scenarios can be utilized in medical emergency scenarios
- Discuss some Frequently Asked Questions

Emergency Preparedness and Response Plan

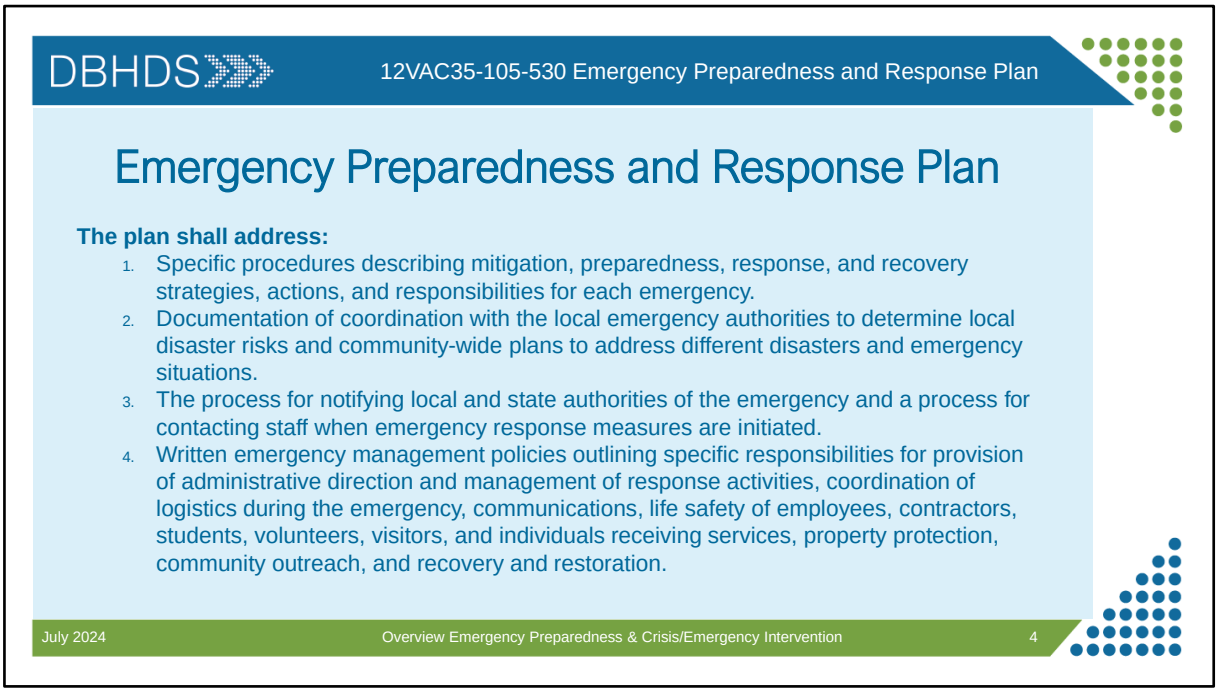
12VAC35-105-530A. Emergency preparedness and response plan.

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.

This regulation requires that all providers have a written emergency preparedness plan for ALL services and All Locations. Here you want to be preparing for any event that can disrupt the normal course of service delivery.

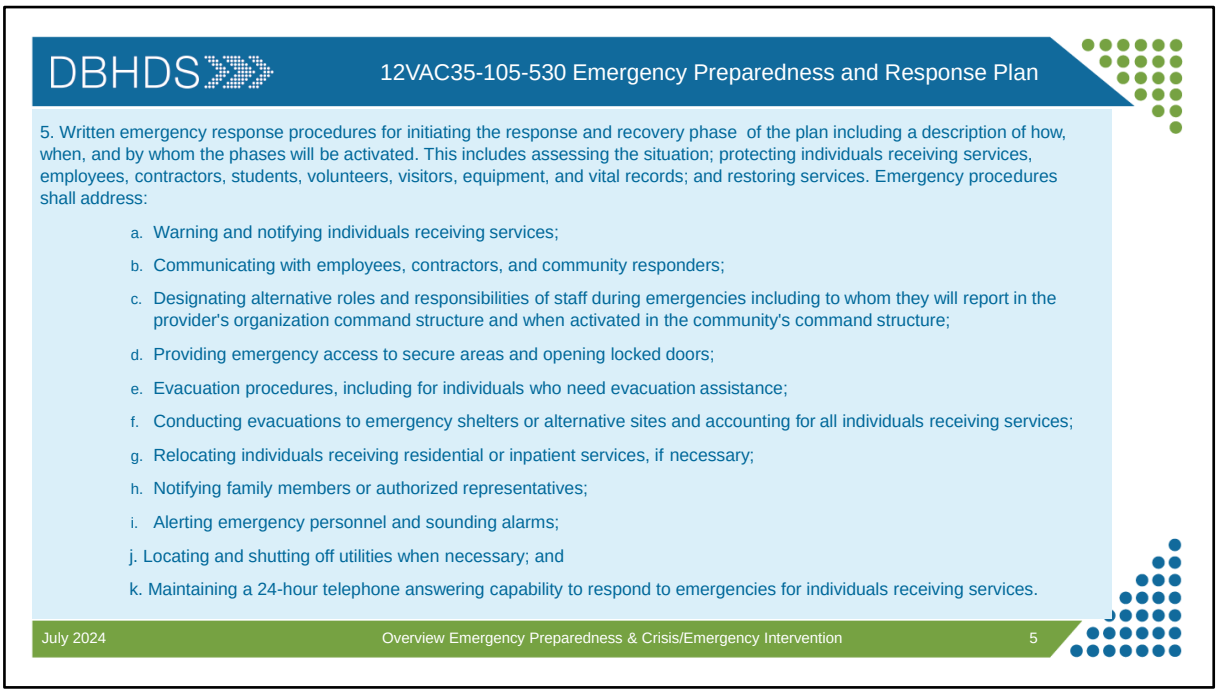
Typically, you may consider fires, natural disasters (tornado, hurricanes, flooding, etc.) and other scenarios in which you may need to shelter in place or evacuate. In more recent years, we think of bomb threats, terrorist attacks, and active shooters.

