

JUNE 2000

**LOUISIANA MODEL HOME HEALTH EMERGENCY
PLAN**

EMERGENCY OPERATIONS PLAN OF THE

_____ **(AGENCY)**

**DATED _____ HAS BEEN FORWARDED TO
THE FOLLOWING PARISH OFFICES OF EMERGENCY
PREPAREDNESS:**

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PLAN REVIEW CHECKLIST

NOTE: THERE IS A PLAN REVIEW CHECKLIST ATTACHED TO THE BACK OF THIS PLAN. BEFORE THE PLAN IS FORWARDED TO THE PARISH OFFICE OF EMERGENCY PREPAREDNESS, THE PLAN REVIEW CHECKLIST MUST BE FILLED OUT, WITH THE PAGE AND PARAGRAPH NUMBER LOCATION OF EVERY ITEM ON THE CHECKLIST NOTED IN THE SPACE THAT IS PROVIDED WITH EACH QUESTION.

EMERGENCY PLAN

Model Home Health Agency

4545 Easy St.
New Orleans, LA 00000

This agency serves patients in the parishes of Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, and St. Tammany. Information copies of this plan have been sent to the Parish Office of Emergency Preparedness in each of the parishes in which the agency operates.

List all the parishes in which the agency is authorized to operate. Home Health patient lists will change frequently. However, it is necessary for all Offices of Emergency Preparedness in parishes in which the agency is licensed to operate to be aware of the agency's presence and activities.

I PURPOSE

The purpose of this plan is to establish prompt actions to be taken to assist the patients of Model Home Health Agency during natural and man-made emergencies and disasters.

Although the state and parish governments are committed to assisting all their citizens in the event of an emergency, community resources limit community assistance. It is incumbent upon the Model Home Health Agency to assist in planning by educating staff and patients about disaster risks and the need for emergency planning.

II SITUATION AND CONSIDERATIONS

A. SITUATION:

1. Risk: Model Home Health Agency serves patients in Southeast Louisiana. The primary potential natural and man-made emergencies that could occur in this area include:
 - a. Hurricanes
 - b. Severe Storms
 - c. Tornadoes
 - d. Floods
 - e. Industrial plant hazardous chemical incidents
 - f. Transportation hazardous chemical incidents
 - g. Nuclear power plant incidents (St. Charles Parish only)

The plan must be adapted to the agency and the locale. An agency that operates in South Louisiana will be more concerned with hurricanes and flooding and an agency that operates in North Louisiana will be more concerned with tornadoes and winter storms. Some parishes in Northeast Louisiana could be affected by the New Madrid Earthquake Fault. Consult the Parish Office of Emergency Preparedness in each parish in which the agency operates to get a list of hazards unique to each parish.

2. Patients: Model Home Health Agency serves patients who have varying requirements for medical assistance. The typical protocol of the agency requires that all patients be evaluated when they are taken into care. For emergency purposes, each patient shall have a Disaster Plan Identification Form as shown at Tab C. One copy of the form will be kept with the patient's medical records and one copy will be given to the patient. It is especially important that a copy be kept with those patients who require community assistance (patients who have no other care provider). The copy given to the patient is intended to be immediately available for the use of emergency personnel in the event of an emergency. Patients are designated in categories according to their care needs as shown below and in Tab A:

Since the extent of medical care provided at SN shelters is limited, it is necessary to have working definitions of patient care categories. Overall, there will be four categories of patients: Category I – Hospital Admit (HA), Category I – Hospital Shelter (HS), Category II and Minimal Need patients. Patients with minimal needs will be educated on the risks of disasters and the importance of emergency planning. Patients who have care providers will be encouraged to work with their care providers to plan for emergencies. The remaining three categories, I-HA, I-HS and II, are of particular concern during an emergency. It is the Home Health Agency's responsibility to make necessary prearrangements with hospitals or other appropriate care providers to ensure proper care of the I-HA and I-HS patients. Category II patients who have no other care provider will be offered community assistance. The worksheets in Tab A provide working definitions of these categories of patients.

- a. Category I Hospital Admit (HA), for patients who would need to be admitted to a hospital in an emergency evacuation. The agency is responsible for working with hospitals to ensure that its patients receive appropriate care.
- b. Category I Hospital Shelter (HS), for patients who should be sheltered in a hospital building because their condition could easily deteriorate.
- c. Category II, for patients who can be accommodated in a Special Needs shelter. Special Needs Shelters can only provide a level of care for Category II patients who have no other care provider.

