



**SSMW, LLC dba Home Instead Senior Care  
Boca Raton - Palm Beach County**

**HOME HEALTH AGENCY (non-medical)  
License # TBD – Initial Application/Filing  
Rev 6.3.2020**

**7700 Congress Avenue, Stet 1104  
Boca Raton, FL 33487  
561.409.5980**

**Emergency Management  
Policy and Procedures**  
**(referred to as EMP herewithin)**

## **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 agency providers is conditional upon receipt of an appropriation by the department to establish disaster coordinator positions in county health departments unless the secretary of the department 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

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### The Plan

**Attachment A** Outline of Emergency Management Preparations

### Staff

**Attachment B** Staff Responsibilities During Emergency

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**Attachment D** Securing Records Protocol

**Attachment E** Employee Emergency Management Plan Acknowledgement

### Clients

**Attachment F** Instructions for Clients

**Attachment G** Client Risk Classification

**Attachment H:** Client Emergency Mgt - Evacuation Plan

**Attachment I:** EM and Special Needs Shelter List

### Communications

**Attachment J:** Emergency Preparedness Phone Tree

**Attachment K:** Command Center Location

**Attachment L:** Alternate Contact Information

**Attachment M:** Important Governmental Agency Phone Numbers

**Attachment N:** Employee Training Plan

## I. INTRODUCTION

The following is an introduction to basic information about the Home Health Agency, key staff in charge during an emergency, governing body contact information and the person(s) who developed the plan to execute in the event of an emergency or disaster.

### 1. Basic Information about the Home Health Agency

Home Health Agency Name: SSMW, LLC dba Home Instead Senior Care  
Address: 7700 Congress Ave, Ste 1104 Boca Raton, FL 33487  
Phone Number: 561.409.5980  
Fax Number: 844.997.0177  
County Licensed in: Palm Beach, Okeechobee, Martin, Indian River

### 2. Person in Charge during Emergency (Key Staff and Ranking Individual)

Primary Name/Title: Susan Witting, Owner and Safety Liaison  
Work Phone Number: 561.409.5980  
Cell Phone Number: 407.437.1818

Alternate Name/Title: Karina Santos, Dir of Community Advocacy  
Work Phone Number: 561.409.5980  
Cell Phone Number: 321.205.6851

### 3. Home Health Agency Governing Body (Owner and Key Staff and Ranking Individual)

Name/Title: Susan Witting  
Address: 7700 Congress Avenue, Ste 1104, Boca Raton, FL 33487  
Work Phone Number: 561.409.5980  
Cell Phone Number: 407.437.1818

### 4. Person(s) Who Developed Plan

Name/Title: Susan Witting, CEO/Owner  
Address: 7700 Congress Avenue, Ste 1104 Boca Raton, FL 33487 (work)  
Address: home 16892 Strasbourg Ln, Delray Beach, FL 33446  
Work Phone Number: 561.409.5980  
Home Phone Number: 407.437.1818 (cell)

As of the revision date of this document, we are a new agency and have a small administrative staff who are involved in Emergency Management activities; these consist of the two (2) primary individuals listed above. All have full authority to make critical decisions, all are equally trained, all are equally familiar with the Emergency Management plan and procedures. This group is referred to as “office staff” or “Ranking Individuals” throughout this document.

For purposes of clarity and to remove repetitive wording, the following titles will be used throughout this document, although their full titles and responsibilities go beyond the abbreviations used below:

Susan Witting - “**Owner**”, or “Ranking Individual” if referred to as a group  
Karina Santos – “**Director Comm Advocacy**”, or “Ranking Individual” if referred to as a group  
CAREGivers – also referred to as field staff

## II. CONCEPT OF OPERATIONS

### A. Direction and Control

1. The chain of command for ensuring continuous leadership and authority in key positions:  
We follow the communication protocol as shown in Attachment J – Emergency Preparedness Phone Tree.

**All below are key Ranking Individuals:**

Karina Santos      Dir Community Advocate/Administrator (contact details as indicated on Page 4)  
Susan Witting      Owner (contact details on Page 4)

2. The procedures for ensuring timely activation:
  - **OWNER is primary; with the other key Ranking Individual being secondary, in monitoring a pending disaster or emergency situation, and will enact the plan when she judges it necessary for client/client safety or when local emergency officials declare a state of emergency or disaster to exist.**
  - **Any Ranking Individual may enact the plan without consultation with the other if necessary.**
  - **The agency will require all office staff to be working with an impending emergency, during and afterwards. This would include but not limited to: Owner, Dir of Comm Advocacy, RN's, and Client Care Coordinators. In addition, all CAREGivers are to work regular schedules unless unsafe to do so and are instructed to stay with all clients unless released by an office staff member.**
3. Role of Agency Staff:
  - **Susan Witting – OWNER will lead all operations as stated**
  - **Ranking Individuals consist of Susan Witting and Karina Santos**
  - **The Boca Raton office will serve as a base of operation and communication (aka Command Center) so long as that location is deemed safe**
  - **An Emergency Mgt Plan book is available in the Boca Raton office, and available online in a digital format if we need it, and on the hard drive of all laptops for office staff**
  - **Staff is expected to fulfill their routine duties unless in danger**
  - **The OWNER may elect to dismiss or reassign individuals whose routine role is not critical to ensuring client/client health and safety**
4. Management of Clients:
  - **The OWNER will coordinate preparations and act as liaison with local disaster preparedness officials.**
  - **A list of priority clients having the greatest service needs is prepared at time of admission and**
  - **maintained on an on-going basis.**

Clients are classified by the OWNER and Dir Community Advocacy/Administrator as

- **High Risk (1),**
  - **Average Risk (2),**
  - **Low Risk (3)**
- **These codes are on the Client Risk Classification sheet (See Attachment G)**
  - **An Emergency Preparedness Phone call down system will be performed by office staff will be in place to notify clients, staff, and others of the emergency situation to advise them of appropriate/required actions. (See Attachment J)**
  - **A list of available emergency shelters will be obtained from local emergency officials and maintained in the office. (See Attachment I)**

- **All clients will be contacted by office or field staff regarding their need for transportation to shelters, or to make and document other arrangements. A list of each client's location will be prepared and maintained in the office in the Emergency Mgt Book. Application for Special Needs Shelter will be available to all clients upon admission or upon request.**
- **For clients needing on-going care, prioritization for visits will be made based on the following:**
  - **Clients discharged from a hospital, referred to the agency and not yet been seen**
  - **Clients receiving on-going home health services**
  - **For clients without need for immediate care, client/family/caregivers will continue prescribed care as instructed in their absence as safety permits**
- **Routine services provided by the agency will resume at the earliest time possible as safety permits. Phone contact will be maintained or re-established as soon as feasible.**

**Field staff is to:**

- **Remain with High Risk clients until appropriate arrangements can be made.**
- **Accompany clients to Special Needs Shelters and assure continuity of care unless arrangements have been made for another caregiver to accompany client and assure continuity of care.**
- **Notify office when client has been moved to another location.**
- **Is not to cancel scheduled visits or shifts without notifying the office.**
- **Notify office if they are evacuated or moved to another location.**

**B. Education of Patients Prior to an Emergency**

1. The procedures for educating clients or caregivers at the onset include about the home health agency's emergency management plan. This would be on-going:
  - **Each new client will be oriented about the agency's plan during the admission process and annually thereafter.**
  - **Admission package will include list of emergency shelters, list of items to take if evacuated, written instructions for use in emergency. Clients will receive updated lists annually or as needed. (See Attachment I)**
  - **Each new CAREGiver will be oriented about the agency's plan during the orientation process.**
  - **Orientation package will include a list of items to take if evacuated, written instructions for use during an emergency. The Emergency Management Plan is reviewed during CAREGiver and staff meetings, or other communications, to reinforce the protocols.**
2. The procedures for discussing with those patients in private homes, ALFs and AFCHs who need continued services, but 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:
  - **Availability of the Special Needs Registry is discussed with each client/family/representative during admission, and each is provided a copy of the EMP.**
  - **Each client in a private home, ALF and AFCH's are contacted to obtain their plan during the disaster. If they are not registered at a special needs shelter and are planning on remaining at home, they receive instructions on the use and importance of their medications, supplies and medical equipment. Purchase of a generator and gas is recommended. They are asked to notify the agency after the disaster for any need, and to reestablish services. Office staff will contact clients if they have not responded.**

