

Virginia Department of Health
Office of Licensure and Certification

Effective September 1, 2006

Emergency Preparedness Planning for Hospice and Home Care Providers

Principle

Providers will act to ensure continued services to clients during emergencies, including evacuation to local shelters, if appropriate.

Introduction

All hospice and home care providers are required to prepare for the continuation of services during emergencies or disasters by developing a plan that addresses the provision of services to clients who will need assistance, including those clients residing in facilities.

At a minimum, the program's emergency preparedness plan shall include:

- (i) Basic information concerning the program;
- (ii) Description of program operations including the policies, procedures, responsibilities and actions taken before, during and after *any* emergency situation, including but not limited to: direction /control, notification, and evacuation;
- (iii) Information, training and exercise procedures for increasing staff and client awareness of possible emergency situations and provide training to staff on their emergency roles before, during and after an emergency; and
- (iv) Supporting documentation.

During emergencies, including emergencies that result in a call for evacuation, the needs of hospice and home care clients cannot be met in shelters established for the general population, as the level of services will not equal what the client receives in their home. Since shelters are considered an option of last resort, OLC supports and encourages hospice and home care providers to work collaboratively with their local health departments and their locality's emergency planning office in developing appropriate sheltering capability for special needs persons in their community. OLC also encourages and supports hospice and home care providers collaborating to develop mutual support agreements designed to assure continuing care of both client populations in case of emergency related needs. When clients are evacuated to shelters, the program must assure clients needing care receive it, whether from the program itself or through previously agreed upon arrangements made with the client or family caregiver.

This guideline is intended to assist providers with developing their own emergency preparedness plans appropriate to assist their staff and clients during emergencies. It is not intended to limit or exclude additional information that a provider decides to include, or other arrangements already in place for emergency purposes.

Virginia Department of Health
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Definitions

“Emergencies or disasters” means hurricanes, tornadoes, building fires, wildfires, disruption of public utility services, destruction of public utility infrastructure, floods, bomb threats, acts of terrorism, exposure to hazardous materials, and nuclear disasters

“Family caregivers” means relatives, household members, guardians, friends, neighbors, and volunteers.

“Re-entry” means the return of clients after evacuation and the resumption of services.

“Temporary disruption of services” means a provider is temporarily unable to provide services to a client, through no fault of the providers. When there is a disruption of services, the provider is expected to notify the client and the OLC of the activities taken to assure care and the provider’s expected timetable for restoration of services.

General Information

A. The *basic plan information* should include:

- Name of the program, street and mailing addresses, emergency contact phone number, including pager, cell phone, and fax numbers;
- Identify name and title of who is in charge during emergencies, including home and work phone numbers, pager or cell phone numbers.
 - Contact alternate’s information should the primary contact person be unavailable
- Name of the owners(s), and chief operating officer, addresses, work and home phone numbers, pager or cell phone numbers;
- Name, address, work and home phone numbers of emergency plan developers.

B. The *description of program operations* shall address:

- Direction and control
 - The chain of command to ensure continuous leadership and authority of key positions
 - Procedures for timely activation of the emergency preparedness plan, including staffing for the duration of the emergency;
- Pre-emergency client education
 - Process for educating clients and caregivers about the emergency preparedness plan and response;
 - Procedures for discussing the client’s plans during and immediately following an emergency with those clients needing continuous services;
 - Client education for administering their own medication (if approved by the client’s physician) and maintaining their own supplies and equipment list;

Virginia Department of Health

Office of Licensure and Certification

Effective September 1, 2006

- If special needs sheltering is available in the community, procedures for providing written materials about sheltering to those clients who will require evacuation to a shelter during an emergency. Including, but not limited to:
 - Collecting any required client registration information required for sheltering;
 - Limitations of services and potential shelter conditions, i.e., the level of services will not equal that received in the home; conditions will be stressful and may be inadequate for their needs, and sheltering is an option of last resort;
- Notification of impending threats
 - Timely receipt of information, including off hours, weekends and holidays, specific TV or radio station channels
 - Alternative (or backup) means of notification should the primary notification system fail;
 - Methods for alerting decision makers responsible for plan implementation, staff and clients of potential emergency conditions
 - The 24-hour emergency contact number if different than the number listed in the basic program information section;
 - How key staff will be alerted;
 - How clients will be alerted and the precautionary measures to be taken, including temporary service disruption;
 - Maintenance of prioritized list of clients who need continued services, including but not limited to: (i) how services will be continued for each client, (ii) if the client is to be transported to a shelter, and (iii) any the medication and equipment needs. The list shall be furnished to the local health department and to local emergency management agencies upon request;
- During an emergency
 - Procedures to assure all clients needing continuing care will receive it, either from the program or through previously agreed upon arrangements made with the client or the client's caregiver;
 - Process for maintaining care and services, safeguarding clients in residential or inpatient units, maintaining services for clients who must remain in the facility, evacuating clients during emergencies and disasters if mandated by the local emergency management agency, and notifying family members and other responsible parties;
 - When mandatory evacuation is *not* required and clients decide to stay in their homes, procedures taken to assure that *all* clients needing continuing care will receive it, whether from the program or through previously agreed upon arrangements made with the client or the family caregiver;
 - When state ordered evacuation is required and clients decide to stay in their homes, procedure to notify clients that there may be a temporary disruption of services, and when services can be expected to be restored;

