

Orientation Packet
Section VII
**Emergency Preparedness/
Safety Issues/ Employees
Responsibility during a
Disaster & CEMP Plan**

Abundant Life Home Health Agency Orientation Packet Section VII

Safety is an Agency Wide Priority

A. All home care personnel will be alert to safety factors in the home environment. Quality Improvement is an ongoing agency goal. Please report any findings to your supervisor that may improve safety or quality of care. The patient/client and family/caregiver will be encouraged to:

1. Have grab bars installed in the bathroom.
 2. Use non-skid mats or emery strips in the tub.
 3. Use a shower stool or transfer bath bench.
 4. Remove throw rugs or other environmental hazards such as loose extension cords, small mats and slippery waxed floors.
 5. Use assistive equipment such as toilet handrails, or walking belt, as indicated by the patient/client's condition.
 6. Always lock any wheeled equipment.
 7. Utilize a medication sheet to ensure proper administration of prescribed medications.
 8. May apply distinct and complete labeling of medications, including large letters indicating if it is for internal or external use and good illumination of the medication cabinet in order to avoid errors in self-administered medications.
 9. Refrain from smoking or being near open flames while using oxygen.
 10. Post no smoking sign in a highly visible place if oxygen is in use.
- B. Home care personnel will provide assistance in obtaining safety equipment whenever possible.

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Falls are the second leading cause of accidental death in the United States. Seventy-five percent of these falls occur in the older adult population. One third of the older adults who fall, sustain a hip fracture and are hospitalized, die within a year. Falls not only affect the quality of life of the individual but also influence the caregiver and family. Health care costs for falls and rehabilitation average 70 billion dollars a year!

Even if the fall does not result in hospitalization, fear of falling becomes a major factor. Fear leads to inactivity and loss of confidence. This, in turn produces a cycle of fear, loss of self-confidence, and inactivity, thereby decreasing the quality of life and increasing the risk of falls. The agency shall protect all individuals from preventable injuries and illnesses. The agency will undertake a program of education and enforcement in safety directed at employees and patients.

Procedure:

1. Perform a home safety check.
2. Make referrals to Physical Therapy as needed. Tinetti Assessment may be utilized to help identify mobility issues.
3. Educate patients on the following Fall Prevention Tips:
 - Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
 - Get up slowly after you sit or lie down.
 - Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.

Safety is an Agency Wide Priority

- Improve the lighting in your home. Put in brighter light bulbs. Fluorescent bulbs are bright and cost less to use.
 - It's safest to have uniform lighting in a room. Add lighting to dark areas.
- Hang lightweight curtains
or shades to reduce glare.
- Paint a contrasting color on the top edge of all steps so you can see the stairs better. For example, use a light color paint on dark wood.
 - Think about wearing an alarm device that will bring help in case you fall and can't get up.

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Equipment Malfunction

- A. Personnel should report any medical equipment malfunction to the Director of Nurses and/or Case Manager.
- B. An Unusual Occurrence (Incident/Accident) Report will be completed if injury or the potential for injury has occurred.
- C. If the medical equipment malfunction or misuse results in serious injury, illness or death, the Administrator shall be notified immediately.
- D. If you suspect that a piece of equipment is malfunctioning contact the DON/Case Manager immediately. If a piece of equipment is malfunctioning you should call the DON/Case Manager immediately. Do not attempt to unplug/unhook or correct the issue without consulting with the DON/Case Manager first. Prior to placing equipment into use assess the equipment for obvious damage or frayed electrical lines, if this is apparent do not use the equipment. Report it to the DON/Case Manager. Patient Safety is an agency wide priority, proper instruction on equipment to the patient/caregiver is an important in reducing equipment issues. Staff are encouraged to educate patients/caregivers and required to document their teaching.

Reporting Emergencies

An EXTREME EMERGENCY may be, but is not limited to:

- 1) Unresponsiveness (except in a known comatose patient).
- 2) Severe chest pain with diaphoresis, nausea, radiation of pain to neck or arm or cardiac arrest.
- 3) Signs and symptoms of hemorrhage or acute bleeding (G.I.), vomiting or diarrhea.
- 4) Extreme respiratory distress, duskiess with impending arrest.
- 5) Fall with an obvious fracture.
- 6) Initiate CPR if no MD orders or DNR in place to prevent it and patient status indicates CODE.

In the event of an EXTREME EMERGENCY:

- 1. Call for an emergency transfer to hospital immediately.
- 2. Call the physician.
- 3. Stay with the patient until emergency medical personnel arrive.

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4. Document exactly what happened on the visit slip, appearance of the patient when first seen by Agency personnel on the day the emergency was discovered and all steps and actions taken.
5. Complete verbal orders for transfer.

