

SHENE NURSING SERVICE
POLICY AND PROCEDURE MANUAL
EMERGENCY MANAGEMENT AND DISASTER
PREPAREDNESS PLAN

POLICY VII-18

PART I THE PLAN

This Plan and associated materials constitute the Emergency Management and Disaster Preparedness Plan (hereinafter referred to as the "Plan") of Shene Nursing Service.

This Plan is to be implemented in the event of a major emergency or disaster and/or as declared by the Agency's Administrator/Director of Patient Services.

Definition.

This Emergency/Disaster Plan shall be activated under the following circumstances:

1. When civil authorities declare a State of Emergency that affects the geographic areas covered by the home care agency, either local, citywide, regional, statewide or national.
2. When the Administrator or designee as per succession guidelines declares an agency Emergency.
3. When an occurrence, potential or actual, seriously disrupts the overall operation of the Agency or threatens the health or safety of employees and clients.

Note: Unless otherwise directed by the Administrator, operational management of minor emergencies, i.e., incidents, potential or actual, which do not seriously affect the overall functioning of the Agency, depending upon the nature of the incident, rests with either the DPS and the various Department within the agency in accordance with established protocols.

The purposes of this plan are:

- To protect the lives of staff and clients as well as property of the home care agency during emergencies.
- To preserve the orderly functioning of the Agency's services during emergencies.
- To establish clear lines of authority and communication among Agency Departments and with external constituencies during an emergency.
- To coordinate decision making and effective use of available manpower and resources in the event of an emergency.
- To identify the Agency's role in coordinating emergency operations with outside agencies.

B. EMERGENCY AND DISASTER PREPAREDNESS

1. Have materials/directions available for your patients. Begin preparing and providing education to each patient/family for emergency and disaster preparedness at the time of admission and provide ongoing education i.e. supplies, maintaining sufficient medication by renewing prescriptions timely, etc. Each patient will need to be reviewed individually with respect to information and supplies specific to their condition and circumstance.
2. Participation in the NYS DOH HPN System.

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C. EMERGENCY PLAN ACTIVATION

Unless otherwise directed by the Administrator, operational management of minor emergencies, i.e., incidents, potential or actual, which do not seriously affect the overall functioning of the Agency, depending upon the nature of the incident, rests with either the Director of Patient Services/Managerial Staff in consultation with related department heads and in accordance with established protocols.

Types of emergencies and disasters covered by the Emergency/Disaster Plan include but are not limited to:

I Natural Causes:

- Tornados
- Earthquakes
- Ice Storm
- Severe Winter Storm
- Hurricanes
- Floods
- Communicable diseases

II. Accidental Causes:

- Fires (chemical, natural gas, electrical or ordinary structural)
- Hazardous chemical accidents or spills (vapor or liquid)
- Transportation accidents (airplane, railroad car, automobile/truck)
- Explosions (compressed gas, containerized liquid or man made)
- Prolonged utility outages (gas, electricity, cooling system, water)
- Building Emergency (Structural damage caused by any emergency)

III. Societal Causes/Terrorism:

- Civil disturbance
- Hostage situation
- Bomb-threats or explosions
- Labor disruptions/strikes
- Violent Crime
- Contamination of air, water or food
- Bioterrorism
- Dirty Bomb/Nuclear

Activation of the Plan

In the case of a perceived Agency emergency and/or disaster occurrence, the Administrator or the designee will declare if a state of emergency exists and activation of the Plan is in order. If the Agency declares a state of emergency, the first designee reached activates the Communication Tree/Phone

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Tree. The first designee reached is responsible for maintaining a log of who (on the Emergency Management Committee) has been reached and who has not been reached. All members of the Emergency Management Committee, if reached, must report back to the designee within one half hour of activation of the tree.

Emergency Management Team Contact List -Attachment A (1)

In the case of a State of Emergency declared by civil authorities, all designated emergency personnel should attempt to report for duty and assume their defined roles if permitted by civil authorities, whether or not they have received official notification from the Agency.

