Liability Associated with Disaster Emergency Response: Indirect Care

Provided by

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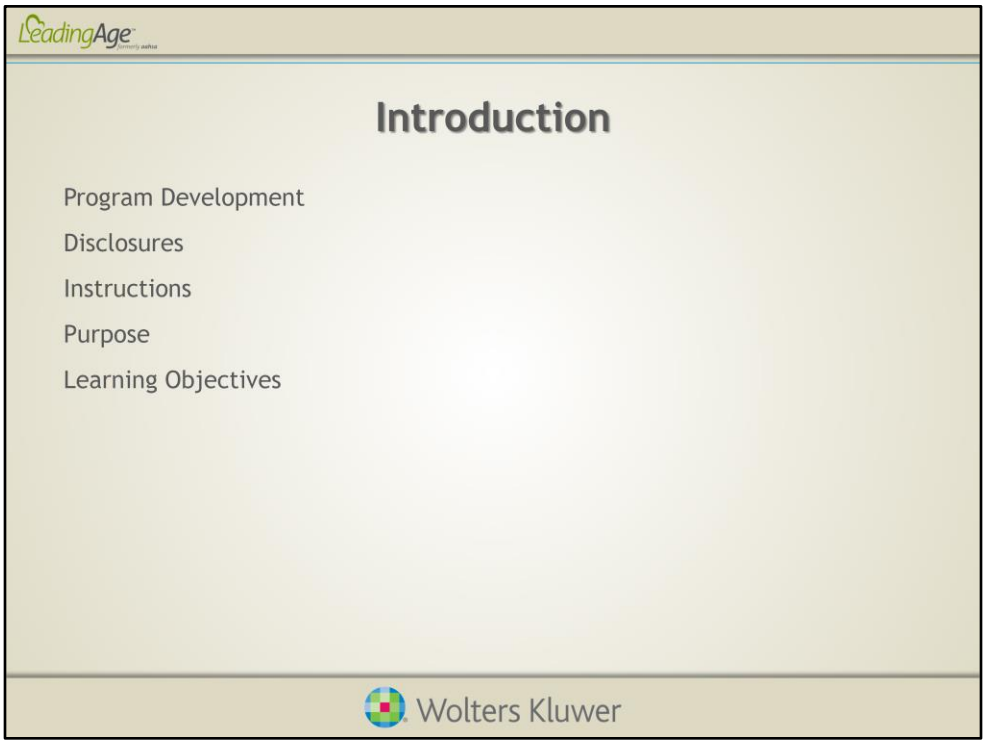
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Program Development

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Disclosures

The planners have no financial relationships related to this educational activity.

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Instructions

To obtain a certificate of earned contact hours for this continuing education activity:

1. View the entire program.
2. Take the post-test. If you pass, you will be able to print your certificate of earned contact hours and an answer key. If you fail, you have the option of taking the test again. The passing grade is 70%.
3. Complete the evaluation form.

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Purpose

To provide the indirect care givers in long-term care settings with information about emergency disaster preparedness.

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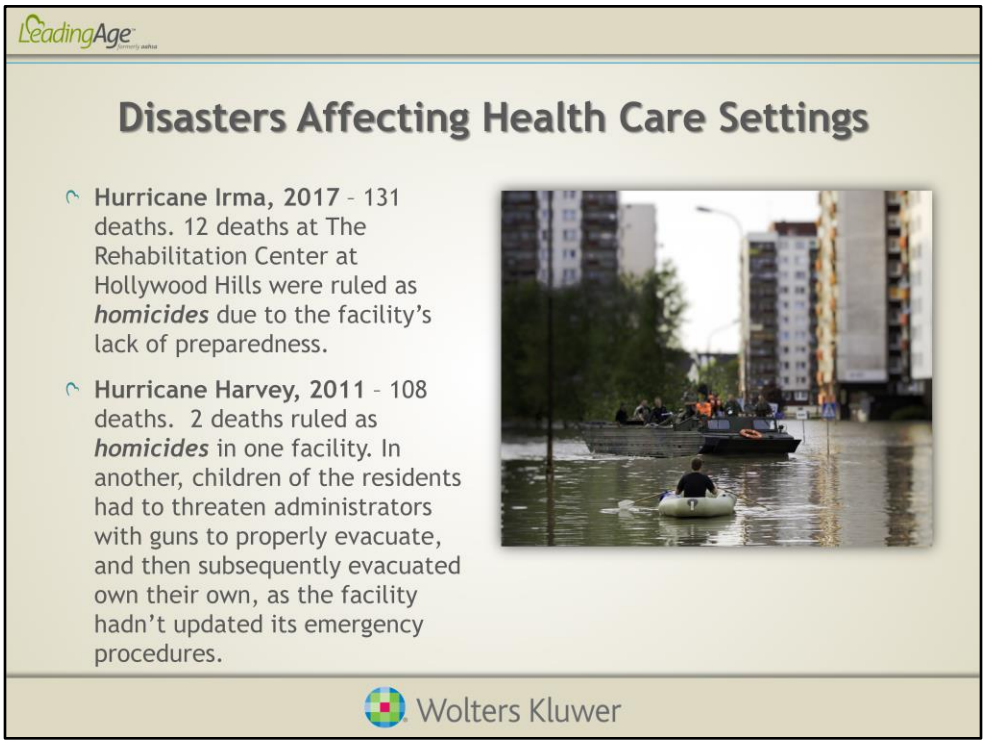
Learning Objectives

After viewing this presentation and taking the post-test, you should be able to:

1. Identify what types of disasters can affect the health care industry
2. Define your specific role in a disaster situation
3. Explain the liability associated with responding to a disaster



