

Integrating SPHM into Emergency Management Preparedness

Timothy Buchanan, *MSN, RN, NPD-BC,
CSPHP*

Timothy Lee, *PT, DPT, Cert. MDT, CEASII*



Objectives

- Define emergency management stakeholders and roles in the healthcare setting
- Identify emergency events where mobilization of patients/personnel is necessary
- Describe current state of emergency evacuation & potential barriers to SPHM integration
- Discuss benefits and value of SPHM perspective and integration in the emergency operations plan to include decedent handling
- Discuss the future of emergency management & SPHM partnership

What is emergency management preparedness in a healthcare setting?

- Desired state of preparedness (“all-hazards” approach)
- Supplies
- Evacuation planning
- Patient and staff tracking



Royal Stroke University Hospital Fire Evacuation

Role of the Emergency Manager (EM) and SPHM Professional

- The EM is the ambassador of facility operations
 - Logistics and operation functionality of the healthcare system
 - Executor of the emergency operations plan (EOP) for the facility
 - Makes operational recommendations for how a facility conducts the plan
- SPHM professional is a leader in safe mobilization practices
 - Training and facilitation in use of equipment and aids to minimize risk to healthcare personnel

CMS Emergency Preparedness Rule



- Three “key essentials” for maintaining access to healthcare services during emergencies:
 - Safeguarding human resources
 - Maintaining business continuity
 - Protecting physical resources
- Emergency preparedness plan:
 - How the facility will meet health, safety and security needs of staff and patient population during an emergency or disaster
- Guidelines require:
 - Risk assessment & planning
 - Development of policy and procedures
 - Communication between healthcare providers
 - Training & Testing

} SPHM
Opportunity

Patient Evacuation

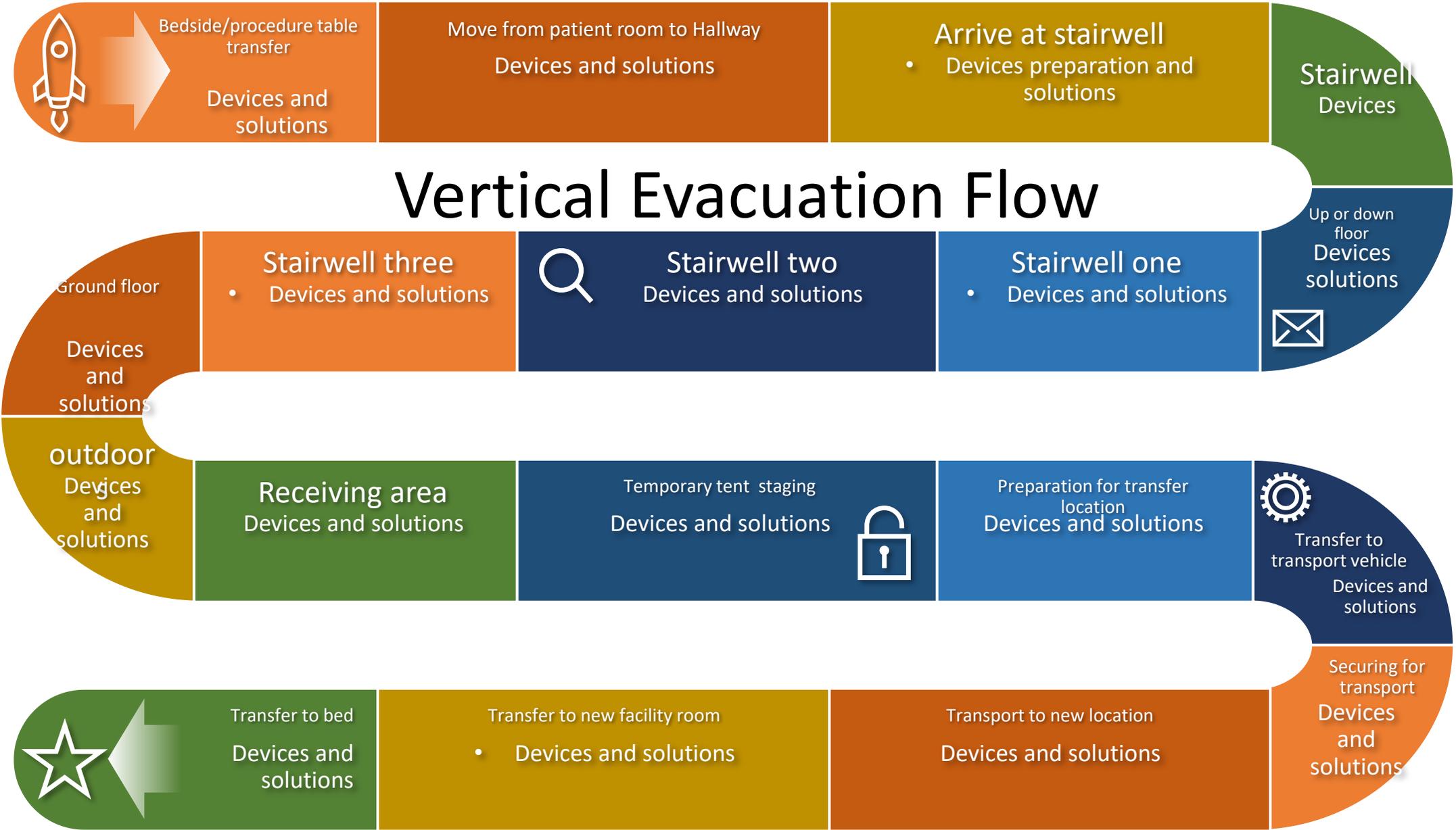
- Patient packaging differs across the continuum of care
- Location/Mobility Status
 - Individuals of size
 - OR (Dependent)
 - Open heart surgery/transplant
 - ICU (Dependent)-The more critically ill a patient is, the more time and resource intensive the task will be for movement of the person.
 - Med Surg (variable mobility)
 - Outpatient - ambulatory facilities may also be surgical sites
- Environmental factors