Providers should also consider medical emergencies as events that can disrupt service delivery and create a plan for handling those emergencies. Examples may include finding an individual seriously injured, choking, unresponsive, or any other acute medical incident. At first thought you may note a major difference in the aforenoted emergencies tend to affect the whole, while a medical emergency generally centers on one individual. Still, there are vast repercussions for not being prepared!



There are a number of things provider should look to include in their plans. You want to view emergencies as a rolling event instead of one separate moment. Consider how you may prevent it from occurring, what you would need if it does occur, and what should be put into place to recover from the incident.

1. Certain emergencies may be location specific, such as flooding, hurricanes, and other events. Talk to local authorities to determine which risks historically exist. There may even be nearby locations already identified as community evacuation centers, such as churches and recreation centers.
2. Ensure you have an internal process for notifying the appropriate entities for emergencies and in which order (example, call 911 first and then manager).
3. Ensure that someone is assigned within the organization to coordinate measures used for addressing emergencies and overseeing processes in place! This will likely be someone in upper management, qualified to oversee ongoing efforts and identifying needed changes.



Here you should be developing a systematic process to address these items to eliminate guessing, prevent causing more harm, and/or prevent creating confusion. Essentially, you are building a guide.

Example: In the event of a bomb threat, use of electronics should be limited. What other method of communication might be implemented?

Example 2: During 911 calls we find that having two Employees present vs one Employee may make a difference in something apparently simple, such as the front door getting unlocked for first responders. Consider notifying local responders of an available key and/or reviewing necessarily steps with Employees.

Emergency Preparedness and Response Plan

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.

The show must go on! Remember that as emergencies occur you are still responsible for managing the services so be prepared.

Consider who and how (email, phone calls, contacting CSB's for assistance etc.) individuals/families are notified when locations are closing and/or hours must be adjusted.
Consider whether you have enough vehicles and the appropriate type of vehicles, to safely evacuate all individuals in a reasonable time frame.
Brainstorm items and back up items- weather radios with batteries, back-up generators for medical supplies that run off of electricity, etc.
Crowd control: There is a provider that has a small street that ran through the parking lot. During evacuations, cones were used to block the track and consequently staff were assigned to speak with not-so-happy commuters! Plan for it all!

DBHDS 12VAC35-105-530 Emergency Preparedness and Response Plan

Emergency Preparedness and Response Plan

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.

→ Best Practice to Also Include Medical Emergency Drills

Evacuation locations should have a plan A, plan B, and probably a C. Consider an emergency that causes a group home location to no longer be available. Plan A may be the provider's additional licensed group home location. If the beds are full there, then a hotel may be a temporary accommodation.

Remember to create and maintain emergency call lists. Ensure staff know who to call for which type of emergency such as poison control vs 911.

Note while the current regulations do not specify that providers must do **medical emergency drills**, upcoming revised regulations will include this requirement.
Fire and evacuation drills must be conducted at least monthly currently per regulation 530.9.

Although it is not required by regulations, best practice fire evacuations should include:

- Sharing a copy of the floor plan and emergency evacuation plan with local emergency professionals and ask for their advice and suggestions.
- Obtaining an evacuation device for any individual in which a patient lift must be used as part of their fire evacuation plan.
  - Reason: It will likely be impossible to safely retrieve and position a patient lift over an individual in a densely smoke-filled room.
- A plan to reduce the time it takes to evacuate, because deaths stemming from residential fires are usually due to smoke inhalation, which can happen within minutes.
- What if the shelter is full and can't take more people, or the highway is blocked?
  - There needs to be a plan B, if the residence is damaged, due to fire or a weather-related emergency.

