

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR HOME HEALTH AGENCIES

Agency for Health Care Administration
Home Care Unit

The following criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all home health agencies. The criteria also serve as the plan format for the CEMP, since they satisfy the basic emergency management plan requirements of s. 400.492, Florida Statutes, and 59A-8.027, Florida Administrative Code.

These criteria are not intended to limit or exclude additional information that home health agencies may decide to include to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness.

This form must be attached to your agency's Comprehensive Emergency Management Plan. Use it as a cross reference to your plan, by listing the page number and paragraph where the criteria are located in your plan on the line to the left of each item in this document.

For your information, your local County Health Department and the local Emergency Management office may have Special Needs Shelter activity, work or planning groups. Please contact these state agencies in your area if you would like to participate in such committees or groups. Also, as you may be aware, health care workers can choose to volunteer at Special Needs Shelters during times of emergency. If your staff is interested in this please have them contact their licensing board to register.

I. INTRODUCTION

Provide basic information concerning the home health agency, to include:

- _____ 1. Name of the home health agency, address, phone number.
- _____ 2. Identify, by name and title, who is in charge during emergencies, including home and work phone numbers, pager or cell phone numbers, if available. Identify alternate(s), should that person be unavailable, with contact information for the alternate(s).
- _____ 3. Name of the owner(s) of the agency, addresses, work and home telephone numbers, pager or cell phone numbers, if available.
- _____ 4. Name, address, work and home telephone numbers of person(s) who developed this plan.

II. CONCEPT OF OPERATIONS

This section defines the policies, procedures, responsibilities and actions that the home health agency will take before, during and after any emergency situation. At a minimum, the home health agency plan needs to address: direction and control, notification, and evacuation.

A. Direction and Control

- _____ 1. Identify the chain of command to ensure continuous leadership and authority in key positions.
- _____ 2. State the procedures to ensure timely activation of the agency's emergency management plan and staffing of the home health agency during an emergency.
- _____ 3. State the operational and support roles of all those home health agency staff who are designated to be involved in emergency measures during times of emergency.
- _____ 4. Provide information on the management of patients who will continue to receive treatment by the home health agency during an emergency.

B. Education of Patients Prior to an Emergency

- _____ 1. Describe procedures for educating patients or patients' caregivers about the agency's emergency management plan.
- _____ 2. Describe procedures for discussing with those patients who need continued services, who are not registered with the special needs registry, the patients' plan during, and immediately following, an emergency.
- _____ 3. Describe procedures for discussing the special needs registry with those patients who will require to be evacuated to a special needs shelter during an emergency.
- _____ 4. Describe the agency's procedures for collecting patient registration information for the special needs registry, pursuant to 59A-8.027(12), F.A.C. Patients must be registered with the special needs registry prior to an emergency, not when an emergency is approaching or occurring.
- _____ 5. Describe how patients will be educated in the role of their medication, supplies and equipment list (refer to Appendix B, section 2 of this document).
- _____ 6. Describe procedures for discussing with those patients registered with the special needs registry the following: The information in Appendix B of this document; the limitation of services and conditions in a shelter: that the level of services will not equal what they receive in the home; that conditions in the shelter may be

stressful and may be even inadequate for their needs; and that the special needs shelters are an option of last resort.

C. Notification

Procedures must be in place for the home health agency to receive timely information on impending threats and the alerting of home health agency decision makers, staff and patients of potential emergency conditions.

- _____ 1. Explain how the home health agency staff in charge of emergency plan implementation will receive warnings of emergency situations, including off hours, weekends and holidays.
- _____ 2. If the home health agency provides skilled care, identify the home health agency's 24 hour contact number, if different than the number listed in the introduction.
- _____ 3. Explain how key field staff will be alerted.
- _____ 4. Define the policies and procedures for reporting to work for key workers, when the home health agency remains operational.
- _____ 5. Explain how patients will be alerted, and the precautionary measures that will be taken, including but not limited to voluntary cessation of the agency's operations. Refer to s. 400.492(3), F.S., for a definition of voluntary cessation.
- _____ 6. Identify alternative means of notification should the primary system fail, pursuant to s. 400.492, F.S.
- _____ 7. Identify how the agency will maintain a current prioritized list of patients who need continued services during an emergency. The list shall indicate how services shall be continued in the event of an emergency or disaster for each patient and if the patient is to be transported to a special needs shelter, and shall indicate if the patient is receiving skilled nursing services and the patient's medication and equipment needs. The list shall be furnished to county health departments and to local emergency management agencies, upon request (pursuant to s. 400.492(2), F.S.).

D. During an Emergency

- _____ 1. During an emergency, when there is not a mandatory evacuation, some patients may decide to stay in their homes. Describe procedures the home health agency will take to assure that all patients needing continuing care will receive it, either from the home health agency or through arrangements made by the patient or the patient's caregiver.
- _____ 2. Identify procedures for the home health agency to assure that all patients needing

continuing care will receive it, either from the home health agency, through a special needs shelter, or through arrangements made by the patient or the patient's caregiver. Identify procedures for ceasing operation, as defined in s. 400.492, F.S., including notifying all patients or patient caregivers¹ the home health agency is ceasing operation.

E. Evacuation

The following criteria should be addressed to allow home health agencies to respond to evacuation of patients who are registered as special needs patients requiring assistance with evacuation.

- _____ 1. Identify procedures for establishing, and keeping updated, medication, supplies and equipment lists, as defined in 59A-8.027, F.A.C., to be kept in the homes of special needs patients and to accompany the patient during evacuation to a special needs shelter.
- _____ 2. Identify procedures for educating the patient and caregiver concerning the medication, supplies and equipment list, as defined in appendix B of this document, and the need for this list and other items to accompany the patient during the evacuation.
- _____ 3. Identify resources necessary to continue essential care or services or referrals to other organizations subject to written agreement.

F. The Patients Return Home

Once patients have been evacuated from their homes, procedures need to be in place for the return of patients and the re-start of home health care in the patient's home.

- _____ 1. Describe how the home health agency will re-establish contact with patients in the patients' home and resume patient care.
- _____ 2. Describe how the home health agency will re-establish contact with employees and re-start patient care.
- _____ 3. Describe how the home health agency will provide or arrange for prioritizing care should the emergency result in less staff being available immediately following the disaster.

¹ Caregivers can be relatives, household members, guardians, friends, neighbors, and volunteers.

III. INFORMATION, TRAINING AND EXERCISE

This section shall identify the procedures for increasing employee and patient awareness of possible emergency situations and provide training to staff on their emergency roles before, during and after an emergency.

- _____ 1. Identify how key workers will be instructed, prior to an emergency, in their roles and responsibilities during an emergency.
- _____ 2. Identify a training schedule for all employees and identify who will provide the training. Training should include a definition of what constitutes an emergency, when the emergency management plan will go into effect, the roles and responsibilities of essential and non-essential staff, the procedures for educating patients about the emergency management plan and the special needs registry. The training should also include information for staff on how they can work, if they choose to do so, with the local state or county agency who will be managing and staffing the special needs shelter during an emergency, pursuant to s. 455.718, F.S..
- _____ 3. Identify the provisions for training new employees regarding their disaster related roles and responsibilities.

IV. APPENDIX A

The following information is required, but placement in an appendix is optional, if the material is included in the body of the plan.

A. Agreements and Understandings

- _____ Provide copies of any mutual agreements entered into between the home health agency and any local state and county entities that have responsibility during a disaster.

B. Support Material

- _____ Any additional material needed to support the information provided in the plan.

V. APPENDIX B: INFORMATION FOR HOME HEALTH AGENCY PATIENTS

The following information should be supplied by the home health agency to those patients registered with the special needs registry, so they will be prepared prior to an evacuation to a special needs shelter.

Please note: The special needs shelter should be used as a place of last refuge. The evacuee will not receive the same level of skilled care received from staff in the home, and the conditions in a shelter might be stressful.

(1) If the patient has a caregiver², the caregiver must accompany the patient and must remain with the patient at the special needs shelter.

(2) The following is a list of what special needs patients need to bring with them to the special needs shelter during an evacuation:

- Bed sheets, blankets, pillow, folding lawn chair, air mattress
- The patient's medication, supplies and equipment list supplied by the home health agency, including the phone, beeper and emergency numbers for the patient's physician, pharmacy and, if applicable, oxygen supplier; supplies and medical equipment for the patient's care; Do Not Resuscitate (DNRO) form, if applicable;
- Name and phone number of the patient's home health agency
- Prescription and non-prescription medication needed for at least 72 hours; oxygen for 72 hours, if needed.
- A copy of the patient's plan of care
- Identification & current address
- Special diet items, non-perishable food for 72 hours & 1 gallon of water per person per day
- Glasses, hearing aides and batteries, prosthetics and any other assistive devices
- Personal hygiene items for 72 hours
- Extra clothing for 72 hours
- Flashlight and batteries
- Self-entertainment and recreational items, like books, magazines, quiet games.

(3) Shelterees need to know the following:

- If the patient has a caregiver, the caregiver must accompany all special needs shelterees. A special needs shelter can accommodate one caregiver at a time, and other family members, friends, etc. should go to a regular shelter.
- The shelteree caregiver will have floor space provided. The caregiver must provide his or her own bedding.
- Service dogs are allowed in the shelter. However, check with your local Emergency Management office to see if other pets are permitted.
- Bring personal snacks, drinks, and any special dietary foods for 72 hours. It is possible only sparse meals will be provided.
- Caregivers who regularly assist the patient in the home are expected to continue to do the same care in the shelter.

² Caregivers can be relatives, household members, guardians, friends, neighbors and volunteers.