

Webex Training

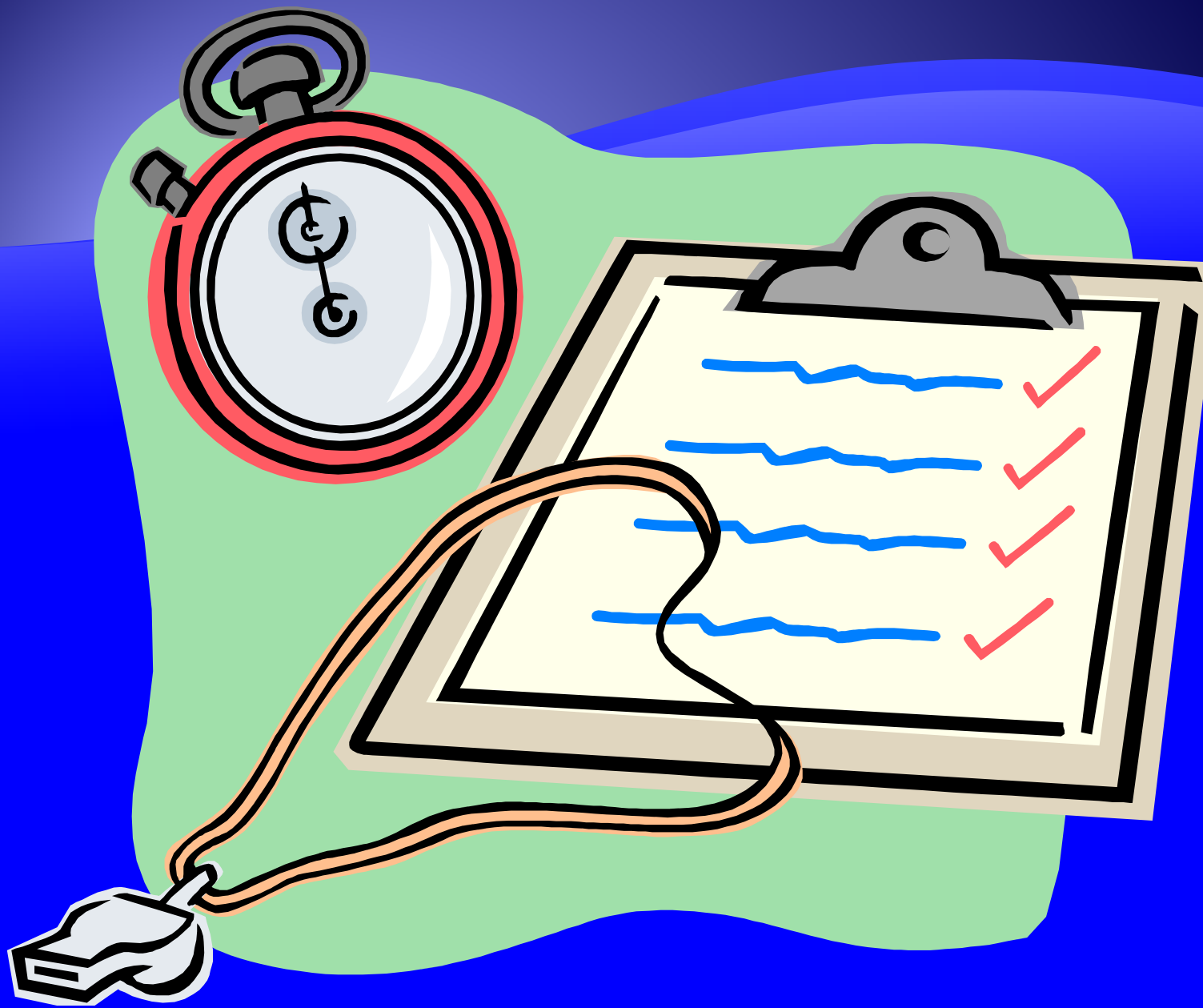
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Heartland Kidney Network

April 22, 2010

EMERGENCY DRILLS

NETWORK EMERGENCY COUNCIL



- ◆ The safety of the patients, staff members, and visitors depends on effective plans and the ability of individuals to spring into action when necessary.

Lives may depend on it!

Conditions for Coverage

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- ◆ The ESRD Conditions for Coverage and the accompanying interpretive guidelines contain many detailed and specific references to emergency planning.
- ◆ Facilities are encouraged to review the Conditions of Coverage in its entirety for additional references to emergency planning

V415 – Evaluate at least annually the effectiveness of the emergency and disaster plans and update them as necessary...

- ◆ Interpretive Guideline: This annual evaluation process should include review of any medical or non-medical emergencies that have occurred during the year to determine opportunities for improvement, as well as re-evaluation of the plans/procedures for current appropriateness and feasibility. **The facility must conduct drills or mock emergencies at least annually** in order to determine the staff's skill level/educational needs and effectiveness of their plan.

V412 - (2) *Emergency preparedness patient training.*

- ◆ Interpretive Guideline: **Patients** must have sufficient knowledge of emergency procedures to know how to handle emergencies, both in and out of the facility...

Patients

All patients should have knowledge of:

- ◆ Facility exit locations
- ◆ The location of the nearest stair exit, alternate stair exit and the direct route to each
- ◆ The clamp and cut procedures
- ◆ Emergency telephone numbers and procedures
- ◆ The emergency evacuation area location

Patients also need to know

“Who, what, when, where, and how” elements of the facility emergency plan...

