

Home Care

Emergency Preparedness 101



Learning Objectives

By the end of this session, you should understand:

- Basic home care emergency planning
- The importance of knowing your agency's plan
- The value of having your own plan
- Different types of shelters
- How to access information about shelter locations
- The importance of your patients' preparedness

The Basics

- Home Care Agencies are required to plan for emergencies of all types (All-Hazards)
- As part of that planning, staff must be oriented to the plan and understand their role in responding to a disaster
 - Regulation – State
 - Conditions of Participation
 - Accrediting Bodies (Joint Commission)
- Plan should be based on risk assessment (HVA)
- Plus - Informal expectations by counties, cities, other providers, even patients

Goals of an Emergency Plan

- Maintain continuity of care
- Ensure patient and staff safety
- Mitigate harm; reduce damage
- Maintain staff cooperation
- Ensure appropriate utilization of resources
- Ensure orderly response to emergency situations within community effort
- Provide legal protection for agency
- **Meet government and accrediting requirements**

JOINT COMMISSION

All organizations must have an emergency management program (also known as a disaster plan) so that patient/resident/client care can be continued effectively in the event of any emergency situation. The emergency management program should be general and allow specific responses to the types of disasters likely to be encountered by the organization. The emergency management program shall be based on the priorities identified in the Hazardous Vulnerability Analysis (HVA). The Joint Commission discourages the development of separate plans for each contingency because these would be impractical to use and difficult to keep updated. Based on an evaluation of incident probability/frequency specific to the organization, disasters that might be considered in an organization's emergency management plan include, but are not limited to, (based on definitions of Red Cross and the Disaster Relief Act of 1974) Natural disasters, including the following types...

NYSDOH Survey Elements

Internal Operations

1. 24/7 contact info
2. Call Down List
3. Patient Roster
4. Information requests
5. HPN Account & Coordinator (s)
6. Annual policy update & staff training

External Collaboration

7. Community Partner Contact List
8. Pre-planning with those Partners
9. Drills

**Pan Flu Plan
Surge Plan**

1. 24/7 Contact List

Required

- Telephone numbers & email addresses of the 24/7 emergency contact person & an alternate
- Should also be on HPN
- Best Practice Suggestions
 - Second alternate
 - Make sure everyone has a paper copy



2. Phone Tree or Staff Call Down

Required

- Call down list
- Procedure for how it is kept current

Best Practice Suggestion

- P & P covering call down initiation and process
- Preferred alternate means of communication (cell, radio, etc)
- Have hard wired phones; cell phones; team up with RACES (Ham radio)
- Pre-arranged gathering place if communication is down

3. Patient Roster

Required

Patient contact information

- Patient Priority Level
- ID of Patients on Life Support Equipment
- Family/caregivers emergency contact #s
- Other specific information critical to first responders

Patient Roster

Best Practices

- **Patient registered with local emergency services or SNP registries, if available**
- **Patient registered with utility company**
- **Shelter needs identified**
- **Patient and family educated—discuss plans at admission; update every six months.**
- **“Go” kit with all medical & contact information**
- **Safe return bracelets**

4. Requests for Information

Required

- **Policies and Procedures to respond to or initiate requests for information or resources**

Policy: During an emergency incident, all incoming and outgoing requests for information or help will be routed (e.g.):

***---through the communications center or
---through the office of the administrator.***

All requests must be approved by the incident commander (or administrator) prior to implementation.

