Disaster Preparedness and the Medical Assistant

Outline

Emergency Preparedness
- Emergency Medical Kit
- Emergency Action Plan
- Central Operation Centers

Examples of Disasters: One Natural and One Man-Made
- Epidemics and Pandemics
- Bioterrorism
- Emergency Preparedness Plans in Your Community
- Your Role in Emergency Preparedness
- Environmental Safety Plan
- Conducting a Mock Environmental Exposure Drill

Effects of Stress and Emergencies
- Principles for Evacuation During an Emergency
- Evacuation Plan for the Physician Office

Learning Outcomes

**Cognitive Domain***
1. Spell and define the key terms
2. Describe what is meant by a disaster and disaster preparedness
3. List several types of disasters
4. Identify critical elements of an emergency plan for response to a natural disaster or other emergency
5. Describe fundamental principles for evacuation of a health care setting
6. Identify emergency preparedness plans in your community
7. Discuss potential role(s) of the medical assistant in emergency preparedness

**Psychomotor Domain***
1. Respond to a simulated disaster (Procedure 27-1)
   a. Participate in a mock exposure event with documentation of specific steps
   b. Report relevant information concisely and accurately

2. Maintain a list of community resources for emergency preparedness (Procedure 27-2)
3. Develop a personal safety plan (Procedure 27-3)

**Affective Domain***
1. Recognize the physical and emotional effects on persons involved in an emergency situation
2. Demonstrate self-awareness in responding to an emergency situation
3. Apply active listening skills
4. Use appropriate body language and other nonverbal skills in communicating with patients, family, and staff

*Note: AAMA/CAAHEP 2015 Standards are italicized.

**ABHES Competencies**
1. Serve as liaison between physician and others
2. Perform risk-management procedures

Key Terms
- bioterrorism
- disaster
- epidemic
- pandemic
A successful and safe medical practice needs an effective medical office process or plan to respond to disasters, which are unplanned events that may cause damage to property or life. This process or plan must be a team effort among the physicians, practice managers, and the office staff members. Because disasters occur when least expected and may be caused by accidents or nature, emergency preparedness has become a way of life in the United States. All medical assistants must be able to recognize and respond to many types of emergencies including disasters. The medical assistant must be able to communicate with patients, other staff members, and emergency personnel calmly in the event of a disaster and possible evacuation of the medical office.

DISASTER PREPAREDNESS

Disasters, whether arising from natural or man-made circumstances, usually strike without warning and could occur during a typical workday in any type of medical office. During a crisis, you should be prepared to assist not only patients and coworkers but the community at large. In fact, your medical training will cause many people including patients to look to you for guidance and reassurance during an emergency (Fig. 27-1). In some cases, emergency medical personnel may be unable to respond immediately, and part of your job will be to respond appropriately to keep everyone safe while maintaining a calm demeanor.

Taylor Tonninger, RMA, works for Great Falls Medical Center physician offices as the practice manager for a busy multiphysician ear, nose, and throat group located downtown in a large city. Within a twenty-mile radius of the practice, there are many manufacturing companies, four hospitals, three public high schools, two colleges, and one university. The city has an efficient public transportation system, and most employees, including Taylor, use this as their primary means of getting into the city to work each day. Taylor shares an apartment with another medical assistant, Sarah White, RMA, who works for a smaller, private physician office in a neighboring quiet town. Sarah and Taylor are happy in their current employment and would not trade places despite Taylor’s longer commute each day and Sarah’s limited access to shopping and food during the day. Of the two offices, which is more likely to experience a disaster and therefore should be ready to respond? If both offices have an emergency disaster plan, should they include the same information? What types of disasters would be likely for Taylor’s office? What types of disasters would be likely for Sarah’s office? The answers to these questions are found in this chapter.