Remember that in case of a fire emergency, it is paramount to evacuate as quickly as possible! Use available resources (community responders) for expert advice. Plan ahead for Individuals that require mobility assistance. Time your drills and always work towards reducing the time taken to evacuate.

Emergency Preparedness and Response Plan

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.

Adequate staff to safely evacuate all individuals during an emergency is essential.

All providers should plan to ensure adequate staff are available to safely evacuate all individuals during an emergency!! Be sure to consider the Individual's specific needs. Create a checklist that can be used to ensure all relevant items are packed.

Review of 911 audios show that during emergencies, Employees often forget where the AED is, what and AED does, and/or how to use an AED. Review this regularly with Employees in attempt to set them up for success if your agency has an AED!

Emergency Preparedness and Response Plan

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, nonambulatory);
3. Using, maintaining, and operating emergency equipment;
4. Accessing emergency medical information for individuals receiving services; and
5. Utilizing community support services.

Now that you have your plan, ensure that Employees are trained! Why have a plan if those responsible are not informed of it?? Drive home the specific responsibilities of the Employees.

Remember to create and maintain emergency medical forms for all individuals so that information can readily be relayed in case of an emergency. Ensure that it is easily accessible.

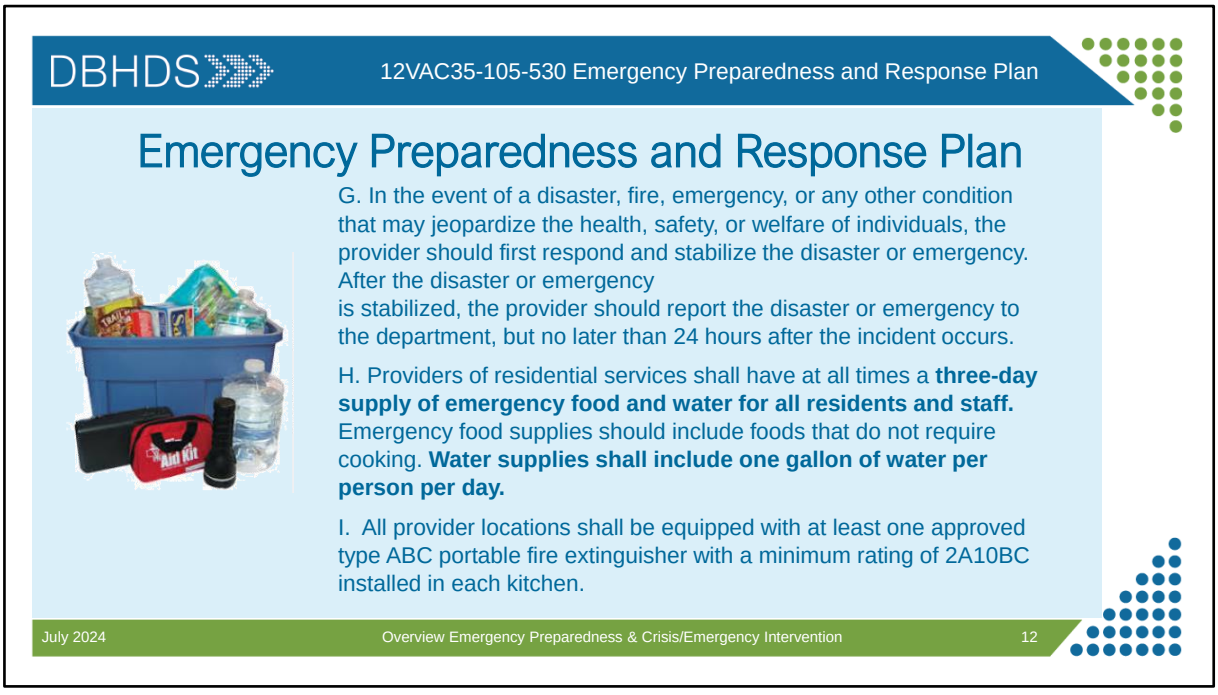
Emergency Preparedness and Response Plan

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.

Remember that updates should be made to the emergency preparedness plan when items are discovered that may enhance the efficiency of the plan or deficiencies in the plan are discovered. All updates should be shared with Employees and individuals.



Please adhere to any and all emergencies plans as determined by your organization AND THEN ensure that the Office of Licensing is informed within 24-hours. DO NOT call while the house is on fire, but do report when the emergency has been handled and Individuals/Employees are safe.

When planning your emergency food and water supply, consider also who will be responsible for maintaining the supply and changing out items that may expire. Implement regular checks of all stored items.