EMS Training with slide sheet



Med Sled® Evacuation Basket



Barriers to SPHM implementation in emergencies

- Culture of selflessness
- Limited time perception
- Organizational relationship of SPHM & EM
- Operational constraints
 - Equipment (power source, fit, surface navigation)
 - Wet and elements protection
 - Weight/portability deters use
 - Training of team on equipment use



Opportunities: SPHM-EM Partnership

- Safeguarding human resources
- Risk mitigation
- Training
- Optimizing workflow
 - Proning
 - Decedent handling
 - Staffing shortage
- Work/rest cycle



Hospital Decontamination Drill

Mass Fatality Decedent Handling

- Rising decedent counts in NYC (March/2020)
 - Mass fatality management plan activated
- Mission: Proper processing and handling of human remains as **efficiently, effectively** and **respectfully** as possible, while **maintaining the safety and health** of our **employees and patients**
- Capacity demands:
 - Expand internal surge capacity
 - Procure external body collection points (BCPs)
 - Facilitated by system emergency management



Hazards Identified

- High frequency & forces in constrained environments potentially in non-neutral postures
- Turning & repositioning
 - Placement into body bags
 - Autopsy
 - Placement of slings
- Lateral transfers
- High/low lifting
- Floor transfers and repositioning
- Pushing/pulling of stretchers & equipment
 - Longer distances on variable surfaces
- Ingress/egress considerations





Risk Mitigation Strategies

- Shelving heights for future construction
- Friction Reduction
 - Slide sheets
 - Shelf surface materials
 - PVC
 - Fiberglass reinforced paneling
- Total lifts with repositioning slings
- Powered lifts
- Staffing recommendations
- PPE
 - Infection prevention
 - Abrasion resistance
 - Weather
- Communication practices
 - Operating equipment



Detailed description:

<https://doi.org/10.1016/j.ergon.2022.103260>

Training & Learning



Pictured: Devon Betts, Sydekia Kalokoh
Northwell Health Long Island Jewish Medical Center

SPHM and EM Partnership



- Awareness and relationship building of collaborative roles
- Participate in risk assessment and training (tabletop & drills)
- Share best practices & lessons learned from previous emergency events
- Shared ownership of SPHM emergency evacuation device training-include all aspects of the transfer/movement (ceiling lift-device-floor-down/out stairs, etc.)

Summary

- Make connections with emergency managers and SPHM experts early
- Get yourself a seat at the table as a SPHM professional – when un-expected emergency events occur that perspective is invaluable
- Vender partnerships – establish connections with device manufacturers who may offer solutions
- Resources:
 - Ergonomic exposures and control measures associated with mass fatality decedent handling in morgues and body collection points in a New York healthcare system during COVID-19: A case series (<https://doi.org/10.1016/j.ergon.2022.103260>)
 - CMS Emergency Preparedness Provider Readiness (17 minutes EP Final Rule) <https://qsep.cms.gov/ProvidersAndOthers/publictraining.aspx#e>
 - Appendix Z (Interpretive guidance: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf)
 - FEMA Emergency Management Institute (EMI): Fundamentals of Emergency Management (6 hrs) <https://training.fema.gov/is/courseoverview.aspx?code=IS-230.e>
 - Certified Emergency Manager CEM – through International Association of Emergency Managers
 - Understand HICS <https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>
 - Office of Emergency Management (NYS) <https://www.dhses.ny.gov/office-emergency-management-training>



References

- Lee, T., Sembajwe, G., Dropkin, J., Power, P., & Roy, A. (2022). Ergonomic exposures and control measures associated with mass fatality decedent handling in Morgues and body collection points in a New York healthcare system during COVID-19: A case series. *International Journal of Industrial Ergonomics*, 103260. <https://doi.org/10.1016/j.ergon.2022.103260>
- <https://www.nytimes.com/2020/04/30/nyregion/coronavirus-nyc-funeral-home-morgue-bodies.html>
- <https://www.jointcommission.org/resources/patient-safety-topics/emergency-management/>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>

Images:

- Slide 8:

Oxygen Mask <https://www.scienceabc.com/wp-content/uploads/2016/12/Airplane-oxygen-mask.jpg>

Rubble <https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcTxQEB5O5IshWuHGXi6qdl3uoTddGZQIkHICw&usqp=CAU>

Flood: https://www.ready.gov/sites/default/files/2020-04/Flooded-neighborhood_1.jpg

- Slide 9:

https://www.avpress.com/news/medical-center-conducts-drill-involving-theoretical-truck-school-bus-collision/article_7cb4e75c-6ef9-11e9-aae5-6b155bd99e8e.html

- Slide 11&12: Northwell Health System BCP
- Slide 13: Northwell Health Long Island Jewish Medical Center Training