- Drought
- Earthquake
- Epidemics
- Flood
- Hurricane
- Tornado
- Snowstorm
- Storms
- Volcanic eruption
- Tidal wave (tsunami)
- Mudslide
- Avalanche
- Famine

**Case Study**

Taylor Tonninger, RMA, works for Great Falls Medical Center physician offices as the practice manager for a busy multiphysician ear, nose, and throat group located downtown in a large city. Within a twenty-mile radius of the practice, there are many manufacturing companies, four hospitals, three public high schools, two colleges, and one university. The city has an efficient public transportation system, and most employees, including Taylor, use this as their primary means of getting into the city to work each day. Taylor shares an apartment with another medical assistant, Sarah White, RMA, who works for a smaller, private physician office in a neighboring quiet town. Sarah and Taylor are happy in their current employment and would not trade places despite Taylor’s longer commute each day and Sarah’s limited access to shopping and food during the day. Of the two offices, which is more likely to experience a disaster and therefore should be ready to respond? If both offices have an emergency disaster plan, should they include the same information? What types of disasters would be likely for Taylor’s office? What types of disasters would be likely for Sarah’s office? The answers to these questions are found in this chapter.
Other emergencies may be caused by or controlled by humans. These include accidents involving multiple vehicles, plane crashes, or train derailments. Disasters involving biohazardous materials may be natural or man-made. Although you cannot anticipate all disasters, having a plan to deal with problems such as loss of electric power is essential to maintaining continuity of the office and providing focused assistance. You will want to remain calm and in control as possible should you or your community have an unplanned event requiring an immediate response.

**Emergency Medical Kit**

Proper equipment and supplies should be readily available for any disaster that could include a medical emergency. Although the office’s equipment and supplies vary with the medical specialty, emergency equipment and supplies are fairly standard (see Chapter 26, Medical Office Emergencies). This equipment should be kept in a designated location that is accessible to all staff. Standard supplies for a medical emergency kit are listed in Box 26-1 (Chapter 26). Although items used during an emergency should be replaced as soon as possible, a medical assistant or other staff member should check the contents of the emergency kit or crash cart regularly, perhaps weekly, to verify that contents are available and that no item has gone beyond the expiration date. If so, the expired items should be replaced immediately. Knowing where this kit is kept and assurance that it is complete and contains up-to-date supplies are essential in the event of a disaster and possible medical emergency!

**Emergency Action Plan**

It is important for every medical office to develop a plan jointly or in consultation with the local Office of Emergency Services, Emergency Medical Services, Department of Health Services, hospital planners, and/or neighboring clinics.

Every medical office should have an emergency action plan, including the following information in a binder or other notebook:

- The local emergency rescue service telephone number (usually 911)
- Location of the nearest hospital emergency department
- Telephone number of the local or regional poison control center
- Procedures for various emergencies
- List of office personnel who are trained in CPR
- Location and list of contents of the emergency medical kit or crash cart

Whether confronted with a cardiac emergency, a natural disaster event, or another unexpected crisis, medical assistants must be able to coordinate multiple ongoing responses.
events while rendering patient care. Contributing to the complexity of a medical emergency are such factors as panicky family members, the arrival of emergency personnel, and possibly language barriers. In the event of a disaster, details specific to the type of event will also add to the complexity and chaos. The key to being prepared is having and being familiar with a well-written plan that is functional, flexible, and easy to implement. It is important to test the plan during nonpeak hours when facilities lack optimum leadership and staff, because disasters can occur at any time. Testing should include observers to report the strengths and weaknesses of the plan and the need for training in specific areas. The plan should be modified to eliminate or minimize any vulnerability revealed during testing. In some communities, coordinating the testing of your disaster plan may be done with professional emergency services personnel who can give feedback and suggestions for making the plan work smoothly in case of an actual disaster. In addition, many communities have resources available to assist with developing a disaster plan.

Central Operation Centers

Before a disaster occurs, a location in or near the medical office should be identified that can become a central operation center to coordinate activities. The development of a central operation center is vital to successful disaster and emergency response operations (Fig. 27-3). Although this center provides coordination of all activities, it should be located in an area that is away from the center of activities. An alternate site may also be established should the primary site become inoperable or contaminated.

The site should be equipped with adequate administrative supplies including frequently used telephone numbers, maps and marking pens, paper, floor plans of the facility (including utility shut-off valves), and locations of fire extinguishers and emergency exits. The emergency operation center should also be supplied with adequate emergency supplies including water, food, a portable radio, a first aid kit, a flashlight and batteries, and backup power.

Another important aspect of the response is to be able to adequately perform triage on a scalable basis. Preassembled paper medical records should be available to quickly process a rapid influx of patients. Additional forms may also be necessary and should be available in a folder labeled accordingly.

WHAT IF?

What happens now?

