

**COMPREHENSIVE EMERGENCY MANAGEMENT PLANNING
CRITERIA FOR HOSPICE**

The following criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all hospices. The criteria also serve as the plan format for the CEMP, since they satisfy the basic comprehensive emergency management plan requirements of section 400.610(1)(b), Florida Statutes, 58A-2.005(1)(c)1.d., and 58A-2.026, Florida Administrative Code.

These criteria are not intended to limit or exclude additional information that a hospice needs 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 Hospice's Comprehensive Emergency Management Plan. Use it as a cross reference to your plan, by listing on the line to the left of each item in this document the page number and paragraph where the criteria are located in your plan.

All local emergency management agencies are required by section 252.355, Florida Statutes, to have a program which addresses assistance for persons with special needs. Please contact your local emergency management agency to determine the specifics about the special needs program in your area. Special needs registrants are those persons registered with the local emergency management agency who require assistance during times of disaster and who live at home or with their caregivers. Special needs registrants are not those who reside in residential health care facilities. Residential health care facilities are required to have written agreements with other residential health care facilities in the event there is a need to evacuate.

I. INTRODUCTION

Provide basic information concerning the hospice, to include:

- _____ 1. Name of the hospice, physical and mailing address, emergency contact phone number, pager and cell phone number (if available), and fax number.
- _____ 2. Identification, by position and title, who is in charge during emergencies, including home and work phone numbers, pager or cell phone numbers, if available. Identify 2 alternate(s), should that person be unavailable, with contact information for the alternate(s) by position and title.
- _____ 3. Name of the corporation, owner(s) if applicable, and chief operating officer of the hospice, addresses, work and home telephone numbers, pager or cell phone numbers, if available.
- _____ 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 hospice will take before, during and after any emergency situation. At a minimum, the hospice plan needs to address: direction and control, notification, and evacuation.

A. Direction and Control

- _____ 1. Identify the chain of command to ensure continuous leadership and authority in key positions.
- _____ 2. State the procedures to ensure timely activation of the hospice's comprehensive emergency management plan and staffing of the hospice during an emergency.

B. Education of Patients Prior to an Emergency

- _____ 1. Describe procedures for educating patients and patients' caregivers about the hospice's comprehensive emergency management plan.
- _____ 2. Describe procedures for discussing with those patients who need continued services, who are not registered with the special needs registry, the patients' plans during, and immediately following, an emergency.
- _____ 3. Describe procedures for providing written materials about the special needs registry, in their area, with those patients who will require evacuation to a special needs shelter during an emergency.
- _____ 4. Describe the hospice's procedures for collecting patient registration information during admission for the special needs registry. Patients must be registered with the special needs registry prior to an emergency, not when an emergency is approaching or occurring.
- _____ 5. Describe how patients will be educated in the role of administering their own medication, and maintaining their own supplies and equipment list (refer to Appendix B, section 2 of this document).
- _____ 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 hospice to receive timely information on impending threats and the alerting of hospice decision makers who are responsible for plan implementation, staff and patients of potential emergency conditions.

- _____ 1. Explain how the hospice staff in charge of emergency plan implementation will receive warnings of emergency situations, including off hours, weekends and holidays.
- _____ 2. Identify by position and title, the hospice 24-hour contact number, if different than the number listed in the introduction.

- _____ 3. Explain how key field staff will be alerted.
- _____ 4. Explain how patients will be alerted, and the precautionary measures that will be taken, including but not limited to voluntary cessation of the hospice's operations.
- _____ 5. Identify alternative means of notification should the primary system fail.
- _____ 6. Identify how the hospice 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 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.

D. During an Emergency

- _____ 1. During an emergency, when there is not a mandatory evacuation, some patients may decide to stay in their homes. Describe procedures the hospice will take to assure that all patients needing continuing care will receive it, either from the hospice or through arrangements made by the patient or the patient's caregiver.
- _____ 2. During an emergency, when there is a mandatory evacuation, some patients may decide to stay in their home. Describe procedures to notify patients that there may be a temporary disruption of services and when services can be expected to be restored.
- _____ 3. Identify procedures for the hospice to assure that all patients needing continuing care will receive it, either from the hospice, through a special needs shelter, or through arrangements made by the patient or the patient's caregiver.
- _____ 4. Identify procedures for maintaining hospice care and services, and safeguarding patients in the hospice residential or in-patient unit, maintaining services for patients who must remain in the hospice facility, evacuating patients during emergencies and disasters if mandated by the local emergency management agency, and notifying the Agency for Health Care Administration, family members of patients and other responsible parties.
- _____ 5. Develop and maintain a comprehensive emergency management plan for disasters and emergencies including hurricanes, tornadoes, building fires, wildfires, disruption of public utility services, destruction of public utility infrastructure, floods, bomb threats, acts of terrorism, exposure to hazardous materials, and nuclear disasters.