- ◆ Who is the back up dialysis unit? Who should they call for information?
- ◆ What can they do? (3 day emergency diet, etc.)
- ◆ Where and when should they go for care?

Staff

V 409 - (1) *Emergency preparedness of staff.*

Interpretive Guideline:

Orientation for **all staff** must include emergency preparedness training, and **annual training** thereafter...

Staff also need to know...

“who, what, when, where, and how” elements of the facility emergency plan...

- ◆ Who is the back up dialysis unit? Who should they call for information?
- ◆ What can they do? (staff sharing, etc.)
- ◆ Where and when should they report for duty?

All staff should have knowledge of:

- ◆ The physical layout of the facility;
- ◆ The location of the nearest stair exit, alternate stair exit and the direct route to each;
- ◆ The location and how to use fire extinguishers;
- ◆ The patient evacuation priorities of the facility;
- ◆ The clamp and cut or clamp and cap procedures;

Continued...

- ◆ How to evacuate patients;
- ◆ Emergency telephone numbers and procedures;
- ◆ How to assume control, maintain calm and prevent panic;
- ◆ How to instruct co-workers in their emergency roles;
- ◆ The emergency evacuation area location; and
- ◆ The utility and water shut-offs.

Preparedness vs. Readiness



Readiness

- Knowledge that we have prepared
- Belief that we are ready, exemplified by a “can do” attitude (a state of mind)

Prepared But Not Ready!

- ◆ It is possible to have a level of preparedness and still not be ready.
- ◆ Examples:
 - ◆ 1. Someone who has a first-aid kit may be prepared, but if they lack the self-confidence to clean and bandage a wound, they are not ready to respond.

Preparedness

2 Parts!

1. Physical preparedness
2. Mental preparedness

Physical Preparedness

(“Physical” in this sense is not the physical body but rather tangible or real.)

Physical preparedness encompasses activities such as:

- ◆ Increasing security
- ◆ Facility fortification
- ◆ Stockpiling of supplies and equipment

Mental Preparedness

Mental preparedness is created through:

- ◆ Planning activities
- ◆ Training
- ◆ Drills/exercises
- ◆ Evaluation to identify deficiencies

Goal: Building self-confidence, efficiency, and effectiveness in performing tasks

Physical +Mental Preparedness eventually = Readiness

- ◆ (1) Self-confidence (I can do the tasks correctly.)
- ◆ (2) Confidence in coworkers, team members, patients (I can trust you to perform correctly.)
- ◆ (3) Confidence in the organization (The dialysis facility, LDO, community, back-up dialysis facility etc. is ready and able to act.)

Goal: I am ready & we are ready!

V408 Standard: Emergency Preparedness

- ◆ The **dialysis facility** must implement processes and procedures to manage medical and non medical emergencies that are likely to threaten the health or safety of the patients, the staff, or the public. These emergencies include, but are not limited to, **fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.**

Drills: 3 Steps

1. Pre-drill education for all staff and patients. This should be an on-going effort.
2. Step-by-step plan for executing the drill.
3. Post-drill critique and recommendations.

Announced or surprise?

- ◆ Not all drills should be announced -- a surprise drill will help reinforce learning.
- ◆ Regular practice can help to instill an awareness, calmness and preparedness in the minds of all.

Benefits of Conducting Drills

- ◆ Identifies areas of strength and weakness
- ◆ Meets Conditions for Coverage requirements
- ◆ Improves staff and patient readiness/preparedness levels
- ◆ Familiarizes everyone (staff, patients, visitors) with the facility emergency plans

Purpose of Drills

- ◆ Practice skills necessary to ensure safety
- ◆ Include patients and staff (Don't forget doctors and non-clinical staff!)
- ◆ Focus on specific tasks that are not routinely performed but critical to the safe termination of dialysis and evacuation of patients and staff in the event of a real disaster.

Drill Design

- ◆ Pick a mock disaster/emergency situation that is applicable for your area.
- ◆ Vary the drill by using the “worst-case” and “ideal” scenarios.

Questions to ask ...

- ◆ Have I practiced and repeatedly performed tasks until they are “second nature” to me?
- ◆ Can I perform quickly, safely, and effectively?
- ◆ Can my team function quickly, safely, and effectively?
- ◆ Is my community able to respond quickly, safely, and effectively?

Why the Military Conducts Drills

The Military has learned the following:

- ◆ (1) Readiness and response is a trained, mental retentive, activity
- ◆ (2) Immediate execution of a plan requires foreknowledge of the plan combined with a trained response
- ◆ (3) Successful execution requires confidence in the plan, confidence in command leadership, and confidence in the person standing next to you
- ◆ (4) Confidence can only be developed by doing

Drills are Training Tools not Tests!

- ◆ There are no pass or fail grades here.



- ◆ Although drills should have specific purposes and tasks to be accomplished, and while successful accomplishment deserves celebration, drills must be approached as a training tool.



Look for Flaws in the Plan

- ◆ Drills should be designed to identify any planning deficiencies, uncover communication and coordination problems, and amplify execution hindrances.





Drills and Exercises

- ◆ Drill training can be disruptive to normal operations, and perhaps expensive.
- ◆ There is no better readiness training.
- ◆ There are no substitutes for drills.

Drill Resources

- ◆ The Network is in the process of finalizing some free dialysis disaster drill tools!
- ◆ Check our website because they will be posted there!

www.heartlandkidney.org

Thank you!

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