- d. The agency will maintain a list, as in Tab A, Section 3, of patients who would require community assistance and transportation to evacuate in an emergency. These patients will include only those who do not have any family, caregiver, neighbor, or other assistance to call upon in an emergency. The agency will provide the information in the format provided in Tab B, in each parish in which the agency provides care, in accordance with the procedures in Paragraph III, Concept of Operations.

B. **CONSIDERATIONS:** The following issues will be taken into consideration as the agency develops its Emergency Plan:

1. Agency operators and staff will function as described in this plan.
2. Agency operators will educate and assist patients to the greatest extent possible.
3. Agency staff will not be sent into hazardous areas or be required to operate under hazardous conditions during emergencies or disasters.
4. Local and regional news media outlets will provide warnings and updates of natural and man-made emergencies. Parish Government Authorities may issue supplemental warnings. Agency personnel will pay attention to warnings and updates.
5. The time needed to get a response from local emergency services will increase in proportion to the nature, severity, and magnitude of the incident.
6. The agency will develop mutual aid or other agreements with other organizations as appropriate to insure the care of evacuated patients.
7. In a major emergency, hospitals may be able to admit only those patients who need immediate life-saving treatment. Hence, the hospital makes the final determination of which patients will be admitted or sheltered. It is in the best interest of Home Health Agency to make pre-arrangements with hospitals if the agency has patients who fit into Category I, HA or HS.
8. In an emergency, the usual utilities and services could be unavailable for several days. Patients on mechanical ventilation

devices powered electrically should be registered with the local utility company supplying electricity to the patient's home.

9. Model Home Health Agency will encourage, but cannot compel patients or their families to follow specific emergency plans and instructions. Patients have ultimate responsibility for planning appropriately. In the case of children, the parent(s) or guardian(s) has that responsibility.

III CONCEPT OF OPERATIONS

A. BEFORE AN EMERGENCY:

1. The agency will continually update the emergency plan to reflect:
 - a. Current organizational circumstances.
 - b. Changes in risk conditions.
 - c. Changes in patient information.
 - d. Changes in staff.
2. All changes in the plan will be forwarded annually to the Parish Office of Emergency Preparedness in each parish in which the agency provides care.
3. The agency has designated an Agency Emergency Coordinator who is responsible for all emergency activities, including planning, training, exercising, and responding to actual emergencies.

The Agency Emergency Coordinator will be a member of the executive staff or the director of nursing or his or her designee. The ultimate responsibility for implementing the plan lies with a member of the executive staff.

4. The Agency Emergency Coordinator will ensure that the staff is trained in the provisions of the plan.
5. The agency shall complete a Disaster Plan Identification Form, shown at Tab C, on each patient, at the time of admission to the agency. The agency is to use the information obtained from the Patient Emergency Categories in Tab A, to complete the form. The Patient Disaster Plan Identification Form shall be reviewed and updated as the condition/situation warrants, but not less than every sixty- (60) days, with the plan of care recertification. The

agency shall use the Tab Worksheets to categorize patients for Emergency Planning.

6. The agency shall maintain the list of Home Health Agency patients who would need community assistance in an emergency on the form at Tab A, Section 3, for each parish in which the agency operates. Patients eligible for community assistance are patients who have no other care provider. During the time of an imminent emergency, the Home Health Agency shall provide a census of the patients who need community assistance to the offices of Emergency Preparedness in the parishes in which they are located in the format provided in Tab B- Emergency Event Communication Tool. The form includes the patient's name and a patient identifier (ID) number, which may be a medical record number or other identifier, care category (see Tab A), address with zip code, telephone number, and type of treatment. A copy of the patient's Disaster ID Form (Tab C) should be attached. The agency must obtain patient/caregiver authorization to release patient information at the time of admission. The agency will maintain the list for each Parish in which the agency operates.

7. Each year, on the 1st of May, the agency shall send a copy of Tab B-Annual Communication Tool for Emergency Assistance to the Parish Office of Emergency Preparedness in each parish in which it provides care to patients. The census will include only those patients in each parish who need community assistance with evacuation and transportation because they have no family, caregiver, friends, neighbors or other assistance for evacuating.

The purpose of sending Tab B-Annual Communications Tool is to give each OEP an annual estimate of the probable extent of assistance that will be needed in an emergency.

