3B. Emergency Preparedness: Every LHH Should Have a Plan

Presented by:
Sheila Davis, Senior Vice-President, Area Operations
Always Best Care Senior Services
Emergency Preparedness: Every LHH Should Have a Plan

Sheila Davis,
Senior Vice President, Area Operations

Sheila Davis, CHCE, COS-C, is the Executive Senior Vice President of Area Operations @ Always Best Care Senior Services. Sheila is a healthcare professional with over 33 years of executive leadership experience with solid knowledge of health care operations & comprehensive nursing care procedures. She has a strong reputation as a self-directed, goal-driven professional with superior problem solving, communication, & management skills & is successful in managing time, prioritizing tasks, & organizing projects to improve the quality of patient care & effective operations. Sheila has a devout commitment to regulatory issues to ensure quality of care can be provided to all clients in need regardless of age, race, gender, etc. & has a firm belief that information provided to legislative members can & do make a difference. Sheila is active with both NAHC & the HCAOA & serves on a host of committees within both organizations. She has participated as a Quality Reviewer of Publications for Home Care University in Washington, DC, as well as successfully speaks at many health care conferences annually. Sheila was the recipient of the Texas Businessman of the Year in 2003 & was nominated for the Better Business Bureau Torch Award, as well as twice nominated for Board of Commerce & Industry Small Businessperson of the Year. She has served on the NAHC Strategic Planning Committee; PDHCA Advisory Board; HCAOA Medical Advisory Board; TAHC&H Government Affairs Committee, Private Pay Committee, Clinical Practice Committee, & Community Care Services Committee. Sheila received her Degree in Business with an emphasis on Health Care Administration from Texas Tech University -Lubbock, became a Certified Home & Hospice Care Executive in 1998, & received OASIS Certification in 2013 (present). Sheila resides in Wichita Falls, Texas with her husband, Terry. They enjoy spending time with their two children & three precious grandchildren.
Emergency Preparedness – Every Provider Should Have a Plan

As a home health provider, planning is important because you have to make sure your agency and its staff members have the supplies needed to safely care for your patients in times of emergency. When planning for contingencies, home health care providers must consider a variety of hazards and events that could impact their patients. Hurricanes, floods, tornadoes, earthquakes, tsunamis, wildfires, radiation releases, chemical exposures, seasonal and pandemic influenza, and acts of terrorism are just a few examples. There are 5 phases of emergency preparedness that must be in place and ready for implementation. Join us as we learn the simple measures that home health care provider can implement to increase the personal readiness of their patients and themselves. Additionally, become familiar with existing emergency response plans, processes, and procedures in both the workplace and community. Once you are armed with the necessary resources, help your patients, their family members, and other caregivers to be prepared, assemble a kit, make a plan, and be informed.

Agenda

➢ Emergency Cycle Management
➢ Four Core Elements of Emergency Preparedness
➢ Common Pitfalls
➢ Texas State Regulations
Four Core Elements of Emergency Preparedness

- Risk Assessment and Emergency Planning (Include but not limited to):
  - Hazards likely in geographic area
  - Care-related emergencies
  - Equipment and Power failures
  - Interruption in Communications, including cyber attacks
  - Loss of all/portion of facility
  - Loss of all/portion of supplies
  - Plan is to be reviewed and updated at least annually

By failing to prepare, you are preparing to fail — Benjamin Franklin
Four Core Elements of Emergency Preparedness

- **Communication Plan**
  - Complies with Federal and State laws
  - System to contact staff, including patients’ physicians, other necessary persons
  - Well-coordinated within the facility, across health care providers, and with state and local public health departments and emergency management agencies.