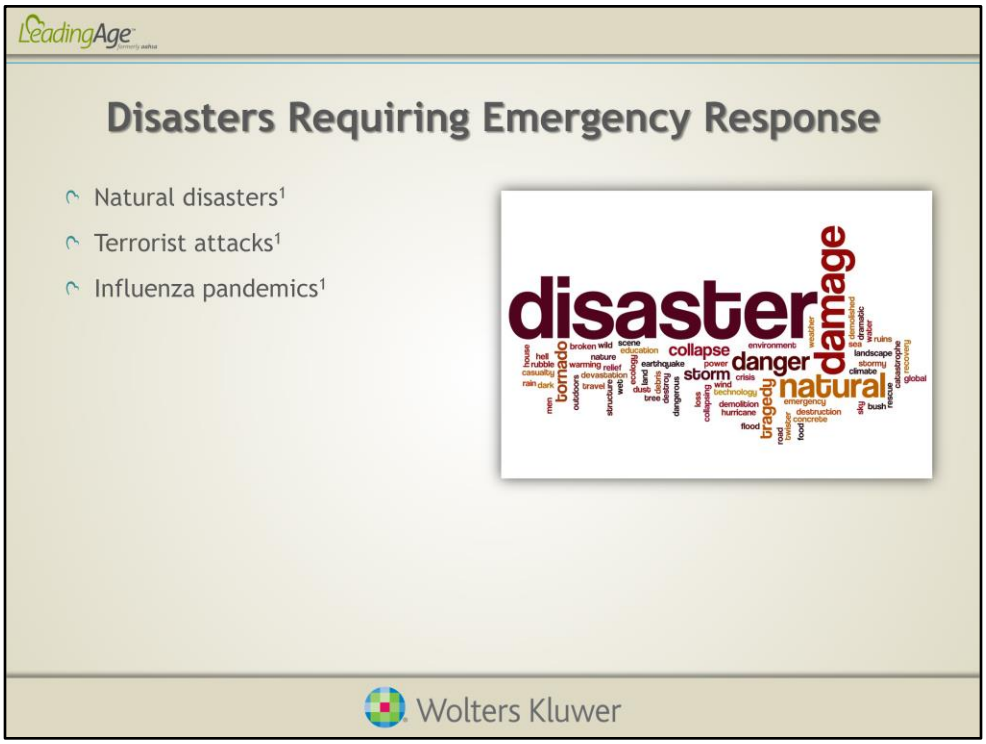
In the last 20 years, many disasters have struck the United States. Most of these events have had an effect on health care settings.

Disasters can be harsh weather events like hurricanes, tornadoes, and flooding. Even normal seasonal events can become disasters if they grow extreme enough. A lot of snow and ice make for dangerous conditions. Long heat waves can turn into disasters.

For example, the loss of power is a big problem. When the electric is off, equipment does not work, including elevators, refrigerators, and laundry machines. . There are less supplies, and food can't be cooked.

Staff must prepare for small and large disasters. These events can range from natural disasters and power losses to acts of violence such as terrorist attacks or active shooter situations. All of these events require emergency preparedness.

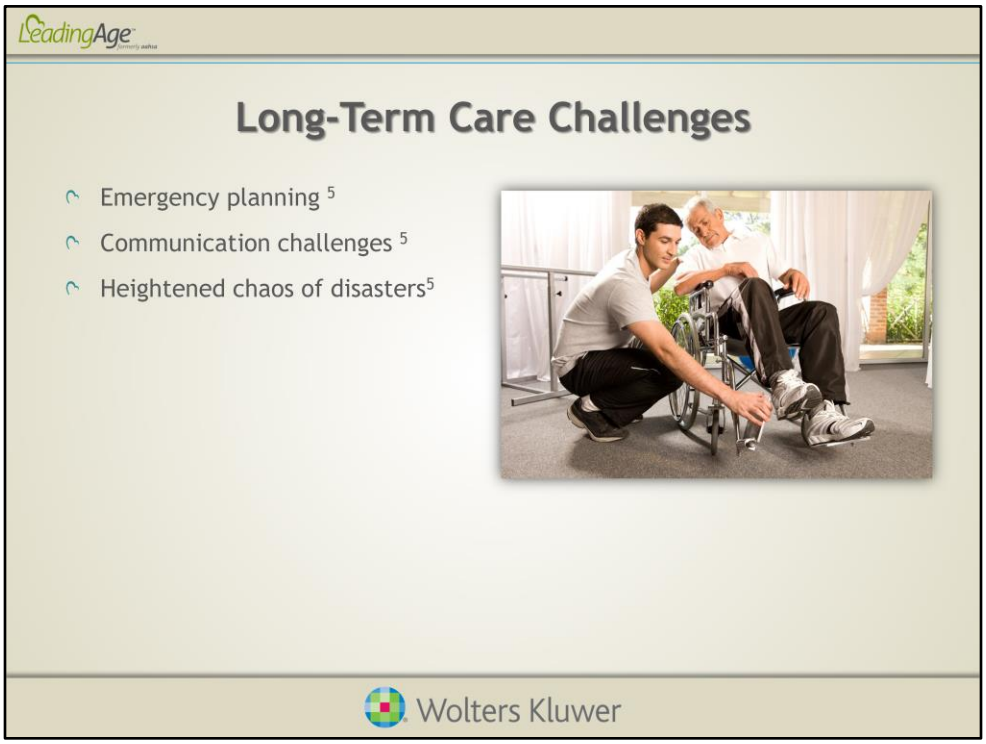
The California Office of the Governor's Emergency Response stated that "…the Team found that specific procedures for using alert and warning capabilities were uncoordinated and included gaps, overlaps, and redundancies with regard to capabilities in various County departments. While the loss of life was tragic, the silver lining in Sonoma Valley was the health care sector, which was found by the investigation to have policies and procedures in place "…far exceeding the standards expected in the disaster and they took a proactive approach, so there was no panic when they first heard about the fires that were forcing mass evacuations." There were 2 skilled nursing homes and 3 assisted living communities completely evacuated, with no deaths.



Caregivers must get ready for extreme circumstances. These situations can cause legal problems for the organization. Examples of emergency disasters are hurricanes Katrina, Irma, and Rita; the California wildfires in 2017, the Joplin, Missouri EF-5 tornado in 2011, ongoing terrorist attacks, and the flu epidemic of 2009.

During a disaster, the building can collapse. If the roof breaks, everyone must move. Residents and staff need to stay in a safe place, but that safe place might not have supplies. It is difficult to take care of residents when there are not enough supplies. Electricity is one of the most important resources. Many organizations prepare for loss of power.

