

*Home Health Agency Name*

**EMERGENCY OPERATIONS PLAN**

## EMERGENCY PREPAREDNESS PLANNING

### STEPS TO FOLLOW TO COMPLETE THE EMERGENCY OPERATION PLAN:

- 1. This is an Emergency Operation Plan (EOP) template. It includes the sections required by the Centers for Medicare and Medicaid Services (CMS) Condition for Coverage Emergency Preparedness rules effective November 15, 2016. You should adapt the template to your facility's/organization's situation and needs. However, the Federal Register, Volume 81, should be reviewed in order to avoid deleting any required language.***
- 2. The contents of the Emergency Operations Plan template are in plain type and comments and instructions are in italics for your convenience. Remove all Italics content once you have finished the Emergency Operation Plan and before submitting for review.***
- 3. Consider the hazards that affect your area and complete a Hazard Vulnerability Assessment (HVA). A facility in South Louisiana may need to consider the danger of hurricanes. A center in North Louisiana may need to consider winter ice storms. Depending on your area, you could be subject to flooding. There could be hazardous materials released from industrial plants or rail, barge or trucking accidents. All areas of Louisiana are at risk from severe storms and tornadoes, and all facilities can be subject to fires or criminal acts. For assistance, there is a HVA template found at Annex A of the Plan.***
- 4. It is important that your staff know who is in charge when an emergency occurs. Leadership during an emergency should be clearly stated in your EOP. As you do your HVA, consider if the different risks would call for sheltering in place (SIP), evacuating, contacting staff in the field or clients at home or notifying authorities about clients that may need evacuation assistance. These are actions that should be considered in your EOP.***
- 5. Analyze the ways that you communicate during the normal workday. If those systems failed, what would be the back-up plans? If you would need to delay services or shut down due to an emergency, what are the plans for your clients? Who would provide services? How would you communicate patient information without violating HIPAA?***
- 6. Make sure that all of your employees are trained in the provisions of this plan so that they can act in an emergency. Hold exercises to rehearse emergency procedures as required by the EOP and document these drills. Where appropriate, make sure clients are informed of the provisions of this plan.***
- 7. Coordinate your plan with the Parish Office of Emergency Preparedness (OEP) and State and Regional Louisiana Department of Health Emergency Coordinators. (See listings provided as tab for Plan template.) Furnish a copy of the plan to the OEP as soon as it is completed if required by law and whenever it is changed. Review the plan at least once a year and after each actual emergency. Request your local Fire Department and Police Department to assist you in creating or practicing exit drills, facility lock downs or sheltering in place. Coordination, planning and practice will help make everyone involved informed and prepared should an emergency arise.***

8. ***If your facility is part of an integrated healthcare system, the facility may be part of the integrated healthcare system's emergency preparedness program. Check with system leadership to see if you should develop an independent Emergency Operation Plan***
  
9. ***This Emergency Management Plan template should be used as a guide. Thoughtful planning and careful consideration must be used to develop a sound plan to cover your unique facility/organization's needs. It is important to remember despite successful completion of all hazards plans, planning is never "final". It will require your vigilance to make the plan better and more efficient every year.***

LOUISIANA MODEL HOME HEALTH AGENCY EMERGENCY PLAN

**Table of Review and Approval**

Date Reviewed	Date Approved

**The Emergency Plan (EP) was originally written and approved on \_\_\_\_\_.**

As of November 15, 2016, it is required by the Centers for Medicare and Medicaid Services (CMS) that the Emergency Plan must be reviewed annually. It should also be reviewed and updated when an event or law indicates that some or all of the EP should be changed.

***The following paragraph applies only if your type facility/organization is required to file the EOP with a government agency.***

**The Emergency Operations Plan dated \_\_\_\_\_ has been forwarded to the \_\_\_\_\_ Parish Office of Homeland Security and Emergency Preparedness on \_\_\_\_\_.**

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**AGENCY INFORMATION**

**Facility:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: LA Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: LA Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Select title*

*Administrator/Executive Director/Chief Executive Officer:*

\_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: LA Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

The Louisiana Model Home Health/Hospice Emergency Plan (EP) shall be used by agencies as a guide when writing or updating their agency EP Plans. At a minimum the guidelines in this plan must be incorporated into agency plans. Agencies will include additional and agency specific information also.

## I. INTRODUCTION TO THE PLAN

In order to provide for changes in demographics, technology and other emerging issues, this plan will be reviewed and updated annually and after incidents or planned exercises. This Emergency Operation Plan (EOP) is developed to be consistent with the National Incident Management System (NIMS) and the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Condition for Coverage, effective November 15, 2016.

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

Home health/hospice agencies shall assist the individual parishes and the EMS DRC coordinators with the coordination of transportation services that may be required for evacuating patients to other locations but the agency is not responsible for the actual transporting of patients.

**Purpose:** To describe the actions to be taken in an emergency or exercise to make sure that the clients, staff and visitors of this organization are kept safe from harm. The safety and well-being of the clients and staff take first priority over all other considerations.

### Demographics

- A. This Agency's office is located at \_\_\_\_\_ . A map showing the location is attached as **Tab 1**.

*Describe the facility's location, and show whether there is more than one building. Include a sketch map that shows the neighborhood and main streets. Also point out any other large landmarks that might help quickly identify your building in relation to the surrounding area.*

- B. This Agency provides \_\_\_\_\_ services to clients that are *children, adults, older adults, over 85 years old.* *List a brief description of your services, example: dialysis and a description of your clients.*

## **At Risk Registry**

The 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 admitted for services. The State of Louisiana has adopted the **At Risk Registry** as the reporting mechanism for home health and hospice patients that require community assistance in emergency situations.

