



**ARE YOU  
PREPARED?**



**EMERGENCY PREPAREDNESS**

# WHAT IS EMERGENCY PREPAREDNESS?

- PREPARING THE AGENCY AND PATIENTS FOR AN EMERGENCY SITUATION SPECIFIC TO EACH REGION OF SERVICE.
- CUSTOMIZED PLAN FOR THE AGENCY ON HOW TO OPERATE DURING AN EMERGENCY.
- CUSTOMIZED PLAN FOR THE PATIENT ON HOW TO RECEIVE CARE AND STAY SAFE DURING AN EMERGENCY.

# WHY?

- CMS IS REQUIRING HOME HEALTH TO PLAY AN ACTIVE ROLE IN MAKING SURE OUR PATIENTS ARE PREPARED FOR AN EMERGENCY.
- THE AGENCY WILL BE RESPONSIBLE FOR COMPLETING AND UPDATING AN EMERGENCY PREPAREDNESS PLAN FOR EVERY PATIENT.
  - THIS PLAN WILL BE CUSTOMIZED TO THE PATIENT AND CONTAIN CONTACT NUMBERS AND INSTRUCTIONS ON HOW TO STAY SAFE.
  - THIS PLAN WILL BE UPDATED IN ANY SITUATION WHERE THE PATIENTS NEEDS CHANGE.

# WHAT ARE THE OFFICE RESPONSIBILITIES?

- THE OFFICE WILL KEEP A PRINTED LIST OF ALL PATIENTS, THAT SHOWS THEIR PRIORITY LEVEL AND ELECTRICITY DEPENDENT STATUS.
- THE OFFICE WILL UTILIZE THE PYRAMID PHONE COMMUNICATION PLAN TO MAKE SURE ALL STAFF ARE ACCOUNTED FOR DURING AN EMERGENCY.
- THE OFFICE INCIDENT COMMAND TEAM WILL LEAD THE EMERGENCY TO MAKE SURE ALL ACTIONS ARE TAKEN AND SAFETY IS MAINTAINED FOR STAFF AND PATIENTS.

# WHAT IS THE CLINICIANS RESPONSIBILITY?

- THE CLINICIAN MUST MAKE SURE THE PATIENT HAS A COPY OF THE EMERGENCY PREPAREDNESS FORM AND KNOWS WHERE TO FIND IT IN THEIR HOME.
- THE CLINICIAN MUST DISCUSS THE PLAN WITH THE PATIENT/ CAREGIVER AND KEEP THEM UPDATED ON HOW TO BE SAFE DURING AN EMERGENCY.
- THE CLINICIAN MUST REFER TO THE PLAN IN AN EMERGENCY SITUATION AND BE SURE TO SEE THEIR PRIORITY 1 AND ELECTRICITY DEPENDENT PATIENTS.

# WHERE TO FIND THE PLAN?



- **START OF CARE FOLDER**
  - THE PATIENT MUST HAVE AN UPDATED PAPER COPY IN THE HOME.
- **DEVERO**
  - SN START OF CARE PACKET
  - UNDER "CLINICAL FORMS"

Packets	
SN Start of Care (SOC) Packet	SN Recertification Packet
Resumption of Care	SN Discharged from agency
Pediatric Start of Care Packet	
Oasis Forms	
OASIS Diagnosis Code Addendum	OASIS Discharge
OASIS Transfer / Death	
Oasis Forms	
OASIS Diagnosis Code Addendum	OASIS Physical Therapy Discharge
OASIS Transfer / Death	
Clinical Forms	
Skilled Nurse Visit Note	Skilled Nurse Medicaid Visit Note
Skilled Nurse Patient Missed Visit	Admission Agreement
Discharge / Transfer Summary	Emergency Preparedness Plan

# WHAT WILL ALREADY BE COMPLETED ON THE FORM?

Branch	Ohioans Home Health Care, Inc.	Date	
Patient Name:		Date of Birth:	3/5/1982
Address:	123 Bay Road	State:	OH
Physician Name:		City:	Oregon
		Phone:	

- THE PATIENTS NAME, PHYSICIAN NAME AND PHYSICIAN PHONE WILL ALL BE MAPPED FROM THE PATIENT PROFILE.
- CLINICIANS SHOULD VERIFY THAT THIS INFORMATION IS CORRECT.

# WHAT WILL BE ALREADY COMPLETED ON THE FORM?

Emergency Contact Person:	Relationship:
Phone #:	Alternate Phone #:

- THE EMERGENCY CONTACT INFORMATION SHOULD BE MAPPED FROM THE PATIENT PROFILE.
- CLINICIANS SHOULD VERIFY THAT THIS INFORMATION IS CORRECT.



