



LOUISIANA MODEL HOME HEALTH/HOSPICE EMERGENCY PLAN

Revised June 2015

_____ (agency name)

_____ (address)

_____ (phone)

FORWARDED TO THE FOLLOWING PARISH OFFICES OF EMERGENCY PREPAREDNESS

DATE OF ORIGINAL PLAN _____

DATE OF UPDATES _____



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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.

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AGENCY EMERGENCY INFORMATION

1. List the home health/hospice agency name and physical address.
2. List all parishes the agency is authorized to serve.
3. Home Health/hospice patient lists will change frequently. However, it is necessary for all Offices of Emergency Preparedness in parishes in which the **agency is licensed to operate** to be aware of the agency’s presence and activities.
4. Document the parish(s) and the date the agency emergency plan was sent to the parish(s). The **original** and updated plans **must** be sent to the parish in which the **agency resides** and also all parishes in which the agency is licensed to operate. Changes shall be forwarded to the parishes timely.

PURPOSE

The purpose of this plan is to establish prompt actions to be taken to assist the patients of home health and hospice agencies during natural and man-made emergencies and disasters.

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.

Parish Emergency Managers and other emergency officials have access to the **At Risk Registry** (or subsequent system) for their individual parishes at all times.

SITUATION AND CONSIDERATIONS

A. SITUATION

1. **Risk:** (Home Health/Hospice Agency) serves patients in Louisiana. The primary potential natural and man-made emergencies that could occur in this area include:
 - a. Hurricanes
 - b. Severe Storms, including ice storms



- c. Tornadoes
- d. Floods
- e. Industrial plant hazardous chemical incidents
- f. Transportation hazardous chemical incidents
- g. Nuclear power plant incidents
- h. Terrorist attacks
- i. Major power failures

This plan shall be adapted to the individual agency and locale. An agency that operates in South Louisiana will be more concerned with hurricanes and flooding and an agency that operates in North Louisiana will be more concerned with tornadoes and winter storms. Some parishes in Northeast Louisiana could be affected by the New Madrid Earthquake Fault. Consult the Parish Office of Emergency Preparedness in each parish in which the agency operates to get a list of hazards unique to each parish.

2. Patients: The Home Health/Hospice 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.**

For emergency purposes the **At Risk Evaluation Form** shall be completed for every patient admission to a home health/hospice 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. Only the patients that meet the **At Risk Patient Criteria** 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**. 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.



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.

It is the home health/hospice agencies 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. The **At Risk Registry** information is available to local and state parish managers and officials including OEP 24 hours/day.

Information in the **At Risk Registry** should be updated at a minimum weekly, every seven (7) days.

B. CONSIDERATIONS

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

1. Agency administration and staff will function as described in this plan.
2. 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).
3. Agency staff will not be sent into hazardous areas or be required to operate under hazardous conditions during emergencies or disasters.
4. In a major emergency, hospitals may be able to admit only those patients who need immediate life-saving treatment. Hence, the hospital makes the final determination of which patients will be admitted or sheltered. Triage line personnel will help make determinations regarding appropriate transportation and sheltering.
5. 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.
6. The home health/hospice agency will encourage patients and their families to



follow their personal emergency plans and instructions. Patients and family should have ultimate responsibility for planning appropriately. In the case of children, the parent(s) or guardian(s) has that responsibility.

OPERATIONS

A. BEFORE AN EMERGENCY

1. The agency will continually update their emergency plan to reflect
 - a. Current organizational circumstances.
 - b. Changes in risk conditions.
 - c. Changes in patient information.
 - d. Changes in staff and staff information

The agency shall complete upon admission the **At Risk Evaluation Form** during the comprehensive patient assessment. Appropriate patients shall be entered into the **At Risk Registry** (criteria listed above in red) at this time. The **At Risk Registry** shall be updated weekly (every 7 days) to include any patients who meet the At Risk criteria and remove any patient(s) that no longer meet the need to be included on the **At Risk Registry**. The agency must obtain patient/caregiver authorization (by signature on the **At Risk Consent** form) to release patient information on the **At Risk Registry**.