### **Louisiana At Risk Home Health/Hospice Patient Criteria:**

- a. Home Health/Hospice Patients who live alone, without a caregiver and are unable to evacuate themselves, or**
  - b. Home Health/Hospice Patients with a caregiver physically or mentally incapable of carrying through on an evacuation order, or**
  - c. Home Health/Hospice Patients/Caregivers without the financial means to carry through on an evacuation order, or**
  - d. Home Health/Hospice Patients/Caregivers simply refusing to evacuate.**
- A. For emergency purposes the **At Risk Evaluation Form (Tab 2)** shall be completed for every patient admission to a home health agency and used to evaluate each patient for inclusion in the **At Risk Registry** using the above criteria (in red). This shall be a part of the comprehensive patient assessment.
  - B. Only the patients that meet the **At Risk Patient Criteria** and sign the **At Risk Registry Consent Form (Tab 3)** should be registered in the **At Risk Registry**. If a patient meets the criteria, enter their information from the signed **At Risk Evaluation Form** into the **At Risk Registry**.
  - C. A copy of the **At Risk Evaluation Form** shall be a part of the patient record and placed in the patient's home folder to be immediately available for the use of emergency personnel in the event of an emergency.
  - D. Patients 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.
  - E. It is the home health agency's responsibility to assess an individual's potential needs during an emergency situation. Patients having no other care provider and that are included in the **At Risk Registry** may be offered limited community assistance for evacuation through the Office of Emergency Preparedness (OEP), depending on the resources of the parish.

- G. Information in the **At Risk Registry** should be updated at a minimum weekly, every seven (7) days.
- H. Parish Emergency Managers and other emergency officials have access to the **At Risk Registry** (or subsequent system) for their individual parishes at all times.

## II. EMERGENCY PLAN

**Considerations:** The following issues will be taken into consideration as an agency develops its Emergency Plan:

- A. Agency administration and staff will educate and assist patients on emergency preparedness to the greatest extent possible (at the minimum upon admission and in the event of an actual emergency).
- B. Agency staff will not be sent into hazardous areas or be required to operate under hazardous conditions during emergencies or disasters.
- C. In a major emergency, hospitals may be able to admit only those patients who need immediate life-saving treatment. The hospital makes the final determination of which patients will be admitted or sheltered.
- D. 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 upon admission to an agency. However, that does not guarantee they will be prioritized for electrical service repair.
- E. The home health agency will encourage patients and their families to follow their personal emergency plans and instructions. Patients and family have ultimate responsibility for planning appropriately. In the case of children, the parent(s) or guardian(s) has that responsibility.

### Risk Assessment

- A. This Agency does an annual all hazard vulnerability assessment (HVA Worksheet **Tab 4**). This EOP is written based on the risk assessment. Changes or additions to the EOP will be made based on the annual risk assessment, gaps identified during exercises or real events or changes in CMS or licensing

requirements. A copy of the annual HVA will be kept with the EOP.

- B. A copy of the EOP will be kept in the *office* and the plan will be prominently posted *where*.

*State where EOP will be kept and where employees can view it.*

- C. The major hazards that could effect this Agency and its patients, as determined by the all hazard vulnerability assessment, are listed in the Annex portion of this EOP.

*Examples of risk plans are in the Annex. Use only the ones that are a risk based on the Agency HVA.*

### **Command and Control**

- A. The Agency shall develop and document an **Organizational Chart (Tab 5.)**. The organizational chart will include a **Delegation of Authority** that will be followed in an emergency. The Delegation of Authority identifies who is authorized to activate the emergency plan and make decisions or act on behalf of the organization if leadership is unavailable during an emergency. When an emergency happens, the person in charge, as listed in the organizational chart, will be informed immediately. In the event that the indicated person by position is not present in the office or available, the next person in the Delegation of Authority or the lead person's designee will assume the in charge position.
- B. Depending on the type of emergency, the person in charge will enact the **Orders of Succession (Tab 6)** for the appropriate emergency policy and procedure. Besides the person in charge, one person will always be assigned to list all clients and staff on duty in the field. If the list is originated in electronic form, a printed copy should be made also in the event that electricity is lost or evacuation is required.
- C. The person in charge will determine whether to lockdown the office, shelter in place or evacuate based on the emergency or call staff in from the field. In the event that the office must be evacuated, the temporary location for the office is listed in Receiving Facilities **(Tab 7)**.
- D. Only the person in charge can issue an "all clear" for the office and Agency indicating that the Agency is ready to assume normal operations.

## Emergency Declarations

- A. When the agency becomes aware of a potential emergency in the area served, the agency will implement their emergency plan.
- B. If the agency office is in a risk area, agency administration will establish a temporary command post at a predesignated site outside the risk area to conduct operations until the conclusion of the emergency.
- C. The agency will prompt patient/caregiver(s) to obtain needed medications and supplies (at least a two weeks' supply), immediately upon implementation of the emergency plan, in order to ensure adequate time for delivery of items.
- D. The designated **Agency Emergency Coordinator**, along with agency senior staff, will implement the agency emergency plan. 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.
- E. Staff shall be aware that for Hurricane evacuations, toll free triage line numbers will be published through the media for triage purposes.

## Coordination

- A. Depending on the emergency, the organization may need to communicate with outside authorities. For immediate threats to the office or at a client's home, like fire or threat of violence, call 911.
- B. During activation for an incident or exercise, communications with State, regional and local authorities can be made by contacting authorities listed in **Tab 8**.

## II. POLICIES AND PROCEDURES

### Administration

- A. Shall ensure the **Agency Emergency Coordinator** and **senior management (Director of Nursing and Administrator)** review the emergency preparedness plan and training exercise annually and after each actual emergency.

- B. The Agency plan and its updates will be signed by the **Administrator, Director of Nursing, and the Agency Emergency Coordinator** of the agency. Copies will be forwarded to the Parish Office of Emergency Preparedness in all parishes in which the agency is licensed to provide services.
- C. The Agency will ensure that all changes that affect outside organizations will be coordinated with those organizations.
- D. Develop plans for new admissions before, during, and after an emergency and notify staff of any temporary admission policies.
- E. If the Agency has patients residing in **assisted living facilities**, they should review their patients' emergency plans and preparation and be in contact with the assisted living facility as to their emergency preparedness plans for their residents.

