

## **EMERGENCY PREPAREDNESS PLAN**

---

### **POLICY:**

It is the policy of Hunt Country Health Services to provide a plan that will ensure continuity of care for all patients during severe weather, disaster conditions and staff shortages, or dissolution of services.

### **TABLE OF CONTENTS**

- I      PURPOSE**
- II     SITUATION AND CONSIDERATIONS**
- III    CONCEPT OF OPERATIONS**
- IV    ORGANIZATION AND RESPONSIBILITIES**
- V     ADMINISTRATION AND LOGISTICS**
  
- XII   AUTHENTICATION**

### **LIST OF TABS**

## **EMERGENCY PLAN**

Hunt Country health service LLC  
31 South Braddock ST  
Winchester VA

This agency serves patients in the Northern Shenandoah Valley counties; Clarke, Frederick, Warren, Loudoun, Shenandoah and Page.

### **I PURPOSE**

The purpose of this plan is to establish prompt actions to be taken to assist the patients of Hunt Country health service LLC. during natural and man-made emergencies and disasters.

Although the state and county governments are committed to assisting all their citizens in the event of an emergency, community resources limit community assistance. It is incumbent upon Hunt Country health service LLC to assist in planning by educating staff and patients about disaster risks and the need for emergency planning.

### **II SITUATION AND CONSIDERATIONS**

#### **A. SITUATION:**

1. Risk: Hunt Country health service LLC. serves patients in Northern Shenandoah Valley. The primary potential natural and man-made emergencies that could occur in this area include:

- A. Severe Storms
- B. Tornadoes
- C. Floods
- D. Industrial plant hazardous chemical incidents
- E. Transportation hazardous chemical incidents

2. Patients: Hunt Country health service LLC serves patients who have varying requirements for medical assistance. The typical protocol of the agency requires that all patients be evaluated when they are taken into care. For emergency purposes, each patient shall have an Emergency disaster code. This will be kept with the patient's medical records and one copy will be in the patient folder at home. Patients are in categories according to their care needs .

3. Overall, there will be four categories of patients:

### **Category I**

Life threatening (or potential) - requires ongoing medical treatment/care. Any equipment dependent upon electricity should be listed with the power company. Oxygen dependent clients should be supplied with a back-up tank from the supplier. Patient does not have a caregiver capable of providing care and requires assistance with transportation to hospital or specialized shelter.

### **Category II**

Not life threatening but client might suffer severe adverse effects from interruption of services, i.e., daily insulin, IV meds, sterile wound care with large amounts of drainage, symptoms controlled with difficulty, death appears imminent. A capable caregiver present and patient will require transportation assistance to hospital or specialized shelter if necessary.

### **Category III**

Visits could be postponed 24-48 hours without adverse effects, i.e., sterile wound care with a minimal amount to no drainage; symptoms need intervention, but are fairly well controlled. Patient is able to care for self or willing and able caregiver. Transportation is available from family, friends, or others.

### **Category IV**

Visits could be postponed 72-96 hours without adverse effects, i.e., symptoms well controlled. Patient is able to care for self or willing and able caregiver. Transportation is available from family, friends, or others.

a. Category I for patients who would need to be admitted to a hospital in an emergency evacuation. The agency is responsible for working with hospitals to ensure that its patients receive appropriate care, and for patients who should be sheltered in a hospital building because their condition could easily deteriorate.

b. Category II, for patients who can be accommodated in a Special Needs shelter. Special Needs Shelters can only provide a level of care for Category II patients who have no other care provider.

c. The agency will maintain a list, of patients who would require community assistance and transportation to evacuate in an emergency. These patients will include

only those who do not have any family, caregiver, neighbor, or other assistance to call upon in an emergency.

