



## **RHQN Newsletter**

### **October 2009**

---

#### **“The Disaster Preparedness Primer: When is a Drill Not a Drill?”**

The October RHQN Members Conference Call focused on the basics of developing and implementing a proper facility disaster plan, determining what constitutes a disaster or emergency, and implementing the plan when necessary. What may constitute a disaster or emergency situation in one facility may not constitute it in another.

Development and implementation of a proper disaster plan is always pertinent. But, several issues are bringing the need for a good, facility-specific plan to the forefront today. One of the most obvious is the possibility of an H1N1 pandemic that will overwhelm the resources of a facility. We have already witnessed this in Washington State. The second (and I must admit rather selfish) reason is that the DOH is paying a lot more attention to disaster/emergency preparedness than they used to. How much time the surveyors spend looking at disaster/emergency preparedness in your facility is based directly on questions they ask staff. So, if your staff is knowledgeable of the details of your disaster plan (especially the department specific piece), the better off you will be.

Foundational to any well-developed and facility-specific disaster/emergency preparedness plan is a thorough hazard and vulnerability assessment. The assessment looks at four major areas of concern. They are:

- 1) internal and external hazmat events,
- 2) human events,
- 3) natural events, and
- 4) internal and external technological events.

To view and download the assessment forms, use the following link to the RHQN website: [hazard and vulnerability analysis packet](#).

Completion of a hazard and vulnerability analysis gives you the basis for a strong, facility specific plan. It is also the foundation for all the goals and objectives your Safety Committee needs for the year. This is an essential way to demonstrate that your Safety Committee is successfully addressing the disaster/emergency preparedness needs of your facility. It is also the best way to determine if an event constitutes an emergency or not (and how well prepared you are).

Much has been made recently about facilities having evacuation plans in place, facility preparation for evacuations (logistics, supplies, routing, etc.) and staff preparedness for evacuation. Again, surveyors do their initial assessment of disaster/emergency preparedness by asking staff. If staff can't answer the questions, you are in for a rough time with the surveyors.

Let's make a couple of assumptions before we go any further. First, let's assume that you have a strong, facility-specific disaster/emergency preparedness plan. Second, the plan is based on a complete hazard and vulnerability analysis. Third, the plan has been approved by the Safety Committee, Medical Staff President, and Administrator. What next? The next step has to be development of staff competence. Yes, you guessed it; education, education, education. Once you have trained the staff (especially on the department/unit specific piece) you must drill, drill, drill.

The standards call for a minimum of two drills per year. One may be a 'paper' drill where you present a disaster/emergency scenario and discuss preparedness and responses. But, one drill must include some implementation and testing of parts of the disaster/emergency preparedness plan. All drills and disasters/emergencies must be well documented and an evaluation/debriefing completed. Surveyors may ask to see the documentation. Every drill should prompt a review and a probable revision of the plan. Every disaster/emergency preparedness plan must be reviewed and potentially revised annually. If you have a plan that has not been reviewed and/or revised in the last three years, you are asking for trouble.

Well, we still haven't answered the question in the title: "**When is a Drill Not a Drill?**" To answer the question, let's sneak up on it from behind. First, what set of circumstances constitutes a real disaster/emergency and warrants implementation of your plan? The answer: any event that causes you to unexpectedly deviate from normal operations by using additional staff, additional resources, having to reduce services, or alter the standard of care you provide. There are all kinds of examples; chemical spills, fires, weather related issues, short staffing due to illness, external disasters that bring an influx of patients, prolonged electrical outages, etc.

But, a drill (or a disaster) is not a drill when the issue has occurred before, when you are prepared for it, and when you have a disaster plan which addresses it. So, the event is no longer unexpected and does not negatively impact your ability to provide care and other services. A drill is not a drill when the event is not unexpected. A drill is not a drill if you do not complete a debriefing and evaluation at conclusion of the drill or disaster/emergency.

I would highly recommend that, if you did not get the opportunity to participate in the October Members Conference Call, you listen to the audio of the call and look at the materials provided in the attached toolkit. Here is the link to the [presentation](#).

If you have questions about disaster/emergency preparedness, need assistance or a consultation, please contact Randy Benson, RHQN Executive Director, at (206) 577-1821 or [randyb@wsha.org](mailto:randyb@wsha.org).

## **UPCOMING MEMBER CONFERENCE CALLS**

Here is the Members Conference Call topic list for the remainder of 2009. If you have topic suggestions, please call or e-mail Randy Benson, RHQN Executive Director at (206) 577-1821 or [randyb@wsha.org](mailto:randyb@wsha.org).

- November 17, 10:30 a.m. "**Adverse Events and RCAs: How to Conduct a Proper RCA in Three Meetings,**" presented by Randy Benson, RHQN Executive Director
- December 8, 10:30 a.m. "**The Clinical Quality Improvement Primer: Witnessing to Best Practice,**" presented by Bev McCullough, RHQN Quality Improvement Manager

---

*If you have ideas, comments, questions, need additional resources or a consultation, contact Randy Benson, RHQN Executive Director, at (206) 577-1821 or by email at [randyb@wsha.org](mailto:randyb@wsha.org), or Bev McCullough, RHQN Quality Improvement Manager, at (206) 216-2862 or by email at [bevm@wsha.org](mailto:bevm@wsha.org).*