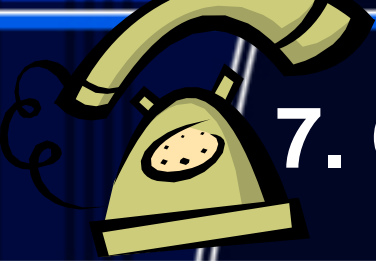
5. Policies and Procedures for HPN

- Policy defining the agency's twenty-four hour, seven-day a week coverage, or coverage consistent with the agency's hours of operation, shall be created and reviewed no less than annually
- Maintenance:
 - Obtain/maintain account
 - "Sufficient" HPN Coordinators
 - Maintain current information in Communications Directory - monthly

6. Updating Plan And Staff Orientation

Required

- Policy that requires an annual review and update of emergency plan
- Policy that addresses staff orientation to the plan and defines their roles during an emergency



7. Community Partner Contact List

Required

- **Policy that addresses how this information will be kept current**
- **List of local health department, local emergency management, emergency medical services and law enforcement and other partnering health organizations**

8. Collaboration & Planning with Partners



Required

- Evidence of pre-arrangements with community partners; including agency's role and responsibilities in the county's emergency response plan

Collaboration with Partners

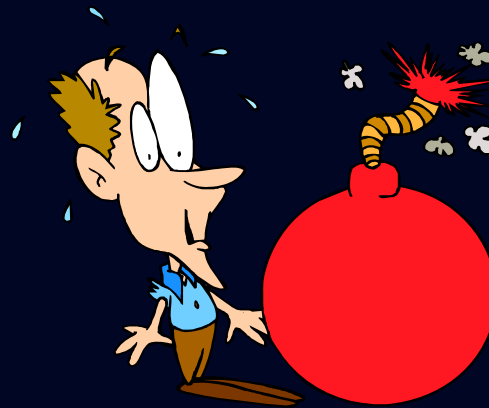
Required: Policy that ensures that the home care agency is an active participant in community emergency planning efforts, demonstrated by:

- Formal MOU or contract;
- Attendance at community emergency planning meetings etc.;
- Basic knowledge of who's who in the community; and
- Outline or explanation of agency's specific role and responsibilities during an emergency.
- DOH quote: "The emergency preparedness guidelines that were sent to agencies in the December 2002 DAL provide a template to follow in ensuring the agency's written disaster plan has the essential elements to demonstrate that it has collaborated through pre-determined roles, lines of authority, and chain of command and communication. This should be included in agencies' procedures."

9. Drills

Required

- **Policies that address participation in agency-specific drills or community-wide drills and exercises**



“Drills should focus on testing the organization’s ability to continue to serve patients in the event of an emergency and should test the organization’s response to an emergency likely to affect continuation of care, treatment , and service as identified in the organization’s hazard vulnerability analysis...” JCAHO

So – What does this all mean?

Key Concepts You Need
to Know



Broad Assumptions

In a large scale event...

- Staff will be called in according to agency policy
- Your agency will most likely prioritize patients by need for service delivery and discharge others near end of their episode to get ready for a “surge” in new patients
- Certain regulatory requirements will be waived or reduced
- Your job duties may change

Staff Call Down

- Often called phone tree
- Agency has a system in place to contact staff in case of a disaster

Patient Prioritization

- Patients are reviewed to establish which ones must be seen as usual; which ones can safely receive a lesser degree of care or receive phone calls; which ones can be discharged

Hazard Vulnerability Assessment

- Identifies critical risks
- Agency/community/patient
- Plan should be customized to appropriate levels of risk

COOP & CEMP

- COOP - Continuity of Operations Planning
 - ensures agency will be able to continue to provide services
 - involves administrative, operational, financial, clinical and HR
- CEMP – Comprehensive Emergency Management Plan

Surge Capacity – “Bounty” Hypothesis


- Also called “medical aftershock”
- Refers to the ability of the health care system to rapidly absorb large numbers of additional patients by
 - discharging low priority patients
 - altering standards of care
 - reorganizing staff
 - reducing time for paperwork
 - operating under waived regulations
- Home care is often looked to as capable of absorbing countless patients (the “bounty” hypothesis)

SURGE in Home Care

- Many variables:
 - Patient roster/ability to downsize
 - Specific event and resulting barriers to service
 - Staff availability
 - Travel ability
 - Prior commitments
 - Acuity of new patients

