

EMERGENCY PREPAREDNESS AND RESPONSE PLAN

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- I. To ensure the Agency develops, maintains, and implements a written Emergency Preparedness and Response Plan (Plan), based on the Agency's risk assessment.
- II. To establish a plan of action for providing continuous patient care and continuous business operations in the event of a disaster.
- III. To ensure compliance with "Emergency Preparedness Planning and Implementations", Licensing Standards for Home and Community Support Services Agencies, §558.256.

DEFINITIONS

- I. Disaster-The occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or man-made cause, such as fire, flood, earthquake, wind, storm, wave action, oil spill or other water contamination, epidemic, air contamination, infestation, explosion, riot, hostile military or paramilitary action, or energy emergency.
- II. Preparedness-Preparing for the potential of a disaster including, but not limited to: education and training, integration with community resources, developing disaster response plans, organizing response and recovery activities, and conducting exercises are all preparedness efforts.
- III. Mitigation-A process in which sustained actions are taken to reduce or eliminate long-term risk from natural and man-made hazards or disasters. Activities include, but are not limited to: coordinating with state agencies, private sector agencies and organizations, and the public following disasters and emergencies.
- IV. Response-Actions taken immediately before an impending disaster or during and after a disaster to address the immediate and short-term effects of the disaster. These are the details of the plan given for others to follow in order for the Emergency Preparedness and Response plan to be successful.
- V. Recovery-Activities implemented during and after a disaster designed to return an agency to its normal operations as quickly as possible.

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- I. The Agency will have a written emergency preparedness and response plan that comprehensively describes its approach to a disaster that could affect the need for its services or its ability to provide those services. The written plan will be based on a risk assessment that identifies the disasters from natural and man-made causes that are likely to occur in the Agency's service area.
- II. The Agency will involve the administrator, supervisor, agency disaster coordinator, and alternate disaster coordinator in the development, maintenance, and implementation of the emergency preparedness and response plan.
- III. The plan will provide for continuity of patient/client care and business operations, that addresses emergency financial needs, essential functions for patient/client services, critical personnel, and how to return to normal operations as quickly as possible.
- IV. The Agency will make a good faith effort to comply with all State and Federal requirements during a disaster. If the Agency is unable to comply with any of the requirements, it will document in the Agency records the attempts of staff to follow procedures outlined in the Agency's Emergency Preparedness and Response Plan.

PROCEDURE

- I. The Agency's written Emergency Preparedness and Response Plan will include:
 - A. Designation, by title, of an employee and at least one alternate employee to act as the Agency's Disaster Coordinator
 - B. A Continuity of Operations Business Plan to address emergency financial needs, essential functions for patient/client services, critical personnel, and how to return to normal operations as quickly as possible.
 - C. How the Agency will monitor disaster-related news and information, including after hours, weekends, and holidays, to receive warnings of imminent and occurring disasters.
 - D. Procedures to release patient/client information in the event of a disaster, in accordance with the Agency's written policies and state regulations.

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- E. The actions and responsibilities of agency staff in each phase of emergency planning, including mitigation, preparedness, response, and recovery.
- II. Risk Assessment Analysis
- A. The Agency will conduct a risk assessment to identify potential disasters likely to occur in the Agency's service area.
- III. Preparedness
- A. Administrative staff responsibilities
1. Communication
 - a. The Administrator or designee, will ensure that the office is adequately staffed.
 - b. Disaster calling trees are utilized for contacting staff, volunteers and contracted staff.
 - c. Disaster Coordinator or designee will be responsible for the monitoring of public information systems 24/7 for disaster related news and information, including after hours, weekends, and holidays. As needed, this information will be communicated to staff for patient/client access / services.
 - d. Training is provided for staff, volunteers and contracted staff for emergency preparedness and response planning in orientation and annually.
 - e. Drills are conducted at least annually if no emergency.
 2. Training and Testing
 - a. Agency staff (employees, volunteers, and contractors) will be oriented and trained regarding their responsibilities in the Agency's Emergency Preparedness and Response Plan upon hire and annually thereafter.