Emergency Preparedness and Response Plan

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.**

Question:
If you are working in a group home setting, and there are 4 individuals and 2 staff on duty at all times, how much emergency water is needed per the regulation?

Choices:
A) 4 gallons
B) 6 gallons
C) 12 gallons
D) 18 gallons

Answer:
D) 18 gallons;
Remember staff should also be included in the count;
4 individuals, 2 staff = 6 people x 3 days = 18 gallons

Remember that this regulation gives the minimum amount needed. If for example, a provider is planning to use the water for tasks other than drinking, they may PLAN to have more water stored in the emergency supply.

Emergency Preparedness and Response Plan

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.

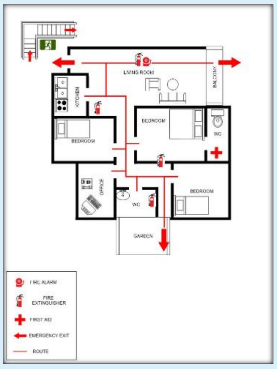
K. Smoke detectors shall be tested monthly for proper operation.

Most people will wait until the smoke detector begins beeping to check them! Check them regularly (monthly) and keep a log for your records.

Emergency Preparedness and Response Plan

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.



Ensure the floor plans are in place easily observable, updated as needed, not faded or difficult to read, and clearly highlight the above-mentioned location of items and exits.

Crisis or Emergency Interventions

A. The provider shall implement written policies and procedures for prompt intervention in the event of a crisis or a behavioral, medical, or psychiatric emergency that may occur during screening and referral, at admission, or during the period of service provision.

Ok, now we are going to transition to reviewing our Crisis or Emergency Interventions regulation 12VAC35-105-700A, which states, The provider shall implement written policies and procedures for prompt intervention in the event of a crisis or a behavioral, medical, or psychiatric emergency that may occur during screening and referral, at admission, or during the period of service provision.

I want to point out that this regulation also include **medical emergencies,** so again implementing medical emergency drills at you agency is most advantageous to help prepare staff for real medical emergencies!

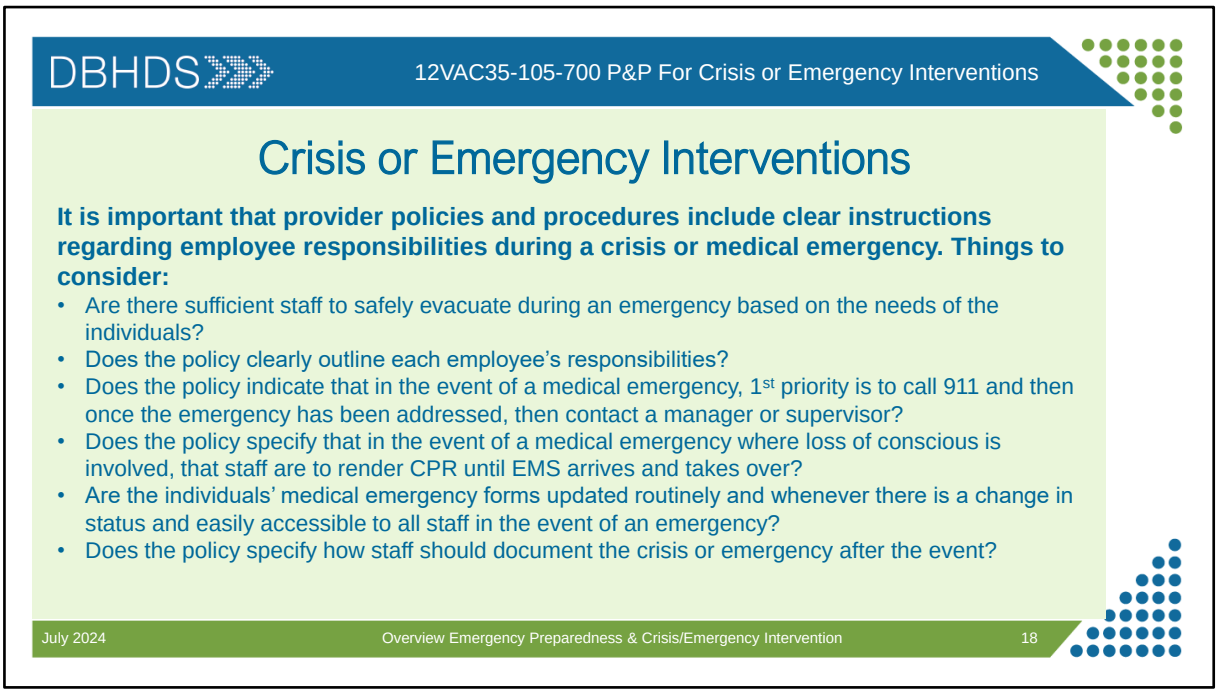
Crisis or Emergency Interventions

B. The policies and procedures shall include:

1. A definition of what constitutes a crisis or behavioral, medical, or psychiatric emergency;
2. Procedures for immediately accessing appropriate internal and external resources. This shall include a provision for obtaining physician and mental health clinical services if the provider's or service's on-call or back-up physician or mental health clinical services are not available at the time of the emergency;
3. **Employee or contractor responsibilities;** and
4. Location of emergency medical information for each individual receiving services, including any advance psychiatric or medical directive or crisis response plan developed by the individual, which shall be readily accessible to employees or contractors on duty in an emergency or crisis.

