# Disaster Preparedness Development of Policies and Procedures

**Presented by:**
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## Objectives

Address the component "policies and procedures"

- Patient Classification Systems
- Transportation Assistance Levels
- Surge Capacity
- HIPAA/IT
- Staff and Patient Tracking

## Policies and Procedures

- Address natural and manmade disasters
- Must be reviewed annually, updated as necessary

## Sheltering In Place- Hospice Inpatient

**The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:**

- Food, water, medical, and pharmaceutical supplies.

**Alternate sources of energy to maintain the following:**

- Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
- Emergency lighting.
- Fire detection, extinguishing, and alarm systems.
- Sewage and waste disposal.

## Sheltering In Place- Hospice Inpatient

- No set amount of provisions dictated,
- Provisions should be stored in a location least likely to be affected
- Consider the possibility that volunteers, visitors, or community individuals may show up to assist or ***seek shelter***
- Have alternate means of energy
- Policies determining how required heating/cooling will be maintained.



## Sheltering In Place- Hospice Inpatient

- A means to shelter in place for patients, hospice employees who remain in the hospice.

Surveyor will:

- Verify the emergency plan includes policies and procedures for how it will provide a means to shelter in place for patients, staff and volunteers who remain in a facility.
- • Review the policies and procedures for sheltering in place and evaluate if they aligned with the facility's emergency plan and risk assessment

## Hospice- Inpatient

- Safe evacuation from the hospice,
- consideration of care and treatment needs of evacuees; staff responsibilities; transportation;
- identification of evacuation location(s) and primary and alternate means of communication with external sources of assistance.

## Hospice/Home Care

- Policies and procedures to follow up with on duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency.

- The hospice/home care must inform State and local officials of any on-duty staff or patients that they are unable to contact.

## Home Care

- ***Each patient must have an individual plan for disasters as part of the patient's assessment.***
- Discussions about potential disasters the patients may face in their home/community. Discussions with patients, their representative, their caregivers.
- ***This individual plan must be in writing.***

## Hospice-Inpatient

- A system to track the location of hospice employees' on-duty and sheltered patients in the hospice's care during an emergency.
- If the on-duty employees or sheltered patients are relocated during the emergency, the hospice must document the specific name and location of the receiving facility or other location.

## Compliance

**Survey Procedures**

- Ask staff to describe and/or demonstrate the tracking system used to document locations of patients and staff.
- Verify that the tracking system is documented as part of the facilities' emergency plan policies and procedures.




## Patients in Need Of Evacuation

- Procedures to inform local and state on who needs to be evacuated from their residences based on medical needs, home environment or psychiatric condition.

## Safe In Patient Evacuation

- Consider care and treatment
- Staff responsibilities in evacuating
- Transportation needs
- Identification of location sites




## Transportation Assistance Levels

- ***Level 1***
- Individuals that are unable to travel in a sitting position. They may require attached equipment that must accompany them such as oxygen.
- This patient requires clinical observation ranging from intermittent to 1:1, and requires an ambulance or other specialized vehicle for transportation.
- In addition, these patients must be accompanied by one or more clinical providers during transportation.

## Transportation Levels

***Level 2***

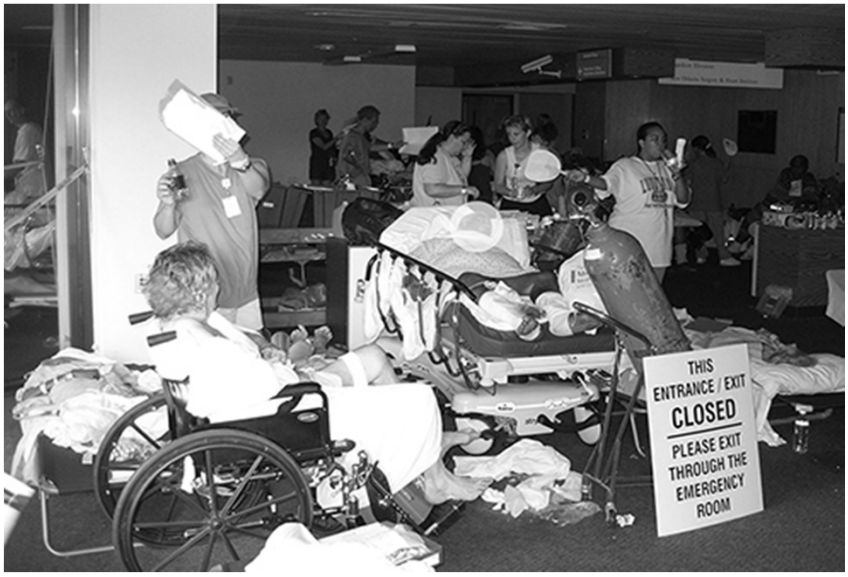
- Individuals who cannot walk on their own but are able to sit for an extended period of time. They are alert, stable, and do not require attached medical equipment. These patients can be safely managed by a single clinical person and may be transported as a group in a wheelchair appropriate vehicle. They can be accompanied during transportation by a single clinical person.




