

EMERGENCY PREPAREDNESS AND SAFETY

Three-part webinar Series for Adult Day Centers

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PART II:

Planning for a Man-Made Disaster

At the end of this series, YOU will be able to:

Define Emergency Preparedness

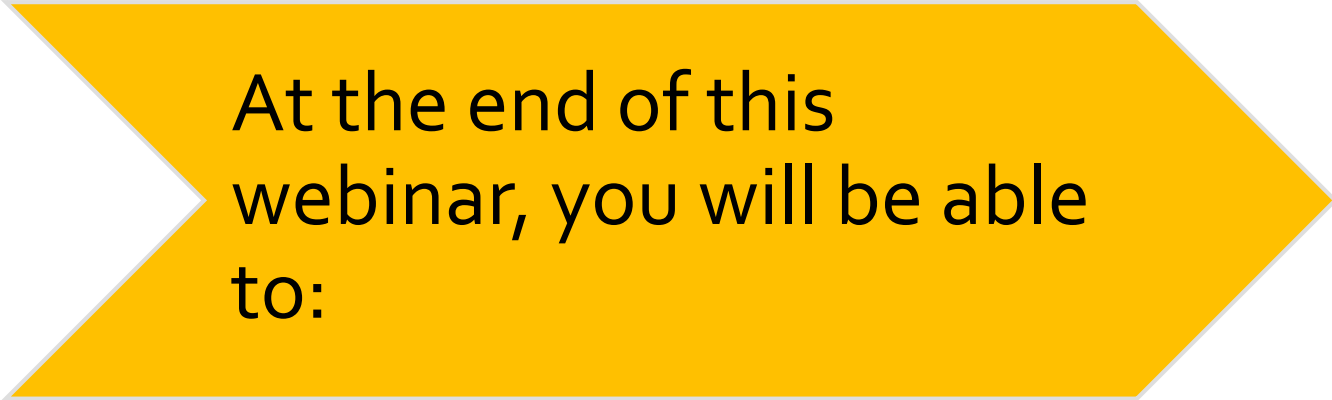
Develop/Review an Emergency Preparedness Plan

Develop an awareness of challenges posed by different emergency situations.

Present potential measures to meet these challenges.

Review physical & mental challenges posed by ADCC Participants

Practice developing emergency plans to meet ADCC Standards while incorporating Person Centered Care



At the end of this
webinar, you will be able
to:

- Define man-made disaster emergencies
- Develop/review ADCC's Emergency Preparedness Plan
- Develop an awareness of challenges posed by different man-made disasters.

SESSION 2

Learning Objectives

1. Natural Disasters – generally refers to weather related emergencies*

2. Man Made Emergencies (terrorism, work place violence, cyber attacks, etc.)

3. Hazardous Materials Incident

4. Participant Medical or Mental Health Emergencies*

5. Wandering and Missing Participants*

6. Transportation Emergencies*

7. Biological Incident

Types of Emergencies

2. Man-Made Emergencies

a) Fires

b) Terrorist Attacks (Bomb/Chemical/Bio, Active Shooter Attacks)

c) Chemical Spills/Industrial Events (train wrecks, etc.)

d) Radioactivity Events (“Dirty Bombs”, Nuclear Accidents)

e) Workplace Violence

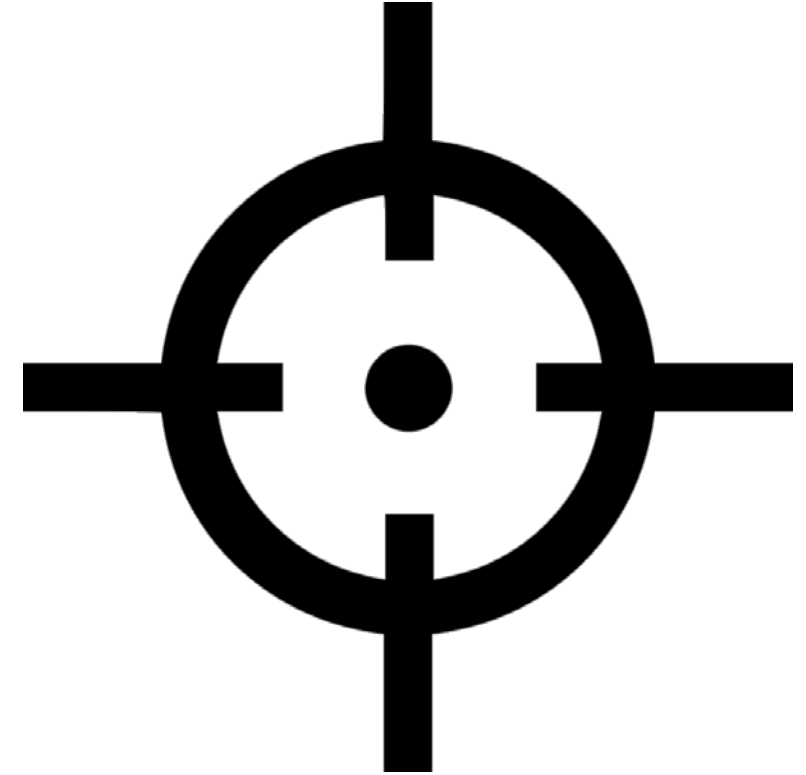
a) Fire and Emergency Evacuation

- **Fire and Emergency Evacuation drawing posted**
- **Fire and Emergency Evacuation Drills** as required by Virginia Statewide Fire Prevention Code
- Participants living with dementia/wheelchair bound may need **special assistance**
- **Staff training** requirements



