Introduction

Every non-hospital facility needs to be prepared for medical and non-medical (flood, power outage) emergencies so staff will know what to do in the case of an emergency. The acronym R-E-A-D-Y may be helpful in coordinating emergency drills.

Rehearse: Through rehearsal and practice, actions become second nature.

Exercise: Hold frequent emergency drills (exercises) to fine-tune the emergency skills of staff.

Assess: Assess how well your emergency plans address the situation. Are there things you forgot to plan for? Does the plan need to be updated, edited or enhanced in some way?

Develop: Develop facility-specific and realistic plans and conduct a variety of drill scenarios often to allow individuals to rehearse what their actions would be in the event of a real emergency. It is recommended that facilities have an emergency manual containing the policies and procedures for medical and non-medical emergencies only and that copies of the emergency manual are available in each patient care area (i.e. operating/procedure room, PACU).

Yearly: The facility emergency plans should be re-assessed annually at a minimum.

No.	Description
EMGP1.0	

No.	Description
EMGP1.2.8	M There is policy and procedures for an earthquake.

No.		Description
EMGP1.3.10	M	Fire extinguishers are inspected annually at a minimum.

G I F G I GI O G OG M I G I G

No.		Description
EMGP1.4.8	M	The emergency medications

References

Aggarwal R, Mytton OT, Derbrew M, Hananel D, Heydenburg M, Issenberg B, et al. Training and simulation for patient safety. Qual Saf Health Care. 2010 Aug;19 Suppl 2:i34-43.

American Heart Association; International Liaison Committee on Resuscitation. Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Part 4: the automated external defibrillator: key link in the chain of survival [Internet]. Circulation. 2000 Aug 22 [cited 2018 Jul 31];102(8 Suppl):I60-76.

Association of periOperative Registered Nurses (AORN). Guidelines for perioperative practice 2018 edition. Denver. Co: AORN; 2018. Guideline for a safe environment of care, part 2; p. 269-93.

College of Physicians and Surgeons of Alberta. Non-hospital surgical facility: standards & guidelines – March 2016, v23 [Internet]. Edmonton, AB: College of Physicians and Surgeons of Alberta; 2016 [cited 2018 Jul 30]. 62 p. Available from: http://cpsa.ca/wp-content/uploads/2015/03/NHSF_Standards.pdf

College of Physicians and Surgeons of Ontario. Out-of-hospital premises inspection program (OHPIP) - program standards [Internet]. Toronto: College of Physicians and Surgeons of Ontario; 2013 [revised 2017 Oct; cited 2018 Jul 30]. 44 p.

Galloway S. Simulation techniques to bridge the gap between novice and competent healthcare professionals. Online J Issues Nurs [Internet]. 2009 May [cited 2017 Dec 12];14(2):1-9.

Heartland Kidney Network. Emergency drill: toolkit for dialysis facilities [Internet]. Kansas City, MO: Heartland Kidney Network; 2010 [revised 2010 Oct; cited 2017 Dec 12]. 42 p.

Toback SL. Medical emergency preparedness in office practice. Am Fam Physician. 2007 Jun 1;75(11):1679-84.

Wehbe-Janek H, Lenzmeier CR, Ogden PE, Lambden MP, Sanford P, Herrick J, et al. Nurses' perceptions of simulation-based interprofessional training program for rapid response and code blue events. J Nurs Care Qual. 2012 Jan-Mar;27(1):43-50.

Stanford Medicine, Stanford Anesthesia Cognitive Aid Group. Emergency manual: cognitive aids for perioperative critical events - v3.1 [Internet]. Stanford, CA: Stanford Medicine; 2016 [cited 2018 Nov 30]. 56 p.