#3 is bolded as this is one of the most frequent areas that are cited during DD death investigations that involve staff intervening during a medical crisis.

Often it is discovered that employees are not fully aware and/or fully trained in their responsibilities during an emergency.



Bullet 1: Often providers forget to include sufficient staffing in the event of an emergency. It is important to evaluate the needs of the individuals to determine appropriate staffing levels and include sufficient staffing in the event of an emergency.

Bullet 2: Often during review of this policy during an investigation, we find that the policy does not clearly outline each employee's role and responsibility.

Bullet 3: We must empower our front-line DSPs to take immediate action in the event of an emergency, time is essential in the event of an emergency.

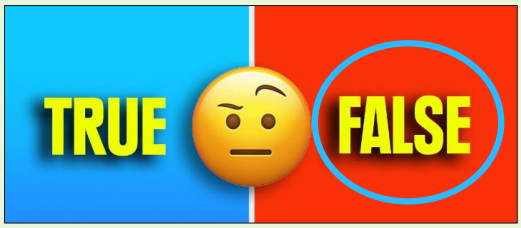
Bullet 4: Per regulations, there must always be at least one staff on duty that is trained in CPR. 12VAC35-105-460. Emergency medical or first aid training.
There shall be at least one employee or contractor on duty at each location who holds a current certificate (i) issued by the American Red Cross, the American Heart Association, or comparable authority in standard first aid and cardiopulmonary resuscitation (CPR) or (ii) as an emergency medical technician. A licensed medical professional who holds a current professional license shall be deemed to hold a current certificate in first aid, but not in CPR. The certification process shall include a hands-on, in-person demonstration of first aid and CPR competency.

Bullet 5: Medical emergency forms are essential to have and use in the event of an emergency that involves calling 911. They provide essential information to 1st responders, such as current diagnosis, current medication, age, etc.

Bullet 6: Documentation of the crisis or emergency event is required. Remember per regulations providers have 24hours from discovery of the reportable incident to report in CHRIS. Providers should also complete a root cause analysis (if applicable). For emergencies involving implementing CPR and contacting 911, remember as a provider you have 30days from discovery to complete your RCA. We encourage providers to attempt to secure copies of the 911 audios thru FOIA process, to help confirm that staff intervened appropriately. Often during investigations, employees will share with their supervisors that they took appropriate action, but not until that 911 audio is secured, can a provider be certain that employees took appropriate action.

True or False?

All 911 centers are trained to give CPR instructions over the phone.



911 Scenarios

It shall be noted that NOT all 911 centers are trained in emergency medical dispatch which includes providing instructions via phone for the following: CPR, Seizures, Traumatic Injuries, Heart Attacks, and other major medical emergencies.

You can call your local non-emergency number for your locality of your service to ask if they are Emergency Medical Dispatch trained, **HOWEVER** it does **NOT** change that **ALL STAFF** should be prepared to initiate emergency medical response when needed! Please utilize these scenarios as a **tool** to establish emergency medical response trainings within your agency.

911 Scenarios

The information in the upcoming slides was developed as a tool to assist DBHDS licensed providers with having a better understanding of what to expect when 911 is utilized for medical emergencies.

- Developed by former EMS emergency professionals, former law enforcement professionals, and members of the DBHDS Office of Integrated Health (OIH).
- This is NOT an exhaustive list of 911 scenarios.
- The first two scenarios can serve as a template for what a provider might experience when they have an individual who is **Non-Responsive OR Not Breathing AND Dispatch IS trained in Emergency Medical Dispatch.**
- The last scenario gives an example of what to expect **IF your 911 locality is NOT Emergency Medical Dispatch trained.**

-Important to remember to stay as calm as possible, speak clearly when contacting 911, answer all questions and remain on the line until EMS officials arrive and/or until dispatcher indicates it is ok to disconnect.

Scenario #1: Individual is Non-Responsive

Scenario #1: Your Individual is Non-Responsive

Dispatch: Where is the Emergency?
Provider: (You should be able to provide your full address and phone number. If this is a Group Home, please tell them this and that you are a caregiver)

- EX: 123 Sycamore Street Richmond 23237. We are licensed group home.

