

(Home Health Agency, Providing Skilled Services)

License: _____

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

Date: _____

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Approval/Reviewed by: Administrator: _____

Director of Nursing: _____

Date: _____

I. INTRODUCTION

The **Emergency Management/disaster** plan provides an orderly procedure to be implemented in an emergency to assure that the health care needs of patients continue to be met. This plan is developed as a means to continue health and medical care for the active patients of _____, in the manner that is as seamless as possible before, during, and after disasters, systems failure and other emergencies. It is our policy that patients will be alerted, either in person or by phone, in the event of an impending, or onset of a disaster that may affect their home health care. We will make every reasonable effort to ensure that all patients who need continuing care receive it through competent caregivers, HHA staff, or through the services provided at emergency shelters.

Our staff is trained in this Emergency Plan during their formal orientation to our HHA and at least annually thereafter. All staff who would have been scheduled for work during a declared emergency must report to work as specified herein.

Following this plan will decrease the likelihood of medical care disruption _____ attempts to find volunteers to provide service to patients of the community in local special needs shelters. Staff members will be requested to assist in a shelter in the event the agency closes during a declared disaster. Our Agency will continue offering services to our patient in the special needs Shelter, unless we are unable to reach them due to road blockage, by:

- Make available our Prioritized Special Needs Patient List, to our Employees in case of Emergency. We are a Home Health Agency skilled on disasters.
- All Employees who would have been scheduled for work during a declared emergency must report to work, as are they oriented.
- Register in our Prioritized List the Name/Address of each Shelter used by our Active Patients
- Encouraged the Regular Schedule of Visit compliance after fair conditions are back in our area of services
- Instruct our Employees in the need to continue with the same quality of services in the Shelter where patients are during Emergency Conditions
- In case of our Agency is unable to serve our Patients, we will comply with our Agreement with other Home Health Agency to serve our clients, signed by our Administrator (see Appendix 'A')

The agency will close if the county and/or city close roads. Portions of this plan call for action in anticipation of an emergency of disaster, during an emergency or disaster, and immediately following an emergency or disaster. The building landlord/association _____ will be contacted twice a year to make sure the building protection procedures is in place and a list of repair vendors is up to date, if any repair is required to continue operations after any disaster/emergency.

Agency population, service provided: Skilled Services (Nursing & Therapy)

Non Skilled Services (Aide, Personal Care, etc.) Other: _____

Elderly persons Minors Any ages patients Other: _____

Our Agency will analyzes, on emergency situations in our community, additional populations that we may be cared for during an emergency/disaster situation based on the Agency's capabilities (staff, space, supplies, equipment) at that time.

1. Basic Information about the Agency

Agency Name: _____

Address: _____

Phone Number: _____ (This number will be answered at all times)

Fax Number: _____

Email: _____

County (ies) Licensed in: _____

2. Person in Charge during Emergency (Key Staff)

Primary Name/Title (Safety Liaison): _____
Home Phone Number: _____
Work Phone Number: _____
email: _____
Cell Phone Number: _____

Alternate Name/Title: _____
Home Phone Number: _____
Work Phone Number: _____
email: _____
Cell Phone Number: _____

Agency Owner(s)

Name/Title: _____
Address: _____
Work Phone Number: _____
Home Phone Number: _____
email: _____
Cell Phone Number: _____

3. Person(s) Who Developed Plan

Name/Title: _____
Address: _____
Work Phone Number: _____
Home Phone Number: _____
email: _____

Insert additional planners as appropriate:

PN System (Consulting Services) Raul Camacho
2950 W 84 St. Bay 7, Hialeah, FL 33018
(305) 827-8678 Fax (305) 819-4064 email: rcamacho@pnssystem.com

II. CONCEPT OF OPERATIONS

A. Direction and Control

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

- Chain of Command:

_____, maintains a chain of command for all operations. This list is a comprehensive list of all administrative and management resources, who can make management and leadership decisions in the event people in positions above them become unable to do so.

Administrator _____ has the authority to declare that the Agency's Emergency Plan is in effect. The chain of command ensures continuous leadership and authority in key position is as follows:

- | | |
|-------|-----------------------|
| _____ | Director of Nursing |
| _____ | Nursing Supervisor |
| _____ | Education Coordinator |
| _____ | Medical Records |

During Emergency Situations, the Administrator and the Director of Nursing are fully responsible for Implementation and checkup of the Agency Emergency Management Plan.

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

- Activation Procedures and Role Responsibilities:

_____ constantly monitors, through several means, conditions in our area, we will aware of Emergency/Disaster conditions through media, News, Emergency warnings, cellular emergency services, whether applications, homeland security alerts, etc.

In the event of an emergency or disaster occurs, or become imminent, that disrupts the Agency' ability to provide care, patient needs will be prioritized to determine whose needs are the greatest. Management of Patients in private homes, assisted living facilities (ALF) and adult family home care (AFHC) who will continue to receive care, if possible, with minimal disruption of schedule. The Administrator, or Director of Nursing, notifies the chain of command staff, via two way radio, phone, on-line application (if internet is working), cellular or voicemail, that emergency procedures are activated.

Types of emergencies that warrant plan implementation include, but are not limited to:

- The treat, or occurrence, of Hurricanes, tornados, floods and earthquakes,
- Severe weather,
- Industrial accidents, i.e: gas leaks, chemical spills, industrial plant explosions
- aircraft crashes that result in injury, death or evacuation
- Acts of terrorism, Fire and/or smoke.

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

Administrator:

- Coordinates the activities within the Emergency Management Plan
- Acts as liaison between _____, County Health Departments, and the Local Emergency Management Agency
- Maintains and implements the communication contingencies before, during and after emergencies
- Oversees the removal and safe storage of equipment, supplies and important items of the Agency
- Constantly monitors bulletin and advisories, and
- Disseminates information via open communication means and methods.

Director of Nursing:

- Assist with contacting staff via telephone tree or other open methods of communication
- Coordinates scheduling and attendance to assignments at the Agency, local shelters or other areas as needed
- Assists with the dissemination of information as requested by the Administrator
- Assists with arranging transportation needs of the staff before, during and after disasters or other emergencies
- Implements removal and safe storage of vital equipment and information
- Works as skilled staff in designated area as requested
- Acts as Administrator in his or her absence.

Clinical Coordinator / Patient Coordinator / Case Managers.

- Checks on the telephone tree system and that available staff has been contacted
- Checks on staff attendance to appropriate assignments
- Checks for adequate patient scheduling, transportation coordination, caregiver instruction and supplies
- Checks that caregivers are receiving information updates and passing information on to patients and families
- Checks that current prioritized list of special needs is maintained and readily available
- Works as skilled staff in designated area as requested.

Nursing Supervisor

- Coordinates specific patient care needs and oversees the triage of patients
- Assists with staffing assignments
- Assist with coordination of transportation services to patients and staff
- Assist with removal and safe storage of equipment and information.

Education Coordinator

- Assist with coordinating patient care needs assessments
- Provide update emergency management information to staff for patients prior to emergencies
- Evaluates the current need for shelter attendees and disseminates shelter rules, regulations and locations
- Secures education records and removes for safe keeping.

Medical Records

- Secures patient records
- Coordinates removal and safe/confidential keeping of records if indicated.

Clerical Staff

- Assist with all scheduling activities
- Develops, prints and copies all list, schedules and other pertinent and important information for agency operations
- Assist in delivering all communications to and from staff, patients and administration
- Work in assigned areas if Agency closes.

Field Staff

- Maintain communication with Director of Nursing at a minimum of 2 times per day or whenever any plans or process change
- Contact patients under care regarding plans for evacuation, scheduling visits, maintaining adequate supplies, caregiver instructions, and providing for transportation need plans and process
- Develop in conjunction with Nursing Supervisor, Patient Activity Priority Status Lists (Emergency/Disaster Classification)

All other staff

- Keep in contact with the Patient Coordinator / Director of Nursing - a minimum of 2 times per day
- Secure items of importance and transport to safety
- Assist in securing building, if necessary
- Assist in coordination of transportation needs of patients and/or staff
- Report to office or shelter as previously agreed.

Our Agency will inform state and local/tribal emergency preparedness officials (see contact information in next page) as soon as we are aware of the unavailability, during and after emergencies on patients for whom our Agency is unable to contact to determine service needs and patients in need of evacuation due to their medical or behavioral health condition or home environment, we will make a phone call, or email to them, and fax a list that included a report with the medical documentation on patient's under our care (following HIPAA guidelines), if cellular network are not available or land lines are not working (primary means of communication with local emergency management agencies, and incident command center), an Agency's official will delivery the list, in person, as soon as possible, and safety of staff is not in jeopardy. Also, in the report will be included any official on-duty that are unable to be contacted during the emergency. In this way we will maintain continuity of care, maintain a process for communicating information about the general condition and location of patients under our care to public and private entities assisting with disaster relief, and communicate information about our needs and ability to provide assistance to the authority having jurisdiction, the incident command center, or designee.

Police Info: _____

State: AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA) HOME CARE UNIT, 2727 MAHAN DR., MS 34. TALLAHASSEE FL 32308-5407. Phone (850) 412-4403 Florida Relay Service (TDD): (800) 955-8771 Fax:(850) 922-5374

Email: HQAhomehealth@ahca.myflorida.com FEMA: National Flood Insurance Program Information: 1-800-427-4661

Federal Emergency Management Agency (FEMA, Regional Office, FL) 3003 Chamblee Tucker Road. Atlanta, GA 30341. Phone: 770-220-5200. Fax Number: 770-220-5230 email: fema-r4-external-affairs@fema.dhs.gov

Disaster mitigation measures are those that eliminate or reduce the impacts and risks of hazards through proactive measures taken before an emergency or **disaster** occurs, like identify the more common disaster in our area, educate our patient to be ready for that more common possible disasters, maintain a list of needs, supplies, medications, emergency contacts, educate, evaluate, complete a Table Top Exercise, drill with our staff, at least twice a year (facility and community based), etc. Identifying and evaluating **mitigation measures** in order to avoid, reduce or remedy the impact; assessing the effectiveness of **mitigation measures**; and, defining the residual environmental impact, which is the net impact remaining with **mitigation measures** in place, is part of our approved Emergency Plan.

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:

Patients will be instructed on what to do in the event of an emergency situation if nursing availability is limited, also will be discussed the Appendix B of this document, the limitations of services and conditions in shelter, also will be informed that the level of services will not equal what they receive in the home, ALF, or AFHC, that condition in the shelter may be even inadequate for their needs.

Patients who need continued services or treatment during an emergency, they will be notified by phone or an employee visit will be made for precautionary measure. Our Agency will continue offering services to our patient in the special needs Shelter, unless we are unable to reach them due to road blockage.

_____, will get another Agency to care for patients or call 911, if our Professional Staff is unable to provide the necessary services. In the event of an emergency in which roads do not close, _____ will continue to provide medical care

to its patients in their homes, ALF, AFHC, or Special Needs Shelter, or provide assistance as outlined above if evacuations become necessary. Staff who were scheduled to report work, will be expected to do so and to follow the process outlined herein.

Patients needing continued treatment during an agency closure will be assisted through able caregivers or emergency services shelters. _____, will assist, per policy, all active patients who require on-going assistance before, during, and after an emergency.

If an emergency occurs, such as floods, hurricanes, fires or other natural disasters, the Director of Nursing, or her designee will be responsible for reviewing clients and prioritizing them according to the following classifications:

- DI...Category I (high risk):** Patients who cannot safely forgo care: Special needs clients of anyone who needs (Cpap mask, nebulizer, oxygen, etc.), anyone with mild to moderate cognitive impairment, highly unstable patients with high probability of inpatient admission if home care is not provided; IV therapy, highly skilled wound care, with no family/caregiver, life sustaining medication or equipment.
- DII...Category II (moderate risk):** Patient whose condition recently worsened: moderate level of skilled care that should be provided that day but could postpone visit until emergency situation improves. Pt. with untrained families or caregiver who could provide basic care in an emergency.
- DIII...Category III (low risk):** Patient who can safely forgo care or a scheduled visit including Home Health Aide visits, Pt receiving routine supervisory visit, evaluation visits. Pt with 1 or 2 visits/wk, or Pts who have a competent family/caregiver.

D4...Category IV: Patient who refused information, or signed the registration release form releasing the Agency from evacuation responsibilities.

In the event evacuation of the patient is required, the local authority responsible for coordinating disaster preparedness and emergency response will be contacted.

In the event some patient visits can't be made and it is not a life threatening situation, contact will be maintained by phone if possible.

If office phone service is disrupted, phones will be turned over to the answering service, if possible. A staff member will be assigned to remain in contact with the answering service to receive and send messages.

In our Home Health Care software the "Disaster Plan Classification/Priority status", will be encoded, and correspond report can be printed as needed, for all Active Patients.

B. Education of Patients Prior to an Emergency

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:

The Education of our Patients in private homes, assisted living facilities (ALF) and adult family home care (AFHC), start in the beginning, with the initial sign up visit, and every year include the "in house", in-services to our employees:

1) In all Admissions, during sign up process, all our patients will be educated and instructed in the Agency's Emergency Management Plan

- the signup nurse will fill out all Emergency/Disaster paper work and classification. We will first ask to all clients on admission if they will remain with family in case of disaster. The agency will explain to all of our clients they need a plan, if they have anywhere to go, a SpNs shelter is a choice of last resort.

- full instruction/teaching will be given to patient/family/caregiver, about special needs registry, patient's plan, during, and immediately following an emergency.

- The Agency will Help the Patient with the Special Needs Registry and submit the form, before any Emergency.

2) During Hurricane season our patients will be trained in all emergency procedures during Hurricane, including special instructions given during sign up process

- if patient still in services after 6 months will be re-trained and refresh all

disaster procedures.

The Emergency/Disaster Form are mandatory for all of our Patients (**see attached**)

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:

As part of the Sign up/Initial visit, the nurse will check if the Patient is in the Special needs registry, is the Patient is **NOT** registered, and do not need that, we will collect information if he/her will stay at home, or move to a family/caregiver residence in case of an Emergency, (all information will be collected in our Emergency/Disaster Form (see attached). Our admission staff will explain to all of our clients they need a plan, if they have anywhere to go, a SpNs shelter is a choice of last resort.

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

As part of the Sign up/Initial visit, the admission nurse will discuss with the Patient the benefits to be registered with the **Special needs registry** of Emergency Management Agency, due to better condition of the Specialty shelter to continuing the care of their health needs, under emergencies conditions.

Our Agency will guarantee that our patients in Specialty Shelter who need continue services, will continue to receive care, if possible, with minimal disruption of schedule, unless we are unable to reach them due to road blockage.

The home health agency's procedures for collecting and submitting patient registration information for the special needs registry, (pursuant to 59A-8.027(12), F.A.C.), which must be done prior to an emergency, not when an emergency is approaching or occurring:

As part of the Sign up/Initial visit, the nurse will check if the Patient is in the Special needs registry, and will help him/her to do so, if not registered:

- Our Agency will guarantee that our patients in special needs conditions, will be registered with the special needs registry prior to an emergency, not when an emergency is approaching or occurring.

- The sign up nurse will fill out the "Emergency Registration Form" from County Emergency Management Department (see attached)

- The form will return to our Agency by the sign up nurse

- The Intake department will send the "Emergency Registration Form" already fill out for the Sign up nurse, to the Patient's Physician for complete the physician portion, and return to our office.

- The intake department will receive the form already complete by the Patient's Physician, and send then form to the County Emergency Registration Department, previously photocopy the form and keep one copy on Patient's Medical record chart.

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 sign up nurse will reinforce to our Patients/caregivers, regarding the role of their medications, supplies and equipments

- updated list will be maintained in the Patient's Home file, (Disaster/Emergency Plan form), will be reviewed and updated at least weekly if necessary.

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 Appendix B of this document will be explained to our patients/caregivers, also will be instructed in:

- the limitation of services and conditions in a shelter

- will be reinforced that the level of services will not equal what they receive in the home, ALF, or AFHC.

- Also that the conditions in a shelter may be stressful and may be even inadequate for their needs, and that the special needs shelters are an option of last resort.

C. Notification

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 Administration of _____, monitors emergency-prone situations, via currently available means of information transmission, television, radio, telephone, cellular phone, two way radio, and the Internet. That monitoring will continue including off hours, weekends and holidays.

The procedures for alerting key staff:

Also, the Emergency Coordinator will instruct the daily on-call person to monitor any warning of emergency, and contact the Administration ASAP. Information is disseminated to the key and entire staff, primarily through the telephone, voice mail and alpha paging.

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

Staff are to physically transport themselves to the facility if roads are passable and open at a minimum of 2 times per 8-hour shift during an emergency situation if electronic means of communication fail or requests are made by administration (If staff is missing, not reported to the Agency, we will call the State and Local Community Agencies and authorities to report the missing, not reported staff). This assures continuity of communication and planning activities. The facility will remain opened, unless the authorities order it closed, without communication capability. Administrative and key staff will report for duty in the event of an emergency even though it may be their regularly scheduled day off.

