

Focus on Function Home Care Agency

Emergency Preparedness Policy and Procedure Effective 11/17/2017

Policy: The Emergency Preparedness and Response Plan (EPRP) will be initiated for emergency situations that interferes with normal operations and disrupts service delivery.

Purpose: To maintain agency operations and /or mitigate service disruption during emergency situations that impact the internal and external agency environment, staff and clients.

Procedure:

The agency will take the following actions to develop, maintain, and implement an emergency preparedness and response plan (EPRP) for clients receiving PT OT ST in their home:

1. The Administrator and other individuals designated by the administrator will be involved in the development of the EPRP.
2. The Administrator will designate the Rehab Coordinator and Business Operations Manager as alternates to act as the agency's disaster coordinators.
3. A continuity of business operations plan that addresses emergency financial needs, essential functions for client services, critical personnel and vendors, and how to return to normal operations as quickly as possible will be included as part of the EPRP .
4. As part of the EPRP development the agency will conduct a risk assessment to identify the potential disasters most likely to occur in the agency's service area.
5. The EPRP will include a description of the actions and responsibilities for agency staff in emergency planning for the applicable potential disasters identified in the agency's risk assessment/hazard vulnerability assessment.
6. The Administrator will monitor disaster-related news and information, including after hours, weekends, and holidays, to receive warnings of imminent and occurring disasters when known. Several methods, including but not limited to the following, may be used to monitor such known or impending disasters: Television, Radio, NOAA weather radio, Internet, Emergency broadcast channels, apps and alerts.
7. The following actions will occur as part of the response and recovery phase of the EPRP:
 - a. The administrator or designee may initiate each phase.
 - b. The administrator or designee(s) as part of the agency's communication protocol will communicate with
 - i. Leaders and owners (if applicable)
 - ii. Staff
 - iii. Clients or someone responsible for a client's EPRP
 - iv. County and city emergency management officials if needed during and after an event

v. State and Federal emergency management entities if warranted by the nature of the event and;

vi. Other entities as applicable such as:

1. Medical Emergency Response Center (MERC 405-297-7200), OKSDH (405-419-4231)

2. Emergency Medical Services

3. Other health care providers

c. The primary mode of communication will be texting to cell phones (see “Emergency Phone list Staff Communication Tree”) and calling other listed entities from cell phones. If the primary mode of communication fails, other methods including but not limited to Land line phones, email, Internet technologies may be used.

8. The agency will discuss and provide the following information to each client upon admission to the agency:

a. The actions and responsibilities of agency staff during and immediately following an emergency;

b. The client’s responsibilities in the agency’s emergency preparedness and response plan. The client’s responsibilities will be included as part of the “rights and responsibilities” given to each agency client upon admission;

c. A list of community disaster resources that can assist a client during a disaster-related emergency, such as those provided by local, tribal, regional, state, and federal emergency management agencies, including the special needs registry maintained by the state;

d. Materials that describe survival tips and plans for evacuation and sheltering in place.

9. The agency will release and maintain client information as allowed by state and federal law in accordance with the HIPAA Privacy Rule for release of records and sharing patient information.

10. The agency will triage clients using a Low, Medium, High system. This system will categorize clients based on services provided by the agency, the need for continuity of services provided by the agency, and the availability of someone to assume responsibility for a client’s emergency response plan if needed by the client. Each level is defined below:

LOW RISK PATIENTS

- Patients with family or caregiver support systems in place who can manage for 4 days or longer.
- Patients with care that can be met by the patient’s caregiver.
- Patient or caregiver is able to administer and manage medications, perform Home Ex Program, is mobile with or without an assistive device

MEDIUM RISK PATIENTS

- Patients with assistive devices and medical equipment who are able to manage for a short period of time, limited mobility
- Patient or caregiver is able to administer and manage medications and HEP

- Patients for whom a visit can be postponed for up to 2-3 days without jeopardizing safety.

HIGH RISK PATIENTS

- No available caregiver or family support system and patient cannot be left alone for extended periods of time without jeopardizing well-being and safety.
- Patient is bedbound or wheelchair bound and unable to meet physical and safety needs
- Unable to administer needed daily medications
- Patients without support who are unable to care for self

11. The Administrator will identify clients who may need evacuation assistance and maintain triage records in the event of an emergency in order to coordinate and communicate with the appropriate individuals and relevant state, federal and local officials if applicable. The agency is not responsible for physically evacuating clients. Medical Emergency Response Center (MERC 405-297-7200) can be contacted for evacuee management. The administrator will also inform State and local officials of any on duty staff or patients whom we are unable to contact.

12. The agency will ensure that all staff are trained and oriented about their responsibilities in the agency's EPRP upon hire, annually and when the plan is revised.

13. The Administrator and other individuals (if applicable) designated by the administrator will review the plan at least annually, and after each actual emergency response, to evaluate its effectiveness and to update the plan as needed.

14. As part of the annual internal review, the agency will table top test the response phase of the EPRP in a planned table top exercise drill if not tested during an actual emergency response. The documentation demonstrating compliance shall remain available for review at any time for a period of no less than three years.

15. Focus on Function will make a good faith effort to comply with the requirements of this policy during a disaster. If the agency is unable to comply with any of the requirements of this policy, the agency will document in the agency's records attempts of staff to follow procedures outlined in the emergency preparedness and response plan.

16. Certain emergency situations that are beyond the agency's control, such as when roads are impassable or when a client relocates to a place unknown to the agency, may make it impossible to provide services. In the event that it is not possible to reach the agency's High Risk clients due to impassable roads, the agency will contact the appropriate county or city emergency management official to respond as appropriate. If the client relocates to an unknown location, the agency will document attempts in the agency's records to locate the client and inform the physician or practitioner if involved with the client's ongoing care. Focus on Function staff are able to provide Physical, Occupational and Speech Therapy services in an emergency.

17. A daily census report with medical chart demographics will be produced at the end of each work day and emailed to the Administrator in order to maintain access to the information in the event of an emergency requiring triage of patients. Client records are maintained in electronic data format with nightly offsite back up housing of data and an external hard drive back up which will be taken home

nightly with an employee as an additional form of data backup. The software vendor will maintain capability to recover electronic health records from any damage to computer equipment or files. Client records can also be accessed via laptop or remote access.

18. Focus on Function will provide the following information to the OKSDH licensing office no later than five working days after any of the following temporary changes resulting from the effects of an emergency or disaster. The notice and information will be submitted by fax or e-mail. If fax and e-mail are unavailable, notifications will be provided by telephone, and followed up in writing as soon as possible. If communication with the licensing office is not possible, Focus on Function will fax, e-mail, or telephone the designated survey office to provide notification.

a. Temporary Relocation of the agency:

b. the license number for the place of business and the date of temporary relocation;

c. the physical address and phone number of the temporary location; and

d. the date an agency returns to a place of business after temporary relocation.

19. The EPRP will be initiated for the highest risk hazards for the Focus on Function service area per our hazards risk assessment. These high risk hazards for Focus on Function of tornado, winter weather events, and fire will be addressed following the individual procedures. Active shooters will additionally be addressed.