It is difficult to think about, but the possibility of a major disaster involving an entire community is a reality. How does a medical office come back from a catastrophe? Recovery operations often take longer than the emergency itself. All health care facilities, including medical offices, must attempt to resume business after a damaging emergency. Documentation is crucial for reimbursement of damages and costs associated with response and recovery. You should assume that typical computer function may be inoperable and, therefore, backup paper billing systems should be planned for in advance of a disaster. During a recovery period, it is critical for staff members to attend to the psychosocial trauma of disaster. Staff members should be encouraged to debrief often, but this should not be forced.

CHECKPOINT QUESTION

1. Taylor has been asked to develop a disaster plan for the office. What is the purpose of a central operations center?

EXAMPLES OF DISASTERS: ONE NATURAL AND ONE MAN-MADE

Epidemics and Pandemics

Each year, the virus that causes influenza causes illness in many individuals and, in some cases, death. Fortunately, a vaccine is developed every year to protect
those who get the immunization against the specific virus for that year. You will come into contact with many patients who suffer from “cold-like” symptoms in the winter months, and it will be in your best interest to get this vaccine during the fall months to protect yourself.

When a disease affects numerous people within a specific geographical area, it is known as an epidemic. However, when a disease affects numerous people in many areas of the world at the same time, it is known as a pandemic. One of the oldest examples of an epidemic that became a pandemic was the bubonic plague. According to the Centers for Disease Control and Prevention (CDC), approximately 25% of the world’s population died from the plague known as “Black Death” from 1345 to 1360. This disease originated in central Asia and was carried to other countries and continents by rodents who, in turn, carried infected fleas. This disease has never been eradicated, and India reported several cases in the 1990s that resulted in heightened awareness and alerts for travelers to and from that country. Fortunately, this did not result in a global pandemic, but the ease with which people travel around the world raises concerns for all health care professionals who must plan for the possibility of an epidemic or pandemic.

The CDC provides a guide for medical offices to develop a plan of action before an epidemic or pandemic occurs. This guide is called “Abbreviated Pandemic Influenza Plan Template for Primary Care Provider Offices: Guidance from Stakeholders” and can be found on the following Web site: http://www.cdc.gov/h1n1flu/guidance/pdf/abb_pandemic_influenza_plan.pdf

**Bioterrorism**

Bioterrorism refers to the purposeful infliction of an agent (e.g., bacteria, virus, radiation, etc.) into a populated area with the intent to cause destruction of the environment, people, or animals living in the area. Bioterrorism is a very serious man-made threat that can trigger a large-scale emergency. The CDC classifies a biologic agent as a weapon when it is easy to disseminate, has a high potential for mortality, can cause a public panic or social disruption, and requires public health preparedness. There are many government Web sites available that provide information about various agents of bioterrorism, and they may be classified into three major categories according to the CDC:

1. **Category A**—These include organisms or toxins that pose the highest risk to the public and national security. Specifically, these agents have the potential to:
   - Spread easily from person to person
   - Result in high death rates
   - Cause public panic and social disruption
   - Require special action for public health preparedness

2. **Category B**—These agents have the potential to:
   - Spread moderately easy
   - Result in moderate illness rates and low death rates
   - Require specific enhancements of the CDC’s laboratory capacity and enhanced disease monitoring

3. **Category C**—These agents are considered emerging threats and include pathogens that could be engineered for mass spread in the future because they are
   - Easily available
   - Easily produced and spread
   - Potentially lethal with possible high morbidity and mortality rates

**PATIENT EDUCATION**

**Better Safe Than Sorry**

Although we can protect ourselves from certain disease-causing microorganisms like the virus that causes the flu, there is always the possibility that unexpected microorganisms will cause disease in an area or, worse yet, the world. In April of 2009, the first cases of the H1N1 virus were documented in the United States, and by June of that same year, the World Health Organization (WHO) declared a global pandemic. By the fall of 2009, the worst of the pandemic of H1N1 was over for people living in the United States, partly due to the response of the CDC education efforts and the development and availability of a vaccine to immunize against this specific influenza.

We should encourage our patients to get immunized as directed by the physician each year for all types of influenza for which there are available vaccines, especially the elderly and those with chronic diseases such as asthma or chronic obstructive pulmonary disease.

