

Sullivan County Department of Public Health

<p><u>Title:</u> Emergency Preparedness</p> <p><u>Number:</u> AG-21</p> <p><u>Page Number:</u> 1 of 3</p>	<p>Original Approval: 3/94</p> <p>Reviewed/ revised: 3/99, 8/04, 3/06, 12/14, 10/17, 6/19, 5/22, 4/24</p>
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Statement/ Purpose:

The Home Health Agency (HHA) will make provisions for the safe, continued care of patients in the event of a natural or man-made disaster

Authority:

NYS Codes, Rules & Regulations (NYCRR) Title 10, 763.11 (10), CoP 484.102

Application:

All HHA staff

Terminology:

Responsible Party:

Director of Patient Services

Cross-Reference:

Transportation Assistance Levels (TALs), Admission to CHHA

Procedure:

1. In the event of an all hazards disaster, the Director of Public Health will immediately contact the office of the County Manager to be apprised of the situation and collaborative decisions will be made. The Director of Patient Services (DPS) will be contacted by the Director of Public Health to formulate an overall plan. The DPS will communicate the plan with SCDPH staff.
2. In preparation for an all hazards disaster, agency personnel will:
 - a. Routinely instruct patients and/or caregivers how to care for themselves.
 - b. Inform patients to notify power companies of their need for generated power and/ or equipment that they would need to take with them if forced to evacuate.
 - c. Identify which patients are the highest priority and assign them to an Acuity level and a Transportation Assistance Level (TAL) in their Admission Profile in the Electronic Medical Record (EMR) as part of the comprehensive assessment on admission. Acuity and TALs will be updated if the patient condition changes. Home care staff will keep patient mailing and physical address, phone, emergency contact and patient information up to date. An emergency report will be run weekly or more often as needed by Intake Staff, identifying patients by their acuity levels and diagnosis and contact information and compiled in the Emergency Book. On-call staff will take the same information home in a secured transport suitcase to facilitate triage of patient care. The emergency report will be maintained so that staff can still obtain necessary patient information and document care if there is no phone or internet.

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- d. Inform patients of options for care in case of an emergency before the disaster strikes so they will be familiar with the agency's disaster procedure.
 - e. The administrative assistant will keep the employee phone list up to date so that the notification of disaster and need for services will be implemented quickly by the on-call supervisor.
 - f. Take nursing bags and needed supplies home to facilitate care in local areas
 - g. Receive ongoing training and be prepared to participate in emergency communications. The DPS will be part of an integrated response via the Health Commerce System HERDS application, regarding surge capacity, staffing, patient census according to acuity and TALs, and conditions of patients in need of evacuation.
 - h. Receive training on emergency preparedness policies and procedures. All home care staff will receive training consistent with their roles in the home care agency on orientation and annually. Their knowledge of these policies and procedures will be tested. The training and testing will be documented in the employee personnel folder.
 - i. Conduct exercises to test the emergency plan at least annually. The exercises will consist of:
 - i. Participation in a full-scale exercise that is community-based, or if that is unavailable, individual, facility-based. If there is an actual emergency with activation of the emergency plan, the agency is exempt from that exercise for 1 year following the onset of the actual event.
 - ii. An additional exercise that may include a second full-scale exercise of a table top exercise. The exercises and events must be documented and analyzed for revision of the emergency plans as needed.
3. In the event of an all hazards disaster:
- a. All staff will listen to the radio and monitor their email, county issued phone, or the county's website for state of emergency information and instructions.
 - b. The agency will check with State Police or the Sheriff's Department, or Department of Public Works for road conditions.
 - c. If staff are unable to get to patient's homes, they must speak with the Supervisor on call and evaluate the patients scheduled to receive services that day according to their conditions and needs. Decisions will be made jointly by on call Supervisor and direct care staff with regard to which patients must be visited.
 - d. Patients will be contacted directly by telephone or through their emergency contact number to inform them of the plan for their care.
 - e. In the event that a patient/ caregiver reports a critical situation (i.e., no heat in extreme cold or no road accessibility), the situation is treated at once as a health emergency and arrangements are made to remove the patient/ caregiver from the situation.
 - f. If staff or patients are unable to be contacted, the DPS will inform the Director of Public Health and receive further instructions.
 - g. If staff are unable to leave the office building due to impassable roads at the close of business, they will contact the Director of Public Health for further instructions. If communications are impacted and they are unable to contact either the Director or the County Manager's Office, they will proceed to the Care Center at Sunset Lake for temporary refuge.
4. In the event of reduced personnel available within the agency, activities for coverage of patient care include:
- a. Immediate screening of admissions for home care, and planning with referring source for temporary provisions of appropriate services for patients.
 - b. Immediate screening of existing caseload to establish priorities for care.
 - c. Directing of patients and caregivers to alternate sources of services wherever possible and feasible until the situation is resolved or surge capacity is reached.
5. In the event of a strike or other emergency situation involve another health care provider in the community, the Director of Public Health will contact the Director or Administrator of the institution or facility, and offer

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direct assistance in the discharge planning. They will offer to consider home care for the patients who can be safely discharged from the hospital with home health agency services and from the nursing homes home care for those who have caregivers able to care for them/ provide them with support on a temporary basis.

6. The DPS will ensure that the agency develops a community based All Hazards Risk Assessment, strategies and plans to address potential hazardous emergency events identified by the risk assessment, and a Communication Plan. The risk assessment, strategies, plans, policies and associated procedures will be reviewed annually and integrated into Sullivan County Department of Public Health's emergency planning. All CHHA staff will be oriented to this policy on orientation, annually, and when the plan has significant changes.