Red Rock Home Health, INC.
6867-A W. Charleston Blvd.
Las Vegas, NV 89117

Emergency Operations Plan and Policies

POLICY

The Agency Administrator, Director of Clinical Services and staff implement emergency operations plan, as appropriate. The Agency primarily serves elderly, homebound patients. Vulnerabilities for patients may include no caregivers to provide assistance and/or no way to evacuate home safely.

PURPOSE

To describe the Agency's approach to responding to internal and external emergencies that would suddenly and significantly affect the need for services, plans for patients or the ability to provide such services. An emergency is defined as a natural or man-made disaster that significantly:

- Disrupts the Agency's environment, e.g., damage to the Agency's building and grounds due to thunderstorms, wind, ice/snow storms, flooding, explosion, fire or bomb.
- Disrupts care and services, e.g., loss of utilities (power, water or telephone), floods, snow/ice storms, severe thunderstorms, hazardous chemical spills, accidents or multiple staff illnesses.
- Results in a sudden, significant change or increase in demand for Agency services, e.g., terrorism attack, bio terrorism attack, infectious/communicable disease outbreak or community mass casualty event.

REFERENCE

The Joint Commission CAMHC Standards: EM.01.01.01 - .03.01.03; Medicare CoP #: 484.22; CHAP Standards: CPC.5.I.M1, CPC.6.I.M2, EP.1.D, EP.1.D.M1, EP.1.I, EP.2.D, EP.2.D.M1; ACHC Standards: HH7-3A, HH7-3A.01, HH7-3B, HH7-3C, HH7-3C.01

RELATED DOCUMENTS

"*Individual Patient Emergency Preparedness Plan*" form and "*Healthcare COOP & Recovery Planning*" *(ASPR)* document

PROCEDURE

1. The Agency complies with all applicable federal, state and local emergency preparedness requirements.
2. The Agency has established and maintains an emergency preparedness program that meets all requirements.

3. The emergency preparedness program includes but is not limited to, the following elements:
   - The Agency has developed and maintains an emergency preparedness plan and policies that are reviewed and updated at least annually. The plan:
     - Is based on and includes a documented, facility-based (Agency) and community-based risk assessment, utilizing an all-hazards approach.
     - Includes strategies for addressing emergency events identified by the risk assessment.
     - Addresses patient population, including, but not limited to, the type of services the Agency has the ability to provide in an emergency and continuity of operations, including delegation of authority and succession plans.
   - During implementation of the emergency plan, Agency will provide all services as possible but will minimally provide skilled nursing services to identified high priority patients or assist such patients in receiving care at alternate health-care facility.
     - Delegation of authority and succession plans will be managed by the Administrator and Governing Body, if required.
     - Includes a process for cooperation and collaboration with local, tribal, regional, state and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the Agency's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

4. The Agency will coordinate efforts with area emergency management agencies, to mitigate, prepare, respond and recover from high priority emergencies that impact the community, e.g., local health department, law enforcement and office of emergency management.

5. **Mitigation activities** (designed to reduce the risk of and potential damage from an emergency) will be undertaken in an effort to lessen the severity and impact of a potential emergency. Such activities include:
   - The plans for patients during a natural or man-made disaster. Individual plans for each patient must be included as part of the comprehensive patient assessment.
   - Developing an individual emergency preparedness plan for each patient as part of the comprehensive assessment.
   - Individual patient preparation: prioritizing patients who might require care/service during emergency and advanced planning for extra supplies, equipment, medications, food and home evacuation.
   - Communication systems, including back-up systems.
   - Conducting the Hazard Vulnerability Analysis.
   - Maintenance of Agency fire detection equipment, e.g., smoke detectors.
   - Maintenance of Agency fire suppression equipment, e.g., fire extinguishers.
   - Maintenance of Agency information systems, including process for back-up of computer files.
   - Assisting patients and families to develop a home emergency plan.
   - Educating patients and families about self care, sources of alternate care in the community and Agency role during an emergency.

- Providing staff with information about developing their family's emergency response plan before an emergency.
- Working closely with other home health agencies and hospitals in referral areas to plan for disasters and emergency situations.

6. **Preparation activities** will be undertaken to build capacity. Resources that may be used during an emergency include: ambulance transport, hospitals, National Guard, Red Cross, law enforcement, fire departments, state highway patrol, other home care organizations, federal, state and local, regional and tribal emergency preparedness organizations, Incident Command Center, Volunteers suppliers and vendors. Other preparation activities include:
   - Staff orientation and annual training.
   - Maintenance of back-up supplies, e.g., flashlights and patient medical supplies in Agency office.

7. The Agency will work with the county emergency response agencies as requested to triage, treat and/or provide requested services. The local community command structure is located at 6867 - A West Charleston Blvd., Las Vegas NV 89117.

8. The Agency's common (all hazards) command structure for responding to and recovering from emergencies is the Agency office.

9. **Emergency response procedures**: In the event of interruption of patient services due to an emergency, the Director of Clinical Services and/or Managers will immediately implement the emergency operations plan and will be responsible for triaging patients based on needs, severity of illness and availability of staff. The Director of Clinical Services and/or Managers is responsible for contacting staff when emergency measures are implemented.

