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| Emergency Operations Plan | **Last Revision:** | April 2017 |
| **Last Reviewed** | April 2017 |
| **Applies to the following THA Group of Companies:** | * THA Services, Inc. * Island Health Care * Island Hospice * Independent Life at Home * RightHealth® |
| **Included in the following THA Manual:** | Administrative Policy &Procedure Manual  Environmental Safety & Equipment |

**POLICY**

THA Group maintains a plan in order to provide for patients’ needs in the event of emergency and disaster.

**DEFINITIONS**

The possibility of a state emergency or federal emergency with little warning requires that local government and community agencies take automatic, predetermined actions under varying conditions. However, with advance warning an established system of preparedness assists with response actions. These actions are designated as Operating Conditions (OPCONs). An OPCON is the level of emergency or disaster that may occur. Different numbers indicate the OPCON level with “one” being the most severe. The emergency operations plan includes coordination with county and state emergency management services according to these OPCON levels.

**OPCON 5 STATUS** The readiness state is normal day-to-day operations.

**OPCON 4 STATUS** The possibility of or emergency situation developing requires plan review, readiness and monitoring the situation.

**OPCON 3 STATUS** An alert such as a watch or warning is issued to indicate the development of a threat requiring notification of the agencies.

**OPCON 2 STATUS** An emergency or disaster is imminent or occurring requiring notification to the agencies to begin implementing the emergency response plan.

**OPCON 1 STATUS** The most severe disaster or emergency is imminent or occurring requiring immediate response. Agencies at this time should be on full alert and implementing all phases of the emergency response plan.

**EMERGENCY INFORMATION AND COMMUNICATIONS**

1. A common place in the community offices for posting /dissemination of emergency related information, to include:
   1. Current staff list with phone numbers (updated at least quarterly)
   2. Emergency telephone numbers specific to that offices region.
   3. Telephone Tree for contacting all staff assigned to the branch
   4. The branches Disaster Responsiveness reports of Levels 1 and 2 patients, which identifies the primary clinician. DPCCs generate this report from Staff & Services Management.
2. During an emergency, field staff uses landlines, cell phones to call or text, fax and/or email to communicate with patients and the Command Center.
3. Each Command Center has one telephone designated to receive all incoming calls from field staff. Command Centers maintain contact with one another via fax if telephone or cell phone use is limited or unavailable. If necessary, an employee/messenger/volunteer is used to facilitate communication between community offices.

**EMERGENCY PLANNING AND PREPARATION**

1. The community offices are designated as Command Center for their respective region. An Alternate Command Center is determined for each office. Employees unable to reach their designated Command Center should proceed immediately to the alternate site. If that site is unreachable, then they should continue on to the nearest THA Group location.

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| **Community Office** | **Alternate Site** |
| 1211 Newcastle St, Suite D, Beaufort, | 300 New River Parkway, Ste 7, Bluffton |
| 300 New River Parkway, Ste 7, Bluffton | 1211 Newcastle St, Suite D, Beaufort, |
| 3 West Perry St, Savannah | 1000 Towne Center Blvd, Ste 303, Pooler |
| 1000 Towne Center Blvd, Ste 303, Pooler | 4A Skidaway Walk, Savannah |
| 4A Skidaway Walk, Savannah | 1000 Towne Center Blvd, Ste 303, Pooler |
| 7A Allen Cail Drive, Statesboro | 1000 Towne Center Blvd, Ste 303, Pooler |