Note: The Agency has the right to expect employees to make themselves available for work in the event of an emergency, to report promptly, and to remain as long as is deemed necessary.

Successive Designees for Determination of an Agency Emergency:

1. Administrator
2. Director of Patient Services
3. Department Directors/Supervisors

EMERGENCY MANAGEMENT TEAM

Members of the response team should each be assigned specific roles to avoid duplication of some steps and neglect of others. All team members should be very familiar with the disaster plan and with the recovery techniques; outlined in it. They can in turn train other staff members or volunteers as the need arises.

The chief administrator can play a variety of roles during a disaster but is not generally the head of the team. The administrator should be somewhat detached from the actual provision of services so that he/she can continue to function as the chief administrator of the institution. The administrator will authorize procedures and expenditures and provide cash or a credit card for necessary purchases. He or she will contact insurance companies to find out exactly how the agency is covered in specific cases. If the institution has a legal department, the administrator will stay in touch with it as needed and will also deal with fire and police officials. In the planning stage, the administrator is sometimes the best person to deal with the emergency management officials. The administrator may also be the one to contact authorities and may contribute information to public relations announcements.

In each County, there is a county wide disaster preparedness agency which provide emergency planning information. The administrator/designee will participate in county planning for emergencies, as appropriate.

The American Red Cross also provide assistance in the event of emergencies and disasters such as the designation of emergency shelter and food for temporarily displaced people, the Red Cross can sometimes help with volunteer workers, transportation and other matters.

This plan includes a summary of emergency procedures and will list the proper response to various situations: fire, flooding, medical emergency, bomb threat, vandalism, etc. Police, fire department will be shown in large type. Evacuation directions; are best accompanied by clear floor plans.

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Copies of the Emergency plan is posted in various areas of the Agency's office. Diagrams posted point out the location of fire extinguishers, pull boxes, emergency exits and the best routes to them. They are oriented so the person looking at the diagram can tell immediately in what direction to move. The Agency's administration will review the Emergency Plan, related diagrams and instructions at least annually. All staff are provided with emergency and disaster preparedness education at Orientation and at least annually. Staff will be inserviced as soon as any changes or revisions to the Emergency and Disaster Preparedness plan are made.

In the event that an emergency is declared, the Administrator/designee will initiate the notification of the Emergency Management Team. At the earliest possible time, all available members of the Emergency Management Team are to assemble at the Emergency Command Center or, if not accessible, at the Secondary Emergency Command Center. Once assembled, the Director of Patient Services, if present, or a person designated by the Administrator will assume the responsibility of keeping an accurate log of all actions taken by the Team.

The Emergency Management Team consists of:

- Administrator
- Director of Patient Services
- Agency Operator
- Nurse Supervisors
- On-Call Staff
- Field Nurses
- Office Manager
- Supervisor of Coordinators/Schedulers
- Coordinators/Schedulers
- Representatives of the other agency department, as appropriate, i.e. HR, finance etc.

In addition, the Administrator's Administrative Assistant will be contacted along with the Emergency Management Team, and will provide administrative assistance to the Committee.

COMMUNICATION PLAN

Communicating effective alerts/warnings as well as conveying what is happening throughout an emergency results in a more effective protection of staff and clients, can reduce damage and risk and improves response and recovery following the emergency.

Various methods of communication will be utilized based on the specific circumstances presented by the Emergency/Disaster situation. Communication resources will include:

- A. E-mail /Web site communications
- B. Voice Mail
- C. Designated contacts/runners in geographic locations
- D. Cell Phones
- E. Staff verbal relay in situations where face to face contact can occur, i.e. field supervision, cluster care situations.