- **Policies and Procedures**
  - Complies with Federal and State laws

- **Training and Testing**
  - Complies with Federal and State laws
  - Maintain and at a minimum update annually

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**Business Impact Analysis**
- Develop questionnaire
- Conduct workshop to instruct business function and process managers to complete the BIA
- Review completed BIA questionnaire forms
- Conduct follow-up interviews to validate information and fill any information gaps

**Recovery Strategies**
- Identify and document resource requirements based on BIAs
- Conduct gap analysis to determine gaps between recovery requirements and current capabilities
- Explore recovery strategy options
- Select recovery strategies with management approval
- Implement strategies

**Plan Development**
- Develop plan framework
- Organize recovery teams
- Develop Relocation Plan
- Write business continuity and IT disaster recovery procedures
- Document manual workarounds
- Assemble plan; validate; gain management approval

**Testing & Exercises**
- Develop testing, exercise and maintenance requirements
- Conduct training for business continuity team
- Conduct orientation exercises
- Conduct testing and document test results
- Update BCP to incorporate lessons learned from testing and exercises
Common Planning Pitfalls

- Developing lengthy, overly detailed plans that are not useful in guiding actual operations when incidents occur and that response personnel do not use.
- Failing to account for the whole community’s needs.
- Planning exclusively for response by emergency professionals and not factoring in capabilities of the whole community and the desire of individuals and organizations to help.
- Basing plans on inaccurate information and assumptions in general, but particularly regarding threats, hazards, risks, resources and capabilities.


(a) An agency must have a written emergency preparedness and response plan that comprehensively describes its approach to a disaster that could affect the need for its services or its ability to provide those services. The written plan must be based on a risk assessment that identifies the disasters from natural and man-made causes that are likely to occur in the agency's service area. Except for a freestanding hospice inpatient unit, HHSC does not require an agency to physically evacuate or transport a client.
Who must be involved with the Agency’s Emergency Preparedness & Response Plan

- the administrator;
- the supervising nurse, if the agency is required to employ or contract with a supervising nurse (as required by §558.243 of this subchapter (relating to Administrative and Supervisory Responsibilities);
- the agency disaster coordinator; and
- the alternate disaster coordinator.

Sample Organizational Chart for Plan Activation

[Organizational Chart Image]
An agency's emergency preparedness and response plan must include procedures to triage clients that allow the agency to:

1. readily access recorded information about an active client's triage category in the event of an emergency to implement the agency's response and recovery phases, as described in subsection (d) of this section; and

2. categorize clients into groups based on:
   
   (A) the services the agency provides to a client;

   (B) the client's need for continuity of the services the agency provides; and

   (C) the availability of someone to assume responsibility for a client's emergency response plan, if needed by the client.

### Sample Assignment Sheet for Plan Activation

<table>
<thead>
<tr>
<th>Position</th>
<th>Example of Organizational Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Commander (IC)</td>
<td>Administrator</td>
<td>1. Establish/maintain overall response strategy and coordination</td>
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<td>2. Policy level decision making</td>
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<tr>
<td>Command Staff</td>
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<tr>
<td>1. Information Officer</td>
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<td>1. Central Point for information dissemination, media coordination</td>
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<tr>
<td>2. Liaison Officer</td>
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<td>2. Point of Contact for other agencies</td>
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<tr>
<td>Operations</td>
<td>VP Operations</td>
<td>Directs all incident response activities</td>
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<tr>
<td>Planning &amp; Intelligence</td>
<td>Deputy Administrator</td>
<td>Collects, analyzes key information. Formulates Incident Action Plan; Maintains</td>
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<td>documents, prepares for demobilization, Document tracking and retention.</td>
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<tr>
<td>Logistics</td>
<td>Human Resources, facilities</td>
<td>Responsible for acquisition and maintenance of facilities, staff, equipment,</td>
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<td></td>
<td>department</td>
<td>materials</td>
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<tr>
<td>Finance/Administration</td>
<td>Controller</td>
<td>Monitors costs, contracts, financial and time reporting</td>
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</tbody>
</table>
The agency's emergency preparedness and response plan must include procedures to identify a client who may need evacuation assistance from local or state jurisdictions because the client:

(1) cannot provide or arrange for his or her transportation; or

(2) has special health care needs requiring special transportation assistance.

