

Chapter 17 - Lesson 3



Clinic Emergency Management Plan

Introduction

The impact of a disaster is likely to be experienced by everyone at some point in their life. Some events may be anticipated, such as the destruction associated with a hurricane striking a populated area while others occur suddenly without advance warning, such as fire destroying a home or business. In either instance, the severity of the event is frequently measured by the degree of the financial loss, and the physical or emotional injury that an individual experience.

The severity of an event may be reduced or mitigated by anticipation, advanced planning, and preparation.

Anticipating Events

The development of realistic and reliable emergency response plans begins with a clear statement of the objective and expected outcome, and is followed by a thorough critical assessment of the clinic staff capabilities to meet the objective of the plan. Plan development involves the process of identifying and implementing training, necessary equipment, communication and coordination efforts with other individuals or agencies, personal responsibilities, and drills or rehearsal.

Development of a clearly stated plan is too frequently overlooked or is ignored altogether; often as a result of the presumption that tragedy only happens to other people. The result of faulty presumptions is not being prepared to respond appropriately when bad things happen. Anticipating an event allows development of



Risk assessments should include both natural disasters such as floods and man-made disasters such as electrical fires.

an imaginary scenario that requires immediate action to prevent injury or loss of life or property, and then describes what needs to happen in order to prevent or reduce the severity of the event. We would be wise to anticipate that our home could catch fire rather than make the false assumption that only other people's homes catch fire. Every event requires a separate plan designed specifically for the event. For example, the

U.S. Occupational Safety and Health Administration (OSHA) require businesses to have an emergency action plan and fire prevention plan. Each plan is designed with a specific objective in mind, and must consider various conditions and expected outcomes.

Anticipating events might also be considered synonymous with the process known as the threat or risk assessment. The risk assessment should be a group process and is normally the first step taken to focus the collective thoughts of a number of people and stimulate a broad view of the threat. This is also the period where planners are able to consider categorizing possible threats from natural disasters (i.e., floods), or man-made disasters (i.e., electrical fire). It also allows planners to consider events that may occur inside the clinic versus events that happen outside the clinic, such as a toxic chemical spill resulting from a train derailment. Emergency planning allows for the safe evacuation of a building or premises during a perceived threat or disaster. Preparing a risk assessment and emergency evacuation plan allows a veterinary operation to safely move, or relocate patients, necessary personnel, and supplies to a shelter or assembly point.

Plan Development

The general goal of any emergency plan is to create a permanent record of the intent, that is to develop a written description of the process or actions that are to be followed individually, or collectively, to achieve specific objectives. The desired objective is to create clear, easily understood instructions that will tell anyone who reads the document what is to be done, and by whom. A well written plan does not have to be lengthy or complex to be effective. In fact the opposite is true, a plan needs only be descriptive enough to enable an uninformed person to successfully complete the objective.

The format of the plan may be flexible, and in the instance of a private veterinary practice the format can be as free-styled as the clinic owner chooses. The important component of a plan is the need for clarity in the stated objective. The plan should be easy to read and understand, and should communicate the essential information required to accomplish the stated objective. The reader should be able to review the basic

document and ascertain minimum required or essential information, including:

- Objectives, areas of concern, critical or essential information, and desired outcomes
- Identification of key personnel and their responsibilities
- Identification of civil agencies, organizations, charitable aid, and affiliated veterinary clinics that can be called on to provide assistance
- Timelines for start/completion of critical tasks or events affecting successful outcomes of the plan. Identification of tasks or requirements that are dependent on time and distance for safe movement of patients should be clearly identified in the timeline
- Identification of primary and alternate travel routes to pre-identified assembly points or collection points
- Identification of packing lists for essential equipment, drugs, medical records, and medical supplies. Identify specific packing plans for medical treatment sets along with identification of load plans for every vehicle expected to be utilized for patient transportation
- Communication plans: how to communicate if the primary clinic is evacuated and the relocation site is in another town 100 miles away
- Physical security for staff or patients during the evacuation and prior to successfully re-sheltering or relocation at an assembly point safely removed from the threat
- Medical instructions for patients: medical treatments of patients to be successfully continued if the hospital must suddenly be evacuated

Annexes and Appendices

Supplementary materials such as floor plans, highway routes, road maps, important telephone lists etc. may be included in plan appendices or annexes. Other important information that may be included in this section would be inventories of toxic or flammable gases stored in the building that would be hazardous to firefighters or other first responders if they were to be exposed without personal protective equipment in place. Describing detailed information in annexes and appendices allows future amendments to be conveniently added without having to rewrite the entire document.