10. The Administrator, Director of Clinical Services and/or Managers will inform both state and local emergency preparedness officials by telephone or in person about patients in need of evacuation from their homes at any time due to an emergency situation based on the patient's medical and/or psychiatric condition and home environment. The Agency will comply with HIPPA Privacy Regulations as appropriate when communicating such information.
    - The Agency will maintain at all times a current list of patients who might need evacuation.
    - On an ongoing basis, staff will evaluate/assess such factors as transportation, evacuation and patient's medical and/or psychiatric condition and home environment.

11. Those patients who must have home visits performed will be considered as top priority patients and every effort will be made by staff to perform home visits during the emergency. At the time of admission, each patient's acuity or priority level is determined.

    Level I patients are high priority patients and include patients who require daily or more frequent skilled nursing visits. Patients with very limited mobility who live alone will also be considered high priority patients. The Agency will maintain a list of patients with

acuity level established. The list will be updated weekly. Administrative person on-call maintains current lists. The Director of Clinical Services and/or Managers will be responsible for assigning available staff for completing those visits. Efforts will be made to attempt to contact the remaining patients by telephone to ascertain needs for services, if any.

12. In the event that staff is not able to perform home visits as a result of the emergency, patients will be instructed to use local hospital emergency rooms for needed services that must be rendered.

13. Patient care providers who will be assigned and report to the Director of Clinical Services/Manager during an emergency include: nurses, therapists, social workers and home health aides.
    - The primary service provided during emergency plan implementation is skilled nursing services to defined high priority patients.

14. Ancillary staff (receptionist, biller, etc.) is to report to the command structure at the Agency office to the Director of Clinical Services for assignments.

    - **Succession planning and delegation of authority**: Staff who will assume specific roles in another's absence is as follows: Administrator, Director of Clinical Services, Nursing Supervisor and Senior Registered Nurse. The Governing Body is ultimately responsible for succession planning and delegation of authority (see "*Lines of Authority*").

15. During an emergency, the following activities will be managed:
    - The Administrator or Director of Clinical Services will provide information by telephone (or in person, if no telephone service exists) about the Agency's needs and ability to provide any assistance to the local Incident Communication Center or the authority having local jurisdiction during the emergency.
    - Patient care-related activities, including patient communication, scheduling, curtailing admissions, modifying or discontinuing services, control of patient information (by administration), coordinating home visits from another agency office or alternate care site in the community (if applicable) and patient transfer or referral will be managed by the Director of Clinical Services and/or Managers.
    - Patients will be responsible for replenishing their own medications and related supplies. If communication systems are in operation, nursing staff will assist patients by telephone and work with patients' retail pharmacies and/or infusion to get needed medications dispensed in order that patient/family can obtain.
    - The Agency will work with supply vendors, local home medical equipment companies, local hospitals and/or the Red Cross to replenish medical supplies and non-medical supplies, including subsistence needs (e.g., food, water, clothing and shelter).
    - Agency staff is responsible for providing their own transportation and housing. Staff may be instructed to shelter in place.
    - Staff will be identified by name/ID badges.
    - The Director of Clinical Services and supervisory and ancillary staff will manage logistics related to critical pharmaceuticals, equipment and supplies.

- The Agency will follow up by telephone with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services.
- The Agency will inform state and local emergency preparedness officials of patients that are in need of evacuation, based on the patient's medical and psychiatric needs and home environment. Agency will provide emergency officials with appropriate information to facilitate the patient's evacuation and transportation. This should include, but is not limited to, the following:
  - Whether or not the patient is mobile.
  - What type of life-saving equipment does the patient require?
  - Is the life-saving equipment able to be transported (e.g., battery operated, transportable, condition of equipment, etc.)?
  - Does the patient have special needs (e.g., communication challenges, language barriers, intellectual disabilities, special dietary needs, etc.)?
- Agency will track patients and staff by telephone or in person during an emergency. The Agency will inform state and local officials of any on-duty staff or patients that they are unable to contact.

16. **Recovery strategies** include those activities undertaken after an emergency to restore the Agency to normal function. The Director of Clinical Services will initiate the recovery phase as soon as possible following the emergency. Activities will include:
    - Restoring Agency site.
    - Restoring normal operating hours.
    - The Administrator or Director of Clinical Services will decide if Agency has capacity and ability to accept new referrals.
    - If new referrals are accepted, the clinician will develop an individual emergency preparedness plan for each patient and determine the priority or acuity level, which determines and directs care for each patient.
    - Re-establishing normal business operating procedures.
    - Re-establishing full staffing and scheduling.
    - Resuming normal patient care visits and services.
    - Testing communication systems and implementing.
    - Testing information systems (computer) and implementing.
    - Ascertaining current inventory and returning to pre-emergency inventory levels for supplies and equipment.

    The Director of Clinical Services is responsible for terminating the recovery phase.

17. If a community wide emergency occurs and the community command structure is implemented, staff should report to the community command site for assignment.

18. Medical documentation that preserves patient information protects confidentiality of patient information and secures and maintains the availability of records will be accomplished through back-up of electronic records to main server.

19. If volunteers are used in an emergency or other emergency staffing strategies, state or federally designated health care professionals to address surge needs during an emergency will be assigned by Administrator or Director of Clinical Services for integration into Agency's plan and operations.

20. **Continuity of operations planning** generally considers such elements as:

- Essential functions.
- Essential staff.
- Vital records.
- Information technology data protection.
- Critical resources.
- Financial resources.

The Agency will refer to and utilize the "*Healthcare COOP & Recovery Planning*" resource document from the Assistant Secretary for Preparedness and Response (ASPR) to develop strategies to ensure continuity of operations.