Virginia Department of Health

Office of Licensure and Certification

Effective September 1, 2006

- Evacuation
 - List medications, supplies and equipment needed during evacuation
 - Procedures to educate staff and family caregivers concerning the medication, supplies and equipment, including the necessity of the medications list and other items accompanying the client during the evacuation;
 - Resources necessary to continue essential care, services, or referrals to other organizations subject to written agreement.
 - Transportation to be used during an evacuation, including written agreements with other entities.
- Re-entry
 - Contact with clients and staff will be re-established and client care resumed;
 - How the program will provide or arrange for prioritizing care should the emergency result in less staff being available immediately following the disaster.
 - Post emergency procedures, including government authorization for re-entry of evacuated clients, obtaining necessary medical attention or intervention for clients, and communicating with family members or other responsible parties.

C. The *information, training and experience section* shall include:

- How staff will be instructed, prior to an emergency, in their roles and responsibilities during an emergency
- Scheduling of training for all staff
 - Training shall include:
 - A definition of emergency,
 - When the emergency plan will be implemented,
 - The roles and responsibilities of essential and non-essential staff,
 - The procedures for educating clients about the preparedness plan,
 - Information for available staffing of shelters and how they can work with the local shelter management during an emergency, and
 - How the program works with local, state or county agencies during emergencies
- Provisions for training new staff regarding their disaster related roles and responsibilities

D. The *supporting documents* shall include:

- Roster of staff and companies with key disaster related roles
 - List of names, addresses, telephone numbers and other contact information of the chief operating officer and the position and title of key disaster personnel.
 - Including information for normal and after-hour communication of the essential disaster personnel
 - List of names of the hospice contact person, telephone number and address of emergency services providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, emergency management, other essential

Virginia Department of Health

Office of Licensure and Certification

Effective September 1, 2006

- contacts as determined by the program;
- Agreements and understandings
 - Provide copies of annual updated mutual agreements, memorandum of understandings, or other contracts entered into between the program and any local, state, and county entities, other health care entities, and services providers that have responsibility during a disaster, including reciprocal host agreements, transportation agreements, or any other current agreements needed to ensure the operational integrity of the plan.
- Evacuation route map of the primary and secondary evacuation routes and description of how to travel to a receiving location;
- Any additional material needed to support the plan that is determined necessary by the program.

Emergency Preparedness Information for Clients

The program shall supply the following information so clients will be prepared prior to emergencies including possible evacuation to a shelter.

NOTE: A shelter is intended to be an option of last resort, as the evacuee will not receive the same level of care as in their home and the conditions in a shelter may be stressful.

- If the client has a caregiver, the caregiver should accompany the client and remain with the client at the shelter. Caregivers who regularly assist clients in the home are expected to continue to do the same in the shelter.
- The client should check with the local emergency management regarding service dogs, or family pets, in the shelter.
- Be prepared to bring personal snacks, drinks, and any special dietary foods for 72 hours.
- The following is a recommended list of supplies to accompany a client to a shelter:
 - Bed sheets, blankets, pillow, folding lawn chair, air mattress;
 - Medication, supplies and equipment, including phone, beeper, pager and emergency numbers for the client's physician, pharmacy, and if applicable, oxygen supplier; supplies and medical equipment for the client's care; advance directives including a Do Not Resuscitate Order (DDNR), if applicable;
 - Contact name and phone number of the program
 - Prescription and non-prescription medication needed for at least 72 hours; oxygen for 72 hours, if needed;
 - A copy of the client's plan of care;
 - Client identification and current address
 - Special dietary items, non-perishable food for 72 hours and at least 1 gallon of water/person/day;
 - Eye glasses, hearing aides and batteries, prosthetics and any other assistive devices;

Virginia Department of Health

Office of Licensure and Certification

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- Personal hygiene items for 72 hours;
- Extra clothing for 72 hours;
- Flashlight and batteries; and
- Self-entertainment and recreational items, e.g., books, magazines, quiet games.