8. The agency shall instruct each patient/caregiver on the emergency plan upon admission. The patient/caregiver will be given instruction regarding the risks of disasters and the importance of emergency planning. The agency will stress the necessity for patient/caregiver to take responsibility for his or her actions in an emergency, as in his or her daily life.

9. The agency may encourage, but not require staff to volunteer to help in Special Needs Shelters. The agency will provide staff with information on Offices of Emergency Preparedness, Offices of Public Health, and offices of the American Red Cross or other organizations to which they could volunteer their services in an emergency.

10. The agency shall hold an in-house emergency preparedness training exercise annually to test the emergency plan. The exercise will test:
 - a. The procedures used to sort patients who need community assistance in evacuating.
 - b. The process the agency will use to assist patients in obtaining supplies and medications which would be needed to sustain them through an emergency.
 - c. The procedure used to notify the home health agency staff and the Parish Offices of Emergency Preparedness in the parishes in which the agency furnishes care of only those patients who need community assistance.
 - d. If the Agency goes through a real shelter or evacuation emergency during the year that causes the Agency to activate and do steps a, b, and c, above, the emergency can take the place of the annual exercise.

B. WHEN A STATE OF EMERGENCY IS DECLARED:

1. When the agency becomes aware of an emergency in the area served, the agency will implement the plan. If the agency office is in a risk area, the office staff will establish a temporary command post at a predesignated site outside the risk area to conduct operations until the conclusion of the emergency. All employees and contract workers will be instructed to contact the command post periodically to report their status and receive instructions.
2. The designated Agency Emergency Coordinator will issue orders to carry out the provisions of the plan.
3. All staff will be alerted to begin emergency operations.
4. The agency will notify the patient/caregiver to obtain needed medications and supplies (at least a two weeks' supply), immediately upon implementation of the emergency plan, in order to insure adequate time for delivery of items. The agency will assist the patient/caregiver to obtain medications and supplies (at least a two weeks' supply) prior to evacuation, as time allows. Attention will also be given to the need for a backup source of electrical power, if needed, for devices such as electrically powered mechanical ventilators.

5. The agency will communicate any information received about changes in patients' locations to durable medical equipment (DME)/infusion suppliers in case additional supplies need to be delivered.
6. Unless otherwise instructed, when a state of emergency is declared, by the Parish or State government, the home health agency shall provide, by facsimile, to the Office of Emergency Preparedness in the Parish in which the emergency has been declared, a current copy of the Home Health Agency Patient Evacuation List (Tab B- Emergency Event Communication Tool). When transmitting this information, the utmost effort and care must be taken to protect the confidentiality of all medical records. The Census will include only those patients who need community assistance with evacuation because no other source of assistance is available. The Census will include the agency phone number and contact person. For each patient listed in Tab B- Emergency Event Communications Tool Form, a copy of the patient's Disaster ID Form (Tab C) should be attached.

C. SHELTER IN PLACE:

If an immediate external hazardous situation occurs, such as a hazardous materials (HAZMAT) release, or a short, severe storm, it may not be possible or advisable to evacuate patients from threatened areas. If such an event occurs and the home health agency becomes aware of the emergency, the agency should take the necessary steps to contact all patients residing in the emergency area and re-instruct the patient/caregiver on the procedures to be followed for that type of emergency.

1. Shelter In Place - General:
 - a. Insure that patients are inside their homes.
 - b. Advise patients or caregivers to close all windows and doors, turn off heating, cooling, and ventilation systems, both central and room units that take in outside air, close all air vents and units in bathrooms, kitchens, laundry rooms, etc., and cover and protect food, water and medications from airborne contamination.
 - c. Monitor the status of the emergency, maintain awareness of public safety and health announcements, and contact parish or local authorities as needed.

- d. Reestablish contact with all patients as soon as possible, after the emergency has passed. Check for possible injuries or deterioration of health status, and initiate corrective action. Give first priority to patients with respiratory problems.

2. SHELTER IN PLACE - TORNADO:

- a. Insure that patients are inside their homes.
- b. Instruct patients on tornado safety. Designate interior rooms and hallways away from windows and doors as tornado refuges. Instruct on the use of mattresses and blankets to reduce injury from flying debris.
- c. Insure that family, neighbors, or friends can assist in putting patients into a tornado safety position when needed.
- d. Monitor the status of the emergency, keep in contact with the local authorities, and maintain awareness of public safety and health announcements.
- e. Assess damage as soon as possible after the event. Compile information so that the Parish Office of Emergency Preparedness and other emergency services can rescue or aid the most serious cases first. Evaluate whether patients may need to be moved to healthcare facilities or to temporary shelters.
- f. Reestablish contact with all patients as soon as possible, after the emergency has passed. Check for possible injuries or deterioration on health status, and initiate corrective action. Give first priority to patients with respiratory problems.