2. Any changes in the agencies plan will be forwarded to the Parish Office of Emergency Preparedness in all parishes in which the agency is licensed to provide services.
3. The agency shall have a designated **Agency Emergency Coordinator** who is responsible for all emergency activities including planning, training, exercising, and responding to actual emergencies.
4. The **Agency Emergency Coordinator** will ensure that the staff is trained in the provisions of the plan.
5. The agency is to use the information obtained from the **At Risk Evaluation Form** to enter patient information into the **At Risk Registry** as appropriate.
6. The agency shall instruct each patient/caregiver on the emergency plan upon admission. The patient/caregiver will be given instruction regarding the risk of disasters and the importance of emergency planning. The agency will stress the necessity for patient/caregiver's to take responsibility for his or her actions in an emergency, as in his or her daily life. Patients/caregivers shall be reminded to include their pets in their individual EP plan.



7. The agency may encourage, but not require staff to volunteer to help in Special Needs Shelters. The agency will provide staff with information on Offices of Emergency Preparedness, Offices of Public Health, and offices of the American Red Cross or other organizations to which they could volunteer their services in an emergency.

8. The agency shall hold an in-house emergency preparedness training exercise at a minimum annually to test the emergency plan. The exercise will test:
 - a. The procedures to protect patients and evaluate patients who need community assistance in evacuating.

 - b. The process the agency will use to assist patients in obtaining supplies and medications which would be needed to sustain them through an emergency.

 - c. If the agency goes through an actual shelter or evacuation emergency during the year that causes the Agency to activate and complete steps a and b above, the actual emergency can take the place of the annual exercise.

Results of training exercises and or “actual” disasters shall be documented and include names of all attendees.

B. WHEN A STATE OF EMERGENCY IS DECLARED

1. When the agency becomes aware of a potential emergency in the area served, the agency will implement their emergency plan. 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.

2. The designated **Agency Emergency Coordinator**, along with agency senior staff, will implement the agency emergency plan.

3. All staff will be alerted to begin emergency operations.

4. 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. Attention will also be given to the need for a backup source of electrical power, if needed, for devices such as electrically powered mechanical ventilators.



- 5. 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.
- 6. Staff shall be aware that for Hurricane evacuations, toll free triage line numbers will be published thru the media for triage purposes.

C. SHELTER IN PLACE

If an immediate external hazardous situation occurs, such as a hazardous materials (HAZMAT) release, or a short, severe storm, it may not be possible or advisable to evacuate patients from threatened areas. If such an event occurs and the home health/hospice agency becomes aware of the emergency, the agency shall take the necessary steps to contact all patients residing in the emergency area and instruct the patient/caregiver on the procedures to be followed for that type of emergency.

1. SHELTER IN PLACE - GENERAL

- a. Ensure that patients are inside their homes.
- b. Advise patients or caregivers to close all windows and doors, turn off heating, cooling, and ventilation systems, both central and room units that take in outside air, close all air vents and units in bathrooms, kitchens, laundry rooms, etc., and cover and protect food, water and medications from airborne contamination.
- c. Monitor the status of the emergency, maintain awareness of public safety and health announcements, and contact parish or local authorities as needed.
- d. Re-establish contact with all patients as soon as possible, after the emergency has passed. Check for possible injuries or deterioration of health status, and initiate corrective action.

2. SHELTER IN PLACE - TORNADO

- a. Instruct patients on tornado safety. Designate interior rooms and hallways away from windows and doors as tornado safe areas. Instruct on the use of mattresses and blankets to reduce injury from flying debris.



- b. Ensure that family, neighbors, or friends can assist in putting patients into a tornado safety position when needed.
- c. Monitor the status of the emergency, keep in contact with the local authorities, and maintain awareness of public safety and health announcements.
- d. Assess damage as soon as possible after the event. Compile information and call 911 if an emergency exists for that patient. Evaluate whether patients may need to be moved to healthcare facilities or to temporary shelters.
- e. Re-establish contact with all patients as soon as possible, after the emergency has passed. Check for possible injuries or deterioration of health status, and initiate corrective action.