Dispatch: What is your emergency?
Provider: (You must be able to describe exactly what you see such as the individual will not answer or respond like they normally do, they are not breathing, they feel warm/cold, bleeding, and/or visible injury)

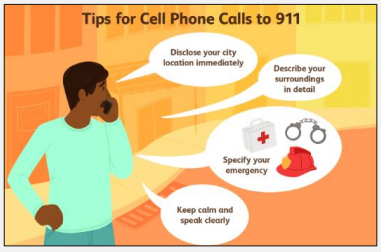
- EX: 54-year-old male unresponsive after a seizure.

Dispatcher: May I have your name? Please confirm your address again.
Provider: (Please answer accordingly)

- This allows for minimal miscommunication due to dispatchers often doing more than just answering 911 calls, as they also are dispatching fire/ems/police across your jurisdiction. At times these centers get loud with crisis incidents, although your emergency is important there are times where they have major incidents or mass incidents they are also working.

Dispatch: How old are they (the individual)?
Provider: (By this time you should have the binder or record for the Individual and have the face sheet or medical emergency form available so you can read directly from it)

- EX: 54-year-old male



Scenario #1: Individual is Non-Responsive

Dispatch: Are they conscious?
Provider: (Are they awake? Are they alert? Are they responding as per the norm when you call their name? If you place a hand on them, do they make eye contact or verbally respond?)

- EX: They are breathing but they are not answering me. (Provide any additional observations which could trigger the following questions. REMEMBER they are only going to be able to assist you if they have all the information)

Dispatch: Has anyone at the location tested positive for COVID?
Provider: (If asked, please answer truthfully)

Dispatcher: Is the person turning blue? Are they experiencing chest pain? Are they breathing now? Do you hear any noises?
Provider: (This is where dispatch is attempting to see how they can best help you. Your answers to these questions are VERY important.)

Dispatcher: What were they doing when it started?
Provider: (Were they outside? Were they eating? Did they just take their medications? Were they found in bed?).

- EX: They were eating and had seizure OR I went to administer medications and they were lethargic and not acting right. PLEASE provide details of what happened prior to the individual becoming unresponsive.

Scenario #1: Individual is Non-Responsive

Dispatcher: How long ago did it start?
Provider: (When did you last see them awake, alert, or acting normally?)

- EX: This would be where you would explain how long they have been this way. Such as they had not been feeling well for a couple days. Please provide how long you have been aware that the individual was/is unresponsive.

Dispatcher: Are they diagnosed with anything? (COPD? Asthma? Health problems?)
Provider: (Use your face sheet! This will help medics prepare for your individual!)

Dispatcher: Do they take any medications?
Provider: (Use your face sheet! This will help medics prepare for your individual! If you just gave meds, tell the dispatcher).

Scenario #2: Individual is Not Breathing

Scenario #2: Your Individual is Not Breathing

Dispatch: Where is the Emergency?
Provider: (You should be able to provide your full address and phone number. If this is a Group Home, please tell them this and that you are a caregiver.)

- EX: 123 Sycamore Street Richmond 23237. We are a licensed group home.
- **NOTE**: Please ensure that the emergency medical services and firefighters can access the home, which requires someone to unlock the door if possible. If this is not possible, they will be required to force entry into the home to access the individual.

Dispatch: What is your emergency?
Provider: (You must be able to describe exactly what you see such as the individual will not answer or respond like they normally do, they are not breathing, they feel warm/cold, bleeding, and/or visible injury)

- EX: 54-year-old male unresponsive and not breathing

Dispatcher: May I have your name? Please confirm your address again.
Provider: (Please answer accordingly)

- This allows for minimal miscommunication due to dispatchers often doing more than just answering 911 calls, as they also are dispatching fire/ems/police across your jurisdiction. At times these centers get loud with crisis incidents, although your emergency is important there are times where they have major incidents or mass incidents they are also working.

Scenario #2: Individual is Not Breathing

Dispatch: Does anyone there know CPR?
Provider: If you have been trained indicate "yes".

- Remember you are going to be stressed and even if you say "yes" this is the time to say you still want assistance from them and they are going to help walk you through it **IF** they are Emergency Medical Dispatch trained.

Dispatch: At this point, the dispatcher will then read the statements from their cards that provide step by step instructions **IF** they are trained in Emergency Medical Dispatch! If they are not, then they will not be able to provide you steps. This reason is why it is **IMPERATIVE** to do monthly medical emergency drills such as practicing CPR with the staff of your agency.

Note: If you have another person with you, Dispatch may ask additional questions of you when your partner takes over compressions or if there is a break in the sequence of events to help the first responders get ready for your individual. This is where the emergency medical form will be helpful in answering any further questions. If you are alone then these questions may not get asked since the priority of the call will be implementing CPR.