D. EVACUATION:

- 1. The agency shall insure that patient records are up to date, and that appropriate patient/caregiver authorization is obtained as requested in Disaster ID Form, Tab C. The patient/caregiver authorization form allows certain patient information to be reported to the OEP in the appropriate parishes as needed.
- 2. For patients who could not leave their home areas without serious physical consequences, the agency will contact the patient's physician for orders to transfer to appropriate health care facilities in the area that can serve as refuges for Category I patients.

3. Insure that relatives, friends, or neighbors who have agreed to help in emergencies are alerted and ready to assist. In the case of patients who do not have any transportation or anybody to assist them, make arrangements with transportation providers to transport them in time of need. Exhaust all resources before requesting community assistance. Seek assistance from the Office of Emergency Preparedness in their parish only if no other source of transportation is available.
4. Confirm arrangements (e.g., written contracts and/or Memoranda of Understanding) with facilities and agencies, and advise emergency authorities of arrangements in order to facilitate locator activities. The agency should follow up to see if patients who live in an area designated for evacuation have been evacuated, either by caregivers or by other means.
5. Pay attention to all announcements. Re-entry into a risk area may be restricted if there has been extensive destruction, and utilities are not functioning. Contact Parish Offices of Emergency Preparedness to resolve doubts. As soon as return is authorized, follow up to restore the normal situation and level of care.

E. AFTER AN EMERGENCY:

1. After a state of emergency has been declared over, staff will contact the agency emergency coordinator to report in and receive instructions.
2. The agency will direct staff to make a survey of patients to find out their location and condition.
3. The agency will review its emergency operations to determine whether the plan is appropriate or needs revision.

IV. ORGANIZATION AND RESPONSIBILITIES:

A. ORGANIZATIONAL CHART:

1. The home health agency shall develop and document an organization and staffing chart and staff roster. The chart will show the names of staff with job titles, the functional responsibilities of staff, and the chain of command and communication which is to be followed during an emergency. The chart will include staff telephone/pager numbers, and will be kept current.

2. The Agency Emergency Coordinator is responsible for insuring that all provisions of this plan are carried out.

B. RESPONSIBILITIES:

1. Agency Emergency Coordinator:
 - a. Shall be a member of the executive staff or the Director of Nursing or their designee.
 - b. Shall keep the plan and the tabs updated, train employees in its provisions and conduct and critique the annual emergency preparedness training exercise.
 - c. Shall maintain contact with Parish Offices of Emergency Preparedness in all the parishes in which the agency furnishes care, and coordinate emergency activities as appropriate.
2. Director Of Nursing:
 - a. Shall insure that all employees are briefed and trained in their emergency roles.
 - b. Shall insure that a Disaster Plan Identification Form (Tab C) is initiated for each patient and updated every 60 days and as needed.
 - c. Shall promptly alert all staff and patients when emergencies occur.
1. Nursing Staff:
 - a. Shall develop and maintain patient status reports.
 - b. Shall prepare patients and caregivers for possible emergencies. Educate patients and caregivers on the steps to be taken in the event that an emergency occurs. Insure that patients are evaluated for evacuation assistance needs and that consent forms are signed.
 - c. Shall assist the Director of Nursing to coordinate the provision of care throughout the emergency.

- d. Shall develop technical plans and procedures to implement the plan.

V ADMINISTRATION AND LOGISTICS

- A. The plan shall be maintained and updated by the Agency Emergency Coordinator, who will review it after each annual emergency preparedness training exercise, and after each actual emergency.
- B. The plan and its updates will be signed by the Agency Chief Administrative Officer, and Director of Nursing. Copies will be forwarded to the Parish Office of Emergency Preparedness in the parishes in which the agency provides care.
- C. All changes that affect outside organizations will be coordinated with those organizations.

VI AUTHENTICATION

This emergency operations plan provides the procedures that this agency will follow during emergencies. The signatures of the responsible officials below authenticate the plan. This plan supersedes any previous plans promulgated for this purpose. A copy of the plan has been forwarded to the Office of Emergency Preparedness in all the parishes in which this agency operates.