### **Individual Plans**

- A. Each client will have a Patient Emergency Preparedness Plan (**Tab 9**) included as part of the comprehensive patient assessment which must be conducted according to the provisions at section 484.55.

### **Client and Staff Tracking System**

- A. Staff will be responsible for identifying the patients and staff in the field or at the office, at the time of an emergency or exercise (Notification Call List **Tab 10**).
- B. Patients and staff in the office or field will be tracked (*Insert method of tracking, such as written or typed list, tracking program, etc.*) or by using the ESF 8 Portal at Risk Registry (*for training, contact hospital ADRC*).
- C. Tracking should include those:
  - 1. staff staying in place at the office or client's home during an emergency;
  - 2. staff evacuated from the office;
  - 3. patients in the area of the emergency that are staying in their homes;
  - 4. patients rescued from their homes or transferred to an inpatient facility during an emergency, to include destination, mode of travel, assistance provide and time of departure.

- 5. patients evacuating their homes on own to another destination.
- D. The Agency will notify the State and local officials of any on-duty staff or clients that they are unable to contact.

### **Lockdown**

- A. Facility Lock Down can be used in emergencies such as active shooter, escaped prisoners, criminals being chased by police, threat made by a significant other or other unknown person or any other event that threatens the safety of the staff or client.
- B. If the emergency occurs at a patient's home, staff should request that the access doors be locked. Notify the Office and request addition instructions.

### **Shelter in Place (SIP)**

- A. Shelter in Place means that the staff and/or patients will remain in the clients' homes. Sheltering can be used due to sudden severe storms, tornados, and violence/terrorism or hazard materials conditions in the area.
- B. Advise patients or caregiver's that windows and doors should be firmly closed and checked for soundness. Storm shutters, if available, should be closed. If a storm gets very strong, in the event of a tornado or windows are threatened, staff and patients and caregivers should move to interior rooms and hallways.
- C. If sheltering is used in the event of a hazardous chemical incident, windows and doors will be shut and all fans, air conditioners and ventilators will be turned off. Cloth should be stuffed around gaps at the bottom of doors.
- D. Staff sheltering in the office should follow the same above procedure.
- E. If the emergency occurs at the patient's home, shelter in place and notify the Office and request additional instructions.
- F. Agency will re-establish contact with all patients as soon as possible after the emergency has passed to check for injuries or deterioration of health. Corrective actions will be initiated.

### **Evacuation**

- A. There are a number of hazards that could cause an evacuation. The most common would be a fire in or near the patient's home or Agency office, rising floodwaters or an evacuation order issued by the police, fire department or other governmental authority. Patients should use the Patient Evacuation Checklist (**Tab 11**) for evacuation needs.
- B. If the evacuation is from the patient's home, the staff on duty at the home will notify the Office and request assistance to evacuate the client if needed. In the event of a fire or other condition requiring immediate evacuation, call 911 for assistance.
- C. For evacuation of the patient that requires Parish assistance due to medical or psychiatric condition or environment of home, the Agency Office will notify the Parish Office of Homeland Security and Emergency Preparedness (OHSEP) that clients listed on the At Risk Registry or new admits are in need of assistance.
- D. The agency shall ensure that patient records are up to date, and that an appropriate signed patient/caregiver **At Risk Consent** is in the patient medical record. This consent allows certain patient information to be viewed by the Office of Emergency Preparedness (OEP) and emergency managers.
- E. Alert relatives, friends, or neighbors who have agreed to help in emergencies and verify that they are available to assist. Refer to the **At Risk Evaluation Form** in each patient's record for information.
- F. Contact patients in a mandatory evacuation area as soon as possible to assure safety.

### **Suspension of Services**

- A. In the event that the emergency results in the inability of the Agency being able to continue providing services, the Agency has a plan for continuity of services.
- B. Patients and/or their caregivers will be notified that the Agency will not be able to provide services.

- C. The Agency has pre-identify organizations that can deliver required services. The organizations are listed in Tab 7.
- D. If the Agency is part of an integrated healthcare system, and if the client agrees, services may be transferred within the system.

**Documentation**

- A. During an emergency, documentation should continue for all patients in the process of treatment.
- B. All rules pertaining to the protection of and access to patient information (HIPAA) remain in effect during an emergency.
- C. If the Agency is using an electronic documentation system, describe the method of documentation to be used during the emergency if the electronic system fails.

**Volunteers**

- A. To support the work of staff in an emergency/disaster, we will use volunteers for the following activities:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

*If there is a list of volunteers, state where the volunteer information is kept. Remember that during an electricity outage, the information may not be available electronically. A hard copy of the information should be available*

- B. Before suspending services to clients, the organization should seek volunteers from other home health employees, LAVA or other federally designated health care professionals.

### III. COMMUNICATIONS

#### Internal

- A. A list of all employees, including their contact number and emergency contact is located \_\_\_\_\_.  
*List where the employee information is kept. Remember that during an electricity outage, the information may not be available electronically. A hard copy of the information should be available.*
  
- B. In the event of an emergency that requires notification to staff not on duty, physicians, and vendors (**Tab 12**) or to patients expecting to receive care, notification will be given (**Tab 10**). A list of all physicians, including contact number and emergency contact number is located \_\_\_\_\_.  
*List where the physician information is kept. Remember that during an electricity outage, the information may not be available electronically. A hard copy of the information should be available.*
  
- C. In the event that telephone and/or cell phone services are not available, redundant communications are available.  
*List all means that are used to communicate an emergency status such as: telephone tree, texting, ESF 8 Portal, Everbridge, radio, TV, etc.*

#### External

- A. Call “911” for an emergency that threatens the safety or life of staff or patients.
  