A MODERATE EMERGENCY may be, but is not limited to:

- 1) Change in pulse, such as threadiness, irregularity, tachycardia or bradycardia
- 2) Blood pressure with systolic less than 90 or diastolic greater than 110
- 3) Shortness of breath with dusky appearance, change in breath sounds
- 4) Decreased urinary output over twenty-four (24) hours
- 5) Blood sugar via glucometer greater than 250 or less than 60 (or anything abnormal for given patient)
- 6) Vomiting or diarrhea with potential for dehydration
- 7) Temperature 101 degree p.o.
- 8) Signs/symptoms of infection of wound or decubitus not previously identified
- 9) Fall with suspicion of injury
- 10) Medication irregularities, i.e., questionable dosages or potential interactions between medications prescribed

In the event of a MODERATE EMERGENCY:

1. Stay with the patient until you are satisfied that appropriate follow-up has been initiated.
2. Call the office and report to the person taking your call that this is a moderate emergency, and the name of the patient.
3. Call the physician if directed to do so.
4. Document exactly what happened on the visit slip, appearance of the patient when first seen by Agency personnel on the day the emergency was discovered, and all steps and actions taken. Complete any verbal orders, which may have been received.

A MINOR EMERGENCY may be, but is not limited to:

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- 1) Fluctuation in vital signs, which are not life-threatening
- 2) Medication irregularities, i.e., questionable dosages or potential interactions between medications prescribed (but patient is in no immediate danger)
- 3) Complaints of pain, weakness, diaphoresis, upset stomach, unexpected weight loss greater than 5 lbs., UTI, GI symptoms indicating impending illness.
- 4) Falls without apparent injury
- 5) Change in wound or decubitus size

In the event of a MINOR EMERGENCY:

1. Call the office
2. Document exactly what happened on the visit slip, appearance of the patient when first seen by Agency personnel on the day the emergency was discovered, and all steps and actions taken. Complete any verbal orders, which were received.
3. It is not necessary to stay with the patient until resolved (except see below).

NOTE: As with all written guidelines, certain situations do not fit the criteria listed. When unusual situations occur, DO NOT HESITATE to call the office and/or nurse on call for advice. Field staff can tell the physician directly when it would cause a delay to call the office first. If you call the physician, report the conversation and any change to the plan of care to the supervising therapist as soon as possible.

Also, remember to document the situation thoroughly as soon as possible on the visit slip and clinical record.

Be aware that patients living alone or those without responsible family/caregivers present may need to be attended to until resolution is met.

Fire Safety

Chapter 1- Fire Emergencies: General Instructions

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Despite everyone's most conscientious efforts, fire and other emergency situations may occur. It is important to have appropriate planning, training and skill to be ready and able to react effectively. The training and information you receive is designed to help prepare you so that if an incident does occur, your response should be immediate, intelligent and most importantly, effective.

The following instructions need to be followed throughout the agency for all Fire Emergencies (e.g., fire, smoke, odor of smoke or burning, crackling noises, unusual heat conditions, and any automatic detector activation). Although specifically geared to "fire" type emergencies, much of this would apply in any generalized emergency situation.

GENERAL INFORMATION:

1. ALL AUTOMATIC ALARMS shall be treated as TRUE EMERGENCIES. Everyone should immediately implement the Fire Plan and begin an evacuation as outlined in your evacuation plan, regardless of the cause of the automatic alarm.
2. ANY Staff members and any other occupants in the building(s) at the time of an alarm or other emergency shall render such assistance as directed.
3. Beds, mattresses and other bulky equipment should NEVER be used to evacuate occupants unless absolutely necessary. (Use blanket drags, carries, etc.)
4. STAY LOW. Keep yourself and all occupants low if in a smoke involved area. The fire generated smoke and gasses are potentially more dangerous than the actual flames.
5. Elevators shall not be used during a fire or emergency situation, other than by firefighters.
6. NO ONE other than firefighters shall enter or re-enter a fire or smoke involved structure.
7. Based on your training and/or your obligation, you may need to re-enter areas that are not involved with fire or smoke to assist others. Use your training and caution if necessary to do this. If re-entry is attempted, make someone aware of your actions, to provide accountability for arriving emergency responders.

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8. REPORT ALL FIRES TO THE FIRE DEPARTMENT IMMEDIATELY, EVEN IF IT APPEARS TO BE OUT, OR IS CONSIDERED INSIGNIFICANT!
9. If your local fire department is responding to assist, DO NOT reset your alarm until they arrive and evaluate the situation.

“R.A.C.E. PLAN”

REMOVE ALERT CONFINE EXTINGUISH

The following general instructions explain these fundamental steps and provide guidance in the event of an emergency. It must be understood and stressed that each emergency will present itself in a unique way and with a different set of circumstances each time. Therefore, staff must be creative and confident to implement these steps in various situations.

