

<p style="text-align: center;">HH 435: Disaster Preparedness</p> <p style="text-align: center;">WAC: 246-335-420 Delivery of Services</p>	
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Policy Statement:

In the event of a major disaster that may result in significant disruption of patient services Hanford Home Health will make every effort to work with the following entities to address concerns for the safety of individual clients:

- maintain services to all high-risk clients
- coordinate efforts with local authorities
- notify local emergency management responders, i.e., police, fire, city emergency management, public health

Continuity of Services

It is the policy of Hanford Home Health to ensure continuity of care to high-risk clients in the event of an emergency. In case of events and/or emergencies causing disruption of normal service delivery, every effort will be made to serve high-risk clients in order to assure their safety and assess emerging and foreseeable medical and non-medical needs as the result of the emergency.

Staff Safety

- In the event of an emergency or disaster (e.g., hazardous weather conditions, earthquakes, fires, floods, toxic spills), staff will take the necessary safety precautions to prevent any injury and/or put themselves at risk.
- Depending on the circumstances, staff will make every effort to be informed before entering a dangerous area that may place them at risk

Preparedness Guidelines

This plan uses the term “all hazard” to address all types of incidents. An incident is an occurrence, caused either by humans or by a natural phenomenon, which requires or may require action by home care and emergency service personnel to prevent or minimize loss of life or damage to property and/or the environment.

Examples of incidents include:

- Fire, both structural and wildfire
- Weather related emergencies including snow, ice storms, heat, and flooding
- Hazardous materials accidents
- Power outages
- Staff shortage due to medical epidemic or staff walkout

- Civil Unrest
- Natural disasters
- Terrorist/WMD events.
- Incidents of naturally occurring disease outbreak
- Planned Public Events, such as political conventions, sports events

Agency Preparedness

Hanford Home Health does have an emergency plan in place that will guide Hanford Home Health during and after an emergency or disaster. Hanford Home Health will take all possible steps to maintain service delivery or restore essential services as rapidly as possible following an event. This includes, as appropriate, arrangements for:

- The emergency plan describes the specific steps and actions to be taken if an emergency and/or disaster occurs
- The emergency plan includes specific procedures followed by Hanford Home Health
- All staff is oriented in the organizational emergency preparedness procedure
- Overview of the plan will be included in staff orientation and periodic training and exercises

This includes, as appropriate, arrangements for:

- Evacuation: moving to temporary facilities, which includes pre-established agreements
- Acquisition of emergency supplies which includes arrangements with usual suppliers
- Protection of client's records, personal information, and data and includes offsite backup of critical data at regular intervals
- Continuation of payroll services
- Maintaining an up-to-date contact list for local emergency services, Public Health, local jurisdiction Emergency Operations Center (EOC) and other support services available to assist in an emergency

Emergency Supervisor Preparedness Responsibilities

All Emergency Supervisors will get an updated copy of the Emergency Disaster Preparedness Classification List for each patient and keep it at home for reference if an emergency occurs after hours, or if the Agency office is damaged or destroyed. These lists will be updated at least every six months or as care needs change.

When the Administrator (Emergency Supervisor) gets a call asking for assistance with an emergency, she will call the Director of Clinical Services (Assistant Emergency Supervisor). Both will then go to the Agency office immediately. Immediate tasks for the Emergency Supervisors will be:

- Determine the area struck and those patients of the Agency's affected by the emergency.
- The priority classification for each of these patients.
- An assignment list.