1. The VP of Home Health and Hospice Clinical Operations supervises all Command Center activities. In the event of his/her absence, the AVP serves as alternate.
2. In the event of an actual impending emergency or disaster (either local or national), all full or part time office and field staff are expected to remain available until the crisis passes. Each office will determine and “A” team and a “B” team ; A team being those available immediately following the emergency to begin the re-start of the business operation. The “B” staff will be called upon as patients return to the area and are able to be served. All fulltime staff will be expected to have a shared personal emergency plan with their respective manager.
3. Upon Admission to services, all year long, all clients and patients are provided with the “Client Information and Admission Booklet.”
   1. Admitting staff show and discuss with new clients the “Home Safety” and Emergency Preparedness” sections, which contain basic information on emergency preparation and the importance of an evacuation plan;
   2. Admitting staff reviews emergency/evacuation information with the patient and/or caregiver and inquires about any personal plans should an emergency occur;
   3. Admitting staff assigns the patient a priority classification level according to the amount and level of assistance they need should an emergency occur.
      1. LEVEL 1 – Patients who are bed bound, have limited family or other support, and require significant medical assistance during an emergency to ensure their safety
      2. LEVEL 2 – patients who are not bed bound but are chair fast or disabled, require assistance to obtain help during an emergency, have no family or other support, and require moderate medical assistance during an emergency to ensure their safety.
      3. LEVEL 3 – Patients who are ambulatory, have no local family/friends or other support, and require minimal to moderate medical assistance during an emergency to ensure their safety.
      4. LEVEL 4 – Patients who have medical needs but have family/friends or other support and who are available to assist them during an emergency
   4. The following is documented in the patient/client electronic health record:
      1. Disaster Priority Code (Levels 1-4, see above);
      2. Person(s) to be notified in the event of an emergency; \*\*\*
      3. Any additional information that needs to be communicated to assure patient/client safety during an emergency.

BEGINNING IN MAY 2017:

1. Documentation in the event of computer/network outages.

Each community office is expected to keep an “Information Systems Box” with hard copies of these forms to be utilized when computer documentation is impossible:

1. Generic OASIS forms
2. Start of Care Booklet(s)
3. Routine visit note.
4. A patients priority classification is updated as needed based on his/her evolving condition
5. A Patient Evacuation Information form will be completed and saved to the patient’s record and a hard copy kept in the Information Systems box.
6. Area specific evacuation information and evacuation plan education will be provided to our patients

**EMERGENCY RESPONSE PROCEDURE:**

1. In the event of emergency, the AVP of Home Health Operations is the primary point of contact for local and federal agencies. The AVP of Hospice is secondary, and the VP of Home Health and Hospice Clinical Operations is the tertiary.
2. If a call is received after hours by the Center or the Teletriage RN, that person contacts the Administrator on call as soon as possible.
3. When an Alert is issued:
   1. Telephone Tree for each office is activated, putting staff on “alert” for further assignment;
   2. All available staff, regardless of their usual role, participates in patient calling. Patients/Clients/Caregivers are called immediately upon activation of any emergency operations plan and instructed on the following:
      1. Check medication levels and get prescriptions filled immediately if they are close to running out; it is recommended a 2 month supply of medication be available.
      2. Fill their bathtubs and several containers with drinking water.
      3. Locate flashlights and make sure to have new flashlight batteries on hand.
      4. Check for 3 to 4 days worth of canned and boxed foodstuffs.
      5. Pack essentials to be taken in case of a mandatory evacuation.
      6. Follow instructions given by county agencies as reported on television ~~and~~ radio and Official social media outlets.
      7. Check oxygen tank levels for backup use in case of power outage, notify electric company that person in home is using oxygen.
4. LEVEL 3 and LEVEL 4 patients instructed to implement the disaster plan they discussed at SOC.
5. If evacuation is required, staff assist LEVEL 1 and LEVEL 2 patients and/or their families with their evacuation plan to local shelters and by calling their emergency contact(s) if they are unable to do so. LEVEL 1 and 2 patients are put on the emergency schedule for planned visits the following day if time permits based on the evacuation needs.
6. Staff are required to keep cell phones on, report to the closest Command Center for further assignment after checking in with their immediate supervisor.
7. If staff evacuation is different from the originally submitted Evacuation Information, the staff member is required to notify his or her manager with the new information and any additional phone numbers or information they have at that time.

