



EMERGENCY MANAGEMENT PLAN

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An emergency is any situation that disrupts or alters the normal day to day business.



DEFINITION OF EMERGENCY

- Any natural, technological or civil emergency that causes damage of sufficient severity and magnitude to result in declaration of a state of emergency by a county, the Governor or the President of the United States.
- The Administrator or designee at the agency will make the decision to implement the plan.

REMEMBER

The Agency will present its best effort to provide care to clients in emergency situations. However, if the Agency is unable to comply with situations beyond its control making it impossible to provide services, such as when roads are impassable or when a client relocated to a place unknown by the Agency, the Agency is not required to continue to provide care.



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POLICIES

- Emergency Preparedness Disaster Plan
- 1.45 Disaster Plan
- 1.46 Emergency and Disaster Procedures
- 4.52 Emergencies and Disasters



Policy 1.45 Disaster Plan

- In depth policies are located in the Disaster Manual.
- The plan is an orderly procedure to be implemented in an emergency to assure that the health care needs of clients continue to be met.
- All employees shall be oriented to the plan and their responsibilities.
- Possible emergency or risk factors will be identified for each client and appropriate emergency plans discussed with the client and/or responsible person at the time of admission.
- The disaster plan is reviewed at least yearly through the Professional Advisory Committee (PAC).




Employee plan

- In-service on hire
- The agency will maintain and updated employee list with phone numbers
- The Agency will maintain an updated employee call tree that will be activated in the event of an emergency



Patient/Client plan

- Disaster classifications based on patient needs (Class I thru IV)
- Disaster code is assigned to the patient at SOC and documented in the system (as appropriate) and on the outside of the patient/client record
- Emergency information in SOC packets
- Special needs registration with local shelters



Patient Disaster Classifications

- Class I – Patients with life threatening conditions that require ongoing medical treatment or a medical device to sustain life.
- Class II – Patients with the greatest need for care will be seen as soon as possible. Patients requiring daily insulin injections, IV medications, sterile wound care of a wound with a large amount of drainage.
- Class III – Services could be postponed 24-48 hours without adverse effects. Diabetic patients able to self inject, sterile wound care to a wound with minimal amount or not drainage.
- Class IV – Service could be postponed 72-96 hours without adverse effects. Postoperative with no wound, routine catheter changes or discharge within 10-14 days.



The client is provided with the following:

- A copy of the Agency's policy on how to handle disaster related emergencies in the home
- Client responsibilities in the Agency's Emergency Preparedness and Response Plan
- A list of community disaster resources that can assist during a disaster-related emergency
- Survival tips and plans for evacuation and sheltering in place



When a emergency is declared

- The Administrator will contact all office staff to inform them and have them contact the field staff.
- **Staff safety is a primary concern**
- Staff will not be asked to jeopardize their safety if the situation becomes potentially dangerous. If this occurs, authorities will be notified and if necessary an ambulance will be called for the patient.
- Staff will be expected to contact the office and report their whereabouts and availability
- The patient/clients will be contact in order of their disaster classification assigned at the time of admission.



Policy 1.46

Emergency and Disaster Procedures

- If inclement weather occurs the employee is expected to contact the office or answering service for instructions regarding the opening of the Agency.
- All staff that who can safely report to work are asked to do so. If you are not able to report to work, the supervisor should be notified so that any visits needed may be covered.
- If the office telephone service is out of order, operations will be maintained from an alternate location designated by the Administrator.

Policy 1.46-continued

- Patients/clients who rely on public transportation will be assisted by the Agency with alternate arrangements.
- Local authorities may be contacted to assist as needed.
- In the event of work stoppage by the Agency, the patient/client will be contacted and appropriate arrangements will be made for services as possible.



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Policy 4.52

Emergencies and Disasters

- Employees, for the benefit of their own safety must learn what to do in case of an emergency.
- Each employee must be familiar with the Agency's Disaster Plan, a copy of which is maintained in the office.