- While this is being determined, calls will be made to nursing homes and residential care facilities to determine the number of rooms which will be available for temporary placement of displaced patients and to local authorities to determine shelter options and locations. The Emergency Supervisors will also maintain a list of employees who have been notified and are available to assist in the emergency assessments. The patients who need assessments will be reassigned among the staff available and an Emergency Supervisor will then call each employee with assignments for who their team member is as well as the patient assignments.
- Calls will be made for prearranged transportation of patients in need of evacuation

Business Continuity

Hanford Home Health has developed a business continuity plan that provides guidance to continue daily activities in the event of a large portion of employees are unable to attend work. The Administrator (Emergency Supervisor), Director of Clinical Services (Assistant Emergency Supervisor), or their designee will be responsible for initiating the emergency preparedness plan during severe weather, staff shortages, or a disaster. He/she will assure that all clinical activities are coordinated and prioritized to maintain the safety of staff and patients. At the onset of the emergency Administrator (Emergency Supervisor), Director of Clinical Services (Assistant Emergency Supervisor), or their designee will notify key agency staff to initiate the emergency preparedness plan by contacting the staff and patients who may be affected by the emergency. Safety of the patient and the staff will be the priority of Hanford Home Health. If the emergency is weather related, staff and patients will be notified and advised to seek shelter until further notified. The staff will be advised to report to Hanford Home Health as soon as possible after the emergency to receive instruction on continuation of services. In the event of the loss of normal telephone services, mobile or cellular telephones will be utilized to maintain contact.

Staff Preparedness

Hanford Home Health will instruct staff about the responsibility to make personal disaster preparations in order to increase their availability to come to work. Included in the personal preparedness plan are the needed supplies, at home, how to best provide sheltering in place during and emergency. A staff preparedness plan should include, but is not limited to:

- 1) Adequate shelter with heat, food, water, personal supplies (e.g. flashlights, radio, blankets), medications, first aid kits
- 2) Enough supplies to last at least 3 days, and preferably 7 days
- 3) An out of state contact for reporting and updating information about the safety of home care staff
- 4) Maintain an emergency kit in their vehicle that includes water, flashlight, warm blankets, etc.

Patient Preparedness

Following patient intake, Hanford Home Health will provide all clients with resource information for establishing a family emergency preparedness plan. This plan will include consideration for:

- Keeping equipment fully charged when not in use
- Adequate shelter with first aid kits, medical information, blankets, and heat
- Have battery operated radio available and advised to listen to the local radio station during an emergency
- Keep adequate supply of food, water, and medications available at all times during severe weather seasons (Enough supplies to last for at least 3 days and preferably 7 days until outside help can arrive)

Hanford Home Health will not be responsible for providing these emergency supplies but will assist the patient by providing knowledge of emergency supplies to keep on hand.

Hanford Home Health will assist with providing a family emergency preparedness plan.

Including:

- Family and/or extended family contact list
- Local emergency resources and shelters
- Emergency Preparedness Packet with preparedness guidelines specific to certain emergencies

Home Care Agency Contacts

Hanford Home Health will designate the Administrator (Emergency Supervisor) that will make the determination that a condition exists that may result in a significant disruption of normal agency operations. When this occurs, the following will happen:

- 1) The Administrator (Emergency Supervisor) or their designee will be notified to initiate Hanford Home Health's phone tree system
- 2) The Administrator (Emergency Supervisor) will establish and maintain communications with all the key leadership staff to keep all staff informed as to the activation of the emergency response procedures

Staff Contacts

Hanford Home Health will maintain an emergency contact list with back-up contact information that includes beepers, cellular telephone, email addresses, home addresses, and home phone numbers.

- 1) Phone lists and contact information will be updated with each change in employee status
- 2) Staff on-call list with back-up contact information that includes beepers, cellular telephone, and home phone numbers

Local Emergency Resources Contacts

Hanford Home Health will maintain a list of local emergency contact information that includes, but is not limited to the following:

- 1) Local police and fire department

- 2) Emergency medical services
- 3) Hospitals
- 4) Long term care facilities
- 5) Public Health
- 6) Red Cross
- 7) Local Emergency Operations Center (EOC)
- 8) Local Counties Emergency Coordination Center

Staff Training, Education, and Exercises

Hanford Home Health will do at least the following:

- 1) Orient staff to emergency management procedures at the start of employment
- 2) Review the emergency preparedness program for annual updates and refreshers
- 3) Test the emergency preparedness program, or aspects of, the plan on an annual basis
- 4) Identify any other relevant emergency management planning activities

Inter-Agency Agreements

Whenever possible prior to a disaster and/or emergency, Hanford Home Health will develop mutual agreements to coordinate service delivery with other home care agencies to mutually support the delivery of home care services and/or for assessing the welfare and well-being of high-risk clients during emergencies.

Memorandum of Understanding (MOUs):

- Mutual Agreements or MOUs are previously agreed upon arrangements for the provision of mutual assistance and support in the event of emergency. They typically outline an agreement between two or more parties describing the assistance, resources that may be provided should the need arise.

Emergency Response Expectations for Emergency Supervisors

Step 1. Activation of Agency Emergency Response Plan

Hanford Home Health's Administrator (Emergency Supervisor) will make the determination that a condition exists that has resulted in a significant disruption of normal agency operations. The Emergency Supervisor has the authority to activate and deactivate this Emergency Preparedness Plan based on information known to her/him at the time which indicates such need. If the Emergency Supervisor is not available, the Assistant Emergency Supervisor, or designee will have the authority to activate the response plan.

Goal: Allow smooth transition of patient services and ensure continuity of care for all patients served by this agency.

- 1) The Administrator (Emergency Supervisor) will establish and maintain communications with all critical staff throughout the duration of the emergency
- 2) All supervisors on duty and off duty will report/contact the office to assist with coordination
- 3) All staff will make effort to report their availability to the home care office

Hanford Home Health's Administrator (Emergency Supervisor) will activate the communications plan (e.g., telephone tree)

- 1) The Director of Clinical Services (Assistant Emergency Supervisor) or designee will determine staffing levels for both scheduled and unscheduled staff
- 2) Communication will take place via an available cell number, pagers, beepers, 24-hour call service, if available, and any other available communication device in order to ascertain staff availability and personal safety
- 3) Staff scheduled to work are expected to report their status daily
- 4) The Director of Clinical Services (Assistant Emergency Supervisor) or designee will be responsible for deciding if a treatment already in progress should be discontinued.
- 5) The Director of Clinical Services (Assistant Emergency Supervisor) or designee shall be responsible for determining treatment schedules until conditions are determined safe.

Step 2. Contacting High Risk Clients

Hanford Home Health staff will make every effort following a disaster to assign priority for contacting designated high-risk clients as soon as possible.

- 1) High-risk clients will be contacted by telephone, if possible, to determine their safety and well-being and to be advised when resumption of services can be expected
- 2) High-risk clients will be advised to contact their immediate family, extended family, and/or neighbors for assistance
- 3) Should Hanford Home Health be unable to contact the high-risk patient an attempt will be made to contact immediate or extended family members
- 4) High-risk clients that require immediate medical attention will be advised to call 911 and request assistance
- 5) High-risk clients in need of medical assistance will be reported to the local health department in the county where they reside to request further assistance or advice
- 6) High-risk clients in need of non-medical assistance will be reported to the local Office of Emergency Management Emergency Operations Center

Step 3. Contacting Local Emergency Resources

Hanford Home Health will contact local emergency responders in the event communications with clients cannot be established. Depending on the need distinctions will be made for high-risk between medical and non-medical care needs.

- 1) In the event of life-threatening situations call 911

- 2) Medical requests (wheelchairs, transportation, oxygen, PPE) will be reported to the Public Health Department in the client's local area
- 3) Non-medical resource requests will be reported to the local Office of Emergency Management through their Emergency Operations Center (EOC) (fuel, blankets, food, water, etc.)
- 4) The American Red Cross is contacted for shelter, food, and evacuation information for non-medical needs

Emergency Response Guidelines for Direct Care Staff

After Receiving Notification of an Emergency

- Do not leave your home until you receive your assignment. Do not ask questions when you are called. This will only slow down the rate of calling and response time to the emergency.
- When you receive a call with your assignment, you will receive all of the necessary information about the emergency and those affected.
- Please wear your nametag and Agency shirt so you can be easily recognized by other cooperating agencies.
- Stay off the phone so your second call can come through uninterrupted.
- If phone lines are down, listen to radio stations for instructions.

If You Are Away from Home When an Emergency Happens

- Call the Agency office to let the Emergency Supervisors know that you are available to help. You will receive an assignment at that time.
- If there are no working telephones, either come to the triage site or to the Agency office (whichever is closest) for assignment. In the event that the telephones are not working, the Emergency Supervisors will be at the triage site and all assignments will be made from there.

If an Emergency Occurs During Working Hours

When you report for assignment of emergency patients, give a list of those patients you have yet to see to the Emergency Supervisor. A decision will be made by one of the Emergency Supervisors as to whether you will be pulled to help with the emergency assessments or be assigned to continue with your regular assignments or to assume some patients left from those nurses who are assigned to work on the emergency assessments. Those staff members who have had first aid training will be high priority to be assigned to emergency assessments.

Emergency Assessments

Before entering a patient's home, determine if there is a safety issue possible gas leak, exposed electric wire, etc.). Assess the situation and report to an Emergency Supervisor, who will report to the county emergency planners for proper emergency personnel to secure that site.

Each nurse or aide making home visits to patients must check in with the Agency office with an update at least every two hours. Any new assignments will be made at that time. When the nurse has completed the list of patients assigned to them, they will be assigned to a community assistance first aid site to help with triage if needed or will be assigned to specific patients from the regular caseload to complete that day's schedule. At least one (1) Emergency Supervisor will be present at the designated check in site to further assign Agency employees as they arrive and coordinate the staff members. If a patient needs to be moved to another site, the following procedure will be followed:

- 1) If the patient is unharmed but the home is damaged or unsafe and the telephone system is working, contact family or friends that the patient may request and make arrangements for the patient's transportation. Keep track of where the patient is going and all necessary telephone numbers or contact the Administrator (Emergency Supervisor) for arrangements to be made through the county emergency planners for transportation to an alternate care facility if other arrangements cannot be made.
- 2) If the patient is injured and needs transport, contact an Emergency Supervisor for arrangements to be made through the county emergency planners for transport to a hospital/emergency room/triage site, depending on the need as determined by the county emergency planners. Be sure to have a complete list of the patient's needs when notifying the Emergency Supervisor.

Remember- The official personnel who are at the site (police, ambulance personnel, etc.) have had training in handling emergencies, as well as potentially hazardous situations. If they tell you not to go to a certain area, don't go. In the event of damaged, blocked, or impassable roads, staff members will take alternate routes or notify an Emergency Supervisor of inability to reach an area

EMERGENCY PREPAREDNESS CLASSIFICATIONS

EMERGENCY DISASTER PREPAREDNESS (EDP/EPP) CLASSIFICATIONS:

“Level 1”

High Priority: Patients in this priority level need uninterrupted services. In case of a disaster or emergency, every possible effort must be made to see this patient. The patient's condition is highly unstable and deterioration or inpatient admission is highly probable if the patient is not seen. Examples include patients requiring life sustaining equipment or medication, those needing highly skilled wound care, and unstable patients with no caregiver or informal support to provide care

Individuals who live alone and lack family or other supports and one or more of the following risk factors are identified:

- 1) Bed/chair bound, medically fragile, pressure ulcers
- 2) Dementia, Alzheimer's, severe mental health issues, suicidal
- 3) Noncompliant or unstable diabetic
- 4) Power dependent for high tech equipment
- 5) Live in a remote area, without social support

Nurse delegation and/or skilled nursing may be added if needed

“Level 2”

Moderate Priority: Services for patients at this priority level may be postponed with telephone contact. A caregiver can provide basic care until the emergency situation improves. The patient's condition is somewhat unstable and requires care that should be provided that day but could be postponed without harm to the patient. Services could be postponed 24-48 hours without adverse effect to the patient.

“Level 3”

Low Priority: The patient may be stable and has access to informal resources to help them. The patient can safely miss a scheduled visit with basic care provided safely by family or other informal support or by the patient personally. Services could be postponed 72-96 hours without adverse effect to the patient.

RISK LEVEL:

High Risk Patient Criteria

Needs high level assistance to evaluate or stay in home. Dependent on homecare. Blind or oxygen dependent with no capable caregiver. Bed bound or wheelchair bound with no caregiver. Other: _____

Moderate Risk Patient Criteria

Blind or oxygen dependent but has elderly caregiver or is able to ambulate with assistance. Other: _____

Low Risk Patient Criteria

Ambulatory- Can evacuate or manage in home alone for short periods of time, or has fully capable caregiver. Other: _____

POWER CODE:

If electricity were lost, would there be any risk to life?

N= No Risk

Y= Yes- Risk to Life

Disaster Response Policy
Emergency Response List Check

Take all necessary action to maintain client's and staff's safety

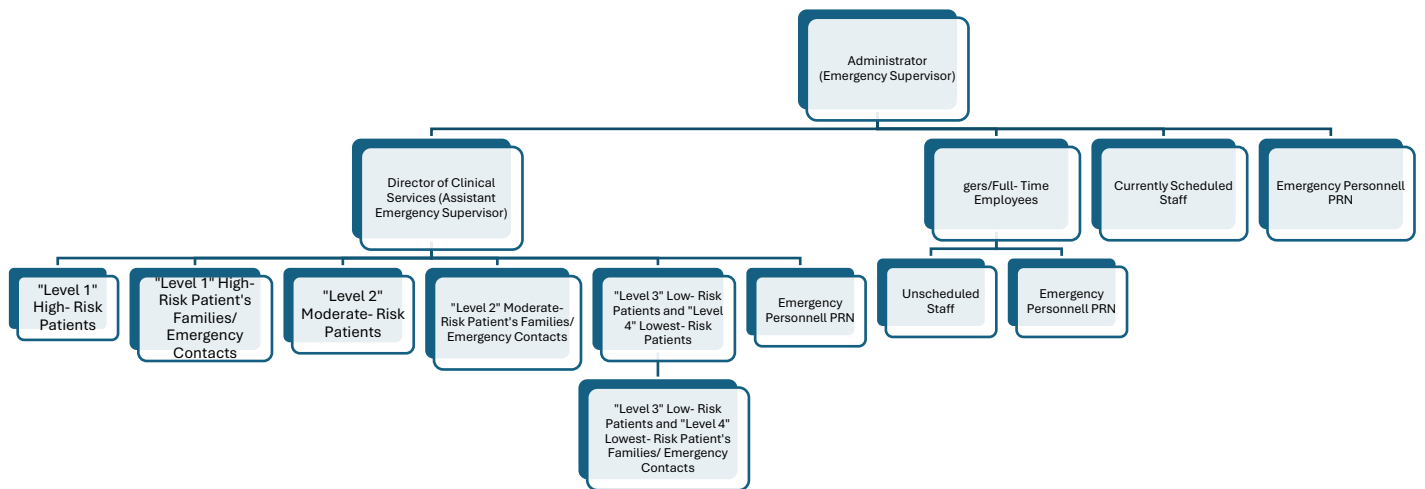
- ☐ Non- Emergency for Kennewick (509) 628-0333, Pasco (509) 545-3421, Richland (509) 942-7360, Prosser (509) 786-1500, Sunnyside (509) 836-6200, Yakima (509) 575-6200, Grandview (509) 882-2000
- ☐ Activation of Agency Emergency Response Plan
- ☐ Assess the integrity/safety of office location
- ☐ Activate internal communication plan
- ☐ Initiate call back of staff
- ☐ Assess the availability of staff and determine if you can continue to provide service
- ☐ Monitor initial and ongoing welfare of staff

Following the immediate response:

- ☐ Contact and monitor "high risk" clients' status
- ☐ Contact ADS to share status of agency's operation
- ☐ Contact ADS to share status of "high risk" clients
- ☐ Coordinate services for "high risk" clients with ADS
- ☐ Contact Public Health –
 - Benton-Franklin County contact (509) 460-4200
 - Yakima County contact (509) 575-4040
- ☐ Contact Local Emergency Management EOC for non-medical needs of clients
 - Benton County: (509) 628-2600
 - Franklin County: (509) 545-3546
Enrolled in Code Red Emergency Alerts for Benton County
 - Yakima County: (509) 574-1900
Enrolled in Alert Yakima Emergency Alerts for Yakima County
 - Washington State Emergency Management EOC: (800) 854-5406, or (253) 912-4900
- ☐ Benton County Sheriff's Office: (509) 735-6555
Yakima County Sheriff's Office: (509) 574-2500

Emergency Communication Phone Tree

Role/Title:	Name:	Cell:	Email:	Other Numbers:	Home Address:
Administrator / Emergency Supervisor	Charmine Faulkner	(509)873-7142	charmine@hanfordhomehealth.com	(509)302-5770	78058 Country Heights Dr. Kennewick, WA 99338
Director of Clinical Services/ Assistant Emergency Supervisor	Kyli Placke	(509)873-5217	kyli@hanfordhomehealth.com	(509)302-5770	4719 Roark Dr. Richland, WA 99352
Case Manager: Tri- Cities	Jessica Jacobo	(509)873-7142	Jessica.j@hanfordhomehealth.com		
Case Manager: Tri- Cities	Jodee Skalicky	(509)873-7145	Jodee.s@hanfordhomehealth.com		



Local Emergency Resources

For all Emergencies, please dial 9-1-1

Benton-Franklin Health District-
Kennewick: (509) 460-4200
Pasco: (509) 547-9737
<https://www.bfhd.wa.gov/>

Yakima Health District-
P: (509) 575 4040

Yakima County Emergency
Services-
P: (509) 574-1900
[https://www.yakimacounty.us/
/350/Emergency-
Management](https://www.yakimacounty.us/350/Emergency-Management)

Benton County Emergency Services-
P: (509) 628-2600
<http://www.bces.wa.gov/>

American Red Cross of Central and
Southeastern Washington-
P: (509) 783-6195
[https://www.redcross.org/loc
al/washington/about-
us/locations/central-
southeastern.html](https://www.redcross.org/local/washington/about-us/locations/central-southeastern.html)

Washington Poison Control Center-
P: (800) 222-1222

For Non- Emergencies:

Kennewick Police Department-
P: (509) 628-0333
211 W. 6th Ave.
Kennewick, WA 99336

Richland Police Department-
P: (509) 942-7360
871 George Washington Way
Richland, WA 99352

West Richland Police Department-
P: (509) 967-3425
3805 W. Van Giesen St.
West Richland, WA 99353

Pasco Police Department-
P: (509) 628-0333
215 W. Sylvester St.
Pasco, WA 99301

Prosser Police Department-
P: (509) 786-1500
1227 Bennett Ave.
Prosser, WA 99350

Sunnyside Police Department
P: (509) 836-6200
401 Homer St.
Sunnyside, WA 98944

Area Hospitals:

Kadlec Regional Medical Center
P: (509) 946-4611
888 Swift Blvd.
Richland, WA 99352

Kadlec Regional Medical Center-
Freestanding Emergency
Department
P: (509) 946-4611
3290 W 19th Ave.
Kennewick, WA 99338

Trios Health Southridge Hospital
P: (509) 221-7000
3810 W. Plaza Way
Kennewick, WA 99338

Lourdes Medical Center
P: (509) 547-7704

520 N. 4th Ave.
Pasco, WA 99301

Astria Sunnyside Hospital
P: (509) 837-1500
1016 Tacoma Ave.
Sunnyside, WA 98944

Yakima Valley Memorial
P: (509) 575-8000
2811 Tieton Dr.
Yakima, WA 98902

Prosser Memorial Hospital
P: (509) 786-2222
723 Memorial St.
Prosser, WA 99350

**For power outages, please report to Benton P-U-D
1-888-582-2176**