(g) If the agency identifies a client who may need evacuation assistance, as described in subsection (f) of this section, agency personnel must provide the client with the amount of assistance the client requests to complete the registration process for evacuation assistance, if the client:

(1) wants to register with the State of Texas Emergency Assistance Registry (STEAR), accessed by dialing 2-1-1; and

(2) is not already registered, as reported by the client or legally authorized representative.
An agency must provide and discuss the following information about emergency preparedness with each client:

(1) the actions and responsibilities of agency staff during and immediately following an emergency;

(2) the client's responsibilities in the agency's emergency preparedness and response plan;

(3) materials that describe survival tips and plans for evacuation and sheltering in place; and

(4) a list of community disaster resources that may assist a client during a disaster, including the STEAR, for which registration is available through 2-1-1 Texas, and other community disaster resources provided by local, state, and federal emergency management agencies. An agency's list of community disaster resources must include information on how to contact the resources directly or instructions to call 2-1-1 for more information about community disaster resources.
Training
Concerning emergency preparedness, general training for employees must cover:

- Individual roles and responsibilities;
- Threats, hazards, and protective actions;
- Notification, warning, and communications procedures;
- Means for locating family members in an emergency;
- Emergency response procedures;
- Evacuation, shelter, and accountability procedures;
- Location and use of common emergency equipment; and
- Emergency shutdown procedures.

You also may want to train employees in first-aid procedures, including protection against bloodborne pathogens; respiratory protection, including use of an escape-only respirator; and methods for preventing unauthorized access to the site.

Teamwork
Your employees must also know who is in charge in the event of an emergency. Who is the emergency coordinator? Who are the evacuation wardens?

(j) An agency must complete an internal review of the plan at least annually, and after each actual emergency response, to evaluate its effectiveness and to update the plan as needed.
Agency Preparedness Assessment and Planning Checklist

The Agency Preparedness Assessment and Planning Checklist is a framework for evaluating how complete the agency’s plan is or should be. It may be modified to suit an agency’s specific circumstances, but it is a good way to review the planning efforts.

This assessment can be conducted by looking at the agency’s preparedness according to broad general categories, keeping in mind the need to support both continuity of care (patients) and continuity of operations (business).

These categories may be scaled to agency size and complexity and folded into an all-hazards plan based on each agency’s level of risk. There are many parts that become “moving pieces” once a disaster hits. Those categories include:

- Administrative responsibilities
- Clinical care and documentation
- Patient plan and education
- Plan evaluation and update
- Surge capacity
- Patient safety
- Staff orientation, planning and training
- Transportation
- Supplies
- Utility considerations, including vehicle fuel
- Office integrity and patient record protection
- Finance
- Communication
- Community partnerships

## Agency Preparedness Assessment and Planning Checklist

<table>
<thead>
<tr>
<th>ITEM</th>
<th>ITEM COMPLETED</th>
<th>REVISION DATE</th>
<th>PAGE NUMBER</th>
<th>NAME OR TITLE OF INDIVIDUAL RESPONSIBLE</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td><strong>ADMINISTRATIVE</strong></td>
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<td>Emergency Preparedness Committee or Team in place</td>
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<td>Business continuity plan in place for business recovery, including offsite access to data &amp; back up office locations</td>
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<td>Business continuity plan for medical equipment and supplies</td>
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<td>Business continuity plan for medical supplies</td>
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<td>Comprehensive Emergency Management Plan (CEMP) appropriate for organization</td>
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<td>Protocol for training of all staff on CEMP</td>
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<td>Emergency contact list protocol in place</td>
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<td>Emergency contact list protocol for physicians &amp; critical patients</td>
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<td>Emergency contact list protocol for employees</td>
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<td>Employee contact list includes contact numbers, email, and responsibilities in emergency situations</td>
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<tr>
<td>Surge Plan in place</td>
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<td>Next steps with local emergency manager (LEM) about agency needs during an emergency</td>
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<td><strong>COMMUNITY PARTNERSHIPS</strong></td>
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<td>Plan for identifying &amp; mobilizing potential partner agencies/facilities, organizations, hospitals</td>
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<td>Contact with Local Emergency Management</td>
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(k) As part of the annual internal review, an agency must test the response phase of its emergency preparedness and response plan in a planned drill, if not tested during an actual emergency response. Except for a freestanding hospice inpatient unit, a planned drill can be limited to the agency's procedures for communicating with staff.
HAZARD VULNERABILITY ANALYSIS

• (This analysis must be completed by the agency before the survey to support the design of the emergency preparedness plan.

INSTRUCTIONS
Evaluate every potential event in each of the three categories of probability, risk, and preparedness. Add additional events as necessary.

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>LIFE THREAT</th>
<th>HEALTH/SAFETY</th>
<th>RISK</th>
<th>PREPAREDNESS</th>
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<tbody>
<tr>
<td></td>
<td>HIGH</td>
<td>MED</td>
<td>LOW</td>
<td>NONE</td>
<td>HIGH THREAT</td>
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<td>SCORE</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>5</td>
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<td>NATURAL EVENTS</td>
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<td>Hurricane</td>
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<td>Tornado</td>
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<td>Severe thunderstorm</td>
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<td>Snow</td>
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<td>Blizzard</td>
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<td>Ice storm</td>
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<td>Earthquake</td>
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<td>Tidal wave</td>
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<td>Temperature extremes</td>
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<td>Drought</td>
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<td>Flood, external</td>
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<td>Wildfire</td>
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<td>Landslide</td>
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<td>Volcano</td>
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<td>Epidemic</td>
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5/10/2023
Emergency Preparedness Guide for Home Care

Texas Association for Home Care and Hospice

https://www.tahch.org/tahchorg/membership/samplepolicies-formembers

Homeland Security

Disaster Planning Guide for Home Health Care Providers

Helping patients may mean taking the shore on the road in an emergency

Whether you are well prepared with the help of a home health care provider or are the two approaches getting through a crisis, sometimes evacuation is required. If evacuation is required, write a list of emergency supplies and other important information about your patient who will need to stay as organized as possible, even if it may prove vital to be unnecessary because if the evacuation is not made, it would be too late. Remember that all these tips can be found in your patient's manual and will also need assistance.

Basic Questions About Evacuation Structures

- What is a good patient care organization?
- Are your patients being treated in such places as schools and churches?
- Are any patients traveling in the area to visit your patient's facility?

Sheltering

The shelters being used for travelers and their families will vary by state. In general, if patients need emergency shelter, their families will provide them with care and shelter to a limited extent. If they require emergency shelter for self-care, they may be asked to find a shelter at their or the nearest hospital. Before you can start any type of event, all shelters must be closed.

Healthcare and Service Animals Considerations

Service animals (e.g., dogs, service dogs, assistance dogs, etc.) must be allowed in patient care areas in terms of the individual’s health conditions. Persons may qualify to enter as a service animal if they are:

- Dependent on a healthy human being
- Essential to those with medical conditions
- Essential to those with mobility issues
- Essential to those with emotional or behavioral issues

Policies and procedures

Emergency Plan Reviews

Review emergency plans and procedures with some patients.

On-Line Resources

- HRSA (Department of Health and Human Services)
Resources:

1. [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertification/Prep/PrepResources/PrepFormElements](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertification/Prep/PrepResources/PrepFormElements)
4. [https://www.tahch.org/tahchorg/member-ship/samplepolicies-formembers](https://www.tahch.org/tahchorg/member-ship/samplepolicies-formembers)
Thank You!

Sheila Davis
Senior Vice President, Area Operations