

<b>SECTION 7A: EMERGENCY MANAGEMENT &amp; ENVIRONMENTAL SAFETY</b>	<b>POLICY: 7A.2</b>
<b>POLICY: EMERGENCY OPERATIONS PLAN</b>	<b>PAGE: 1 OF: 4</b>

### **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.

### **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.

### **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.

Policies & Procedures



*Reference: PDN Policies 1001 & 1004*

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- 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, and reporting expectations.
- 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.
- Completion of required training will be documented and maintained in each employee's personnel file.

### **PLAN ACTIVATION:**

- The plan is activated when a disaster or emergency occurs or is likely to occur.
  - 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, 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.

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### **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 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:
    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 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**

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- 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, seven (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.

#### **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.
  - 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.