b) Terrorist Attack

- Local Emergency Management Coordinator Determines Recommended Response
- Mass Casualties May Overwhelm Local Resources
- Utilities Likely to be Affected
- Lack of Phone Communication???
- Isolation from Outside World



Active Shooter

- RUN, HIDE OR FIGHT!
- <https://www.youtube.com/watch?v=5VcSwejU2Do>



c) Chemical Events

- Toxic Chemical Spills
- Fires Involving Hazardous Chemicals
- Purposeful Chemical Poisoning (Terrorist?)



Train Accident and Chemical Event

- <https://www.youtube.com/watch?v=DjQJk5CYR5Y>



d) Radioactivity Events

- “Dirty Bombs”

Terrorist Activity

- Nuclear Accidents

- Nuclear Reactor Meltdown, Ex. “Three Mile Island”
- Nuclear Waste Accidents



e) Workplace violence

Threatening behavior

- such as shaking fists, destroying property or throwing objects.

Verbal or written threats

- any expression of an intent to inflict harm.

Harassment

- any behavior that demeans, embarrasses, humiliates, annoys, alarms or verbally abuses a person and that is known or would be expected to be unwelcome. This includes words, gestures, intimidation, bullying, or other inappropriate activities.

Verbal abuse

- swearing, insults or condescending language.

Physical attacks

- hitting, shoving, pushing or kicking.

Workplace Violence

Examples of workplace violence: rumors, swearing, verbal abuse, pranks, arguments, property damage, vandalism, sabotage, pushing, theft, physical assaults, psychological trauma, anger-related incidents, rape, arson and murder.

Workplace violence is not limited to incidents that occur within a traditional workplace. Work-related violence can occur at off-site business-related functions (conferences, trade shows), at social events related to work, in participant's homes or away from work but resulting from work (a threatening telephone call to your home from a participant, staff or family member).

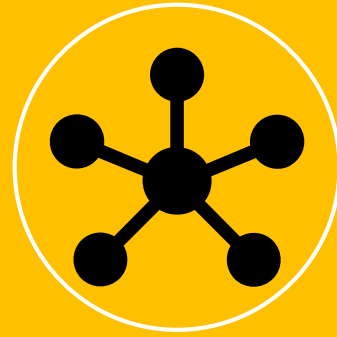
What if this happened in your Center's neighborhood?

- <https://www.nytimes.com/video/us/politics/100000005360361/state-of-emergency-in-virginia-as-white-nationalists-march.html>
- Would your Emergency Plan be adequate? Visit Department of Homeland Security website for toolkits and videos that will assist in developing an updated plan of action.

Think of a scenario in your work place that would be considered workplace violence:



Identify what you would do.



What risk factors can you identify?



What preventative measures can you identify?



Knowing your current policy recommendations would you add/delete/change anything?



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5. Wandering and Missing Participants*

6. Transportation Emergencies*

7. Biological Incident

4. Participant Medical / Mental Health Emergencies

Medical:

- Falls with Severe Injury
- Head Injury
- Bleeding
- Cessation of Breathing/Heart

Mental Health:

- Violent, Disruptive Behaviors
- Hallucinations/Delusions
- Increased Anxiety

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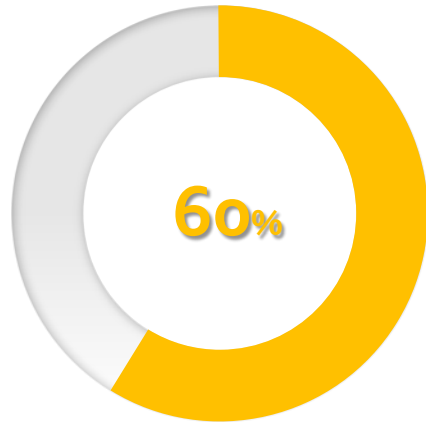
7. Biological Incident

5. Wandering and Missing Participants

- Notification of internal staff
- Areas to be searched
- Notification of emergency personnel and licensing
- Notification of family or POA
- Expectations when found, medical and documentation requirements
- Senior Alert in Virginia