The Partnership

Emergency planning for home care patients is a patient and family centered partnership that includes the patient, your agency, patient caregivers, the community, local and State emergency planners and responders



- 42% Americans have disaster preparedness plan*
- **Only 9% have disaster medication planning**
- Low percentage confident in what to do in first five minutes following incident
- Those with volunteer experience are more prepared and confident

– ***“Personal Preparedness in America”*** Citizen Corp Survey

Agency Responsibility to Patients

- Response is situational
- Home care agency may be the link between patient and services
- Expectations increasing: care, but not transport - responsibility to provide planning and education advice to your patients, but are not responsible for moving them
- Evacuation Sheltering vs Shelter in Place (SIP)
 - Determining shelter locations
 - Special Needs Shelters
- Continuity of care

Types of Evacuation

- Emergency Evacuation– Immediate departure due to life or safety threat
- Urgent Evacuation – Commence within four hours
- Planned Evacuation – At least 48 hours to prepare

**** Remember...in some cases, such as storms, postponing evacuation may be dangerous as bridges closes, roads and transportation means may shut down – you will have to wait it out**

Incident Command System (ICS)

- Disaster command or incident management system required by guidelines but ICS not yet a survey item
- Home care must have established chain of command
- Should be familiar with terminology and concepts of ICS
 - see handout
- Should know your role within the agency during disaster; who to call; expected duties

Emergency Management

- Local – “County ‘OEM’ ”
- State – State Emergency Management Organization (SEMO – www.semo.state.ny.us)
- Federal – Federal Emergency Management Agency (FEMA – www.fema.gov)
- Department of Homeland Security (DSH) www.dhs.gov

Take away list...You should have

- Personal and family plan
- General Knowledge of:
 - Community risk factors
 - Agency's plan and your role
 - Ethics in emergency response
 - Community partners and their plans
 - Sources of information
 - Sheltering types
 - Your responsibilities
- Enough general knowledge to pick up on “red flags” that may indicate a health crisis (syndromic surveillance)



Questions?

- Press *1 (live call only)

Emergency Sheltering

What You Need to Know



Today's Topic

- Critical Thoughts
- Overview of Shelter Types
 - General Population
 - Medical/Functional/Special Needs
 - Animal
 - Temporary – heating or cooling
 - Shelter in Place

Keep in Mind

Shelters are a life boat,
Not a cruise ship



Emergency Planning

Is a patient and family centered partnership that includes the patient, your agency, patient caregivers, the community, local and State emergency responders and planners



And everyone

Needs to be on the SAME page!!



What you can do...

- Encourage planning in general
- Plan for yourself and your family
- Keep aware of news and weather that make affect your patients (and yourself)
- Find out what your agency's plan is
- Encourage planning in specific situations – find out what patients or their families are planning on doing so you can report back to your agency
 - Where they will go
 - What is expected of the agency and you

Critical Issues

- If possible, it is generally better to relocate in advance, out of harm's way (hurricane, ice storm)
- The more fragile the patient, the more important it is for there to be prior arrangements – shelters are NOT a good place to be
- Medications are a must!

Shelter Location Information

- Often not available until the event
- Generally in schools
- Listen to news for announcements of shelter locations

General Population Shelters

- Often called “Red Cross Shelters”
- Usually set up in schools, but may be at fire house or church
- For healthy, independent people who can sleep on a cot, with or without a caregiver
- No animals other than service (seeing eye or therapy animals)

Medical Needs Shelters

- Also called Special Needs, sometimes Functional and Medical Needs Shelters
- For individuals who need help with ADL's, some medical needs, but do not require hospitalization
- Individuals who cannot sleep on a cot
- Many home care patients fit in this category
- Patients who need assistance in evacuating should have prior arrangements made through registries, taxi services, local fire companies or EMS agreements

Pet Shelters – Pet Friendly Shelters

- Most areas are now planning for pet shelters
- Red Cross does not allow animals in their shelters – must be separate location
- Sometimes pet shelters are located next to general shelters

Heating and Cooling Shelters

- Intended for short term use, generally during power outages
- May not have food or sleeping areas

Shelter Destinations Who Goes Where and What Goes with Them?

