



Emergency Preparedness (EP)

We are hearing a lot about EP these days. Recently, we received the interpretation of the EP regulations that have been published and should be implemented in all Medicare Certified Hospices by November 16, 2017. These rules are being implemented for several reasons. Protecting life and protecting physical resources are major goals of the emergency preparedness rule. As you are aware, there have been some major disasters the last several years across the United States. We have learned from responses to these disasters that health care entities are not prepared to work in collaboration prior to the event, so therefore they were unprepared to work together during a disaster. All health care providers should know basic information related to the emergency preparedness plan of their organization and to be able to comfortably act in the face of a disaster. Having community relationships with community responders are crucial to be able to effectively partner in disaster events. This rule has four major elements that hospices are required to implement: Risk assessment & emergency planning, Policies & procedures, Communication plan, and Training & testing. We will address each of these areas and the role of the volunteer to help ensure the hospice agency you volunteer for is prepared for emergencies. It is our hope we will be prepared, but will not have to experience a real live disaster event.

What you will learn:

- The new regulation for hospice on EP
- Four basic elements of the EP regulation
- Role of Volunteer in EP
- Checklist to assist patient with EP

“Preparation, planning, and one comprehensive approach for emergency preparedness is key. One life lost is one too many.”

-CMS Deputy Administrator and Chief Medical Officer Patrick



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The Basic Elements of the Emergency Preparedness Rule For Hospice Providers

1. Emergency plan: Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier.

A risk assessment using an all-hazards approach is the critical component for each organization and each individual’s Emergency Plan. Yes, each person/family/household should have an Emergency Plan. This may be accomplished by assessing your office, home, community to determine what the hazards are. Potential hazards are unique to your community. For example: a railroad track, a nuclear plant, a gas storage area, a lake or river, large wooded areas, etc. The all hazards may be anything that is a risk to your patient, you, your organization, and/or your community.

2. Policies and procedures: Develop and implement policies and procedures based on the plan and risk assessment.

Your hospice organization will have policies and procedures relative to the organization which will correspond to the assessment they have done of their risks.

3. Communication plan: Develop and maintain a communication plan that complies with both Federal and State law. Patient care must be well-coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems.

It is important to understand the communication plan of the organization and adhere to the emergency processes for your organization.

4. Training and testing program: Develop and maintain training and testing programs, including initial and annual trainings, and conduct drills and exercises or participate in an actual incident that tests the plan.

All staff are required to have training on EP during your orientation and annually thereafter. Hospice organizations are required to have drills, exercises or partner during a simulated or real event with community partners.

“An ounce of prevention is worth a pound of cure.” — Benjamin Franklin

A successful Emergency Preparedness plan can protect & save lives!

The Volunteer's Role in Emergency Preparedness (EP)

- ✓ EP is the responsibility of every staff member within the hospice agency
- ✓ EP begins with each individual
- ✓ Each staff member should have their own personal EP plan in place
- ✓ Know the agency's EP policy and procedures
- ✓ Be sure your current contact information is on file with the Volunteer Manager/Coordinator- if it changes be sure to let them know
- ✓ Attend required continuing education to stay abreast of changes in EP plan
- ✓ Have knowledge of the potential risk in the area and how the agency expects one to respond to protect patients and self
- ✓ Encourage patients/families to have EP plan for themselves
- ✓ Know the evacuations routes within your community

“To do” Checklist to Assist Patients in EP

- Make medication list
- Emergency telephone numbers (one should be in different area)
- List of medical conditions, medical treatments
- *Put together a “to go” kit
- Label medical equipment with name on it
- Extra batteries for flashlight
- Have supplies if sheltering in place/staying home
- Notify utility company of priority if special medical equipment being utilized by patient
- Have all lists & “to go” kit easily accessible
- Locate nearest emergency shelter for patient
- Make sign “Evacuated” to leave on door in case of evacuation
- Have important identification & insurance information easily accessible

* “To Go” kit includes: change of clothes, medication, medical equipment and supplies, toilet paper , food, water, flashlight, cash, house key, cell phone, phone charger



Additional Emergency Preparedness Resources

<https://emergency.cdc.gov/preparedness/index.asp>

<http://www.nsc.org/learn/safety-knowledge/Pages/safety-at-home-emergency-preparedness.aspx>

Credits: https://www.cdc.gov/disasters/extremeheat/heat_guide.html

<https://healthcareprovidersolutions.com/home-care-hospice-emergency-preparedness/>; AHHC Emergency Preparedness Handbook