## Transportation Levels

***Level 3***

- This level is for individuals able to walk on their own at a reasonable pace.
- They are able to walk the distance from their community/inpatient/home location to designated relocation area. They must be escorted by a designated person but may be moved in groups lead by a single non clinician person.
- These people can be transported as part of a larger group and in a passenger vehicle such as a van. A single designated non clinician person is appropriate to accompany the most acute patient condition while accompanying the rest.



## Evacuation of Office

- Procedures
- Head count
- Go bags
- Emergency kit

## On Duty Staff- Home care

- Policy to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency.
- must inform State and local officials of any on-duty staff or patients that they are unable to contact**.**
- outline timelines for transferring patients or under what conditions patients would need to move.
- policies and procedures must address what actions would be required due to the inability to make contact with staff or patients and reporting capabilities to the local and State emergency officials.




## Tracking Patients and Staff

- ***<u>Tracking system for staff and patient that are evacuated.</u>***

## Compliance

Procedures to follow-up with staff and patients and to inform state and local authorities when they are **unable to contact any of them**

has procedures in its emergency plan to follow up with on-duty staff and patients **to determine the services that are needed**, in the event that there is an interruption in services during or due to an emergency.

describe the **mechanism** to inform State and local officials of any on-duty staff or patients that they are unable to contact.




## Secure Documentation

- System of documentation that has security and information readily available

## HIPAA Safeguards

- Administrative
- Physical
- technical




## Memorandums of Understanding

- Develop arrangements with other providers in the community

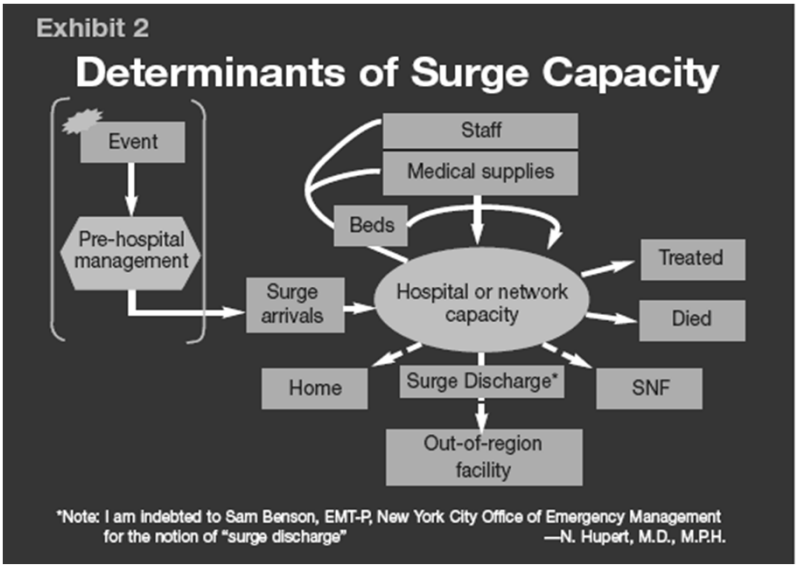
## Patient Individualized Plan

- Address natural and manmade disasters
- ***Each patient must have an individual plan for disasters as part of the patient's assessment***
- Procedures to inform local and state on who needs to be evacuated, on duty staff and patients unable to contact
- ***Tracking system for staff and patient***
- System of documentation that has security and readily availability