**CHECKPOINT QUESTION**

2. When discussing her medical office plan for dealing with a pandemic, Taylor’s friend Sarah asks her to explain the difference between an epidemic and a pandemic. How would she explain the difference?
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EMERGENCY PREPAREDNESS PLANS IN YOUR COMMUNITY

In addition to the medical emergencies that may confront you in a medical setting, you also need to be prepared for emergencies that affect an entire community and you personally. Unfortunately, the Department of Homeland Security (DHS) reports that even people who think they are prepared for disasters often aren’t as prepared as they think. In a national survey, the DHS found that 40% of respondents did not have household plans, 80% had not conducted home evacuation drills, and nearly 60% did not know their community’s evacuation routes.

Technically, all emergencies are local when they affect you, your family and friends, or your workplace. Although federal and state governments can and will step in to help in the event of a major emergency, response and recovery begins and ends with local governments. The success of those actions depends on the level of planning governments have already completed. Such plans typically reside within the public services departments, such as police, fire, and emergency services. However, you should not leave all the planning and implementation up to public service professionals. You, a member of the medical community, also have an important role to play. It is extremely important that you learn about your community’s emergency plans and your role in those plans.

Your Role in Emergency Preparedness

The professional medical assistant can provide significant administrative and clinical contributions during an emergency. When it comes to planning, make sure that you represent the professional medical assistant on planning committees at the community, hospital, and office levels (Fig. 27-4). Your role in an emergency could include the following:

- Organizing, stocking, and managing on-site medical clinics
- Performing first-aid and CPR
- Serving as a liaison between the physician and others
- Interviewing patients and family members to collect pertinent personal and medical information
- Creating and maintaining medical records during and after an emergency
- Taking and recording vital signs
- Assisting physicians with examinations, procedures, and treatments
- Transferring and transporting patients as needed
- Preparing and administering medications as directed by the physician

A good place to start is with your community’s online Web site. Many towns and cities post their emergency preparedness plans on their Web sites. If you cannot find the plan online, call the police or fire departments or the public safety officer in your town or city. Staff there can often direct you to the right person or, even better, send you a copy of the emergency plan for the community. You can utilize this plan to develop a personal plan and a plan for the physician office.

PATIENT EDUCATION

Preparing for a Bioterrorist Attack

The CDC and the American Red Cross have a guide for anyone who would like more information on preparing for a bioterrorist attack (http://www.bt.cdc.gov/preparedness). Share the following information with patients who are concerned and would like more information about preparing for such an attack:

- Maintain a supply of food, water, and other items for your family. Although a 3-day supply of items for each member of the family is a good start, having enough clean water and supplies for up to 2 weeks is best.
- Develop a family emergency preparedness plan. Everyone in the family should know the plan and how to respond in the event of an attack.
- Be informed and stay informed. Pay attention to the local news and follow any advice given.

Figure 27-4  Many types of health care professionals including medical assistants should be part of a community medical disaster planning committee.
Environmental Safety Plan

If you work in a medical office that has a laboratory that uses potentially dangerous chemicals, you should have an environmental safety plan. This is a written document that outlines how your office will implement and maintain environmental safety procedures. It should include the following:

- A plan for handling and disposing of hazardous waste
- A commitment and plan to train employees on environmental safety guidelines
- Procedures to notify staff and patients in the event of an environmental emergency
- Procedures to notify fire and police of the environmental emergency
- Communication procedures
- A plan to prevent pollution in the laboratory and/or office
- Opportunities to reduce wasted resources such as energy and water
- Emergency responses to fires, spills, and similar events in the facility
- A list of safety equipment available to all personnel including fire extinguishers, safety showers, eyewash stations, spill kits, gloves, and eye protection
- A schedule of self-inspections and annual audits for the medical office
- A policy for chemical storage

Conducting a Mock Environmental Exposure Drill

Having a written plan outlining what to do in the event of an environmental threat is a major step in being prepared (Fig. 27-5). However, practicing the plan will give everyone in your office an opportunity to practice putting the plan into action. Conducting regular mock emergency drills will assure that everyone is prepared in the event a real disaster strikes. A drill can be as simple as “walking through” the evacuation of the office or as elaborate as a community-wide disaster drill involving the police, fire department, and hospitals. In addition to the “professionals” who will be directly involved in helping during the disaster, volunteer victims are assigned roles in the drill. The “victim” in Figure 27-6 is playing the part of a tornado survivor injured by flying debris.