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- b. The Emergency Preparedness and Response Plan will include procedures to triage patients/clients that allow the Agency to:
- (1) Readily access recorded information about an active patient's/client's triage category in the event of an emergency to implement the Agency's response and recovery phases;
 - (2) Categorize patients/clients into groups based on:
 - (a) Services provided
 - (b) Patient's/client's need for continuity of the services
 - (c) Availability of someone to assume responsibility for the patient's/client's emergency response plan if needed by the patient/client.
- c. The Agency's Emergency Preparedness and Response Plan will include procedures to identify a patient/client who may need evacuation assistance from local or state jurisdictions because the patient/client:
- (1) Cannot provide or arrange for transportation.
 - (2) Has special health care needs requiring special transportation assistance.
- d. If the Agency identifies a patient/client who may need evacuation assistance, personnel will provide the patient/client with the amount of assistance the patient/client requests to complete the registration process for evacuation assistance through the State of Texas Emergency Assistance Registry (STEAR), accessed by dialing 2-1-1.
- e. The Agency will provide and discuss the following information about emergency preparedness with each patient/client:

- (1) The actions and responsibilities of agency staff during and immediately following an emergency (Bill of Rights);
 - (2) The patient's/client's responsibilities in the Agency's Emergency Preparedness and Response Plan (Bill of Rights);
 - (3) Materials that describe survival tips and plans for evacuation and sheltering in place; and
 - (4) A list of community disaster resources that may assist a patient/client during a disaster, including the State of Texas Emergency Assistance Registry (STEAR) and other community disaster resources provided by local, state, and federal emergency management agencies.
 - (5) The Agency's list of community disaster resources will include information on how to contact the resources directly or instructions to call 2-1-1 for more information about community disaster resources.
- f. On-call books and/or electronic reports will be kept up-to-date with patient/client information.
 - g. On-call reports will be given on all patients/clients.
- C. Agency Care giving Staff (attendants) responsibilities:
1. Agency care giving staff will participate in training on emergency preparedness. They will keep the Agency informed of personal phone numbers and will take direction from the supervisor during the emergency.

IV. Continuity Of Operations Business Plan

- A. Mitigation - Administrative staff responsibilities:
1. Communication

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- a. Maintain a current listing of staff and all applicable contact numbers (i.e., home phone, cell phone, pager numbers, emergency numbers, special contact numbers of family/friends if employee is unreachable) for use as a communication/disaster calling tree.
 - b. Set up and frequently test a disaster calling tree for patient/client emergencies.
 - c. Provide administrative call.
 - d. Develop a backup communication plan for staff and patients/clients, in case phone system is not working, i.e., cell phones, walkie-talkies, e-mail-enabled wireless PDAs, meeting at a specific location, etc.
 - e. Meet with local emergency planners to coordinate services and phone numbers, which the Agency will keep readily available.
 - f. Disaster Coordinator will participate in community's disaster planning.
2. Patient/Client Triage
- a. Disaster Coordinator and staff will maintain a current list of patients/clients prioritized by care needs and based on specific services provided. Criteria for prioritizing may include but are not limited to:
 - (1) I - Life threatening (or potential) - requires ongoing care in ADL's requiring assistance with ambulation, self-administered medications, transferring, ambulation, use of assistive devices, toileting, meal preparation, and/or feeding. The patient/client does not have a willing or available care giver to assist with care. Note-Any equipment dependent upon electricity should be listed with the power company. Oxygen dependent patients/clients should be supplied with a back-up tank from the supplier. Requires assistance with transportation to hospital or specialized shelter.

- (2) II - Not life threatening - patient/client might suffer severe adverse effects from interruption of services, i.e., ongoing care in ADL's requiring assistance with ambulation, self-administered medications, transferring, ambulation, use of assistive devices, toileting, meal preparation, and/or feeding. Patient/client has a willing and able care giver present. Will require transportation assistance to hospital or shelter if necessary.
 - (3) III - Visits could be postponed 24-48 hours without adverse effects, i.e., assistance with bathing, dressing, grooming, cleaning, and/or laundry. Able to care for self or has willing and able care giver to assist with care. Transportation is available from family, friends, or others.
 - (4) IV - Visits could be postponed 72-96 hours without adverse effects, i.e., symptoms well-controlled. The patient/client is able to care for self temporarily or has willing and able caregiver to assist with care. Transportation is available from family, friends, or others.
3. Secure Office Building
- a. Install fire extinguishers and smoke detectors in appropriate places. Fire drills will be conducted at least annually.
 - b. Have exits marked clearly for emergency routes. Post building layouts with exits and fire extinguishers marked, in public places in office.
 - c. Make certain entrances / exits are secure for staff working in the Agency.
 - d. Mail safety - Make certain staff are able to identify suspect packages and letters, and steps to take such as:
 - (1) Don't open or smell;