- B. This EOP contains the name of corporate and/or ownership persons that must be notified on page FACILITY INFORMATION.
  
- C. This EOP contains a list of all Parish and state and local emergency management persons that should be notified at **Tab 8**.
  
- D. This EOP contains a listing of contact information for other facilities that can provide required services for patients and a listing of nearby hospitals that can provide emergency services at **Tab 7**.

### **Communications with Clients**

- A. During an emergency, staff are responsible for notifying patients about the emergency and what actions to take (**Tab10**).

### **Communications with Healthcare Providers**

- A. Only the person in charge, or their designee, is authorized to release information on the location or condition of patients. Information may be released to other healthcare providers with consent of the client and consistent with HIPAA regulations.

### **Healthcare Communications with public or private organization**

- A. Under 45 CFR164.510 (b) (4), the Agency may use or release information about the patient's location, general condition or death to a public or private entity authorized by law or its charter to assist in disaster relief efforts.
- B. If the patient is able, the Agency should obtain their consent or give an opportunity to object to the disclosure.
- C. If the patient has been evacuated and/or is unable to give consent, the facility must exercise professional judgment to determine what protected information may be released.

### **Surge Capacity and Shared Resources**

- A. Based on staffing and active cases, this Agency may be available to surge to accept patients from other Agencies requiring like services. The ESF 8 Home Care DRC will be notified of surge capabilities.

### **Requesting Assistance**

- A. Should the Agency need resources, assistance should be requested as follows:
  1. from the corporate, ownership entity;
  2. from the ESF 8 Regional representative(s). The ESF 8 Regional representatives are the Office of Public Health Emergency Response Coordinator (PHERC) and the Designated Regional Coordinators (ADRC and

DRCs). These representatives are listed on **Tab 8**. They work with the Parishes and State to obtain assistance for facilities during and following emergencies.

#### IV. TRAINING

- A. The current staff will be trained on the new or updated EOP at the time of its publication.
- B. All new staff will be trained on the EOP in orientation.
- C. Volunteers must be trained on the EOP.
- D. Emergency Preparedness training will be conducted annually.
- E. Documentation of the training on the EOP and annual emergency preparedness training will be maintained by *(state what position is responsible for maintaining the documentation of training, usually Human Resources)*
- F. Knowledge of EOP and emergency preparedness will be shown by return demonstration, if applicable, and participation in the facility Testing Program.

#### V. TESTING

- A. The Agency will participate in a full scale exercise that is community-based or when a community-based exercise is not available, an individual, facility based exercise annually.
- B. In the event that the Agency experiences an actual natural or man-made emergency that requires activation of the EOP, the Agency is exempt from engaging in an individual full scale exercise for 1 year following the onset of the actual event.
- C. The Agency must conduct a second exercise every year. The second exercise can be another individual full scale exercise or a tabletop exercise.
- D. After full scale exercises, tabletops or actual events, the Agency should analyze the response, identify areas for improvement and updated the EOP, if required. A template for review is found at Annex B.

Further emergency preparedness information can be found at the state association websites: **Home Care Association of Louisiana** [www.hclanet.org](http://www.hclanet.org)



## **TAB 1**

Place a copy of the Office Location Map at Tab 1. Google Map may be used to show Location.

## **TAB 2: AT RISK EVALUATION FORM**

(Agency name)

The At Risk Evaluation Form should be completed for each patient upon admission. The completed and signed form should be placed in the patient's medical record and home folder. If the patient is assessed as "At Risk", information should be entered into the At Risk Registry upon admission and updated every 7 days. Only patients meeting these guidelines should be entered in the Registry.

**Louisiana At-Risk Home Health/Hospice Patient Criteria: (Check which criteria are applicable)**

- a. Home Health/Hospice patients who live alone, without a caregiver and unable to evacuate themselves, or
- b. Home Health/Hospice patients with a caregiver physically or mentally incapable of carrying through on an evacuation order, or
- c. Home Health/Hospice patients/caregivers without the financial means to carry through on an evacuation order, or
- d. Home Health/Hospice patients/caregivers simply refusing to evacuate

Patient \_\_\_\_\_ Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Resides in \_\_\_\_\_ Parish Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Cross Street \_\_\_\_\_ House \_\_\_\_\_ Mobile Unit \_\_\_\_\_

\_\_\_\_\_ Apartment Complex/ Mobile Home Park Name \_\_\_\_\_ Apartment/Lot Primary \_\_\_\_\_

Caregiver \_\_\_\_\_ Phone \_\_\_\_\_ Next of Kin \_\_\_\_\_

Address \_\_\_\_\_ Primary \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ DME \_\_\_\_\_ DME \_\_\_\_\_

Supplier \_\_\_\_\_ Phone \_\_\_\_\_ Supplies \_\_\_\_\_

Pharmacy \_\_\_\_\_ Phone \_\_\_\_\_

Check all that apply to your patient

O2 Dependent \_\_\_\_\_ Ventilator \_\_\_\_\_ Infusion Therapy \_\_\_\_\_ Tube Feeding \_\_\_\_\_

\_\_\_\_\_ Pets \_\_\_\_\_ Ambulatory \_\_\_\_\_ Needs assistance \_\_\_\_\_ Bedbound \_\_\_\_\_

Wheelchair \_\_\_\_\_ Walker \_\_\_\_\_

Signature of Person Completing Form \_\_\_\_\_ Date Form Completed \_\_\_\_\_

## **TAB 3: At Risk Registry Consent**

With my signature below, I grant the agency above the authority to include my name, address, phone number, medical conditions, physician contact information, and living situation (including caregiver contacts and transportation/ evacuation needs) in the Home Health/Hospice At Risk Registry. This registry is designed to keep Emergency Managers in my parish aware of my location and special needs in the event of an emergency in my parish. Although inclusion in the At Risk Registry does not guarantee that my transportation needs will be met in an actual emergency, my inclusion in the Registry provides Emergency Managers awareness of my current health and living situation, as well as the opportunity to more accurately prepare for emergency situations in the parish.