Wandering and Missing Participants statistics



More than 60 percent of people living with Alzheimer's disease or related disorder will wander

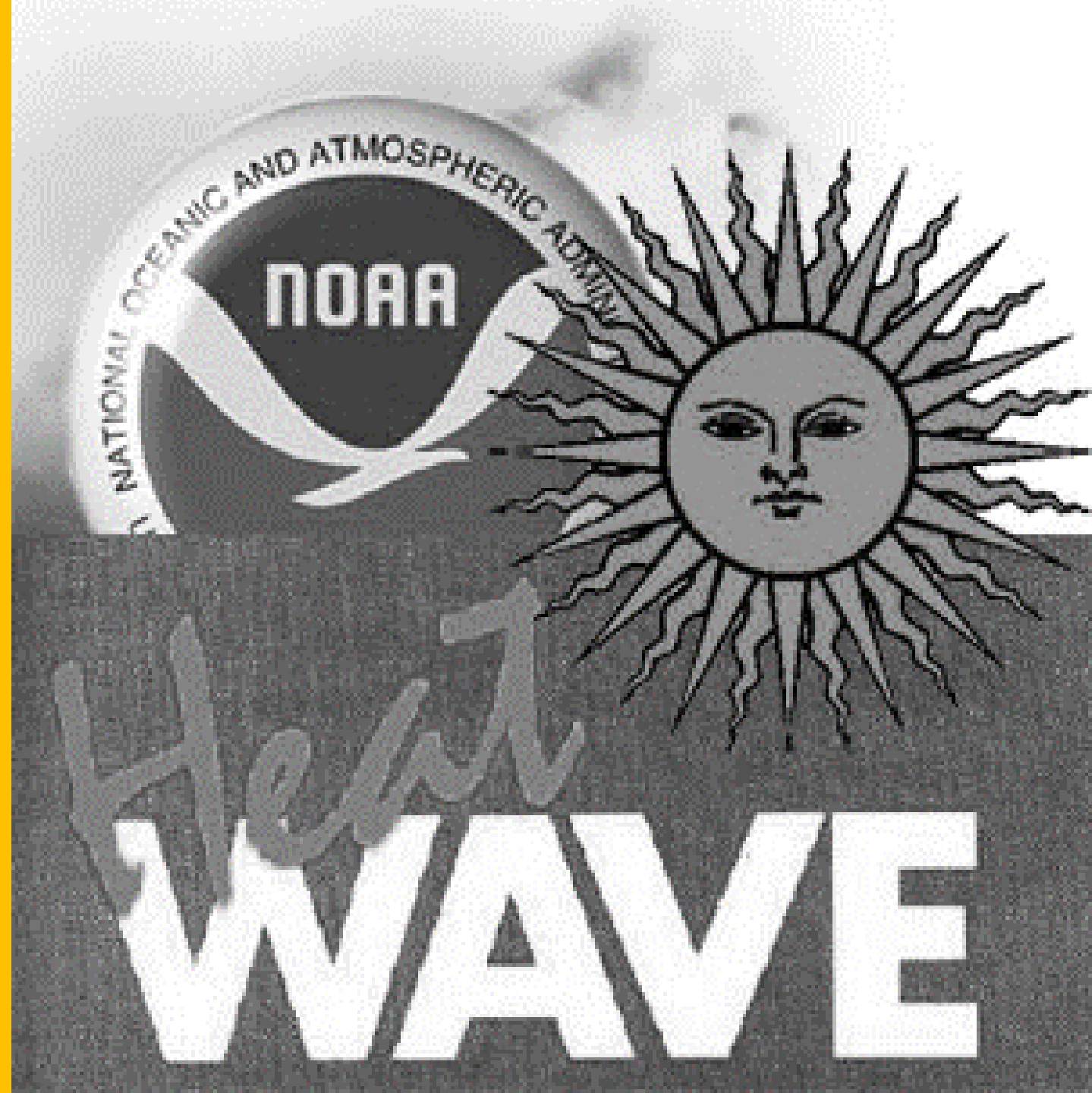
24h

If the person is not found within 24 hours, up to half of those who wander will suffer serious injury or death

When individuals wander from the Center, research tells us that they tend to wander toward their dominant side.

Heat Related Fatalities: 107

Reported by the National
Weather Service in the
U.S. in 2017



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6. Transportation Emergencies

- Some Centers transport participants themselves and others contract
- Emergency plans must be put into place for both
- ADCCs will transport their participants home, if there is any way possible, rather than to shelter in place.



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7. Bio-Events

- Flu Outbreaks
- “Noro”/other contagious outbreaks
- Mold outbreak in center



Homework

- Can you add any man-made emergencies for which you need to plan?
- Review your Policy and Procedures dealing with man-made emergencies... are they adequate, need revision?

Thank You

See you on the next webinar as we discuss how to respond to emergencies including shelter in place or evacuation, participant needs and person centered care approaches!