**RE-ENTRY AND RECOVERY:**

1. Normal operations resume as soon as safely possible following notice from emergency management services that the emergency has ended.
   1. When an evacuation has occurred, emergency management services notifies agencies that all safety and utility functions have been restored to the community and the general population are allowed to return.
   2. All team A & B staff members contact the established command center for their community office regarding instructions for returning to work. In some locations, a county re-entry permit is required in order to return to the community. All staff are required to wear their THA name badge.
   3. Staff inform managers of their estimated time of return to the community.
   4. Once a community office, or its alternate site, has been determined safe for occupancy with all utilities restored and adequate supplies and staff on hand, arrangements are made to resume home care visits.
   5. Returning hospice and home care patients who have returned to their home or an alternate safe location in our area should be assisted in arranging physician appointments as quickly as possible if they were not assessed by a doctor before returning home.
2. Recovery or restoration of critical information systems is outlined in detail in the *Disaster Recovery Plan of Information Systems.*

**ANNUAL REVIEW**

An annual review of the Emergency Preparation and Response plan is completed either in response to an actual emergency or in a planned drill (see attached “Evaluation of Emergency Preparedness”). Vulnerability Analysis and Community Office Telephone trees reviewed and updated at least annually.

**COMMAND CENTER SUPERVISOR:** Vice President of Home Health Operations

**ALTERNATE SUPERVISOR:** Director of Patient Centered Care (DPCC)/Hospice Director

## STAFF ASSIGNMENTS

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| OPCON 5 STATUS | |
| **TASK** | **PERSON RESPONSIBLE** |
| Provide patient with copy of Safety in Your Home and review disaster preparation/evacuation plan | DPCC /Case Manager/Therapy Leads |
| Document patient-specific evacuation info in the admission assessment | Admitting Clinician |
| Assign a patient priority level based on need for assistance during an evacuation; enter name/number of person responsible for assisting in an emergency under “Disaster Priority Comments” | DPCC |
| Update patient-specific evacuation information and priority level during the course of care as patient’s condition changes | DPCC, Care Manager |
| Every week, beginning June 1, generate an Active Patient Report with patient-specific evacuation information. | DPCC |
| Maintain a current list of staff telephone numbers to be posted for immediate access during a potential disaster | DPCC |
| Schedule an annual mandatory staff meeting/in service to review and/or update the Community-specific disaster response plan in May | DPCC along with Director of PE |
| Provide patient with copy of Safety in Your Home and review disaster preparation/evacuation plan; beginning in May a Patient Evacuation Information form will be completed on all patients at the time of admission. This information is to be maintained in the Community Office in hard copy and scanned into the patient record. | DPCC |
| Document patient-specific evacuation info on the OASIS form | DPCC |
| Assign a patient priority level based on need for assistance during an evacuation | DPCC |
| Update patient-specific evacuation information and priority level during the course of care as patient’s condition changes | DPCC |
| Enter patient-specific evacuation information into EMR system \*\* | Admitting Clinician |
| Designate a specific location for posting of all information specific to the office’s disaster response plan [i.e., current phone numbers, weekly patient report, etc.] | Director of PE |

