



*Our mission is to reunite people
living with physical disabilities
with the community.*

POLICY: **EMERGENCY/DISASTER PREPAREDNESS
RESPONSIBILITIES, PLAN AND PROCEDURES**

EFFECTIVE: **August 2011**

PURPOSE: Wheels of Progress Inc. is committed to the provision of uninterrupted service coordination to its Participants; however, events may occur which interfere with full implementation of this commitment.

The Emergency And Disaster Preparedness Plan is part of each staff member's orientation and is annually reviewed through in-service education and mock drills as needed.

This policy has been divided into ***Internal*** and ***External*** Emergency Disaster Planning:

Internal Disasters are events that affect the operation of an agency, but not necessarily its Participants or the community it serves. Examples are: fires in the office, loss of power, loss of phone service or communications, or a work stoppage by staff.

External Disasters are events that affect the local community and often areas beyond. Examples include: natural events, such as snow and ice storms, earthquakes, floods and terrorist attacks (biological, chemical, explosions, nuclear blasts, radiation threat and natural disasters).

INFORMATION: Each Participant is assessed for his/her ability to cope in the event of an emergency/disaster, and an individualized plan of care is developed with the Service Coordinator and is further documented in the Participant's Plan for Protective Oversight Form as to type of intervention needed or who is the emergency contact for such events. The Service Coordinator has a "field device" which contains the Participant's contact information. In cases of electricity failure, the field device can be operated through battery – and each field device comes with a back-up battery. Participants are encouraged to: establish specific responsibilities for their family members in case of a disaster, store enough supplies for at least three days, and have a plan to request professional assistance in life-threatening situations.

In the event that situations, such as those listed above, occur and interfere with the normal delivery of services, the CEO or designee will implement the Emergency / Disaster Plan in conjunction with the senior management staff– as designated in the Incident Command System. The Service Coordinator will have previously discussed with the participant and/or significant other procedures to follow in the event of an emergency/disaster.

The CEO / Director of Service Coordination are jointly responsible for ensuring successful implementation of the Emergency Disaster Plan as well as developing, communicating, and overseeing the agency's plan throughout the year. All staff is involved with participating in the event that implementation occurs. Copies of the plan shall be maintained in the office and at the home of the CEO/Director of Service Coordination, as well as the On-Call Nurse Coordinator.

The internal **Incident Command System (ICS)** is the framework of the agency's activation and response structure. This identifies the chain of command, calldown system, delineates lines of authority, and responsibilities:

- This policy serves to identify procedures to follow relating to the provision of services in emergency/disaster.
- The participant priority classification system shall be utilized as the basis for planning for care delivery of active patients. (see below). Each nurse coordinator at a minimum will review this list whenever there is a change in participant status or upon revision of plan of care. An emergency back-up on this information is available in hard copy for the On-Call Nurse as well as on the Field Device.
- All NHTD Waiver employees are oriented to the plan and their responsibilities related to its implementation.
- Service delivery, planning, delegation of assignments, support and consultation to staff, communication with Participants and others is conducted from the office, as appropriate, unless the nature or time of the emergency prohibits same, in which case this may be accomplished from the staff's place of residence or where staff are located at the time of the emergency/disaster.
- The CEO / Director of Service Coordination and the On-Call nurse maintain, at their home, a current list of Wheels of Progress Inc. clinical staff home phone numbers and cell phones or beepers. It is the responsibility of all staff to maintain strict confidentiality relating to any and all employee and Participant related information that may be retained in his/her residence for emergency purposes only.
- The Service Coordinator is to plan with Participants, families and others involved for the provision of safe essential care in the event of an emergency when the scheduled provider cannot make the visit or the Participant cannot remain safely in the home without a RN visit or HCSS visit.

CEO/Director of Service Coordination or designee determines that there is an emergency/disaster and activates

the Incident Command System. The Incident Commander will determine the most feasible and safe manner to meet participant needs and protect Agency staff to the extent possible within the following parameters based upon the "triage" of participants done by the Nurse or Service Coordinator in conjunction with their Supervisor and the Safety Officer of the organization. Participants will be triaged as follows:

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

Class II – Moderate Priority. Services for Participants at this priority level are managed safely with telephone contact. A caregiver can provide basic care until the emergency situation improves. The Participant's condition is somewhat unstable and requires care that should be provided that day but could be postponed without harm to the participant.

Class III – Low Priority. The Participant may be stable and has access to informal resources to help them. The Participant can safely miss a scheduled visit with basic care provided safely by family or other informal support or by the participant personally.