## Surge Capacity

- Health Care system's ability to expand quickly to meet an increased demand for medical care in the event of bioterrorism or other large - scale public health emergency (AHRQ)
- Surge capacity building began in 1995 with President Clinton



**There is very little surge capacity in the United States!**

## SURGE CAPACITY

- Maximum Capacity/Capability to
- Provide Care & Services with
- Available Resources
  - Human
  - Medical
  - Physical
  - Financial




## Surge Capacity

- Increase in sudden utilization of resources in response to an event
- Not everyday triage and response
- Large scale event
- 72 hours for outside support

## Surge Capacity

- Staffing
- Supplies
- Locations of care
- Electronic recordkeeping capabilities
- Mental health




## SURGE CAPACITY: KEY FACTORS

- Patient Census
- Patient Classification
- Staffing/Human Resources

## Surge Capacity

SERVICE CAPABILITIES/
SURGE CAPACITY

Average Daily Census (cases serviced)

Average number of Admissions/day

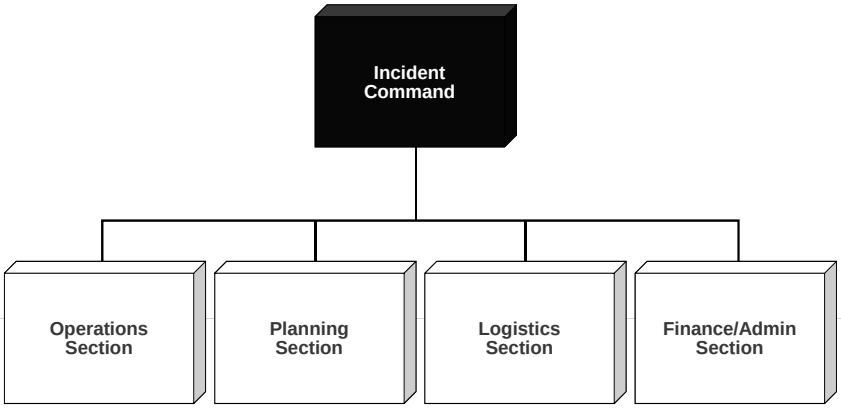
Admissions/wk

Max. Admission Capability/day ** Adm/wk ** *Max. Cap. to admit:*

*Level 1 pts __ Level 2 pts __ Level 3 pts __*




## Handling Surge



## Event With No Surge

- Utilization of staff within community networks (HCC)
- Patient Care in Shelters
- Staffing
- Updating clinicians skill sets for triage

## PATIENT PRIORITY CLASSIFICATION SYSTEM

- LEVEL 1: (HV within 24 hrs) Clinically Complex; Require 4 or more HV's/wk; Minimal Supports
- LEVEL 2: (HV within 48 -72 hrs) Clinically Unstable/Active Rehab; Require 2-3 HV's/wk; Supports available
- LEVEL 3: (HV can be deferred for ↑ 72 hrs) Clinically Stable; Support/Health Maintenance needs; Require 1 or less Skilled HV/wk; 3 or less HHA HV's/wk

## PATIENT PRIORITY CLASSIFICATION SYSTEM

Assessed on an ongoing basis, designated by diagnosis, care and /or treatment plan, support systems in place, special equipment needs and safety needs.

## PATIENT PRIORITY CLASSIFICATION SYSTEM

Factors in determining Patient Prioritization:

- Patient Needs
- Patient Supports/Agency Staff Resources
- Local Emergency Management/ Red Cross Recommendations

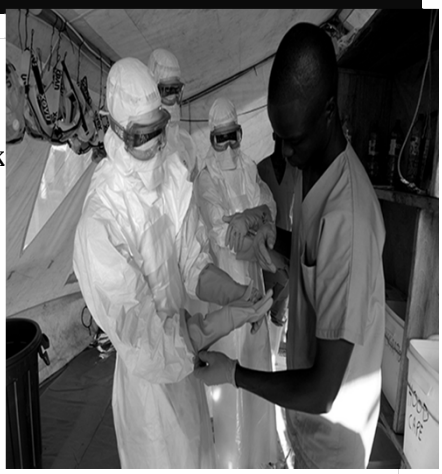
## Clinical Policies

- Policy on doing an abbreviated assessment
- Can our personnel triage?
- Documentation by reference