# WHAT THE SOC CLINICIAN IS RESPONSIBLE FOR COMPLETING ON THE FORM?

- THE CLINICIAN MUST SELECT IF THE PATIENT IS PRIORITY 1, 2 OR 3.
- THE CLINICIAN MUST SELECT IF THE PATIENT IS ELECTRICITY DEPENDENT.
- PLEASE NOTE: THE PATIENT CAN BE ANY PRIORITY AND ELECTRICITY DEPENDENT. PLEASE SEE THE DEFINITIONS ON THE FORM, BELOW THIS SELECTION.

Emergency Preparedness Patient Priority Code

Priority 1  Priority 2  Priority 3

Electricity Dependent

# WHAT THE RN IS RESPONSIBLE FOR COMPLETING ON THE FORM?

Patient's Signature

Caregiver Signature:

- THE CLINICIAN MUST EXPLAIN THE WHOLE FORM TO THE PATIENT OR CAREGIVER THEN HAVE EITHER PATIENT OR CAREGIVER SIGN.
- THE CLINICIAN SHOULD THEN COMPLETE FORM WITH SIGNATURE.

# KEEP THIS IN MIND...

- WHERE ARE YOUR PATIENTS FLASH LIGHTS?



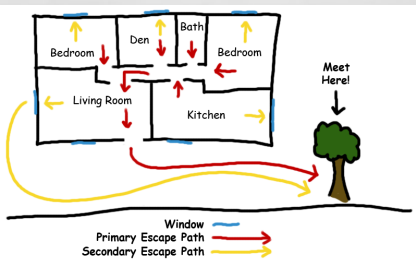
- WHERE ARE YOUR PATIENTS FIRE EXTINGUISHERS?

- DOES YOUR PATIENT HAVE A BASEMENT? WHERE IS IT?

- WHERE ARE ALL THE EXTERNAL EXITS?



- WHAT'S YOUR PATIENTS EXIT PLAN IN THE EVENT OF AN EMERGENCY?



# A QUICK RECAP...



## THE OFFICE

1. WILL KEEP A LIST OF CURRENT PATIENTS.
2. WILL UTILIZE THE PHONE TREE TO MAKE SURE ALL STAFF ARE ACCOUNTED FOR.
3. WILL DEPLOY INCIDENT COMMAND TO MAKE SURE ALL ACTIONS ARE TAKEN AND SAFETY IS MAINTAINED.

## THE CLINICIAN

1. WILL DISCUSS THE PATIENT EMERGENCY PLAN WITH THE PATIENT AND CAREGIVER.
2. WILL MAKE SURE THE PATIENT EMERGENCY PLAN IS CUSTOMIZED AND ACCURATE.
3. WILL VERIFY ALL INFORMATION IS CORRECT ON THE EMERGENCY PREPAREDNESS PLAN.

## THE PATIENT

1. WILL UNDERSTAND THE EMERGENCY PLAN AND KNOW HOW TO UTILIZE IT DURING AN EMERGENCY.
2. WILL ALWAYS HAVE AN UPDATED PAPER COPY OF THE EMERGENCY PLAN IN THE HOME.

# STAY UP TO DATE IN THE FIELD!

## **EMERGENCY PREPAREDNESS FOR PATIENT**

Review form in Devero WITH the patient/caregiver – discuss with them how they are to prepare themselves for emergencies (suggestions are on the form)  
Obtain numbers for local utilities, Red Cross, Health Department  
Choose Priority option for the patient  
Print this form off for the patient and place in their folder or Personal Health Record  
SOC packet will have (2) additional forms for patient preparedness – review with them

**KEEP IN CONTACT WITH THE OFFICE FOR FURTHER INSTRUCTIONS AS NEEDED**

## **EMERGENCY PREPAREDNESS FOR STAFF**

Be aware of inclement weather in your area – listen to the news or receive updates on your phone  
If additional interventions will be needed from you, you will be contacted by the office (generally your Care Coordinator)  
Generally, the Priority 1 patients will need to be contacted by you to seek shelter according to their previously discussed plan – **IF YOU ARE UNABLE TO REACH ANY OF YOUR PRIORITY 1 PATIENTS – PLEASE CONTACT EMS ON THEIR BEHALF**  
**You may need to contact a local EMS for those electricity dependent patients that will need transported – make sure to note which ambulance/transport company took the patient and where they took them in a Care Coordination note – AND CONTACT OFFICE WITH THIS INFORMATION**  
Always keep your phone and IPAD fully charged so if inclement weather occurs, you have communication means  
If having any concerns, go to the nearest Ohioans location that is not being affected in the emergency

- ALL FIELD STAFF SHOULD HAVE THIS CARD AS A QUICK REMINDER. PLEASE CONTACT THE OFFICE IF YOU DO NOT HAVE ONE AND ONE WILL BE PROVIDED.