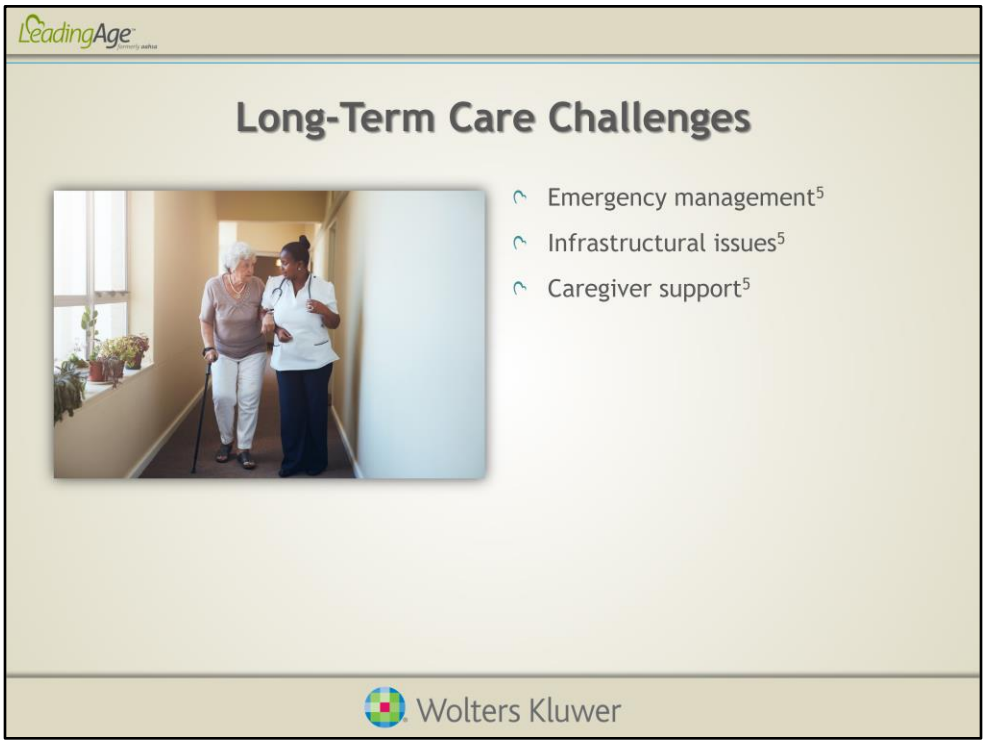
In an emergency people need to help each other. Staff need to help other staff and residents. People from the area may come to the senior living facility for help. The best way to avoid problems is to be prepared. This includes having emergency response plans following policy and procedures. An emergency plan should be documented and available to all staff at all times.



It is difficult to communicate in emergency situations. Residents with dementia may get upset with a change in routine. They may not understand how to act and might get confused or angry.

Residents with physical problems may not be able to feed themselves or do other things they normally do. Problems could get worse from the tension during the disaster.

Residents with dementia may hurt themselves or others. This can happen if they are not in their normal living place. Caregivers need to handle changes in behavior. Everyone might need to move to another building. Dementia affects emergency planning and implementation.



Leaving the building with many residents is hard. Caregivers need to know which patients cannot walk. They need to have a plan to move patients to new locations. Caregivers need to pay special consideration to emergency evacuation measures for residents who have physical disabilities.. All staff need to help with evacuations.

More than half of all residents suffer from some form of dementia. This makes it difficult for caregivers to share information about germs. A resident may not be able to wash hands or wear a mask. All employees need to observe patients in the senior care facility. All staff can remind residents about safety rules.

Caregivers need to find creative solutions and use whatever resources are available. For example, antibacterial hang gel may need to be used when soap and water are not available. Caregivers must support each other to manage energy and coping in these challenging situations.

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Let's Review

(Please click on the correct answer.)

Which diagnosis is commonly found in senior care facilities?

a. Dementia

b. Paraplegia

c. Schizophrenia

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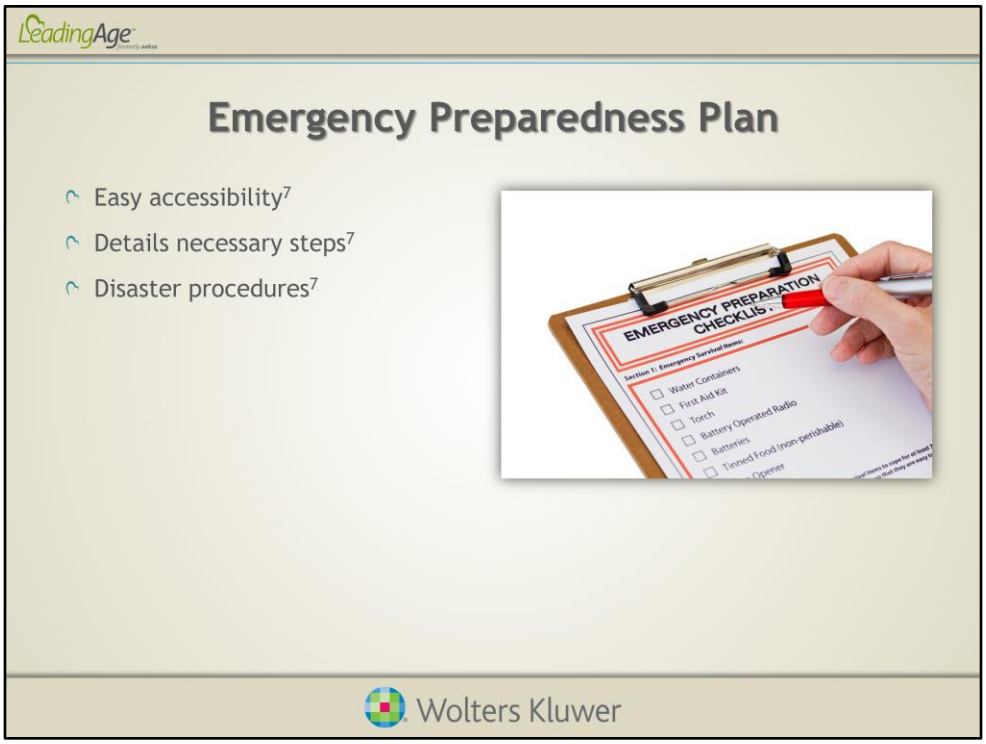
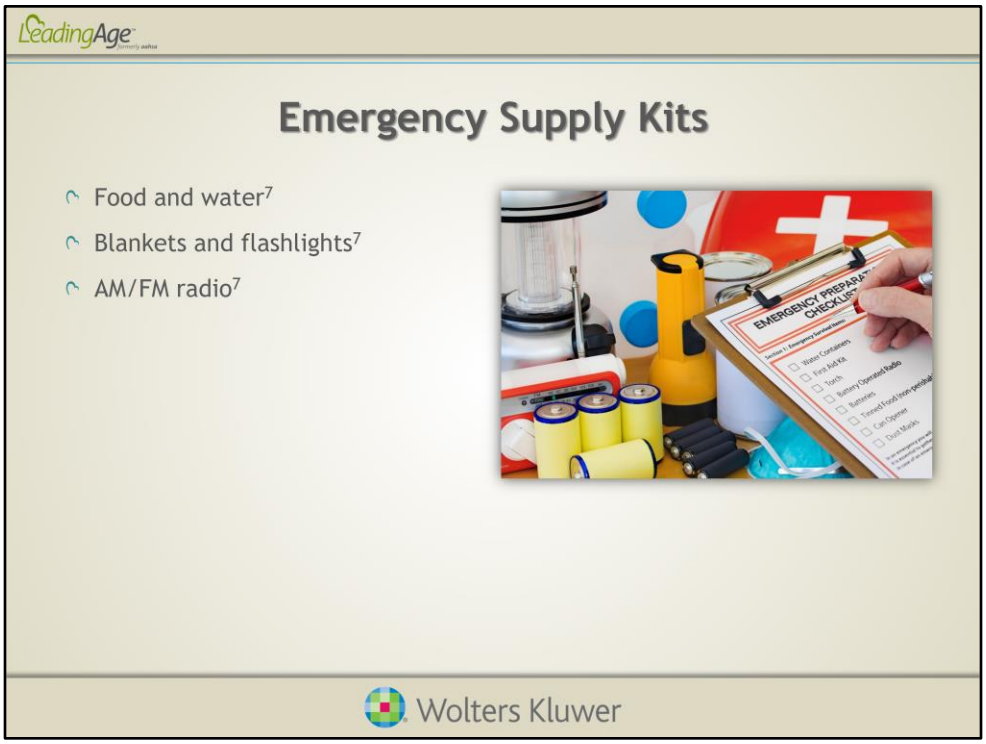