- For example:
- **Dispatcher:** Do they have any medical issues? Are they diagnosed with anything? (COPD? Asthma? Heath problems? Do they take any medications?)
- **Dispatcher:** How long ago did it start?

Scenario #3
Example of what can occur if the 911 operator is NOT trained in Emergency Medical Dispatch

Example of what can occur if the 911 operator is NOT trained in Emergency Medical Dispatch

Dispatcher: (Locality) WHERE is your emergency?
Provider: 123 Sycamore Street Richmond, Va 23237
Dispatcher: WHAT is going on at 123 Sycamore Street?
Provider: Individual is unresponsive, not breathing.
Dispatcher: Have you started CPR?
Provider: No.
Dispatcher: Okay. EMS on the way.
((CALL DISCONNECTED))

Please recognize this scenario is very possible and this is why it is imperative to PRACTICE all emergency drills.

Frequently Asked Questions (FAQs)

How do I know if my service is in a jurisdiction that is trained in Emergency Medical Dispatch?
You can contact the local non-emergency number for your Emergency Communications Center and request that information.

Why do I have to know my address, don't they know where I am when I call via my phone?
This is a great myth! 911 centers operate by receiving a call via cellphone and the cellphone hitting its closest tower. The tower will then communicate to the 911 center and notify them of the incoming call. However, this tower could be located on the line or in two jurisdictions and send you to the wrong center OR the signal produce nothing further than the tower location and not your physical location. TECHNOLOGY is the basis of a 911 center, and we must ensure that we are able to provide information when technology fails.

What if I am unsure if I can make it to the door to unlock it, is there a way to communicate a spare key for access?
YES! Please contact your local communications center and request the information be added to your address information on the key location. THEY WILL NOT AIR THIS OVER THE RADIO! Responding medical personnel, or even law enforcement, will be notified via telephone or vehicle computer communication on the location of the key. This could be extremely beneficial in Sponsored Residential Service for example.

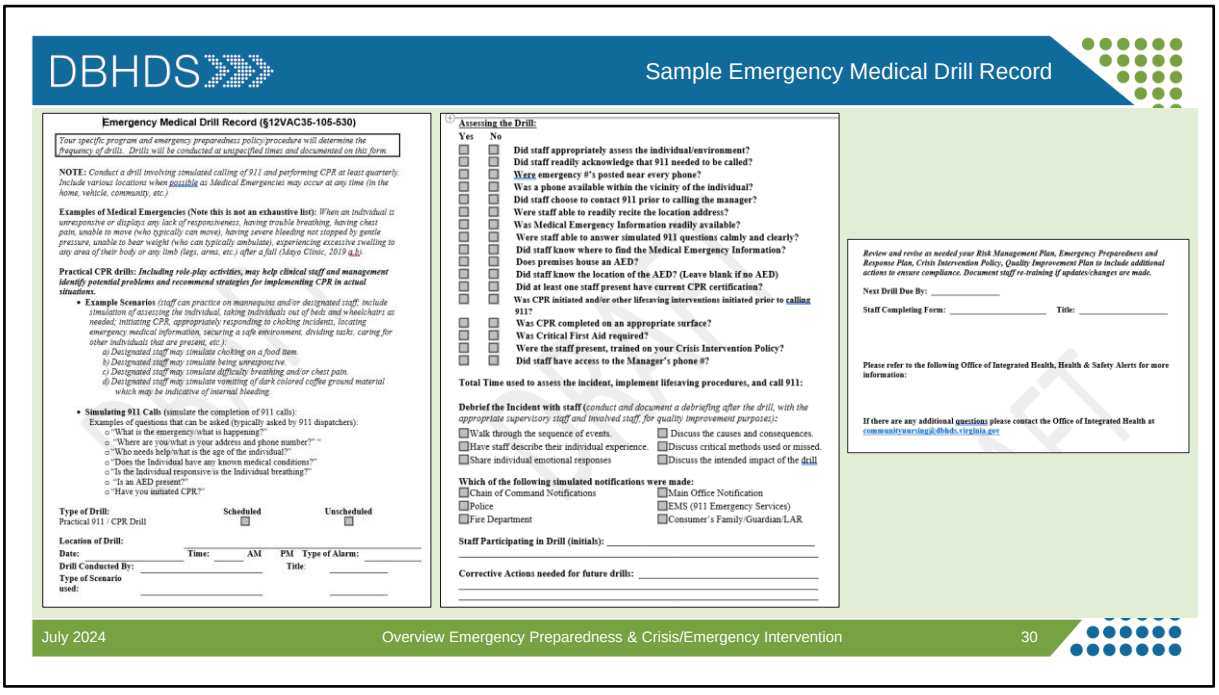
Why is the dispatcher asking me so many questions?
The dispatcher has a responsibility to you, the individual, and the first responders to keep everyone safe while helping as quickly as possible. Gathering information allows for first responders to bring all the equipment they feel will assist the fastest, including medications to be administered in the field, or CPR equipment. REMEMBER the dispatcher is not the person coming to the scene, but they are information gathering for those that are! BE PATIENT!