## EMERGENCY MANAGEMENT PLAN

Policy No. 4-001

### PURPOSE

To establish a plan which will allow for the continuation of services in the event of a disaster affecting the organization or the community.

### Definitions

1. **Community Partners:** Community partners are considered any emergency management officials (fire, police, emergency medical services, etc.) for full-scale and community-based exercises, however can also mean community partners that assist in an emergency, such as surrounding providers and suppliers.
2. **Emergency:** A natural or man-made event that significantly disrupts the environment of care such as damage to the organization's buildings or grounds due to a severe storm or earthquake; that significantly disrupts care and services such as loss of utilities due to floods, civil disturbances, accidents or emergencies within the organization or community; or that results in sudden, significantly changed or increased demands for the organization's services such as emerging infectious disease, bioterrorist attack, building collapse, or a plane crash in the organization's community.
3. **Full-Scale:** A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e., "boots on the ground" response activities (for example, hospital staff treat mock patients). Though there is no specific number of entities required to participate in a full-scale community-based exercise, it is recommended that it be a collaborative exercise which involves at a minimum local or state emergency officials and is robust to develop community-based responses to potential threats.
4. **Functional Exercise (FE):** The Department of Homeland Security's (DHS's) Homeland Security Exercise and Evaluation Program (HSEEP) explains that FEs are an operations-based exercise that is designed to validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of functions. FEs are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions.
5. **Hazard Vulnerability Analysis:** The identification of potential emergencies and the direct and indirect effects these emergencies may have on the health care organization's operations and the demand for its services.
6. **Mitigation Activities:** Those activities an organization undertakes in trying to lessen the severity and impact of a potential emergency.

7. **Mock Disaster Drill:** A mock disaster drill is coordinated, supervised activity usually employed to validate a specific function or capability in a single agency or organization. Mock disaster drills are commonly used to provide training on new equipment, validate procedures, or practice and maintain current skills. For example, mock disaster drills may be appropriate for establishing a community-designated disaster receiving center or shelter. Mock disaster drills can also be used to determine if plans can be executed as designed, to assess whether more training is required, or to reinforce best practices. A mock disaster drill is useful as a stand-alone tool, but a series of drills can be used to prepare several organizations to collaborate in an FSE.
8. **Preparedness Activities:** Those activities an organization undertakes to build capacity and identify resources that may be utilized during an emergency.
9. **Workshop:** A workshop, for the purposes of this guidance, is a planning meeting, seminar or practice session, which establishes the strategy and structure for an exercise program.

### POLICY

The organization will comply with all applicable, Federal, State, and local emergency preparedness requirements and will establish and maintain an emergency preparedness program that meets those regulations. The organization will establish an all-hazards approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capabilities. The organization shall review and update the emergency preparedness plan every two (2) years.

The organization shall maintain written documentation of the emergency management plan for at least four (4) years.

**Note:** An all-hazards approach includes emergency preparedness for natural, man-made or facility emergencies including, but not limited to, care-related emergencies, weather related emergencies (e.g., extreme heat or cold), equipment/power failures, communication interruptions (e.g. [cyber attacks](#)), loss of facility or facility supplies (i.e., food and water) and emerging infectious disease threats (i.e., hazardous waste, bioterrorism, influenza, highly communicable disease (such as Ebola, zika, SARS, COVID-19, etc.)) or pandemics.

## PROCEDURE

### *Planning Process - Before an Emergency*

Organization leadership will conduct a hazard vulnerability analysis (HVA) that is both facility-based and community-based to identify potential emergencies (risks) that could impact the need for services or the ability to provide care to patients.

1. The HVA is documented and evaluated at least every two (2) years to reflect changes in organization, risk conditions, patient information and changes in staff.
2. The HVA should evaluate the organizations risk and potential for hazards and should include all risks that could disrupt the organization's operations and necessitate emergency response planning to address the risk mitigation requirements and ensure continuity of care.
3. Strategies should be developed based on events identified in during the development of the HVA such as staffing strategy for staff shortages and a surge capacity strategy in the event the organization accepts additional patients during an emergency.
4. Staff will work with regional or county emergency management planning agencies, where available, in:
  - A. Establishing priorities among the potential emergencies identified in the hazard vulnerability analysis.
  - B. Defining organization's role in relation to the community-wide emergency management program, use of volunteers, other emergency staff, including state or federally-designated health care professionals to address the organization's surge needs.
  - C. Developing an "all-hazards" command structure within the organization that links with the community command structure.
5. Specific procedures that describe mitigation, preparedness, response and recovery strategies, actions, and responsibilities will be developed for each priority emergency.
6. The organization shall develop policies and procedures for contingency operations, such as how the organization will meet the requirements for individualized care plans, staffing shortages or surge needs.
7. Based on the hazard vulnerability analysis and community planning activities, the organization's general emergency plan may be enhanced or revised according to identified potential emergencies and planning activities.