## Infection Control Policies

- Use of PPE
- Handwashing
- Personnel travelling to high risk areas
- Syndromic Surveillance



## Infection Surveillance

Syndrome Clustering: Ill persons with similar group of symptoms (syndrome)

1. occurring near the same time
2. in a similar proximity at about same time
3. large numbers of people ill

Ex: Sudden onset of unexplained flu-like illnesses, with respiratory symptoms, in otherwise healthy persons

## Standard Precautions

Standard Precautions apply to blood, all body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood; non-intact skin; and mucous membranes

## Work Practice Controls

- Hand hygiene
- Proper procedures for cleaning blood and body fluid spills
- Proper handling and disposal of blood and body fluid
- Proper wearing and selection of PPE
- Proper protection of work surfaces
- Prevention of percutaneous exposures
- Modifying protocols and procedures to ensure safety




## Handwashing

- Standardized, written agency policy
- Competency: field assessment/evaluation

Source:CDC

## Employee/Employer Policies

- Workforce policies on sick leave,
- closing the office,
- working from home,
- core services,
- services to be temporarily discontinued, counseling




## Reminder

- Arrangements with other providers to receive your patients ( This has been deleted for home care but not for hospice) But this is important as part of any plan)
- Use of volunteers
- Emergency staffing plans in case of surge

## Employee Questionnaire

AVAILIBILITY IN RESPONSE TO AN EMERGENT EVENT

1. Do you work for any other health or emergency care entities? (Hospital, Home Care Agencies, Nursing Home, EMT/Ambulance, Fire Dept, Police Dept., etc.)
2. During an Emergent Event (any emergency or disaster situation) would you be available to work **your regular schedule** for our Agency?



## Employee Questionnaire

During an Emergent Event (any emergency or disaster situation) would you be available to work ANY additional time for our Agency?

4. If *YES*: Additional Hrs: _____ **8-10hrs/day**

_____ **10-14hrs/day**

_____ ↑ **14 hrs/day**

Additional Days: **How Many?**

(Circle response) **1 2 3 4 5 6**

## Employee Questionnaire

AREAS OF EXPERTISE *(Personnel w/ significant experience in following areas)*

□ Patient Assessment □ Care Coordination
□ Triage/Emergency Care □ Epidemiology
□ Critical Care □ Infusion Therapy
□ Respiratory/Ventilators □ Burn Care
□ Pediatrics
□ Maternal/Child □ Immunization/Vaccination
□ Mental Health □ Counseling

*"Chance favors the prepared mind"*

- Louis Pasteur

1822-1895

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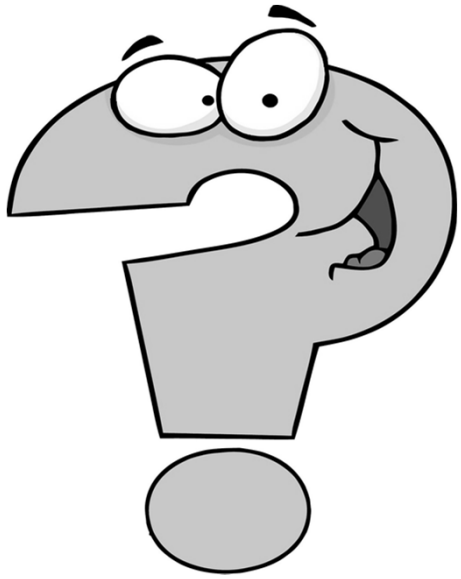

 

# HVA SCALE KEY

| | |
|---|---|
| 0-3 | Insignificant |
| 4-7 | Minor |
| 8-9 | Moderate |
| 10-13 | Severe |
| 14-18 | Catastrophic |