- **General Population or Red Cross**
 - GO Bag, medications, comfort items, caregiver?
- **Medical/Functional/Special Needs**
 - GO Bag, MEDICATIONS, assistive devices, comfort items, special foods, caregiver?
- **Pet/Pet Friendly Shelters**
 - cages, proof of shots, meds, food?
- **Heating/Cooling Shelters**
 - snacks, comfort items (no food or sleeping arrangements)

Patient Shelter Needs

- No matter why type of sheltering situation, patients must have their critical health care needs available –
 - Medications
 - Oxygen
 - Special Dietary items
 - Assistive Equipment (walkers, wheelchairs)
- Shelters do not have personalized resources on hand

"Shelter-in-Place"

- Means to take immediate shelter where you are—at home, work, school or in between—usually for just a few hours.
- Local authorities may instruct you to "shelter-in-place" if chemical or radiological contaminants are released into the environment.

Shelter-in-Place

- Used when
 - It is not safe to go outside (chemical, or radiological release, for example)
 - Unsafe to travel (weather)
 - Unable to travel – transit strike, road closure, etc.
 - Health emergency
- “Stuck at Home”

Shelter-in-Place & You

- Make a family plan
 - Work
 - Children's school and activities
 - Family members
 - Contact information
 - Disaster kit – minimum 3 days

Shelter-in-Place & Your Patient

- Remember the partnership?
 - Encourage planning on their part
 - Know what to do
 - Let others know

How will you know when you need to "shelter-in-place"?

Fire or police department warning procedures could include—

- "All-Call" telephoning—an automated system for sending recorded messages, sometimes called "reverse 9-1-1."
- Emergency Alert System (EAS) broadcasts on the radio or television.
- Outdoor warning sirens or horns.
- News media sources—radio, television and cable.
- NOAA Weather Radio alerts.
- Residential route alerting—messages announced to neighborhoods from vehicles equipped with public address systems.

What do you do?

- The appropriate steps depend on the emergency situation. If you hear a warning signal, listen to local radio or television stations for further information. You will be told what to do, including where to find the nearest shelter if you are away from your "shelter-in-place" location.

“Hole up” or “hunker down”

- Take your disaster supply kit
- Know where a safe place is in the house - stay away from windows and doors
- Listen to the radio
- Keep a phone with you if possible
- Keep everyone together
- Generally shelter in place is needed only for a few hours

If you are in your car...

- If you are very close to home, your workplace or a public building, go there immediately and go inside.
- If you are unable to get indoors quickly, pull over to the side of the road in the safest place possible. Turn off the engine. Close windows and vents.
- Listen to the radio periodically for updated advice and instructions. (Modern car radios consume very little battery power and should not affect your ability to start your car later.)
- Stay where you are until you are told it is safe to get back on the road. Be aware that some roads may be closed or traffic detoured. Follow the directions of law enforcement officials.
- Check in...let someone know where you are!

When is it safe?

- Situation dependent
- Listen to the radio and follow instructions

Your Role in Emergency Sheltering

1. Understand different types of shelters
2. Know how to access information about shelter locations
3. Know your patients' needs and plans
4. Know your agency's plan
5. Have your own plan

Resources

- The National Nurse Emergency Preparedness Initiative <http://www.nnepi.org/>
- The Red Cross www.redcross.org
- Ready.gov <http://www.ready.gov/america/>
- Centers for Disease Control and Prevention www.cdc.gov
- Home Care Prepare: www.homecareprepare.org

Questions?

- Press *1 (live call only)
- Thank you for joining us!

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