Every facility needs an emergency preparedness plan, also called a disaster plan, emergency evacuation plan, or crisis management plan. This plan should be available to all staff members at any time of day, every day of the week, and be updated regularly. It should outline the steps that need to be taken in the event of a disaster. It should have details for different types of disasters. It should give directions to places that staff can take residents in an emergency.

The written plan should have names to contact in emergencies, maps of the building, and transportation plans for escape.

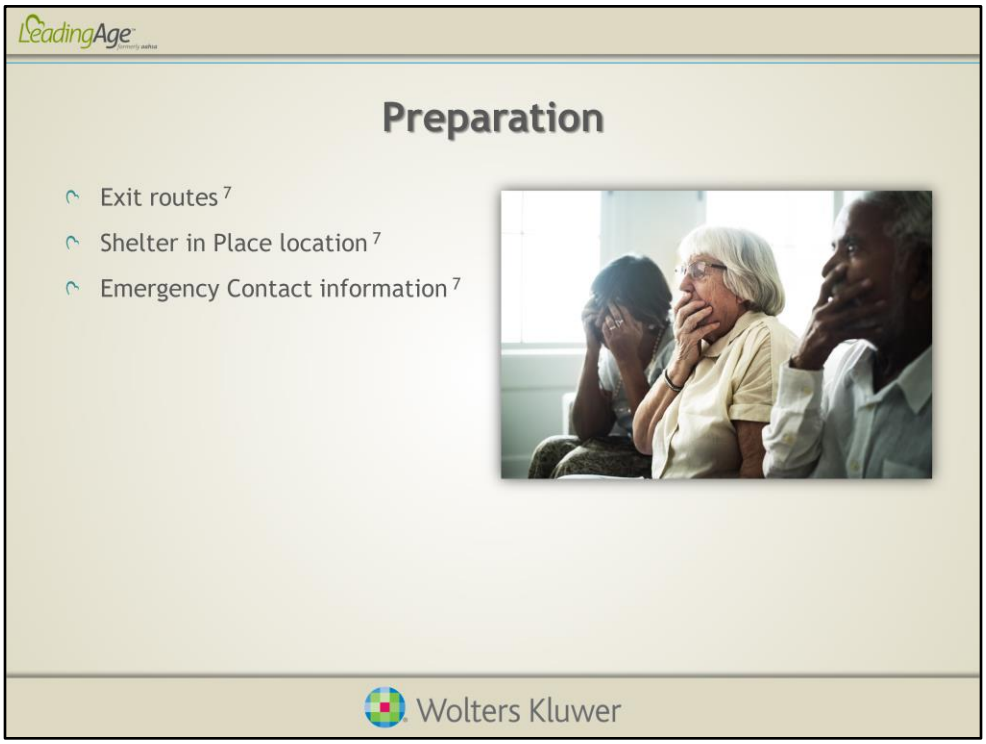
The written plan should also document drill exercises. Drills are pretend emergency response situations. The drills should be reviewed. The reviews should be in the plan. Review of the drill helps all to learn what worked and what did not. Safety is the number one goal. All employees take part in drills. Everyone needs to know their role. Drills and feedback on drills is the most effective way to prepare for a disaster.



A checklist should help manage emergency action. In an emergency supply kits should be available. These should have a daily supply of 1 gallon of water and a three-day supply of food per resident that will not spoil.

Besides food and water, an emergency supply kit should also have items that may help during a state of emergency. These items might be: first aid kits, pain medications, blankets, flashlights, and an AM/FM radio. With the right supplies, residents will have their basic needs met should a disaster strike.

Direct caregivers require these items to assist residents. Caregivers also need to manage themselves during long shifts under difficult conditions. Caregivers need to work together. Breaks and rest are needed. Staff need to make a plan to cover for each other during a crisis to get rest, food, and water.



Everyone working in a senior care facility needs to know where the exits of the facility are located. Leaving the building might not work. "Shelter in place" is a way to stay in a safe location inside the building. All staff need to work together to keep residents safe and calm. Secretaries, social workers, housekeeping, and kitchen staff all help.

It is important to know which residents need help to walk or be wheeled. Sometimes residents will help each other. If everyone must leave the building, it helps to know which residents can walk and talk. Make a plan with that in mind.

Staff need to stay in contact with each other and with administrators at all times. Families may also need communication updates. Be prepared for loss of cell phone service. Knowing who to stay in contact with and knowing the specific roles of staff in a disaster is also vital. Health Care Facilities should have these pieces, as well as many others, clearly defined in the emergency preparedness plan.

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Let's Review

(Please click on the correct answer.)