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HOME CARE ALLIANCE of MASSACHUSETTS www.thinkhomecare.org

| HAZARD VULNERABILITY ANALYSIS: | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *EVENT* | *PROBABILITY* | | | | *RISK* | | | | | *PREPAREDNESS* | | | *TOTAL* |
| | *HIGH* | *MED* | *LOW* | *NONE* | **LIFE THREAT** | **HEALTH/ SAFETY** | **HIGH DISRUP-TION** | **MOD DISRUP-TION** | **LOW DISRUP-TION** | *POOR* | *FAIR* | *GOOG* | |
| *SCORE* | **3** | **2** | **1** | **0** | **5** | **4** | **3** | **2** | **1** | **3** | **2** | **1** | |
| **NATURAL EVENTS** | | | | | | | | | | | | | |
| Hurricane | | | | | | | | | | | | | |
| Tornado | | | | | | | | | | | | | |
| Severe Thunderstorm | | | | | | | | | | | | | |
| Snow fall | | | | | | | | | | | | | |
| Blizzard | | | | | | | | | | | | | |
| Ice Storm | | | | | | | | | | | | | |
| Earthquake | | | | | | | | | | | | | |
| Tidal Wave | | | | | | | | | | | | | |
| Temperature Extremes | | | | | | | | | | | | | |
| Drought | | | | | | | | | | | | | |
| Flood, External | | | | | | | | | | | | | |
| Wild Fire | | | | | | | | | | | | | |
| Landslide | | | | | | | | | | | | | |
| Volcano | | | | | | | | | | | | | |
| Epidemic | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| HAZARD VULNERABILITY ANALYSIS: | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **EVENT** | **PROBABILITY** | | | | **RISK** | | | | | **PREPAREDNESS** | | | **TOTAL** |
| | **HIGH** | **MED** | **LOW** | **NONE** | **LIFE THREAT** | **HEALTH/ SAFETY** | **HIGH DISRUP-TION** | **MOD DISRUP-TION** | **LOW DISRUP-TION** | **POOR** | **FAIR** | **GOOD** | |
| *SCORE* | **3** | **2** | **1** | **0** | **5** | **4** | **3** | **2** | **1** | **3** | **2** | **1** | |
| **TECHNOLOGI-CAL EVENTS** | | | | | | | | | | | | | |
| Electrical Failure | | | | | | | | | | | | | |
| Transportation Failure | | | | | | | | | | | | | |
| Fuel Shortage | | | | | | | | | | | | | |
| Natural Gas Failure | | | | | | | | | | | | | |
| Water Failure | | | | | | | | | | | | | |
| Sewer Failure | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Communication s Failure | | | | | | | | | | | | | |
| Fire Alarm Failure | | | | | | | | | | | | | |
| Information Systems Failure | | | | | | | | | | | | | |
| Fire, Internal | | | | | | | | | | | | | |
| Flood, Internal | | | | | | | | | | | | | |
| HVAC Failure | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hazmat Exposure, Internal | | | | | | | | | | | | | |
| Unavailability of Supplies | | | | | | | | | | | | | |
| Structural Damage | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| HAZARD VULNERABILITY ANALYSIS: | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **EVENT** | **PROBABILITY** | | | | **RISK** | | | | | **PREPAREDNESS** | | | **TOTAL** |
| | **HIGH** | **MED** | **LOW** | **NONE** | **LIFE THREAT** | **HEALTH/ SAFETY** | **HIGH DISRUP- TION** | **MOD DISRUP- TION** | **LOW DISRUP- TION** | **POOR** | **FAIR** | **GOOD** | |
| **SCORE** | **3** | **2** | **1** | **0** | **5** | **4** | **3** | **2** | **1** | **3** | **2** | **1** | |
| **HUMAN EVENTS** | | | | | | | | | | | | | |
| Mass Casualty Incident (trauma) | | | | | | | | | | | | | |
| Mass Casualty Incident (medical) | | | | | | | | | | | | | |
| Mass Casualty incident (hazmat) | | | | | | | | | | | | | |
| Hazmat Exposure, External | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Terrorism, Chemical | | | | | | | | | | | | | |
| Terrorism, Biological | | | | | | | | | | | | | |
| VIP Situation | | | | | | | | | | | | | |
| Infant Abduction | | | | | | | | | | | | | |
| Hostage Situation | | | | | | | | | | | | | |
| Civil Disturbance | | | | | | | | | | | | | |
| Labor Action | | | | | | | | | | | | | |
| Forensic Admission | | | | | | | | | | | | | |
| Bomb Threat | | | | | | | | | | | | | |
| Lost Patient | | | | | | | | | | | | | |
| Scandal | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |