3D. Emergency Preparedness: Every PAS Provider Should Have a Plan

Presented by:
Sheila Davis, Senior Vice-President, Area Operations
Always Best Care Senior Services
Emergency Preparedness: Every PAS Provider 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
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 how to complete the BIA
- Receive completed BIA questionnaire forms
- Review BIA questionnaires
- 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 Plans
- 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
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.
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

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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.

- Issues to consider for probability include, but are not limited to:
  - Known risk
  - Historical data
  - Manufacturer or vendor statistics.

- Issues to consider for risk include, but are not limited to:
  - Threat to life or health
  - Disruption of services
  - Damage or failure possibilities
  - Loss of community trust
  - Financial impact
  - Legal issues.

- Issues to consider for preparedness include, but are not limited to:
  - Status of current plans
  - Training status
  - Insurance
  - Availability of backup systems
  - Community resources.

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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 phone on the run in an emergency

While staying in with preparedness in mind, the best approach to getting through a crisis, sometimes evacuation is required. Home health care providers must consider this situation to be feasible, even if it may prove hard to be unnecessary because of the challenges faced with other health needs. Remember all staff can support emergency or service needs in times of stress and will also need assistance.

Basic Questions About Evacuation

- Will your patients require evacuation?
- Are your organization, patients, or their family members familiar with the American Red Cross or other shelters?
- Are alternate shelter plans in place during any event that your patients are not able to remain connected?

Sheltering

The criteria for stay is a special needs shelter varies by state. For local governments to follow. In general, special needs shelter provides congregate care and shelter to a limited number, but of persons requiring assistance due to pre-existing health conditions. Persons may qualify to stay in a special needs shelter if they are:

- Dependency on electrically operated medical equipment
- Need of medication with nausea, vomiting, or simple dehydration
- Loss of ability to ambulate
- Experiencing cold symptoms, without or with no accompanying fever.

Home health care providers may be required to stay with these patients or special needs shelters during these days. When evacuating patients and their family members who are not shelters, consider the following:

- Consider the health and safety situation that the shelter provides.
- Ask about the additional resources in your patients will require that the shelter is not able to assist them with their needs.
- Review your organization’s plan, procedures, and processes for providing care and support for your plans to be effective.

Upon arrival at your shelter, you will be given essential emergency supplies (e.g., medical supplies, medications, and personal care items). Be sure to know what to do if you need medication at home. Refer to emergency plans for a complete list of the supplies. Remember, shelter managers are familiar with your shelter needs. You are not allowed to permit access to special needs shelters.

Make a Plan

• Your organization is a critical element of any emergency plan. Your staff should have a basic knowledge of how to maintain an emergency plan. Ensure copies are kept at all times where these plans are not accessible.

Note: An easy way to maintain an up-to-date list of medications is to place a copy of the information that comes with each prescription in a plastic bag. Store the plastic bag in a location where it is easy to access in an emergency. Ensure every patient is aware of the plan for their shelter needs. Refer to the patient’s care plan and service needs for specific needs.

Home Health Services and Service Animal Considerations

Service animals (e.g., seeing-eye dogs, hearing and signal dogs, assistance dogs, etc.) must be allowed to be present in the shelter. In general, shelter managers may not be able to accommodate these animals. Service animals may not be allowed to shelter in these facilities. Exceptions may include animals who work in a home setting or are required for medical reasons.

Emergency Plan Review

Review your organization’s plan with team members and stakeholders.

On-Line Resources

- [Emergency Plan Website](https://www.earthquake.gov)
- [Department of Health and Human Services](https://www.hhs.gov)
- [American Red Cross](https://www.redcross.org)

For more information, contact your local emergency management agency or the Federal Emergency Management Agency (FEMA).
Resources:


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