In addition, it is important to note, that although these “steps” are presented in an organized manner in order to provide guidance on the importance and general sequence of these events, in the case of a true emergency, it could happen that many of the functions of this Guideline will be conducted at the same time or in an order appropriate to that specific situation. In all cases sound practical judgment, experience and training will prevail.

Pending the arrival of the fire department or other backup and responding personnel, YOU are the first line of defense. The lives of those entrusted to your care, and possibly your very own, may well depend upon your reactions. TO SUMMON HELP IN ANY EMERGENCY SITUATION... IMMEDIATELY CALL 911

REMOVE

**DO NOT PANIC - REMAIN CALM - DO NOT SHOUT OR YELL.
YOUR FIRST CONCERN IS FOR LIFE SAFETY - SAFETY OF THE OCCUPANTS,
OTHER STAFF AND YOURSELF IS OF PARAMOUNT IMPORTANCE.**

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EVACUATE EVERYONE TO A POINT OF SAFETY. All occupants in the building must be evacuated as quickly and as orderly as possible to a pre-designated **POINT OF SAFETY**, using the following guidelines:

1. ORDER OF REMOVAL OF OCCUPANTS:

Remove anyone in immediate danger (i.e., in the room of origin).

Evacuate occupants who can walk on their own. (This is done first to facilitate evacuating the most, the fastest)

Evacuate occupants who cannot walk, require additional assistance, use walkers, etc.

Evacuate occupants who are connected to life sustaining devices or medical management devices.

2. HOW TO EVACUATE THE OCCUPANTS:

Movement of any occupant shall be done as planned in advance. As a general rule, the method that is used during non-emergency situations is going to be the best method for movement under emergency situations.

3. WHERE TO EVACUATE:

ANYONE IN IMMEDIATE DANGER should utilize the nearest and most immediate **EXIT**. If you have to escape through smoke, crawl on your hands and knees where air will be cleaner. Test all doors in your escape path for heat prior to opening them. Always test doors with the back of your hand. Remember to practice your escape plan several times annually.

ACCOUNTABILITY: As soon as all occupants are gathered in a safe place (either within the building, in an area of refuge, or outside), someone (i.e. staff in charge) shall take a roll call, using a checklist roster. If anyone is missing, immediately report this to the first arriving fire personnel. If staff and/or occupants are trapped by smoke, close doors, stay low, block openings to rooms and open a window to attract the attention of rescuers.

ALERT

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ALERT ALL NEARBY STAFF – By voice or use of code phrases. (This may be accomplished simultaneously with the Remove step)

PULL THE NEAREST ALARM BOX IF PROVIDED. This will automatically notify the occupants, and possibly the Fire Department and additional help. In addition this may initiate automatic fire protection features of the building.

CALL 911- If no fire alarm is available, immediately call 911. If there is an alarm system available, make a back-up call to 911 as soon as everyone is at a point of safety. Although redundant, this assures response and provides additional information to the responders.

Give the dispatcher the following information:

NAME, LOCATION, BRIEF DESCRIPTION OF THE INCIDENT, ANSWER ALL QUESTIONS. PREPARE TO FOLLOW INSTRUCTIONS, AND DO NOT HANG UP UNTIL DIRECTED BY THE DISPATCHER.

CONFINE

CONFINE THE FIRE BY CLOSING ANY DOORS, FIRE DOORS AND OTHER OPENINGS INTO THE ROOM OR AREA OF ORIGIN.

Closing a door can be a very simple and effective method of containing the fire, buying time for evacuation.

EXTINGUISH

EXTINGUISH THE FIRE. Attempt to extinguish the fire only after all occupants are at a point of safety (unless extinguishment of the fire is needed to evacuate, i.e., fire is between you and the door). Any attempts to extinguish the fire should be considered a “Last-Resort”. Evacuation should always be your first priority.

Fire Prevention is potentially the most powerful strategy for reducing both life and property fire hazards. **A FIRE THAT NEVER HAPPENS CAUSES NO LOSS OR DAMAGE !!!!**

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The most important thing that can be done to protect people from a fire is to prevent it from occurring. By preventing the outbreak of fire, you not only save lives, but also avoid property damage. Everyone has a responsibility to protect those that they support from fire. Assuring adherence to common fire safety practices; regarding the use of appliances and other dangerous items, and assuring that all fire protection systems are operating properly all promote good fire safety. Practicing the Fire Plan is also an integrated component of a well-rounded fire prevention program.

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ABUNDANT LIFE HOME HEALTH AGENCY, LLC

COMPREHENSIVE EMERGENCY MANAGEMENT PLAN

(CEMP)

Section 381.0303(7), F.S., states, “The submission of emergency management plans to county health departments by home health agencies... is conditional upon receipt of an appropriation by the department to establish disaster coordinator positions in county health departments unless the State Surgeon General and a local county commission jointly determine to require that such plans be submitted based on a determination that there is a special need to protect public health in the local area during an emergency.”