3. The procedures for discussing the Special Needs Registry with those patients who will require evacuation to a Special Needs Shelter during an emergency:
  - **The admission package contains all relevant information on Special Needs Registry and Shelters.**
  - **All clients who qualify for a Special Needs Shelter will be informed they will receive a phone call during any recommended or mandatory evacuation to determine whether they will need to go to the Shelter and locations of such.**
  - **Each client will be contacted as soon as an evacuation order is issued and the client or client Power of Attorney will then inform us of their wishes. If there is not a Power of Attorney or family member to take the client out of harm's way, the Command Center will be contacted to provide transportation arrangements.**
  - **ACHA form 3110-1006 is provided.**
  
4. 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:
  - **At time of admission, for those clients who choose, a Special Needs registration form is completed and submitted online to: <https://snr.floridadisaster.org>.**
  - **If client does not want to register, this will be noted in the client file with alternate arrangement locations. This information is updated annually.**
  
5. The education of patients regarding their responsibility for their medication, supplies and equipment list or other emergency preparedness information as needed (in accordance with Attachment G.)
  - **A list of necessary items, including medications (updated every 90 days if needed), supplies, and equipment needed for continuing care will be developed for each client at admission and updated annually or as the client's needs change.**
  - **This list will also include contact information for the client's physician and pharmacy as well as documentation of any known allergies.**
  - **A copy of the list will be maintained in the client's home as well as the Agency office.**
  - **AHCA Form 3110-1006 is provided.**
  
6. The education of patients registered with the **Special Needs Registry** as well as the limitation of services and conditions in a shelter; the level of services will not equal what they receive at home; conditions in the shelter may be stressful and may even be inadequate for their needs; and the Special Needs Shelters are an option of last resort:
  - **Our clients are educated on Special Needs Shelters upon client intake. At that time they are provided an information pack on the shelters for the county in which they reside if they have special needs and are registered accordingly. We also place a pack of this information in the Client Journal which resides in their home. CAREGivers are trained on this information during new hire orientation when we review our emergency management plan. If a client is in a facility, we also review and coordinate with them. Should the client have special needs we also confirm with the facility who will be accountable for ensuring the transportation to the shelter and back, as well as care they receive while in the shelter.**
  - **Clients are instructed that shelters are the last resort. Services in a shelter are limited and conditions may be uncomfortable. Services will not be equal to what you could receive in the home or healthcare institution and they may find conditions to be stressful and/or inadequate of your needs. This is notated on the Attachment F: Emergency Management Plan – Instructions for Clients, as well as on county special needs registry documents (supplied by the various counties, which we provide to the clients upon registration).**



- **At time of enrollment or as the clients' needs change to qualify them for the Special Needs Shelter, the agency always recommends each client to have their own plan involving a Power of Attorney, friend, or family member. The- agency always recommends to each client the best option is to leave the area with a Power of Attorney, friend or family member.**
- **Our CAREGiver may evacuate with the client if agreed upon in advance.**
- **Client is also advised that during an emergency, care may not equal the care they receive at home.**

### C. Notification

1. The procedures on how the home health agency staff in charge of emergency plan implementation will receive warnings of emergency situations, including off hours, weekends and holidays:
  - **Management staff will monitor local broadcast and print media for potential emergency situations.**
  - **Home Instead Senior Care also receives information regarding pending emergencies directly from local Emergency Management officials.**
  - **When management is not available in the office, or when an unexpected emergency arises, "on-call" staff will notify management via telecommunications.**
  - **At least one member of the management team will be available via telecommunications on a 24-hour basis.**
2. For home health agencies that provide skilled care, list the home health agency's 24-hour contact number, if different than the number listed in the introduction:
  - **Our agency does NOT provide skilled care.**
3. The procedures for alerting key staff:
  - **An office meeting, memo, or telephone call will notify Key Staff once an emergency is declared.**
  - **Each staff member is to contact their immediate supervisor as soon as possible and supervisors will identify staff availability and locations.**
4. The policies and procedures for reporting to work for key workers, when the home health agency remains operational:
  - **Office staff, including key workers will still need to report to the agency's regular location when the agency remains operational and inform caregivers to complete their immediate assignments once an emergency is declared, if they can be completed safely.**
  - **Field Staff will report to the office location or nearest alternate location each morning for triage and assignment of that day's visits. Field Staff will be called or notified otherwise with the exact location in which to report to.**
  - **Field staff will remain with high and moderate risk clients until arrangements can be made for evacuation, transfer to an appropriate facility, or care responsibility is assumed by an alternate caregiver.**
  - **Field staff will contact the office if a scheduled shift or visit needs to be cancelled during the emergency.**
5. The procedures to confirm plans and alert patients in private homes, ALFs and/or AFCHs where patients are served and the precautionary measures that will be taken including but not limited to voluntary cessation of the home health agency's operations (Refer to s. 400. 492(3), F.S., for a definition of voluntary cessation):
  - **The agency plans on remaining open at our primary office, or alternate location until such time as it is unsafe to do so. We will notify clients if we have no other choice but to close the office. To start,**

the office or key staff will contact each client and caregiver to confirm plans and to inform each of the agency's plans once an emergency is declared, if and when services are halted due to safety or other unavoidable concerns (such as being unable to locate client or unable to reach client's home or the facility). We will also contact clients upon resumption of services. We will use all methods previously discussed such as phone calls, emails, face to face visits or utilizing county emergency services for client notification. If we need to halt services due to circumstances, clients are informed accordingly; such as when roads are impassable or when patients do not go to the location specified in their patient records. All contact with client's are uploaded to our ClearCare system which holds all client information (if computer systems are not operational, documentation will be made manually and uploaded once available).

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

- **Management and office staff will report to the office location and begin notifying staff and clients. If the main office is not available/accessible, Owner will call each key player via phone (mobile or landline), texting, emailing, and postings on our internal Portal with confirmation to report to alternate Command Center location. If staff is unreachable, Owner will contact their emergency contacts. Our Alternate Address (as previously indicated) will be used if the Agency office is destroyed or inaccessible. If that is also unavailable, a local shelter may be used or other emergency center if available (or another Home Instead office in or out of Florida).**
- **Should telephone service not be available, communication back up systems include: emails, calling emergency contacts, visiting in person, posting update information on our websites. Owner and key staff will monitor EM websites and radio for updates, as well as 2x per day calls to their offices for updates. Many have systems that you can now register with and text messages are automatically sent.**
- **If conditions prevent travel, local emergency management personnel will be notified of the client's situation and assistance requested. We use the same communication methodologies above to contact emergency services, including contacting local police or fire departments, FEMA, or other.**

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

- **The agency will maintain a current listing in ClearCare of each client and his/her needs and plans during an emergency, such as where they are being transported to, the date, contact details etc. The care plan is documented here as well. Manual documentation will be used if no systems are operational.**
- **This information is held on our technology system of record "ClearCare" which holds all client and emergency data, and an updated client and employee census is printed in the event of an emergency. ClearCare system is held in the "cloud" and can be accessible by any computer anywhere, including another Home Instead office in or out of Florida. ClearCare is updated immediately (automatically) so all client information is current. Hard copies of client census reports are printed monthly and put in the Emergency Mgt Plan binder held in our offices (a copy of which is taken to Owners and each key admin staff's home during an emergency).**

- All information, including, the clients risk status, plan for continuation of services, transportation plans, services being provided, medications and equipment needs is maintained within the Agency's information system (ClearCare).
- A listing of all active clients is available, daily, to the on-call person through ClearCare. This listing will be made available to Emergency Management and County Health Departments upon request, as it can be downloaded and emailed or printed, or simply read if needed.
- Our agency does not provide skilled services, however we request every client maintain a current medication list – and many shelters require this during registration.