The plan that should be available to all staff at all times is the

a. Emergency Preparedness plan

b. Evacuation plan

c. Family contact plan

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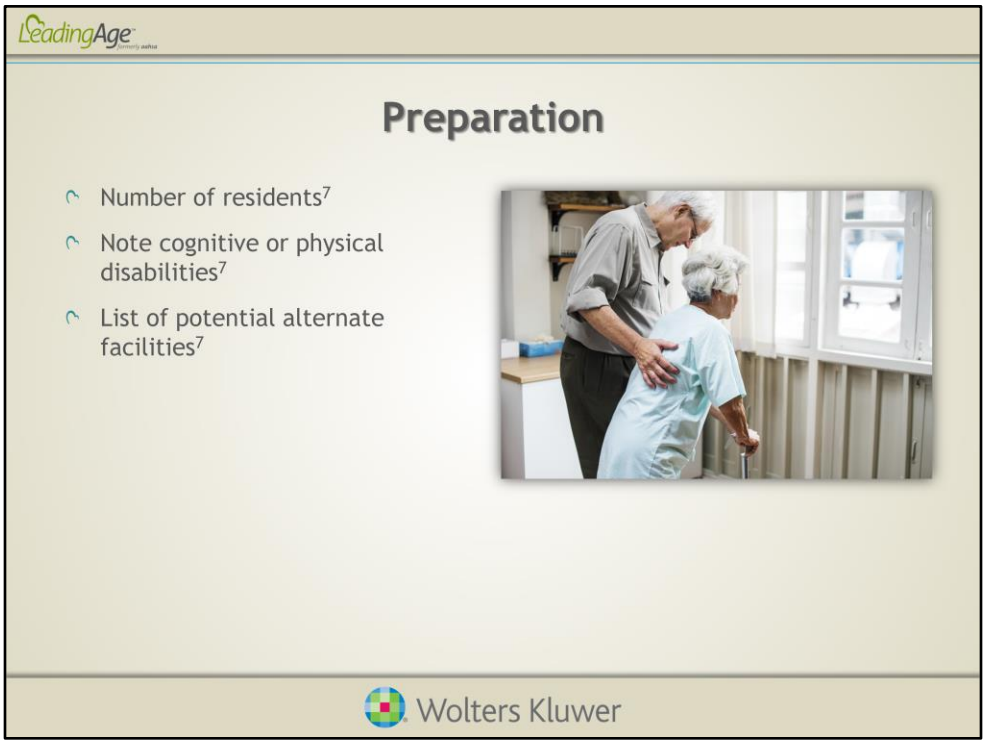
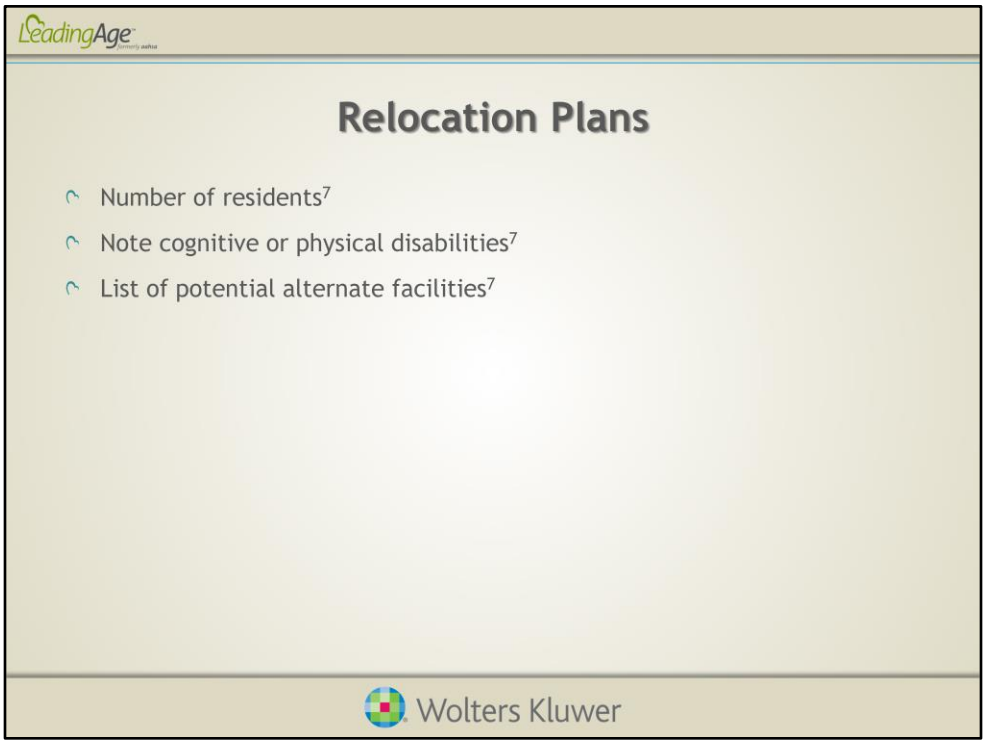


There should be an updated lists of all residents on each floor. The list should include mental and physical disabilities of residents. This will determine where the resident can go if he or she leaves the senior care facility. This information is kept in the resident's main chart.

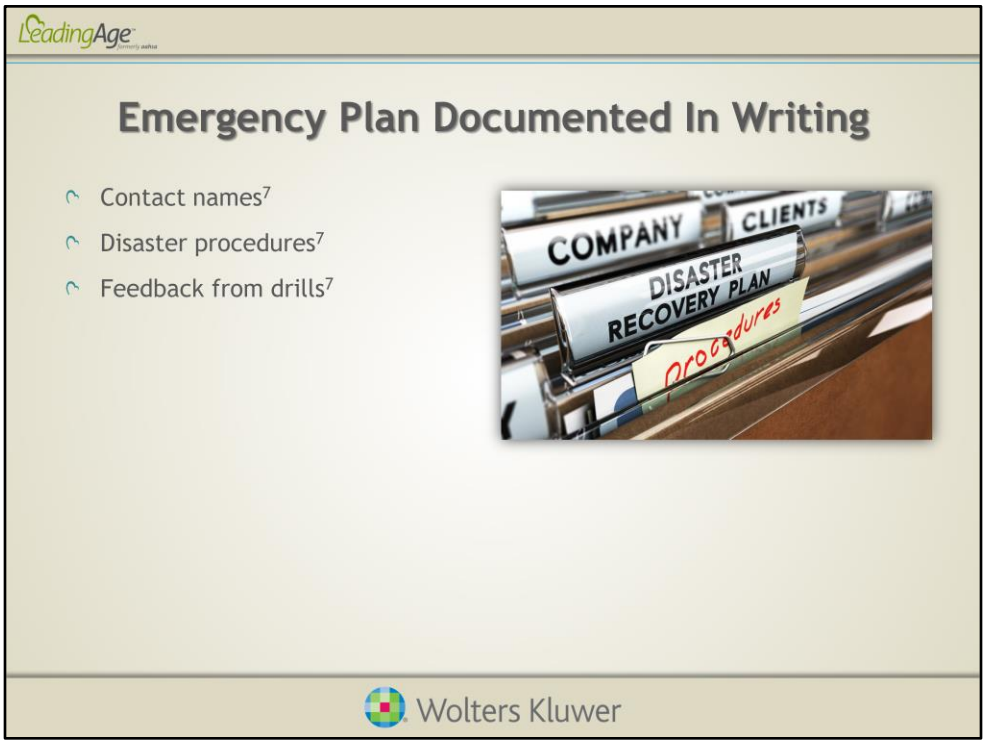
Everyone has a role. Each person needs to do what they learned in training for that role. First 9-1-1 is called because they will know what agencies can help. Emergency responders may not arrive right away. Before a disaster strikes, caregivers can always learn from other resources that can educate and advise, including The Red Cross, FEMA, and your local office of emergency management, police, and fire departments.



