

LIABILITY landscape

BY LINDA WILLIAMS, RN

Emergency preparedness in the midst of a crisis

As recent news events have shown, nursing facilities are not immune to the dangers imposed by an unexpected emergency crisis—from fires, floods, or other extreme weather disasters. According to the Department of the Interior resource *SafetyNet* (<http://safetynet.smis.doi.gov>), the top 10 errors in emergency response plans are:

1. No upper-management support
2. Lack of employee buy-in
3. Poor or no planning
4. Lack of training and practice
5. No designated leader
6. Failure to keep the plan up to date
7. No method of communication to alert employees
8. OSHA regulations are not part of the plan
9. No procedures for shutting down critical equipment
10. Employees are not told what actions to take in an emergency

Nursing facilities need to make emergency preparedness a priority in their organization because a crisis can happen anywhere and at any time. Please take the time to review the circumstances surrounding the following compounded emergency situation and make changes as appropriate in your facility.

The Situation

One cold winter morning, the water lines in the center of a nursing facility froze and burst, causing flooding in one wing of the building. The maintenance workers and the administrator were not present at the time, so the staff called the fire department. Firefighters rushed to the facility and asked the staff to evacuate all four wings of the building by moving the residents to the dining room area as soon as possible. The firefighters feared that the leaking water could cause



an electrical fire, and the dining room area was the only safe place for the residents. Unfortunately, that meant the staff would need to transfer the residents in the affected wing 100 feet outdoors, in freezing weather, to get to the dining room quickly.

So, the staff hastily dressed the residents for the cold weather and wrapped them in blankets for added warmth. A combination of staff, firefighters, and relatives (who lived close by) helped to transfer the residents. In the flurry of activity, a housekeeper grabbed the handles of a wheelchair carrying an elderly lady, partially paralyzed from a stroke years ago, who had lived in the facility for nine years. She was wrapped warmly in a blanket awaiting her turn to leave. As the housekeeper hurriedly pushed the wheelchair outside, the wheels suddenly jolted to a stop, causing the resident to be flung violently to the ground, head first. Apparently, the blanket had become entangled in a spoke on the wheel of the wheelchair during the rush, causing the abrupt stop.

Both the nursing staff and an EMT firefighter assessed the woman's injuries and decided the best course of action was to get her out of the cold. They carefully moved her into the dining room area and called for an ambulance. Unfortunately, the lady suffered a severe skull fracture and a broken neck. She died at the hospital within hours after the accident.

Soon afterward, the administrator met with the woman's son to extend his sympathy and to explain the circumstances of the accident. Her son wanted to know all of the details of the incident and asked for a copy of the facility's policies and procedures regarding emergency evacuations. He thanked the administrator for the excellent care that his mother received while living at the facility and asked that no disciplinary action be taken against the housekeeper involved in the mishap. As he was leaving, the lady's son mentioned that her doctor had advised him to get a copy of his mother's nursing home records for the last year of her life.

Four months after the tragedy, the administrator received word that the facility was being sued by the woman's son for \$200,000, alleging the facility's negligence for (1) allowing the blanket to become entangled in the spokes of the wheelchair causing his mother's fall and (2) moving her (after she fell) without taking the necessary precautions to stabilize her neck and back.

The facility defended its actions by stating that staff were simply responding to an emergency situation in the best way they could under the circumstances, and the blanket entanglement was not foreseeable. In addition, the staff had considered that the resident may have had a neck injury and, under normal circumstances, would have kept her lying still until an ambulance arrived; however, they had to consider the

effects of the extreme weather conditions. Both the EMT firefighter and the nursing staff felt her chances for survival were better if she were moved inside. Shortly after the accident, some state surveyors investigated the incident and did not fault the staff's actions. Later that year, the case was settled for markedly less money than the original demand.

How to Protect Your Residents and Facility

Sometimes emergency situations arise in the midst of another crisis, as was the case at this nursing facility. Staff members need to be able to think quickly to determine the best course of action to take when their options are not optimal. You can help your staff by preparing them ahead of time through training. All personnel should receive basic emergency-response training. In addition, an Emergency Response Team (ERT) should be formed, in which members receive extended training. The following are some training tips for ERT members, according to the *Disaster Planning Guide* by the Florida Health Care Association (FHCA):

- The physical layout of the facility
- The location of the nearest stair exit, an alternate stair exit, and the direct route to each exit
- The location of and how to use fire extinguishers
- The location of emergency equipment,

- such as E tanks, concentrators, ambu bags, suctioning equipment, and other supplies used in a medical emergency
- The resident evacuation priorities of the facility (e.g., ambulatory, wheelchair, bedfast)
- How to evacuate residents based on levels of assistance
- Emergency telephone numbers and procedures
- How to assume control, maintain calm, and prevent panic
- The emergency evacuation area location
- The utility and water shutoffs
- The written plan for protection of all residents and for their evacuation in the event of an emergency

Additional ERT training topics include:

- Disaster preparedness for home and work (Red Cross, www.redcross.org)
- First aid/CPR training (Red Cross, American Heart Association, or local National Safety Council affiliate)
- Search and rescue (local fire department)
- Fire extinguisher use (Some fire extinguisher companies will give your staff a free in-service and allow them to shoot off extinguishers when they come for their annual servicing.)
- AC/heat failure and response during a power failure
- Your facility's emergency plan, includ-

ing roles and responsibilities of all staff members

- Handling injuries or mortalities after a disaster
- Hazardous chemical training (worker right-to-know)
- Life-support response plan

For staff to practice skills necessary to ensure the safety of all, fire drills should be held at unexpected times under varying conditions at least quarterly, on each shift. In addition, disaster drills (specific to your area) should be held annually and discussed during new staff orientation. The *Disaster Planning Guide* is available free to FHCA members or for purchase by nonmembers at www.fhca.org. By taking these necessary precautions, you can protect your residents and facility, now and into the future. ■

Linda Williams, RN, is Long-Term Care Risk Manager for the GuideOne Center for Risk Management's Senior Living Communities Division. She previously served as Director of Nursing in a CCRC and as a nurse consultant for two corporations with numerous long-term care facilities in Iowa.

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