E. Evacuation

The following criteria shall be addressed to allow the hospice to respond to evacuation of patients who require assistance with evacuation whether registered as a special needs registrant or in a facility.

Special Needs Registrant

- _____ 1. Identify procedures for the hospice to make arrangements to make the list of medication, supplies and equipment available to each special needs registrant during evacuation to a special needs shelter.

- _____ 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.
- _____ 3. Identify resources necessary to continue essential care or services or referrals to other organizations subject to written agreement.

Facility

- _____ 1. Identify transportation to be used during an evacuation including agreements of understanding with other entities.

F. Re-entry

Once patients have been evacuated from their homes or the hospice facility, procedures need to be in place for the return of patients and the resumption of hospice services.

Home and Special Need Shelter

- _____ 1. Describe how the hospice will re-establish contact with patients in the patients' home and resume patient care.
- _____ 2. Describe how the hospice will re-establish contact with employees and re-start patient care.
- _____ 3. Describe how the hospice will provide or arrange for prioritizing care should the emergency result in less staff being available immediately following the disaster.

Hospice Facility

- _____ Post-emergency procedures including Agency for Health Care Administration authorization for re-entry of evacuated patients to the hospice facility, obtaining necessary medical attention or intervention for hospice patients, and communicating with family members of patients or other responsible parties.

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.

- _____ 1. Identify how employees will be instructed, prior to an emergency, in their roles and responsibilities during an emergency.
- _____ 2. Identify schedule for all employees and who will provide the training. Training shall include a definition of what constitutes an emergency, when the comprehensive emergency management plan will go into effect, the roles and responsibilities of essential and non-essential staff, the procedures for educating patients about the comprehensive emergency management plan and the special needs registry. The training shall also include information for available staffing of special needs shelters and how they can work with the local state or county agency who manages and staffs these shelters during an emergency.
- _____ 3. Identify the provisions for training new employees regarding their disaster related roles and responsibilities.

IV. SUPPORTING DOCUMENTS

A. Roster of Employees and Companies with Key Disaster Related Roles

- _____ 1. List the names, addresses, telephone numbers and other contact information of the hospice's chief operating officer and the position and title of the key disaster personnel. Include information for normal and after-hour communication of the key disaster personnel.
- _____ 2. List the name of the hospice's contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, emergency management, etc.

B. Agreements and Understandings

- _____ Provide copies of annual updated mutual agreements, memoranda of understanding, or any other understandings entered into between the hospice and any local, state, and county entities, other health care entities, and service providers that have responsibility during a disaster. This is to include reciprocal host hospice agreements, transportation agreements, or any other current agreements needed to ensure the operational integrity of the plan.

C. Facility Evacuation Route Map

- _____ A map of the primary and secondary evacuation routes and description of how to travel to receiving facility.

D. Support Material

- _____ 1. Any additional material needed to support the information provided in the plan that is determined necessary by the hospice.
- _____ 2. Copy of the hospice's facility letter of approval of the annual fire inspection plan by the local fire authority.

INFORMATION FOR HOSPICE PATIENTS – Registered with Special Needs Registry

The following information shall be supplied by the hospice 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 is intended to be a place of last refuge. The evacuee may not receive the same level of skilled care received from staff in the home, and the conditions in a shelter might be stressful.

- 1) It is recommended that if the special needs registrant has a caregiver¹, the caregiver accompany the special needs registrant and remain with the registrant at the special needs shelter.
- 2) The following is a recommended list of what special needs registrants need to bring with them to the special needs shelter during an evacuation:
 - ◆ Bed sheets, blankets, pillow, folding lawn chair, air mattress;
 - ◆ The special needs registrant's medication, supplies and equipment list supplied by the hospice, including the phone, beeper and emergency numbers for the special needs registrant's physician, pharmacy and, if applicable, oxygen supplier; supplies and medical equipment for the special needs registrant's care; advance directives including the Do Not Resuscitate Order (DNRO) form, if applicable;
 - ◆ Name and phone number of the special needs registrant's hospice;
 - ◆ Prescription and non-prescription medication needed for at least 72 hours; oxygen for 72 hours, if needed;
 - ◆ A copy of the special needs registrant's plan of care;
 - ◆ Identification & current address;
 - ◆ Special diet items, non-perishable food for 72 hours & 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; and
 - ◆ Self-entertainment and recreational items, i.e., books, magazines, quiet games.
- 3) Special needs registrants need to know the following:
 - ◆ It is recommended that if the registrant has a caregiver, the caregiver accompany the special needs registrant. A special needs shelter can accommodate one caregiver at a time, and other family members, friends, etc. should go to a general population shelter.
 - ◆ The special needs registrant's caregiver will have floor space provided. The caregiver must provide his or her own bedding.
 - ◆ Check with the local emergency management agency regarding service dogs in the shelter. However, check with your local emergency management agency 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 special needs registrant 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.