ETHICAL TIP

Disaster Assistance and Ethical Dilemmas

Education and training for medical assistants includes the knowledge and skills taught, practiced, and assessed according to standards approved by educational institutions, program accreditation agencies, and competent instructors or educators. In the classroom and eventually the medical office, you will have access to supplies and equipment that are disinfected, in good working order, and/or sterilized according to standard procedures. Medications and other supplies are kept in secure locations including refrigeration when required.

Unfortunately, the supplies or equipment you have available may be less than desired during or immediately after a disaster. Even a fully stocked emergency supply kit will run out of supplies eventually! How would you handle a situation in which you need medical supplies, but the ones left are questionable with regard to sterility, or you have to improvise and use something else in place of an item that would be optimum? An example would be having sterile gauze to put on an open wound versus using another clean cloth to control bleeding or cover a wound should a sterile gauze pad not be available. What about using medications such as vaccines that have not been refrigerated due to a loss of power? If a patient has been injured and the physician orders you to give a tetanus injection, how would you feel about giving a vaccine that may or may not prevent a disease because it has not been properly stored according to the manufacturer’s instructions?

While it is the hope of everyone involved that you do not ever have to encounter these situations, providing medical care involves actions that a reasonable person would do in the same or a similar situation. These scenarios are real possibilities during and after a disaster, but thinking about these or other ethical dilemmas may help in coping with your actions after the fact.

CHECKPOINT QUESTION

3. Why is it important to involve the community in disaster preparedness?
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EFFECTS OF STRESS AND EMERGENCIES

Although this chapter has described the importance of dealing with safety and emergencies in the medical office, significant consideration must be given to the psychological effects of dealing with such emergencies. Often, the psychological component of a disaster is overshadowed by the acute needs of the physical casualty. Experts estimate that for every 1 physical casualty of a disaster, there are 20 psychological victims. Dealing with disasters and emergencies causes stress over a broad spectrum of individuals depending on the proximity to the disaster and the experience of the disaster on the individual. There are six categories of experience that may describe an individual exposed to a disaster:

- Primary victims: Individuals who experience maximum exposure to the disaster
- Secondary victims: Relatives and friends of the primary victims
- Third-level victims: First responders and health care personnel who participate in rescue and recovery activities
- Fourth-level victims: The community, including those who can converge, who altruistically offer help, who share the grief and loss, or are involved in some way
- Fifth-level victims: Individuals who are upset or psychologically distressed but not directly involved in the disaster
- Sixth-level victims: Those individuals indirectly or vicariously affected by the disaster

The process of coping with the disaster experience begins with feelings of disbelief, bewilderment, and difficulty concentrating. Denial is used as the primary defense. Anxiety and fear represent the next phase and are followed by varying degrees of sadness and depression.

Most victims of stress will recover using their own coping mechanisms without any residual effects. However, some individuals may be affected by acute traumatic stress or posttraumatic stress disorder (PTSD). Acute traumatic stress usually resolves within 2 to 4 weeks of the disaster event. However, posttraumatic stress disorder (PTSD) may be delayed in onset up to 4 weeks and typically lasts for 4 weeks or more. Box 27-2 identifies some characteristics of individuals who may be suffering from acute traumatic stress or posttraumatic stress disorder.

Of greatest concern is the risk that people exposed to trauma from natural or man-made disasters are at risk for the development of a major psychiatric disorder. The effects of stress associated with the disaster may include aggravation or exacerbation of any preexisting mental health condition, such as depression, generalized anxiety disorder, panic disorder, or PTSD (Fig. 27-7).

**Box 27-1 Mock Emergency Drill Planning**

The following factors must be considered when planning a mock emergency drill:

- When and how the drill will occur
- The type of environmental exposure that will occur in the drill
- How the initial alarm will be sounded
- The type of damage and/or injuries that will result
- Individuals who should be notified of the drill
- The roles that people will play in the drill including what they should say and how they should behave
- Any special effects, clothing, or equipment required to make the drill as realistic as possible

**Figure 27-6** A volunteer victim in a mock disaster drill is prepared by a make-up artist to portray a tornado survivor injured by flying debris.