**Note:** If the organization has identified emerging infectious diseases on the HVA, the organization will need to consider the following: facility modifications (i.e., isolation, social distancing, or capacity/surge limitations), screening patients and visitors (e.g., testing procedures for staff, visitors and patients), transfer/discharge of patients and personal protective equipment (PPE) measures.

8. The Executive Director/Administrator or designee has been designated as key leadership who is responsible for all emergency activities and makes the decision to implement the emergency plan upon becoming aware of an emergency situation. The Executive Director/Administrator and key leadership will determine the leadership command structure to ensure continuity of operations (See Addendum 4-001.B "[Command Structure](#)" and Addendum 4-001.C "[Flow Chart of Alternate Roles and Responsibilities](#)").
9. The decision to discontinue or terminate the emergency management plan (operations) will be made by the Executive Director/Administrator or designee. The Executive Director/Administrator or designee will assign recovery responsibilities by functional areas (e.g. the IT department will access off-site back-ups of the electronic medical records).
10. An alternate site will be designated in the event the office must be evacuated or is not accessible due to the emergency. Any clinical and financial records or blank documentation forms necessary for care during the emergency will be maintained off-site in the event they cannot be retrieved from the office.
11. Electronic health care records and other vital assets will be protected against loss from unexpected natural or man-made disasters (See Policy No. 6-032 "[Contingency Plan](#)")
  - A. All vital information will be backed up regularly
  - B. A backup must be in place and tested regularly for the ability to restore properly.
  - C. The backup must be stored at a non-local offsite facility or in a cloud-based environment so that it cannot be affected by the same disaster that befalls the main computer system.
12. Individualized plans for patients during a natural or man-made disaster will be included as part of the comprehensive patient assessment. The comprehensive assessment will be updated as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status and a revised risk categorization may be assigned.
13. The organization educates patients and their families on emergency preparedness at the time of admission including where they can go to shelter and what is required by the shelter.
14. During the comprehensive assessment, the patient will be placed in one of three categories for triaging patient care in the event the emergency management plan (operations) is implemented. The categories included:
  - A. **Priority 1:** Patients who cannot safely forego care and require home health intervention regardless of other conditions. Patients in this category may include highly unstable patients with a high probability of inpatient admission if home health is not provided; IV therapy patients; highly skilled wound care patients with no family/caregiver or other outside support; patients in need of critical supplies or medications.
  - B. **Priority 2:** Patients with recent exacerbation of disease process; patients requiring moderate level of skilled care that should be provided that day; patients with essential untrained family/caregivers not prepared to provide needed care.

- C. *Priority 3:* Patients who can safely forego care or a scheduled visit without a high probability of harm or deleterious effects; this category may include homemaker patients, routine supervisory visits, evaluation visits, patients with frequencies of one (1) or two (2) times a week, if health status permits, or if a competent family member/caregiver is present.
15. The agency maintains hard-copy of a current patient list including contact information and categories identified for each patient in the event there is a power failure.
  16. Sufficient medical supplies and non-medical supplies will be maintained in a patient's home in the event of an emergency. The agency will contact suppliers prior to an emergency and develop a plan to receive additional supplies as needed.
  17. Sufficient medical supplies and non-medical supplies (including food, bedding, and other provisions) will be maintained in the organization's office in the event of an emergency and the need to shelter in-place. The agency will contact suppliers prior to an emergency and develop a plan to receive additional supplies as needed.
  18. Sufficient medical supplies such as personal protective equipment and critical care equipment will be maintained in the organization's office.
  19. The organization shall include in their emergency management plan the available transportation needs or options available in preparation for surge events.
  20. All staff will be identified by use of company badges. If volunteers are utilized, other forms of identification are utilized (i.e. wrist bands, badges, vests).

#### **Communication Plan**

The organization will maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and is reviewed and updated at least every two (2) years. The plan includes the following:

1. Names and contact information for the following:
  - A. Staff
  - B. Entities providing services under arrangement
  - C. Patients' physician
  - D. Volunteers, if applicable
2. Contact information for the following:
  - A. Federal, state, tribal, regional and/or local emergency preparedness staff
  - B. Other sources of assistance
3. Primary and alternate means for communicating with the staff, federal, State, tribal, regional and local emergency management agencies
4. A timeframe requirement for on-duty and off-duty staff to check in with the organization's designated individual.

5. A method for sharing information and medical documentation for patients under the organization's care as necessary
6. A means of providing information about the general condition and location of patients under the organization's care as permitted.
7. A means of informing state and local emergency preparedness officials before, during and after an emergency on the following:
  - A. Patients that the organization has been unable to contact to determine service needs
  - B. Patients in need of evacuation due to their medical or behavioral health, or conditions of the home environment
7. A means of providing information about the organization's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

#### **Training and Testing**

The training and testing program is reviewed and updated at least every two (2) years.

