Purpose

The purpose of this Emergency Operations Plan is to provide planning, training and establish preparedness to respond to the effects of potential emergencies whether they are man-made or natural disasters.

Definitions

A. Disaster – The occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or man-made cause, such as fire, flood, earthquake, wind, storm, wave action, oil spill or other water contamination, epidemic, air contamination, infestation, explosion, riot, hostile military or paramilitary action, or energy emergency.

B. Mitigation – A process in which sustained actions are taken to reduce or eliminate long-term risk from natural and man-made hazards or disasters. Activities include coordinating with state agencies, private sector, and the public following disasters and emergencies.

C. Preparedness – Preparing for the potential of a disaster through education and training, integration with community resources, developing disaster response plans, organizing response and recovery activities, and conducting exercises.

D. Recovery – Activities implemented during and after a disaster designed to return an agency to its normal operations as quickly as possible.

E. Response – Actions taken immediately before, during or after an impending disaster to address the immediate and short-term effects of the disaster. These are the details of the plan given for others to follow in order for the emergency plan to be successful.

Policy

A. The administrator, supervising nurse, the disaster coordinator and the alternate disaster coordinator will be involved with developing, maintaining and implementing the agency's emergency preparednes and response plan.

B. Agency will utilize an Emergency Preparedness Plan in the event a situation occurs that could potentially affect the needs for its services or its ability to provide those services. Agency employees and contractors will be educated regarding the emergency preparedness and response plan and their responsibilities in executing the plan upon hire and annually thereafter.

C. The effectiveness of the Emergency Preparedness Plan will be evaluated at least annually and after each actual disaster/emergency response. The annual internal review will consist of testing the response phase of the emergency preparedness and response plan in a planned drill, if not tested during an actual emergency response. A drill may be limited to the agency's procedures for communicating with staff.

D. Agency will designate an employee by title, and at least one alternate by title, to act as the agency's disaster coordinator. This will be documented is in the Emergency Preparedness Response and Plan Manual.

E. Staff will follow the "Staff Emergency Preparedness Plan" in the event of a seen or unforeseen emergency.

F. Agency will create a "Hazard Threat Analysis" to identify the potential disasters from natural and man-made causes most likely to occur in the agency's service area. These threats that may potentially create a risk include, but not limited to: tornados, flash floods, chemical spills or incidents, severe ice storms/blizzards, terrorism, lightening, nuclear power plant incidents, hurricane or tsunami and wild fires.

G. Agency will develop a "Continuity of Operations Planning" to ensure needs of agency, staff and patients are met.

H. Agency will maintain documentation of compliance with the required elements, required forms and agency policies in the Emergency Preparedness Response and Plan Manual.

I. Agency will make a good faith effort to comply with the policies during a disaster. If the agency is unable to comply with any of the policies, it will document attempts of staff to follow procedures outlined in the agency's emergency preparedness plan.

J. Agency will not participate in community emergency preparedness plans or exercises but may utilize community resources as needed during an emergency or disaster.

K. Agency will assist the patient as necessary with registering for disaster evacuation assistance through 211 services provided by the Texas Information and Referral Network.

L. Agency staff will counsel a patient on disaster preparedness during the admission process and as changes are noted.

Procedure

A. Emergency Preparedness Planning for Natural and Manmade Disasters

1. The Hazard Vulnerability Analysis tool will be completed by agency leaders to identify the level of risks and preparedness for a variety of hazardous events that might affect the agency and ability to provide services.
2. A current list of contact information for staff, staff family members, vendors, emergency services, hospitals and other appropriate community resources will be maintained.
3. Agency leaders will develop the ***Continuity of Operations Planning*** to address the following:
   a. Emergency financial needs;
   b. Essential functions for patient services;
   c. Critical personnel, roles and responsibilities; and
   d. How to return to normal operations as quickly as possible.
4. Administrator or designated administrative staff will maintain a current phone list for staff and all applicable contact numbers (home phone, cell phone, pager numbers, and contact numbers of family/friends if employee is unreachable in event of emergency and establish a communication tree or chain. This list will be maintained in the Business Emergency Plan and staff will be responsible to provide current and updated information. Communication tree will communicate with the following:
   a. Leaders and owners, if applicable;

b. Staff;

c. Patients or someone responsible for a patient's emergency response plan;

d. County and city emergency management officials if needed during and after an event;

e. State and Federal emergency management entities if warranted by the nature of the event; and

f. Other applicable entities (i.e. DADS, Emergency Medical Services or other health care providers).

