



Emergency in the Office Setting: Are You and Your Staff Prepared?

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Most Risk Managers will agree that being prepared for a worst case scenario is your best hedge against an unexpected event turning sour. In your office setting, an MI, anaphylactic reaction or a slip and fall could turn into a disaster of immense proportions if you and your staff are not prepared.

Keep in mind, most people look to their physicians to provide not only the care they came into the office for, but have expectations of appropriate intermediate emergency management, if an emergency would arise in the office setting.

Depending on the specialty, the "basics" may vary. A cardiologist may be expected to have more sophisticated equipment available, due to the nature of the medical problems seen in the office; the neurologist will have a different set of emergency expectations, and a psychiatrist yet another. But a commonality to all specialties is the basic life support (BLS) needed during a cardiac arrest, or an allergic reaction.

It's these expectations that can place the physician and the staff in an uncomfortable situation. It is very difficult to explain to a jury that you didn't feel it necessary to have staff trained in Basic Life Support, or, that your office didn't have the most basic of life saving equipment available (specialty dependant) and that the first responders were 15 minutes away. First responders may not be able to reach your office in a timely fashion in inclement weather, and the window of opportunity to manage the event properly could pass.

It will be beneficial to all medical providers to have an emergency kit available for just such cases. Sub-lingual NTG, Benadryl and epinephrine are not uncommon drugs, and taking a blood pressure or pulse is a basic skill. Even more important is that staff be trained and certified in BLS (basic life support), or if your specialty demands it, ACLS (Advanced Cardiac Life Support). Physicians should also be certified in ACLS (depending on specialty and patient acuity levels) or BLS, and know what basic drugs should be administered in case of an emergency. Emergency numbers should be posted at all phones; "emergency drills" should be held at least twice annually with documented evidence and kept up to date. Any emergency efforts on behalf of a patient need to be documented.

Hopefully, your office never experiences a medical emergency, but be prepared just in case an event occurs!