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1. Alternate telephones will be used (payphones, cellular phones) as necessary. Alliance Home Services, Inc. maintains cellular phones for each office/on-call;
2. The office's answering service will be used to triage important messages;
3. If the office telephone service is not working, operations will be maintained out the answering service or as appropriate of the DPS's home or if available a branch office.
4. All high risk patient will be contacted to make sure service is being provided;
5. Nurses are directed to keep in contact with their patients and the DPS using alternate phones.
6. The DPS monitors the situation, keeping contact with the Telephone Company and notifies the appropriate personnel when the problem is resolved.

The agency maintains a "Phone Tree" that will be implemented in extreme circumstances to convey information that cannot be communicated in normal business communication methods. The determination to implement the phone tree will be made by the Agency's Administrator and in the Administrator's absence, by the Director of Patient Services.

1. If the Phone Tree is implemented during regular business hours between 8AM and 6 PM, the Administrator/DPS will direct the management staff/coordinators to initiate the appropriate, pre-planned communication procedure.
2. If the Phone Tree needs to be implemented after normal business hours, the On-Call staff will contact the Administrator/DPS to discuss the contents of the message that needs to be communicated.

IMPLEMENTATION OF THE EMERGENCY RESPONSE PLAN

The Administrator/designee has the responsibility to decide if the emergency response plan is to be activated, including the establishment of the Emergency Command Center, the recall of office employees (Office Manager, Coordinator) to the Agency during non-work hours, and the identification and recall of other employees (Field Nurse Supervisors, Professional Staff) who could assist in the emergency response effort.

If the emergency occurs during non-office hours, the individual(s) assuming the most responsibility will be in the following descending order.

1. Administrator
2. Director of Patient Services
3. Nurse On-Call
4. Coordinator/Scheduler On-Call

The first member of the Emergency Management Team to arrive at the Agency assumes responsibility for directing activities until the Administrator/designee or a supervisor arrives. Alternates or staff will report to the Team member and/or senior supervisor on the scene. Once notification of the

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Administrator/ designee has occurred, full responsibility for directing Agency efforts rests with the Administrator/ designee.

EMERGENCY COMMAND CENTERS

The primary Emergency Command Center is located:
14 Front Street, Suite 105
Hempstead, NY 11550

In the event that the primary site is inaccessible, a secondary Emergency Command Center is located: To be determined.

Emergency Command Centers may include the agency's office, a branch office, a private home, rental space etc. and will be determined based on the actual type of emergency, the geographic areas involved and activities of the local county/city emergency management personnel.

In the event that the Agency's offices are not accessible, Emergency Management Team members will be directed to a designated location.

Both Primary and Secondary Emergency Command Centers will include:

Copies of the Emergency
Management Plan Access to
phones
Access to a computer (w/email and
internet access) Access to radio and
television
Fax Machine
Lights and/or Emergency Generator

EMERGENCY EQUIPMENT

Stored at the primary and secondary site (stored in a carry all bag by the on-call/designated individual) are the following materials:

Battery Operated Lighting
Emergency Medical
Equipment Bag First Aid
Kit
Sign-Making Material
Tape/Tacks/Rope
PPE (gloves, mask, gowns/aprons)

OPERATIONS PLAN PRIORITIES

1. General. The Emergency Management Team will, upon assembly:

- a. Assess the situation
- b. Determine resources needed to address the emergency
- c. Determine resources available to address the emergency
- d. Issue staff assignments

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- e. Establish necessary communication with outside agencies and civil authorities
- f. Monitor progress and continue assessment
- g. When appropriate, declare end of emergency status
- h. Designate one of its members as keeper of a Log of Events/Actions. This person will normally be the Office Manager/Designee.

2. **Priority Goals.** The essential goals of the Emergency Management Team will be, in order:

1. Preservation of human life and welfare
 - a. Establish emergency communications.
 - b. Assess damage, injuries, and location of major problems.
 - c. Evacuate affected locations pending additional assessment.
 - d. Isolate dangerous areas until judged safe for reentry.
 - e. Establish medical triage and first aid areas and transport seriously injured to medical facilities if necessary.
 - f. Repair utilities and lifelines to prevent further life/safety hazards.
 - g. Identify and Rescue persons trapped in damaged facilities.
 - h. Control secondary hazards.

2. Preservation of human health and safety
 - a. Communicate critical information and instructions to staff, clients and families.
 - b. Communicate with Emergency Management Personnel re: Shelters/Services.
 - c. Monitor appropriate sources for information and updates (health departments, CDC, faxes, emails)
 - d. Stress wearing of ID badges.
 - e. Track status of all injured and missing personnel.
 - f. Restore telecommunications systems as soon as possible.
 - g. Assess local transportation conditions and advise staff regarding viable routes.
 - h. Secure closed facilities.
 - i. Begin documentation of damages.

3. Protection of Agency property and, where possible, personal property
 - a. Initiate Data Recovery Plans.
 - b. Identify and secure valuable Agency Records, Reports, materials.
 - c. Normalize flow of staff assignments, supplies and equipment.
 - d. Provide psychological and personal assistance to staff, clients/families and others impacted by the event.
 - e. Re-allocate administrative operating space, if necessary.
 - f. Provide space to external agencies, if necessary and possible.

4. Maintain the ability to provide agency care and services to clients in their homes. These activities are to be maintained on a regular basis as the agency should be able to respond to an emergency within minutes.
 - a. Maintain current, up-to-date patient roster with each patient's level of acuity/priority code.
 - b. Review staffing patterns (vacations, holiday time)
 - c. Keep all cell phones and pagers fully charged at all times.
 - d. Staff are encouraged to keep vehicle gas tanks at 1/2 to full at all times.

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- e. Stress use of PPE.
 - f. Stress proper infection control procedures and how to identify a biological event in the community.
 - g. Identify any uncovered cases, notify emergency personnel re: patient issues i.e. equipment, oxygen, medications etc.
 - h. Provide supervision to all client care staff via home visit, if possible, telephone, assigned team leaders.
5. Respond to external community needs.
- a. Assist Emergency Management Personnel as requested i.e. staffing shelters, providing services to uncovered cases of other agencies, etc.

RESPONSIBILITIES

Under a declared emergency, the Emergency Management Team will assign responsibilities to operating staff. Staff may be directed to suspend day-to-day operations that do not contribute directly patient care or to emergency management. Individuals not in specified emergency areas, may be temporarily reassigned to assist in emergency operations.

Job assignments , this defines the specific responsibilities expected to be assumed by assigned personnel:

- (1) Maintain communication with;
 - Local public safety agencies.
 - Utility providers to coordinate continuation of services.
 - Fire protection services to assist in their operations
- (2) Request initial fire protection services, rescue operations and emergency medical services and provide assistance to them in obtaining access to emergency sites.
- (3) Provide and/or coordinate protection for life and property at emergency and related sites.
- (4) Provide emergency access to the office for administrative staff.
- (5) Provide or coordinate transportation service, Direct services restorations, cleanup operations.
- (6) Compile and submit reports required by federal or state law, regarding hazardous materials.
- (7) Provide health and safety assessments to the Emergency Management Team.
- (8) Identify, evaluate and monitor the presence of hazardous materials and other public health hazards.
- (9) Act as site liaison with regulatory agencies as necessary.
- (10)Assure the integrity of the telecommunications infrastructure and data systems and implement data disaster recovery plan.
- (11)Provide Emergency Management Team with evaluation and assessment of communications and data retrieval capabilities.
- (12)Manage all client services.
- (13)Provide information and communication to staff, clients/families If necessary, establish and maintain, with the assistance of authorities, if necessary, appropriate, restricted "press areas" to provide regular information updates to the media.

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(14) In consultation with the Emergency Management Team, coordinate and provide information to the media.

SUPPLEMENTARY PROCEDURES AND POLICIES

This document sets forth the operational and governance responsibilities in the event that the Agency's Administrator declares an emergency. Existing protocols, policies and procedures that address safety, Agency Office access, disturbances, notification of staff, clients/families, and the like, remain in force unless otherwise specified as "suspended due to emergency" by the Administrator/designee, or the Emergency Management Team. These existing Procedures and Policies include, but are not limited to:

- Evacuation Plan and Drill Procedures
- OSHA Chemical Hygiene Plan/Hazardous Chemical Releases and Spill Procedure
- Hazardous Materials Spill Prevention Control and Countermeasures Plan

PART II: IMPLEMENTATION OF THE EMERGENCY AND DISASTER PREPAREDNESS PLAN

- A. At the first home visit, the agency's "Welcome" packet will contain materials/directions regarding emergency and disaster preparedness. The purpose of providing this information is to begin preparing each patient/family for emergency and disaster preparedness i.e. supplies, maintaining sufficient medication by renewing prescriptions timely, etc. Each patient will need to be reviewed individually with respect to information and supplies specific to their condition and circumstance.
- B. The patient is asked to provide the name, address and telephone number of a designated family/friend to be the emergency contact person. It is important that this individual be available and willing to participate in case of an emergency and disaster that may interfere with the
- C. Patient's care needs or in case of an evacuation. The contact person should be geographically available i.e. not living out of state etc.
- D. At admission the Emergency Kardex is completed that provides information as to the patient's physician, medications and care needs. As appropriate, any patients dependent on electric/power for life-sustaining equipment are registered with the local fire department/emergency management office.
- E. At the time of admission to the Agency, the patient's Priority Category is established by the admitting health care professional. Priority Categories will be consistent with the NYS and Local Governmental Designations. This information is documented on the initial assessment form. The identified patient Priority Code is entered into the agency's Patient Profile and is documented in the agency's On-Call book.

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- A. **Priority Red:** Immediate Care/Skilled Nursing required to maintain physiological needs and safety needs. These patient will need skilled nursing care provided and are without a family/friend primary caregiver capable and competent in providing care. In situations requiring evacuation, these patients will need a nursing care shelter. Examples are:
- Electrical / Life Sustaining:
 - + Ventilator;
 - + Oxygen-for periods longer than 30 minutes;
 - ❖ Pumps;
 - + Suction Machine;
 - . Insulin Dependent.
- B. **Priority Yellow:** This category of patients have a moderate need and can function without immediate service, are categorized as:
- living alone with no available support system;
 - has one or more physical limitations and / or ADL needs;
 - interruption of service will impact for safety reasons.
- C. **Priority Green:** These patients are self-directing and able to meet their own physiological and safety needs and/or has an available caregiver who is able to provide support. The patient/family are able to arrange their own evacuation plan and can establish own transportation without intervention.

All patients will be contacted, in the event of a disaster/emergency, in the order of their priority designation and as directed by the local emergency/disaster Unit. The assigned priority designation of each patient will be reviewed at least every 6 months.

DECLARING AN AGENCY EMERGENCY

The Administrator/designee activates the plan and initiates the identification and recall of other employees (Field Nurse Supervisors, Professional Staff) who could assist in the emergency response effort. Patient contact staff include, but are not limited to: Nurses and Schedulers/Coordinators.

1. If a potential disaster is known, each primary nurse/scheduling coordinator will contact their patients and check on their supplies if needed. In addition the nurse will question the patient regarding food, water, flashlights, etc. depending on the nature of the disaster.
2. All patients will be notified if the nurse/paraprofessional is unable to make a home visit due to a known or potential disaster. The nurse will also evaluate the patient's condition to ascertain if hospitalization needs to be considered. The patient's emergency contact is notified, as appropriate.
3. The Administrator and/or DPS will call in additional agency personnel to assist in an emergency as deemed necessary. In extreme emergencies the HR department may be requested to contact former employees to determine their availability. If applicable, contracted agencies are notified to determine the disposition of specific at risk patients.

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4. The Administrator and/or DPS will determine when the disaster is over and will notify all staff and patients as appropriate.
5. The Administrator and/or DPS notifies the Governing Authority if applicable, of the type of disaster, the status and eventual resolution; this information is also presented at the next quality improvement committee meeting for review and evaluation.

PART II: OCCURRENCE SPECIFIC EMERGENCIES

I. WEATHER EMERGENCIES:

1. The Administrator/DPS is alerted to a potential weather disaster via weather reports/news bulletins.
2. The Administrator/DPS notifies professional staff assigned to the office of potential problem and activates general disaster plan.
3. Nurses are informed to make home visits, as necessary, prior to the disaster and to focus on getting to the patient's home rather than to the office. The nurses will address medication supplies, food and water storage with each patient/family.
4. As appropriate, paraprofessional schedules will be altered to meet the needs of the patients as per priority designation i.e. 24 hour assignments may require change in staff assigned earlier than expected, cluster care, assignment by zip codes etc.
5. Nurses will maintain telephone communications with the patients, physicians, and the DPS as indicated. If telephone communication is disrupted during the weather emergency, staff will follow the agency's procedures regarding communications.
6. All office staff who can report to the office must do so.
7. A list of phone numbers for the following will be kept at each office, with the On-call staff and the DPS
 - Individuals or service groups with 4-wheel drive vehicles and snowmobiles;
 - community service agencies which assist with transportation, food, clothing and shoveling; and
 - the State and local police;
8. All patients will be contacted to check on their status in severe weather conditions. Persons to be notified in case of emergency will be contacted for high-risk patients. Appropriate arrangements for supervision and/or care of these patients will be made;
9. The DPS will monitor the extent and status of the weather disaster via weather reports, news bulletins, community resources, and will evaluate and communicate this information.

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II. UTILITY EMERGENCIES:

A. DISRUPTION OF TELEPHONE SERVICE

1. The agency is a designated health care provider listed with the telephone company, this designation assures priority attention in situations when disruption of telephone service occurs. The first person identifying a problem with telephone services immediately notifies the telephone company to alert them of the need for priority service repair, and then the Administrator/DPS.
2. Alternate telephones will be used (payphones, cellular phones) as necessary. The Agency maintains cellular phones for each office/on-call; the agency also utilizes other forms of communication i.e. email.
3. The office's answering service will be used to triage important messages.
4. If the office telephone service is not working, operations will be maintained out the answering service or as appropriate, the alternate emergency "command" center, or if necessary a home.
5. All high risk/priority patients will be contacted to make sure service is being provided.
6. Nurses are directed to keep in contact with their patients and the DPS using alternate phones.
7. The DPS monitors the situation, keeping contact with the Telephone Company and notifies the appropriate personnel when the problem is resolved.

B. DISRUPTION OF ELECTRIC/POWER SERVICES

1. The DPS/Designee will alert the local gas/electric company to determine the extent of the problem and will incorporate that information into his/her decision making process. The DPS/Designee notifies professional staff assigned to this office of a potential problem and initiates the general disaster plan.
2. Any patient's dependent on equipment powered by electricity for life sustaining operation will be identified at admission and this information processed to the local emergency services unit. Communication with the vendor providing the equipment will occur to establish an appropriate power back up source, batteries, generators etc.
3. Nurses using the Patient Priority Codes identify those patients whose health and well being depends upon the use of equipment that requires electrical power so that emergency services can be mobilized to arrange for emergency transportation to an appropriate facility.
4. Nurses will maintain telephone contact with their patients to provide support and conduct home visits, as needed.
5. All office staff is to report to their assigned branch office or an office closest to his/her home, must do so.

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C. DISRUPTION OF WATER SUPPLIES/EMERGENCIES

1. The DPS/Designee will alert the local water department to determine the extent of the problem and will incorporate that information into his/her decision making process. The DPS/Designee notifies professional staff assigned to this office of a potential problem and initiates the general disaster plan.
2. The agency staff will communicate with any patients living in the involved areas to determine if they require bottled water, notifying the local government emergency management company of the need.
3. If authorities determine that there is a concern about drinking water quality, the residents will be advised of what actions to take. In some cases, the residents will be told not to use water for cooking for drinking purposes unless it is boiled, treated with bleach or disinfected by other means. In an extreme case, you may be told not to use the water for cooking, drinking, hand-washing or bathing purposes. The Agency staff will reinforce these directives, as appropriate.

D. DISRUPTION IN TRANSPORTATION SERVICES

1. The Administrator/DPS is alerted to a potential transportation problem.
2. The DPS notifies professional staff assigned to the agency office of the potential problem and initiates the General Disaster Plan.
3. The DPS evaluates the transportation needs of the nurses and makes necessary arrangements to assure that patients are seen utilizing the patient's emergency priority code and any other information known regarding the patient's needs. The nurses evaluate their visit schedules and rearrange to allow carpooling, drop offs/pick ups to high-risk patients.
4. As necessary patients are assisted with transportation plans using available resources to ensure continuing care.

III. WORK STOP ACTION

1. High risk patients will be called or visited first by nurses, appropriate arrangements will be made for service when necessary, at local hospitals or with family/friends in conjunction with the contracted agencies.
2. All patients and contract agencies will be notified and appropriate arrangements will be made;
3. Patients will be referred to other healthcare agencies/facilities as necessary;
4. Recruitment and training activities will be stepped up to meet needs;
5. Negotiations will take place to try to resolve the situations as quickly as possible; and
6. Contractual arrangements with other agencies will be implemented in order to provide care and services as necessary.

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**STRIKE AT LOCAL HOSPITAL, OR OTHER REASON TO CAUSE HIGH RATE OF PATIENTS
DISCHARGED FROM AREA HOSPITAL**

1. Recruitment and training efforts will be stepped up. The director will be contacted regarding coordination of staff to be assigned to the appropriate geographic location.
2. Existing staff will be asked to adjust their availability schedule and to work additional hours, as necessary.
3. The Administrative staff will maintain close communication regarding the situation i.e. negotiations and settlement issues to be able to anticipate and act in accordance with a evolving emergency situation.
4. Communications and collaboration with other community agencies, LHCSA's to distribute workload to meet agency/patient needs.

IV. FIRE

A. OFFICE SETTING

**KNOW THE LOCATION OF FIRE EXTINGUISHERS, FIRE EXITS, AND PULL ALARM
SYSTEMS IN YOUR AREA AND HOW TO USE THEM.**

In the event of a fire, follow these steps:

If an emergency exists, activate the manual pull station building alarm system.

- A.** If a minor fire appears controllable, promptly direct the charge of the fire extinguisher toward the base of the flame.

If large fires appear uncontrollable, activate the manual pull station building alarm system, then DIAL 911. Proceed to evacuate all rooms, closing all doors to confine the fire and reduce oxygen — DO NOT LOCK DOORS!

When the building alarm is sounded, an emergency exists. Walk quickly to the nearest marked exit and alert others to do the same.

**ASSIST THE DISABLED IN EXITING THE BUILDING! USE THE STAIRS, DO NOT USE THE
ELEVATORS DURING THE FIRE.**

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4. Once outside, move to a clear area up wind, if possible, at least 300 feet away from the affected building. Keep streets, fire lanes, hydrants, and walkways clear for emergency vehicles and crews.

DO NOT RETURN TO AN EVACUATED BUILDING unless told to do so by a police officer.

NOTE: Should you become trapped inside a building during a fire and a window is available, place an article of clothing (shirt, a coat, etc.) outside the window as a marker for rescue crews. If there is no window, stay near the floor where the air will be less toxic. Shout at regular intervals to alert emergency crews of your location, DO NOT PANIC!

