Emergency and Crisis Management Plan

ACL Chronic Disease Self-Management Education Virtual Classes

PURPOSE

The purpose of the Emergency and Crisis Management Plan is to establish policies, procedures and guidelines for responding to a crisis or emergency that could threaten the health, safety and participation of those attending a virtual workshop or training event. This may include crises or emergencies that are an unpredictable event or have unforeseeable consequences (i.e., physical and mental health emergencies; accidents; social, physical, or emotional distress.)

The plan is the application of strategies designed to help an organization deal with these types of events and to ensure quick resolution in efforts to minimize disruption, damages or consequences. Of course, nothing in this plan should limit the exercise of good judgment and common sense in matters not covered or foreseen by the Emergency and Crisis Management Plan.

STEPS

1. Assess the situation or crisis — determine if it is life-threatening or non-life-threatening. Follow guidance included in this Crisis Plan.
2. Inquire if a crisis plan exists for the sponsoring organization or sub-contractor (even if class is offered virtually, leaders may be using a venue’s technology). Utilize this crisis plan, if available. If no specific crisis plan is available, follow the Injury Control section (see page 2) and the Emergency and Crisis Plan Decision Tree (see page 5) for guidance.
3. Whether or not you use the sponsoring organization or subcontractor crisis plan, complete an Incident Report and notify your MA4 contact as soon as possible and send the completed form to your MA4 contact. Notify your sponsoring organization or subcontractor as indicated.
4. Determine follow-up procedures as needed.

EMERGENCY NUMBERS AND RESOURCES

- 911 — Emergency Medical Services (EMS). NOTE: Contact your local police department and ask if there is a Crisis Intervention Team (or other designated mental health response unit) and provide this number to leaders to use in a mental health crisis.
- 211 — Resources and Assistance, a 24/7 free and confidential service that helps people find local resources they need.
- 1-800-799-SAFE (7233) — National Domestic Violence Hotline. Trained advocates are available to take calls through a 24/7 hotline.
- 1-800-273-TALK (8255) — Veterans’ Crisis Line / National Suicide Prevention Lifeline.
- 1-800-SUICIDE (784-2433) I’m Alive — National Suicide Hotline.
- 1-800-662-HELP (4357) — National Helpline.
- 1-800-985-5990 — Disaster Distress Helpline.
- 1-800-442-HOPE (442-4673) — National Hopeline Network, Suicide and Crisis Hotline.
- 1-800-SUICIDA (784-2432) — Spanish Speaking Suicide Hotline.
- 1-800-WORKPLACE (967-5752) — Drug-Free Workplace.
- 1-800-392-0210 – Adult Abuse and Neglect Helpline

NOTE: Leader manuals must be available during the virtual training and include this crisis plan and provide local emergency numbers and resources when needed.
**Indications of Distress**

If a virtual workshop participant sustains an injury or shows an indication of physical distress during the workshop:

- A "spotter" shall be assigned to all virtual workshops. Three leaders should participate in virtual workshops, when possible. One leader shall serve in the "spotter" role. Spotters must monitor participants for signs of physical or emotional distress. As such, individuals serving in this role shall be experienced in identifying potential health crisis situations. While a leader may serve in this role, it is also allowable to use a volunteer or other staff member, with a relevant background, to assist the co-leaders in this capacity.

- Emergency contact information should be obtained for all participants prior to the first session and readily available to spotters, leaders and coordinators during all sessions.

- Should a participant sustain an injury or show an indication of physical distress, assess the situation to determine if:
  - EMS activation is needed immediately:
    - When EMS activation is needed immediately, stop the class and explain to participants the class will be rescheduled.
    - The spotter and/or leaders should stay with the participant needing assistance until help arrives.
    - Contact one of the emergency contacts and inform them of the situation.
    - Follow up with participant within 24 hours of incident.
  - If the assessment does not require immediate EMS activation:
    - The spotter or co-leader should contact the participant’s emergency contacts (call until you reach one of their listed contacts) to describe the situation and discuss whether to contact EMS or execute another course of action. Leaders may not go to participant’s home to assist. If additional help is needed, contact emergency contact or EMS. If unable to reach a participant’s emergency contact, or when in doubt, escalate to high risk or EMS activation procedures.
    - The spotter or a leader should provide comfort to the individual until help arrives.
    - Continuation of the workshop depends on the severity of the injury or physical distress. If the injury is minor, the co-leader could place remaining participants in a Breakout Room to continue the workshop so as not to disrupt the care being given and to allow the class session to continue and refocus the needs of the group. The Spotter or Co-Leader should remain with the participant having trouble until help arrives or the situation is resolved to the satisfaction of the participant, Leader/Spotter, and emergency contact.
      - Leaders and Spotter should be prepared to immediately implement this contingency.
    - Follow up with participant within 24 hours of incident.
  - If an accident occurs, follow the *Emergency and Crisis Plan Decision Tree* for proper handling and protocol.

