

# Interim HealthCare of Pittsburgh

## Emergency Preparedness Plan for Patients/Clients

**ACTION:** This Plan provides “step-by-step” action to be implemented by the office in the event of an emergency/disaster. This plan can be used for most types of emergencies/disasters (example: tornado warning, severe winter storms, floods, etc.)

**Plan Activation**            **Administrator/Manager** is responsible for initiating the emergency plan.

**Warning Phase**            The Administrator identifies the appropriate person to act in their absence, who has the authority to initiate the emergency plan.

- Notify the Emergency Command Team
- Determine what service area is experiencing the emergency
- Initiate the contact tree list to notify staff/volunteers/contracted personnel as well as patients/clients
- Identify patients (by zip code) affected by the emergency
- Identify employees affected by the emergency, as applicable
- Prioritize patients/clients based on their most recent Emergency / Disaster Risk Classification level and any staffing restrictions
- Assign office staff to specific tasks to include identifying patients affected by the emergency. If applicable, assign clinical staff members to check on high-risk patients by utilizing the prearranged priority classification system
- Refer to Patient Emergency Plan / COVID-19 Plan to identify back-up caregivers and resources to support patient’s needs as necessary
- Methods of communication include cell phone calling and texting; office phone/landline calls. We have also implemented the “Call Multiplier” application which allows for texting or calling to large volumes of people at once.
- In addition, the answering service has a list of the management team and can act as a conduit for messages between parties as necessary
- Key members of the Emergency Response team have downloaded local news channel apps and FEMA apps onto their phones to be able to access emergency information
- In addition, Interim has also signed a Mutual Aid agreement with the Western Pennsylvania Regional Health Care Coalition, which has developed and will maintain a Knowledge Center (Corvena) that will provide emergency information, instruction, and will gather and/or communicate any needed aid or available resources

- Transportation vendor and/or local officials should be called for transport of identified patients that need to be evacuated from home

### **Emergency Command Center Team**

- Gather at office and/or designated alternate location, as appropriate
- Follow any “shelter in place” instructions
- The building has a generator which could be useful in the event the office must be accessed and/or is in the impacted zone
- The telephone system has an emergency back-up that could be helpful but only for a limited period of time

**CSM/CSR** – Coordinates Caregiver and Patient Priorities with Administrator and/or Clinical Manager(s)

### **On-Duty Staff Priorities**

- Retrieve Employee Listing from Procura and/or EPP binder to determine staff on-duty
- Notify on-duty staff of emergency including initiation of alternate command center as appropriate
- Instruct staff to wear proper PPE based on the situation and patient status; and to notify office/supervisor if they do not have a sufficient supply to meet COVID-19 precautions
- Contact back-up caregivers to provide patient support as necessary if primary employee caregivers are not available
- Instruct staff to remain with High Risk patients until appropriate arrangements are made (i.e., relief, transportation, admit to hospital)
- If arrangements cannot be made for patient in a timely manner, “shelter in place” (refer to Shelter in Place section)
- Instruct staff to notify office/command center when evacuation/arrangements for patient safety/transportation is completed and patients are in a safe designated area
- Instruct staff to check back in with office as appropriate for updates regarding emergent situation
- Instruct staff to stay tuned to local radio/TV stations for updated community situation
- Notify Administrator/Manager of any on-duty staff that were unable to be contacted
- Continue attempts to contact those on-duty staff not found with first call attempt

### **Patient Prioritization**

- Call all patients with **risk level of 2 and 3** to notify of impending emergency
- Inform them that if on-duty staff are with them, they will remain in home with them until appropriate arrangements have been completed for patient safety
- Instruct patient (and employee, if applicable) to activate their personal emergency disaster plan (remind them of their emergency plan form in Interim folder)
- Give directions to a local facility / shelter if evacuation is required

### **Clinical Manager**

- Pull patient Emergency/Disaster Classification risk identification list and prioritize patient needs based on risk level
- Coordinate with CSM/CSR as to what patients need to be called and follow-up information obtained about on-duty staff and patients
- Call nursing homes and residential care facilities to determine number of rooms available for temporary placement of homecare patients needing alternate/safe location
- Maintain, with CSM/CSR, an updated contact list of available staff

### **Post Emergency / Disaster Phase**

Assigned office personnel will stay tuned to emergency radio channel or chosen method of communication.

- What services are available is determined through the local community emergency disaster preparedness office to meet any identified office or patient/client needs.

### **Administrator/Manager**

Prior to implementing full office operations, the Administrator/Manager will do a walk-through to determine what is needed to resume operations (e.g., damages, repairs needed, supply replacement, contact disaster restoration company).

- Notify staff when in-office operations will resume:

If unable to resume normal operations in-office, the Administrator/Manager instructs staff regarding an alternate location of office operations.

**CSM/CSR** Contact patients/clients to ascertain their return home

- Schedule home visits, as soon as safe, or local authorities authorize access to patient/client locations
- Notify employees of patient/client's status and of the patient/client's location
- Refer to Return to Work Decision trees for any employees affected by the COVID-19 pandemic

**Clinical Manager**

- Protocol is to maintain a minimum of 2 weeks of supplies in each patient's home
- Upon return to patient's home, employees will inventory medical supplies and other equipment for each patient and obtain appropriate orders to re-supply if indicated
- Ensure that appropriate levels of PPE are replenished for all staff and patients
- Employees document the patient's/client's status and disposition in the patient's/client's file