What other information can be added to my address for first responders to be aware of? These are often identified as "flags."
If your individual utilizes Project Lifesaver, if your home has an AED machine, potential hazards in accessing the home such as best ways to identify your residences or address if the road is difficult to locate (often seen in rural areas), any dogs or animals located at the residence, alternative entry ways into the home such as where the handicap ramp is located, or any other pertinent information for the safety of your individuals and first responders.

Why are the emergency medical drills important?
Throughout the course of your work, there **WILL** come a time when you will have to CALL 911.
It is a stressful event, particularly when it's your first time managing an emergency.
The best way to succeeded is to **PRACTICE** on a regular basis.
Practice is accomplished through regular **DRILLS**.

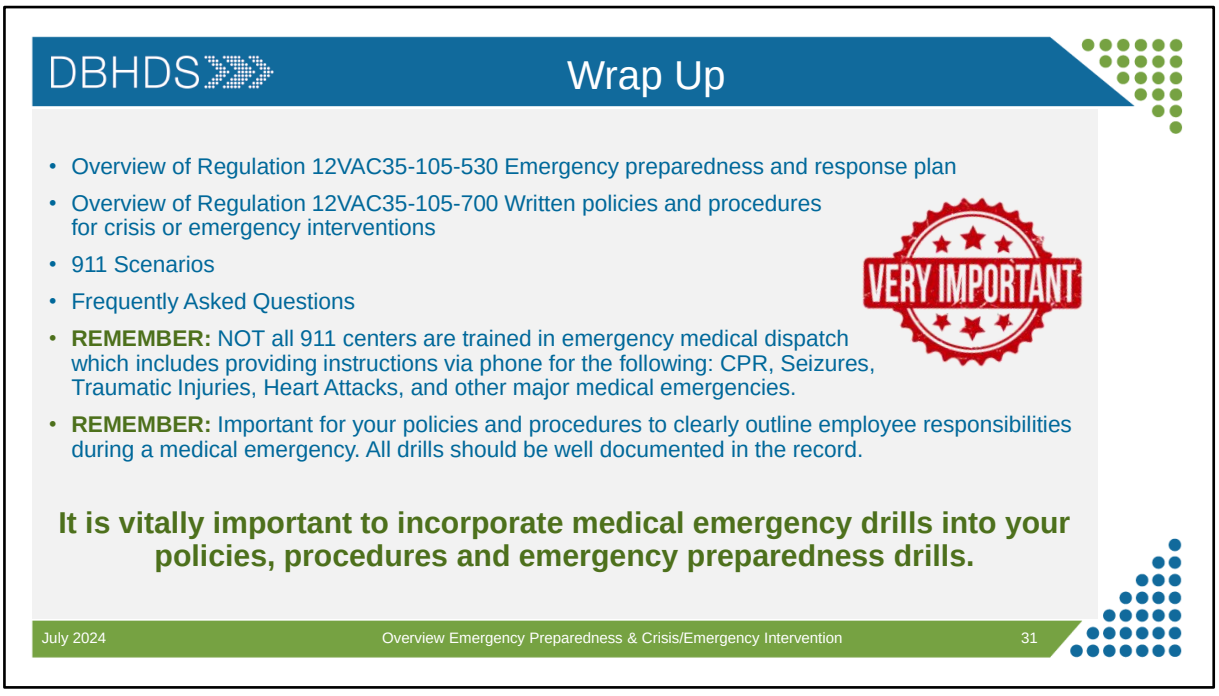
What if I know how to do CPR but I forget due to the situation being stressful?
Just say that! The 911 dispatcher is there to help you. If they have been trained, they will help, and it is imperative you follow their instructions. They will stay on the phone with you to support you, so don't hesitate to ask!
Remember also important to debrief with your staff after an emergency drill and especially after an actual emergency.

Most importantly, YOU are the key to success.
Success comes through PRACTICE- be sure to PRACTICE calling 911 and PRACTICE CPR.



This is a sample draft of an emergency medical drill form. It is important that providers document all drills.

You can see the sample form gives instructions to staff of examples of medical emergencies, example scenarios, type of drill, location of drill, type of scenario, a section for assessing the drill, debriefing the incident, staff participating in the drill, any corrective actions needed for future drills, and of course signature of staff completing the form.



We hope you have gained a better understanding of:

-Regulation 530 and 700
-We reviewed several 911 scenarios that can be incorporated into medical emergency drills
-We reviewed some frequently asked questions.

We thank you for your time today and we hope you have found this presentation helpful!