Staff should know the plan for evacuation. It helps to visit the place that residents are going to move to. Staff should think about how they will move from the senior care facility to the new location. Bad plans cause legal problems. Communication with the other facility before a disaster will make the move easier.

Staff should know how many residents are with them for travel. A count of residents on the way is helpful. Caregivers are responsible for the residents as they move to the new place. Legal risks should be thought about at all times.

The emergency plan should name a second safe location in case relocation is not possible. Staff should follow the same procedure to get to that place. A plan for transportation is also needed. The use of personal cars should be discussed before a disaster occurs.



A standard emergency plan should include:

- Communications – Both internal and external to community care partners, and state/federal agencies
- Supplies – How many items and why they are needed in an emergency
- Security – Keeping normal operations and how to protect staff and property
- Staff – Roles and responsibilities within a standard incident command structure
- Utilities – Stay self-sufficient for as long as possible, with a goal of 96 hours
- Clinical Activity – Maintaining care, supporting all populations, and alternate standards of care

Caregivers can read the written plan. Remember, the plan should include: contact names of staff, number of staff and residents, disaster procedures with evacuation maps, relocation sites and their coordinator names, and drill exercises/feedback for those drills.

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Let's Review

(Please click on the correct answer.)

It is important to know residents in an emergency situation for optimal

a. Care maintenance.

b. Resource planning.

c. Family notification.

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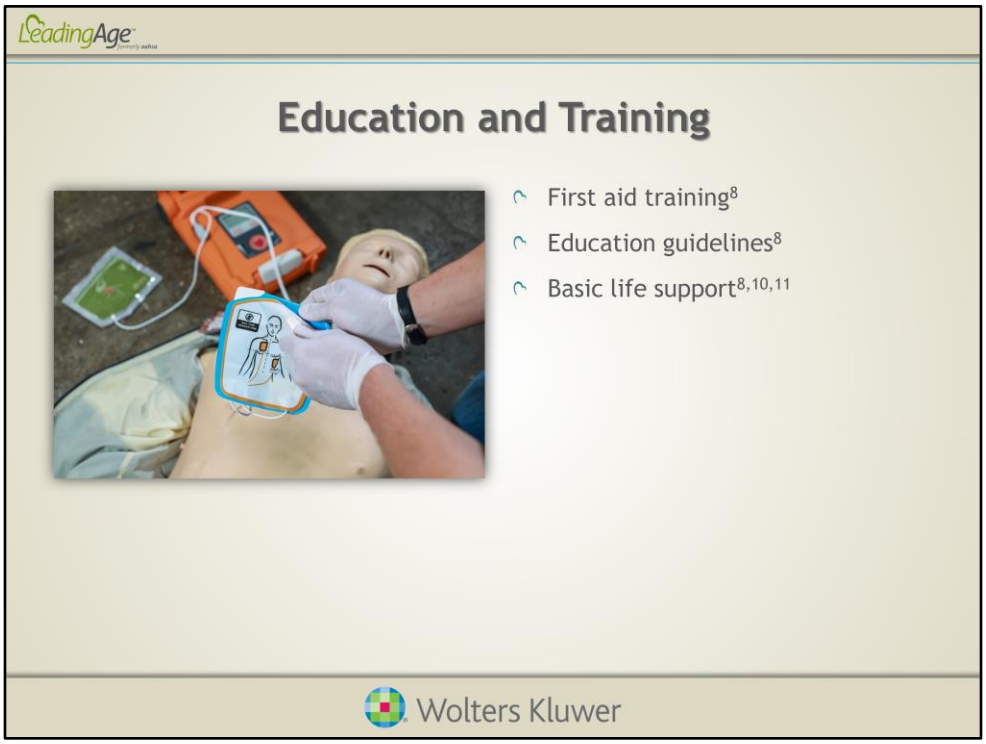
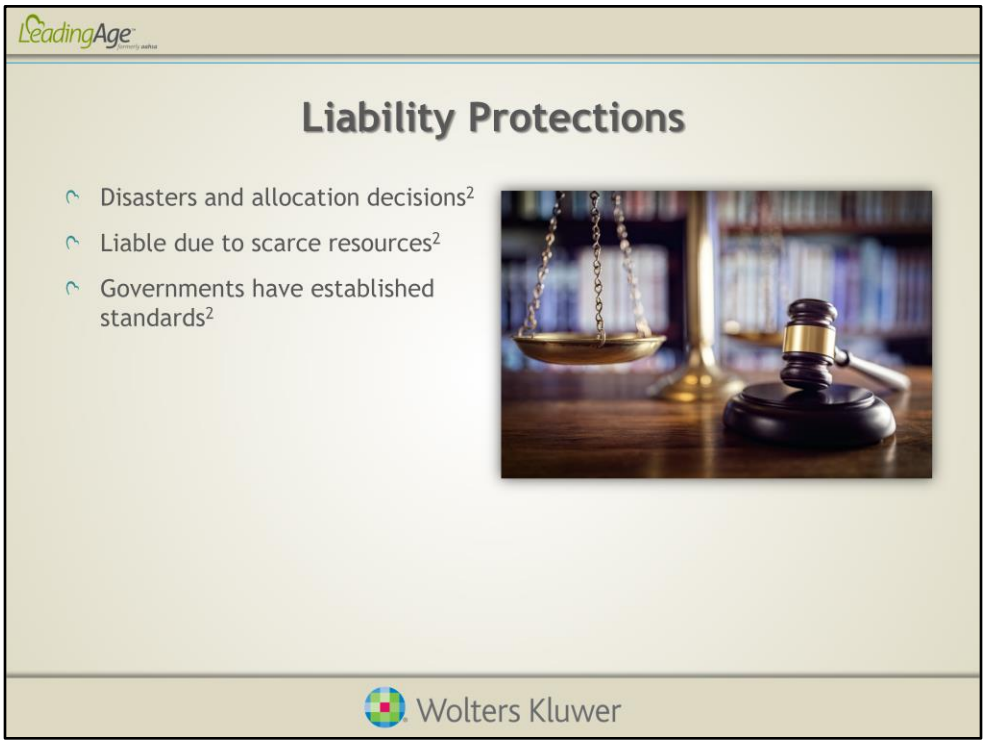


What caregivers do during a disaster's first moments could be the difference between life and death. No two situations will ever be the same. There are several steps that should be taken to ensure that when a disaster does strike, the health care team is ready.

Staff should learn about emergency plans when they are hired. Emergency plan review should happen with other health care team members. Everyone should be part of the plan. Practicing together helps in a real situation. Roles should match the skill of each person. Strong staff may be called on to physically move residents. Calm staff will be asked to help anxious residents relax.