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- (2) Isolate package or letter;
 - (3) Wash immediately with soap and water and remove contaminated clothing;
 - (4) Contact Administration and contact local law enforcement authorities.
 - e. Identify equipment that is necessary for keeping business open. Plan how to replace or repair if damaged.
 - f. Store extra supplies that may be needed.
 - g. Review heating/air condition system instructions and know how to shut down if necessary.
4. Information Technology Systems - Make sure the following are in place:
- a. Anti-virus software and firewall.
 - b. Make certain staff know not to open email from unknown sources or unexpected email with attachments.
 - c. Use passwords and change frequently.
 - d. Back up computer data (online, back-up disks, CDs, flash drive, etc) on a daily basis, keeping one version in a secure place off-site (example - bank vault - not another office or home) in case of disaster.
5. Emergency Financial Needs
- a. Meet with insurance carrier to review coverage for "acts of God" and/or other disasters. Review exclusions based on Disaster Declaration.
 - b. Take inventory, including photos.
 - c. Make plans for paying creditors and meeting payroll.

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- d. Make copies of financial / insurance records to be stored in safe off-site location (example - bank vault - not another office or home) in case of disaster.
- 6. Preparedness for Utility Disruptions
 - a. Plan ahead for potential disruptions in utilities, with possible extended disruptions. Speak with service providers.
 - b. Learn where turn-off valves are, and how / when to turn them off.
 - c. Consider purchasing generators, if applicable to the Agency service area.
 - 7. Off-Site Location
 - a. Make plans for meeting site / secondary location for office, to include communication systems, computer systems, medical records, as applicable.
 - 8. Media and Information Management
 - a. In service all staff for understanding that to ensure accuracy and continuity of information, all Agency specific information directed towards media and any other public outlets, should be directed to the Administrator, or designee.
- B. Mitigation - Supervisory staff responsibilities:
- 1. Communication
 - a. Arrange for personal issues to be taken care of, i.e. child care, groceries, medications.
 - b. Keep vehicle full of fuel.
 - c. Make sure the Agency has emergency phone list of names and numbers.

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- d. Demonstrate education and understanding of the Agency's Emergency Preparedness and Response Plan.
2. Patient/Client Triage
- a. Upon admission to the Agency and on an ongoing basis, the patient's/client's condition and needs will be assessed for triage prioritization based on specific services provided.
 - b. Upon admission to the Agency and on an ongoing basis, the patient's/client's location will be assessed for potential natural and/or man-made industrial disaster.
 - c. The Agency will provide and discuss with the patient/client and family information on how to handle emergencies in the home related to a disaster, to include: actions and responsibilities of staff during and after an emergency; patient's/client's responsibilities in the Agency's Emergency Preparedness and Response Plan (Bill of Rights); materials that describe survival tips and plans for evacuation and sheltering in place; and a list of community disaster resources that may assist a patient/client during a disaster.
 - d. Staff, volunteers, and contractors will participate in emergency preparedness and response training.
 - e. Staff will rotate on-call per job description as appropriate .
- V. The response and recovery phases of the Emergency Preparedness and Response Plan will describe:
- A. Actions and responsibilities of staff when warning of an emergency is not provided;
 - B. Who at the Agency will initiate each phase;
 - C. A primary mode of communication and alternate communication or alert systems in the event of telephone or power failure; and
 - D. Procedures for communicating with staff, patients/clients or persons responsible for a patient's/client's emergency response plan, local, state,

and federal emergency management agencies, and other entities including HHS and other healthcare providers and suppliers.

VI. Response - The Administrator, or designee, will initiate and discontinue the implementation of the Emergency Preparedness and Response Plan.

A. Administrative staff responsibilities:

1. Communication

- a. If communication methods at an Agency site are disrupted, mobile communication systems, email-wireless PDA's, short-wave radios, and e-mail relays may be source utilized by the administrative staff.
- b. The disaster calling tree will be activated to begin triage of patients/clients.
- c. Back-up staff will be utilized as necessary to make patient/client contact.
- d. Volunteers may be used to support office needs, i.e., copying, errands, filing, etc.
- e. Disaster Coordinator or designee will contact the local, state, and federal emergency management agencies, and other entities including HHS and other healthcare providers and suppliers to notify of disaster in progress, via telephone, cell phone, e-mail-enabled PDAs, or other designated method that has been provided.
- f. Disaster Coordinator or designee will be responsible for documenting all aspects of the disaster, to include, names, decisions made, and times of actionable items.

2. Patient/Client Triage

- a. Disaster Coordinator or designee will ensure that the patients/clients are appropriately triaged.