**Possible Personal Emergencies (life-threatening)**

- Suspected heart attack or stroke.
- Loss of consciousness (fainting).
- Seizure.
- Anxiety attack.
- Suicidal person.
Possible Situations

Examples:

1. Susan, a CDSMP workshop participant, shares during her action plan how she was not able to complete her goals because of some family issues she experienced during the week. After the leader asked a few more questions, Susan starts crying and expressing concern for her safety because of physical abuse in her home. The leader expresses empathy and concern for Susan’s safety and directs her to call the National Domestic Violence Hotline (from their list of resources, or the local hotline number, if known) and asks if she has any other family she could stay with in the meantime. If the leader suspects a caregiver is abusing a disabled adult (aged 18-59) or an older adult (60+) elder abuse is suspected, refer the person to the Adult Abuse and Neglect hotline: 1-800-392-0210 or the online reporting link.

2. You notice that Jean, who has diabetes, is sweating and seems shaky and out-of-sorts. These may be signs of hypoglycemia (low blood sugar) and can easily occur when a participant is engaged in an activity and forgets to eat. The spotter or one of the leaders should inquire if Jean needs something to eat or drink. Ask her to check her blood glucose, if she is able. Ask her if she has something to eat with her (candy, sugar packet, fruit, etc.). If not, encourage Jean to go ask someone in her location to find a sugar soft drink, candy, sugar packet, etc. This situation should not be ignored – monitor actions as this situation could quickly advance to a life-threatening situation and require EMS activation. Follow directions included in “Steps” on page 1.

3. Dorothy is 78 years old and lives alone. She is currently attending the virtual CDSMP class with three leaders. During the break Dorothy gets up to use the restroom, participants notice that Dorothy has fallen. Dorothy does not have her phone on her and appears to not be able to hear the participants calling out her name. Dorothy and the third leader are put in a breakout room together so class can continue while the third leader retrieves her registration with her address to call 911 giving Dorothy privacy while waiting on the EMTs.

4. James is 82 years old and lives alone. He is currently attending the virtual DSMP class with three leaders. During the break James gets up to use the restroom, the leaders notice that James has been absent from the class for an extended period (beyond the normal amount of time to use the restroom). They are concerned James may have fallen or might be experiencing a health-related issue. The spotter or a co-leader calls out for James several times and does not receive a response. The spotter should call the emergency contact to determine if EMS should be contacted, or to decide to implement another course of action.
# Emergency and Crisis Management Plan

## Emergency Contact List

For CDSME Workshop or Training

### Host Site Emergency Contact

<table>
<thead>
<tr>
<th>Name</th>
<th>AAA</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlotte Foust</td>
<td>AAA Region X</td>
<td>417-455-3870 (c)</td>
<td><a href="mailto:cfoust@aaaregionx.org">cfoust@aaaregionx.org</a></td>
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<tr>
<td>Christine Hustedde</td>
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<td><a href="mailto:chustedde@agingahead.org">chustedde@agingahead.org</a></td>
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<tr>
<td>Jean Sotomayor</td>
<td>Aging Ahead</td>
<td>636-207-4127 314-609-2139 (c)</td>
<td><a href="mailto:jsotomayor@agingahead.org">jsotomayor@agingahead.org</a></td>
</tr>
<tr>
<td>Tracey Tripp</td>
<td>Aging Matters</td>
<td>573-335-3331 x 103 573-225-7036 (c)</td>
<td><a href="mailto:tracey@agingmatters2u.com">tracey@agingmatters2u.com</a></td>
</tr>
<tr>
<td>Shery Fogle</td>
<td>Care Connection</td>
<td>660-747-3107 660-909-5420 (cell)</td>
<td><a href="mailto:sfogle@goaging.org">sfogle@goaging.org</a></td>
</tr>
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<td>Jamie Kennedy</td>
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<td>314-657-1670 314-422-9656 (cell)</td>
<td><a href="mailto:bassoppo-moyos@stlouis-mo.gov">bassoppo-moyos@stlouis-mo.gov</a></td>
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<td>Chris Thompson</td>
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<td><a href="mailto:chris.thompson@senioragemo.org">chris.thompson@senioragemo.org</a></td>
</tr>
<tr>
<td>Chris Parker</td>
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</tbody>
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### Network Hub / ACL CDSME Grant Project Staff

<table>
<thead>
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</tr>
</tbody>
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Emergency and Crisis Management Plan

Incident Report

For CDSME Virtual Workshop or Training

Date of incident: _____/_____/_____

Time of Incident: _____: _____ a.m.  p.m.

Workshop location: ____________________________

Room Number: __________

Workshop Start Date _____ / _____ / _____

Workshop Time: _____: _____ a.m.  p.m.

Sponsoring Agency: ____________________________

Reporting Facilitator/Leader:

Name ____________________________ Phone Number (____) _____ - _______

Other Method of Contact ____________________________

Co-Facilitator/Leader:

Name ____________________________ Phone Number (____) _____ - _______

Other Method of Contact: ____________________________

Spotter Name: ____________________________

Phone Number (____) _____ - _______ Other method of contact: ____________________________

Detailed description of incident during a virtual workshop and actions taken

Witness(es):

Name ____________________________ Phone (____) _____ - _______

Name ____________________________ Phone (____) _____ - _______
The MA4 ACL CDSME Crisis Plan is based on the work by the Better Choices, Better Health South Dakota program.
For more information, please visit: http://goodandhealthysd.org/communities/betterchoicesbetterhealth/.