5. Patient Care and Communication

a. Upon admission to Agency, directly following an emergency response, and on an ongoing basis the following will be assessed:

i. The patient's condition and needs for triage prioritization, and

ii. The patient's location for potential natural and/or industrial disaster (to include tornadoes, hurricanes, winter storms/blizzards, nuclear power plant disaster, floods, chemical toxicity, pollution, and fire, etc.).

6. Patient Triage

a. Agency will maintain a current list of patients categorized into groups based on services provided to the patient by the agency, need for continuity of services being provided, and availability of someone to assume responsibility for a patient's emergency response plan if needed by the patient. Patients will be categorized by, but not limited to, the following:

i. *Class I* - Life threatening (or potential) requiring ongoing medical treatment to prevent a life threatening episode. Unable to withstand any interruption in power supply. Unable to evacuate/transport self. No readily available caregiver or caregiver unable to provide needed care. Appropriate arrangements to transfer to an acute care facility will be made by the agency in collaboration with the local county or city authorities (fire department, police, and sheriff), the patient/family and the physician.

ii. *Class II* - Not immediately life threatening but patient may suffer adverse effect without service (i.e. new insulin-dependent diabetic unable to self-inject insulin, IV medications, or sterile wound care with large amounts of drainage). Visits may be postponed 24-48 hours with minimal adverse effect. Unable to transfer/transport self or no transportation available from caregiver. Appropriate arrangements may be made if necessary, to send patient to a facility that can meet their needs. This will be done in collaboration with the patient/family, physician, and local or city authorities.

iii. *Class III* - Services may be postponed 48-72 hours without adverse effect on the patient (i.e. new insulin-dependent diabetic able to self-inject, cardiovascular and/or respiratory assessments, or sterile wound care to a wound with minimal to no drainage). Transportation available from family, friends, volunteers or caregiver.

iv. *Class IV* - Services may be postponed 72 hours or more without adverse effect on the patient (i.e. routine catheter changes or postoperative with no open wound). Willing and able caregiver readily available or patient independent in most ADL's. Transportation available from family, friends, volunteers or caregiver.

b. Staff will assess the availability of someone to assume responsibility for the patient's emergency response plan if needed by the patient during the admission process and at any time this information changes.

c. Staff will identify a patient who may need evacuation assistance from local or state jurisdictions and a list of vendors who supply each patient's medical supplies will be obtained and kept in the patient's chart. This will be documented in the Patient Information Emergency / Disaster Preparedness and Plan.

d. In the event of an emergency, staff will be able to readily access a patient's triage category documented in the list of patients with all categories listed. The list of patients with all classes noted will be documented in the "on call list" or in other documentation that is easily retrieved.

e. The patient disaster triage class will be reviewed and updated as condition or situation warrants but not less than every 60 days. The updated class will be documented on the OASIS and updated Patient Emergency Information Sheet. Changes will be communicated to staff for any changes made.

f. Upon admission, the agency will provide and educate on the ***Patient Information & Emergency/ Disaster Preparedness Plan*** which will address how to handle emergencies in the home related to a disaster. The patient will sign acknowledging receipt of counseling on emergency preparedness and written materials and information provided. The patient admission packet will include but not limited to the following:

i. List of community disaster resources that may assist a patient during a disaster, including the Transportation Assistance Registry available through 211 Texas, and other community disaster resources provided by DADS, local, state, and federal emergency management agencies. An agency's list of community disaster resources will include information on how to contact the resources directly or instructions to call 211 for more information about community disaster resources.

ii. Materials that describe survival tips and plans for evacuation and sheltering in place;

iii. Identification of person or persons responsible to assist with evacuation in the event of an emergency / disaster and names of family/ friends who may be contacted by agency in an emergency;

iv. Identification of patient's current status with 211 registry, requested assistance with 211 registry, declination of 211 registry and completion of 211 registry; and

v. Patient's responsibilities and actions and responsibilities of agency staff during and immediately following an emergency are provided in the admission packet.

g. The patient-specific emergency/disaster preparedness plan will be documented in the patient's medical record and communicated to Agency staff. Agency will maintain a copy in patient's folder in the home as well.

h. Agency will make appropriate referrals to assure continuation of care. This will include but not be limited to:

i. Life-supporting equipment (DME provider, electric/gas company);

ii. Life-sustaining medication and/or nutrition (Pharmacy, Infusion Company); and

iii. Appropriate emergency response systems to assist patient as appropriate.

i. Agency will not physically evacuate or transport a patient. Agency staff will not be sent into hazardous areas or continue to operate in hazardous conditions.

7. Administrative Staff Responsibilities for Emergency Preparedness Planning for Natural and Manmade Disasters:

a. The Administrator or designated administrative staff will coordinate services with local, state, federal emergency management agencies and with any other healthcare providers or medical suppliers.

b. The Administrator or Disaster Coordinator/Alternate will maintain adequate medical supplies in the event of anticipated disasters or suppliers available to provide equipment and medical supplies in the event of disasters.

c. The Administrator or designated administrative staff will ensure security and safety of physical facilities which may include maintaining proper functioning fire safety equipment, ensuring exits are accessible, locks are functioning, information on utilities shutdown is readily accessible if applicable and supplies for shelter in place or power failures are available (duct tape, bottle water, nonperishable snacks, flashlights, candles, etc.).

d. The management staff will ensure that the patients are appropriately triaged and that this is communicated to agency staff.

8. Clinical Staff Responsibilities for Emergency Preparedness Planning for Natural and Manmade Disasters

a. Clinical staff will participate in emergency preparedness drills, in-services and orientation related to safety, security or emergency preparedness and in a multidisciplinary critique of each actual disaster or drill.

b. Clinical staff is responsible for educating patients on how to handle emergencies in the home related to a disaster.

9. The Disaster Coordinator/Alternate or designee will monitor disaster-related news and information, including after hours, weekends and holidays, to receive warnings of imminent and occurring disasters. The following methods may be utilized:

a. Local and regional news media through television and radio;

b. Internet;

c. Emergency broadcast channels, weather channels;

d. Government authorities; or

e. Internal agency communications.

10. Patient will receive calls or visits from clinical staff with information for needed preparation or instructions for potential disasters or emergencies that are imminent.

11. Patient, caregivers and staff will receive education on any new or potential emergencies that may affect patient care and services.

12. An emergency supplies storage area will be maintained at the Agency office for employees during the time period that they are working in the event of an emergency and will be updated and maintained by the Disaster Coordinator/Alternate.

B. Mitigation

1. Administrative Staff Responsibilities for Mitigation

a. Administrator will maintain a backup staffing plan and ensure adequate staff is available to provide care to patients if agency is not able to provide services to its patients during an emergency.

b. Administrator will ensure a test of the emergency preparedness plan is conducted if no actual disasters have occurred at least annually.

2. Clinical Staff Responsibilities for Mitigation

a. Clinical staff will participate in the drill annually to test the call tree and to identify opportunities to improve documented in the critique of the drill or actual disaster.

3. Patients who are vulnerable to particular conditions will be identified with proactive actions taken to reduce risk which may include but not limited to:

a. Increasing monitoring of patient and home environment during certain conditions such as heat wave, drought or winter storms;

b. Providing education to patient and caregivers on measures to keep cool in heat wave, keep warm during winter storms or other safety measures; or

c. Providing utility companies with a list of potentially vulnerable patients in the event of power failure.

4. Patients and caregivers will be assisted on admission with developing a home emergency plan and provision of materials to assist in planning which are left in home folder.

C. Technological/Utility Failures /Mitigation

1. Administrator or designee will install and provide adequate protection of electronic records including anti-virus software and backup of documents including:

a. Delegation of task for back-up of data on a daily basis;

b. Education of staff on security of electronic records utilizing passwords to access records;

c. Maintenance of adequate supplies in event of power failures (clinical records in paper format, etc.).

2. Clinical staff will be compliant with accessing electronic records with passwords and will not share or provide passwords to others. Clinical staff will comply with changing passwords per agency policy.

D. Response Phase

1. The Administrator or Disaster Coordinator/Alternate will initiate and terminate the response phase.

2. The Administrator or Disaster Coordinator/Alternate determines facility safety and continued operations or if alternate site will be utilized.

3. The Administrator or designee will establish links to local emergency operations centers to determine a mechanism by which to approach specific areas within a disaster area in order for agency staff to reach patients. This will be communicated to staff.

4. Clinical staff will communicate with means available. If the primary modes of communication with phone or cell phone calls fail, other methods may be used:

a. Texting;

b. Satellite phones;

c. Internet technologies, email; or

d. CB radios or HAM radio, if available.

5. Local radio and/or television stations will be contacted by the Agency as a method of communicating with the patient population and staff, as appropriate.

6. If no means of communication is available, then all staff members who can safely travel will report to the office if operational or alternate site if office is not operational for assignments.

7. The Administrator will determine if staffing is needed to provide or assist with services to its patients from another agency (Back-Up Staffing Contract).

8. Patient visits will be coordinated by the Director of Nurses or Alternate using the triage codes. Scheduled visits may be curtailed but attempts will be made to contact all patients/ caregivers.

9. Supplies will be delivered as needed and will be conserved during an emergency with only required amount used for each visit. Office staff will keep track supplies availability and delivered.

10. Each nurse or aide making home visits to patients must check in with the Agency office and get assignments. After completing assignments or for any problems that have occurred, office will be notified. Any new assignments will be made at that time. When the nurse has completed the list of patients assigned to them, they will be assigned to specific patients from the regular case load to complete that day's schedule. At least one administrative staff

member or the Disaster Coordinator/Alternate will be present at the designated check in site. The Director of Nurses or Alternate will further assign Agency employees or contractors as they arrive and coordinate the staff members.

a. Calls will be made for prearranged transportation of patients in need of evacuation.

b. Before entering a patient's home, staff will determine if there is a safety issue possible gas leak, exposed electric wire, etc.). Assess the situation and report to an Emergency Supervisor, who will report to the county emergency planners for proper emergency personnel to secure that site.

c. If the patient is unharmed but the home is damaged or unsafe and the telephone system is working, arrangements for the patient's transportation will be made.

d. Patients who relocate to a new location will be tracked with contact information including all necessary telephone numbers.

e. Contact the Disaster Coordinator or administrative staff at office if other arrangements need to be made or contact county emergency planners for transportation to an alternate care facility if other arrangements cannot be made.

f. If the patient is injured and needs transport, contact an Emergency Management System for arrangements to be made through the county emergency planners for transport to a hospital/emergency room/triage site. Notify the Disaster Coordinator/Alternate or administrative staff office of transport location.

g. If roads are blocked and alternate routes are not available, contact Disaster Coordinator or administrative staff at office of inability to reach an area.

11. Physicians will be notified of patient status after coordination with Disaster Coordinator, who will assign designated staff to contact all physicians with reports of their patients EMS may be activated as needed.

12. The agency will not continue to provide services to patients in emergency situations that are beyond the agency's control and that make it impossible to provide services (i.e. roads are impassable or patient relocates to a place unknown to the agency).