WHEN TO TRANSMIT AN ALARM

It is imperative the alarm be transmitted immediately when a fire is seen or suspected. Neither permission nor approval is ever necessary.

In the event of fire you must realize that, psychologically, people will look to the employees to guide them to safety. Orderly evacuation of an area depends primarily on you and your efficiency in implementing the fire response and evacuation protocol. Staff are encouraged to walk and keep moving quietly toward safety, this will often overcome the tendency to panic.

- Persons closest to the source of the fire should be moved first. Fire marshal(s) is assigned to the office to direct staff in evacuation in an orderly fashion. The fire marshal will calmly guide other employees and visitors, as appropriate, out of the building and be sure that no
- one is left in the office areas, halls, bathrooms, and that all doors are closed as soon as the last person has left.
- The senior staff person on duty automatically assumes responsibility at the time of the emergency.

Practice drills will be held so that staff becomes familiar with procedures. These drills will be held at least annually. Once the fire department is on-site, they are in command of the office.

In the event of cessation or interruption of service for any period of time, Shene Nursing Service Registered Nursing P.C. will assure the appropriate coordination of patient services from other buildings/branches of the organization's facility or other home care agencies, as appropriate. The LHCSA will provide pertinent patient information from their records to caregivers assigned to provide services. Shene Nursing Service Registered Nursing P.C. will secure storage of clinical records and related information at a place.

SHENE NURSING SERVICE
POLICY AND PROCEDURE MANUAL

EMERGENCY MANAGEMENT AND DISASTER
PREPAREDNESS PLAN

IN THE EVENT OF A FIRE:

- If your clothes catch on fire, **Stop** where you are, **Drop** to the ground, and **Roll** over and over to smother the flames.
If you are in a high-rise multiple dwelling, and the fire is not in your office suite/apartment, stay in your office suite/apartment rather than entering smoke-filled hallways.
In high-rise office buildings, only evacuate if the fire is on your floor or the one above it, and descend to the second floor below the fire floor. Other occupants should stay on their floor and monitor the PA system for further instructions.
- If a fire breaks out in your house or non-fireproof apartment building, get out as soon as possible.
- Feel doors with the back of your hand before you open them. If they are hot, find another way out. When exiting, stay as close to the floor as possible — smoke and heat rise and the air is clearer and cooler near the floor. **Close doors behind you.**
- If you are unable to get out of the home for any reason, stay near a window and close to the floor. Close the door and stuff the bottom with a towel to avoid smoke. If possible, signal for help by waving a cloth outside the window.
- **Call 911** from a safe place such as a neighbor's house.
- **Do not stop to get anything.**
- **Do not use the elevator.**
- To prevent fires, keep an ABC fire extinguisher and working smoke detectors in the house. Check batteries twice a year at daylight-saving times.

FOLLOW THESE TIPS TO HELP SAVE YOUR LIFE & PROPERTY FROM FIRE:

1. For minimum protection, **install a smoke detector outside of each bedroom** or sleeping area in your home.
2. Keep your bedroom doors closed while you are asleep. Better, **install detectors on every level of your home.**
3. Keep your smoke detectors properly maintained. **Test them once a week** to ensure that the detectors are working properly.
4. Every Spring and Fall **when you change your clocks, remember to change your smoke alarm batteries.** Use only the type of batteries recommended on the detector
5. Develop an escape plan and review the plan with all members of the family frequently. Be aware that children and elderly people may need special assistance should a fire occur. Establish a meeting place outside the house for all members of the family to ensure that everyone gets out safely. **When fire occurs, get out of the house** and use a neighbor's telephone to notify the Fire Department.

The attack on the World Trade Center created a catastrophic collapse of both towers. While this tragedy will be reviewed and evaluated for a long time to come, it is still recommend you follow the safety guidelines presented below.

A fire in a high-rise residential building usually can be confined to the apartment where it starts. However, smoke and heat can travel throughout the building, especially upward.