#### D. During an Emergency

1. When there is not a mandatory evacuation, some patients may decide to stay in their homes, ALF or AFCH. Describe the procedures the home health agency will take to assure that all patients needing continuing care will receive it, either from the home health agency or through arrangements made by the patient or the patient's caregiver. For Agency home health clients and continuous care clients needing on-going care, prioritization for visits will be made by the agency based on the individual's emergency risk classification and the following:
  - **Clients discharged from a hospital, referred to the agency and who have not yet been seen**
  - **Clients receiving on-going home health services.**
  - **For clients without need for immediate care, services will continue as prescribed by the care plan and as instructed by the office staff as safety permits.**
  - **If clients choose not to move during a non-mandatory evacuation, all care and services continue as normal unless unsafe conditions prohibit this. If a CAREGiver cannot reach a client, the office staff will follow the previously mentioned protocols of contacting the client and if needed, dispatch emergency services if available. Our CAREGivers are trained on these protocols during new hire orientation, as well as during ongoing meetings where emergency management planning is discussed. It is also covered on the CAREGivers annual review.**
2. Identify the procedures for the home health agency to assure that all patients in homes or assisted living facilities 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 or assisted living facility: 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.
  - **If necessary, all clients requiring continuing care will be transferred to a Special Needs Shelter or other appropriate facility or transferred to other organizations as arranged by the Power of Attorney, client or their family with assistance by the Agency. If the client requires care the shelter or facility cannot provide, a CAREGiver (whom is a Home Instead Senior care employee) will stay with the client at the shelter or facility.**
3. Identify the procedures for ceasing operation, (as defined in s.400.492, F.S.), including notifying all patients or patient caregivers that the home health agency is ceasing operations:
  - **The OWNER or Ranking Individual may make the decision to temporarily cease operation of the agency when conditions make it impossible or unsafe for staff to complete their assignments.**
  - **Clients and staff will be notified via the Emergency Preparedness Phone Tree (Attachment K) of this decision with instructions for their safety or alternate care arrangements.**

## E. Evacuation

1. The procedures for establishing, and keeping updated medication, supplies and equipment lists, (as defined in 59A-8.027, F.A.C.), to be kept in the homes of special needs patients and to accompany the patient during evacuation to a Special Needs Shelter:
  - **A list of medications, supplies, and equipment needed for continuing care will be developed for each client at admission and updated annually or as the client's needs change.**
  - **This list will also include contact information for the client's physician and pharmacy as well as documentation of any known allergies.**
  - **A copy of the list will be maintained in the client's home as well as the Agency office.**
  - **A copy of this list will accompany the client during evacuation to a Special Needs Shelter.**
  
2. The procedures for educating the patient and caregiver concerning the medication, supplies and equipment list, (Attachment G and J), and the need for this list and other items to accompany the patient during the evacuation:
  - **During enrollment, each client completes Attachment I – Client Disaster – Evacuation Plan, which lists current medications, supplies and equipment. Both client and CAREGivers are instructed to update this form and to make sure the agency always has an updated copy.**
  - **During an emergency/evacuation, clients are instructed on these items and they are asked to take a copy of this form with them. CAREGivers, clients and their families are instructed at our initial enrollment or when their needs change to register them for the Special Needs Shelter.**
  
3. The resources necessary to continue essential care or services or make referrals to other organizations subject to written agreement which include how the home health agency will continue to provide care to ALF and/or AFCH patients who relocate in the same geographic service area or relocate outside the geographic service area:
  - **The Agency will attempt to assure each client's essential care needs are met whether they are in the area or not. Since we do not provide skilled care, the Agency will make sure essential personal care needs are met even if they leave the area with the CAREGIVER.**
  - **If efforts described in Section II.A.4 (Management of Clients/Clients) of this plan are not adequate to meet an individual's needs then the client will be transferred to the appropriate medical facility of their choice.**
  - **The agency does not have any alternate organizations or 'sister' facilities in which there are staffing or service agreements as transfers will be handled as client choice.**
  - **All efforts will be made to continue care to a client so long as the environment is safe and there are no road closures prohibiting care. In the event of a severe disaster and continuous care is needed, all client's will be prompted to contact and notify Emergency Services by calling 911. The client's disaster agreement states the following:**
    - I understand *Home Instead Senior Care* cannot provide services during a disaster.
    - I understand care will resume after the disaster, as soon as it is safe to do so.
    - I understand I am responsible for my own disaster and evacuation plans and I must share those plans with *Home Instead Senior Care* before the need arises.
    - I understand it is my responsibility to contact *Home Instead Senior Care* at the number listed below prior to any evacuation. I also must contact *Home Instead Senior Care* after the crisis has passed in order to resume services.
  - **In the event of an evacuation and a client requests ongoing service, the office will make a referral to the respective franchise office that covers the territory in which the client will be evacuating to.**

Communication will then be client driven to continue service. Please see a list of other Florida Franchise offices at <https://www.homeinstead.com/state/florida>

4. The procedures for contacting the emergency operation center after the disaster to report on the home health agency's damage, if any, and their availability to continue services to their patients in the Special Needs Shelter:
  - **The OWNER will contact staff re: the emergency operation center after the disaster to report on the home health agency's damage, if any, and our availability to continue services to our clients in the Special Needs Shelter. This will be done via phone, email, other technology, in person; or in extreme circumstances using any available emergency services. We will use recordable messages on our phone systems to distribute information. We will review the status of our office and ability to continue services and continually disseminate this information. Our websites will be updated with special messaging, as well as our employee Portal. If possible we will email a letter outlining the status of our agency and services and ask the shelters to distribute it to our clients and CAREGivers who may be there.**

#### **F. The Patients Return Home**

1. The procedures on how the home health agency will re-establish contact with patients in the patients' home, ALF and AFCH and resume patient care:
  - **Clients are instructed at admission and during the emergency notification procedure to call the Agency office upon return home following an evacuation or stay at an alternative location. In addition, office staff will contact clients by telephone at their home or last known location (or facility) after the emergency is over. In the event contact cannot be re-established via telephone an agency staff member will make a visit to the client's home location to verify their absence. Emergency contacts may also be called, along with email contact attempts.**
  - **Office staff will determine if clients will be able to return home and who may need assistance with transportation. This is done via all communication methods possible (i.e, phone calls, emails, texts, personal visits). CAREGiver team members may be utilized to make contact with other clients/CAREGivers. Notifications/communications may be sent to shelters to be posted in an acceptable place. Radio advertising may be utilized as well, if possible. This is also done with all facilities where client's may have been residing to ensure we coordinate efforts and reestablish care.**
  - **OWNER, Dir Community Advocacy will contact all clients and resume care as needed. If client is unable to return home, contact family, Red Cross, Emergency Management or other appropriate agency to make alternate arrangements.**
  - **Complete an inventory of each client's medications, supplies and equipment. Assist with obtaining any needed items.**
  - **OWNER and Dir Community Advocacy will notify authorized individuals of the safety of the client. The authorized individuals are contacts listed by the clients.**
  - **Field employees will notify Agency office of any changes in the client's condition and/or any new instructions/orders.**
2. The procedures on how the home health agency will re-establish contact with employees and re-start patient care:
  - **Staff is instructed at orientation and during the emergency notification procedure to call the active Agency office for further instructions, upon return home following an evacuation or stay at an alternate location.**

