

Hurricane Sandy Hits Healthcare

Nothing tests a healthcare organization's disaster plan like an actual disaster. Fortunately, these don't come around too often; but when they do, they earn the name. Because they're so rare, ECRI Institute PSO hasn't seen many disaster-related events. But, it has seen events that could easily occur during and be exacerbated by a natural disaster or weather-related emergency—for example, discovering powerless battery-operated equipment or missing batteries in crash carts and mobile supplies.

It becomes difficult to plan and prepare for various disaster scenarios, however, because the very nature of a disaster is that it's unexpected and threatens us in ways we haven't previously experienced and can't necessarily anticipate, though we prepare for as many scenarios as possible. Advance planning and drills, however, enable staff members to prepare in the moments before a sudden event, as in the case of the tornado that hit Joplin last year or in one New York City hospital where the roof-mounted back-up generators just couldn't keep up against 10 feet of water in the basement and lower levels of the hospital during the height of Hurricane Sandy.

How to Plan Effectively

Even though all factors of a disaster can't be anticipated, a reliable, thorough emergency plan can help staff members mitigate the effects. To help create or strengthen such a plan, ECRI Institute offers its Risk Analysis on emergency preparedness for free.

Healthcare organizations should consider the following when creating, reviewing, or updating their emergency preparedness policies:

- ▶ Integrating facility emergency plans with community disaster plans
- ▶ Conducting drills for mass-casualty scenarios and incorporating resources from the National Disaster Medical System
- ▶ Expanding plans to include scenarios of natural disasters, chemical terrorism, biological terrorism, nuclear events, and explosions

Regrouping After an Event

After a disaster has struck, the organization's first priority must be the safety and welfare of its patients and staff members. However, once the threat is resolved, representatives from leadership, risk management, patient safety, medical staff, facilities, and other key areas should convene and review the efficacy of the organization's disaster plan. Were any areas overlooked? Were any factors unexpected? Seek input from all staff members on areas to include in future revisions. Consider the location of emergency equipment, including medical supply kits, generators, and lighting. Make sure to incorporate the latest guidance from the Joint Commission and the National Fire Protection Association. Information on these and other resources is available in the risk analysis mentioned above.

Also, the organization should ensure that its emergency plan includes steps to get back to normal operations, including any necessary support for staff members. A "new normal" is certainly achievable, but only with the participation of all staff members, from front-line staff to leadership.