**B. CONSIDERATIONS:** The following issues will be taken into consideration as the agency develops its Emergency Plan:

1. Agency operators and staff will function as described in this plan.
2. Agency operators will educate and assist patients to the greatest extent possible.
3. Agency staff will not be sent into hazardous areas or be required to operate under hazardous conditions during emergencies or disasters.
4. Local and regional news media outlets will provide warnings and updates of natural and man-made emergencies. Government Authorities may issue supplemental warnings. Agency personnel will pay attention to warnings and updates.
5. The time needed to get a response from local emergency services will increase in proportion to the nature, severity, and magnitude of the incident.
6. The agency will develop mutual aid or other agreements with other organizations as appropriate to insure the care of evacuated patients.
7. In a major emergency, hospitals may be able to admit only those patients who need immediate life-saving treatment. Hence, the hospital makes the final determination of which patients will be admitted or sheltered. It is in the best interest of Hunt Country health service LLC. to make pre-arrangements with hospitals if the agency has patients who fit into Category I.
8. In an emergency, the usual utilities and services could be unavailable for several days. Patients on mechanical ventilation devices powered electrically should be registered with the local utility company supplying electricity to the patient's home.
9. Hunt Country health service LLC will encourage, but cannot compel patients or their families to follow specific emergency plans and instructions. Patients have ultimate responsibility for planning appropriately. In the case of children, the parent(s) or guardian(s) has that responsibility.



### **III      CONCEPT OF OPERATIONS**

#### **A.      BEFORE AN EMERGENCY:**

1.      The agency will continually update the emergency plan to reflect:
  - a.      Current organizational circumstances.
  - b.      Changes in risk conditions.
  - c.      Changes in patient information.
  - d.      Changes in staff.
2.      The agency has an Agency Emergency Coordinator who is responsible for all emergency activities, including planning, training, exercising, and responding to actual emergencies.
3.      The Agency Emergency Coordinator will ensure that the staff is trained in the provisions of the plan.
4.      The agency shall complete a Disaster Plan Assessment code, on each patient, at the time of admission to the agency. The Patient Emergency disaster code shall be reviewed and updated as the condition/situation warrants, but not less than every sixty- (60) days, with the plan of care recertification.
5.      The agency shall maintain the list of Home Health Agency patients who would need community assistance in an emergency. Patients eligible for community assistance are patients who have no other care provider. During the time of an imminent emergency, the Home Health Agency shall provide a census of the patients who need community assistance to the offices of Emergency Preparedness in the counties in which they are located. The agency must obtain patient/caregiver authorization to release patient information at the time of admission. The agency will maintain the list for each county in which the agency operates.
6.      The agency shall instruct each patient/caregiver on the emergency plan upon admission. The patient/caregiver will be given instruction regarding the risks of disasters and the importance of emergency planning. The agency will stress the necessity for patient/caregiver to take responsibility for his or her actions in an emergency, as in his or her daily life.
7.      The agency may encourage, but not require staff to volunteer to help in Special Needs Shelters. The agency will provide staff with information on Offices of Emergency Preparedness, Offices of Public Health, and

offices of the American Red Cross or other organizations to which they could volunteer their services in an emergency.

8. The agency shall hold an in-house emergency preparedness training exercise annually to test the emergency plan. The exercise will test:

- a. The procedures used to sort patients who need community assistance in evacuating.
- b. The process the agency will use to assist patients in obtaining supplies and medications which would be needed to sustain them through an emergency.
- c. The procedure used to notify the home health agency staff and the county Offices of Emergency Preparedness in the counties in which the agency furnishes care of only those patients who need community assistance.
- d. If the Agency goes through a real shelter or evacuation emergency during the year that causes the Agency to activate and do steps a, b, and c, above, the emergency can take the place of the annual exercise.

**B. WHEN A STATE OF EMERGENCY IS DECLARED:**

1. When the agency becomes aware of an emergency in the area served, the agency will implement the plan. If the agency office is in a risk area, the office staff will establish a temporary command post at a pre site outside the risk area to conduct operations until the conclusion of the emergency. All employees and contract workers will be instructed to contact the command post periodically to report their status and receive instructions. THIS WILL BE AT 31 South Braddock ST, Winchester VA.
2. The Agency Emergency Coordinator will issue orders to carry out the provisions of the plan.
3. All staff will be alerted to begin emergency operations.
4. The agency will notify the patient/caregiver to obtain needed medications and supplies (at least a two weeks' supply), immediately upon implementation of the emergency plan, in order to insure adequate time for delivery of items. The agency will assist the patient/caregiver to obtain medications and supplies (at least a two weeks' supply) prior to evacuation, as time allows. Attention will also be given to the need for a backup source of electrical power, if needed, for devices such as electrically powered mechanical ventilators.

5. The agency will communicate any information received about changes in patients' locations to durable medical equipment (DME)/infusion suppliers in case additional supplies need to be delivered.

6. Unless otherwise instructed, when a state of emergency is declared, by the County or State government, the home health agency shall provide, by facsimile, to the Office of Emergency Preparedness in the County in which the emergency has been declared, a current copy of the Home Health Agency Patient Evacuation List (Tab B- Emergency Event Communication Tool). When transmitting this information, the utmost effort and care must be taken to protect the confidentiality of all medical records. The Census will include only those patients who need community assistance with evacuation because no other source of assistance is available. The Census will include the agency phone number and contact person.

**C. SHELTER IN PLACE:**

If an immediate external hazardous situation occurs, such as a hazardous materials (HAZMAT) release, or a short, severe storm, it may not be possible or advisable to evacuate patients from threatened areas. If such an event occurs and the home health agency becomes aware of the emergency, the agency should take the necessary steps to contact all patients residing in the emergency area and re-instruct the patient/caregiver on the procedures to be followed for that type of emergency.

**1. SHELTER IN PLACE - GENERAL:**

- a. Insure that patients are inside their homes.
- b. Advise patients or caregivers to close all windows and doors, turn off heating, cooling, and ventilation systems, both central and room units that take in outside air, close all air vents and units in bathrooms, kitchens, laundry rooms, etc., and cover and protect food, water and medications from airborne contamination.
- c. Monitor the status of the emergency, maintain awareness of public safety and health announcements, and contact county or local authorities as needed.
- d. Reestablish contact with all patients as soon as possible, after the emergency has passed. Check for possible injuries or deterioration of health status, and initiate corrective action. Give first priority to patients with respiratory problems.

**2. SHELTER IN PLACE - TORNADO:**

- a. Insure that patients are inside their homes.
- b. Instruct patients on tornado safety. Designate interior rooms and hallways away from windows and doors as tornado refuges. Instruct on the use of mattresses and blankets to reduce injury from flying debris.
- c. Insure that family, neighbors, or friends can assist in putting patients into a tornado safety position when needed.
- d. Monitor the status of the emergency, keep in contact with the local authorities, and maintain awareness of public safety and health announcements.
- e. Assess damage as soon as possible after the event. Compile information so that the County Office of Emergency Preparedness and other emergency services can rescue or aid the most serious cases first. Evaluate whether patients may need to be moved to healthcare facilities or to temporary shelters.
- f. Reestablish contact with all patients as soon as possible, after the emergency has passed. Check for possible injuries or deterioration on health status, and initiate corrective action. Give first priority to patients with respiratory problems.

**D. EVACUATION:**

1. The agency shall insure that patient records are up to date. The patient/caregiver authorization form allows certain patient information to be reported to the OEP in the appropriate counties as needed.
2. For patients who could not leave their home areas without serious physical consequences, the agency will contact the patient's physician for orders to transfer to appropriate health care facilities in the area that can serve as refuges for Category I patients.
3. Insure that relatives, friends, or neighbors who have agreed to help in emergencies are alerted and ready to assist. In the case of patients who do not have any transportation or anybody to assist them, make arrangements with transportation providers to transport them in time of need. Exhaust all resources before requesting community assistance. Seek assistance from the Office of Emergency Preparedness in their county only if no other source of transportation is available.

4. Confirm arrangements (e.g., written contracts and/or Memoranda of Understanding) with facilities and agencies, and advise emergency authorities of arrangements in order to facilitate locator activities. The agency should follow up to see if patients who live in an area for evacuation have been evacuated, either by caregivers or by other means.

5. Pay attention to all announcements. Re-entry into a risk area may be restricted if there has been extensive destruction, and utilities are not functioning. Contact County Offices of Emergency Preparedness to resolve doubts. As soon as return is authorized, follow up to restore the normal situation and level of care.

**E. AFTER AN EMERGENCY:**

1. After a state of emergency has been declared over, staff will contact the Agency Emergency Coordinator to report in and receive instructions.

2. The agency will direct staff to make a survey of patients to find out their location and condition.

3. The agency will review its emergency operations to determine whether the plan is appropriate or needs revision.

**IV. ORGANIZATION AND RESPONSIBILITIES:**

**A. ORGANIZATIONAL CHART:**

1. The home health agency shall develop and document an organization and staffing chart and staff roster. The chart will show the names of staff with job titles, the functional responsibilities of staff, and the chain of command and communication which is to be followed during an emergency. The chart will include staff telephone/pager numbers, and will be kept current.

2. The Agency Emergency Coordinator is responsible for insuring that all provisions of this plan are carried out.

**B. RESPONSIBILITIES:**

**1. Agency Emergency Coordinator:**

a. Shall be a member of the executive staff or the Director of Nursing or their designee.

- b. Shall keep the plan and the tabs updated, train employees in its provisions and conduct and critique the annual emergency preparedness training exercise.
- c. Shall maintain contact with County Offices of Emergency Preparedness in all the counties in which the agency furnishes care, and coordinate emergency activities as appropriate.

2. Director of Nursing:

- a. Shall insure that all employees are briefed and trained in their emergency roles.
- b. Shall insure that an Emergency disaster code is initiated for each patient and updated every 60 days and as needed.
- c. Shall promptly alert all staff and patients when emergencies occur.

3. Nursing Staff:

- a. Shall develop and maintain patient status reports.
- b. Shall prepare patients and caregivers for possible emergencies. Educate patients and caregivers on the steps to be taken in the event that an emergency occurs. Insure that patients are evaluated for evacuation assistance needs and that consent forms are signed.
- c. Shall assist the Director of Nursing to coordinate the provision of care throughout the emergency.
- d. Shall develop technical plans and procedures to implement the plan.

**V ADMINISTRATION AND LOGISTICS**

- A. The plan shall be maintained and updated by the Agency Emergency Coordinator, who will review it after each annual emergency preparedness training exercise, and after each actual emergency.
- B. The plan and its updates will be signed by the Agency Chief Administrative Officer, and Director of Nursing.
- C. All changes that affect outside organizations will be coordinated with those organizations.

## **VI AUTHENTICATION**

This emergency operations plan provides the procedures that this agency will follow during emergencies. The signatures of the responsible officials below authenticate the plan. This plan supersedes any previous plans promulgated for this purpose. A copy of the plan has been forwarded to the Office of Emergency Preparedness in all the counties in which this agency operates.

### **HOME HEALTH PATIENT EVACUATION CHECKLIST THINGS TO TAKE ALONG**

1. Medications: A two weeks supply of all medications as ordered by your Doctor.
2. Portable oxygen (if required)
3. Written orders regarding your medical care, and medical records, including list of medicines and special foods.
4. Important papers, valid ID with current address.
5. Special dietary foods (non-perishable), with manual can opener.
6. Personal hygiene items.
7. Extra eyeglasses or contacts, hearing aid, denture needs.
8. Extra clothing.
9. Wheelchair, walker, cane, etc. (if needed).
10.       Lightweight folding chair.
11.       Reading materials, games, puzzles.
12.       Flashlight and batteries.
13.       Air mattress, sleeping bag, blankets, pillow, cot.
14.       Stock one gallon of water per person per day (two quarts for drinking,
15.       Two quarts for food preparation and sanitation.



**Local Numbers Include:**

**American Red Cross Top of Virginia Chapter**

**561 Fortress Drive**

**Winchester, VA, 22603**

**Phone: 540-662-5412**





Hunt Country Health Services  
31 South Braddock St, Suite 109, Winchester, Virginia, 22601  
Agency Phone: (540) 773-4941 Agency Fax: ((800) 317-0428

## PATIENT EMERGENCY / DISASTER PLAN

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Patient # \_\_\_\_\_ D.O.B. \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact  
& Relationship \_\_\_\_\_ Telephone: \_\_\_\_\_

**Office Hours- 9:00 A.M. to 5:00 P.M. Monday-Friday**  
RN on call 24 hours a day for Home Health needs

**Agency Phone: (540) 773-4941 Agency Fax: ((800) 317-0428**

**IN EMERGENCY**  
**Call EMS 911 or go to nearest Emergency Room**

### UTILITIES:

\_\_\_\_\_  
\_\_\_\_\_

### NON-EMERGENCY#S

\_\_\_\_\_  
\_\_\_\_\_

If you should have to evacuate during a disaster, Please take the following items:

1. Medication
2. Special Equipment
3. Special Dietary Foods ( Non Perishable )
4. Important Papers, Valid I.D.

**Please post your name, Phone Number, Address, and Directions to your Home by Every phone.**

**When feasible, early evacuation to a relative or friend's home outside the disaster area is recommended.**

## **DISASTER & PRIORITY CLASSIFICATION**

---

### **POLICY:**

Patients are reassigned to available health care staff, whenever assigned staff members are unable to report for the scheduled work assignment during disaster and other emergencies.

### **PURPOSE:**

1. To ensure that patients receive scheduled and necessary home health care services.
2. To provide replacement staff members for patients according to established priority-staffing criteria.
3. To facilitate patient caregivers involvement for patient staffing needs, as necessary.

### **PROCEDURE:**

1. Replacement staff members are provided for home health care patients, as necessary, whenever assigned staff members are unable to report for the scheduled work assignment.
2. Replacement staff members are provided for home health care patients according to following priority staffing criteria and rank:
  - (a). **Class I**  
Require daily or BID services and would suffer adverse effects if care were interrupted;
  - (b). **Class II**  
Require home care services <daily, but> twice weekly, who would possibly have adverse consequences if services were delayed;
  - (c). **Class III**  
Require home care services twice a week who would likely not suffer adverse effects if services were delayed.

## **DISASTER & PRIORITY CLASSIFICATION - (continued):**

**Policy: CLN: 021**

**(Page 2 of 2)**

**3. The Home Care Registered Nurse:**

- a. Assigns a disaster classification priority rank of 1, 2, 3 on admission, according to the priority staffing criteria and makes reassignments, as necessary working within the Medicare Calendar week when appropriate.
- b. Informs the person responsible or Aide and nursing assignments of the patient's assigned priority rank.
- c. Reassesses patient's staffing needs according to priority staffing criteria, as necessary, on an on going basis.
- d. Monitors problems or concerns with patient's receiving scheduled and necessary home health care services.
- e. Informs the Director of Skilled Services of any problems or concerns with patients receiving scheduled and necessary home health care services, as appropriate.

**4. The Person Responsible for Staffing:**

- a. Documents the assigned priority rank of patient on the scheduling book and notes the date.
- b. Replaces home health care staff members on patient cases according to patient's assigned priority rank.
- c. Reports any unresolved staffing problems to Director of Skilled Services or designee.
- d. Discusses priority ranking during case conference.

**5. The Director of Skilled Services or designee:**

- a. Reviews staffing needs.
- b. Implements immediate corrective action which may include using temporary staffing or transferring patients, as necessary, based on identified priority staffing needs.
- c. Monitors problems or concerns with patients receiving scheduled home health care services.

**6. Problems identified through review of priority staffing needs are referred to the Administrator for evaluation.**