SIGNATURES ON NEXT PAGE:

SIGNATURES:

Agency Emergency Coordinator

Date

Chief Administrative Officer

Date

Director of Nursing

Date

INDEX OF TABS

Tab A - Patient Emergency Categories and Admission Criteria Worksheets:

Section 1 – Worksheet, Category I Hospital Admit (HA)

Section 2 – Worksheet, Category I Hospital Shelter (HS)

Section 3 – Worksheet, Category II-Special Needs Individual

Tab B- Annual Communication Tool (Yearly Update)

Emergency Event Communication Tool

Tab C - Patient Disaster Plan Identification Form

**HOME HEALTH PATIENT EVACUATION CHECKLIST
THINGS TO TAKE ALONG**

- _____ Medications: A two weeks supply of all medications as ordered by your Doctor.
- _____ Portable oxygen (if required)
- _____ Written orders regarding your medical care, and medical records, Including list of medicines and special foods.
- _____ Important papers, valid ID with current address.
- _____ Special dietary foods (non-perishable), with manual can opener.
- _____ Personal hygiene items.
- _____ Extra eyeglasses or contacts, hearing aid, denture needs.
- _____ Extra clothing.

- _____ Wheelchair, walker, cane, etc. (if needed).
- _____ Lightweight folding chair.
- _____ Reading materials, games, puzzles.
- _____ Flashlight and batteries.
- _____ Air mattress, sleeping bag, blankets, pillow, cot.
- _____ Stock one gallon of water per person per day (two quarts for drinking, Two quarts for food preparation and sanitation.

PLAN REVIEW CHECKLIST

LOUISIANA MODEL HOME HEALTH EMERGENCY PLAN

Every home health agency that operates in the State of Louisiana is required to have an emergency plan. The Louisiana Model Home Health Emergency Plan Format will be used as the basis for every agency plan. Every agency will provide a copy of its plan for review by the Parish Office of Emergency Preparedness in every parish in which the agency operates, with a completed checklist attached. The checklist will include the page number and paragraph where every item can be found in the plan. The Parish Office of Emergency Preparedness will review the plan and return it to the agency for correction. This checklist is current as of May 2000.

1. Does the plan have a front page that lists all the parishes to which the plan has been sent? _____
2. Does the plan have a Purpose paragraph? _____
3. Does the plan have a Situation paragraph? _____
 - A. Does the Situation paragraph list all hazards in parishes _____

in which patients are located?

- B. Does the Situation paragraph explain the patient category system? _____
- 4. Does the plan have a Concept of Operations paragraph? _____
 - A. Does the Concept designate an Emergency Coordinator? _____
 - B. Does the Concept explain the procedure for updating patient information and reporting it to the Parish OEP for people who need community assistance? _____
 - C. Does the Concept explain the need to educate patients and their caregivers on emergency preparedness? _____
 - D. Does the Concept explain the training exercise program? _____
 - E. Does the Concept explain what to do when a State of Emergency is declared? _____
 - (1) Does the Concept designate a command post site outside the probable risk area? _____
 - (2) Does the Concept explain the notification of patients and caregivers? _____
 - (3) Does the Concept explain the procedure for reporting patients who need community assistance to Parish OEP's? _____
 - F. Does the Concept explain "Shelter In Place". _____
 - G. Does the Concept explain "Shelter In Place-Tornado"? _____
 - H. Does the Concept explain what to do in an evacuation? _____
 - I. Does the Concept explain what to do after an emergency? _____
- 5. Does the plan have an Organization And Responsibilities (O&R) paragraph? _____
 - A. Does the O&R paragraph describe the organization and staffing chart and designate the person responsible for keeping it current? _____

- B. Does the O&R paragraph list the duties of the Emergency Coordinator? _____
 - C. Does the O&R paragraph list the duties of the Director Of Nursing? _____
 - D. Does the O&R paragraph list the duties of the nursing staff? _____
6. Does the plan have an Administration And Logistics (A&L) paragraph? _____
- A. Does the A& L paragraph specify who will maintain and update the emergency plan? _____
 - B. Does the A&L paragraph specify who will sign the plan? _____
 - C. Does the A&L paragraph specify to which Parish Offices of Emergency Preparedness the plan will be sent? _____
7. Is the plan authenticated by the Chief Administrative Officer and the Director of Nursing? _____
- 8 Does the plan include tabs? _____
- A. Are there tabs of Emergency Categories and Patients Worksheets? _____
 - B. Is there a tab of a Patient Disaster Identification Form? _____
 - C. Is there a tab of an Evacuation Checklist? _____