Figure 27-7
Factors that may contribute to severe psychological reactions after an event include lack of family and social support, personal loss, adverse reactions from others, and survivor guilt. Psychological first aid for anyone suffering from a stress disorder includes the following:

- Immediate physical care and medical attention
- Appropriate comforting and consolation
- Protection from further threat and distress
- Facilitating some sense of being in control
- Allowing for sharing of experience, but not forcing it
- Provision of culturally appropriate ways of grieving
- Normalization of activity and routine as possible
- Facilitating links with private or community resources

Disaster responders, including medical personnel, are at high risk for developing trauma-related disorders. If possible, take regular rest periods during a disaster response and encourage coworkers to do the same. Seek psychological care including counseling if symptoms of stress persist after the disaster including sleep disorders, excessive fatigue, mood changes, anxiety, and developing problems with relationships.

**BOX 27-2 Characteristics of Acute Traumatic Stress or Posttraumatic Stress Disorder (PTSD)**

1. Reliving the traumatic event through intrusive thoughts or images, nightmares, or flashbacks
2. Avoidance of associations of the traumatic event and feelings of numbness and detachment
3. Increased arousal as evidenced by being jumpy, nervous, or defensive much of the time
4. Difficulty sleeping and an inability to concentrate

**CHECKPOINT QUESTION**

4. What psychological first aid may be helpful for anyone experiencing the effects of stress after an emergency or disaster?

**PRINCIPLES FOR EVACUATION DURING AN EMERGENCY**

During an emergency or natural disaster, it may be necessary to evacuate the medical office. Ideally, your facility will have an evacuation plan and will train all employees in its implementation. Because your reactions may determine how other employees and patients respond, it is important that you remain calm during an evacuation. Encourage an orderly evacuation by walking swiftly, but not running. Do not use elevators during an emergency, and, depending on the urgency of the situation, do not worry about personal belongings. You may need to close windows and lock doors as well as forward the phones or implement the answering service if there is time to do so. Again, this is something that should be determined during the planning process. Principles to consider in any evacuation plan include the following:

- Identify the person responsible for ordering the evacuation.
- Determine the facility or location that you will evacuate to. Choose a backup site, if available, just in case the planned location or facility is not available.
- Identify evacuation routes.
- Define individual staff responsibilities. Plan for the likelihood that not all staff will be available.
- Identify what critical supplies or equipment will need to be transported and who will be responsible for transporting them.
- Determine how individuals will be accounted for during and after the evacuation.
- Develop a procedure to handle patient/staff illness or death during the evacuation.
- Develop a medical office reentry plan. Who will authorize reentry after the emergency? How will the medical office be inspected to determine safety after returning?

**Evacuation Plan for the Physician Office**

Although it is not as involved as the scene in a hospital or nursing home, evacuating a physician office still requires planning and practice. It is important that you be familiar with the key elements of such an evacuation plan because you will, by necessity, play an important role in any emergency evacuation.
The first step is to know what constitutes an emergency requiring evacuation. This could be a fire, a chemical spill, impending weather-related emergencies, a threat of violence, or even a highly infectious patient. You should discuss the specific situations that might trigger an evacuation order in your office with your physician, office manager, and other staff and develop a policy to guide the process.

In addition to the key elements already mentioned, other items to be considered for a physician office include the following:

- Communicating the evacuation. This may be done verbally, through an e-mail or text message, or with an alarm. Include how patients will be notified of the evacuation before, during, and after the event.
- Determining who is responsible for giving the evacuation order. This will most likely be a physician or the office manager.
- Identifying specific staff responsibilities including who will be in charge of evacuating patients currently in the office, both those patients who are well-bodied and those who need assistance.
- Determining how patient records will be protected and/or transported.
- Identifying available transportation for the evacuation.
- Determining a meeting place for all employees once the evacuation is complete.
- Identifying at least two exit routes from your work area.
- Identifying any employees with disabilities who may require special attention during an evacuation. It should be clarified how these individuals will be assisted.
- Determining how the office will be secured during and after the evacuation.
- Identifying what, if anything, should be taken from the office and who should be responsible for seeing that the item(s) are removed and secure.
- Identifying who will communicate with emergency personnel.
- Determining if any personnel should remain behind after the primary evacuation.
- Identifying a way to account for employees during and after the evacuation.
- Identifying the person who will be responsible for notifying the public utilities (electricity, telephone, water, gas, etc.) that the building or office has been evacuated.
- Identifying and obtaining any special equipment that may be required for evacuation such as safety goggles, masks, gloves, etc.