I hereby release the home health/hospice agency listed above, the HomeCare Association of Louisiana, Louisiana-Mississippi Hospice and Palliative Care Organization, Secure Computing Systems, Inc. (doing business as “MUMMS”) and Emergency Managers (referred to as “Releasees”) from all liability under any and all state and federal health care information privacy laws, rules and regulations. I further hereby expressly release, waive, discharge, hold harmless, and covenant not to sue any of the Releasees, their employees, agents and officers, from all liability to the undersigned for any and all loss or damage, and any claim or cause of action on account of injury to my person or property or resulting in death, whether caused by the negligence of the Releasees or otherwise.

\_\_\_\_\_  
Patient/Representative Signature

Date

\_\_\_\_\_  
Print Patient or Representative Name

\_\_\_\_\_  
Relationship to Patient if Signing for Patient

\_\_\_\_\_  
Signature of Home Health/Hospice Representative

Date

# TAB 4

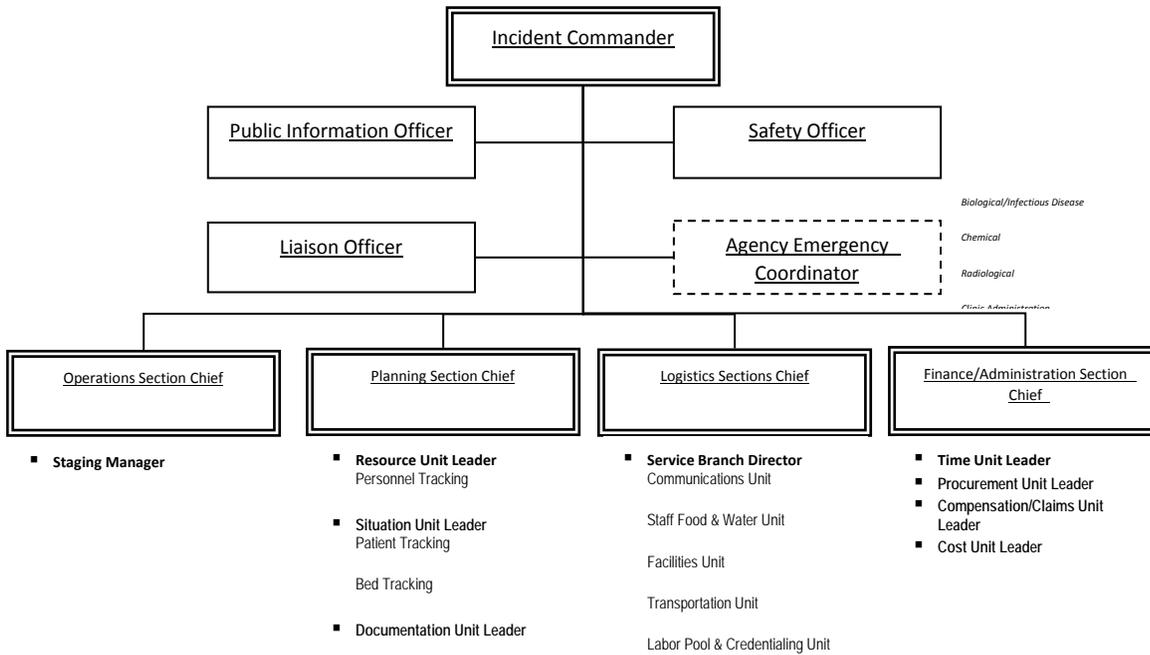
HVA Template

# TAB 5

## Delegations of Authority

Task	Incumbent	Delegated Position	Limitations

### Organizational Chart



# TAB 6

Orders of succession ensure leadership is maintained throughout the agency during an event when key personnel are unavailable. Succession will follow facility policies for the key agency personnel and leadership.

*Identify agency essential functions below and assign a primary person and three successors for each function identified.*

Key Personnel and Orders of Succession

Essential Function	Primary	Successor 1	Successor 2	Successor 3

# TAB 7

Temporary Evacuation Site for Office \_\_\_\_\_

Long Term Evacuation Site for Office: \_\_\_\_\_

Region \_\_\_\_\_ Hospitals and Contact Numbers:

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Transfer Agreement Agencies and Contact Numbers:

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Region \_\_\_\_\_ Home Health Agencies and Contact Numbers:

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# TAB 8

ESF8 Network – July 27, 2016

EMS DRCS highlighted in GREEN

1. Parish Directors can be found at this link:  
<http://gohsep.la.gov/parishoepnumbers.aspx>

**Code:**

- ADM – Regional Administrator
- MD – Regional Medical Director
- PHERC – Public Health Emergency Response Coordinator
- H-DR – Hospital Designated Regional Coordinator
- A-DR – Administrative Hospital Designated Regional Coordinator
- EMS-DR – EMS Designated Regional Coordinator

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 E-DR: [bpems505@bellsouth.net](mailto:bpems505@bellsouth.net) 318-464-7995  
 E-DR: [casev@balentineambulance.com](mailto:casev@balentineambulance.com) 318-422-4226

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[wvincent@acadian.com](mailto:wvincent@acadian.com) 337-302-9275

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 PHERC: [Kayla.Guerrero@la.gov](mailto:Kayla.Guerrero@la.gov) 985-855-2492  
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**GOHSEP EOC**