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- b. On-call/administrative staff will contact appropriate emergency community support systems, as appropriate to the patient/client.
 - c. Local radio and/or television stations may be contacted by the Agency as a method of communicating with the patient/client population, if necessary.
 3. Release of Patient/Client Information
 - a. In the event of an emergency or severe disaster, protected health information (PHI) as defined by HIPAA can be shared with other healthcare providers without the patient's/client's authorization.
 - b. If a non-health care provider (i.e. relative, neighbor, friend) requests PHI for a patient/client, the Agency must receive a HIPAA compliant authorization to release the PHI. This is unless the individual is the personal representative of the patient/client.
 - c. The Agency can share patient/client information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient's/client's care of the patient's/client's location, general condition, or death. In these cases, the Agency should get verbal permission from the patient/client when possible.
 - d. The Agency can also share patient/client information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, consistent with applicable law and standards of ethical conduct.
 4. Secure Office Building
 - a. If an Agency is affected, administrator will determine if the removal of medical, personnel and financial records is necessary.

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- b. Agency staff members will not jeopardize their own safety for the purpose of removing office contents (e.g., medical records, personnel files) when a disaster has occurred at an Agency site.

B. Supervisory staff responsibilities

1. Communication

- a. If no means of communication is available, then all staff members who can safely travel will report to the office, or designated location.
- b. Primary physician, medical advisor/director, and appropriate disciplines involved in patient's/client's care will be advised of patient/client and family status, as calls and visits are made.
- c. Patients/clients may contact staff by calling the office number. If the office number is not operational, the call will be handled by the "on call" personnel.
- d. If the answering service or the paging service is not operational, the Agency will call forward to cellular "on call" phone (even if cell phone call won't go through, text messaging may still go through but, privacy isn't protected).
- e. Staff will maintain contact with the office for updates as possible.

2. Patient/Client Triage

- a. Staff will contact patients/clients according to patient/client triage prioritization.
- b. Staff will visit all patients/clients as possible, based on time, disaster, and plan of care.
- c. Medications, supplies and equipment will be delivered as directed.

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- d. Community emergency support services will be contacted and utilized as necessary, and as authorized by administration.
 - e. Transportation for patients/clients requiring assistance will be coordinated from the office.
 - f. The Agency will make appropriate referrals to assure continuation of care. This will include but not be limited to:
 - (1) Life-supporting equipment
 - (2) Life-sustaining medication and/or nutrition
 - g. The Agency will not continue to provide care to clients in emergency situations that are beyond the Agency's control and make it impossible to provide services (i.e., roads impassable or patient/client relocates to a place unknown to the Agency). The Agency may establish links to local emergency operation centers to determine a mechanism by which to approach specific areas within a disaster area in order for the Agency to reach patients/clients).
- C. Agency Care giving Staff (attendants) responsibilities:
- 1. Agency care giving staff will take direction from the supervisor in the response phase of the emergency.
- D. Agency Staff (Administrative and Supervisory Staff) responsibilities:
- 1. The Agency will include actions and responsibilities in the response phase of the Emergency Preparedness and Response Plan in the event warning of an emergency is not provided.
- VII. Recovery - The Administrator, or designee, will initiate and be responsible for the Recovery Phase of the Emergency Preparedness and Response Plan.
- A. Administrative staff responsibilities:

1. Communication
 - a. Administrator will receive full briefing of all activities of disaster response, and Disaster Coordinator will develop a Disaster Recovery Plan, to include:
 - (1) Response actions taken
 - (2) Necessary modifications to plans and procedures
 - (3) Training needs
 - (4) Recovery activities to date
 - b. Any incidents that occurred will be documented, with action plans developed.
 - c. Depending on disaster, support groups for staff may be offered, and staff encouraged to participate.
 - d. Review for ongoing care for patients/clients and staff, preventative care, and professional counseling.
 - e. Meet with local emergency response providers to review and evaluate disaster response and formulate ongoing plans.
 - f. All aspects of the emergency response plan will be evaluated, with changes made to the plan as necessary.
2. Patient/Client Triage
 - a. Review Agency backup staffing plans for effectiveness.
 - b. Ensure that patients/clients that were moved are placed back on schedule, and receiving care.
 - c. Follow-up on any transfers or discharges of patients/clients for continuity.
 - d. Review on-call logs.