**Role-playing activity**

Role-play a scenario with your classmates or as assigned by your instructor where you are employed as a medical assistant in the ENT office where Taylor Tonninger, RMA works (refer to the case study at the beginning of this chapter for more information). One day while you both are working, a strong smell of gas overwhelms the inside of the office and before Taylor can call the utility department, an explosion is heard outside the building. Several patients and visitors in the office complain of nausea from the odor, and two elderly patients are light-headed and pale in color. Four people run into the office with blood running down their faces and asking for help. You look out the window and see that the street is covered with debris, which will make it difficult for emergency equipment to reach the office. The emergency management system was notified and you were told that it would be at least 4 hours before anyone the street could be cleared enough for help to arrive. Role-play this situation using 4 to 6 students as “patients” and “victims” from the explosion who are not regular patients but are seeking help from your office. You and another student are Taylor and the other medical assistant working that day. Your instructor will give you additional information about this activity!
**SPANISH TERMINOLOGY**

Necesitamos irnos de este lugar.
We need to evacuate this place.

¿Esta lastimado? ¿Tiene alguna herida?
Do you have any injuries?

¿Puede caminar?
Are you able to walk?

Ya llamamos a la policía y a los bomberos.
We have called the police and fire department.

Por favor cálmese y sigame.
Remain calm and follow me.

¿Quiere que le hable a alguien?
Is there someone I can call for you?

Usted necesita un Botiquín de Primeros Auxilios.
You need a First Aid Kit.

Fuego en el edificio!
Fire in the building!

Terremoto! Tirese, Cúbrase y Agárrese!
Earthquake! Drop, cover, and hold on!

**MEDIA MENU**

Student Resources on thePoint®
- CMA/RMA Certification Exam Review

Internet Resources
- Occupational Safety and Health Administration [http://www.osha.gov](http://www.osha.gov)
- American Red Cross [http://www.redcross.org](http://www.redcross.org)
- National Safety Council [http://www.nsc.org/Pages/Home.aspx](http://www.nsc.org/Pages/Home.aspx)
EMR Activity

Prerequisite Activities in Harris CareTracker

- The Getting Started and Quickstart documents and EMR Activities Step-by-Step Instructions are available at http://thePoint.lww.com/KronenbergerComp5e

Activity Details

Send an e-mail to your instructor from New Mail dialog box in the Messages tab of the Home module advising that the annual inspection of all fire extinguishers was done yesterday and that everything has been approved for 1 year. The new inspection certificate is in the equipment log book.
Chapter Summary

• Dealing with a disaster or medical emergency in the office or community will require you to communicate clearly and calmly and work effectively as a team member with other employees and emergency personnel or law enforcement.
• You may be involved with developing a disaster plan jointly or in consultation with local or community agencies.
• Adequately prepare for several types of disasters including those that are natural or man-made.
• Participate in mock disaster drills, and provide constructive input regarding any strengths or weaknesses in the disaster plan.
• Recognize the effects of trauma from disasters on the psychological well-being of individuals involved directly in the disaster.

Warm-Ups for Critical Thinking

1. Plan a mock disaster drill for a medical office: assign employees to certain tasks including “victims,” and design a form to document the drill and the postdrill discussion.
2. It is 7:30 AM, and you are preparing the office for the busy day ahead. The first patient is scheduled for 8:00 AM, and when you check the voicemail messages, you realize all but one employee, the medical billing specialist, has called in sick due to flu-like symptoms. Would this situation be appropriate for the medical office emergency disaster plan? What steps should be taken initially to deal with this situation?
3. Research the resources in your community that could assist in providing information or materials for preparing a disaster plan or binder.
# Procedure 27-1

## Respond to a Simulated Disaster

**Purpose:** Respond appropriately to a given a simulated disaster scenario  

**Equipment:** Phone, disaster drill manual for a medical office, paper medical record forms and folders, pen, portable emergency kit.