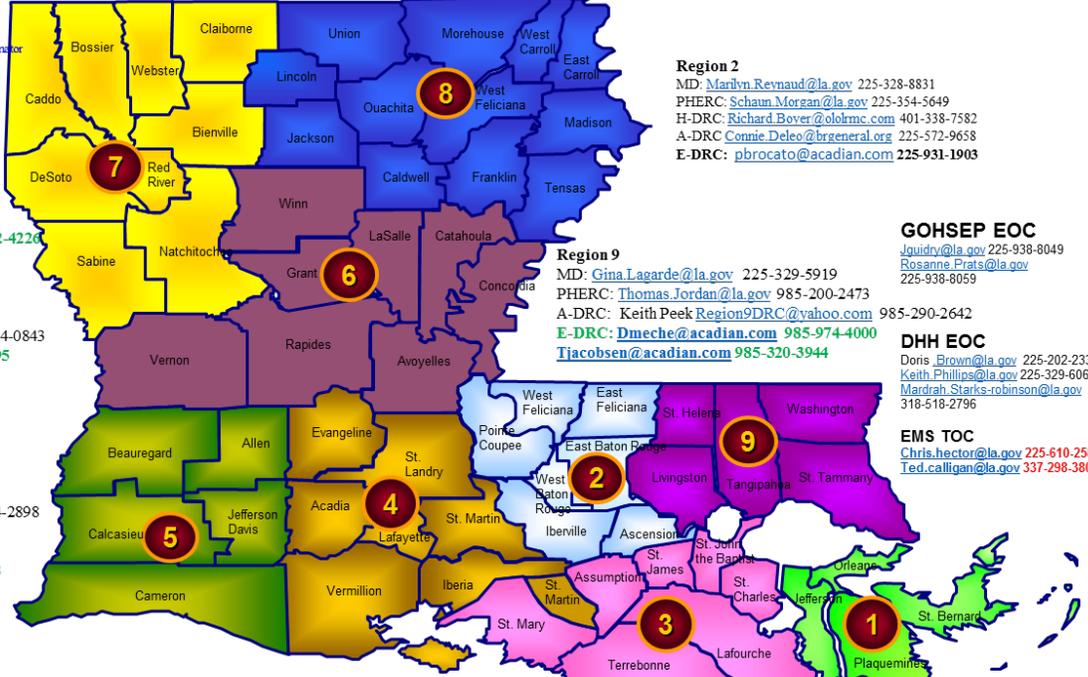
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## **TAB 9**

Insert blank copy of Individual Emergency Preparedness Form that is filled out at intake.

# Tab 10

## Notification Call List

### Staff Notification

Ensure that call lists include 24-hour contact information for all key staff including home telephones, pagers, mobile phones, and electronic mail.

A list of telephone numbers of staff for emergency contact is located at (location) \_\_\_\_\_  
\_\_\_\_\_.

During an emergency \_\_\_\_\_ is responsible for contacting staff to  
(Name/position)  
contacting staff to report for duty.

The alternate contact is: \_\_\_\_\_  
(Name/position)

### Patient Notification

A list of telephone numbers of resident emergency contacts is located \_\_\_\_\_

During an emergency \_\_\_\_\_ is responsible for contacting staff to  
(Name/position)  
contacting staff to report for duty.

The alternate contact is: \_\_\_\_\_  
(Name/position)

### Physician Notification

A list of telephone numbers of resident emergency contacts is located \_\_\_\_\_

During an emergency \_\_\_\_\_ is responsible for contacting staff to  
(Name/position)  
contacting staff to report for duty.

The alternate contact is: \_\_\_\_\_  
(Name/position)

### Community Resources Call Protocol

During an emergency \_\_\_\_\_ is responsible for contacting staff to  
(Name/position)

resources (i.e., Red Cross, Area Agency on Aging, etc.).

**TAB 11**  
**HOME HEALTH/HOSPICE**  
**PATIENTEVACUATION CHECKLIST**  
**PATIENT NECESSARY ITEMS**

- \_\_\_\_\_ Medications: A two weeks supply of all medications as ordered by your Doctor.
- \_\_\_\_\_ Portable oxygen (if required)
- \_\_\_\_\_ Home health/hospice home folder which includes written orders regarding medical care, including a list of medicines.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ Flashlight and batteries.
- \_\_\_\_\_ Medical supplies currently being used

## **TAB 12**

### **Vendor Contacts**

List all vendors and contacts numbers that may be needed during or after an emergency, such as DME companies, etc.

## **TAB 13**

### **After Action Review and Improvement Plan**

See Exercise Planning → After Action Reporting Template at

[www.lha-foundation.org/Emergency\\_Preparedness/All-Hazards-Planning.aspx](http://www.lha-foundation.org/Emergency_Preparedness/All-Hazards-Planning.aspx)

# ANNEX A

## Fire

**POLICY:** The primary purpose of the Fire Policy and Procedure is to provide a course of action for all staff to follow in the event of a fire.

**PROCEDURE:**

**R - Rescue anyone in immediate danger.**

**A - Alert** contact the fire department by calling 911.

**C - Contain** the fire. Close all doors and windows adjacent to the fire. Close all fire doors. Shut off all fans, ventilators and air conditioners, as these will feed the fire and spread smoke throughout the building.

**E - Extinguish** if the fire is small. If an extinguisher is available, it should be aimed low at the base of the fire, and move slowly upward with a sweeping motion.

- Never aim high at the middle or top of the flames as this will cause the fire to spread.
- If you cannot extinguish the fire, **evacuate** the building/home immediately.

**Special Note:** The most common cause of death in a fire is smoke, and not the flames. Keep low to the floor and avoid inhaling too much smoke.

1. Call the fire department at 9-1-1. Give exact location of the fire and its extent.
2. Call the Administrator.
3. Assist with residents if evacuation is necessary.
4. If fire is at Office, assign a staff member to meet the fire department in order to direct them to the fire. Assign a staff member to keep a roster of staff if evacuation is necessary.

## **ANNEX B**

### **Bomb Scare**

Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions need to be taken for the safety of residents and employees.