Evacuation Planning Factors

Each plan should be written with a specific objective and outcome in mind, and with consideration of the conditions that are unique to each facility or clinic operation. The amount of planning detail, and the associated degree of difficulty to be expected with carrying out the plan, is a function of the stated objectives and expected outcomes. There are, however, a number of common planning factors that can be gleaned from the evacuation experience of others. Recommended pre-evacuation planning considerations include the following:

- **Development of staff/personnel support rosters:** This list includes the names, addresses, and contact information of the workers and volunteers who will be crucial to successfully evacuating a hospital in advance of a natural disaster. These are the individuals who are not on the key personnel roster but who reliably give their time and effort to help others. This list needs to be continually updated, corrected, and regularly exercised to validate its worth as a working document.
- **Work lists and work plans:** Identify how the support staff and extra volunteers will be organized and what tasks require multiple persons to complete within the established timelines.
- **Communication plan:** Provides the specific details of how communication will be established and who among the key persons will be given responsibility for maintaining communications. This section should consider the type of communication system to be utilized during the evacuation (i.e., cell phones, satellite phones, text message, etc.). Considerations should include system compatibility (or potential incompatibility) with civil emergency response systems and reliability for continuous operations over extended distances.
- **Feeding and emergency rations:** Consider the overall objectives/end state of the evacuation. Identify a plan to feed staff, or provide for food for staff and animals enroute to new locations or while at the evacuation site? Will food be available in time to meet your expected needs or objectives, or will it need to be held in storage as emergency rations?
- **Coordinating instructions:** Identify how controlled substances will be safeguarded during the evacuation. Properly record all controlled substances and adequately safeguard the logbook/register.
- **Patient tracking and accountability:** Identify how veterinary patients will be tracked after they leave the hospital/clinic. Identify plan to relocate patients to another hospital or relocation shelter. Track their care and medical treatment over an extended period if they are not all located in the same facility.
- **Notification of pet owners:** Plan how pet owners will be notified of the pet's location. Set timelines to be used to notify pet owners of their options to collect their pets for care at home verses retaining responsibility for treatment and loading them for evacuation to another site.
- **Assembly and packaging of emergency supplies for staff:** Identify the staff needs for emergency supplies to assist them in the event of a vehicle breakdown; blankets, flashlights, emergency signal flares, extra gasoline, etc.
- **Personal injury and liability insurance:** Establish liability insurance coverage in effect for drivers, for patients, and third party coverage in the event of collision etc.
- **Animal transportation:** Identify access to the number and type of vehicles required for safe evacuation of hospitalized animals and required equipment.
- **Medical records:** Plan for transporting medical records with the patient, how to protect the medical record once it leaves the hospital and method for returning records once the emergency period has ended.
- **Digitized records and essential information:** Preserve records and other essential information in digitized format.
- **Post evacuation recovery of patients and equipment:** Create a hospital recovery plan for patients, equipment, and people after the emergency has ended.
- **Physical security:** Identify a checklist and procedure for protecting the facility from fire, water damage, or looting. Consider shutting off main electrical circuits (A/C and internal facility prime power), shut off the supply of natural gas and the pilot light to water heaters. Shut off the water main to the facility and drain the interior plumbing, remove sensitive equipment (medical and computer) to protect from looters.

- Medical treatment plans: Create a separate plan or written instructions for treatment of evacuated patients, specifically patients being transported to other facilities and medically at risk while being transported during an extended road trip.

Summary

The hasty evacuation of a hospital/clinic is, at best, a difficult undertaking. Conducting an evacuation that is safe and well organized adds significantly to the degree of difficulty, especially if no advanced thought has been given to what would be required to accomplish the action. The development of a clearly stated, easily understandable plan requires advance thought of emergency procedures, including conditions that could complicate the situation, and detailed analysis of existing capabilities that will enable a successful response to the threat. Every plan should consider the stated objective or desired result. The reason for the plan is to prepare in advance of the threat, and minimize the loss or damage to property, life, or well-being. Emergency plans should always be treated as a work in progress and should be continually reviewed and updated for accuracy and most current information. Plans should be distributed and communicated to those who need to be informed, and then frequently rehearsed or drilled. Plans that are not read or shared with the supporting staff are of little or no value during an emergency.

References

- Kaplan-Leiserson, E. (2003, September). People and plans: Training's role in homeland and workplace security. *T+D*, 57(9), 66–74.
- Schroll, C. (2005, October). Emergency planning. *Professional Safety*, 48–50.
- Yearick, B. (2004, November). Prepared vs. panicked emergency. *Motor Age*, 162–164, 166.

Activity

1. Review emergency management plans of several veterinary clinics and note the similarities and differences. Are the plans complete and do they address potential disasters in their area?