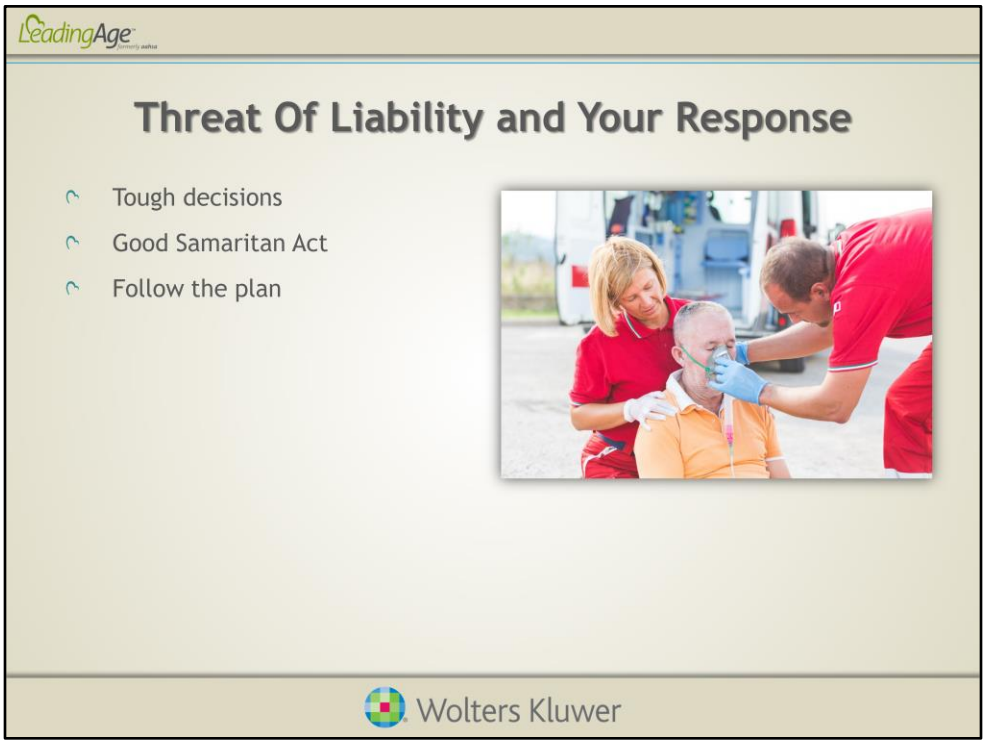
Staff should know who can manage food issues. To avoid infection, housekeepers will be called on to keep all areas free of germs, if they can. Security may be asked to secure doors to the outside or lead people to them, based on the event. All roles should reflect a staff member's job and personal skills.



Caregivers may have to make tough decisions about life-saving medical equipment. Decisions should be made by the highest-ranking medical professional, if possible. There could be legal problems if decisions are made by people who are not qualified to make them. Sometimes that cannot be avoided.

In emergencies caregivers have some legal risk because they must make difficult decisions when there are few supplies. Governments have standards that help protect health care workers from some lawsuits in declared emergencies.

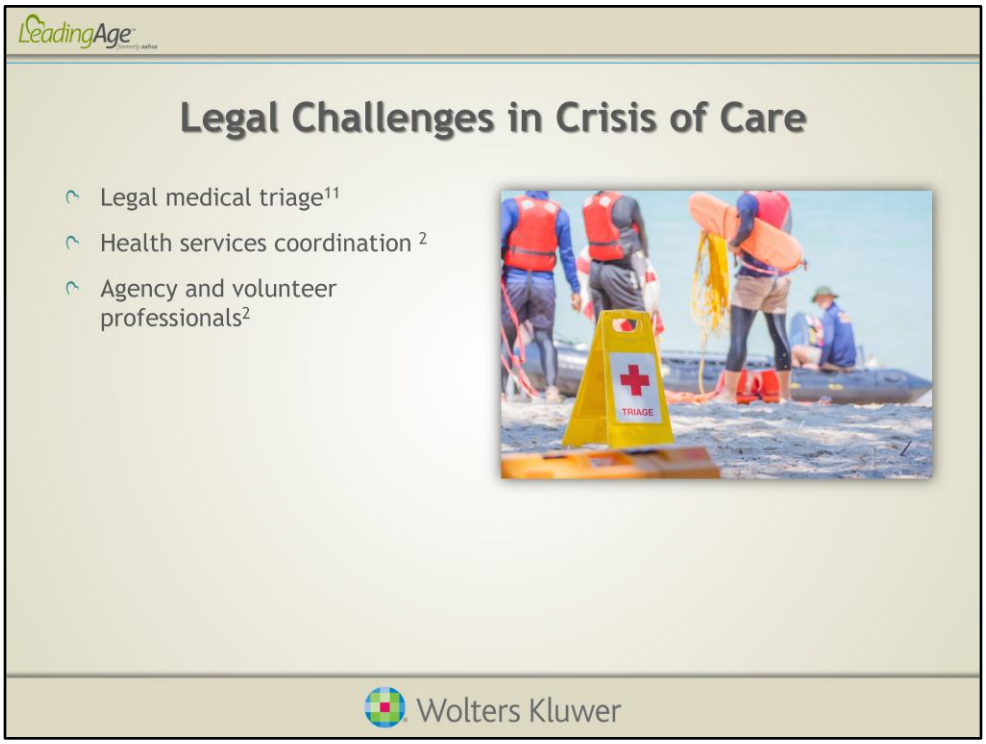
Residents can still sue for negligence, even during an emergency. For health care workers, there are no legal protections for criminal acts.



Disaster situations can lead to tough decisions about who is given or denied services. Some residents' care might be sacrificed for the overall support of public health. Caregivers need to be fair with the decision of who to help and who to leave behind. In daily care these decisions are similar. Which resident gets attention first is a normal decision. In an emergency those decisions are more serious.

Although there are legal protections, such as the federal Public Readiness and Emergency Protection Act and the Good Samaritan Act, many health care workers still believe they're vulnerable to liability.