**Procedure:** If there is a bomb threat received over the phone, at the Office or in a patient's home, follow these procedures:

1. Keep the caller on the line as long as possible.
2. Ask the caller to repeat the message.
3. Ask the caller his name.
4. Ask the caller where the bomb is located.
5. Record every word spoken by the person making the call.
6. Record time call was received and terminated.
7. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.

If possible, during the call:

1. Call the Police Department at 911.
2. Call the Administrator if not present.
3. Organize staff/patient to evacuate premises upon police or administrative order.

Once the Police have arrived:

- Keys shall be available so that searchers can inspect all rooms. Employee lockers will be searched. If padlocked, padlock will be cut off.
- If a suspected bomb is located within the building/home, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

# **ANNEX C**

## **Active Shooter**

When there is an Active Shooter in your vicinity, you have three options, Run, Hide or Fight. Therefore, precautions need to be taken for the safety of patients and staff.

### **Procedure:**

#### **Run**

1. Have an escape route in mind.
2. Leave belongs (purse, book bag, computer, etc.) behind.
3. Evacuate regardless if others will follow.
4. Help others to escape, if possible.
5. Do not stop to help or move wounded.
6. Stop others from entering area.
7. Call 911 when safe.

#### **Hide**

1. Hide out of shooter's view.
2. Lock door or block entry
3. Silent your cell phone, including vibrate.

#### **Fight**

1. Fight as a last resort, if your life is in danger.
2. Improvise weapon or throw items at the active shooter.
3. Act with as much aggression as possible. Your life depends on it.

Once the Police have arrived, keep hands visible and raise over your head.

## ANNEX D

### Loss of Water

**Procedure:** If water supply is suddenly disrupted for any reason, the following steps will be taken by staff on duty during the time of the discontinuation of water supply.

1. All attempts will be made to determine the cause for water disruption and the probable length of shutdown and if a Boil Water Notice has been issued.
2. Obtain a copy of the Boil Water Procedures from Louisiana Department of Health, Office of Public Health. Contact patients in affected area and review Boil Water Procedures.
3. Suggest use of bottled water and canned juices and other fluids, based on dietary restrictions for consumption by patient.
4. Disposable dishes and utensils may be used during emergencies.
5. If necessary, water can be brought in and dispensed as needed. This will be initiated through Parish OHSEP.
6. If it becomes apparent that a water shortage will last for an undetermined length of time, emergency measures may be issued by the Parish and State OHSEP.
7. Continue to monitor patients for ongoing needs.

## ANNEX E

### Electrical Power Outages

**Procedure:** In the event of a power outage, the following steps should be followed:

1. Immediately contact any patient that requires oxygen concentrators or other life support equipment. Determine if they have a generator at home to power equipment.
2. In the event, that the patient does not have emergency back-up power, determine
  - Amount of time that power is expected to be out
  - Whether the power company will take immediate steps to restore power to patient
  - Whether the Parish is opening an emergency shelter to supply power outlets
  - If the patients are going to be required to evacuate to a hospital
3. In the event that the patient will need to be moved to a hospital, contact 911 and your ESF 8 Home Care DRC for assistance.

# ANNEX F

## Extreme Temperatures

The purpose of this policy is to provide precautionary and preventative measures for staff and patients during the hot and humid summer months. Older adults are extremely vulnerable to heat related disorders.

### Definitions:

*Heat Exhaustion:* A disorder resulting from overexposure to heat or to the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting.

There may also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, and pulse and breathing are rapid.

Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

*Heat Stroke:* A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air.

The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness. In extreme cases it may be fatal.

### Precautionary Procedures:

1. Keep the air circulating.
2. Draw all shades, blinds and curtains in rooms when exposed to direct sunlight.
3. Have patient move from areas that are exposed to direct sunlight.
4. Keep outdoor activities to a minimum.
5. Check to see that patient is appropriately dressed.
6. Give ample fluids, and provide as many fluids as the patient will take.
7. Turn on fans or air conditioner to increase circulation.
8. Report any changes in the patient's condition such as edema, shortness of breath, the skin being hot or dry to physician.
9. Assist in transfer to hospital, if necessary.

If symptoms of Heat Exhaustion is experienced by staff in Office or in the field:

1. Keep outdoor activities to a minimum.
2. Report symptoms to Administrator on call for additional instructions.

## **ANNEX G**

### **Severe Weather**

It is the Parishes' responsibility to keep the patients and staff safe at all times. If severe weather strikes, precautions need to be taken to ensure their safety.

**Definitions:** *Watch* -- Means that conditions are favorable for a thunderstorm or tornado to develop. Flash flooding may occur as a result of the storm.

*Warning* -- Means that a thunderstorm or tornado has been sighted. If a siren sounds, stay inside and take cover.

**Procedure:**

1. Account for all patients and staff on duty. Make sure everyone is inside.
2. Close all windows and pull all curtains at Home. In the Office, make sure that windows are locked and secured.
3. Keep all patients away from windows.
4. Contact staff in the field and instruct to take cover.
5. Notify patients if visit will be canceled.

If there is a tornado warning, further precautions need to be taken:

6. Have patient move to an interior room without windows or in the bathroom.
7. Gather flashlights and radio. Be sure to listen to weather reports for updates. Do not leave the area until the storm has passed and the warning has lifted.
8. Stay calm and provide reassurance to the patient.
9. If not at patient home, call patient to determine condition and if help is needed.
10. In the event that flooding occurs, notify OHSEP and ESF 8 Home Health DRC if evacuation of patient is necessary.
11. Notify the Office and ask for additional instructions.

## **ANNEX H**

## Hurricane

It is the community's responsibility to keep the residents and staff safe at all times. If a hurricane is approaching, precautions need to be taken to ensure their safety.

**Definitions:** *Watch* – Issued for a coastal area when there is a threat of hurricane conditions within 48 hours.

*Warning* – Issued when hurricane conditions are expected in the coastal area in 36 hours or less.