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3. Secure Office Building
 - a. Replenish office supplies and patient/client supplies.
 - b. Review Agency contracts for effectiveness.
 - c. Repair office or items damaged during emergency, as appropriate.
 4. Emergency Financial Needs
 - a. Take inventory
 - b. Review costs expended / payors of patients/clients
 - c. Contact insurance carrier
- B. Supervisory staff responsibilities
1. Communication
 - a. Document any incidents that occurred during disaster.
 - b. Meet with Administration to review activities of disaster response, and provide feedback for improvement.
 2. Patient/Client Triage
 - a. Contact all patients/clients and notify patient's/client's physician of status.
 - b. Meet with all disciplines providing care to patients/clients and re-classify patients/clients for triage.
 - c. Resume visit schedules.
 - d. Offer to assist patient/client and family with updating their emergency preparedness and response plan.

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- C. Agency Staff (Administrative and Supervisory Staff) responsibilities:
1. The Agency will include actions and responsibilities in the recovery phase of the Emergency Preparedness and Response Plan in the event warning of an emergency is not provided.
 2. The Agency will complete an internal review of the plan at least annually, and after each actual emergency response, to evaluate its effectiveness and to update the plan as needed.
- VIII. If written records were damaged during a disaster, the Agency will not reproduce or recreate patient/client records except from existing electronic records. Records reproduced from existing electronic records will include:
- A. The date the record was reproduced;
 - B. The Agency staff member who reproduced the record;
 - C. How the original record was damaged.
- IX. Notifications Required for Temporary Relocation or Temporary Expansion of Service Area
- A. If the following information provided in an initial or renewal application changes due to an emergency or disaster, the Agency will report the change to the Health and Human Services (HHS) in writing:
 1. Temporary relocation;
 2. Temporary expansion of a HCSSA's service area; or
 3. Voluntary suspension of its operations.
 - B. The notification must be provided, in the case of such a temporary relocation or expansion, to the Licensing and Credentialing Section in writing by fax to (512) 438-2731, or by mail to: Texas Health and Human Services, Mail Code E-342, 701 W. 51st St, Austin, TX 78751. In the case of a voluntary suspension of operations, the notice may be provided by any written means to the designated survey office.

- C. The Agency may also provide written notice to HHS of temporary changes due to an emergency or disaster through the Texas Unified Licensure Information Portal (TULIP), an online licensure application system, if the system is available during such an emergency or disaster. Changes submitted through TULIP will be deemed to satisfy the required written notice to a designated survey office or the equivalent of notice to the Licensing & Credentialing Section by email, as applicable.
- D. If the Agency temporarily relocates the place of business or temporarily expands its service area resulting from the effects of an emergency or disaster, the Agency is exempt from providing a thirty (30)-day advance notice. However, the Agency is still required to provide written notice no later than five (5) working days after the Agency temporarily relocates or expands. The Agency must provide the following information to the appropriate local, state, and/or federal authorities and to Texas Health and Human Service (HHS) Home and Community Support Services Agency's licensing unit:
1. If the Agency temporarily relocates:
 - a. The license number and the date of relocation;
 - b. The physical address and phone number of the temporary location;
 - c. The date the Agency returned to its licensed place of business after the relocation.
 2. If the Agency temporarily expands the service area to provide services during the disaster:
 - a. The license number and revised boundaries of the service area;
 - b. The date the temporary expansion began;
 - c. The date the temporary expansion ended.

- X. The Agency will provide the notice and information described above by fax or email. If fax and email are unavailable, the Agency will notify HHS by telephone, but will provide the notice and information in writing as soon as possible. If communication with HHS licensing unit is not possible, the Agency will provide the notice and information by fax, email, or telephone to the designated survey office.

Patient/Client and Family Information And Handouts:

Family Emergency Plan from Homeland Security
www.ready.gov/make-a-plan

Family Emergency Supply Kit from Homeland Security
www.ready.gov/build-a-kit

Texas Homeland Security and Emergency Management Offices
www.dps.texas.gov/dem/stateLocalOrganizations.htm

Texas Evacuation Routes
www.txdps.state.tx.us/

HHS website
<https://yourtexasbenefits.hhsc.texas.gov/programs/other/disaster-help>

Access to Texas 211
www.211texas.org/211/

Staff Training:

National Integration Center Incident Management Systems (NIMS training) for disasters
<https://training.fema.gov/nims/>
www.fema.gov/media-library-enter Preparethon Playbook into the search bar.

Other:

FEMA
www.fema.gov

Red Cross
www.redcross.org/get-help.html

The Centers for Disease Control and Prevention: Emergency Preparedness
www.emergency.cdc.gov/

Food and Drug Administration: State Health Departments
www.fda.gov/emergencypreparedness/emergencypreparedness/default.htm

Ready.gov
<https://www.ready.gov/>

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