PURPOSE:

- To ensure the Agency is prepared to mitigate, respond to, and recover from disasters or emergencies that impact the environment of care.
- To maintain continuity of care and services for all patients during emergency events.
- To establish clear protocols that safeguard patients and staff and guide the prioritization of care and services during disasters, emergencies, or other challenging conditions.
- To preserve essential business operations, protect patient information, support employees, meet critical financial and administrative obligations, and restore normal operations following an event that disrupts the Agency's ability to conduct business.
- This plan applies to disruptions affecting clinical services, staffing, office operations, information technology, communications, financial processes, and essential third-party relationships.

DEFINITIONS:

Emergency:

- A natural event (storms, floods, pandemics) or human-made event (accidents, civil disturbances, security breaches) that significantly disrupts care, treatment, and services (i.e., loss of safe travel routes and/or utilities such as power, water, or telephone due to flood, civil disturbances, accidents or emergencies within the Agency or the community it serves).
- An unplanned event that can cause death or significant injury to patients, staff or the public; or can shut down the Agency, disrupt operations, cause physical or environmental damage or threaten the Agency's financial standing or public image.

GOALS:

- Ensure staff understand emergency preparedness responsibilities through orientation and ongoing education.
- Educate patients/clients on their roles in emergency preparedness during admission and as needed.
- Establish and implement procedures for responding to a variety of disasters and emergencies, maintaining essential business functions, and restoring affected operations.

STAFF TRAINING AND EDUCATION:

- All Agency staff will receive emergency management training consistent with their defined roles and responsibilities at least every two (2) years.

- All hands-on clinical staff will receive emergency management training annually as part of the Agency's mandatory in-service program.

- Training will include review of the key elements of the Emergency Operations Plan relevant to each staff member's role/department, including but not limited to communication protocols, patient management, safety procedures, reporting expectations, and applicable business contingency and recovery procedures.

- Training content will also incorporate any identified areas of focus or improvement opportunities based on the Agency's operational experiences during the previous one (1) to two (2) years.

PLAN ACTIVATION:

- The plan is activated when a disaster or emergency occurs or is likely to occur. The Agency Director and/or Agency Administrator may activate business contingency procedures when an actual or anticipated disruption materially affects, or is reasonably likely to affect, essential Agency operations.

- Disasters / Emergencies most likely to occur in the geographic regions served by Helms Home Care include, but are not limited to:

    - **Environmental Events**
        - Hurricanes or severe storms
        - Flooding
        - Snow/ice storms
        - Fallen debris blocking roads

    - **Infrastructure-Related Events**
        - Loss of power, water, and/or heat
        - Loss of telecommunications network
        - Security breach (cyber or physical)

    - **Health-Related Events**
        - COVID-19 or other pandemic-related hazards

- When the Agency is notified of an emergency or business disruption, the person receiving notification will immediately notify the Agency Director and/or Agency Administrator of the situation whether it be internal or external.

- The Agency Director and/or Agency Administrator will evaluate the event to determine whether the plan and applicable business contingency procedures will be activated.

- The designated leadership team will assess the disruption, identify affected functions, establish operational priorities, assign responsibilities, and determine when temporary procedures or alternate work arrangements are necessary.

- The Agency Director and/or Agency Administrator will notify any additional outside agencies that may need to assist in the event of an internal emergency, i.e., fire department - flood or gas leak.

PATIENT MANAGEMENT (I.E., MODIFICATION OR DISCONTINUATION OF SERVICES):

- Active patient demographic and clinical data is updated and kept available for review during an emergency event, on an ongoing basis.

- During admission and completion of the Plan of Care/Treatment patients with special emergency needs/conditions will be identified and patients will be prioritized based on acuity and special emergency needs, using a high/medium/low risk scale.

- An available log of patients with special conditions will be maintained, updated as appropriate, and current. Special needs include:

    - Assistance to Evacuate
    - Life Dependent Equipment (Ventilator, Oxygen, Etc.)
    - External Resources (dependent to remain safely at home)
    - External Care (multiple hours required to remain safe in home)

- Priority of care and services will be given to patients in order of priority status. Emergency Response Levels are defined as follows:
    - **High Risk:** The absence of daily skilled nursing intervention poses an immediate threat to life (i.e., ventilator-dependent without capable caregiver).
    - **Medium Risk:** The absence of daily skilled nursing intervention does not pose an immediate threat to life (i.e., wound care).
    - **Low Risk:** The absence of skilled nursing intervention does not pose an immediate threat to life (i.e., chronic illness).
- Emergency Preparedness information will be shared with the patient/family during Admission and as needed thereafter. The patient/client will acknowledge receipt of this information and documentation will be kept in the patient's medical record.
- During an emergency event, Supervisory and Field staff will contact active patients to evaluate and assist with care needs and concerns related to evacuation/shelter plans, if any.
- Patients are reminded at this time that Helms Home Care staff will not make home visits during a time of acute disaster/emergency. Patients are instructed on how to plan with public services.

COMMAND STRUCTURE AND STAFFING DURING AN EMERGENCY:

- The Agency Director will monitor the implementation and actions of the plan carried out through the Director of Nursing & Clinical Supervisors.
- Contact information will be available 24 hours a day, 7 days a week, from these individuals.
- All patient care staff will report to the Clinical Supervisor or Director of Nursing to ensure the safety and security of staff prior to or during an emergency event:
    - Upon activation of the plan, office staff will begin to call field staff members as needed.
    - The Director of Nursing will assign office and field staff to essential functions related to patient care and scheduling.
    - The Agency Administrator will assign office staff to essential functions related to Agency operations.

- Patient visits will resume only after local authorities confirm it is safe to travel.
- The Agency Administrator or designee will coordinate administrative recovery, while the Agency Director, Director of Nursing, and appropriate clinical leadership coordinate patient-care priorities and clinical recovery.
- If a designated leader is unavailable, the next available authorized leader will assume the responsibilities necessary to maintain essential operations, consistent with the Agency's established delegation of authority.

BUSINESS CONTINGENCY PLAN:

- During a disruption, the agency will prioritize the following functions according to patient safety, regulatory obligations, operational necessity, and the anticipated duration of the disruption:
    - Patient care and clinical coordination: Maintain patient safety, clinical oversight, urgent scheduling, staffing coordination, and communication with patients, caregivers, and referral partners, consistent with the patient management and safety requirements of this plan.
    - Workforce availability: Maintain access to essential employee contact information, identify available clinical and administrative personnel, and coordinate staffing coverage.
    - Communications: Maintain effective communication with employees, patients, pharmacies, referral partners, vendors, and relevant authorities through available communication methods.
    - Information technology and records: Preserve access to essential patient and employee information, protect confidential information, and implement approved contingency procedures if primary systems become unavailable.
    - Documentation and billing: Preserve visit documentation, identify outstanding documentation and billing requirements, and restore routine processing as soon as practicable.
    - Payroll and financial operations: Maintain the information and approvals necessary to process payroll, address time-sensitive financial obligations, and preserve essential financial records.

- Administrative and regulatory operations: Maintain essential personnel, compliance, licensing, credentialing, and reporting functions.
- External dependencies: Assess disruptions involving pharmacies, referral sources, technology providers, telecommunications services, payroll systems, and other critical vendors or business partners.

- Under the activation authority and command structure established in this plan, contingency measures may include the following, depending on the nature of the disruption:
  - Relocating work to an alternate approved location or using remote work arrangements when authorized.
  - Using alternate communication methods when telephone, internet, or primary communication systems are unavailable.
  - Implementing approved downtime procedures for essential records, scheduling, documentation, and administrative processing.
  - Coordinating available staff and prioritizing essential services when workforce availability is reduced.
  - Contacting affected business partners and vendors to establish temporary arrangements and anticipated recovery timelines.
  - Preserving available records of actions taken, decisions made, and outstanding obligations for subsequent reconciliation.
- All contingency measures must protect patient confidentiality, comply with applicable law, and remain within the authority and professional scope of the individuals implementing them.

CONTINUING AND/OR RE-ESTABLISHING OPERATIONS FOLLOWING AN EMERGENCY:

- The Agency will work to restore operations to pre-emergency levels as quickly and efficiently as possible after an emergency or business disruption.
- Office staff are to report to their manager by telephone or in person as soon as possible after the acute emergency has passed.

- Field staff are to report to a Clinical Supervisor, Director of Nursing or the Care Coordination Manager by telephone as soon as possible after the acute emergency has passed.

- As staff become available, the Director of Nursing or designee will assign staff to begin the assessment of patient circumstances.

- Patient care and/or services will not resume until the appropriate authorities have announced that it is safe to resume normal business activities.

- The Agency Director will report any individuals not accounted for within 48 hours to the appropriate authorities.

- Leadership will determine when normal operations can resume based on safety, system availability, staffing, access to necessary records, and the ability to perform essential functions reliably. Patient visits and services remain subject to the safety and authority requirements stated above.

- Following restoration, responsible departments will reconcile outstanding visit documentation, scheduling changes, timekeeping, payroll inputs, billing records, communications, and other affected business activities.

- Significant disruptions will be documented and reviewed to identify corrective actions, improve preparedness, and reduce the likelihood or impact of recurrence.

PLAN REVIEW AND MAINTENANCE:

- The Agency will maintain current leadership and staff contact information, identify critical systems and external dependencies, and periodically review the adequacy of its continuity procedures.

- The Emergency Operations Plan, including business contingency and recovery procedures and applicable supporting procedures, will be reviewed at least annually and following a significant disruption or material operational change.

- Training, exercises, and review activities will be documented as appropriate to applicable regulatory, accreditation, and contractual requirements.