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REASONS</th>
</tr>
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<tbody>
<tr>
<td>1. Develop and/or review an emergency/disaster procedure manual.</td>
<td>Being familiar with what to do before an emergency or disaster occurs is essential to remaining calm and responding appropriately.</td>
</tr>
<tr>
<td>2. As assigned by your instructor, assume the role of an employee, patient, or visitor in a medical office.</td>
<td>By assuming different roles, you will experience the actual feelings and behaviors of various people who may be in a medical office during a disaster or emergency.</td>
</tr>
<tr>
<td>3. During a “normal” workday, a disaster occurs unexpectedly. Your instructor will give you more information as the disaster unfolds.</td>
<td>Disasters are often unplanned events that can occur during any workday. Some events can be predicted (i.e. hurricane or tornado), but most are not. Anticipating a disaster and having a plan to follow may decrease loss of life and property during an actual event.</td>
</tr>
<tr>
<td>4. At the conclusion of the mock disaster event, discuss the event including the strengths and weaknesses of the emergency plan.</td>
<td>Part of any disaster drill should include a reflection on how a plan worked or did not work. This allows the plan to be revised and improved should a “real” disaster occur.</td>
</tr>
<tr>
<td>5. Complete a reflection paper about the mock disaster as assigned by your instructor.</td>
<td>Responding to an emergency and disaster may have long-term unintended effects on the individuals involved in the event. This assignment will encourage self-awareness of you as a responder and help you to recognize the possible physical and emotional effects of being involved in a disaster.</td>
</tr>
</tbody>
</table>
# PROCEDURE 27-2

## Maintain a List of Community Resources for Emergency Preparedness

**Purpose:** Research and document community resources that are available to prepare and respond to potential disasters.

**Equipment:** Phone, computer with Internet access, paper and pen, binder.

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REASONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Determine the geographical area of your community including the city or town, county, and surrounding counties or towns as appropriate.</td>
<td>Identifying the components of your community will help your research of possible resources.</td>
</tr>
<tr>
<td>2. Complete an Internet search of the possible resources that make up your community, beginning with the local resources.</td>
<td>Depending on the size and local economy and the nature of the emergency or disaster, you may need to expand your search for resources beyond your local area.</td>
</tr>
<tr>
<td>3. Create a list of resources including the name of the agency, resources available, phone numbers, addresses, and Web address if available.</td>
<td>If a local agency has limited information on the Internet, you may have to contact the agency by phone. When speaking with representatives from various agencies, always explain the purpose of your research. Some agencies may provide additional information or resources if you explain that you are pursuing a health care career.</td>
</tr>
<tr>
<td>4. Organize the resources you find in a binder or other notebook for easy reference.</td>
<td>Your instructor may want you to submit your binder or notebook for a grade. In the medical office, this binder should be accessible to all employees.</td>
</tr>
</tbody>
</table>
# Develop a Personal Safety Plan

**Purpose:** Create a plan for maintaining personal safety in the event of a local or community disaster.

**Equipment:** Phone, computer with Internet access, paper and pen, binder.

<table>
<thead>
<tr>
<th>STEPS</th>
<th>REASONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Download an electronic version of a family or personal safety plan template from a reputable Web site such as Ready.gov: <a href="http://www.ready.gov/sites/default/files/documents/files/RRToolkit.pdf">http://www.ready.gov/sites/default/files/documents/files/RRToolkit.pdf</a></td>
<td>Using a template to create a personal or family safety plan may save time and prevent you from forgetting essential information.</td>
</tr>
<tr>
<td><strong>2.</strong> Gather information needed for inclusion in the safety plan such as important names and addresses, pharmacy information, insurance information (health, home, car, etc.), medications and/or prescription numbers, veterinarian and other pet information (kennels, etc.), and other information that may be needed during or after a disaster event.</td>
<td>Include any information that may be needed should you or your family have to evacuate your home without access to this information.</td>
</tr>
<tr>
<td><strong>3.</strong> Speak with family members and decide how you will contact each other in the event of a disaster. Also discuss where family members will go and/or meet if a disaster occurs when everyone is not together.</td>
<td>Your skills as a professional medical assistant will be invaluable to the community in the event of a disaster. Preparing yourself and your family before a disaster happens will allow you to focus on providing care to others in the community instead of focusing on personal and family safety.</td>
</tr>
<tr>
<td><strong>4.</strong> Once the personal or family plan is developed, keep a copy in the emergency supply kit or another safe place.</td>
<td>All members of the family should know where the emergency supply kit and plan are located.</td>
</tr>
</tbody>
</table>