13. Office staff, if available, will assist with office phones for communication from patients.

a. Patients may contact staff by calling the office number.

b. If the office is not operational, the calls will be handled by the "on call" nurse.

c. If the answering service or the paging service is not operational, the agency will call forward to cellular "on call" phone.

14. The Disaster Coordinator or Alternate will notify EMS or local authorities assisting in disaster as needed to assist patients for evacuation.

15. The Disaster Coordinator or Alternate will document all aspects of disaster with times, staff, patient and physician contact and any other pertinent information. Information will be documented when agency is not able to comply with any of the requirements of the emergency plan and attempts of staff to follow procedures outlined in the agency's emergency preparedness and response plan. Information will be utilized to critique disaster for opportunities to improve.

16. Clinical staff will utilize clinical paperwork when computers are not available and ensure paperwork is submitted per policy. An abbreviated assessment can be completed to assure the patient is receiving proper treatment and to facilitate appropriate payment.

E. Recovery Phase

1. The Administrator or Disaster Coordinator/Alternate will initiate and terminate the Recovery phase.
2. The Director, in conjunction with the Disaster Coordinator /Alternate will review all activities that were part of the disaster response and will develop a Disaster Recovery Plan to include:
   a. Response actions taken;
   b. Necessary modifications to plans and procedures;
   c. Training needs; and
   d. Recovery activities to date.
3. Any incidents that occurred will be documented and action plans will be developed depending on the disaster.
4. The Administrator or Director of Nurses will meet with local emergency response providers to review the disaster response and formulate ongoing plans if applicable.
5. Administrator or designee will initiate counseling for staff, patients or caregivers as necessary by Medical Social Worker, Support Groups or outside community resources. Agency will monitor patient and staff needs for ongoing and preventative care and professional counseling.
6. The Director will assure patient continuity of care by assigning appropriate staff to:
   a. Review back-up staffing plans for effectiveness if utilized;
   b. Ensure that all patients are placed back on schedule and receiving care;
   c. Follow up on patient care or any patient transfers or discharges;
   d. Notify physician of patient status;
   e. Review on call logs, and
   f. Assist patient/family with updating their emergency/disaster preparedness plan, if appropriate.
7. All office and patient supplies will be replenished.
8. The Administrator or designee will coordinate report from Disaster Coordinator or Alternate. Report will be utilized for interdisciplinary critique and evaluation of disaster plans and response. Action plans and person to be responsible will be initiated.
9. The Administrator or designee will evaluate availability of staff for continued patient needs and possible new patients. New patient admissions may be halted if deemed necessary.
10. The Administrator or designee will determine location of operations. If relocation is necessary, DADS will be notified by fax, email or telephone with all required information.

11. The Administrator or owner will determine damages to facility, equipment or property and assign staff to inventory supplies and reorder supplies. Damaged supplies or equipment will be separated from stock.
12. Insurance claims and plans for recovery of facility will be initiated as soon as possible by the Administrator or owner.
13. The Administrator or designee will ensure financial expectations are met with payroll through established means.
14. Clinical staff will continue to meet patient needs through visits or phone calls and continue to coordinate services with the Director of Nurses.
15. Office staff will reproduce clinical records from existing electronic records is possible if needed (written records will not be reproduced).
16. The Disaster Coordinator or Alternate will notify DADS when possible of disaster and other information as required.

F. Patient Records

1. Agency staff members will not jeopardize their own safety for the purpose of removing office contents (e.g., medical records, personnel files) when a disaster has occurred at an Agency site.
2. If an Agency site is affected, Agency Director will determine if the removal of medical, personnel and financial records is necessary.
3. Written patient records damaged during a disaster will not be reproduced or recreated, except from existing electronic records. Records reproduced from existing electronic records will include the following:
   a. Date the record was reproduced;
   b. Agency staff member who reproduced the record; and
   c. How the original records was damaged.
4. In the event of an imminent emergency /disaster, where a possibility may exist, that patient will be leaving service area, patients may receive a copy of their clinical record to ensure continuity of care if a signed authorization for release of clinical record is obtained.
5. In the event of an emergency/disaster, where patients may be evacuated or transferred, Protected Health Information may be shared with other healthcare providers or emergency response teams as appropriate to health and safety of patients as allowed by applicable law.

G. Notification

1. Agency will notify DADS Home and Community Support Services Agencies licensing unit by fax or e-mail, within five (5) working days following temporary changes resulting from the effects of an emergency or disaster. If fax and e-mail are not available, notifications will be provided by telephone, but must be provided in writing as soon as possible. If communication with the DADS licensing unit is not possible, the agency will fax, e-mail or telephone the designated survey office (Mary Jo Grassmuck, Manager for HCSSA Program

Licensing, phone or fax: 512-438-2630, mary.grassmuck@dads.state.tx) to provide notification. The following information will be provided to DADS by the agency if temporarily relocating a place of business;

a. License number for the place of business and the date of temporary relocation;

b. Physical address and phone number of the temporary location; and

c. The date an agency returns to a place of business after temporary location.

2. If temporarily expanding the service area to provide services during a disaster;

a. License number and revised boundaries of the original service area;

b. The date of temporary expansion; and

c. The date an agency's temporary expansion of its service area ends.

H. Community Resources

1. Agency may elect to utilize any, but not limited to, the following community or national resources in an emergency:

a. American Red Cross, United Way, FEMA, CDC, area churches, other community organizations that support victims of a disaster.

I. Emergency Management Review

1. Agency will complete an internal review of the emergency response plan at least annually and after each actual emergency response to evaluate its effectiveness and update the plan as needed. Annual review will be documented on the "Emergency Preparedness Plan Review and Checklist" as part of the Annual Agency Evaluation.

2. As part of the internal review, an Agency must test the emergency response phase of the emergency preparedness and response plan in a planned drill if not tested during an actual emergency response. A planned drill can be limited to the agency's procedures for communicating with staff.

3. After each actual disaster or a planned exercise, a multi-disciplinary team including management and staff will evaluate effectiveness and update emergency plan as needed to improve processes.

4. The Disaster / Drill Critique form will be utilized to evaluate the processes and effectiveness of the Emergency Preparedness Response and Plan.

J. Surge of Infectious Patients as a Potential Emergency

1. Agency will implement the Pandemic Influenza Plan for a potential surge of infectious patients located in the Emergency Preparedness Manual.

K. Disaster Resources Websites:

1. Hurricane Information: http://www.dads.state.tx.us/providers/index.cfm
http://www.dads.state.tx.us/preparedness/hurricanes.shtm

2. Shelter in place, family disaster plan, business information, etc...: http://www.ready.gov

Emergency Preparedness Plan Quiz

Quiz

Employee: _____ Date: _____

Graded By (RN): _____ Grade: _____

1. The effectiveness of the Emergency Preparedness Plan must be evaluated at least annually and after each actual disaster/emergency response.
    a) True
    b) False
2. The agency is not required to continue to provide services to patients in emergency situations that are beyond the agency's control and that make it impossible to provide services (i.e. roads are impassable or patient relocates to a place unknown to the agency.
    a) True
    b) False
3. An agency must evacuate patients/clients in the event of a disaster?
    a) True
    b) False
4. Agency must assist the patient as necessary with registering for disaster evacuation assistance through 2-1-1 services provided by the Texas Information and Referral Network.
    a) True
    b) False
5. The Administrator, Supervising Nurse, Disaster Coordinator and Alternate Disaster Coordinator must be involved in developing, maintaining and implementing the agency's emergency preparedness and response plan.
    a) True
    b) False
6. Agency does not need to maintain a log of current Class I patients if a list of all patient/clients classes is maintained at all times.
    a) True
    b) False
7. The Disaster Coordinator is: _____
8. My role and responsibilities in an emergency/disaster are: _____

_____

_____

_____