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Emergency Preparedness Policy 6.1

- The Emergency/Disaster Plan provides an orderly procedure to be implemented in an emergency to assure that the health care needs of patients continue to be met.
- The Agency is not required to physically evacuate or transport a client in the event of an emergency.
- All employees will be oriented to the plan and their responsibilities in carrying out the plan.
- The Administrator or Agency manager is designated as the disaster coordinator. In his/her absence the Alternate Administrator or Agency Manager will act in this role.



Policy 6.1-continued

- The Agency has a continuity of operations business plan to address emergency needs, essential functions for the client services, critical personnel and how to return to normal operations as quickly as possible.
- The Agency has a risk assessment to identify the potential disasters from natural and man-made causes most likely to occur in the Agency's service area.
- The Agency will follow procedures for communicating with staff, clients/family, local, state and Federal emergency management services.
- This may include:
 - ❖ Emergency medical services
 - ❖ State regulatory departments
 - ❖ Other healthcare providers and suppliers
 - ❖ Alternate modes of communication or alert systems in the event of telephone or power failure



Pre-Impact Plan

- Decision to implement the Plan
- Call tree implemented
- Communication to all staff of emergency plan implementation and/or closure
- Determine patient classification list
- Patients contacted



Pre-Impact Considerations

- Run visit calendar to determine which patients will require visits
- Coordinate for visits as appropriate
- Make sure that all Special needs patients are registered with the county in which they reside



Agency considerations

- Security of the Office
- Rolling of the phones
- File back-up
- Security of equipment/files



Staff Emergency Preparedness Plan

- Know the Agency's Plan
- Have the automobile equipped
- Have alternative communication devices available for use
- Establish a family preparedness



Special Needs Considerations

- **Hearing Issues:**

- ❖ Have a pre-printed copy of key phrase messages handy, such as:
 - ✓ I use American Sign Language
 - ✓ I do not write or read English well
- ❖ Consider having a weather radio with visual/text display

- **Vision Issues:**

- ❖ Mark disaster supplies with fluorescent tape, large print or Braille
- ❖ High powered flashlights
- ❖ Place security lights in each room to light path of travel

- **Assistive Device Users:**

- ❖ Label equipment with simple instruction cards on how to use
- ❖ If you use a cane, keep extras in strategic locations
- ❖ Keep a spare cane in emergency kit
- ❖ Know what your options are if your are not able to evacuate with your assistive device



Post-Impact Plan

- All employees to contact the Agency as soon as possible post disaster
- The Administrator will assess the status of the physical facility and of systems
- Post impact meeting
- Contact all patients per the calendar
- Document any significant information including missed client visits



Damage of Written Records

- If written records are damaged during a disaster, the Agency must not reproduce or recreate client records except from electronic records.
- Records reproduced from existing electronic records must include:
 - ❖ The date the record was reproduced
 - ❖ The Agency staff member who reproduced the record
 - ❖ How the original record was damaged



Follow up

- All disaster/emergency activities will be documented by the Administrator in the Agency records.
- Contacts with the clients shall be documented in the patient/client record.
- The Administrator shall declare when the emergency/disaster plan is discontinued.
- The details of the execution of the plan will be analyzed to determine any revisions that may be indicated for the plan.
- These recommendations will be provided to the PAC that will advise the Board of Directors of any needed changes.



POST TEST



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Emergency Management Plan Post Test

1. An emergency is any situation that disrupts or alters the normal day to day business.
True False
2. Who will make the decision to implement the plan?
a. The Administrator b. The Board of Directors c. The Administrator or designee
3. The Agency is required to provide care regardless of the situation.
True False
4. The policies relating to Emergency Management is located in:
a. Administrative policies b. Patient Care policies c. Disaster Manual
5. When are employees oriented to the plan?
a. When the disaster occurs b. On hire c. Within 90 days of hire
6. How often is the plan reviewed and updated?
a. Yearly b. Every 6 months c. Yearly and when the plan is implemented
7. On admission the patient/client is assigned a emergency classification. What are the classifications?
a. 1-3 b. I thru IV c. A-D
8. Patients with special needs will be registered with local shelters.
True False
9. During an emergency _____ is a primary concern.
a. Maintaining phone contact b. Securing the office c. Staff safety
10. How should the employee prepare for an emergency?
a. Know the Agency's plan b. Have the automobile equipped c. Establish a family plan d. All of the above