### Procedure:

1. Update At Risk Registry.
2. Notify all patients and physicians that Home Care services will be suspended when a **(Watch or Warning?)**.
3. Notify OHSEP and ESF 8 Home Health DRC if evacuation of patient is necessary.
4. Notify ESF 8 Home Care DRC that services have been suspended.
5. Provide Patients with a call in number to verify that Home Care services have resumed.
6. Close and lock office.
7. Provide staff with call in number for re-scheduling of Home Care services.
8. Notify ESF 8 Home Care DRC that services will resume on stated day and time.
9. If available, notify ESF 8 Home Care DRC that surge patients may be accepted.

# ANNEX I

## Winter Storms

The purpose of these winter storm safety precautions is to inform staff and patients of measures that should be taken during severe winter weather.

The following winter storm safety precautions have been established for all personnel to follow during blizzards, heavy snow, freezing rain, ice storms, or sleet.

### Precautions:

1. Update At Risk Registry.
2. Do not make any unnecessary trips outside. If you must venture outside, make sure you are properly dressed, and fully covered.
3. Contact all patients at start of event and during if event lasts an extended time.
4. Notify OHSEP and ESF 8 Home Health DRC if evacuation of patient is necessary.
5. Notify patients if visits will not be made.
6. Keep posted on all area weather bulletins and relay to others.
7. Have portable radio available. Make sure extra batteries are available.
8. Be prepared for isolation due to impassable roads and bridges.
9. Make sure all emergency equipment and supplies are on hand, or can be readily obtained.
10. Make sure emergency food supplies and equipment are on hand.
11. Make sure emergency supply of water is available.
12. Make sure emergency power supply is operable.
13. Make sure heating system is operable.
14. Have extra blankets and heavy clothing available and keep as warm as possible.
15. Verify adequate staff is available.
16. Keep flashlights handy and extra batteries available.
17. Travel only when necessary and only during daylight hours. Never travel alone. Travel only assigned routes.
18. Avoid overexertion by doing only what is necessary. Cold weather strains the heart.
19. Do not panic; remain calm.

# ANNEX J

## External Hazmat Incident

**Procedure:** The following actions may be taken in the event of an outdoor chemical spill/hazmat incident.

1. Notify the patients that a hazmat incident has occurred that may impact their home.
2. Keep posted on all incident bulletins and relay to others.
3. Take steps at the Office and advise the patients to take steps to protect their environment.
4. Shut down outside intake ventilation.
5. Close all doors to the outside and close and lock all windows.
6. Turn off all heating systems.
7. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap.
8. Turn off all exhaust fans in kitchens and bathrooms.
9. Close as many internal doors as possible in the building/home.
10. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.
11. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you. For a higher degree of protection, go into the bathroom, close the door and turn on the shower in a strong spray to wash the air.
12. If an explosion is possible outdoors, close drapes, curtains or shades over windows. Stay away from external windows to prevent injury from flying glass.
13. Tune into the Emergency Broadcasting System on the radio or television for further information and guidance.
14. Contact all patients at start of event and during if event lasts an extended time.
15. Provide visit after the event if patient complains of any change in condition.
16. Have patient call "911" if difficult breathing or other life threatening condition occurs.
17. Notify OHSEP and ESF 8 Home Health DRC if evacuation of patient is necessary.

**Parish officials will make a determination regarding possible evacuation of residents.**

# ANNEX K

## Radiological Incident

**Procedure:** The following is the procedure to be followed in the case of a radiological accident.

In the case of an accident at a nuclear power plant or other exposure, the local/state office of emergency services will use the following alert systems:

- Emergency siren system
- Emergency scanner system

The community will receive a notice from the Emergency Broadcast System on the radio and television.

1. Tune into the Emergency Broadcasting System on the radio or television for further information and guidance.
2. Stay inside of Office, cars or homes.
3. Notify the patients that a radiological incident has occurred that may impact their home.
4. Keep posted on all incident bulletins and relay to others.
5. Take steps at the Office and advise the patients to take steps to protect their environment.
6. Shut down outside intake ventilation.
7. Close all doors to the outside and close and lock all windows.
8. Turn off all heating systems.
9. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap.
10. Turn off all exhaust fans in kitchens and bathrooms.
11. Close as many internal doors as possible in the building/home.
12. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.
13. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you. For a higher degree of protection, go into the bathroom, close the door and turn on the shower in a strong spray to wash the air.
14. If an explosion is possible outdoors, close drapes, curtains or shades over windows. Stay away from external windows to prevent injury from flying glass.
15. Contact all patients at start of event and during, if event lasts an extended time.
16. Notify patients that if evacuation is needed, one small bag is all that will be allowed. Refer them to evacuation checklist.
17. Notify OHSEP and ESF 8 Home Health DRC if evacuation of patient is necessary.

**Parish officials will make a determination regarding possible evacuation of residents.**

# ANNEX L

## Bioterrorism Threat

A Bioterrorism Threat is the accidental exposure or deliberate release of viruses, bacteria and other agents that cause illness or death in people, animals or plants. Biological agents can be spread through the air, water or food. They can be extremely hard to detect and may not cause illness for several hours or days. Some agents like smallpox can spread from person to person. Other agents like anthrax are not spread person to person

**Procedure:** The following is the procedure to be followed in the case of a biological threat:

1. Notice of a biological event usually comes from Louisiana Department of Health, Office of Public Health (OPH).
2. Parish OHSEPs and the ESF 8 DRCs are notified by OPH when a biological event occurs.
3. The Home Care DRC will notify the Home Care Agencies that the event has occurred and direct them to the resource information on the biological agent and what actions the Home Care should take.
4. Directions will be received from OPH on how to proceed.
5. Clients that live in the area of exposure should be contacted to assess changes in condition.
6. Patients with symptoms that may be the result of the biological exposure will be reported directly to OPH. The report is confidential.
7. Agencies may be directed by OPH to give information to their patients regarding the biological.