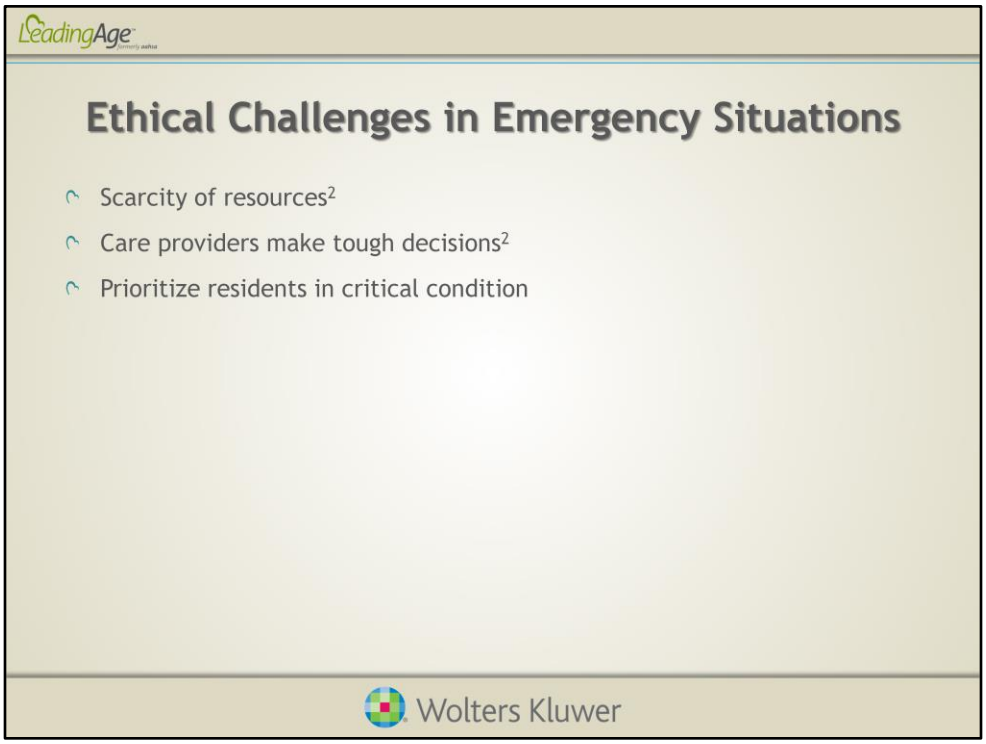
Caregivers might be unwilling to help during an emergency for fear of being sued. Although the medical procedures may change in an emergency response, the standard legal protections for practitioners don't change significantly. That's why following the facility's emergency preparedness plan is so important, because it places as much of the liability as possible on the facility, not the caregiver.



There is no way for a facility to totally avoid legal challenges, no matter how careful. One legal issue is the access to treatment.

Another important way to follow the law is to legal comply with public health mandates, which includes reporting, testing, quarantine, and isolation standards.

Another thing to consider is volunteer health professionals. Staff friends and family cannot help unless it is approved by the senior care facility administrators. Care providers should be aware of their role in “access to care” situations. Then they will be better able to assign lifesaving care and medical equipment to patients.



In an emergency setting there should be one final decision maker. Everyone else needs to support that person in the decision making role. This might upset some staff. Fighting and arguing between staff will make residents feel scared and unsafe. Working relations are strained in emergencies. Staff need to be aware and manage their own fears and discomfort.

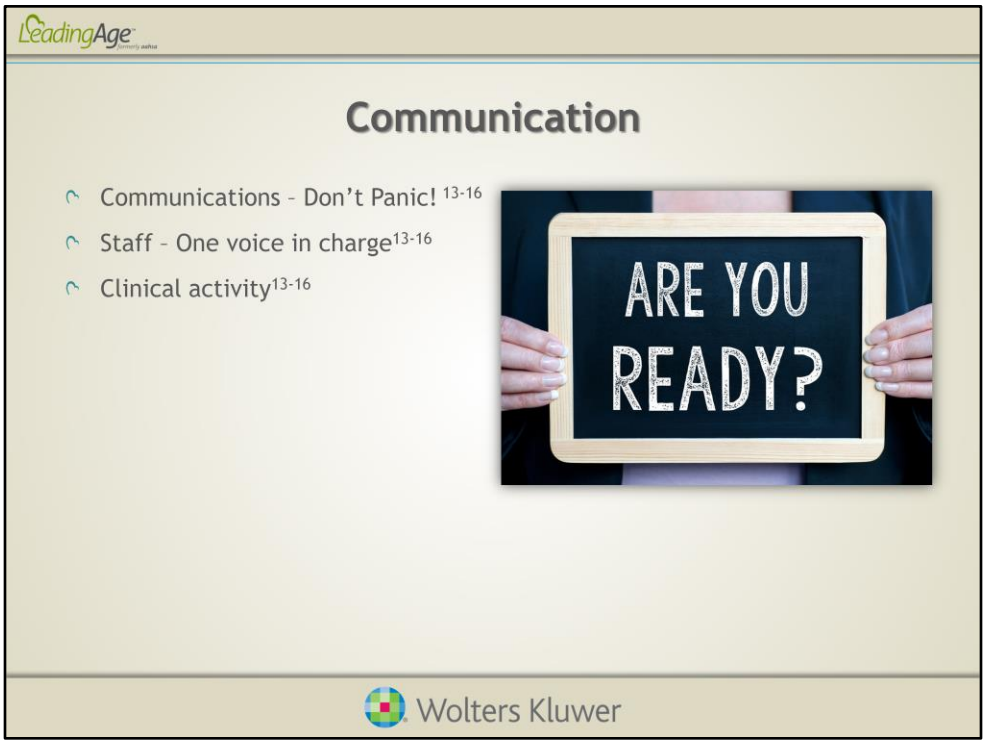
To carry out ethical care think about fairness, duty to care, and duty to manage resources. These core ideas can help the team work together to save and assist as many residents as possible. Staff need to put residents first. Talking about fears and concerns with coworkers should take place where residents cannot hear.

Prioritize residents in critical condition. Attempt to keep equipment near or with them that can be run by generator or battery whenever possible. Orders should be carried out. Caregivers need to talk to each other and the residents about the plan for safety.

After a disaster everyone needs time to heal. Older adults with mental or physical impairments could have Post-Traumatic Stress Disorder. Staff may have this too. Others may be especially vulnerable to changes in mental health.

Right after a major disaster older adults in care facilities may suffer from anxiety and fear. They may have serious concerns about their personal safety. The emergency may trigger PTSD. Following disasters caregivers should know that residents may not work as well in treatment. Residents may have a change in appetite. They might need favorite foods to start eating better.

A return to normal routines will help residents and staff to heal. Staff should be visible around patients. Group activities should start as soon as possible. Resident rooms should be restored to their original look, if possible. Caregivers should take advantage of counseling so that they are best able to help residents.



First of all, do not panic. The way you react can and will determine how those around you react. Knowing the emergency plan and following it will keep everyone safe. Communicating in a calm manner helps the information to be understood rather than the panic to grow. Your facility's plan should designate "who" is in charge and keep that leader informed of who's carrying what messages, and to where. Having one source of information ensures that it doesn't get mixed up along the way. Communications should be both internal and external to community care partners, and state/federal agencies. Alert all involved staff, residents, patients, and families of evacuation locations.

Say "yes" to the five KNOWS:

- Know your exit routes
- Know your "shelter in place" location
- Know your residents/patients
- Know emergency contact information
- Know your role

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