D. EVACUATION

1. 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. At Risk patient information shall be updated in the **At Risk Registry** at least every seven (7) days.
2. Ensure that relatives, friends, or neighbors who have agreed to help in emergencies are alerted and ready to assist. Refer to the **At Risk Evaluation Form** in each patient’s record for information.
3. In the case of patients who do not have any transportation or anybody to assist them, ensure they are listed in the **At Risk Registry** following the “At Risk Criteria”. The OEP and individual parish managers have access to pertinent patient information (for their parish only) from the **At Risk Registry** at all times.
4. Agencies in a mandatory evacuation area shall contact their patients as soon as possible to assure safety.



E. AFTER AN EMERGENCY

1. The home health/hospice staff will contact the **Agency Emergency Coordinator** or designee to receive instructions.
2. Re-entry into a risk area may be restricted. The home health/hospice **Agency Emergency Coordinator** or agency senior staff shall maintain awareness of the current parish’s re-entry status.
3. The home health/hospice agency shall direct staff to contact their patients to determine location and needs after re-entry is allowed.
4. When normal operations resume the agency will review its emergency operations to determine whether the plan was appropriate and/or needs revision. Documentation of the emergency shall be available.

ORGANIZATION AND RESPONSIBILITIES

A. ORGANIZATIONAL CHART

1. The home health/hospice agency shall develop and document a staffing chart and roster. The chart will include the names of staff members with job titles, staff contact numbers, responsibilities of staff. An organizational chart should include the chain of command and communication to be followed during an emergency. This information should be updated as changes occur during the year and be available 24/7.
2. The **Agency Emergency Coordinator** (along with senior management) is responsible for ensuring that all provisions of this plan are carried out.

B. RESPONSIBILITIES

1. Agency Emergency Coordinator

- a. Shall be a member of senior management, Director of Nursing or a senior staff designee. Shall maintain an updated Emergency Preparedness Plan.
- b. Shall assure the **At Risk Registry** is updated weekly.
- c. Shall instruct all **new** employees on the agency emergency plan.



- d. Shall conduct, critique, and document the annual emergency preparedness training exercise attended by all employees.
- e. Shall maintain communication with parish Offices of Emergency Preparedness in all of the parishes in which the agency is licensed to provide services.

2. Director of Nursing

- a. Shall promptly contact all staff and coordinate patient care when emergencies occur.
- b. Shall ensure that the **At Risk Evaluation Form** has been completed for every patient upon admission and updated as needed.
- c. Shall ensure that the **At Risk Registry** is updated every seven days by designee and remains accurate and up to date.

3. Nursing Staff

- a. Shall contact patients/caregivers for possible emergencies.
- b. Review with patients/caregivers the steps to be taken in the event of an emergency.
- c. Ensure that patients/caregivers are knowledgeable of their personal evacuation plans and supplies needed if evacuated.
- d. Shall assist the **Director of Nursing** to coordinate the provision of care throughout the emergency.
- e. Ensure that the home health/hospice agency has contact information for the location of patients when evacuated. Patient/caregivers should have contact information for the home health/hospice agency while evacuated.
- f. Shall remind patients/caregivers to bring their home folder when evacuated.



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 home health/hospice agency specific 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. Will ensure that all changes that affect outside organizations will be coordinated with those organizations.
- D. Will maintain the continuity of operations, including delegations of authority and succession plans.
- E. Develop plans for new admissions before, during, and after an emergency and notify staff of any temporary admission policies.

NOTE

- 1. Home health agencies with patients residing in **assisted living facilities** 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.
- 2. **Nursing homes and inpatient facilities** with hospice patients are responsible for their hospice patients during a potential/real emergency.
- 3. **Hospice inpatient facilities** should review nursing home and hospital guidelines when writing their "inpatient facility" emergency preparedness plans.
- 4. Further emergency preparedness information can be found at the state association websites:

Home Care Association of Louisiana

www.hclanet.org

Louisiana-Mississippi Hospice and Palliative Care Organization

www.lmhpc.org



HOME HEALTH/HOSPICE PATIENT EVACUATION 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



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 _____

Date of birth _____ Sex _____

Weight _____ 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 _____ Phone _____

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



(Home Health/ Hospice Agency Name)

(Address)

(Phone Number)

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