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| OPCON 4 STATUS | | | |
| **TASK** | **PERSON RESPONSIBLE** | | |
| Notify AVP of Home Health Operations of the possibility of a disaster/emergency developing | DPCC | | |
| Schedule a mandatory staff meeting to review the Disaster Response Plan and staff assignments; May | DPCC | | |
| Attend community disaster preparation meetings to obtain specific information about disaster plans for the community. Not sure why this is in this section….. | AVP PE | | |
| Begin calling assigned patients, refer to Disaster Preparedness Patient Phone Call | DPCC | | |
| Verify individual patient evacuation plans. based on their evacuation information sheet | DPCC assigned | | |
| Assist patients with identifying a safe place to evacuate to & out-of-state family members that need to be notified in the event of an evacuation; begin this conversation and education in May | Admitting clinician | | |
| Update & post patient-specific priority levels/evacuation plans | DPCC | | |
| Schedule PRN staff meetings to update staff on disaster preparation activities | DPCC | | |
| Every week, generate an Active Patient Report with patient-specific evacuation information | DPCC | | |
| Maintain a current list of staff telephone numbers to be posted for immediate access during a potential disaster | DPCC | | |
| Schedule an annual mandatory staff meeting/in service to review and/or update the Community-specific disaster response plan May | AVP Home Health and PE | | |
| Notify Vice President of the possibility of a disaster/emergency developing | DPCC | | |
| OPCON 3 STATUS | | |
| **TASK** | | **PERSON RESPONSIBLE** |
| Notify VP of Home Health and Hospice Clinical Operations an alert, such as a watch or warning has been issued. | | DPCC |
| Contact all office and field staff and request they report immediately to their respective branches for assignment. | | DPCC |
| Notify Emergency Management Department dispatcher’s office of patients who are NOT planning to evacuate based on the specific community requirements | | AVP and PE |
| Review assignments with office and field staff, including:   1. Expectations of field staff; teams A & B 2. Additional telephone calls and visits that need to be scheduled in order to ensure patients need are met; 3. Measures to protect office against possible damage; 4. Measures to secure patient and personnel files; 5. Measures to obtain and secure telemonitoring equipment for transport to a protected facility; 6. Measures to back up computer files. | | DPCC |
| Conducts PRN telephone calls and visits as indicated to prepare patients for evacuation should that become necessary. | | DPCC |

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| OPCON 2 STATUS | |
| **TASK** | **PERSON RESPONSIBLE** |
| Notify VP of Home Health and Hospice Clinical Operations that a disaster/emergency is imminent | DPCC |
| Notify staff and patients that it is time to either take protective measures or evacuate | DPCC and assigned staff |
| Take measures to protect the Community and Corporate office against possible damage | DPCC/Facilities Manager |
| Secure patient and personnel files | DPCC |
| Ensure back-up of all computer files | DPCC |
| Obtain and secure all telemonitoring equipment for transport to a protected facility. | ~~DPCC~~ Director Right Health |

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| OPCON 1 STATUS | |
| **TASK** | **PERSON RESPONSIBLE** |
| Notify VP of Home Health Operations the most severe disaster/emergency is occurring | DPCC |
| Review tasks listed under OPCON 2 repeat any steps deemed necessary | DPCC |
| Secure office prior to evacuating, if evacuation is necessary | DPCC |

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| POST-DISASTER/ “ALL CLEAR” | |
| **TASK** | **PERSON RESPONSIBLE** |
| Contact Command Center as soon as possible and within 24 hours of the “all-clear” announcement | All field & office staff |
| Contact patients and resume care as indicated | DPCC |
| Contact family members living out of state and/or emergency contact listed for patient & provide patient as indicated | DPCC |
| Schedule a staff meeting for debriefing & evaluation of community response to the disaster | DPCC |
| Make recommendations for revisions to the disaster plan as indicated | DPCC |
| Prepare an itemized list of damages sustained to the community office during the evacuation for review by the VP. | DPCC |

**EVALUATION OF EMERGENCY PREPAREDNESS FORM**

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| **Plan Implementation Date** | **Disaster Type[[1]](#footnote-1)** | **OPCON Status**  **(1 – 5)** | **Patient Call Initiated? (Y/N)** | **Operational Interventions Initiated? (Y/N)** | **Issues Identified** | **Action Plan** |
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**Community Office:**  Beaufort  Bluffton/HHI  Skidaway/RH  Statesboro

W Savannah  Perry St.

**Disaster Plan:** Annual Practice Drill

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| **Summary of Drill:** |
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| **Problems Encountered:** |
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| **Evaluation of Effectiveness:** |
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| **Changes Needed:** |
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**Signatures of Participants:**

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Printed Name Signature

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Printed Name Signature

1. Disaster Types: (1) Weather Related Hazard, (2) Hazardous Material Exposure, (3) Security Hazard, (4) Regional Hazard, (5) Internal Operations Hazard [↑](#footnote-ref-1)