3. The procedures on how the home health agency will provide or arrange for prioritizing care should the emergency result in less staff being available immediately following the disaster.
  - **If adequate staff is not be available after an emergency to meet every client's care needs, the prioritization system used for providing care during the emergency will be used until normal staffing resumes.**
  - **Additionally, assistance will be sought from other agencies that might have staff availability by contracting for their staff to provide needed care. These agreements include contacting other Home Instead Senior Care agencies through Florida, or through our home office in Omaha, Nebraska. If another Home Instead Senior Care is not able to assist, contact will then be made with available agencies in the desired area.**

### III. INFORMATION, TRAINING AND EXERCISE

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

1. The procedures on how key workers will be instructed, prior to an emergency, in their roles and responsibilities during an emergency:
  - **Orientation: All workers are instructed regarding this Emergency Management Plan and their responsibilities during their initial orientation by a member of management**
  - **Required Annual Review: All workers are required to review the Emergency Management Plan, training materials and complete a statement that the review is completed prior to their annual performance appraisal. The plan and training materials are located in the office and taken with the OWNER (if possible) during an emergency.**
  - **Impending Threat: Each individual's responsibilities are reviewed and discussed when an emergency or disaster appears imminent.**
2. The procedures for developing training schedule for all employees and identification of who will provide the training. Training will include a definition of what constitutes an emergency, when the emergency management plan will go into effect, the roles and responsibilities of essential and non-essential staff, the procedures for educating patients about the emergency management plan and the Special Needs Registry. The training will also include information for staff on how they can work, if they choose to do so, with the 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.):
  - **OWNER and Dir Community Advocacy will conduct Emergency Training for all office/key employees and CAREGivers. The Staff Training outline is included and is marked as Attachment N.**
  - **Emergency Training will include covering this entire document, definitions of an emergency and a disaster, what is expected of them during an emergency or disaster, the procedures each will be responsible for and clarifying any questions or concerns each employee may have with fulfilling such responsibilities.**
  - **Each office/key employee will in turn sign an acknowledgement in which states they have read and understand our Emergency Management Plan and agree to their responsibilities both discussed and written (Attachment E). The Emergency Management Plan training outline acknowledgement will be kept in the employee's file.**
3. The home health agency's provisions for training new employees regarding their disaster related roles and responsibilities:
  - **At orientation, new employees will receive company disaster planning training and their roles and responsibilities will be discussed.**

- Each employee is to complete the Employee Disaster Evacuation Plan. This plan is kept in each employee's personnel file and will be updated by June each year.
- Each employee is also instructed in person and on paper to inform the home health agency of any changes in his/her plans as soon as possible.
- Each employee is informed he or she will need to contact the office as soon as a disaster or emergency is declared for further instructions.
- Training consists of:
  1. Definition of an emergency
  2. How the CAREGivers/Staff will be notified
  3. CAREGiver/Staff responsibilities during and after an emergency
  4. How CAREGivers/Staff can work with local, state or county agencies during an emergency
  5. CAREGiver/Staff annual training refresher requirements

**IV: APPENDICES**

<b>Appendix A. Agreements and Understandings</b>	15
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**Appendix A: Agreements and Understandings**

There are no special agreements or understandings in place.

## Appendix B: Information for Home Health Agencies Clients – Special Needs Shelters

### AHCA Form 3110-1022

The following information should be supplied by the home health agency to those patients registered with the Special Needs Registry, so they will be prepared prior to an evacuation to a Special Needs Shelter.

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

- (1) If the patient has a caregiver<sup>1</sup>, 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) Special Needs clients need to know the following:
  - If the patient has a caregiver, the caregiver must accompany all special needs clients. 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.

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<sup>1</sup> Caregivers can be relatives, household members, guardians, friends, neighbors and volunteers.  
Home Instead Senior Care\_Boca Raton, FL Emergency Management Plan – Rev 6\_3\_2020

## **Appendix C: Support Materials**

### **The Plan**

**Attachment A** Outline of Emergency Management Preparations

### **Staff**

**Attachment B** Staff Responsibilities During Emergency

**Attachment C** Our Agency Checklist for Office Staff

**Attachment D** Securing Records Protocol

**Attachment E** Employee Emergency Management Plan Acknowledgement

### **Clients**

**Attachment F** Instructions for Clients

**Attachment G** Client Risk Classification

**Attachment H:** Client Emergency Mgt - Evacuation Plan

**Attachment I:** EM and Special Needs Shelter List

### **Communications**

**Attachment J:** Emergency Preparedness Phone Tree

**Attachment K:** Command Center Location

**Attachment L:** Alternate Contact Information

**Attachment M:** Important Governmental Agency Phone Numbers

## **Attachment A—Outline of Emergency Management Preparations**

### **Pre-Emergency Preparations**

#### **Education for Staff and Clients**

1. All employees will be aware of Emergency Plan and phone tree process
2. At Admission all clients/families will be aware of Emergency Plan and their specific plan for evacuation
3. All clients will be risk coded at admission and recertification as needed
4. Current copies of client census are available to supervisors and On-Call staff.
5. Emergency Mgt book will include list of shelters and emergency numbers
6. Emergency Mgt book will include instructions to obtain current list of employees and contact information

#### **Emergency Supplies obtained and stored in Office**

1. Portable Radio and Batteries
2. Flashlight and batteries
3. Drinking Water
4. Bandage Supplies

#### **Emergency Supplies in Auto**

1. Bandage Supplies
2. Drinking Water
3. Flashlight and batteries
4. Keep gas tank filled

#### **Emergency Plan up-to-date**

1. Plan will include list of local shelters and emergency numbers
2. Emergency Plan distributed as appropriate
3. Monitor Local Media when an emergency is pending

#### **Communications**

1. Portable Radio and Batteries Available
  2. Cellular Phones Available (Agency Phone and Personal Phones Available)
  3. Dial 911 – Fire/ Police Dispatch only in life threatening emergency
  4. Use messenger when other means fails
  5. Alternative Power
- A diesel powered generator is connected to limited number of electrical circuits as needed.
  - Generator is located at OWNER's home

## Attachment B—Staff Responsibilities During Emergency

### Emergency Impending: Office Staff

- Supplies checked and restocked as needed
- All currently active field and in-office employees are contacted regarding their involvement and assignments
- All active clients contacted regarding pending emergency and their needs.
- Local media monitored for emergency instructions

### Emergency Plan Activated: Office Staff

- List of employees willing to volunteer at emergency shelters developed and submitted to emergency management officials
- Office equipment and files moved away from windows and into secure inner room
- Equipment and files subject to water damage stored off the floor and enclosed in plastic bags
- Drawers, files, and cabinets closed and locked as appropriate.
- Depending on severity of Emergency situation, remove employee, client/client and business records along with necessary operational/policy manuals and resources from the office location and transport out of area affected by emergency.
- Maintain list of client and staff locations if evacuated or relocated.
- Command Center staff will meet daily to review/report status of priority clients, formulate service plan for next 24 hours, assess resource needs and plan to secure needed resources.

### Emergency Plan Activated: Field Staff

- Assist office staff with client notification as necessary
- Review emergency plans with assigned clients and discuss any additional needs. Verify and communicate plans with office.
- Remain with high-risk clients until appropriate arrangements can be made.
- Accompany clients to Special Needs Shelters unless arrangements have been made for family or alternate caregiver to assume responsibility.
- Notify office if/when client is moved to alternate location.
- Staff is not to cancel scheduled visits or shifts without notifying the office and confirming that client needs are being met.
- Notify office if evacuating or relocating to another location.
- Report to office or command center daily.

### Post Emergency Recovery: All Staff

- Monitor local media for instructions.
- Determine what community services are functional or available.
- Office Staff will contact all clients to ascertain their status, plan for returning home and plan for resumption of care.
- Field staff should confirm their status and availability with supervisor.
- Schedule visits/shifts as soon as safe and local authorities authorize travel to client locations.
- Restock supplies as needed.
- Review documentation of client care during emergency and assure completeness. Assess current client needs.
- Resume office operations when building is safe.
- Return and account for all items removed from the office.

## Attachment C – Our Agency Checklist for Office Staff

- **Things to Do Now:**

1. Make a list of necessary supplies for the office to have on hand
  - a) Plenty of black plastic bags – to wrap computers in
  - b) Paper Towels
  - c) Duct tape
  - d) Back up Phones: that do not rely on wifi. Office phones are VOIP, but house phone for OWNER is a landline
  - e) Water and non-perishable food items
  - f) Flash drives to back up computers. Give to a few different staff
  - g) Plastic bins for client/CG files and other pertinent papers
  - h) Flashlights and batteries; surge protectors if computers are on a generator
2. Generator for office and home. Purchase Gas
3. Make sure all cell phones have car charges.
4. Take pictures of EVERYTHING in the office – computers, desks, furniture, copier, etc. When reentering the office, take a picture of EVERYTHING.
5. Be sure to have your Home Instead Senior Care badge and business cards with you. You will be deemed a ‘healthcare/homecare professional’ and may need this identification to be able to enter certain facilities and gated communities.
6. Make sure you get appropriate security clearance to return to area. The procedure to this varies by county and state.
7. Be sure to have the office personal telephone, addresses, alternate address and landline phone numbers.
8. FPL Phone number: 800.226.3545
9. **Start calling all clients and CG’s.** See notes below for the info to gather.

### Office Staff Checklist

- Have multiple staff take back-up flash drives out of the office.
- Secure all current clients/CG files in a plastic bin to take out of the office.
- Make multiple paper copies of the current and next months’ schedule for all administrative staff.
- Put all computer towers on desks wrapped in plastic and safeguard other office equipment by putting them in tied plastic bags.
- Protect your server – take with or wrap in plastic.
- Call the bank regarding payroll and the cutting of the payroll checks.
- Open a line of credit or extent your line as you may need to float a few payrolls before you are able to invoice clients.
- Take out as much cash as possible. To pay CG’s if needed or buy supplies. (atm’s will not work when power out)
- Change the message on the Hours Hotline for CG’s regarding paychecks and other necessary emergency information.
- Create an outgoing message for the office voice mailbox, explaining the office’s status.
- Because power may be out for all locations for days, run payroll and prepare invoices for clients.
- You may want to hand deliver paychecks and invoices and collect payments before storms hits. Could be awhile before the mail system is working again.
- Take other necessary business papers out of the office, such as checks, letterhead, envelopes, insurance papers, employee files, etc.

## Attachment C: (continued)

### Clients

- Check with each current client regarding emergency plans. Use the client hurricane emergency data. Do NOT rely on the survey; each client must be called individually. Gather alternate phone numbers and addresses.
- Be sure to explain to the client that someone will contact them as soon as possible after the storm.
- **Review your AR when calling clients.** Try to pick up their payments before they leave. If not possible try to set up ACH withdrawal if they are not already set up as such.
- If client needs transportation, immediately begin arranging that transportation.
- If client refuses to leave, contact authorities and let them make decision.
- If feasible, ask the client to call the office when back at home or made arrangements to return home.
- Give clients home office (Omaha) phone numbers as back up.

### CAREGivers

- Check with each current CAREGiver regarding their emergency plans. Use the hurricane emergency data. Do NOT rely on the survey; each CAREGiver must be called.
- Be clear in obtaining all the necessary phone numbers, their long-range plans, their ability to assist during and after the storm, etc. If they are leaving the city or state, obtain the telephone number where they can be reached.
- Tell the CAREGivers that the afterhours Hotline telephone number will be used as a communication resource (main office number). They should plan to call it periodically throughout the storm and afterward.
- Remind them the office may be closed but the main number will be transferred to a cell phone. In case of loss of cell towers, tell them to leave messages on either the Hours Hotline or the main number. They will be retrieved as quickly as possible.
- Ask the CAREGivers to call the office once they have returned home to notify us of their ability to work.
- Give CG's the home office phones numbers as back up.

### General Office Security Checklist

The last person leaving the premises should follow the procedures below to ensure the security of the building:

- Secure and/or cover windows and doors.
- Close all inside office doors.
- Unplug all coffee pots, printers, copiers, or other equipment and appliances
- Turn off all lights. Some light units, such as emergency exit lights, may remain on.
- Turn off all the circuit breakers except one. Leave one light on with that circuit breaker to enable us to know when power is restored.
- Do NOT program the security system. Instead, be sure to double bolt the exit doors.
- Seal the mail drops in the front doors but securing them with duct tape.
- Turn off the water to the building.
- Clean out the refrigerator.
- Forward the office phone to the person on-call.

## Attachment C: (continued)

### After the Storm

- After the storm, contact the on-call person as soon as possible to update your personal situation.
- The expectation is that all administrative staff will report to the office or wherever the office is relocated as soon as it is safe.
- If power out and using a generator for computer, use a surge protector.
- Once power is restored at the office, it will be necessary for all administrative staff to assist in restoring service. This may mean picking up clients from shelters, providing caregiving service until CAREGivers return, calling CAREGivers to see if they are back at home and safe, driving to CAREGivers homes, etc. Dress for comfort, keeping in mind the need to be presentable for clients and other public.
- First and foremost, remain as calm. You may be hearing about difficult situations; it is important we support our CAREGiver staff and clients while maintaining our own composure. Be cognizant of your own demeanor; attempt to put the best face on for the situation.



## **Attachment D: Securing Records Protocol**

### **Securing Records and Back Up System Protocols**

All our agency records are saved in a cloud environment (MicroSoft OneDrive), which are automatically backed up on a regular basis. These records are retrievable from any computer, anywhere. Therefore we are able to access our information through other Home Instead offices, or from the Corporate Office. In addition, our Emergency Management Plan is downloaded to each office laptop/hard drive, and on a portable drive.

Safeguards we take for computerized and non-computerized records:

- Backing up all computer systems on a regular basis
- Storing your on-site files/records in insulated fireproof/waterproof containers
- Assigning a member of management for getting these records off-site in the event of an evacuation
- Storing copies of your back-up data online
- Having back-up hardware available off-site in case you are not able to return to your business

### **Staff On-Call Procedures**

Our procedures for all staff during an emergency are included in our Emergency Management Plan (EMP) and include the following:

- OWNER initiates the EMP and contacts the Owner and Dir Community Advocacy/Administrator
- Roles are identified in the EMP, as well as processes outlined for contacting clients, CAREGivers, and other important stakeholders.
- This plan is updated annually and communicated to all clients and CAREGivers annually.

### **Partner Office Protocols**

We will partner with other Home Instead offices in Florida during an emergency. The specific office will depend on the location of the emergency (usually a hurricane) as we will want to get out of harm's way. For example, our most likely partner office will be the Naples/Fort Myers Home Instead offices (Bidwell HomeCare dba Home Instead Senior Care), or Daytona office (Partners in Care, LLC). These offices all have the same software/technology/protocols that we use, and we are able to best manage an emergency through these offices.

Protocol:

- Contact agency owner asking for EM assistance, specifically to relocate our Command Center to their offices
- Potentially forward phones to that office if our phones are not available
- Bring critical records to that office
- Use their local staff if needed to assist in all EM procedures

**Attachment E: Employee Emergency Management Plan - Acknowledgement**

EMPLOYEE CONTACT INFORMATION:

Employee name:	Employee Local Address:
Primary Phone Number:	City:      State:      Zip:
Email:	

EMERGENCY CONTACT INFORMATION:

Name:	Relationship:
Primary Phone Number:	Secondary Phone Number:
Email:	

*By providing SSMW LLC with the above emergency contact information I give them permission to contact the emergency contact I have chosen.*

**In the event of a non-mandatory evacuation emergency, my plan is to stay/remain/go to:**

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**In the event of a mandatory evacuation, my plan is:**

---

=====

**(continued)**

## Emergency Management Plan for Our Agency – For Employees

Home Instead Senior Care has an emergency management plan in place to protect our employees and our clients. **In the event of an emergency, employees will be contacted by the office staff.** *As many of our clients are heavily dependent upon our services, our caregiving and office staff is expected to fulfill their routine duties during times of emergency unless their personal safety is at risk including, but not limited to:*

- Remain with 'High Risk' clients until appropriate arrangements have been made.
- Accompany help with emergency preparations and accompany clients to 'Special Needs Shelters' unless arrangements have been made for another employee/family member to accompany client. We will always continue to provide services that were provided prior to evacuation.
- Notifies the office when client has been moved or is moving to another location, or if client cancels shift
- NOT to cancel scheduled visits or shifts without notifying the office; as we would not know if client is left alone
- If employee is in a mandatory evacuation zone or is making the decision to evacuate, they must let the office know when they plan to leave and when they plan to return.
- Office staff will report to designated Agency "office and man the command center until released by the OWNER/Ranking individuals

### What Are My Responsibilities after the Emergency?

- Call the Agency office upon return home; leave detailed messages if needed.
- Communicate with/report to the office location or alternate location each day to report your status and assist with care.
- After re-establishing contact, staff is to report to the agency office or alternate location each morning until normal operation and communication returns.

### How Can I Work with the local, state or county agency during an emergency?

- Call the county Emergency Management offices for information.
- Call the Agency to update on your availability and status.

### Annual Requirements

- Each staff member will review this emergency plan and receive a copy of emergency management plan information at initial orientation and annually. Staff members will sign the statement below indicating they have received instruction and a copy of the plan information.

I have read and understand Home Instead Senior Care's Emergency Management Plan and reviewed the training materials and I agree to their responsibilities both discussed and written.

The office will do everything in their power to ensure we have constant communication with our employees through email, text message and telephony recorded messages. It is equally important for the employee to keep the office informed of what is happening. Let the office know if there is any way we can assist you.

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**Employee Signature:**

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**Date:**

---

**Employee Print Name**

## Attachment F(i)—Emergency Management Plan – Instructions for Clients

In the event of an emergency or threat of emergency our agency will take proactive measures to distribute in advance a pack of information (shown below) to all clients (in homes) or clients in facilities. We will use our Client Risk Classification protocol, and also refer to the Client Emergency Management – Evacuation Plan details for contacting client’s/their families or emergency contacts.

The pack of information we will deliver and review with clients (and facilities if applicable) includes but may not be limited to (depending on the emergency): A personal letter from the agency regarding the state of the emergency, a copy of the Emergency Management Plan – Instructions for Clients sheet, client checklist before departing to shelters (if applicable). Client’s will already have in their Client Journal in the home a checklist of items to bring to a shelter (if applicable) and our CAREGiver team will help assemble these items.

Below is the **Instruction for Client** sheet which is distributed by our office team to all clients, at home or in facilities. Once the plan is activated, the office team each take a 1/3 of our client census and contact/distribute this Instruction Sheet, in addition to any other relevant details which may pertain to the emergency at hand. Our office team will make every attempt to speak directly with the client as well as notify client’s emergency contacts explaining the plan. Details of each client’s situation are captured and shared with the office team to ensure all members are aware of any special or difficult situations.

\*\*\*\*\*

**Emergency Management Plan – Instructions for Clients**

**(This document is distributed via email or in person, and available on our website. It’s distributed to all clients or the facilities where they may be receiving services).**

**Main Boca Raton Office Tele #: 561.409.5980**

**Corporate Office (if Florida telephone lines are down) – Omaha, NE: 402.498.4466**

**Website: [www.homeinstead.com/844](http://www.homeinstead.com/844)**

If Home Instead must activate our emergency management plan, please be assured your care *is our utmost concern* in these situations and we will do everything possible to have your CAREGiver remain with you at all times, whether that be in your home or at your facility (if applicable). A member of our administrative team will coordinate, communicate and confirm the plan for your care during an emergency, within the parameters outlined below.

If our agency is forced to shut down due to unsafe conditions and our CAREGiving team cannot safely provide services, we will notify you and attempt to assure your medical needs are met, such as providing emergency alternatives for your care (i.e, contacting local emergency resources). Remain calm as we will help identify a plan for your safety.

---

Home Instead Senior Care has prepared an extensive Emergency Management Plan to ensure continuity of your care and safety when the area where you live is affected by an emergency or disaster. We discuss this plan with you when you start services with us, we review the plan annually with you as we update your Emergency Contact details, and we review the plan again with you if we are activating this plan due to an impending emergency.

**This plan includes, but is not limited to:**

- Discussing this plan with you during your admission process along with a plan for your continuing care and possible evacuation if needed.
- Our Client Intake/Admission package contains a list of known emergency shelters and forms to notify local emergency officials of your special needs if evacuation to a shelter is necessary. This was shared with you also. If you registered for a Special Needs Shelter, we will confirm your acceptance at this shelter and ensure your transportation to this shelter.
- We will notify you in advance of any known threat of emergency. Should a sudden emergency occur, we will attempt to contact you to assess your situation/needs and plan for your ongoing care if necessary.
- During an emergency we will attempt to assure your needs, within scope of our State authorized services, are met and you are prepared if evacuation is necessary. We will do everything in our power to ensure your safety.
- It may be necessary for our agency to temporarily cease operation to assure our staff's safety. We will notify you and attempt to assure your medical needs are met if this occurs. We will resume services as soon as it's safe.
- We ask you contact our office to report your status and any needs you may have.
- If telephone service is down and you are unable to make a call, our staff will make a visit as soon as possible. Alternatively, if internet service is available, you or a family/friend may visit our website for special posted notices
- We will prioritize clients to be seen if necessary, will be made in the following manner:
  1. Clients who do not have friends or family members in the area, who have potentially life-threatening illness which requires close supervision.
  2. Clients who may have family and friends available but are not able to provide adequate care and interruption of services may significantly impact client's ability to meet basic physiologic and safety needs.
  3. Clients who are able to meet their own basic physiologic and safety needs without agency intervention.
- If you are a client receiving services in a facility, we will contact the facility to coordinate your care and safety. A copy of this Notification will be distributed to them as well.
- All clients will be contacted after the emergency to make arrangements to reestablish the regular care plan.
- Special Needs Shelters: Shelters are the last resort. Services in a shelter are limited and conditions may be uncomfortable for you. In addition, the services will not be equal to what you could receive in your home or healthcare institution and you may find conditions to be stressful and/or inadequate of your needs.

Please read information found in Client Journal and in ACHA form 3110-1006 (included in your admission package) prior to an emergency.

Note: Refer to [Attachment F \(ii\)](#) **Client Checklist Before Departing to a Shelter**, which is also provided in your Client Journal and provided/reviewed upon client intake.

## Attachment F(ii):

### **Client Checklist Before Departing to a Shelter (provided to all clients)**

Services in a shelter are limited and conditions may be uncomfortable. Services will not be equal to what you could receive in the home or healthcare institution. You may find conditions to be stressful and/or inadequate for your needs. If you have a pet, be sure you are going to a shelter that allows pets. The best planning is to move the pet to a family/friend's house out of harms' way. SHELTERS ARE NOT A GOOD SOLUTION FOR PETS. Call the office should you run into problems and we will attempt help you.

### **Items To Pack:**

1. ALL REQUIRED MEDICATION AND MEDICAL SUPPORT EQUIPMENT:  
**Specific medications and instructions, wheelchair, walker, oxygen, dressings, feeding equipment, ostomy, etc.**
2. SPECIAL DIETARY NEEDS  
**Shelters may only provide regular meals**
3. SLEEPING GEAR:  
**Pillows, blankets, portable cot or air mattress, folding chairs.**
4. IMPORTANT PAPERS:  
**Insurance cards  
Doctor's Orders  
Emergency contacts**
5. IDENTIFICATION:  
**Photo ID and current address**
6. CASH:  
**Check cashing/credit card/ATM services may not be available for several days  
Limit cash to cover basic needs. There may not be a place to secure money.**
7. COMFORT ITEMS:  
**Personal hygiene  
Snacks  
Small games, cards, etc.**
8. EXTRA CLOTHING:  
**Extra set of comfortable clothing  
Few sets of underwear and socks**

*REMEMBER: AN EMERGENCY SHELTER IS A "LIFEBOAT NOT A CRUISE SHIP" AND  
LIKE A LIFEBOAT, SHOULD ONLY BE USED AS A LAST RESORT*

## Attachment G: Client Risk Classification

- 1=High**      **HIGHEST NEED:** Client has a potentially life threatening illness that requires close supervision. Client is bed-bound and/or uses a hospital bed.
- 2=Average**      Client lives alone or with caregiver and interruption of services may significantly impact client's ability to meet basic physiologic and safety needs.
- 3=Low**      Client is able to safely meet their needs without Agency intervention. Client has made prior arrangements for evacuation to a shelter or other designated facility.

### High Risk Criteria

- Live alone with no significant other
- Is over age 70
- Extremely ill, needing close observation by registered nurse
- Requires continuous licensed home care
- Requires special diet
- Requires medication and or has limited supply available
- Is terminally ill
- Is located in area designated as high risk by local Emergency Management
- Has acute or chronic illness requiring dependence upon electrical or other resources which may be endangered
- Has no transportation
- Is unable to ambulate by self
- Is confused and dependent
- Uses high-tech equipment

### Average Risk Criteria

- Has significant other or family to assist in care
- Is located in areas designated as medium risk by local Emergency Management
- Is not dependent upon electrical power for life support
- Has transportation available
- Has housing available in a no risk area
- Is able to ambulate
- Is alert and independent with limited amount of help.

### Low Risk Criteria

- Has significant other or family who will arrange for emergencies
- Is located in areas designated as low risk by local Emergency Management
- Is able to ambulate
- Is alert and independent with limited amount of help.

NOTE: Employees assigned on continuous care for "high risk" clients must stay with client until appropriate arrangements for care can be made.



**Attachment H:**

**Client Emergency Mgt-Evacuation Plan**

Revised – Jan 2020

Name of Client: \_\_\_\_\_ Phone: \_\_\_\_\_

at the following location: \_\_\_\_\_  
(Address) (City) (State) (Zip)

In the event of a disaster or evacuation (such as for an impending hurricane) where will you go (list address and tele)?

Family Friends Shelter Special Needs Shelter Stay at Home Hotel Other

Transportation to be provided by: \_\_\_\_\_

Medications, Diabetic Supplies, Specials Foods (Thicket), Supplements, Oxygen, Colostomy Supplies, Urology supplies: \_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Care Physician/Phone #: \_\_\_\_\_

Pharmacy/Address/Phone /#: \_\_\_\_\_

Whom to contact (i.e. family member): \_\_\_\_\_ Phone: \_\_\_\_\_

Other contact names/numbers: \_\_\_\_\_

Will you require Home Instead services and a CAREGiver to go with you to the shelter? Yes No

- I understand *Home Instead Senior Care* may not be able to safely provide services during a disaster.
- I understand care will resume after the disaster, as soon as it is safe to do so.
- I understand I am responsible for my own disaster and evacuation plans and I must share those plans with *Home Instead Senior Care* before the need arises.
- I understand it is my responsibility to contact Home Instead Senior Care at the number listed below prior to any evacuation. I also must contact Home Instead Senior Care after the crisis has passed in order to resume services.

**Client Risk Classification: (circle one)**

**1=High**      **HIGHEST NEED:** Client has a potentially life threatening illness that requires close supervision. Client is bed-bound and/or uses a hospital bed.

**2=Average**      Client lives alone or with caregiver and interruption of services may significantly impact client’s ability to meet basic physiologic and safety needs.

**3=Low**      Client is able to meet physiologic and safety needs without Agency intervention in emergencies. Client has made prior arrangements for evacuation to a shelter or other designated facility.

**Home Instead Senior Care Main Office Phone: 561.409.5980**

Signature of: Client Client’s authorized legal representative

\_\_\_\_\_ Date



## Attachment I—EM Depts & Special Needs Shelter List (by county)

### Indian River County

**Treasure Coast Elementary School: (not pet friendly)**

**8955 85th Street, Sebastian, FL 32958**

\*Advance registration is required for those who will need transportation

Phone number: 772-567-2154

Special Needs Shelters - Link to register:

<https://www.irces.com/EM/documents/SpecialNeedsApp.pdf>

EM Department:

<https://www.ircgov.com/>

#### Criteria for Admittance:

- You have a special medical condition, disability, or impairment but are medically stable and do not require hospitalization.
- You have special medical needs that exceed the basic first aid provided at general shelters.
- Electrical Dependence
- Bedridden
- Require professional assistance with medication and/or vital sign monitoring
- Special medical condition requiring monitoring

#### Things to bring:

- Identification, important documents, 3-5 days of non-perishable food, water, and snacks.
- Bedding, Pillows, Blankets, Cots, Sleeping Bags, Toiletries, Flashlights
- Current list of medications along with a two-week supply of your medications.
- Oxygen Supplies, Nebulizer, Cane or Walker, Diabetes supplies, Basic Medical Assistant Monitoring
- Personal Aids such as: Glasses, Hearing aids, Dentures, etc.

### Martin County

**Dr. David L. Anderson Middle School (not pet friendly)**

**7000 Atlantic Ridge Drive, Stuart, FL 34997**

\*Advance Registration Required

Phone number: (772) 287-1652

Special Needs Shelters - Link to register:

<https://member.everbridge.net/index/453003085618683#/login>

EM Department:

<https://www.martin.fl.us/EM>

#### Criteria for admittance:

- You have a special medical condition, disability, or impairment but are medically stable and do not require hospitalization.
- You have special medical needs that exceed the basic first aid provided at general shelters.
- Electrical Dependence
- Bedridden
- Require Professional assistance with medication and/or vital sign monitoring
- Special medical condition requiring monitoring

#### Things to bring:

- Identification, important documents, 3-5 days of non-perishable food, water, and snacks.
- Bedding, Pillows, Blankets, Cots, Sleeping Bags, Toiletries, Flashlights
- Current list of medications along with a two-week supply of your medications.
- Oxygen Supplies, Nebulizer, Cane or Walker, Diabetes supplies, Basic Medical Assistant Monitoring
- Personal Aids such as: Glasses, Hearing aids, Dentures, etc.

## Attachment I – (continued)

### **Palm Beach**

**South Florida Expo Center (not pet friendly)  
9067 Southern Blvd West Palm Beach, FL 33411**

\*Advance Registration Required  
Phone number: (561) 712-6400

Special Needs Shelgers - Link to register:

<https://secure.co.palm-beach.fl.us/PSD.EM.SpecialNeedsApplication/>

EM Department:

<http://discover.pbcgov.org/publicsafety/dem/Pages/default.aspx>

#### **Admittance Criteria:**

- Dependence on electric medical devices
- Dependence on supplemental oxygen
- Certain chronic but stable illnesses that require observation or caregivers
- Progressive Alzheimer's or Dementia

#### **Things to bring:**

- Identification, important documents, 3-5 days of non-perishable food, water, and snacks.
- Bedding, Pillows, Blankets, Cots, Sleeping Bags, Toiletries, Flashlights
- Current list of medications along with a two-week supply of your medications.
- Oxygen Supplies, Nebulizer, Cane or Walker, Diabetes supplies, Basic Medical Assistant Monitoring
- Personal Aids such as: Glasses, Hearing aids, Dentures, etc.

### **Okeechobee County**

**Okeechobee Co Health Department (not pet friendly)**

**1728 NW 9th Avenue Okeechobee, FL 34972**  
Phone: (863)763-3212

Special Needs Shelter - Link to register:

<https://member.everbridge.net/index/338104120508429#/login>

EM Department:

<https://www.co.okeechobee.fl.us/departments/emergency-management>

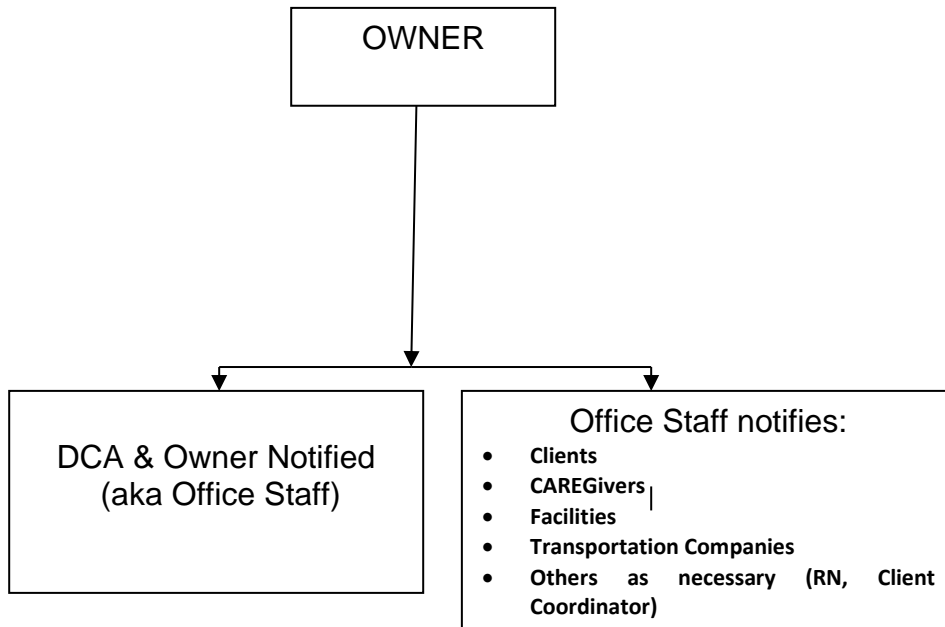
#### **Criteria for admittance:**

- You have a special medical condition, disability, or impairment but are medically stable and do not require hospitalization.
- You have special medical needs that exceed the basic first aid provided at general shelters.
- Electrical Dependence
- Bedridden
- Require Professional assistance with medication and/or vital sign monitoring
- Special medical condition requiring monitoring

#### **Things to bring:**

- Identification, important documents, 3-5 days of non-perishable food, water, and snacks.
- Bedding, Pillows, Blankets, Cots, Sleeping Bags, Toiletries, Flashlights
- Current list of medications along with a two-week supply of your medications.
- Oxygen Supplies, Nebulizer, Cane or Walker, Diabetes supplies, Basic Medical Assistant Monitoring
- Personal Aids such as: Glasses, Hearing aids, Dentures, etc.

**Attachment J—Emergency Preparedness Phone Tree**



1. OWNER will enact the Emergency Plan and will inform Dir Community Advocacy (DCA).
2. Dir Community Advocacy, Owner notify clients, CAREGivers, facilities (if needed), transport companies, etc.
3. OWNER will divide the client and HHA list in ClearCare, office staff assignments are made directing who will place calls (splitting the alpha order) until contacts are completed.
  - OWNER notifies clients by priority order, then Dir Community Advocacy will notify CAREGivers on assignments.
4. In the event of no telephone communications, employees should report to the Agency office or designated alternate site within two hours (2) of notification or realization of an emergency situation if personal safety permits.
5. The alternate office location is the OWNER's Home in Vero Beach at: 9650 E Maiden Ct, Vero Beach, FL 32963 or if possible, at an alternate office at 3300 SW 11<sup>th</sup> Street, Deerfield Beach, FL 33442
6. OWNER, Dir Community Advocacy will assess/reassess and delegate assignments as employees/situations change.
7. RN and/or Dir Comm Advocacy will be consulted regarding patient assessments as needed.

## Attachment K—Command Center

- The Agency main office will function as a command center at all times unless operations have ceased.
- The Agency office staff will report to the command center.
- If local operations have ceased or the office is destroyed or inaccessible, the OWNER will decide where the command center will be located. A temporary location will be the OWNER's Home in Vero Beach at: 9650 E Maiden Ct, Vero Beach, FL 32963 or if possible, at an alternate office at 3300 SW 11<sup>th</sup> Street, Deerfield Beach, FL 33442
- Employees, staff, clients and referral sources will be notified by telephone or in person of the alternate location and contact information after ceasing operations at the current office.
- The command center will serve as a base of communication, coordination of care, and accumulation of supplies and other needed resources.

**Attachment L —Alternate Contact Information**

See Page 4 for all available telephone numbers.

**Attachment M– Important Governmental Agency Phone Numbers**

**Local Emergency Management Offices:**

Office of Emergency Management

Indian River County: 772.567.2154

Martin County: 772.287.1652

Okeechobee County: 863.763.3212

Palm Beach County: 561.712.6400

**Federal Emergency Management Office**

FEMA Orlando: 800-621-3362

FEMA South Region, Atlanta: 770.220.5200

## Attachment N:

### **Employee EM Training Plan (information is reviewed regularly to include: upon initial hire and during ongoing annual EM training)**

All employees in new hire orientation, and in subsequent refresher meetings throughout the year are trained on EM plan and procedures, in addition to during their annual review.

#### Definition of an Emergency:

Emergency” means any occurrence, or threat thereof, whether natural, technological, or manmade, in war or in peace, which results or may result in substantial injury or harm to the population or substantial damage to or loss of property.

#### When do we initiate the Emergency Management Plan?

1. When the state officials declare an emergency, and/or
2. When the Agency Owner feels an emergency/disaster (ie, hurricane) is impending, and for safety and proactivity purposes, calls to active the Emergency Mgt Plan

#### Roles of Staff:

All office staff are critical staff and are required to work during an emergency (and afterwards until instructed otherwise). CAREGivers are considered critical if they have clients who still require services and are staying in the area. CAREGivers without clients (ie, client has gone to family in another state) are required to be available as backup resources to help where needed and instructed.

#### How are clients educated?

Upon Client Intake, our emergency management plan is reviewed. We discuss whether the client wishes (or needs) to register with one of the county Special Needs Shelters (we review the criteria with them as well as the application process). If yes, we assist the client in registering with that shelter upon intake. We also confirm semi annually, and in late Spring, that their names are still listed and active. EM shelter information is provided in the Client Journal, as well as on our company website.

#### Volunteering

We provide on our company Portal (accessible to all employees) the emergency services in the area where they can volunteer during an emergency. This is reviewed during new hire orientation, and the portal is open/accessible to all employees 365 days a year and updated with relevant information regularly.

**END OF HOME INSTEAD SENIOR CARE -BOCA RATON, FL  
EMERGENCY MANAGEMENT PLAN  
(PG 39/39)**