#### **Training:**

1. The training includes initial training in emergency preparedness policies and procedures and their assigned emergency response roles to all new and existing staff, individuals providing service under arrangement, and volunteers if applicable.
2. The training is provided at least every two (2) years or when there is a significant update in the organization's policies and procedures.
  - A. Staff will be able to demonstrate knowledge of emergency procedures after receiving training.
3. Organization leadership will provide for orientation to all personnel regarding participation in the emergency management plan. Education to include:
  - A. Specifics of organization's emergency management plan
  - B. Specific assigned emergency response plan
  - C. Information on developing their family's emergency response plan
  - D. Information regarding accessing housing and transportation for staff if necessary
4. All training will be documented in the personnel record of staff, individuals under arrangement and volunteers, if applicable

#### **Testing:**

1. Ohioans Home Healthcare will test the emergency management plan, at each site included in the plan, at least annually, either in response to an actual emergency or with an individual, facility-based functional exercise.



2. The agency participates in a full-scale exercise that is community-based or when a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every two (2) years.
  - A. In the event an actual natural or man-made emergency occurred, the agency will be exempt from engaging in its next required full-scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event.
3. The agency conducts an additional exercise every two (2) years, opposite the year the full-scale or functional exercise is conducted, that may include, but is not limited to:
  - A. A second full-scale exercise that is community-based or individual facility-based functional exercise, or
  - B. A mock disaster drill, or
  - C. A table top exercise or workshop that is led by a facilitator and includes group discussion, using a narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages or prepared questions designed to challenge an emergency plan.
    1. Planned exercises are realistic scenarios and related to the priority emergencies defined by leadership and will focus on the organization's response to an emergency that is likely to affect continuation of care, treatment or services. Exercise scenarios will allow the organization to evaluate its handling of communication, resources and assets, staff and patients.
4. All actual responses and exercises will be documented and critiqued through a multidisciplinary process that includes administrative, clinical and support staff. Documentation will be used to identify deficiencies and opportunities for improvement based on all monitoring activities and observations during the exercise or actual emergency. The documentation will identify the effectiveness of the preparedness, mitigation, response and recovery activities of the emergency operations plan. (See ["Emergency Management Evaluation Form"](#) Addendum 4-001.G.)
5. Ohioans Home Healthcare will modify the emergency management plan in response to the critiques of the actual emergency event response and will prioritize processes identified for improvement, develop and institute plans for improvement. (See ["Emergency Management Evaluation Form"](#) Addendum 4-001.G.)
6. Ohioans Home Healthcare will modify the emergency management plan in response to the critiques of the exercise. The next scheduled planned exercise will evaluate the effectiveness of the improvements that were made in response to the critiques of the previous exercise. If improvements require substantive resources that can't be accomplished by next planned exercise, interim improvements must be put in place until final resolution.
7. The evaluation results and proposed improvements of any exercise or actual emergency will be presented to all staff, individuals under agreement, volunteers as applicable and the Governing Body. The evaluation may be incorporated into the organization's QAPI program.

#### *When an Emergency is Declared*

1. Once the decision has been made to implement the emergency management plan, the Executive Director/Administrator or designee will initiate the Pyramid Phone Communication Plan (PPCP) to notify personnel and community authorities, as appropriate (See ["Pyramid Phone Communication Plan"](#) Addendum 4-001.A.). Personnel must listen to the organization-identified Emergency Broadcasting System for organization instructions and updates, if the telephone system is not functioning, and leadership staff is unable to initiate the PPCP. Additionally, as able, personnel are to report to the office or alternate site if the office building is not accessible and normal communication systems are not working.
2. The Executive Director/Administrator and supervisory personnel will be responsible for identifying and assigning staff to cover all essential functions.
3. Following the initiation of the PPCP, all available and qualified personnel will be mobilized to perform identified services.
4. Alternate communication systems will be implemented (e.g., call forwarding, cell phones, email, walkie-talkie, etc.) as needed. (See Addendum 4-001.A. ["Pyramid Phone Communication Plan"](#))
5. The Clinical Supervisors or designee(s) will review the assigned priority classifications for all current patients.
6. The agency will notify the patient/caregiver to obtain needed medications and supplies immediately upon implementation of the plan.
7. The agency will communicate when possible but in a reasonable time frame any information received about changes in patients' location to durable medical equipment (DME)/infusion suppliers in the event additional supplies need to be delivered and to other healthcare providers to maintain the continuity of care.
8. If feasible, the Clinical Supervisors or designee(s) will assign all available, qualified personnel to care for Priority 1 patients first and Priority 2 patients second. Priority 3 patients and any other patients who do not receive scheduled care will be contacted as soon as possible. If transportation is needed to safely get personnel to patient homes, it will be arranged via county support services, such as the police, fire, or sheriff's office.
9. If care cannot be provided to Priority 1 patients, emergency transport to alternate care delivery sites will be arranged with community support agencies or emergency services will be contacted for assistance.
10. New patients will not be accepted for care until the emergency situation is controlled or staffing levels permit. Patients accepted, but not yet admitted, will be triaged as noted above.
11. If the community experiences an epidemic or infection, Ohioans Home Healthcare will not continue to accept or treat infected patients unless a plan for managing an ongoing influx of potentially infectious patients over an extended time period has been implemented.
12. In the event of a prolonged emergency situation, the Executive Director/Administrator or designee will:

- A. Determine staffing availability and limitations, including assistance available from external staffing agencies
  - B. Identify those patients who could be discharged from home health earlier than anticipated
  - C. Determine course of action based on above information
  - D. Identify patients with continuing care needs
  - E. Contact other area home health organizations to determine the degree to which they may be able to accept new patients, if the decision is made to transfer
  - F. Notify attending physicians regarding ability to continue caring for patients
  - G. Make transfer or discharge arrangements as necessary, notifying patients and family/caregivers as appropriate
  - H. In prolonged emergency situations, the organization will retain only those patients for whom it can safely and adequately provide care
13. Safety of patients and organization personnel will take priority in all emergency situations.
- A. Weather and road conditions will be monitored via local weather reports and state patrol reports.
  - B. Natural or community disasters will be monitored via the Emergency Broadcasting System, reports from local authorities, reports from other local health care facilities in the event there is no telephone communication.
  - C. In the event the office building is determined to be unsafe, the Executive Director/Administrator or designee will communicate the location to which all personnel are to report for work.
14. In all emergency situations, the Executive Director/Administrator or designee will maintain communications and act as the spokesperson among other facilities, media, and community and safety authorities.

***After the Emergency***

- 1. Staff will contact the agency administrator (or designee) to report in and receive instructions
- 2. The agency administrator (or designee) and staff will make a survey of patients to find out their location and condition, enquire about possible injuries or deterioration of health status and will initiate corrective action
- 3. The actual response will be documented and critiqued through a multidisciplinary process that includes administrative, clinical and support staff. Documentation will be used to identify deficiencies and opportunities for improvement based on all monitoring activities and observations during the emergency. The documentation will identify the effectiveness of the preparedness, mitigation, response and recovery activities of the emergency operations plan. (See "[Emergency Management Evaluation Form](#)" Addendum 4-001.G.)

- 4. Ohioans Home Healthcare and Hospice will modify the emergency management plan in response to the critiques of the emergency event response and will prioritize processes identified for improvement, develop and institute plans for improvement. (See "[Emergency Management Evaluation Form](#)" Addendum 4-001.G.)

SUBJECT: Pyramid Phone Communication Plan

POLICY: As part of the agency's overall emergency disaster plan, the agency will establish and maintain a communication plan that complies with Federal, State and local laws.

PRACTICE/PROCEDURE/IMPLEMENTATION:

1. All managers/ team leads or directors are responsible for calling-in their departments. The communication pyramid is indicated below.
2. A Secondary plan is indicated below and will follow the structure of the next manager/ team lead or director calling the departments whose leader is unavailable.
3. The phone pyramid outlines what manager/ team leads or directors should be calling their staff or patients. If the staff or patient cannot be reached it is the responsibility of that staff's superior or patients' clinician to contact emergency responders and provide pertinent information for the emergency responders to contact and treat the staff member or patient in a reasonable time frame.
4. Superiors who cannot reach their staff or clinicians who cannot reach their patients within a reasonable time based on the severity of the emergency will need to contact emergency responders.
5. Staff who are not on duty during an emergency will be contacted after initial contact of on duty staff. Off duty staff who are unable to be reached by their next scheduled shift will be reported to emergency responders by that staff members superior.
6. Scheduled on duty staff who are unable to be reached will be contacted by their superior continuously throughout the day. If by the end of the scheduled shift that staff member was still unable to be contacted it will be the responsibility of the supervisor to contact emergency responders.
7. All employee contact information can be found on the weekly printed phone list, found in Emergency Preparedness Binder.
8. The phone list includes 2 contact points per employee, cell phone and email and also the employee's emergency contact supervisor.
9. Vendor and medical director contact information is found in this addendum.
10. Federal, State, Regional and Local emergency management contact information is found in this addendum.
11. Pertinent community healthcare facility contact information is found in this addendum.
12. The pyramid communication plan will be updated at least every 2 years.

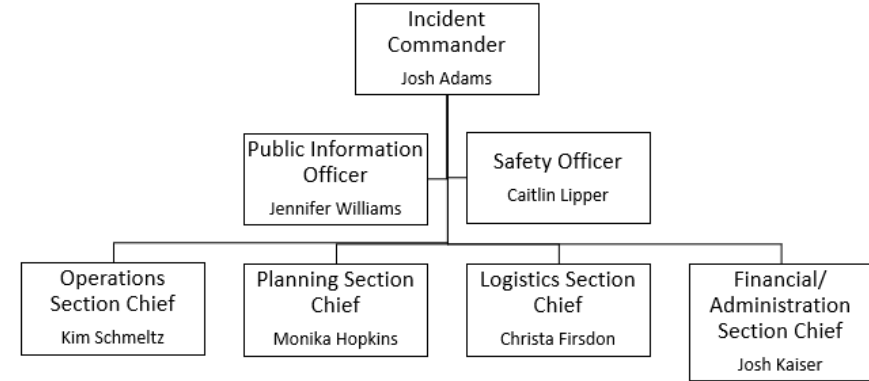
**SUBJECT:** Incident Command Center

**POLICY:** The agency will deploy Incident Command during a natural or man-made emergency. The Incident Command will be deployed to any extent deemed by the Incident Commander. The Incident Command Center will manage planning, patient care, security, public information and business continuity in the event of an emergency.

**PRACTICE/PROCEDURE/IMPLEMENTATION:**

- a. Location
  - i. Unless the emergency renders the agency unusable, the Incident Command Center will be located at the corporate office. The alternative site will be at the closest branch office.
- b. Planning
  - i. The corporate office will maintain a current list of contact information for staff, priority 1 patients, vendors and community resources.
- c. Patient Care
  - i. Upon admission the nurse will assign the patient with a priority code. The nurse will also discuss the patients individualized emergency preparedness plan and leave a copy for reference in the patient home. If the patient's status changes the nurse will be responsible for updating the emergency preparedness plan.
- d. Plan Activation
  - i. Once the Incident Command Center is activated the Phone Pyramid Communication Plan will be activated.
  - ii. Each role in the Incident Command Structure will be activated that is deemed needed by the Incident Commander and will follow their role descriptions.
  - iii. The agency will plan that if a role within the command structure is unavailable, the next role in line will accept the responsibility.

#### Command Structure



#### Role Description

##### Incident Commander

- The incident commander is the only role that is always initiated in an event. The incident commander directs the emergency response through development of incident objectives. A critical role of the commander is to determine the level of emergency response in relation to the impact on life, property and capability to maintain operations.

##### Public Information Officer

- The public information officer is responsible for developing and releasing information about the incident to the news media, to incident personnel, and to other appropriate agencies and organizations.

##### Safety Officer

- This position supports the command staff and is responsible for the overall safety of the response activities. The safety officer evaluates the data from multiple sources (weather alerts, emergency management updates) and communicates to the incident commander. The safety officer ensures that internal locations are hazard-free. The safety officer receives feedback by company superiors and clinicians regarding status of on duty and off duty staff and patients that could not be reached and the efforts made to contact emergency responders.

##### Operations Section Chief

- This position manages tactical operations. They direct all tactical resources to carry out the agencies mission and action plan as determined by the Incident Commander.

##### Planning Section Chief

- This position will oversee all incident related data and assist the Operations Section Chief with developing alternative tactical operations and help prepare the action plan as determined by the Incident Commander.

##### Logistics Section Chief

- This position organizes and directs the operations associated with maintenance of the physical environment and the provisions of human resources, material and services to support the incident activities

##### Financial/ Administration Section Chief

- This position ensures business functions are maintained and limits interruptions to the continuity of essential business operations.

§SUBJECT: Hazard Vulnerability Assessment

POLICY: The proactive risk assessment or Hazard Vulnerability Analysis (HVA) will be performed using an all hazards approach to identify possible emergency events the agency could experience that could interfere with the delivery of care and services, and how the agency's essential business functions and ability to provide services could be impacted by those emergent events. The potential impact is based on the risks to the agency itself and the community in which it is located. The agency will consider the extent of their service area, including the location of any branch offices and prioritize the risks. The Emergency Disaster Plan (EDP) will be developed based on the documented, facility-based and community-based risk assessment utilizing a proactive all-hazards approach. The EDP will include strategies to address emergency events identified by the risk assessment, to prioritize potential emergencies identified in the risk analysis, and to address the agency's patient population. The HVA will be conducted initially when developing the Emergency Preparedness Plan, upon identification of any new external risk factor, when beginning a new service, and annually.

PRACTICE/PROCEDURE/IMPLEMENTATION:

1. The agency identifies potential emergencies that could affect the need for its services or its
  - a. ability to provide those services, as well as the direct and indirect effects these emergencies
  - b. may have on the organization's operations and demand for services.
2. The agency with representation or input from all major departments performs this
  - a. evaluation on an annual basis and/or following events, which change the environment of
  - b. care, upon identification of any new external risk factor or when beginning a new service
  - c. using the Hazard Vulnerability Analysis (HVA). Using the HVA, an all hazards approach,
  - d. potential emergencies are identified and prioritized:
3. Every potential event will be evaluated in terms of probability of occurrence, risk
  - i. and the agency's preparedness;
    - i. Known risks, historical data and manufacturer/vendor statistics will be
    - ii. considered when evaluating probability of occurrence;
  - ii. Threat to life or health, disruption of services, damage/failure, loss of

- i. community trust, financial impact and legal issues will be considered when
      - ii. evaluating risk; and
    - iii. Current emergency disaster plan, training/orientation, insurance, availability
      - i. of backup systems and community resources will be considered when
      - iv. evaluating preparedness.
4. The totals for each event in the areas of probability, risk and preparedness will be
  - i. listed in descending order. The agency will determine a value above which action is
  - ii. necessary and determine the events for agency focus and emergency planning.
5. The Quality Assessment Performance Improvement Committee will review the results from
  - a. all Hazard Vulnerability Assessments. Findings and recommendations are documented and
  - b. forwarded to the Governing Authority. The analysis and recommendations are utilized in
  - c. agency wide planning and decision making in regards to Emergency Disaster Preparedness,
  - d. and modification to the EDP
6. The agency will review this policy at least every 2 years.
7. The hazard vulnerability assessments have been adapted from multiple county HVA plans.

**ADDENDUM 4-001.E**  
**PLANS FOR PRIORITY EVENTS**

*(Insert Individualized Plans as Appropriate to the Environment and Geographic Service Area)*

1. Severe Weather
  - a. Winter storm
  - b. Tornado
  - c. Thunderstorm
  - d. Extreme Heat
  - e. Flood
  - f. Landslide
2. Energy disruptions
  - a. Power failures
3. Biological
  - a. Hazardous material accident
  - b. Water source contamination
4. Cyberattacks
5. EMR down
6. Emerging Infectious Disease

**SUBJECT:** Weather Report/ Road Conditions

**POLICY:** The agency will keep a list of weather and road condition resources to be deployed during an active emergency. These resources will be accessible to the incident command team to obtain pertinent information about the weather and road conditions.

**PRACTICE/ PROCEDURE/ IMPLEMENTATION:**

1. Weather Report
  - a. National Weather Forecast Office Phone Number and Website
    - i. Weather.gov
    - ii. 301-427-9855
2. Road Conditions
  - a. State Highway Patrol Phone Number and Website
    - i. Ohio
      1. Statepatrol.ohio.gov
      2. 614-466-7170
    - ii. Michigan
      1. Statepatrol.michigan.gov
      2. 1-800-381-8477
3. The weather and road condition resources will be updated at least every 2 years.

**PANDEMIC INFLUENZA PREPAREDNESS**  
**Policy No. 4-002**

**PURPOSE**

To reduce the risk of further spreading the influenza virus in cases of a pandemic outbreak.

**POLICY**

Patients with the influenza virus will be identified, actions will be taken to limit the further transmission, while adhering to local, state, and federal guidelines in cases of a pandemic.

**Note:** Pandemic influenza occurs when Influenza A viruses bearing new surface proteins derive from animal influenza emerge and spread globally among people. Large portions of the world's population lack pre-existing protective antibody from these new viruses, and could consequently cause global and national levels of illness and deaths can be much higher and more severe.

**PROCEDURE**

1. Ohioans Home Healthcare will coordinate with the state Division of Epidemiology in the event of a pandemic for reporting protocols, and securing medical supplies, including vaccine.
2. During a Pandemic "alert" period, Ohioans Home Healthcare will assure adequate supplies and equipment so that cross contamination from patient to patient will not occur.
  - A. Supplies may include surgical masks, gloves, goggles, disposable gowns, alcohol based hand hygiene products, and other disposables.
3. Clinical criteria for identifying patients with the pandemic influenza virus:
  - A. Oral temperature of 100.4 degrees Fahrenheit or greater, plus one of the following:
    1. Sore throat
    2. Cough
    3. Dyspnea
    4. Other symptoms as recognized by the government on: [www.pandemicflu.gov/](http://www.pandemicflu.gov/)
4. Management of patients who have symptoms indicating possible influenza infection during a pandemic will be handled by:
  - A. Following any local, state, or federal guidelines during the pandemic
  - B. Obtaining any clinical specimens as ordered, using proper bio-containment
    - C. Separating patients with suspected infection from others in household
    - D. Instructions patient and families on hand hygiene, proper disposal of tissues, etc.
    - E. Children under 18 should not be treated with aspirin due to risk of Reye syndrome in this age group