It is the home health agency provider’s responsibility to contact the county health department of each of the counties listed on the provider’s license to determine and document whether the Comprehensive Emergency Management Plan (CEMP) should be submitted to that county and, if submission is required, whether the county health department will be reviewing the plan for compliance with Florida Statutes and rules. If the plan is to be submitted, e-mail with ‘read receipt requested’ or certified mail with return-receipt requested is recommended in order to document proof of submission.

In Compliance with: s. 400.492, Florida Statutes

59A-8.027 Florida Administrative Code

December 1, 2021

I. INTRODUCTION

Abundant Life Home Health Agency was established and first licensed in 2008. Our current license number is 299993080. We are accredited by The Joint Commission- ID # 539289. We are a Medicare/Medicaid certified home health agency.

1. Basic Information about the Home Health Agency

Home Health Agency Name: Abundant Life Home Health Agency, LLC

Address: 28050 US Hwy 19 N, Ste 205, Clearwater, FL 33761

Phone Number: 727-286-8916

Fax Number: 727-724-1201

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Counties Licensed in: Pinellas and Pasco

2. Person in Charge during Emergency (Key Staff)

Primary Name/Title (Safety Liaison): Traci Brissett, RN- Director of Nursing

Work Phone Number: 727-286-8916

Alternate Name/Title:: Nely Villavicencio, RN- Administrator

Work Phone Number: 727-286-8916

3. Person(s) Who Developed Plan

Primary Name/Title: Traci Brissett, RN- Director of Nursing

Work Phone Number: 727-286-8916

II. CONCEPT OF OPERATIONS

A. Direction and Control

1. The chain of command for ensuring continuous leadership and authority in key positions:

(see organization chart)

2. The procedures for ensuring timely activation of the home health agency's emergency management plan and staffing of the home health agency during an emergency:

- Each office will keep and maintain a current list of contact information for staff, vendors, emergency services, hospitals and other appropriate community resources.
- The Director of Nursing will ensure the existence of an incident command system and team to respond to an emergency situation.

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- All applicable staff will receive emergency preparedness training appropriate for their position upon hire and updates as deemed necessary by the D.O.N..
- The plan will be activated by the Director of Nursing pending updates from state and local emergency preparedness officials.

3. The operational and support roles of all those home health agency staff that are designated to be involved in emergency measures:

	Date Completed	Date Reviewed	Person Responsible for Completion
Administrative			
Incident Command Structure- Chain of command and lines of authority established	11/30/2022		Administrator & D.O.N.
Liaison established with Sate and local Emergency Management Coordinator and emergency preparedness plans	11/30/2022		Administrator & D.O.N.
Alternate command center established	11/30/2022		Administrator & D.O.N.
Identify a meeting place for all personnel if agency is not accessible	11/30/2022		Administrator & D.O.N.

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Mock drill schedule and performance assessment	11/30/2022		Administrator & D.O.N.
Supplies			
Office supply inventory- 3-5 days of supplies on hand needed to continue operations	11/30/2022		Administrator & D.O.N.
Utilities			
Plan developed for loss of water and power	11/30/2022		Administrator & D.O.N.
Record Protection			
Plan developed to protect medical records	11/30/2022		Administrator & D.O.N.
Backup plan for electronic records	11/30/2022		Administrator & D.O.N.
Offsite/ distant storage	11/30/2022		Administrator & D.O.N.
Financial			

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Mechanism to track agency costs during emergency or adverse situations	11/30/2022		Administrator & C.F.O.
Business continuity plan developed	11/30/2022		Administrator & D.O.N.
Communication			
Alternate communication system in place	11/30/2022		Administrator & D.O.N.
Telephone tree established and communicated to staff	11/30/2022		Administrator & D.O.N.
Coordinate with local and state EMC information dissemination in the community	11/30/2022		Administrator & D.O.N.
Surge Capacity			
Define surge capacity for the agency: maximum case load/ scope of services	11/30/2022		Administrator & D.O.N.
Identify actions to increase surge capacity	11/30/2022		Administrator & D.O.N.

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Patient classification/priority list developed	11/30/2022		Administrator & D.O.N.
Identify which staff will be available to the agency during an emergency	11/30/2022		Office manager
Communicate plans with local healthcare facilities regarding scope of service and agency	11/30/2022		Administrator & D.O.N.
Current list of staff addresses on file to assign patients accordingly	11/30/2022		Office manager
Condensed admission packet developed	11/30/2022		Administrator & D.O.N.
Patient tracking system developed and maintained	11/30/2022		Administrator & D.O.N.
Staff			
EP orientation program developed for all staff	11/30/2022		Administrator & D.O.N.
Establish a continuing EP education schedule	11/30/2022		Administrator & D.O.N.

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Compile and maintain a current list of staff emergency contact numbers	11/30/2022		Office manager
Protocols for communication of field staff with office/supervisors established	11/30/2022		Administrator & D.O.N.
Instruct and assist staff to develop personal/family emergency plans	11/30/2022		Administrator & D.O.N.
Patient Education			
Patient education materials are provided to assist patients prepare for emergencies and to provide self-care if agency staff are not available	11/30/2022		Administrator & D.O.N.
Patients are informed of local/state evacuation plan	11/30/2022		Administrator & D.O.N.
Patients are instructed on agency's triage system	11/30/2022		Administrator & D.O.N.

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Patients are instructed on the agency notifications protocols for patients that relocate	11/30/2022		Administrator & D.O.N.
Patients are informed of the potential for care to be deferred in an emergency	11/30/2022		Administrator & D.O.N.
Transportation			
Plans for transportation interruptions	11/30/2022		Administrator & D.O.N.
Alternate transportation arranged	11/30/2022		Administrator & D.O.N.
Gasoline allocation plan	11/30/2022		Administrator & D.O.N.
Mechanism developed to identify staff as emergency personnel	11/30/2022		Administrator & D.O.N.

4. The management of patients in private homes, assisted living facilities (ALF) and adult family care homes (AFCH) who will continue to receive services by the home health agency during an emergency:

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The management of patients in private homes, assisted living facilities (ALF) and adult family care homes (AFCH) who will continue to receive services by the home health agency during an emergency will be provided by the administrator, director of nursing, case manager and any available field staff. This will be accomplished by contacting the appropriate staff member and reviewing the expected schedule for care, confirming availability and assigning patients as deemed necessary.

B. Education of Patients Prior to an Emergency

1. The procedures for educating patients or patients' caregivers at the onset of care and as needed about the home health agency's emergency management plan:

Upon admission, the registered nurse will verbally review with the patient/caregiver about the home health agency's emergency management plan. This information will be reviewed with the patient/caregiver as needed by the registered nurse.

2. The procedures for discussing with those patients in private homes, ALFs and AFCHs who need continued services, who are **not** registered with the special needs registry, the patients' plan during, and immediately following, an emergency and contacting the ALF and/or AFCH for patients served by the home health agency regarding the plan for the patient during, and immediately following, an emergency:

For patients in private homes, ALFs and AFCHs who need continued services, who are **not** registered with the special needs registry will be discussed with the patient/caregiver by the registered nurse upon admission to the agency. Furthermore, the patient's plan during, and immediately following an emergency, will also be discussed with the patient/caregiver by the registered nurse upon admission to the agency. The D.O.N. will be responsible to contact the ALF and/or AFCH for the patient serviced by the agency regarding the plan for the patient during and immediately following an emergency. This will be done upon patient admission to the agency.

3. The procedures for discussing the special needs registry with those patients who will require evacuation to a special needs shelter during an emergency:

Upon admission to the agency, the registered nurse will discuss the special needs registry with those patients who will require evacuation to a special needs shelter during an emergency.

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4. The home health agency's procedures for collecting and submitting patient registration information for the special needs registry, (pursuant to 59A-8.027(13), F.A.C.), which must be done prior to an emergency, not when an emergency is approaching or occurring:

Upon admission to the agency, the registered nurse will collect and immediately submit patient registration information/form to the special needs registry.

5. The education of patients regarding their responsibility for their medication, supplies and equipment list or other emergency preparedness information as needed (in accordance with Appendix B, Section 2):

The Registered Nurse will review the emergency preparedness list with the patient/caregiver upon admission. The patient will also be given a written copy of the information in their New Patient Admission Handbook. The following list will also be verbally communicated with the patient and outlined in writing in the Patient handbook:

Patient Emergency Preparedness Plan

Make a List:

- Medications
- Medical information
- Allergies and sensitivities
- Copies of health insurance cards

Have on Hand

- A seven-day supply of essential medications
- Cell phone
- Standard telephone
- Flashlights and extra batteries

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- Emergency food
- Assorted sizes of reclosable plastic bags for storing, food, waste, etc.
- Small battery operated radio and extra batteries
- First aid kit

Evacuation Plans

- Know where the shelter is located that can meet your special needs
- Plan for alternate locations
- Plan for transportation to a shelter or other location
- Have a "grab bag" prepared (see Appendix C)
- Arrange for assistance if you are unable to evacuate by yourself

Shelter-in-Place

- Maintain a supply of non-perishable foods for seven days
- Maintain a supply of bottled water; one gallon per person per day
- Be prepared to close, lock and board/seal windows and doors if necessary
- Have an emergency supply kit prepared (see Appendix C)

Pets

- Have a care plan for your pet
- Locate a shelter for your pet (hotel, local animal shelter); Emergency shelters will not accept animals
- Extra food and/or medications, leashes, carriers, bowls, ID tags, etc.

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Special Needs Considerations

Speech or Communication Issues

- If you use a laptop computer for communication, consider getting a power converter that plugs into the cigarette lighter

Hearing Issues

- Have a pre-printed copy of key phrase messages handy
- Consider getting a weather radio, with a visual/text display that warns of weather emergencies

Vision Issues

- Mark your disaster supplies with fluorescent tape, large print or Braille
- Have high-powered flashlights with wide beams and extra batteries
- Place security lights in each room to light paths of travel

Assistive Device Users

- Label equipment with simple instruction cards on how to operate it
- If you use a cane, keep extras in strategic, consistent and secured locations to help you maneuver around obstacles and hazards
- Keep a spare cane in your emergency kit
- Know what your options are if you are not able to evacuate with your assistive device

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6. The education of patients registered with the special needs registry on the information contained in Appendix B as well as the limitation of services and conditions in a shelter; that the level of services will not equal what they receive at home; that conditions in the shelter may be stressful and may even be inadequate for their needs; and that the special needs shelters are an option of last resort:

The Registered Nurse will review the special needs registry information, as well as, the limitations of services and conditions in a shelter; the level of services which may not equal what they receive at home; the conditions in the shelter may be stressful/inadequate for needs; and the special needs shelters are an option that should be a last resort with the patient/caregiver upon admission.

C. Notification

1. The procedures on how the home health agency staff in charge of emergency plan implementation will receive warnings of emergency situations, including off hours, weekends and holidays:

The staff in charge of the emergency implementation will be keeping in touch with the Administrator and/or DON. There will be notification of emergency situations via phone, internet and/or personally going to see the staff member. The Administrator and/or DON will be on call 24 hours to implement the emergency plan off hours, weekends and holidays.

2. For home health agencies that provide skilled care, list the home health agency's 24-hour contact number, if different than the number listed in the introduction:

Abundant Life Home Health Agency, LLC does provide skilled care. The Agency's 24-hour contact number is 727-286-8916. Our 24 hour on-call cell phone number is 727-303-2015.

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3. The procedures for alerting key staff:

Once the emergency response plan is activated, the Administrator will notify the Director of Nursing and Office Manager to initiate the staff call down procedure. The Director of Nursing and/or Office Manager will be listed on the active employee roster. If they are unable to reach an employee on the telephone, they will proceed to the next listed person on the list. The Office Manager and/or Director of Nursing will call the Administrator and list the employees available for assistance. After 30 minutes, the Office Manager and/or Director of Nursing will attempt to contact all employees that did not answer the phone from the first call. The administrator will manage all incoming calls to the office.

4. The policies and procedures for reporting to work for key workers, when the home health agency remains operational:

The agency key workers will be required to report to the home health agency physical location as long as the agency remains operational and it is deemed safe for travel by the authorities.

5. The procedures to confirm plans and alert patients in private homes, ALFs and/or AFCHs where patients are served and the precautionary measures that will be taken including but not limited to the home health agency's inability to operate due to situations that are beyond their control. (Refer to s. 400. 492(3), F.S., for a description of how a home health agency shall demonstrate a good faith effort to comply with their emergency management plan):

Each active patient with the Agency at the time of an emergency will be contacted via phone call to alert the patients in private homes, ALFs, and/or AFCHs where patients are served. The communication with the patient will include precautionary measures that will be taken including, but not limited to, the Agency's inability to operate due to situations that are beyond the control of the Agency. The Administrator and/or Director of Nursing will be responsible for contacting each patient to confirm the patient's emergency plan.

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6. The procedures for alternative means of notification of key staff and communicating with the local county health department and county emergency management should the primary system fail (pursuant to s. 400.492, F.S.):

The procedures for alternative means of notification of key staff and communicating with the local county health department and county emergency management should the primary system fail are as follows: cell phones, public announcements through

radio or television stations, driving directly to the employee's or the patient's home, and, in medical emergency situations, contact with police or emergency rescue services.

7. The procedures for maintaining a current prioritized list of patients who need continued services during an emergency in the home, ALFs and AFCHs. The list shall indicate how services shall be continued in the event of an emergency or disaster for each patient and if the patient is to be transported to a special needs shelter, and shall indicate if the patient is receiving skilled nursing services and the patient's medication and equipment needs. The list shall be furnished to county health departments and to local emergency management agencies, upon request (pursuant to s. 400.492 (2), F.S.):

The Director of Nursing will be responsible to maintain a current prioritized list of patients who need continued services during an emergency in the home, ALFs and AFCHs. The list shall include how services shall be continued in the event of an emergency or disaster for each patient and if the patient is to be transported to a special needs shelter. The list will also indicate if the patient is receiving skilled nursing services and the patient's medication and equipment needs. The list shall be furnished to county health departments and to local emergency management agencies, upon request (pursuant to s. 400.492 (2), F.S.).

D. During an Emergency

1. When there is not a mandatory evacuation, some patients may decide to stay in their homes, ALF or AFCH. Describe the procedures the home health agency will take to assure that all patients needing continuing care will receive it, either from the home health agency or through arrangements made by the patient or the patient's caregiver; and how the home health agency

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will ensure that nursing personnel continue essential services such as insulin and other injections to patients in ALFs and/or AFCHs:

The agency will take the following steps to ensure that all patients needing continued care will be provided for. These steps include: training available caregivers to administer care to the patient, recruit additional PRN nursing staff to cover patient's needs and if needed, contract outside agencies to fill in visits.

2. Identify the procedures for the home health agency to assure that all patients in homes, ALFs and /or AFCHs needing continuing care will receive it, either from the home health agency, through a special needs shelter, or through arrangements made by the patient or the patient's caregiver, ALF or AFCH: Include the means by which the home health agency will continue to provide the same type and quantity of services to its patients who evacuate to special needs shelters that were being provided to those patients prior to evacuation per s. 400.492, F.S.

The Agency will assure that all patients in homes, ALFs and/or AFCHs needing continuing care will receive it, either through the Agency, a special needs shelter, or arrangements made by the patient or the patient's caregiver, ALF or AFCH. The Agency will continue to provide the same type and quantity of services to its patients who evacuate to special needs shelters that were being provided to those patients prior to evacuation.

3. Identify the procedures for ceasing operation, (as defined in s.400.492, F.S.), including notifying all patients or patient caregivers that the home health agency is ceasing operations:

The Agency's procedure for ceasing operation is as follows: The Administrator and/or Director of Nursing will notify all patients or patient caregivers that the Agency is ceasing operations

via phone/contact numbers provided upon admission by patient/patient caregiver

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E. Evacuation

1. The procedures for establishing, and keeping updated medication, supplies and equipment lists, (as defined in 59A-8.027, F.A.C.), to be kept in the homes of special needs patients and to accompany the patient during evacuation to a special needs shelter:

The agency will keep an ongoing written medication record for the special needs patients. The medication record will be updated in the agency office as needed and a new list will be mailed to the patient's home each time a change is made.

2. The procedures for educating the patient and caregiver concerning the medication, supplies and equipment list, (as defined in appendix B of this document), and the need for this list and other items to accompany the patient during the evacuation:

Upon patient admission to the Agency, the Registered Nurse will educate the patient and caregiver concerning the medication, supplies and equipment list, and the need for this list and other items to accompany the patient during the evacuation.

3. The resources necessary to continue essential care or services or make referrals to other organizations subject to written agreement which include how the home health agency will continue to provide care to ALF and/or AFCH patients who relocate in the same geographic service area or relocate outside the geographic service area:

The Agency will maintain the necessary resources to continue essential care and services for our patients. The Agency will, if needed, contact other organizations, subject to written agreement, to make referrals and plans on allowing Agency staff to continue care for active agency patients. The Agency will service patients who relocate in the same geographic service area. The Agency will make every possible effort to secure referrals for continued care for patients that relocate outside the geographic service area.

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4. The procedures for contacting the emergency operation center after the disaster to report on the home health agency's damage, if any, and their availability to continue services to their patients in the special needs shelter:

The Administrator will contact the emergency operation center after the disaster to report on the Agency's damage, if any, and our ability to continue services to our patients in the special needs shelter

F. The Patients Return Home

1. The procedures on how the home health agency will re-establish contact with patients in the patients' home, ALF and AFCH and resume patient care:

The Administrator and/or Director of Nursing will reestablish contact with the patient's via phone contact and, if needed, drive to the patient's home. Once the agency has confirm the patient is home, care will resume.

2. The procedures on how the home health agency will re-establish contact with employees and re-start patient care:

The Administrator and/or Director of Nursing will reestablish contact with employees via phone contact and, if needed, drive to the employee's home. The employee will then be given their assignment to resume patient care.

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3. The procedures on how the home health agency will provide or arrange for prioritizing care should the emergency result in less staff being available immediately following the disaster:

The home health agency will prioritize care based on immediate need for the patients. If there is less staff available, the agency will utilize the nursing office staff to complete patient visits. The agency will also contract an outside agency if necessary to complete patient visits.

III. INFORMATION, TRAINING AND EXERCISE

Insert any appropriate introductory or overview remarks.

Please provide responses describing how the home health agency will provide the following:

1. The procedures on how key workers will be instructed, prior to an emergency, in their roles and responsibilities during an emergency:

The key workers include the Administrator and the Director of Nursing. They will be in constant communication prior to the emergency. Their roles include overseeing the agency operations, maintaining the patient's safety per protocol and assigning staff to visit the patients. The key workers will be educated in their roles and responsibilities upon hire and annually thereafter.

2. The procedures for developing a training schedule for all employees and identification of who will provide the training. Training will include a definition of what constitutes an emergency, when the emergency management plan will go into effect, the roles and responsibilities of essential and non-essential staff, the procedures for educating patients about the emergency management plan and the special needs registry. The training will also include information for staff on how they can work, if they choose to do so, with the

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local state or county agency who will be managing and staffing the special needs shelter during an emergency (pursuant to s. 456.38, F.S., and s. 381.0303, F.S.):

The Administrator and D.O.N. will be responsible to develop a training schedule for all employees for emergency management. The training will include a definition of what constitutes an emergency, when the emergency management plan will go into effect, the roles and responsibilities of essential and nonessential staff, the procedures for educating patients about the emergency management plan and the special needs registry. The training will also include information for staff on how they can work, if they choose to do so, with local, state or county agency who will be managing and staffing the special needs shelter during an emergency.

3. The home health agency's provisions for training new employees regarding their disaster related roles and responsibilities:

The agency's provisions for training new employees regarding their disaster related roles and responsibilities are: verbal review upon hiring and reviewing the CEMP during the orientation process.

IV. APPENDICES

APPENDIX A: AGREEMENTS AND UNDERSTANDINGS

At this time, the Agency does not have any agreements or understandings with any outside agencies or facilities.

APPENDIX B: INFORMATION FOR HOME HEALTH PATIENTS

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The following information should be supplied by the home health agency to those patients registered with the special needs registry, so they will be prepared prior to an evacuation to a special needs shelter.

Please note: The special needs shelter should be used as a place of last refuge. The evacuee may not receive the same level of care received from staff in the home, and the conditions in a shelter might be stressful.

(1) If the patient has a caregiver[1], the caregiver must accompany the patient and must remain with the patient at the special needs shelter.

(2) The following is a list of what special needs patients need to bring with them to the special needs shelter during an evacuation:

- Bed sheets, blankets, pillow, folding lawn chair, air mattress
- The patient's medication, supplies and equipment list supplied by the home health agency, including the phone, beeper and emergency numbers for the patient's physician, pharmacy and, if applicable, oxygen supplier; supplies and medical equipment for the patient's care; Do Not Resuscitate (DNRO) form, if applicable;
- Name and phone number of the patient's home health agency
- Prescription and non-prescription medication needed for at least 72 hours; oxygen for 72 hours, if needed.
- A copy of the patient's plan of care
- Identification and current address
- Special diet items, non-perishable food for 72 hours and 1 gallon of water per person per day

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- Glasses, hearing aides and batteries, prosthetics and any other assistive devices
- Personal hygiene items for 72 hours
- Extra clothing for 72 hours
- Flashlight and batteries
- Self-entertainment and recreational items, like books, magazines, quiet games.

(3) Shelterees need to know the following:

- If the patient has a caregiver, the caregiver(s) shall be allowed to shelter together in the special needs shelter. If the person with special needs is responsible for the care of individuals without special needs, those persons may also shelter together.
- The shelteree caregiver will have floor space provided. The caregiver must provide his or her own bedding.
- Service dogs are allowed in the shelter. However, check with your local Emergency Management office to see if other pets are permitted.
- Bring personal snacks, drinks, and any special dietary foods for 72 hours. It is possible only sparse meals will be provided.
- Caregivers who regularly assist the patient in the home are expected to continue to do the same care in the shelter.

APPENDIX C: SUPPORT MATERIAL

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Policy #CEMP101

Effective 3/1/2015

Policy:

Abundant Life Home Health Agency will provide services to patients that evacuate to a special needs shelter in an emergency.

Procedure:

Agency will arrange with the primary caregiver to ensure the patient will have a family/friend caregiver stay with them in the special needs shelter. The Agency will provide the appropriate staff (nurse or home health aide) for the allowed amount of time allowed by the patient's payer source. This will take effect as soon as it is deemed safe for our staff to travel on the city roads by emergency personnel.

Helpful web links:

<https://www.floridadisaster.org/planprepare/disability/>

<https://www.redcross.org/get-help/disaster-relief-and-recovery-services/find-an-open-shelter.html#>

<http://www.pinellascounty.org/emergency/>

<https://www.pascocountyfl.net/365/Emergency-Management>

<https://www.floridahealthfinder.gov/facilitylocator/facloc.aspx>

[1] Caregivers can be relatives, household members, guardians, friends, neighbors and volunteers.

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