

| | |
|--|----------------------|
| SECTION 7A: EMERGENCY MANAGEMENT & ENVIRONMENTAL SAFETY | POLICY: 7A.2 |
| POLICY: EMERGENCY OPERATIONS PLAN | PAGE: 1 OF: 4 |

PURPOSE:

- To provide knowledge that ensures effective mitigation, preparation, response and recovery to disasters or emergencies affecting the environment of care.
- To preserve the continuity of care and/or services to the patient population served.
- To define protocols for prioritizing the delivery of care and services to clients and protect the safety of staff during disasters, emergencies and/or environmentally challenging situations.

DEFINITIONS:

- Emergency:
 - A natural or human-made event 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:

- Identify procedures to prepare and respond to potential disasters or emergencies
- Proper communication with staff on the elements of the plan during orientation and as needed so that staff are knowledgeable of the practices and procedures relating to emergency preparedness responsibilities and emergent events.
- Proper communication with patients / clients on the elements of the plan during admission and as needed so that patients / clients are knowledgeable of the practices and procedures relating to emergency preparedness responsibilities and emergent events.
- Establishing and implementing procedures in response to an assortment of disasters and emergencies.

| | |
|--|----------------------|
| SECTION 7A: EMERGENCY MANAGEMENT & ENVIRONMENTAL SAFETY | POLICY: 7A.2 |
| POLICY: EMERGENCY OPERATIONS PLAN | PAGE: 2 OF: 4 |

PLAN ACTIVATION:

- The plan will be initiated when it has been determined that a disaster or emergency has occurred or has the potential for occurring.
 - Disasters / Emergencies most likely to occur in the geographic regions served by Helms Home Care, include, but are not limited to:
 - Loss of power, water, and/or heat due to hurricane or severe storm
 - Inability to travel roads safely due to flooding, snow/ice, or fallen debris
 - COVID or pandemic-related restriction / hazard
 - Loss of telecommunications network and/or security breach
- When the Agency is notified of an emergency, the person receiving notification will immediately notify the Agency Director and/or Agency Administrator of the situation whether it be an internal or external emergency.
 - The Agency Director and/or Agency Administrator will evaluate the emergency to determine whether the plan will be activated.
- 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 MANGEMENT (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 shall be identified and patients shall be assigned a priority code in accordance with the acuity of their status.
 - An available log of patients with special conditions shall 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 in home)
 - External Care (multiple hours required to remain safely in home)

| | |
|--|----------------------|
| SECTION 7A: EMERGENCY MANAGEMENT & ENVIRONMENTAL SAFETY | POLICY: 7A.2 |
| POLICY: EMERGENCY OPERATIONS PLAN | PAGE: 3 OF: 4 |

- Priority of care and services will be given to patients in order of priority status. Emergency Response Levels are defined as follows:
 1. **High Risk:** the absence of daily skilled nursing intervention poses an immediate threat to life (i.e., ventilator-dependent without capable caregiver).
 2. **Medium Risk:** The absence of daily skilled nursing intervention does not pose an immediate threat to life (i.e., wound care).
 3. **Low Risk:** The absence of skilled nursing intervention does not pose an immediate threat to life (i.e., chronic illness).
- Emergency Preparedness information shall be shared with the patient/family during Admission and as needed thereafter. The patient/client will acknowledge receipt of this information and documentation shall 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 shall monitor the implementation and actions of the plan carried out through the Director of Nursing & Clinical Supervisors.
 - Contact information shall be available 24 hours a day, seven (7) days a week, from these individuals.
- All patient care staff shall report to the Clinical Supervisor or Director of Nursing to ensure the safety and security of staff prior to or during an emergent event:
 - Upon activation of the plan, office staff shall begin to call field staff members as needed.
 - The Director of Nursing shall assign office and field staff to essential functions related to patient care and scheduling.
 - The Agency Administrator shall assign office staff to essential functions related to Agency operations.
 - Staff will not be sent to patient homes until local law enforcement states that it is safe to travel.



| | |
|--|----------------------|
| SECTION 7A: EMERGENCY MANAGEMENT & ENVIRONMENTAL SAFETY | POLICY: 7A.2 |
| POLICY: EMERGENCY OPERATIONS PLAN | PAGE: 4 OF: 4 |

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

- The Agency shall restore operational capabilities to pre-emergency levels in a timely and efficient fashion immediately following an emergency.
 - 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, Nursing Director 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.