

MOBILE HEALTHCARE LEARNING LAB

Contingency Planning

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Mobile Healthcare Association members have experienced

it all: flat tires and totaled vehicles, water damage and broken slideouts, staff absences and weather events. In this line of work, unforeseen occurrences are just part of the ride.

And though each emergency is its own challenge, a shared reality binds them: Planning for contingencies large and small makes all of them more manageable, putting you and your team in the best position to tackle unpleasant surprises with confidence and calm. Specifically, smart contingency planning can help you mitigate financial loss and minimize service disruptions.

In this learning module we review the basics of contingency planning, and provide eight examples of common operational "surprises" and how a thoughtful program might prepare to efficiently handle them in real time.

How to Develop a Contingency Plan

Although it may require a lot of concentrated thinking by all program stakeholders, contingency planning is a fairly simple process comprised of four primary steps:



1. CREATION

Determine the likeliest emergency scenarios (Association members can review the most common scenarios and safety plans in our Resource Library) for your vehicle and program and develop a set of policies and procedures to combat them.



2. DOCUMENTATION

Generate physical and digital versions of your policies and procedures.



3. EDUCATION

Use targeted learning modules and simulation drills to train staff.



4. SUPPLEMENTATION

Provide user-friendly resources, like emergency call scripts and contact lists, to make following procedures manageable during an actual crisis.

ACCIDENTS AND ROADSIDE EMERGENCIES

WHAT COULD HAPPEN:

Your vehicle is involved in a highway pileup.

HOW TO BE READY:

Create at-the scene	procedures,	such c	s for	gathering	photo	evidence	and	perform	ning
drug and alcohol to	ests.								

- Install protocol for contacting first responders, filing police reports, and sharing insurance information.
- Maintain logs of incidents and service calls.
- Establish relationships with roadside repair and tow companies.
- Draft alternate plans to limit service disruptions for when vehicle is offline.



CLIENT VIOLENCE AND HARASSMENT

WHAT COULD HAPPEN:

An unruly patient threatens staff members.

- Install panic buttons in vehicles.
- Provide de-escalation and evacuation training.
- Maintain relationships and open lines of communication with local law enforcement.
- Share precise site locations with first responders at all times.



CLINICAL DEVICE FAILURE

WHAT COULD HAPPEN:

Your dental equipment fails mid-procedure, leaving a patient's gums open and susceptible to infection.

HOW TO BE READY:

	Design protocols for	addressing	mid-procedure	disruptions,	such	as	closing
(openings immediate	ly.					

- Review operating instructions of devices regularly.
- Keep contact numbers for device manufacturers within reach.



INCLEMENT WEATHER

WHAT COULD HAPPEN:

Winter storms threaten daily operations.

🔲 Store relevant equipment — weather radios, ice scrap	rs, shovels — on vehicle.
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- Subscribe to daily weather-service communications.
- Use awnings or other means to minimize discomfort for clients who must wait outside.
- Establish policies for site visit cancellations and rescheduling.

POWER OR CONNECTIVITY FAILURE

WHAT COULD HAPPEN:

Gale-force winds knock out internet connection.

HOW TO BE READY:

- Create guidelines for switching to paper forms during outages.
- Install protocols for scanning forms into EMRs/EHRs and properly disposing of documents.
- Keep backup power sources and communications mechanisms in vehicle.
- Know who to call to remedy connectivity issues.



SERVICE CANCELLATIONS

WHAT COULD HAPPEN:

Scheduled site is flooded by storm.

- Establish protocols for notifying affected patients, such as signage and posting team members at site.
- Create a multi-pronged communication plan with site partners.
- Create a list of backup locations in the event that the primary site is unavailable.
- Use cancellations creatively (for instance, to clean or take inventory).

STAFF ABSENCES

WHAT COULD HAPPEN:

Your nurse practitioner has a family emergency.

HOW TO BE READY:

	Explore creative substitutes,	such (as retired	clinicians,	per di	iem worl	cers,	and
	local volunteers.							

- Partner with academic medical centers or other health organizations who can supply residents or other staff to pick up slack.
- Consider telehealth options.
- Train staff across areas, so, say, a driver can oversee check-in or a hygienist can take over billing.



VANDALISM

WHAT COULD HAPPEN:

Someone breaks into an unattended vehicle.

- Secure drugs and sensitive items and documents in locked cabinets.
- Establish protocols for locking and safe parking.
- Maintain relationships and open lines of communication with local law enforcement.

Review Quiz

1. Name the two primary benefits of contingency planning for mobile healthcare operators?

a)

- 3. Which of these is not a sound strategy for training your team to handle contingencies?
 - a) Reminding them to review the manual
 - b) Targeted learning modules
 - c) Simulation drills

- 2. Which of these is not a best practice for recording contingency procedures?
 - a) Laminated sheets in binders
 - b) Digital e-book
 - c) Audio files
- 4. Which of these is not a common mobile health emergency?
 - a) Extreme weather
 - b) Abusive client
 - c) Government raid

Answers:

1. mitigates financial loss, minimizes service disruptions; 2. c; 3. a; 4. c.