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| Emergency Operations Plan | **Last Revision:** | May 2019 |
| **Last Reviewed** | May 2020 |
| **Applies to the following THA Group of Companies:**  | * THA Services, Inc.
* Island Health Care
* Island Hospice
* Independent Life at Home
* RightHealth®
* Palliation Choices
 |
| **Included in the following THA Manual:** | Administrative Policy &Procedure ManualEnvironmental Safety & Equipment |

**POLICY**

THA Group maintains a plan 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 community office region
	3. The Emergency Preparedness Report of clients who are unable to evacuate with or without assistance, which identifies also the primary clinician. State Directors run this report from the EHR system.
2. During an emergency, staff uses landlines, cell phones (call or text), fax and/or email to communicate with employees, 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** |
| 832-A Paris Avenue Port Royal, SC  | 300 New River Parkway, Ste 7, Hardeeville SC |
| 300 New River Parkway, Ste 7, Hardeeville SC | 832-A Paris Avenue Port Royal, SC |
| 3 West Perry St, Savannah GA | 4A Skidaway Village Walk, Savannah GA |
| 4A Skidaway Walk, Savannah GA | 3 W Perry Street, Savannah GA |

1. The CEO or designee supervises all Command Center activities.
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 an “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, 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 an Evacuation Severity Code. The available options are 1. Able to evacuate with or without assistance and 2. Unable to evacuate with or without assistance
	4. The following is documented in the patient/client electronic health record:

i. Evacuation Severity Code (see above).

 ii. Person(s) to be notified in the event of an emergency; \*\*\*

iii. Any additional information that needs to be communicated to assure patient/client safety during an emergency.

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 patient’s 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, VP of Operational Systems is the primary point of contact for local and federal agencies The VP Talent Management is secondary. 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.
2. When an Alert is issued:
	1. Staff are alerted initially via phone call or text and followed up with email alert.
	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, 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.
3. Those clients whose Evacuation Severity Code is 1 (able to evacuate with or without assistance) are instructed to implement the disaster plan discussed at SOC.
4. Those clients whose Evacuation Severity Code is 2 (unable to evacuate with or without assistance) will receive assistance from staff with their evacuation plan to local shelters and - calling their emergency contact(s) if they are unable to do so. Clients whose Evacuation Severity Code is 2 are put on the emergency schedule for planned visits the following day if time permits based on the evacuation needs.
5. Staff are required to keep cell phones on, report to the closest Command Center for further assignment after checking in with their immediate supervisor.
6. 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:** CEO

**ALTERNATE SUPERVISOR:** CCO

## 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  | State Director/Case Manager/Admitting Clinician  |
| 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” | State Director/Admitting Clinician |
| Update patient-specific evacuation information and priority level during the course of care as patient’s condition changes | State Director/Case Manager  |
| Every week generate an Active Patient Report with patient-specific evacuation information or as needed basis. | State Director |
| Maintain a current list of staff telephone numbers to be posted for immediate access during a potential disaster | State Director |
| Schedule an annual mandatory staff meeting/in service to review and/or update the Community-specific disaster response plan in May | Director of PE |
| Provide patient with copy of Safety in Your Home and review disaster preparation/evacuation plan. This information is to be maintained in the Community Office in hard copy and scanned into the patient record.  | State Director |
| Document patient-specific evacuation info on the OASIS form | State Director/Admitting Clinician |
| Assign a patient priority level based on need for assistance during an evacuation  | State Director/Case Manager |
| Update patient-specific evacuation information and priority level during the course of care as patient’s condition changes | State Director/Clinician |
| 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/State Director |

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| OPCON 4 STATUS |
| **TASK** | **PERSON RESPONSIBLE** |
| Notify CCO of Home Health Operations of the possibility of a disaster/emergency developing | Director of PE or other management level staff |
| Schedule a mandatory staff meeting to review the Disaster Response Plan and staff assignments. | State Director |
| Attend community disaster preparation meetings to obtain specific information about disaster plans for the community.  | PE |
| Begin calling assigned patients (refer to Disaster Preparedness Patient Phone Call) | State Director/Clinicians  |
| Verify individual patient evacuation plans. based on their evacuation information sheet | State Director  |
| 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. | Admitting Clinician |
| Update & post patient-specific priority levels/evacuation plans | State Director |
| Schedule PRN staff meetings to update staff on disaster preparation activities  | State Director |
| Every week generate an Active Patient Report with patient-specific evacuation information | State Director |
| Maintain a current list of staff telephone numbers to be posted for immediate access during a potential disaster | State Director |
| Schedule an annual mandatory staff meeting/in service to review and/or update the Community-specific disaster response plan May | PE |
| Notify VP of Operational Systems, the VP of Talent Management, and the Chief Clinical Officer of the possibility of a disaster/emergency developing | Director of PE or other management level staff |
| OPCON 3 STATUS |
| **TASK** | **PERSON RESPONSIBLE** |
| Notify CEO, VPs, and COO that an alert, such as a watch or warning has been issued.  | Director PE/State Director |
| Contact all office and field staff and request they report immediately to their respective branches for assignment.  | Chief Clinical Officer/State Director |
| Notify Emergency Management Department dispatcher’s office of patients who are NOT planning to evacuate based on the specific community requirements | State Director/Chief Clinical Officer/  |
| 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.
 | State Director |
| Conducts PRN telephone calls and visits as indicated to prepare patients for evacuation should that become necessary. | State Director/Clinicians |

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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 | State Director |
| Notify staff and patients that it is time to either take protective measures or evacuate | State Director and assigned staff |
| Take measures to protect the Community and Corporate office against possible damage | State Director/Facilities Manager |
| Secure patient and personnel files | State Director |
| Ensure back-up of all computer files | VP of Operations/State Director |
| Obtain and secure all telemonitoring equipment for transport to a protected facility., if applicable. | Chief Clinical Officer/  |

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

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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  | State Director/Clinicians  |
| Contact family members living out of state and/or emergency contact listed for patient. | State Director |
| Schedule a staff meeting for debriefing & evaluation of community response to the disaster  | Director of PE/VP Operational Systems and Data Management/Chief Clinical Officer |
| Make recommendations for revisions to the disaster plan as indicated  | Management |
| Prepare an itemized list of damages sustained to the community office during the evacuation for review by the CEO/Facility Administrator/VP Operational Systems. | Chief Clinical Officer/ /State Director |

**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

 [ ]  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

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