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):

Patients will be alerted by phone or an employee visit will be made for precautionary measure, _____ will get another Agency to care for patients

or call 911, if _____ is unable to provide the necessary services. (If patient can't be found, or his/her hose destroyed, we will call the State and Local Community Agencies and authorities to report the incident to them). Whenever possible prior to emergency, patients will be notified of the impending closure of the agency. Patients needing continued treatment during an agency closure will be assisted through able caregivers or emergency services shelters.

_____, will assist, per policy, all active patients who require on-going assistance before, during, and after an emergency.

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.):

Information will be disseminated verbally, or in writing, at our main office location, should electronic means of transmission fail.

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.):

Our Agency shall to maintain accurate prioritized list of **Patients with Specials Needs**, in private homes, assisted living facilities (ALF) and adult family home care (AFHC) who need continued services during an emergency, according the following procedures:

- In the Admission, the signup nurse, will fill out all Emergency/Disaster forms, including classification, decline in function, medications, equipment for life support
- As case continue for services, all forms must be updated with current information, including, medications, equipments, decline or improve in function, the Forms must be updated as often as possible, but at least bi-weekly.
- The Director of Nursing, or designee, shall review all information receive from admission or follow up staff, this data will be transfer to the "Agency's Master List", (see Appendix 'C'), that list shall be up to date, as often as possible, but not least than bi-weekly. In case of Emergency approaching, the list must be reviewed/updated immediately.
- During Hurricane season, the patient will be instructed, that Emergency/Disaster Form, with all clinical information data, including medications, specials needs, equipments, that is maintained current from our staff, have to be available, for special shelter transfer needs.

Patients who are on the current prioritized list of registered special needs patients will be assisted, within our staff's capabilities, in getting to the special needs shelter in order of acuity priority. Those with the highest priority will be assisted first.

The priority list will be made available to the local emergency management agency or health department as requested and mandated by law. The list will contain at a minimum, the following information on each patient: (see Appendix 'C')

- I. How services should be continued for this patient during an emergency
- II. Who is to transport this patient to the shelter if applicable
- III. What type of skilled care is required for the continued care of this patient
- IV. A list of the patient's medications, supplies and equipment needs

A notification in the clinical record will be made concerning the patient's registration with the special needs registry, and any evacuation plans that have been made. All patients who are registered will be given "Appendix B: Information for Home Health Agency Patients"

During off hours, weekends and holidays, each employee has address any Emergency alert, to our Agency decision makers, through our On-Call services, dialing our phone number or using Administrator/Director of Nursing, email or cell number, provided to each employee.

Also our On-Call daily employee will be displayed in the Agency's Information Board:

EMERGENCY SITUATION SHARE INFORMATION POLICY

The care of patients now almost inevitably seems to involve many different individuals, all needing to share patient information and discuss their management. As a consequence there is increasing interest in, and use of, information and communication technologies to support health services.

POLICY: During Emergency situations we will share all the information that gets exchanged in health care as forming a coordination of care communication form. The communication report is that portion of the total documentation, transactions that involves affected patients to help reach the care that our patients needs and multi-disciplinary, multi-institutions care and interaction. For example, we will use face-to-face conversations, telephone calls, letters and e-mail all generate transactions that would fall into the communication space.

Communication systems are the formal or informal structures that our Agency will use to support our communication needs. A communication system involves people, agency clinical staff, the messages they wish to convey, the technologies that mediate conversations, and the agency structures that define and constrain the conversations that are allowed to occur. Elements of communication systems include:

1. *Communication channel:* The channel is the 'pipe' along which a message is conveyed, and there are a wide variety of different communication channels available, from basic face-to-face conversation, through to telecommunication channels like the telephone or e-mail, and computational channels like the electronic medical record. Channels have attributes like capacity and availability, which determine their suitability for different tasks. When two parties exchange messages across a channel at the same time, this is known as *synchronous communication*. Telephones are one of the commonest two-way synchronous channels. It is the nature of synchronous communication that it is interruptive, and these interruptions may have a negative impact on individuals who have high needs during emergency situations. For example, a busy clinician during emergency situations, may forget to carry out a clinical task because they have been interrupted while they are busy. Our staff can use a range from Post-it notes left on their desk, to sophisticated electronic messaging systems like encrypted messages if they are available.

2. *Types of message:* Messages are structured to achieve a specific task using available resources during emergency situations, to suit the needs of the receiver. Informal messages, which have variable structures, include voice and e-mail messages. Structured or formal messages include agency service summaries, computer-generated alerts and care outcomes. When these messages are computer generated (if available), they typically will be in a format that complies with a communication standard, for that reason if possible, when we expecting a disaster situation, that can be predicted, all reports must be ready, and shared with possible institutional care organizations like Hospital, Specialty shelter, etc.

3. *Communication policies:* A communication system can be bounded by formal procedure rather than technology, e.g. clinical handover. Our Agency may have many different policies that shape their communication system performance, independent of the specific technologies used. For example, during Emergency Situation we allow share patient's care information with next institution of care like Hospital, Specialty Shelters, Clinics, Emergency Facilities, etc. And we prohibit not patient care involved parties to obtain a medical record directly from the records department without the permission of the Agency officials.

PROCEDURE:

- a) We will maintain an updated log with all active patients in category D1 (who needs continue care during Emergency situations)
- b) We will maintain the preferred continue care preference for each patients in our D1 category (Hospital, Specialty Shelter, Clinics, Emergency facilities, etc)
- c) Every week we will verify that patient's care information is collected and up to date in hard copy (if electricity services fail during emergency), that amend other include copy of the Plan of Care (485 form), Medication profile, Shelter of Hospital preference, Emergency Plan form, etc.
- d) The On-call staff will have a current copy of Emergency log with all support addendums
- e) If secure email or mobile, line phone services are available, as soon as possible, the Director of Nursing or Clinical Manager will share Agency Patient Care documentation available with the next facility of care services like Hospital, Specialty shelter, Clinics, Emergency facilities, etc.
- f) If secure email or mobile, line phone services are not available, as soon as the roads are secure, and if was coordinate and requested previously, as part of the agency's emergency plan coordination of care effort, an agency representative will delivery the available Patient's care, needs documentation (copy of Plan of Care, Medication Profile, Emergency Plan, etc) to the next facility of care like Hospital, Specialty Shelter, Clinics, Emergency Facilities, etc.
- g) Agency representative will document all communication, coordination of care, reports shared with the next facility of care during emergency situations, like Hospital, Clinics, Specialty Shelter, etc.

ON-CALL REPORT

Date: _____ Time: _____

Employee: _____

Report related Patient: _____ MR: _____

Incident:

Action taken:

MD reported: Yes No

Comment:

Signature

D. During an Emergency

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

If due Emergency Situation some patients decide to stay in their homes, ALF, or AFHC, our Agency assure that all patients needing continuing care will receive it, either from Home Health Agency staff, or through arrangement made by the patient or patient's caregiver, the Administrator/Director of Nursing are responsible for implementation of the visits, contact staff, supervise duties and POC, and services coordination. (If patient can't be found, or his/her house destroyed, we will call the State and Local Community Agencies and authorities to report the incident to them).

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.

In Emergency Situation all homes, ALF, or AFHC patients, our Agency assure that all patients needing continuing care will receive it, either from Home Health Agency staff, special needs shelter or through arrangement made by the patient or patient's caregiver, the Administrator/Director of Nursing are responsible for implementation of the visits, contact staff, supervise duties, POC and services coordination, include the means by which 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.

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:

If our Agency, due to Emergency situation, has to cease operation, the Patient or Patient's caregiver will be notified within 24 hours or as soon as possible, and the service will be guaranteed through arrangement made through another Home Health Agency, special needs shelter, or by the patient or patient's caregiver arrangement, the Administrator/Director of Nursing are responsible for implementation of the transfer and services coordination.

A notification in the clinical record will be made concerning the patient's evacuation plans.

E. Evacuation

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:

In addition to information contained in the medical record, visiting staff of active patients **maintain up-to-date** information on patient needs in the patient's medical record, and in the Home's chart. All medications, supplies, and equipment used by our patients will listed, and be updated as often as possible (see Disaster/Emergency Plan Form), and keeping in home, ALF, or AFHC, to be accompany the patient during evacuation to a special needs shelter if needed, the form must be reviewed at least weekly if necessary, and new original copy must be filed in the Patient's Office Medical record chart.

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:

Our staff will educate the patient and/or caregiver concerning this list and other item accompany the patient during the evacuation, and INSTRUCTIONS FOR PEOPLE

WITH SPECIAL NEEDS (Appendix B) sheet will left at patients home, ALF, or AFHC, at time of admission, together with all Emergency paperwork materials.

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:

Patients who need continued essential care, _____ will get another Agency, subject to written agreement (see attached) at time of transfer, to care for patients or call 911, if _____ is unable to provide the necessary services, but our Agency will make the maximum effort to guarantee the service.

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 or Director of Nursing will contact the DOH, County Emergency Operation Center to report, if due to disaster damage, our Agency: 1) is or not available to operate, 2) the availability to operate with another Agency's partner subject to written agreement (see attached) 3) our availability to continue services to our patients in the special needs shelter 4) the availability of field staff to comply with physician's POC and maintain the same quality of services

F. The Patients Return Home

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:

Home healthcare staff is on duty 24 hours a day, 7 days a week. When an emergency interrupts this schedule, staff is called in to work as specified above. The moment that a disaster has finish and the County/City Government opens roads, patients of our Agency, will be visited in their homes, ALF, or AFHC in order of acuity priority, and resume home care services as ordered in his/her Care Plan. (If patient can't be found, or his/her house destroyed, we will call the State and Local Community Agencies and authorities to report the incident to them)

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

Employees are required to monitor voice mail and alpha paging before, during and after emergencies. If regular ways of communication fail, employees must report to duty when roads are open, driving to our office to pickup needs supplies and re-star patient care. (If staff is missing, not reported to the Agency, we will call the State and Local Community Agencies and authorities to report the missing, not reported staff)

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:

If, because of the emergency, staffing shortages exist, appropriate managerial staff will conduct patient visits, or written contract (see attached) at time of service, with another licensed facility, may supply us with staffing personnel.

III. INFORMATION, TRAINING AND EXERCISE

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

The Director of Nursing, will verify/go over the training of all of our staff, by internal In-services, which cover their roles before, during, and after an emergency.

All staff, during orientation, is told of their responsibilities during an actual emergency. Prior to an emergency, when possible, staff is instructed as to their responsibilities via voicemail, staff meetings, cell phone, telephone or alpha paging. Is no warning is allowed, staff is to contact the center at least two times during 8-hours period.

The procedures for developing a training schedule for all employees and identification of who will provide the training.

Each admission nursing is instructed in Emergency definition, the Emergency Management Plan, 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 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.), all Emergency Forms using for our Agency, and the importance to fill them with accurate information, and reinforced the needed of patient education, for use and conservation in safe/easy access place. Also the rest of staff are trained with the full Emergency Plan, their role, contacts, receive reports, and with our On-Call system, how they can work with the local city or county agency who will be managing and addressing the special needs shelter during an emergency.

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

Each new employee in their initial orientation, the full Emergency Plan is reviewed and their roles explained.

At orientation, and annually thereafter, training is provided on the process and procedures of emergency management. The Education coordinator / Director of Nursing will provide training.

Patients are trained in their responsibilities, the requirement of list and transportation/evacuation issues during home care visits by professional nursing staff, following the procedures:

- In the Admission, the signup nurse, will fill out all Emergency/Disaster forms, including classification, decline in function, medications, equipment for life support, the patient will be instructed about the importance to keep that form in a safe an accessible place, if evacuation become necessary.
- As case continue for services, all forms updated with current information, including, medications, equipments, decline or improve in function by our staff, the patient will be reinforced to keep it in a safe an accessible place.
- During Hurricane season, the patient will be re-instructed, that Emergency/Disaster Form, with all clinical information data, including medications, specials needs, equipments, that is maintained current from our staff, have to be available, for special shelter transfer needs.

IV. APPENDICES

The appendices that follow are provided in support of the agency's comprehensive emergency management plan.

To cover the needs of our patients and in the community, the Agency has a contract in place with another home health agency to assist with the agency's patients' care during an emergency (Backup Agency), or we can help them if they can not operate, also we contact the local DOH and offer our assistance to help during Emergency/Disaster situations, in dependence of staff, supplies availability. We maintain a local and out of our area supply company information handily to assure supplies continuity availability in case of needs.

CONTINGENCY PLAN

(Due to Emergency/Disaster Situations)

Policy: In the event of a community emergency/disaster situation, were our Agency must cease to operate, patients of this agency will be transferred temporary to a backup contracted Agency or to another agency of their choice, until our Agency can reinstate its operations. If patients have no choice a list will be provided to them and/or agency closest to their residence.

Procedure

1. The original clinical record will be placed in storage and kept for five years, or until our service is reinstated. Clinical records shall be maintained for five (5) years, for all adults patients, minors clients records will be retained for a minimum of (5) five years after the age of majority is reached, Client records involved in litigation are retained until after settlement.
2. Copies of the physician's orders and pertinent information will be forwarded to the agency that will resume care of the patient, following HIPAA guidelines.
3. The physician will be notified if the transfer of patients and reasons for the transfer.
4. The patient will be given five working days prior notice (if emergency situations permits) before the transfer and will participate in selecting the transfer agency.
5. The patient's continuity of care will not be disrupted.
6. In case of an emergency, the patient, the patient's caregiver, and the physician, will be notified by agency's RN Supervisor, Administrator, the patient involved will be notified of the waiver of the five (5) day notice.
7. The governing body and agency staff, immediately after decision to close agency operations, shall notify: The health Care Licensing Facility Administration, The Center for Medicare/Medicaid Services (CMS), the Accreditation body (if applicable) and the general public by newspaper advertisement. The agency must include in the written notice the reason for the closing, the location of the client records (active and inactive), and the name and the address of the clinical records custodian (following HIPAA guidelines).
8. In the case of Permanently Closure: the agency will mail the initial license or renewal license to the State Administrative Agency at the end of the day that the services were terminated.

APPENDIX A: AGREEMENTS AND UNDERSTANDINGS

MUTUAL AID AGREEMENT
OR
STATEMENT OF UNDERSTANDING
Under Emergency Situations

This agreement is made in good faith between _____
and _____ (name of agency)

Mutually agree as follows:

- That _____ health facility will act in cooperation with our agency, in relation to patient services under Emergency Situations (such as Hurricanes, Tornados, Floods, etc.)
- The health facility shall serve our patients needs if our employees are unable to do so due to closure of our office for Emergency Situations or inability to reach the patients because of said incident.
- The _____ (name of agency) shall return to our agency the clients/patients transferred to them under Emergency Situations, when our facility is fully operational, after normal hours are re-established, and our employees are able to provide the care of our patients ordered by the physicians.
- The Patient's information will be used only for the purposes for which it was engaged by the service provided, will safeguard the information for misuse, and will help the agency comply with some of the Agency's duties under the HIPPA Privacy Rule. All records information will be maintained as "Confidential"

Signed by: _____ Signed by: _____
Administrator Administrator

Print Name: _____ Print Name: _____

Name of Agency: _____ Name of Agency: _____

Contact Number: _____ Contact Number: _____

Date: _____ Date: _____

APPENDIX B: INFORMATION FOR HOME HEALTH AGENCY PATIENTS

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 caregiver¹, 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
- 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 must accompany all special needs shelterees. A special needs shelter can accommodate one caregiver at a time, and other family members, friends, etc. should go to a regular shelter.
- 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.

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

APENDICE B: INFORMACION A LOS PACIENTES (Spanish Version)

Esta información es suministrada por nuestra Agencia a todos los pacientes registrados con necesidades especiales, de forma tal que estén preparados antes de la evacuación a un Refugio de necesidades especiales.

(1) Si el paciente tiene un acompañante que lo cuida, este debe acompañar al paciente al refugio de necesidades especiales y mantenerse con el.

(2) A continuación tiene una lista de lo que debe llevar al Refugio de necesidades especiales:

- Sábanas, almohada, sillas portables, colchón de aire.
- Las medicinas que está tomando, suministros y equipos listados por su Agencia de cuidado de la salud, incluyendo el teléfono, localizador y números de emergencia del doctor de la paciente, farmacia y, si es aplicable, oxígeno; suministros y equipos médicos para el cuidado del paciente; la forma de No Resucitar, si es aplicable;
- Nombre y teléfono de la Agencia del Cuidado de la salud.
- Medicinas recetadas y no recetadas necesarias por al menos 72 horas
- Copia del Plan de Cuidado del paciente
- Identificación y dirección actual
- Dietas especiales por hasta 72 horas si las necesita, 1 galon de agua diario por persona
- Espejuelos, equipos de ayuda para oír y batería, prótesis y cualquier otro equipo de asistencia
- Objetos de aseo personal suficiente por hasta 72 horas
- Ropa extra por hasta 72 horas
- Linterna y baterías
- Objetos de entretenimiento y recreación, como libros, revistas, juegos silenciosos.

(3) El Refugio necesita saber lo siguiente:

- Si el paciente tiene un acompañante que lo cuida, este debe acompañar al paciente. El Refugio de necesidades especiales puede acomodar un acompañante a la vez, y otro miembro de la familia o amigo, etc. debe ir a Refugio regular.
- El Refugio Especial proveerá el espacio necesario al acompañante, pero este debe proveer su colchón o facilidad para dormir.
- Perros de servicio pueden ser admitidos en el Refugio, pero debe chequear con su Oficina de Manejo de Emergencias local, para ver si otras mascotas son permitidas.
- Lleve meriendas personales, sodas/jugos, y cualquier alimentos de dietas especiales por hasta 72 hora. Es posible solo comidas generales sean servidas.
- Acompañantes que cuidan al paciente regularmente en su casa, se espera hagan lo mismo en el Refugio.

El Refugio de necesidades especiales debe ser usado con un lugar de última opción para refugio. El evacuado no recibirá el mismo nivel de cuidado que recibe en su casa, y la condición en el Refugio puede ser estresante.

‘ Acompañantes que cuidan al paciente pueden ser, familiares, miembros de su residencia, guardianes, amigos, vecinos, y empleados de la Agencia o voluntarios

Protection of Records:

Statutory Requirements:

1. We shall to comply with the Florida Statutes:

(1) Our agency will maintain for each patient who receives skilled care a clinical record that includes pertinent past and current medical, nursing, social and other therapeutic information, the treatment orders and other such information as is necessary for the safe and adequate care of the patient. When home health services are terminated, the records must be maintained by the agency for 7 years following termination of services.

(2) Our agency will maintain for each client who receives non-skilled care a service provision plan. Such record must be maintained by the home health agency for 1 year following termination of services.

2. Florida Statutes states:

Our Agency shall maintain a current prioritized list of patients who need continued services during an emergency. 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 patients' medication and equipment needs. The list shall be furnished to county health departments and to local emergency management agencies, upon request.

Ensuring the above information is accessible and/or not destroyed in a disaster -- what is our risk?

Check with our insurance agent to understand the details of your flood and other hazard insurance policies, specifically which items and contents are covered and under what conditions.

What can we do?

Protecting our business from disasters caused by natural hazards can involve a variety of actions, from inspecting and maintaining our buildings to installing protective devices. Most of these actions should be carried out by qualified maintenance staff or professional contractors licensed to work in our state, county, or city. Protecting our inventory, equipment and clinical records will require having off site storage capability and taking steps on site to afford the best protection.

Business Property Protection:

- Raise computers above the flood level and move them away from large windows.
- Move heavy and fragile objects to low shelves.
- Move file cabinets to the interior of secure business location.
- Purchase materials (plastic sheeting) to cover computers and file cabinets.
- Install fire sprinkler systems.
- Install fire-resistant materials and furnishings.
- Install storm shutters for all exterior windows & doors.
- Secure light fixtures and other items that could fall.
- Place Velcro strips under tabletop computers.
- Install curtains or blinds that can be drawn over windows.

Clinical Record Protection:

- Designate a staff person and a back up to be responsible for clinical records.
- Backup client and billing computer records regularly and ensure patient data and required office client

data forms is saved to a CD Rom, memory stick, tape backup, or a zip drive and stored in a secure off site location. Store back up media on site in insulated containers

- Make hard copies of pertinent client file contents including the physician orders, assessment, plan of care or service provision plan and advance directives in a secure off site location.
- Provide a copy of the record items listed above to the client and/or the client's caregiver to store in their home(s) if requested.
- Transfer special needs registry lists and required information to a disc that is stored in a secure off site location.
- Send updated discs and hard copy special needs registry lists to the county special needs department on a regular basis. Keep a copy on site in an insulated container.
- Scan record contents on a regular basis. Store copies of the scanned records in a secure off site location.
- Arrange for the evacuation of records to a designated backup facility if there is sufficient warning prior to the disaster.

Arrange for your designated staff person responsible for clinical records to meet at least annually with your local emergency management personnel in your county. Keeping abreast of new and better ways to protect your clinical records and equipment will help you get up and running quickly after a disaster.

Sample
Order to 305-819-5940
www.pnsystem.com

EMERGENCY/DISASTER PLAN FOR HOME HEALTHCARE PATIENTS

PLAN DE EMERGENCIA/DESASTRE PARA PLACIENTES EN SU CASA

(Keep this plan where it can be easily located/Mantenga este plan en un lugar accesible)

Date/Fecha: _____ **Client:** _____ **MR #:** _____
Nombre del cliente **DOB/Fecha Nac.:** _____ **Age/Edad:** _____

Information obtained by: _____
Address/Dirección: _____
Living situation/como vive: _____

Client/Patient (*Cliente/Paciente*)
 Caregiver (*Persona encargada*): **Name/Nombre:** _____ **Relationship/relación:** _____ **Phone:** _____

Health Insurance, phone / Seguro Médico: _____

Service Provided (Servicios) Skilled Services Non Skilled

Client's Emergency Classification/Clasificación de Emergencia del Cliente: (circle one) **D1 D2 D3 D4** (see back instructions)

Patient's Data / Datos del Paciente: Limited English proficiency . **Primary language:** _____
(problemas con el inglés) (lenguaje primario)

Allergies/Alergias: NKA Penicillin Sulfa Aspirin Iodine Other: _____

Medications: See medication scheduled/Ver el registro de medicinas (*part of the Emergency Plan*)

Supplies/DME (Suministros y Equipos Médicos)	Special Needs/Functional Limitations (Necesidades especiales, limitaciones).
<input type="checkbox"/> Stethoscope (<i>estetoscopio</i>), Thermometer (<i>termómetro</i>), Probe Cover, Sphygmomanometer (<i>esfimo</i>), Gloves (<i>guantes</i>), Alcohol Pads (<i>almohadillas de alcohol</i>), and scale (<i>pesa</i>).	<input type="checkbox"/> Vision Impairments (<i>problemas de visión</i>) <input type="checkbox"/> Service animal
<input type="checkbox"/> Walker (<i>andador</i>) <input type="checkbox"/> Oxygen supplies (<i>oxígeno</i>)	<input type="checkbox"/> Fall precautions (<i>caídas</i>) <input type="checkbox"/> Obesity (<i>obesidad</i>)
<input type="checkbox"/> Cane (<i>bastón</i>) <input type="checkbox"/> Hoyer lift (<i>grúa</i>)	<input type="checkbox"/> Diabetic precautions <input type="checkbox"/> Bedbound <input type="checkbox"/> W/C bound <input type="checkbox"/> Severe pain (<i>dolor severo</i>)
<input type="checkbox"/> W/C (<i>silla de rueda</i>) <input type="checkbox"/> IV supplies (<i>sueros</i>)	<input type="checkbox"/> Anticoagulant/Bleeding prec. (<i>sangramiento</i>) <input type="checkbox"/> Speech (<i>habla</i>)
<input type="checkbox"/> Commode (<i>cómoda</i>) <input type="checkbox"/> Injection Supplies (<i>inyecciones</i>)	<input type="checkbox"/> Wound/Pressure ulcer prec. (<i>heridas úlceras</i>) <input type="checkbox"/> Hearing (<i>oído</i>)
<input type="checkbox"/> Hospital Bed (<i>cama de hospital</i>) <input type="checkbox"/> Foley Supplies (<i>cateter</i>)	<input type="checkbox"/> Infection control precautions <input type="checkbox"/> Ambulation
<input type="checkbox"/> Diabetic Supplies (<i>suministros DM</i>) <input type="checkbox"/> Ostomy Supplies (<i>ostomía</i>)	<input type="checkbox"/> Amputation <input type="checkbox"/> Incontinence <input type="checkbox"/> Endurance (<i>resistencia</i>)
<input type="checkbox"/> Wound care Supplies (<i>heridas</i>) <input type="checkbox"/> INR supplies	<input type="checkbox"/> Oxygen therapy, precautions <input type="checkbox"/> Dyspnea (<i>falta de aire</i>)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Seizures precautions (<i>convulsiones</i>) <input type="checkbox"/> Weakness (<i>débil</i>)
Mental Status/Depresion Hx _____ <input type="checkbox"/> Anxiety (<i>ansiedad</i>)	<input type="checkbox"/> Aspiration precautions (<i>aspiración</i>)
<input type="checkbox"/> Oriented (<i>orientado</i>) <input type="checkbox"/> Disoriented (<i>desorientado</i>) <input type="checkbox"/> Alert (<i>alerta</i>)	<input type="checkbox"/> Other (<i>otros</i>): _____
<input type="checkbox"/> Dementia (<i>demencia</i>) <input type="checkbox"/> Forgetful (<i>olvidadiso</i>) <input type="checkbox"/> Alzheimer	
<input type="checkbox"/> Memory Impairm.	

Home Medical Equipment (Compañía de equipos): _____ **Phone:** _____ None Unknown

Pharmacy/Farmacia	Doctor
Name: _____	Name: _____
Phone: _____	Phone: _____

IN CASE OF EMERGENCY CALL 911 (EN CASO DE EMERGENCY MEDICA LLAMAR AL 911)

In Case of Nursing or related problem, please call our Agency at
Problemas con el Servicio llame a nuestra Agencia al número

In Case of Emergency Notify to/En caso de Emergencia notificar a:

Name: _____ **Relationship:** _____ **Phone:** _____
 Name: _____ **Relationship:** _____ **Phone:** _____

Your nurse/enfermera(o) (name/nombre): _____ **Phone/Teléfono:** _____

In the event of Emergency (Or Natural Disaster) I will/En caso de emergencia (o desastre natural) Yo:

Stay at home (*Me quedará en casa. Who will help with meds/Quien le ayudará con medicinas*): _____
 Stay with family (*Voy con familiares*): **Name/Address:** _____
 Go to Shelter (*Voy al Refugio*) **address:** _____
 Go to hospital, if medically necessary (**Name:** _____)

TRANSPORTATION: Not needed, N/A Client will be driven by family Client will be picked up by special needs transportation service
 Client will take public transportation (*transportación pública*) Other (*Otro*): _____

I do not want assistance for transportation or shelter placement at this time. If I desire assistance in the future, I understand it is my responsibility to contact the Office of Emergency Management of my respective County. *No deseo asistencia para transportacion o traslado a refugio en este momento. Si deseara asistencia en el futuro, entiendo que es mi responsabilidad contactar a la Oficina de Manejos de Emergencias de mi respectivo Condado.*

Employee Signature/Firma del Empleado

Date / Fecha

GENERAL INSTRUCTIONS TO CLIENT ON USE OF THIS FORM:

This information is provided to you as a quick reference source in case any emergency occurs. Keep this document where it can easily be found. Inform other persons close to you (relative, neighbor, etc.) of its location.

1. _____ has a nurse on call 24 hours a day. You can reach the nurse through _____, After office hours and on weekends an answering service will reach the nurse and he/she will return your call and come to see the client if necessary, or simply answer any questions you may have.
2. In case of a serious medical emergency, the client should be taken to the hospital. _____ does not operate as an emergency service, therefore valuable time may be lost by contacting the Agency for a serious emergency such as diabetic coma, severe chest pain, unconsciousness, etc.
3. Ambulance service number is **911**.

CLASSIFICATION

(Please circle the correct classification for client)

D1- Category 1 (High Risk)

Patients who cannot safely forgo care: Special needs clients of anyone who needs (Cpap mask, nebulizer, oxygen, etc.), anyone with mild to moderate cognitive impairment, highly unstable patients with high probability of inpatient admission if home care is not provided; IV therapy, highly skilled wound care, with no family/caregiver, life sustaining medication or equipment.

D2-Category 2 (Moderate Risk)

Client whose condition recently worsened: moderate level of skilled care. That should be provided that day, but could postpone visit until emergency situation improves. Client with untrained families/caregivers who could provide basic care in an emergency.

D3-Category 3 (Low Risk)

Client who can safely forgo care or a scheduled visit including Home Health Aide visits, Clients receiving routine supervisory visit, evaluation visits. Client with 1 or 2 visits/ week, or Clients who have a competent family/caregiver.

D4-Category 4

Patient who refused information, or signed the registration release form releasing the Agency from evacuation responsibilities.

INFORMACIÓN GENERAL PARA EL PACIENTE SOBRE ESTE FORMULARIO. Esta información es en caso de una

Emergencia. Deben de dejar este formulario en un lugar rápido de encontrar, (Dígale a su familia, Vecinos, etc) donde se encuentra este formulario.

1. _____ tiene un Representante en servicios las 24 hora al día. Usted se puede comunicar con la agencia llamando al _____, después de hora o fin de semana, la agencia llamará a la persona que se encuentre "ON CALL" (de guardia), Esta persona le devolverá su llamada.
2. En caso de una EMERGENCIA, el paciente debe ser llevado(a) al hospital más cercano. _____ No opera como un servicio de Emergencia.
3. Para llamar a a una AMBULANCIA, deben marcar el 911.

CLASIFICACION

(favor de circular la clasificación del paciente)

D1 (categoria 1) (Alto Riesgo)

Pacientes que no pueden renunciar a la atención de forma segura: clientes con necesidades especiales de cualquier persona que lo necesite (máscara Cpap, nebulizador, oxígeno, etc.), cualquier persona con deterioro cognitivo leve a moderado, pacientes altamente inestables con alta probabilidad de ingreso hospitalario si la atención domiciliaria es no provisto; Terapia IV, cuidado de heridas altamente calificado, sin familia / cuidador, medicamento o equipo para mantener la vida.

D2 (categoria 2) (Riesgo moderado)

Pacientes cuyas condiciones empeoraron recientemente, moderado nivel de cuidado, que debe darse según calendario, pero puede posponerse hasta que la situación de emergencia mejore. Pacientes con familiares/encargados no entrenados, pero que pueden dar cuidados básicos en emergencias.

D3 (categoria 3) (Poco riesgo)

Pacientes que de una forma segura se puede dejar de visitar, incluyendo la asistente de enfermera, clientes recibiendo rutinarias visitas de supervisión, evaluación. Clientes con 1 a 2 visitas por semana, o clientes que tienen familiares/encargados entrenados y competentes.

D4 (Categoria 4)

Rehusó dar información, o liberó a la Agencia de Responsabilidades de Evacuación.

PATIENT SAFETY CHECKLIST/Chequeo sobre Seguridad del Paciente

To the nurse or other personnel to whom this may apply: You are requested to conduct a physical check of this patient's home condition and check off items that are satisfactory. Please then sign your name at the bottom of the page and return this list to the agency office within 12 hours of the inspection. *(La enfermera conducirá un chequeo físico de la condición de su casa.) (This form may be replaced by the Safety Assessment in the OASIS)*

Items to Check/A chequear	Condition Satisfactory Satisfactorio	Condition Unsatisfactory No-Satisfactorio
1. Fire alarm/smoke detector/ <i>Alarma de fuego</i>	_____	_____
2. Fire extinguish/ <i>Extintidor de fuego</i>	_____	_____
3. First aid box/Emergency Equipment or Supplies <i>Caja de primeros auxilios, equipos o suministros</i>	_____	_____
4. Telephone/ <i>teléfono</i>	_____	_____
5. Lights/ <i>Luces</i>	_____	_____
6. Doors/locks/ <i>Puertas-cierres</i>	_____	_____
7. Ventilation/ <i>Ventilación</i>	_____	_____
8. Beds/Chairs/ <i>Camas y sillas</i>	_____	_____
9. Bedding/ <i>Protectores de la cama</i>	_____	_____
10. Kitchen/ <i>Cocina</i>	_____	_____
12. Electrical appliances/ <i>Equipos eléctricos</i>	_____	_____
13. Floors/ <i>Pisos</i>	_____	_____
14. Relevant medical appliances, if applicable (e.g. wheelchair, O ₂ , Monitors, etc.) <i>Equipos médicos, sillas ruedas, Oxígeno, etc.</i>	_____	_____
15. Ashtrays (if a smoker) / <i>Cenicero</i>	_____	_____
16. Check Flashlights Every 2 wks, Notify Patient to have Replacement Batteries. (if necessary) <i>Linternas, baterías</i>	_____	_____
17. Hurricane Shutter / <i>Protectores de Huracán</i>	_____	_____

Signature: _____

**HURRICANE EMERGENCY
INSTRUCTIONS FOR PEOPLE WITH SPECIAL NEEDS**

1. REGISTER WITH THE MIAMI DADE OFFICE OF EMERGENCY MANAGEMENT FILLING OUT THE EMERGENCY ASSISTANCE REGISTRY QUESTIONNAIRE THAT YOU HAVE TO REQUEST CALLING AT 468-5400, TDD (305) 468-5402. MONROE COUNTY 305-289-2729.

Return the questionnaire at the address shown below and keep a copy of the registration form and this instruction sheet with your other important papers.

2. WHEN EMERGENCY IS THREATENING YOUR COUNTY, CONTINUALLY MONITOR RADIO AND/OR TV TO DETERMINE IF YOUR ZIP CODE IS IN THE EVACUATION AREA.

THESE STEPS WILL OCCUR IN TIME OF EMERGENCY:

- * YOU WILL RECEIVE A PHONE CALL VERIFYING THAT YOU STILL NEED ASSISTANCE.
- * PACK A BAG (the bag should be tote size)
YOU SHOULD BRING:
MEDICATIONS (AT LEAST 2 WEEKS SUPPLY)
SPECIAL FOODS IF NEEDED
IDENTIFICATION AND VALUABLE PAPERS (insurance, registration form, etc)
BATTERY OPERATED RADIO
FLASHLIGHT, EXTRA BATTERIES
ONE CHANGE OF CLOTHES
BOOKS / CARDS / GAMES, ETC.
- * BRING SOMETHING TO SLEEP ON. WE SUGGEST A COLLAPSIBLE LAWN CHAIR AND BLANKET. A SLEEPING BAG WILL DO.
(IT IS IMPORTANT THAT YOU ONLY BRING A SMALL BAG AND YOUR SLEEPING ITEMS THAT CAN EASILY BE CARRIED).
- * EAT A MEAL AT HOME BEFORE BEING PICKED-UP.
- * WAIT AT HOME, **DO NOT LEAVE!** PERSONNEL WILL BE THERE TO PICK YOU UP.
- * IF NO-ONE HAS ARRIVED TO TRANSPORT YOU TO SHELTER 5 HOURS AFTER YOU WERE NOTIFIED.... CALL BACK TO YOUR COUNTY, AND GIVE THE HOTLINE OPERATOR YOUR NAME AND HE/SHE WILL CHECK ON YOUR TRANSPORTATION. REMEMBER: HURRICANE SHELTERS CANNOT PROVIDE ADVANCED LIFE SUPPORT. IF YOU HAVE SPECIAL NEEDS, MAKE ARRANGEMENTS WITH YOUR PHYSICIAN NOW! IF YOU HAVE QUESTIONS AT ANY TIME. PLEASE CALL YOUR COUNTY or WRITE to:

**Miami Dade County, Florida (Office of Emergency Management)
9300 NW 41 St. Miami, FL 33178.**

MONROE COUNTY HEALTH DEPARTMENT. 3333 Overseas Hwy Marathon, FL 33050

**INTRUCCIONES EN CASO DE EMERGENCIA DE HURACAN
PARA PERSONAS CON NECESIDADES ESPECIALES.**

1. REGISTRESE CON LA OFICINA DE DE EMERGENCIA , EN EL CONDADO DE MIAMI DADE. LLENE EL CUESTIONARIO DE INSCRIPCIÓN PARA ASISTENCIA DE EMERGENCIA EL QUE DEBE PEDIR AL TELEFONO (305)468-5400, TTD: (305) 468-5402. MONROE COUNTY 305-289-2729.
2. RETORNE EL CUESTIONARIO A LA DIRECCION QUE APARECE AL FINAL DE ESTA PAGINA Y QUEDESE CON UNA COPIA Y CON ESTAS INSTRUCCIONES.
3. CUANDO UNA EMERGENCIA AMENACE SU CONDADO, PRESTE ATENCION CONTINUA A LOS AVISOS OFICIALES EN LA PRENSA, RADIO Y TELEVISION PARA DETERMINAR SI LA ZONA POSTAL DONDE RESIDE ESTA EN EL AREA DE EVACUACION.

LOS SIGUIENTES PASOS SERAN DADOS EN CASO DE EMERGENCIA:

- * USTED RECIBIRA UNA LLAMADA TELEFONICA PARA VERIFICAR SI NECESITA AYUDA.
- * EN UNA BOLSA DE MANO O MALETIN EMPAQUE LOS SIGUIENTES ARTICULOS
MEDICAMENTOS QUE USA (LO SUFICIENTE PARA 2 SEMANAS)
ALIMENTOS ESPECIALES SI UD NECESITA DE ELLOS EN SU DIETA
DOCUMENTOS DE IDENTIFICACION Y OTROS DE VALOR E IMPORTANCIA
RADIO QUE TRABAJE CON BATERIAS
LINTERNA, BATERIAS DE REPUESTO
UNA MUDA DE ROPA LIMPIA
LIBROS, JUEGOS, CARTAS O NAIPES, ETC
- * LLEVAR ALGO EN QUE PUEDA DORMIR, POR EJEMPLO UNA SILLA DE EXTENSION Y UNA PEQUENA MANTA O FRAZADA O UNA BOLSA DE DORMIR COMO LAS USADAS EN CAMPAMENTOS
- * HAGA UNA COMIDA NORMAL ANTES DE SER RECOGIDO.
- * ESPERE EN SU CASA HASTA SER RECOGIDO POR LA PERSONA INDICADA. "NO SALGA DE SU CASA".
- * SI NADIE LLEGA PARA TRANSPORTARLO AL ALBERGUE 5 HORAS DESPUES DE RECIBIR LA LLAMADA TELEFONICA, LLAME AL 305-468-5400 (MIAMI DADE) 305-289-2729 (MONROE) BROWARD COUNTY (954) 831-3900 Y DIGALE AL OPERADOR/A SU NOMBRE PARA QUE PUEDAN CHEQUEAR Y DARLE INFORMACION REFERENTE A SU TRANSPORTACION.

IMPORTANTE: NINGUN ALBERGUE PUEDE PROVEER CUIDADOS ESPECIALES A PERSONAS NECESITADAS DE LOS MISMOS; HAGA ARREGLOS CON SU MEDICO POR ADELANTADO PARA DARLE SOLUCION A SU NECESIDAD EN CASO DE EMERGENCIA.

SI TIENE ALGUNA PREGUNTA POR FAVOR LLAMAR AL TELEFONO DE SU CONDADO, O ESCRIBA A:

Miami Dade County, Florida (Office of Emergency Management)

9300 NW 41 St. Miami, FI 33178.

MONROE COUNTY HEALTH DEPARTMENT. 3333 Overseas Hwy Marathon, FL 33050

RESOURCE GUIDES / GUIA DE RECURSOS
EMERGENCY/EMERGENCIAS **911**

HURRICANE/HURACANES		305-468-5900, 311
NON-EMERGENCY HELP/ AYUDA BOMBEROS		786-331-5000
WATER EMERGENCY (24 hrs)/AGUA EMERGENCIA		305-274-9272
WATER SERVICES/AGUA SERVICIO CLIENTE		305-665-7477
COUNTY HEALTHCARE/SALUD CONDADO		305-375-5444
AMERICAN CANCER SOCIETY/SOCIEDAD CANCER		305-594-4363
CATHOLIC COMMUNITY SERVICES		305-754-2444
CHANNELING		305-758-0021
EMERGENCY ASSISTANCE / EMERGENCIA		305-468-5400
LEAGUE AGAINST CANCER/LIGA VS CANCER		305-858-8050
SOCIAL SECURITY ADMINISTRATION		1-800-772-1213
SWITCHBOARD OF MIAMI		305-358-HELP
UNITED WAY		Call 411
MEDICARE CONSUMER HELP LINE		1-800-633-4227
MIAMI-DADE COUNTY (CATHOLIC CHARITIES)		305-751-5203
LITTLE HAVANA ACTIVITY CENTER		305-858-2610
CRIME AGAINST THE ELDERLY PROGRAM		Call 411
ELDERLY ABUSE / ABUSOS	1-800-96-ABUSE	1-800-962-2873
AHCA Hot Line / Quejas		1-888-419-3456
Patient's Safety / Seguridad del Paciente (Joint Commission)	1-800-994-6610	1-630-792-5000
CHAP Hotline (<i>Línea de CHAP</i>)		1-800-656-9656
Accreditation Commission for Health Care, Inc. (ACHC)		919-785-1214
CATHOLIC SERVICES		305-822-2380
LEGAL AIDE SOCIETY		305-579-5733
LEGAL SERVICES OR GREATER MIAMI		305-576-0080
METROBUS		305-770-3131
Florida Medivan Ambulance/ <i>Ambulancia</i>		305-636-5500
MERCY HOSPITAL TRANSPORTATION		305-285-2955
AMERICAN MEDICAL RESPONSE		305-718-6400
ATS RESERVATIONS		305-264-9000
AIDS HOTLINE		1-800-FLA-AIDS
Miami Dade Health Department HIV or AIDS surveillance unit		305-470-6999
MIAMI DADE HOUSING		786-469-4100
ELDER CARE		305-477-0440
UNITED HOME CARE		305-477-0440
NON-EMERGENCY ASSISTANCE		311
MIAMI DADE HEALTH DEPARTMENT		305-324-2400
FEMA		1-800-621-3362
AMERICAN RED CROOS	1-800-733-2767	305-644-1200

Our Agency has implemented another Policies to assure cover any other kind of Emergency situations after regular business hours, that not mean necessarily a Disaster situations, such as:

ON CALL AND EMERGENCY SERVICES:

POLICY:

All clients will be provided with the correct information regarding service hours of the Agency and access to staff for emergencies. Agency will provide adequate, qualified staff for emergency response and troubleshooting related to any services provided to client/care giver. Clients/care givers will be informed when Home Health visits, originally scheduled for regular business hours, need to occur after 5:00p.m.

PROCEDURE:

Emergency Response:

1. On initial visit, client/care giver will be provided with an Agency Client Handbook and telephone number, and will be educated on Agency's twenty-four (24) hours, seven (7) days per week, availability of Home Care staff.
2. Staff will discuss Client handbook with the client/care giver:
 - a) Telephone calls may be made to the Agency during office hours of 9:00 a.m. to 5:00 p.m., Monday thru Friday.
 - b) After office hours and on weekends/holidays, on call supervisor may be reached by dialing office number:
 1. If a true emergency exists, caller will inform service of the type of emergency and staff member will return call immediately.
 2. If caller chooses only to leave a message with the service, he/she may do so and Agency staff will follow up on the call on next business day.
 3. Only emergency/scheduled visits are made on weekends and holidays.
 4. All clients/care givers are instructed verbally on admission to contact 911 in the event a life threatening emergency occurs.
 - c) On-call representatives will handle all problems, or will contact the Home Care licensed staff as appropriate.
 - d) The Home Health Care Staff is responsible for determining the necessity for a home visit, notifying the physician and/or taking other appropriate action.
3. The on-call representative will keep a log of all calls and action taken.

POLICY AND PROCEDURE HURRICANE/TORNADO WARNINGS

When a patient is under the care of this agency in the his/her own home, ALF, or AFHC, and if the home situation is such that there are other responsible relatives in the household, the same general protection and precautions taken by members of that household shall apply to the patient. Our staff shall advise the members of the household to stockpile a "hurricane cupboard" with food and supplies in readiness for a hurricane.

In a situation where a patient is alone in a house, a "hurricane cupboard" shall likewise be kept (with food and supplies). In addition, our staff members shall make prearrangement to have the patient registered with the nearest Red Cross center or other similar center which caters for the elderly and in the even of a hurricane, the patient shall be transported by Dade County Transportation Services to the designated shelter, previously arranged by our staff member, and/or Patient, and/or Patient's family member, and/or Patient's Physician.

POLICY ON EMERGENCY PROCEDURES

It is the policy of our agency that all employees of this agency will be responsible for and be required to take the following actions in the event of an emergency involving a patient, an employee, or both:

1. Exercise of prudence and good judgment in assessing the nature of the emergency and taking an action that he/she deems necessary and appropriate under the given circumstances.
2. Establishing immediate phone contact with the office to alert the Administrator or Director of Nursing, or his/her designate.
3. Establishing immediate phone contact with the skilled nurse in charge of the particular case, if applicable.
4. Establishing immediate phone contact with the patient's physician, if applicable.
5. Establishing immediate phone contact with the emergency medical system (EMS phone number 911), if applicable.
6. Establishing immediate phone contact with the local police, if applicable.
7. All incidents shall be reported in writing on communication sheets in the patients' files.

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR HOME HEALTH AGENCIES

Agency for Health Care Administration
Home Care Unit

The following criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all home health agencies. The criteria also serve as the plan format for the CEMP, since they satisfy the basic emergency management plan requirements of s. 400.492, Florida Statutes, and 59A-8.027, Florida Administrative Code.

These criteria are not intended to limit or exclude additional information that home health agencies may decide to include to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness.

This form must be attached to your agency's Comprehensive Emergency Management Plan. Use it as a cross reference to your plan, by listing the page number and paragraph where the criteria are located in your plan on the line to the left of each item in this document.

For your information, your local County Health Department and the local Emergency Management office may have Special Needs Shelter activity, work or planning groups. Please contact these state agencies in your area if you would like to participate in such committees or groups. Also, as you may be aware, health care workers can choose to volunteer at Special Needs Shelters during times of emergency. If your staff is interested in this please have them contact their licensing board to register.

I. INTRODUCTION

Provide basic information concerning the home health agency, to include:

__pg 3__ 1. Name of the home health agency, address, phone number.

__pg 3__ 2. Identify, by name and title, who is in charge during emergencies, including home and work phone numbers, pager or cell phone numbers, if available. Identify alternate(s), should that person be unavailable, with contact information for the alternate(s).

__pg 4__ 3. Name of the owner(s) of the agency, addresses, work and home telephone numbers, pager or cell phone numbers, if available.

__pg 4__ 4. Name, address, work and home telephone numbers of person(s) who developed this plan.

II. CONCEPT OF OPERATIONS

This section defines the policies, procedures, responsibilities and actions that the home health agency will take before, during and after any emergency situation. At a minimum, the home health agency plan needs to address: direction and control, notification, and evacuation.

A. Direction and Control

- __pg 4__ 1. Identify the chain of command to ensure continuous leadership and authority in key positions.
- __pg 5__ 2. State the procedures to ensure timely activation of the agency's emergency management plan and staffing of the home health agency during an emergency.
- __pg 5-6__ 3. State the operational and support roles of all those home health agency staff who are designated to be involved in emergency measures during times of emergency.
- __pg 7__ 4. Provide information on the management of patients who will continue to receive treatment by the home health agency during an emergency.

B. Education of Patients Prior to an Emergency

- __pg 8__ 1. Describe procedures for educating patients or patients' caregivers about the agency's emergency management plan.
- __pg 8__ 2. Describe procedures for discussing with those patients who need continued services, who are not registered with the special needs registry, the patients' plan during, and immediately following, an emergency.
- __pg 9__ 3. Describe procedures for discussing the special needs registry with those patients who will require to be evacuated to a special needs shelter during an emergency.
- __pg 9__ 4. Describe the agency's procedures for collecting patient registration information for the special needs registry, pursuant to 59A-8.027(12), F.A.C. Patients must be registered with the special needs registry prior to an emergency, not when an emergency is approaching or occurring.
- __pg 9__ 5. Describe how patients will be educated in the role of their medication, supplies and equipment list (refer to Appendix B, section 2 of this document).
- __pg 9/18__ 6. Describe procedures for discussing with those patients registered with the special needs registry the following: The information in Appendix B of this document; the limitation of services and conditions in a shelter: that the level of services will not equal what they receive in the home; that conditions in the shelter may be stressful and may be even inadequate for their needs; and that the special needs shelters are an option of last resort.

C. Notification

Procedures must be in place for the home health agency to receive timely information on impending threats and the alerting of home health agency decision makers, staff and patients of potential emergency conditions.

- __pg 10__ 1. Explain how the home health agency staff in charge of emergency plan implementation will receive warnings of emergency situations, including off hours, weekends and holidays.
- __pg 3__ 2. If the home health agency provides skilled care, identify the home health agency's 24 hour contact number, if different than the number listed in the introduction.

__pg 10_ 3. Explain how key field staff will be alerted.

__pg 10_ 4. Define the policies and procedures for reporting to work for key workers, when the home health agency remains operational.

__pg 10_ 5. Explain how patients will be alerted, and the precautionary measures that will be taken, including but not limited to voluntary cessation of the agency's operations. Refer to s. 400.492(3), F.S., for a definition of voluntary cessation.

__pg 10_ 6. Identify alternative means of notification should the primary system fail, pursuant to s. 400.492, F.S.

__pg 10_ 7. Identify how the agency will maintain a current prioritized list of patients who need continued services during an emergency. 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.).

Ap "C" pg 19

D. During an Emergency

__pg 14_ 1. During an emergency, when there is not a mandatory evacuation, some patients may decide to stay in their homes. Describe 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.

__pg 14_ 2. Identify procedures for the home health agency to assure that all patients 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. Identify procedures for ceasing operation, as defined in s. 400.492, F.S., including notifying all patients or patient caregivers² the home health agency is ceasing operation.

E. Evacuation

The following criteria should be addressed to allow home health agencies to respond to evacuation of patients who are registered as special needs patients requiring assistance with evacuation.

__pg 14_ 1. Identify 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.

Ap "B" pg 18

__pg 14_ 2. Identify 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.

² Caregivers can be relatives, household members, guardians, friends, neighbors, and volunteers.

__pg 14_ 3. Identify resources necessary to continue essential care or services or referrals to other organizations subject to written agreement.

F. The Patients Return Home

Once patients have been evacuated from their homes, procedures need to be in place for the return of patients and the re-start of home health care in the patient's home.

__pg 15_ 1. Describe how the home health agency will re-establish contact with patients in the patients' home and resume patient care.

__pg 15_ 2. Describe how the home health agency will re-establish contact with employees and re-start patient care.

__pg 15-16_ 3. Describe 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.

III. INFORMATION, TRAINING AND EXERCISE

This section shall identify the procedures for increasing employee and patient awareness of possible emergency situations and provide training to staff on their emergency roles before, during and after an emergency.

__pg 15_ 1. Identify how key workers will be instructed, prior to an emergency, in their roles and responsibilities during an emergency.

__pg 15_ 2. Identify a training schedule for all employees and identify who will provide the training. Training should 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 should also include information for staff on how they can work, if they choose to do so, with the local state or county agency who will be managing and staffing the special needs shelter during an emergency, pursuant to s. 456.38 and s 381.0303 F.S.

__pg 15_ 3. Identify the provisions for training new employees regarding their disaster related roles and responsibilities.

IV. APPENDIX A

A. Agreements and Understandings

__pg 17_ Provide copies of any mutual agreements entered into between the home health agency and any local state and county entities that have responsibility during a disaster.

B. Support Material

__pg 17-34_ Any additional material needed to support the information provided in the plan.

Employee Protection Plan: (Addendum to the Agency's Emergency Plan)

In the event of an emergency, healthcare workers, firefighters, police, emergency service workers and other first responders will be on the front lines of responding to this outbreak. If these workers are expected to answer the call, if and when an emergency occurs, it is imperative that the necessary resources and equipment are immediately available to protect them from the emergency.

Just like having a working smoke detector in your home, having emergency supply kits will put the tools you may need at your fingertips. Be prepared to improvise and use what you have on hand to make it on your own for **at least three days**, maybe longer. While there are many things that might make you more comfortable, think first about **fresh water, food and clean air**. Remember to include, and periodically rotate, medications you may take every day such as insulin and heart medicine. Plan to store items in an easy-to-carry bag, such as a shopping bag, backpack or duffle bag.

Consider two kits. In one, put everything you will need to stay where you are and make it on your own. The other should be a lightweight, smaller version you can take with you if you have to get away.

Many potential terrorist attacks could send tiny microscopic "junk" into the air. For example, an explosion may release very fine debris that can cause lung damage. A biological attack may release germs that can make you sick if inhaled or absorbed through open cuts. Many of these agents can only hurt you if they get into your body, so think about creating a barrier between yourself and any contamination, due to your position as Health Care Employee maybe you will need to be in the street help others and doing your job. Be prepared to improvise with what you have on hand to protect your nose, mouth, eyes and cuts in your skin. Anything that fits snugly over your nose and mouth, including any dense-weave cotton material, can help filter contaminants in an emergency. It is very important that most of the air you breathe comes through the mask or cloth, not around it. Given the different types of attacks that could occur, there is not one solution for masking. For instance, simple cloth face masks can filter some of the airborne "junk" or germs you might breathe into your body, but will probably not protect you from chemical gases. Still, something over your nose and mouth in an emergency is better than nothing.

Develop a Family Communications Plan Your family may not be together when disaster strikes, maybe you are working, so plan how you will contact one another and review what you will do in different situations. Consider a plan where each family member calls, or e-mails, the same friend or relative in the event of an emergency. It may be easier to make a long-distance phone call than to call across town, so an out-of-town contact may be in a better position to communicate among separated family members. Be sure each person knows the phone number and has coins or a prepaid phone card to call the emergency contact. You may have trouble getting through, or the phone system may be down altogether, but be patient.

Staying Put and Shelter-in-Place Whatever you are at home, work or elsewhere, there may be situations when it's simply best to stay where you are and avoid any uncertainty outside. In fact, there are some circumstances where staying put and creating a barrier between yourself and potentially contaminated air outside, a process known as sheltering-in-place and sealing the room, is a matter of survival. Plan in advance where you will take shelter in this kind of an emergency.

As your Employer we will make sure that our workplace has a building evacuation plan that is regularly practiced. We will take a critical look at our heating ventilation and air-conditioning system to determine if it is secure or if it could be feasibly upgraded to better filter potential contaminants. We will teach you, and others, know how to turn off the system if necessary. If any employee can't go home, we will make sure we have appropriate supplies on hand.

Action plan:

- 1) Maintain/Practice evacuation plan for office's employees.
- 2) Regularly check up of our ventilation, and air conditioning system, upgrade to a better filter if applicable
- 3) Maintain in place during emergency warnings some minimal supplies like water, conserved food, flashlights
- 4) Monitor the situation after the emergency treat to safely return to our healthcare activities
- 5) Assist to any employee and their family, affected for the emergency situation
- 6) Encouraged to use protective equipment like mask under emergency situation
- 7) Maintain an Employee emergency contact information before, during and after emergency situation
- 8) Maintain an active Training and In-services plan for Emergency Situations, available to all of our employees

Some of the things you can do to prepare for the unexpected, such as making an emergency supply kit and developing a family communications plan, are the same for both a natural or man-made emergency. However, there are important

differences among natural disasters that will impact the decisions you make and the actions you take. Some natural disasters are easily predicted, others happen without warning. Planning what to do in advance is an important part of being prepared.

Tornados are nature's most violent storms and can happen anywhere. However, states located in "Tornado Alley," as well as areas in Pennsylvania, New York, Connecticut, and Florida are at the highest risk for tornado damage. Hurricanes are severe tropical storms that form in the southern Atlantic Ocean, Caribbean Sea, Gulf of Mexico, and in the eastern Pacific Ocean. Scientists can now predict hurricanes, but people who live in coastal communities, like us, should plan what they will do if they are told to evacuate.

Get Involved... Join Citizen Corps Today

As health care worker, you can provide valuable assistance to local fire stations, law enforcement, emergency medical services, Department of Health, and emergency management. Get connected to disaster volunteer groups through your local Citizen Corps Council, so that when something happens, you can help in an organized manner. Citizen Corps programs build on the successful efforts that are in place in many communities around the country to prevent crime and respond to emergencies. You can join the Citizen Corps community by being part of a Community Emergency Response Team(CERT) to help people immediately after a disaster and to assist emergency responders, Volunteering with the Medical Reserve Corps to provide public health and medical support, Helping others get prepared, especially those with special needs.

Our Agency also, will obtain and replenish medical and non-medical supplies that will be required in response to an emergency:

- **Maintain a control to receive all needed supplies, preferable from a different State,** to guarantee the uninterrupted service to our patients:

That list may include, but not limited to:

- Gloves, First Aide kits, Out of the counter pain relief medications, gauzes, Diabetic Control kits
- Employee protection kit (**Mask** approved for TB, anthrax, Flue protection, **Gloves**, CPR Shell, Gown, etc)
- Other: _____

The supplies must be checked before use, and the "Expired" date must be verified.

The out of state supplier contacted was: _____

As health care worker you may be separated of your family under emergency situations...be prepared:

Family Communications Plan

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations. (make copy of this information for every family member)

Out of Town Contact Name: _____

Email: _____

Tel. Number 1: _____

Tel. Number 2: _____

Fill out the following information for each family member and keep it up to date.

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Where to go in an emergency.

Write down where your family spends the most time:

Work: _____

School and other places you frequent: _____

Daycare providers _____

Workplaces and apartment buildings should all have site-specific emergency plans

Doctors: _____

Pharmacy: _____

Medical Insurance: _____

Homeowners/Rental Insurance: _____

Veterinarian: _____

HAZARD VULNERABILITY ANALYSIS

POLICY:

- * A vulnerability analysis is performed by the Safety Officer to identify areas of vulnerability so that provisions may be undertaken to lessen the severity and/or impact of an emergency.
- * During the hazard vulnerability analysis the following are considered potential emergencies for this Agency:
 - Hurricanes
 - Tornados
 - Flood
 - Fire
 - Civil Disorders
 - Heat
 - Thunderstorm
- * The Agency's buildings and grounds have been evaluated for vulnerability to the above listed emergencies. Weaknesses have been listed and provisions undertaken to reduce the severity or impact of a potential emergency.
- * Priorities are established from the hazard vulnerability analysis for which mitigation, preparation, response and recovery activities will need to be undertaken, such as:
 - Mitigation and Preparedness, will occur before an emergency, and include all our activities to be ready to successfully respond to emergency situations: Full Category classification of our active patient during admission, sign up visit, (D1 to D4 category), were we are aware what step we will take with them during emergency (stay at home, go to family, shelter, hospital, etc), distribution of Educational Brochures to our patients to be prepared for any Emergency, with prioritization of the more vulnerability in our area, full Employee training about emergencies and preparedness, maintain up-to-date Active patient prioritized list that must include copy of: Emergency Plan form, Medication sheet, Plan of Care, Evacuation form (if needed), provide the utility company with a list of potentially vulnerable patients in the event of power failure. Priorities will be set with the communitywide emergency management planners (if available).
 - Response: occur during an emergency, and are the compliance of all our preparedness before it occur, that include the communication with our staff, the use of volunteer is they are available, assure patients/staff safety, guarantee the continuous care plan of our patients by caregivers, specialty shelters, hospitals.
 - Recovery: occur after emergency, and is the phase were we can contribute to come back to a normal services and life, and may include distribution of duties in continuous compliance of patient's care plan after our area is safe for our employees and the streets are clean

*See Emergency Management Hazard Vulnerability Analysis Worksheet and www.fema.gov.

EMERGENCY MANAGEMENT: HAZARD VULNERABILITY ANALYSIS WORKSHEET

Rate on scale of 5-1

5 being the highest possibility of occurrence or the weakest resources

1 being the least likely to occur or the strongest resources

See www.fema.gov for explanation of categories

Type of Emergency/Disaster	Probability of Emergency Occurring	Human Impact	Impact on Property	Impact on Business	Internal Resources Available	External Resources Available	Total
Acts of terrorism (includes extensive physical damage and loss of life)							
Bioterrorism							
Blizzard							
Bomb Threat							
Chemical Terrorism							
Civil Disorder Incident (riot,strike)							
Earthquake							
Epidemic, External							
Epidemic, Internal							
Explosion							
Fire							
Flood							
Hail Storm							
Hazardous Material Incident-Decontamination							
Hazardous Material Incident-Nuclear Incident							
Hazardous Material Incident-Radiological Events							
Heat							
Hostage Event							

Type of Emergency/Disaster	Probability of Emergency Occurring	Human Impact	Impact on Property	Impact on Business	Internal Resources Available	External Resources Available	Total
Hurricane							
Ice Storm							
Infant Abduction							
Landslide							
Mass-Casualty Incident							
Thunderstorm							
Tornado							
Transportation Accident							
Utility Failure-Communications							
Utility Failure-Electrical							
Utility Failure-Generator							
Utility Failure-HVAC							
Utility Failure-Medical Gas							
Utility Failure-Medical Vacuum							
Utility Failure-Natural Gas							
Utility Failure-Sewer							
Utility Failure-Steam							
Utility Failure-Telephones							
Utility Failure-Water							
Workplace Violence							

STAFF IDENTIFICATION AND AUTHORIZED VOLUNTEERS DURING EMERGENCY

POLICY: The "elements of performance" for the standard indicates that our Agency should identify individuals responsible for granting disaster privileges and a mechanism for doing so. Our Agency will use acceptable sources of identification of regular staff, and volunteer medical staff providers such as:

- a current picture identification card (badge); or
- a current license to practice and a valid picture identification issued by a state, federal, or regulatory agency; or
- identification indicating that the individual is a member of a Disaster Medical Assistance Team;
- or
- identification from a federal, state, or municipal entity indicating that the individual has been granted authority to render patient care in disaster circumstances; or
- presentation by a current field staff member with personal knowledge regarding the volunteer's identity.

Our Agency may receive offers from the public to volunteer and may need volunteers from the public with specific skills, also state and federally designated health care professionals will be incorporated into the staffing strategy for addressing a surge in needs during an emergency if they are available.

Community involvement – volunteers can help patients and families retain connections with their wider community, a sense of ‘normalcy’ in what might be less than ‘normal’ conditions.

Flexibility – a volunteer is often able to provide more flexible support, especially in terms of work hours. **Advocacy** – the role of volunteers as ‘ambassadors-at-large’ cannot be underestimated. Volunteers can be advocates in promoting services within our communities and social networks, thus helping to demystify the nature of home health services during emergency situations.

Non-clinical volunteers from an institution's usual volunteer pool, or unsolicited volunteers, may offer to assist in the event of a disaster. Volunteers should be identified as having been through the credentialing/screening process in order to ensure that unscreened members of the public are not volunteering.

Volunteers should be assigned to specific tasks that are appropriate for their skills and trained in the Agency's procedures under emergency.

Volunteers should be supervised and monitored to ensure that they are appropriately fulfilling their assigned duties.

Once approved, clinical volunteers are expected to conduct themselves as they would at their place of work. If a practice or procedure would not be permitted in our State, it should not be attempted at our Agency. Volunteers at our Agency are required to comply with the State and Federal laws and regulations, including HIPAA guidelines.

All volunteers are required to certify their commitment to the highest standards of ethical conduct and agree unreservedly to comply with the following requirements:

- To respect the inherent dignity of every of our patients or otherwise is present on the grounds of the Agency community help effort;
- To adhere to all applicable laws, rules and regulations;
- To comply with the Agency Policies and Guidelines for Volunteers
- To respect the authority of the Agency management team, including the Board of Director, Administrator, DON and Clinical manager.
- To tell the truth and respect co-workers, patients, family members of patients; and members of the community that we serve;
- To collaborate with agency's management and co-workers in order to foster an atmosphere of mutual respect and collegiality;
- To recognize the great responsibility of the Agency has to protect the clients who come to the agency care or are otherwise present on the emergency situations grounds;

Terrorist attacks like the ones we experienced on September 11, 2001 have left many concerned about the possibility of future incidents of terrorism in the United States and their potential impact. They have raised uncertainty about what might happen next, increasing stress levels. There are things we can do to prepare for terrorist attacks and reduce the stress that we may feel now and later should another emergency arise. Taking preparatory action can reassure our staff and their patients can exert a measure of control even in the face of such events. The Administrator of our Agency will activate our Emergency/Disaster Plan in case of any act of terrorism, and all chain of commands will complete their assigned duties as detailed in the plan.

What We Can Do to Prepare for Terrorism, orientation to our patients:

Finding out what can happen is the first step, like Explosions, Biological or Chemical threats, Nuclear blasts, Radiological dispersion device events, etc. Once it is determined the events possible and their potential in our community, it is important that we discuss them with our staff, our patients and their family or household.

Biological and Chemical Threats: Ensure your immunizations are up-to-date. Install HEPA filters for HVAC. Close windows and doors. Turn off HVAC. Listen to TV and radio for further instructions.

Nuclear and Radiological threats: No way of knowing how much warning there will be. Listen to local TV and radio for instructions. Turn off HVAC, close windows. Seal windows and external doors with duct tape. Ensure you emergency supply kit is up-to-date.

Radiological Dispersion Device:

Terrorist use of a Radiological Dispersion Device (RDD) — often called “dirty nuke” or “dirty bomb” — is considered far more likely than use of a nuclear explosive device. An RDD combines a conventional explosive device — such as a bomb — with radioactive material. It is designed to scatter dangerous and sub-lethal amounts of radioactive material over a general area. Such RDDs appeal to terrorists because they require limited technical knowledge to build and deploy compared to a nuclear device. Also, the radioactive materials in RDDs are widely used in medicine, agriculture, industry and research, and are easier to obtain than weapons grade uranium or plutonium.

There is no way of knowing how much warning time there will be before an attack by terrorists using a Radiological Dispersion Device (RDD), so being prepared in advance and knowing what to do and when is important. To prepare for an RDD event, you should do the following:

Find out from officials if any public buildings in your community have been designated as fallout shelters. If none have been designated, make your own list of potential shelters near your home, workplace, and school. These places would include basements or the windowless center area of middle floors in high-rise buildings, as well as subways and tunnels. If you live in an apartment building or high-rise, talk to the manager about the safest place in the building for sheltering and about providing for building occupants until it is safe to go out.

Taking shelter during an RDD event is absolutely necessary. There are two kinds of shelters - blast and fallout. The following describes the two kinds of shelters: Blast shelters are specifically constructed to offer some protection against blast pressure, initial radiation, heat, and fire. But even a blast shelter cannot withstand a direct hit from a nuclear explosion. Fallout shelters do not need to be specially constructed for protecting against fallout. They can be any protected space, provided that the walls and roof are thick and dense enough to absorb the radiation given off by fallout particles.

Outdoors: Seek shelter indoors immediately in the nearest undamaged building. If appropriate shelter is not available, cover your nose and mouth and move as rapidly as is safe upwind, away from the location of the explosive blast. Then, seek appropriate shelter as soon as possible. Listen for official instructions and follow directions.

Indoors: If you have time, turn off ventilation and heating systems, close windows, vents, fireplace dampers, exhaust fans, and clothes dryer vents. Retrieve your disaster supplies kit and a battery-powered radio and take them to your shelter room. Seek shelter immediately, preferably underground or in an interior room of a building, placing as much distance and dense shielding as possible between you and the outdoors where the radioactive material may be. Seal windows and external doors that do not fit snugly with duct tape to reduce infiltration of radioactive particles. Plastic sheeting will not provide shielding from radioactivity nor from blast effects of a nearby explosion. Listen for official instructions and follow directions.

What to Do If a Terrorism Event Occurs

- Remain calm and be patient.
- Follow the advice of local emergency officials.
- Listen to your radio or television for news and instructions.
- If the event occurs near you, check for injuries.
- Give first aid and get help for seriously injured people.
- If the event occurs near your home while you are there, check for damage using a flashlight.
- Do not light matches or candles or turn on electrical switches.
- Check for fires, fire hazards and other household hazards.

- Sniff for gas leaks, starting at the water heater. If you smell gas or suspect a leak, turn off the main gas valve, open windows, and get everyone outside quickly. Shut off any other damaged utilities.
- Confine or secure your pets.
- Call your family contact—do not use the telephone again unless it is a life-threatening emergency.
- Check on your neighbors, especially those who are elderly or disabled.

What Could Happen

As we've learned from previous events, the following things can happen after a terrorist attack:

There can be significant numbers of casualties and/or damage to buildings and the infrastructure. So as employer we need up-to-date information about any medical needs may have and on how to contact our staff/patients (see Emergency log).

Heavy law enforcement involvement at local, state and federal levels follows a terrorist attack due to the event's criminal nature.

Other Health and mental health resources in the affected communities can be strained to their limits, maybe even overwhelmed.

Extensive media coverage, strong public fear and international implications and consequences can continue for a prolonged period.

Workplaces and schools may be closed, and there may be restrictions on domestic and international travel. You and your family or household may have to evacuate an area, avoiding roads blocked for your safety. Clean-up may take many months.

FIREARM ATTACK, WORKPLACE VIOLENCE, INVASION PROTECTION PLAN

Individual or massive attacks, office invasions, workplace violence, fire arm attacks and robberies may affect our Agency, that violence can happen anywhere, and that a person better be able to protect themselves and their loved ones, because chances are no one else will be there to do it. Our staff are training that one of the most fundamental principles of self-defense is developing an automatic sense of what's happening around us, what kind of situation we're getting ready to walk into, observing possible assailants, and noting avenues of escape and evasion, will help us avoid or extract ourselves from most potentially dangerous situations. A lot of it is just plain common sense, and with a little practice will become second-nature.

Tips to protect yourself and coworkers:

Fight or flee, depending on the situation. Running away should be our first plan, when possible. At 20 feet from the gunman, you're still within a deadly range, but at 40 feet, you're a difficult shot. If he starts to shoot as you're making your escape, try to run in a zigzag or another unpredictable pattern. To escape through an upper-floor window, find a drain pipe or a ledge that can slow your descent or let you slide down part of the way. You'll likely hurt your ankles when you land, so be prepared to break the fall with a quick roll. Protect your body by rolling over one shoulder, diagonally across the back and onto the opposite hip.

If there's no way out, then assess the situation. Most robberies, for instance, end without violence, so it may make sense to cooperate with the gunman. If you're confronted with a determined psychopath, fighting would be a better option.

Chemical sprays: these have been around for a long time and are universally carried by law enforcement for non-lethal response, because they work. The products on the market today are more effective than ever, can shoot an incapacitating spray a pretty good distance, and a direct hit will definitely stop most assailants. Just make sure to carry it in a quickly accessible place, not buried in the bottom of a purse or shoulder pack. And keep in mind that if you have to use it in an enclosed space, you might take yourself out too.

If the killer opens fire, you'll want to take cover behind heavy furniture. Hiding is only a temporary strategy, though, since a gunman may plan to kill everybody in a room. You may also play dead, but if you stay more time on the killer side, you and others may have gone on the offensive.

To disarm a gunman, you'll need to take his focus off his weapon and his plan of attack. To do this, you might throw chairs, laptops, or fire extinguishers at him, or set off the sprinkler system or fire alarm. Then, you'd want to pick up a desk or some other shield and charge right at the killer. There's a chance you'll be killed in the process, but if two or three people rush at once, there's also a chance that somebody will take him down. (Unarmed civilians who band together have a much better chance of surviving an attack.)

If you're already within a step or two of the gunman, you might be able to grab his weapon. If he's facing you, quickly reach up and take hold of the barrel, and then aim it away from your body. The move should be as clean and economical as possible. The gunman will reflexively pull the gun back away from you. Go with him: Keep gripping the gun and push your weight forward. Then, punch him in the face or the throat as hard as you can. Hit him on the nose, jab your fingers into his eyes, or strike him with the heel of your open palm. Then use your free hand to grab the nonbusiness end of the gun. With two hands on the gun, you can knee the killer in the groin or head-butt him. A better idea might be to twist your hands like they are revving a motorcycle engine. The weapon will pivot and break the gunman's finger inside the trigger guard. Sometimes, the best option would be to grab both weapons and hold the gunman off with kicks until another person can help disarm him.

Cyber Safety: The internet has given so many people the ability to access a wealth of information, connect with others and get answers to just about any question. But it can also be dangerous. As soon as you log on, you can become the target of a cyber criminal. The following guidelines are designed to keep you safe while surfing the net.

Keeping Your Kids Safe Online - Do's and Don'ts

Explain to your children, only establish and maintain connections with people you know and trust. Review the connections often. Assume that ANYONE can see any information about your activities, personal life, or professional life that you post and share. Ensure that your family takes similar precautions with their accounts; their privacy and sharing settings can expose your personal data. Avoid posting or tagging images of you or your family that clearly show your face. Select pictures taken at a distance, at an angle, or otherwise concealed. Never post Smartphone photos and don't use your face as a profile photo, instead, use cartoons or avatars. Use secure browser settings when possible and monitor your browsing history to ensure that you recognize all access points.

Social Network (Facebook, Google+, Tweeter, Instagram, etc) - Do's and Don'ts

Only establish and maintain connections with people you know and trust. Review your connections often. Assume that ANYONE can see any information about your activities, personal life, or professional life that you post and share. Ensure that your family takes similar precautions with their accounts; their privacy and sharing settings can expose your personal data. Avoid posting or tagging images of you or your family that clearly show your face. Select pictures taken at a distance, at an angle, or otherwise concealed. Never post Smartphone photos and don't use your face as a profile photo, instead, use cartoons or avatars. Use secure browser settings when possible and monitor your browsing history to ensure that you recognize all access points.

Identity Theft Prevention

Create unique passwords for each of your accounts to limit the chances of having multiple accounts compromised. Keep your computer up-to-date with the latest versions of operating system and anti-virus software protection. Never share sensitive information such as credit card or Social Security numbers through text, email, or chats. Never use public networks to conduct online financial transactions. Remember to log out of personal accounts opened on public devices. Ensure that all communications involving online financial transactions are sent through an SSL encrypted connection ("https://").

Smartphone

Malicious individuals may gain physical access to your smartphone. Protect your device with a password and run apps such as Android Lost and Find My iPhone to help you recover lost or stolen smartphones. Malicious emails and text messages can infect your smartphone with malware. Run anti-virus software periodically on your device. The camera and microphone can be remotely activated. Do not take a smartphone near classified information, and remove the battery before discussing any sensitive information. Wireless networks may be insecure and subject to monitoring. Use VPN when accessing wireless networks, and do not access sensitive information over wireless networks. Turn off Bluetooth when you are not using it to prevent hackers from exploiting your device. Apps that you download may gain access to the data stored on your smartphone. Check to see if the app will access your personal data and read user reviews of the app to see if other users experienced trouble after downloading. Apps can track your location. Turn off location services to avoid unwanted location tracking.

Securing Your Home Wireless Network

When creating passwords for your networks devices, ensure that they are sufficiently long and complex by using uppercase letters, lowercase letters, numbers, and symbols. Consider a multi-password phrase that does not consist of dictionary-based words. An example of a satisfactorily long and complex password would be lLuvF00tb@77 from the phrase "I love football." Use a cable to directly access the internet for any computers that remain stationary. Turn off your wireless network when you will not be using it for an extended period of time. If you have guest access set up for your network, ensure that it is password protected. If possible, turn on automatic updates for your network device's firmware. If automatic updates are not offered, periodically check for firmware updates on the network devices' websites and manually download and install them. If your router is compromised or if you cannot remember the password, you can restore it to the default factory settings by pressing the reset button located on the back of the router. Position the router away from windows and further into the interior of your house to decrease the reach of the signal.

OTHER HAZARD AND THREATS MITIGATION ACTIVITIES

Care-related emergencies:

Heat-Related Illnesses - Home Emergency Treatment

Heat syncope (fainting) usually does not last long and improves when you lie down to a flat position. It is helpful to lie in a cooler environment.

Heat edema (swelling) is treated with rest and by elevating your legs. If you are standing for a long time in a hot environment, flex your leg muscles often so that blood does not pool in your lower legs, which can lead to heat edema and fainting.

Heat cramps are treated by getting out of the heat and replacing fluids and salt. If you are not on a salt- (sodium-) restricted diet, eat a little more salt, such as a few nuts or pretzels. Do not use salt tablets, because they are absorbed slowly and can cause irritation of the stomach. Try massaging and stretching your cramped muscles.

Heat rash usually gets better and goes away without treatment. Antihistamines may help if you are having problems with itching. Keep areas clean and dry to help prevent a skin infection. Do not use baby powder while a rash is present. The powder can build up in the skin creases and hold moisture, allowing the growth of bacteria that may cause infection. Dress in as few clothes as possible during hot weather. Keep your home, especially sleeping areas, cool.

To mitigate severe Heat, recommend: install window air conditioners snugly; insulate. Service existent A/C units. Install window tinting. Weather-strip doors and sills to keep cool air in.

During severe heat season recommend: Stay indoors as much as possible. Limit exposure to the sun. Eat well-balanced, light, & regular meals. Avoid using salt. Drink plenty of water. Limit alcohol use. Dress in lightweight clothing. Never leave children in closed vehicles. Avoid strenuous work.

Symptoms to watch for during home treatment: Call Patient's doctor if any of the following occur during home treatment: A seizure occurs. Decreased mental alertness develops. Shortness of breath develops symptoms become more severe or frequent.

Emergency first aid **for** heatstroke is needed immediately because this condition is life-threatening. After calling patient's physician and/or other emergency medical services, follow these first aid steps: Move the person into a cool place, out of direct sunlight. Remove the person's unnecessary clothing and place the person on his or her side to expose as much skin surface to the air as possible. Cool the person's entire body by sponging or spraying cold water, and fan the person to help lower the person's body temperature. Watch for signs of rapidly progressing heatstroke, such as seizure, unconsciousness for longer than a few seconds, and moderate to severe difficulty breathing. Apply ice packs over as much of the body as you can. Check the person's rectal temperature, and try to cool it to 102°F (39°C) or lower as soon as possible. The longer the body is at a high temperature, the more serious the illness and the more likely it is that complications will develop. Temperatures taken by mouth or in the ear are not accurate in this emergency situation. If a person has stopped breathing, begin CPR. Do not give any medicine to reduce a high body temperature that can occur with heatstroke. Medicines may cause problems because of the body's response to heatstroke. If the person is awake and alert enough to swallow, give the person fluids [32 fl oz (1 L) to 64 fl oz (2 L) over 1 to 2 hours] for hydration. Most people with heatstroke have an altered level of consciousness and cannot safely be given fluids to drink. You may have to help. Make sure the person is sitting up enough so that he or she does not choke.

Home treatment for mild heat-related illness

When recognized in the early stages, most heat-related illnesses, such as mild heat exhaustion, can be treated at home. Recommend to your patients: stop your activity, and rest. Get out of direct sunlight and lie down in a cooler environment, such as shade or an air-conditioned area. Elevate your feet. Remove all unnecessary clothing. Cool down by applying cool compresses or having a fan blow on you. Place under your arms and in your groin area, where large blood vessels lie close to the skin surface, to cool down quickly. Drink rehydration drinks, juices, or water to replace fluids. Drink 2 qt (2 L) of cool fluids over 2 to 4 hours. You are drinking enough fluids if your urine is normal in color and amount and you are urinating every 2 to 4 hours. Total rehydration with oral fluids usually takes about 36 hours, but most people will begin to feel better within a few hours. Rest for 24 hours, and continue fluid replacement with a rehydration drink. Rest from any strenuous physical activity for 1 to 3 days.

Equipment and power failures:

A medical device is any product or equipment used to diagnose a disease or other conditions, to cure, to treat or to prevent disease. We care about our customers and recognize that some face special challenges, for example customers who rely on electricity to power life-support equipment in their homes, such as respirators or kidney dialysis machines. A home use medical device is intended for users in any environment, apart from the professional healthcare facility or the emergency medical services, requires adequate instructions for use, and may also require training for the user by a qualified healthcare professional to assure safe and effective use.

As safety precautions, before possible power failure:

Charge cell phones and any battery powered devices. Know where the manual release lever of your electric garage door opener is located and how to operate it. Purchase ice or freeze water-filled plastic containers to help keep food cold during a temporary power outage. Keep your car's gas tank full-gas stations rely on electricity to power their pumps. If you use your car to re-charge devices, do NOT keep the car running in a garage, partially enclosed space, or close to a home, this can lead to carbon monoxide poisoning. Learn about the emergency plans that have been established in your area by visiting your state's or local website so you can locate the closest cooling and warming shelters. If you rely on anything that is battery-operated or power dependent like a

medical device determine a back-up plan.

Clients will be instructed to:

When the power goes out, they should NOT:

- Perform an action to the device that they aren't sure of
- Assume the device is working correctly
- Leave home without the device
- Forget the power outage booklet

Our customers will have an established plan to obtain and organize their medical device information, take necessary actions so that them can continue to use their device, have the necessary supplies for the operation of their device, and know where to go or what to do during a power outage.

Instruct the patient/caregiver to create an Emergency Patient's file that amend to have family contact emergency information, supplies used, medication taken, instructions in case of hurricane and other disasters, insurance cards, current home care doctor's orders, plan of treatment, what a family member, friend, shelter or hospital should do to help me in an emergency, copy of the power of attorney (personal and medical) allowing someone to act on my behalf if I am not able to, contact information for their health care provider(s) and pharmacy, where to go for medical supplies., instructions for using the medical device and all device manuals, also have handling the Device Information, recommend to have handling:

My Device is: _____ Model: _____

Device Supplier: _____ Phone #: _____

We will help our customer to answers the following questions:

Can a power surge cause my device to stop working? If yes, what type of surge protector do I need?

Does my device have a back-up system? If yes, how long will it operate and where is it located?

Can my device operate on another power source? If yes, what type?

Could I be harmed if my device stops for a short period of time? If yes, what is that time period?

Will my device still work if it does not have power for an extended period of time? If yes, how long can it work without power?

What happens if I lose power in the middle of a treatment? Should I restart a treatment if it is stopped in the middle or resume where it stopped?

Do I need extra medical supplies that would last for a minimum of 3 days? If yes, where are they located?

Does my device or do my supplies have to be kept at a certain temperature? If yes, what temperature?

Do I need a portable cooler and ice packs to store refrigerated supplies and medicines? If yes, where are they located?

Do I need the proper products to clean my device? If yes, what are they and where are they located?

Is there specific information about power outages for my specific device that I should write here?

Can my device use batteries in the event of a power outage?

Can I change the batteries in my device? If not, who should I contact?

Do I have a functioning flashlight with an extra supply of batteries? If so, where are they located?

What type of batteries does my device use?

How many batteries does it take to operate my device?

How long will the device last on battery power?

How do I switch operation of my device from battery to electric power?

Establish What to Do After Power is Lost and Restored

Notify Contacts

Notify the following when power is lost and restored:

Local power company Phone # _____

Local fire department Phone # _____

Family and friends Phone # _____

Health care provider(s) Phone # _____

Home care provider(s) Phone # _____

Primary Physician Phone # _____

My supplies are purchased at: _____ Phone # _____

Type of transportation use: _____ Phone # _____

My pharmacy is: _____ Phone # _____

Check Supplies

Look for the following when checking supplies and do NOT use if:

- Packaging is torn or damaged.
- They are wet or dry and shouldn't be.
- They are very hot or very cold and shouldn't be.
- There are loose or missing pieces and shouldn't be.

Check Device

Look for the following when checking your device and do NOT use if you find:

- Signs of damage, including power cords.
- Incorrect device settings.

If the patient's home has a Generator, instruct: NEVER use portable generators indoors, even if you have ventilation. If you feel

sick, dizzy, or weak while using a generator, get fresh air immediately. Turn the generator off & let it cool before re-fueling. Plug appliances directly into generator or use heavy-duty outdoor rated extension cord. Never try to power the house wiring by plugging the generator into a wall outlet.

Interruptions in the normal supply of essentials, such as water and food:

Instruct your patient: Have 5-7 days supplies of non-perishable food. Have sufficient potable water, either from bottled sources or household delivery services (5-7 days supplies of water – 1 gal/person, per day, keep in designated area and ready to go). Verify if there are any authority notices against consuming tap water, ice, or beverages made with water. Rinse raw foods as needed in disinfected water. Monitor the local media for boil water alerts. Throw away all food, cosmetics, or medications that have come into contact with flood waters.

Fire Prevention, Emergency:

Recommend: Install smoke alarms/sprinklers. Test and clean smoke alarms once a month. Replace batteries at least once a year. Replace smoke alarms every 10 years. Establish an escape route and practice. Ensure windows are not nailed or painted shut. Teach family members to stay low to the floor when escaping. Never smoke near flammable liquids or in bed. Be careful when using alternative heating sources. Keep open flames away from walls, furniture, drapery. Place a screen in front of fireplace. Have heating units inspected and cleaned. Make sure extension cords or wiring does not run under rugs, over nails or across high traffic areas. If your clothes catch on fire – STOP, DROP and ROLL until fire is extinguished. Check doors for heat before you open them. Hot door or cool door. Close doors behind you. Go outside and meet in a pre-determined spot. Do not re-enter. Call 9-1-1. Make sure everyone in your home knows where to go if the fire alarm sounds & practice your escape plan together. If you live in an apartment building: Know at least two escape routes from every room in your apartment or condominium & learn every exit from your building. Count the doors between your living unit & the two nearest exits. You may have to escape a fire in the dark. Exit quickly, closing all doors behind you to slow the spread of fire and smoke. If you encounter smoke or flames, use another escape route. If you have to escape through smoke, crawl low since heat and smoke rise. Cleaner air will be found one to two feet above the floor. Test doors before you open them. Kneel or crouch, reach up high and touch the door, the knob and the space between the door and its frame with the back of your hand. If the door feels cool, open it carefully and be ready to slam it shut if smoke or heat rushes in. Never use an elevator during a fire. It may stop between floors or at a floor where the fire is. Go directly to a stairwell that's free of smoke, heat or flame. Once you are out, tell the fire-rescue department if you know of anyone trapped in the building. Do not go back inside for any reason until firefighters tell you it's safe. If possible, go to a room with an outside window and a telephone closing all doors between you and the fire. Use duct tape or stuff the cracks around the door with wet towels, rags or bedding and cover vents to keep the smoke out of the room.

Recovering from a fire can be a physically and mentally draining process. When fire strikes, lives are suddenly turned around. Often, the hardest part is knowing where to begin and who to contact.

The following checklist serves as a quick reference and guide for you to follow after a fire strikes.

Contact your local disaster relief service, such as The Red Cross, if you need temporary housing, food and medicines. If you are insured, contact your insurance company for detailed instructions on protecting the property, conducting inventory and contacting fire damage restoration companies. If you are not insured, try contacting private organizations for aid and assistance. Check with the fire department to make sure your residence is safe to enter. Be watchful of any structural damage caused by the fire. The fire department should see that utilities are either safe to use or are disconnected before they leave the site. DO NOT attempt to reconnect utilities yourself. Conduct an inventory of damaged property and items. Do not throw away any damaged goods until after an inventory is made. Try to locate valuable documents and records. Refer to information on contacts and the replacement process inside this brochure. If you leave your home, contact the local police department to let them know the site will be unoccupied. Begin saving receipts for any money you spend related to fire loss. The receipts may be needed later by the insurance company and for verifying losses claimed on income tax. Notify your mortgage company of the fire. Check with an accountant or the Internal Revenue Service about special benefits for people recovering from fire loss.

Aircraft disaster:

A major aircraft disaster presents a scene where wreckage, bodies and survivors can be strewn over a wide area. It can be further complicated by hazardous cargo. If the accident occurs near a school, housing area, or traffic area, the results can be catastrophic. Recommend to the clients: do not approach to affected area, allow rescue personnel complete their duties, if fire is an issue follow all fire safety guidelines, follow authorities orders at all times. Listen to local radio or television stations for detailed information and instructions. Follow the instructions carefully.

Floods:

Familiarize yourself with local emergency plans. Know where to go and how to get there should you need to get to higher ground, the highest level of a building, or to evacuate. Turn Around, Don't Drown! Avoid walking or ask your family not driving through flood waters. Just 6 inches of moving water can knock you down, and 1 foot of water can sweep your vehicle away. If there is a chance of flash flooding, move immediately to higher ground. Flash floods are the #1 cause of weather-related deaths in the US. If floodwaters rise around your car but the water is not moving, abandon the car and move to higher ground. Do not leave the car and enter moving water. Avoid parking along streams, rivers, and creeks during heavy rainfall. These areas can flood quickly and with little warning. Return home only when authorities say it is safe. Be aware of areas where floodwaters have receded and watch out for debris. Floodwaters often erode roads and walkways. Ask your family do not attempt to drive through areas that are still

flooded. Avoid standing water as it may be electrically charged from underground or downed power lines. Photograph damage to your property for insurance purposes.

Hazardous Materials Incidents:

Chemicals are found everywhere. They purify drinking water, increase crop production and simplify household chores. But chemicals also can be hazardous to humans or the environment if used or released improperly. Hazards can occur during production, storage, transportation, use or disposal. You and your community are at risk if a chemical is used unsafely or released in harmful amounts into the environment where you live, work or play. Hazardous materials in various forms can cause death, serious injury, long-lasting health effects and damage to buildings, homes and other property. Many products containing hazardous chemicals are used and stored in homes routinely. These products are also shipped daily on the nation's highways, railroads, waterways and pipelines. Chemical manufacturers are one source of hazardous materials, but there are many others, including service stations, hospitals and hazardous materials waste sites. Hazardous materials come in the form of explosives, flammable and combustible substances, poisons and radioactive materials. These substances are most often released as a result of transportation accidents or because of chemical accidents in plants.

Listen to local radio or television stations for detailed information and instructions. Follow the instructions carefully. You should stay away from the area to minimize the risk of contamination. Remember that some toxic chemicals are odorless.

Requested to stay indoors, or unable to evacuate: Bring yourself, any family member and pets inside. Close and lock all exterior doors and windows. Close vents, fireplace dampers, and as many interior doors as possible. Turn off air conditioners and ventilation systems. In large buildings, set ventilation systems to 100 percent recirculation so that no outside air is drawn into the building. If this is not possible, ventilation systems should be turned off. Go into the pre-selected shelter room. This room should be above ground and have the fewest openings to the outside. Seal gaps under doorways and windows with wet towels or plastic sheeting and duct tape. Seal gaps around window and air conditioning units, bathroom and kitchen exhaust fans, and stove and dryer vents with duct tape and plastic sheeting, wax paper or aluminum wrap. Use material to fill cracks and holes in the room, such as those around pipes. If gas or vapors could have entered the building, take shallow breaths through a cloth or a towel. Avoid eating or drinking any food or water that may be contaminated.

Asked to evacuate: Do so immediately. Stay tuned to a radio or television for information on evacuation routes, temporary shelters, and procedures. Follow the routes recommended by the authorities--shortcuts may not be safe. Leave at once. If you have time, minimize contamination in the house by closing all windows, shutting all vents, and turning off attic fans. Take pre-assembled disaster supplies. Ask family members to help your neighbors who may require special assistance--infants, elderly people and people with access and functional needs.

Caught Outside: Stay upstream, uphill, and upwind! In general, try to go at least one-half mile (usually 8-10 city blocks) from the danger area. Move away from the accident scene and help keep others away. Do not walk into or touch any spilled liquids, airborne mists, or condensed solid chemical deposits. Try not to inhale gases, fumes and smoke. If possible, cover mouth with a cloth while leaving the area. Stay away from accident victims until the hazardous material has been identified.

The following are guidelines for the period following a hazardous materials incident:

Go to a designated public shelter if you have been told to evacuate or you feel it is unsafe to remain in your home. Text SHELTER + your ZIP code to **43362** (4FEMA) to find the nearest shelter in your area (example: **shelter 12345**). Act quickly if you have come in to contact with or have been exposed to hazardous chemicals. Follow decontamination instructions from local authorities. You may be advised to take a thorough shower or you may be advised to stay away from water and follow another procedure. Seek medical treatment for unusual symptoms as soon as possible. Place exposed clothing and shoes in tightly sealed containers. Do not allow them to contact other materials. Call local authorities to find out about proper disposal. Advise everyone who comes in to contact with you that you may have been exposed to a toxic substance. Listen to local radio or television stations for the latest emergency information. Help a neighbor who may require special assistance - infants, elderly people and people with access and functional needs. People who care for them or who have large families may need additional assistance in emergency situations. Return home only when authorities say it is safe. Open windows and vents and turn on fans to provide ventilation. Find out from local authorities how to clean up your land and property. Report any lingering vapors or other hazards to your local emergency services office.

Household Chemical Emergencies:

Nearly every household uses products containing hazardous materials or chemicals. Although the risk of a chemical accident is slight, knowing how to handle these products and how to react during an emergency can reduce the risk of injury.

The following are guidelines for buying and storing hazardous household chemicals safely: Buy only as much of a chemical as you think you will use. Leftover material can be shared with neighbors or donated to a business, charity or government agency. Keep products containing hazardous materials in their original containers and never remove the labels unless the container is corroding. Corroding containers should be repackaged and clearly labeled. Never store hazardous products in food containers. Never mix household hazardous chemicals or waste with other products. Incompatibles, such as chlorine bleach and ammonia, may react, ignite or explode. Follow the manufacturer's instructions for the proper use of the household chemical. Never smoke while using household chemicals. Never use hair spray, cleaning solutions, paint products, or pesticides near an open flame (e.g., pilot light, lighted candle, fireplace, wood burning stove, etc.) Although you may not be able to see or smell them, vapor particles in the air could catch fire or explode. Clean up any chemical spill immediately. Use rags to clean up the spill. Wear gloves and eye

protection. Allow the fumes in the rags to evaporate outdoors, then dispose of the rags by wrapping them in a newspaper and placing them in a sealed plastic bag in your trash can. Dispose of hazardous materials correctly. Take household hazardous waste to a local collection program. Check with your county or state environmental or solid waste agency to learn if there is a household hazardous waste collection program in your area. Post the number of the emergency medical services and the poison control center by all telephones. In an emergency situation, you may not have time to look up critical phone numbers. The national poison control number is (800) 222-1222.

During a Household Chemical Emergency: Get out of the residence immediately if there is a danger of fire or explosion. Do not waste time collecting items or calling the fire department when you are in danger. Call the fire department from outside (a cellular phone or a neighbor's phone) once you are safely away from danger. Stay upwind and away from the residence to avoid breathing toxic fumes. Recognize and respond to symptoms of toxic poisoning including: Difficulty breathing Irritation of the eyes, skin, throat, or respiratory tract Changes in skin color Headache or blurred vision Dizziness Clumsiness or lack of coordination Cramps or diarrhea If someone is experiencing toxic poisoning symptoms or has been exposed to a household chemical, call the national poison control center at 1 (800) 222-1222 and find any containers of the substance that are readily available in order to provide requested information. Follow the emergency operator or dispatcher's first aid instructions carefully. The first aid advice found on containers may be out of date or inappropriate. Do not give anything by mouth unless advised to do so by a medical professional.

Discard clothing that may have been contaminated. Some chemicals may not wash out completely.

Checking Your Home: There are probably many hazardous materials throughout your home. Take a tour of your home to see where these materials are located. Use the list of common hazardous household items to guide you in your hunt. Once you have located a product, check the label and take the necessary steps to ensure that you are using, storing and disposing of the material according to the manufacturer's directions. It is critical to store household chemicals in places where children cannot access them. Remember that products such as aerosol cans of hair spray and deodorant, nail polish and nail polish remover, toilet bowl cleaners and furniture polishes all fall into the category of hazardous materials.

Hazardous Household Items:

Cleaning Products: Oven cleaners, Drain cleaners, Wood and metal cleaners and polishes, Toilet cleaners, Tub, tile, shower cleaners, Bleach (laundry), Pool chemicals

Indoor Pesticides: Ant sprays and baits, Cockroach sprays and baits, Flea repellents and shampoo, Bug sprays, Houseplant insecticides, Moth repellents, Mouse and rat poisons and baits

Automotive Products: Motor oil, Fuel additives, Carburetor and fuel injection cleaners, Air conditioning refrigerants, Starter fluids, Automotive batteries, Transmission and brake fluid, Antifreeze

Workshop/Painting Supplies: Adhesives and glues, Furniture strippers, Oil- or enamel-based paint, Stains and finishes, Paint thinners and turpentine, Paint strippers and removers, Photographic chemicals, Fixatives and other solvents

Lawn and Garden Products: Herbicides, Insecticides, Fungicides/wood preservatives

Miscellaneous: Batteries, Mercury thermostats or thermometers, Fluorescent light bulbs, Driveway sealer

Other Flammable Products: Propane tanks and other compressed gas cylinders, Kerosene, Home heating oil, Diesel fuel, Gas/oil mix, Lighter fluid

Nuclear Power Plants:

Although the construction and operation of these facilities are closely monitored and regulated by the Nuclear Regulatory Commission (NRC), accidents are possible. An accident could result in dangerous levels of radiation that could affect the health and safety of the public living near the nuclear power plant.

Be aware of: Site Area Emergency - Area sirens may be sounded. Listen to your radio or television for safety information. General Emergency - Radiation could leak outside the plant and off the plant site. The sirens will sound. Tune to your local radio or television station for reports. Be prepared to follow instructions promptly.

If an accident at a nuclear power plant were to release radiation in your area, local authorities would activate warning sirens or another approved alert method. They also would instruct you through the Emergency Alert System (EAS) on local television and radio stations on how to protect yourself.

Follow the EAS instructions carefully. Minimize your exposure by increasing the distance between you and the source of the radiation. This could be evacuation or remaining indoors to minimize exposure. If you are told to evacuate, keep car windows and vents closed; use re-circulating air. If you are advised to remain indoors, turn off the air conditioner, ventilation fans, furnace and other air intakes. Shield yourself by placing heavy, dense material between you and the radiation source. Go to a basement or other underground area, if possible. Do not use the telephone unless absolutely necessary. Stay out of the incident zone. Most radiation loses its strength fairly quickly.

The following are guidelines for the period following a nuclear power plant emergency:

Go to a designated public shelter if you have been told to evacuate or you feel it is unsafe to remain in your home. Text SHELTER + your ZIP code to 43362 (4FEMA) to find the nearest shelter in your area (example: shelter 12345). Act quickly if you have come

in to contact with or have been exposed to hazardous radiation. Follow decontamination instructions from local authorities. You may be advised to take a thorough shower. Change your clothes and shoes; put exposed clothing in a plastic bag; seal it and place it out of the way. Seek medical treatment for unusual symptoms, such as nausea, as soon as possible. Listen to local radio or television stations for the latest emergency information. Ask a family member to help a neighbor who may require special assistance - infants, elderly people and people with access and functional needs may require additional assistance. People who care for them or who have large families may need additional assistance in emergency situations. Return home only when authorities say it is safe. Keep food in covered containers or in the refrigerator. Food not previously covered should be washed before being put in to containers.

Pandemic:

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

Be vaccinated every year. Store a two weeks supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters. Periodically check your regular prescription drugs to ensure a continuous supply in your home. Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins. Get copies and maintain electronic versions of health records from doctors, hospitals, pharmacies and other sources and store them, for personal reference. HHS provides an online tool intended to help people locate and access their electronic health records from a variety of sources. Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home. Volunteer with local groups to prepare and assist with emergency response. Get involved in your community as it works to prepare for an influenza pandemic. During a pandemic: Limit the Spread of Germs and Prevent Infection

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too. If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness. Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick. Washing your hands often will help protect you from germs. Avoid touching your eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth. Practice other good health habits. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

Thunderstorms & Lightning

All thunderstorms are dangerous. Every thunderstorm produces lightning. Other associated dangers of thunderstorms include tornadoes, strong winds, hail and flash flooding. Falling raindrops evaporate, but lightning can still reach the ground and can start wildfires.

To prepare for a thunderstorm, you should do the following: Remove dead or rotting trees and branches that could fall and cause injury or damage during a severe thunderstorm. Postpone outdoor activities. Secure outdoor objects that could blow away or cause damage. Get inside a home, building, or hard top automobile (not a convertible). Although you may be injured if lightning strikes your car, you are much safer inside a vehicle than outside. Remember, rubber-soled shoes and rubber tires provide NO protection from lightning. However, the steel frame of a hard-topped vehicle provides increased protection if you are not touching metal. Shutter windows and secure outside doors. If shutters are not available, close window blinds, shades or curtains. Unplug any electronic equipment well before the storm arrives.

Facts about Thunderstorms: They may occur singly, in clusters or in lines. Some of the most severe occur when a single thunderstorm affects one location for an extended time. Thunderstorms typically produce heavy rain for a brief period, anywhere from 30 minutes to an hour. Warm, humid conditions are highly favorable for thunderstorm development. About 10 percent of thunderstorms are classified as severe – one that produces hail at least an inch or larger in diameter, has winds of 58 miles per hour or higher or produces a tornado.

Facts about Lightning: Lightning's unpredictability increases the risk to individuals and property. Lightning often strikes outside of heavy rain and may occur as far as 10 miles away from any rainfall. "Heat lightning" is actually lightning from a thunderstorm too far away from thunder to be heard. However, the storm may be moving in your direction. Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening. Your chances of being struck by lightning are estimated to be 1 in 600,000 but could be reduced even further by following safety precautions. Lightning strike victims carry no electrical charge and should be attended to immediately.

Instructs patients if thunderstorm and lightning are occurring in their area, they should: Use your battery-operated NOAA Weather Radio for updates from local officials. Avoid contact with corded phones and devices including those plugged into electric for recharging. Cordless and wireless phones not connected to wall outlets are OK to use. Avoid contact with electrical equipment or cords. Unplug appliances and other electrical items such as computers and turn off air conditioners. Power surges from lightning can cause serious damage. Avoid contact with plumbing. Do not wash your hands, do not take a shower, do not wash dishes, and do not do laundry. Plumbing and bathroom fixtures can conduct electricity. Stay away from windows and doors, and stay off porches. Do not lie on concrete floors and do not lean against concrete walls. Avoid natural lightning rods such as a tall, isolated

tree in an open area. Avoid hilltops, open fields, the beach or a boat on the water. Take shelter in a sturdy building. Avoid isolated sheds or other small structures in open areas. Avoid contact with anything metal—tractors, farm equipment, motorcycles, golf carts, golf clubs, and bicycles.

If lightning strikes you or someone you know, call 9-1-1 for medical assistance as soon as possible. The following are things you should check when you attempt to give aid to a victim of lightning: **Breathing** - if breathing has stopped, begin mouth-to-mouth resuscitation. **Heartbeat** - if the heart has stopped, administer CPR. **Pulse** - if the victim has a pulse and is breathing, look for other possible injuries. Check for burns where the lightning entered and left the body. Also be alert for nervous system damage, broken bones and loss of hearing and eyesight.

After the storm passes remember to: Stay away from storm-damaged areas to keep from putting yourself at risk from the effects of severe thunderstorms. Continue to listen to a NOAA Weather Radio or to local radio and television stations for updated information or instructions, as access to roads or some parts of the community may be blocked. Help people who may require special assistance, such as infants, children and the elderly or those with access or functional needs. Stay away from downed power lines and report them immediately. Watch your animals closely. Keep them under your direct control.

Tornadoes:

Tornadoes are nature's most violent storms. Spawned from powerful thunderstorms, tornadoes can cause fatalities and devastate a neighborhood in seconds. A tornado appears as a rotating, funnel-shaped cloud that extends from a thunderstorm to the ground with whirling winds that can reach 300 miles per hour. Damage paths can be in excess of one mile wide and 50 miles long. Every state is at some risk from this hazard. Some tornadoes are clearly visible, while rain or nearby low-hanging clouds obscure others. Occasionally, tornadoes develop so rapidly that little, if any, advance warning is possible. Before a tornado hits, the wind may die down and the air may become very still. A cloud of debris can mark the location of a tornado even if a funnel is not visible. Tornadoes generally occur near the trailing edge of a thunderstorm. It is not uncommon to see clear, sunlit skies behind a tornado. To begin preparing, you should: build an emergency kit and make a family communications plan. Listen to NOAA Weather Radio or to commercial radio or television newscasts for the latest information. In any emergency, always listen to the instructions given by local emergency management officials. Be alert to changing weather conditions. Look for approaching storms. Look for the following danger signs: Dark, often greenish sky
Large hail, A large, dark, low-lying cloud (particularly if rotating), Loud roar, similar to a freight train. If you see approaching storms or any of the danger signs, be prepared to take shelter immediately.

Quick facts you should know about tornadoes: They may strike quickly, with little or no warning. They may appear nearly transparent until dust and debris are picked up or a cloud forms in the funnel. The average tornado moves Southwest to Northeast, but tornadoes have been known to move in any direction. The average forward speed of a tornado is 30 mph, but may vary from stationary to 70 mph. Tornadoes can accompany tropical storms and hurricanes as they move onto land. Waterspouts are tornadoes that form over water. Tornadoes are most frequently reported east of the Rocky Mountains during spring and summer months. Peak tornado season in the southern states is March through May; in the northern states, it is late spring through early summer. Tornadoes are most likely to occur between 3 pm and 9 pm, but can occur at any time.

Tornado Watch - Tornadoes are possible. Remain alert for approaching storms. Watch the sky and stay tuned to NOAA Weather Radio, commercial radio or television for information.

Tornado Warning - A tornado has been sighted or indicated by weather radar. Take shelter immediately.

If you are under a tornado warning, seek shelter immediately! Most injuries associated with high winds are from flying debris, so remember to protect your head.

If you are in: A structure (e.g. residence, small building, nursing home, hospital, ALF, high-rise building)
Go to a pre-designated area such as a safe room, basement, storm cellar, or the lowest building level. If there is no basement, go to the center of a small interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls. Put as many walls as possible between you and the outside. Get under a sturdy table and use your arms to protect your head and neck. In a high-rise building, go to a small interior room or hallway on the lowest floor possible. Put on sturdy shoes. Do not open windows.

If you are in: The outside with no shelter. If you are not in a sturdy building, there is no single research-based recommendation for what last-resort action to take because many factors can affect your decision. Possible actions include: Immediately get into a vehicle, buckle your seat belt and try that family member drive you to the closest sturdy shelter. If your vehicle is hit by flying debris while you are driving, pull over and park. Take cover in a stationary vehicle. Put the seat belt on and cover your head with your arms and a blanket, coat or other cushion if possible. Lie in an area noticeably lower than the level of the roadway and cover your head with your arms and a blanket, coat or other cushion if possible.

In all situations: Do not get under an overpass or bridge. You are safer in a low, flat location. Never try to outrun a tornado in urban or congested areas in a car or truck. Instead, leave the vehicle immediately for safe shelter. Watch out for flying debris. Flying debris from tornadoes causes most fatalities and injuries.

After a Tornado: Listen to local officials for updates and instructions. Check-in with family and friends by texting or using social media. Watch out for debris and downed power lines. If you are trapped, do not move about or kick up dust. Tap on a pipe or wall or use a whistle, if you have one, so that rescuers can locate you. Stay out of damaged buildings and homes until local authorities indicate it is safe. Photograph the damage to your property in order to assist in filing an insurance claim. Do what you can to

prevent further damage to your property, (e.g., putting a tarp on a damaged roof), as insurance may not cover additional damage that occurs after the storm. If your home is without power, use flashlights or battery-powered lanterns rather than candles to prevent accidental fires.

Tsunamis

Tsunamis can strike any U.S. Coast, but risk is greatest for states and territories with Pacific and Caribbean coastlines. Tsunamis, also known as seismic sea waves (mistakenly called “tidal waves”), are a series of enormous waves created by an underwater disturbance such as an earthquake, landslide, volcanic eruption, or meteorite. Earthquake-induced movement of the ocean floor most often generates tsunamis. If a major earthquake or landslide occurs close to shore, the first wave in a series could reach the beach in a few minutes, even before a warning is issued. Areas are at greater risk if they are less than 25 feet above sea level and within a mile of the shoreline. Drowning is the most common cause of death associated with a tsunami. Tsunami waves and the receding water are very destructive to structures in the run-up zone. Other hazards include flooding, contamination of drinking water, and fires from gas lines or ruptured tanks.

The following are things you can do to protect yourself, your family and your property from the effects of a tsunami: To begin preparing, you should build an emergency kit and make a family communications plan. Talk to everyone in your household about what to do if a tsunami occurs. Create and practice an evacuation plan for your family. Familiarity may save your life. Be able to follow your escape route at night and during inclement weather. Practicing your plan makes the appropriate response more of a reaction, requiring less thinking during an actual emergency. If the school evacuation plan requires you to pick your children up from school or from another location. Be aware telephone lines during a tsunami alert may be overloaded and routes to and from schools may be jammed. Knowing your community's warning systems and disaster plans, including evacuation routes. If you are concerned that you will not be able to reach a safe place in time, ask your local emergency management office about vertical evacuation. Some strong (e.g., reinforced concrete) and tall buildings may be able to provide protection if no other options are available. If an earthquake occurs and you are in a coastal area, turn on your radio to learn if there is a tsunami warning.

A tsunami warning is issued when a tsunami with the potential to generate widespread inundation is imminent or expected. Warnings alert the public that dangerous coastal flooding accompanied by powerful currents is possible and may continue for several hours after initial arrival. Warnings alert emergency management officials to take action for the entire tsunami hazard zone. Appropriate actions to be taken by local officials may include the evacuation of low-lying coastal areas, and the repositioning of ships to deep waters when there is time to safely do so. Warnings may be updated, adjusted geographically, downgraded, or canceled. To provide the earliest possible alert, initial warnings are normally based only on seismic information.

A tsunami advisory is issued when a tsunami with the potential to generate strong currents or waves dangerous to those in or very near the water is imminent or expected. The threat may continue for several hours after initial arrival, but significant inundation is not expected for areas under an advisory. Appropriate actions to be taken by local officials may include closing beaches, evacuating harbors and marinas, and the repositioning of ships to deep waters when there is time to safely do so. Advisories are normally updated to continue the advisory, expand/contract affected areas, upgrade to a warning, or cancel the advisory.

A tsunami watch is issued to alert emergency management officials and the public of an event which may later impact the watch area. The watch area may be upgraded to a warning or advisory - or canceled - based on updated information and analysis. Therefore, emergency management officials and the public should prepare to take action. Watches are normally issued based on seismic information without confirmation that a destructive tsunami is underway.

A tsunami information statement is issued to inform emergency management officials and the public that an earthquake has occurred, or that a tsunami warning, advisory or watch has been issued for another section of the ocean. In most cases, information statements are issued to indicate there is no threat of a destructive tsunami and to prevent unnecessary evacuations as the earthquake may have been felt in coastal areas. An information statement may, in appropriate situations, caution about the possibility of destructive local tsunamis. Information statements may be re-issued with additional information, though normally these messages are not updated. However, a watch, advisory or warning may be issued for the area, if necessary, after analysis and/or updated information becomes available.

During a Tsunami: Follow the evacuation order issued by authorities and evacuate immediately. Take your animals with you. Move to high ground or inland and away from water immediately. Stay away from the beach. Never go down to the beach to watch a tsunami come in. If you can see the wave you are too close to escape it. CAUTION - If there is noticeable recession in water away from the shoreline this is nature's tsunami warning and it should be heeded. You should move away immediately. Save yourself - not your possessions. Remember to help your neighbors who may require special assistance - infants, elderly people, and individuals with access or functional needs.

After a Tsunami: Return home only after local officials tell you it is safe. A tsunami is a series of waves that may continue for hours. Do not assume that after one wave the danger is over. The next wave may be larger than the first one. Go to a designated public shelter if you have been told to evacuate or you feel it is unsafe to remain in your home. Text SHELTER + your ZIP code to 43362 (4FEMA) to find the nearest shelter in your area (example: shelter 12345). Avoid disaster areas. Your presence might interfere with emergency response operations and put you at further risk from the residual effects of floods. Stay away from debris in the water; it may pose a safety hazard to people or pets. Check yourself for injuries and get first aid as needed before helping injured or trapped persons. If someone needs to be rescued, call professionals with the right equipment to help. Many people have

been killed or injured trying to rescue others. Help people who require special assistance—infants, elderly people, those without transportation, people with access and functional needs and large families who may need additional help in an emergency situation. Continue using a NOAA Weather Radio or tuning to a Coast Guard station or a local radio or television station for the latest updates. Stay out of any building that has water around it. Tsunami water can cause floors to crack or walls to collapse. Use caution when re-entering buildings or homes. Tsunami-driven floodwater may have damaged buildings where you least expect it. Carefully watch every step you take. To avoid injury, wear protective clothing and be cautious when cleaning up.

Wildfires

Basic Safety tips: If you see a wildfire and haven't received evacuation orders yet, call 9-1-1. Don't assume that someone else has already called. If ordered to evacuate during a wildfire, do it immediately- make sure and tell someone where you are going and when you have arrived. Many communities have text or email alerting systems for emergency notifications. To find out what alerts are available in your area, search the Internet with your town, city, or county name and the word "alerts." If you or someone you are with has been burned, call 9-1-1 or seek help immediately; cool and cover burns to reduce chance of further injury or infection.

Fire weather watch = dangerous fire weather conditions are possible over the next 12 to 72 hours

Steps to Take: Turn on your TV/radio. You'll get the latest weather updates and emergency instructions. Know where to go. If you are ordered to evacuate, know the route to take and have plan of where you will go. Check-in with your friends and family. Keep your car fueled, in good condition, and stocked with emergency supplies and a change of clothes.

Prepare Home: Regularly clean the roof and gutters. Maintain an area approximately 30' away from your home that is free of anything that will burn, such as wood piles, dried leaves, newspapers and other brush. Connect garden hoses long enough to reach any area of the home and fill garbage cans, tubs, or other large containers with water. Review your homeowner's insurance policy and also prepare/update a list of your home's contents.

Returning Home: Return home only when authorities say it is safe. For several hours after the fire, maintain a "fire watch." Check and re-check for smoke, sparks or hidden embers throughout the house, including the roof and the attic. Use caution when entering burned areas as hazards may still exist, including hot spots, which can flare up without warning. Evacuate immediately if you smell smoke.

Cleaning Your Home: Wear a NIOSH certified-respirator (dust mask) and wet debris down to minimize breathing dust particles. Discard any food that has been exposed to heat, smoke or soot. Do NOT use water that you think may be contaminated to wash dishes, brush teeth, prepare food, wash hands, or to make ice or baby formula. Photograph damage to your property for insurance purposes.

Before Wildfire season- Make a Wildfire plan: Know your wildfire risk. Make a wildfire emergency plan. Build or restock your emergency preparedness kit, including a flashlight, batteries, cash, and first aid supplies. Familiarize yourself with local emergency plans. Know where to go and how to get there should you need to evacuate. Stay tuned to your phone alerts, TV, or radio, for weather updates, emergency instructions or evacuation orders.

Civil Disorder Unrest

The First Amendment to the U.S. Constitution guarantees people the right to peaceably assemble and to petition their government to address grievances. On rare occasions, that line is crossed, and that is when public safety becomes a concern. Civil disturbance as "an unlawful assembly that constitutes a breach of the peace or any assembly of persons where there is danger of collective violence, destruction of property or other unlawful acts."

Civil unrest incidents can escalate for a variety of reasons and are not limited to urban areas. They can occur in several situations: peaceful demonstrations or war protests that turn confrontational, violence related to major sporting events, concerts and "block parties" that turn violent, political conventions that are disrupted because of activists, confrontations at "hot spots" such as abortion clinics and research laboratories, and riots related to racial tensions.

If a disturbance seems to threaten the occupants of your house, place of residence, Nursing Home, building, report it immediately to the Police (call 911) and take the following actions: Alert all persons in the household, of the situation, Lock all doors and windows, Close blinds to prevent flying glass, If evacuation is necessary, follow directions from first responders (e.g. police and fire department personnel).

RECOVERY PHASE

Our Agency maintains a chain of command for all operations. The Agency's Administrator is responsible to declare the Recovery Phase after any Emergency or Disaster in our community that affect the normal operations of the Agency, or disrupt the ability to provide efficient care to our patients.

The recovery phase start when the county officials declare the end of the Emergency/Disaster situation in our community, with the continued implementation of the Agency's Business Continuation Plan, for recovery phase including offsite access to data & data backup and office relocation (logistical support in place to relocate office if necessary), this is one of the initial steps in the recovery process.

Once an emergency situation becomes stable, business recovery takes over to ensure the agency remains financially viable.

A business continuity plan will enable our Agency to plan for continuing operations after a disaster. This tool differs from the other emergency preparedness tools in this manual in that it addresses recovery rather than response. The tool is designed to address all aspects of our operations that might be impacted regardless of whether the event results in a minor disruption of services or a complete destruction of the Agency's infrastructure. (see Agency's Business Continuation Plan).

The following actions will occur as part of the recovery phase:

- a. The administrator or designee may initiate the recovery phase
- b. The administrator or designee(s) as part of the agency's communication protocol will communicate with
 - i. Leaders and owners (if applicable)
 - ii. Staff
 - iii. Clients or someone responsible for a client's emergency procedures
 - iv. County and city emergency management officials if needed during and after an event
 - v. State and Federal emergency management entities if warranted by the nature of the event and;
 - vi. Other entities as applicable such as:
 1. State Regulatory Agency
 2. Emergency Medical Services
 3. Other community health care providers
- c. The primary mode of communication will be by phone or cell phone. If the primary mode of communication fails other methods including but not limited to the following may be used:
 - i. Two way radios as available
 - ii. Internet communication technologies (if on-line availability exist)
 - iii. Emergency information/news radio as available
- d. Recovery Team (Staff assigned to help in the Recovery Phase that include the Administrator, DON, their alternates, Office Manager and any other needed personnel). Those employees designated as Recovery Team will serve as part of the Recovery Phase. The Administrator is designated as Recovery Team leader to take over the Emergency Operations Center at the Agency during this phase.

Continuity of operations strategy focuses on our Agency with the **goal** of protecting:

- 1) The Agency's office, and any other infrastructure from direct disruption or damage so that it can continue to function throughout or shortly after an emergency. All windows and external doors will be protected by covered with wood if possible, or from the interior by cover all crystal parts. Both will be checked as part of our biannual exercise for security and resistance again a natural disaster.
- 2) Information technology systems, the contracted Agency's software vendor will complete a data backup daily as contracted, hard printed copy of the active patient's information will be added to the Emergency Log in the even of any disaster or emergency situation. HIPAA guidelines will be enforced daily.
- 3) Business and financial operations, from our financial software a backup copy will be maintained daily, and our accountant will have another copy, to secure the safeguard of our financial records.
- 4) When our Agency itself becomes, or is at risk of becoming, a victim of an emergency (power failure, fire, flood, bomb threat, and so forth), it is our continuity of operations strategy that provides the resilience to respond and recover. We will use cabinet records fire and water resistance (within normal limits), each computer maintain a functionality battery backup to safe close, backup and finish open sessions, (in case of power failure), exits signs will remain operative for safe staff evacuations, annual community fire department will complete an office inspection.