



# Emergency Preparedness Manual

*for Home Care Providers*



Maryland-National Capital Homecare Association  
*In Partnership With*  
Maryland Department of Health and Mental Hygiene  
Office of Preparedness and Response



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# Introduction

The Maryland-National Capital Homecare Association (MNCHA), with support from the Maryland Department of Health and Mental Hygiene (DHMH) Office of Preparedness and Response, has designed this handbook so that home care providers can educate and prepare themselves, their patients, and their agencies for a wide-range of disaster situations. It is the hope of MNCHA that home care providers will use this resource as a starting point for developing a specific disaster preparedness plan.

The definition of *vulnerable* is any individual or group that has a diminished ability or capacity to anticipate, cope, resist or recover from a natural or manmade hazard. Home care providers are entrusted with the care and protection of the most vulnerable residents of our state. As such, a lack of preparedness for a disaster could result in the home care provider itself being vulnerable. During a disaster, capacity – or the resources available to the community to help cope and respond to the disaster – may be diminished. MNCHA aims to help home care providers prepare for disasters so that together we can increase the capacity of home care providers to play a major role in emergency preparedness and recovery.

This manual is divided into five main parts:

1. Assessments
2. Incident Command System
3. Business Continuity Planning
4. Emergency Plan by Event
5. Resource Contact Information

There are many resources available to assist you in increasing your knowledge of emergency preparedness. We used some of these sources in building this manual. Information was gathered from the DHMH Office of Preparedness and Response, Occupational Safety Health Administration, Centers for Disease Control and Prevention, U.S. Department of Homeland Security and the Federal Emergency Management Agency.

MNCHA wishes to thank DHMH for providing input and Diane Link of BlackTree Healthcare Consulting for her expertise in the development of the content.

We also thank Chroma Design and Communications for their assistance with design and production management.

We hope you will use this manual to be better prepared as a company – and to help your patients and their families become better prepared. As always, we encourage your feedback on this resource and your input into future initiatives.

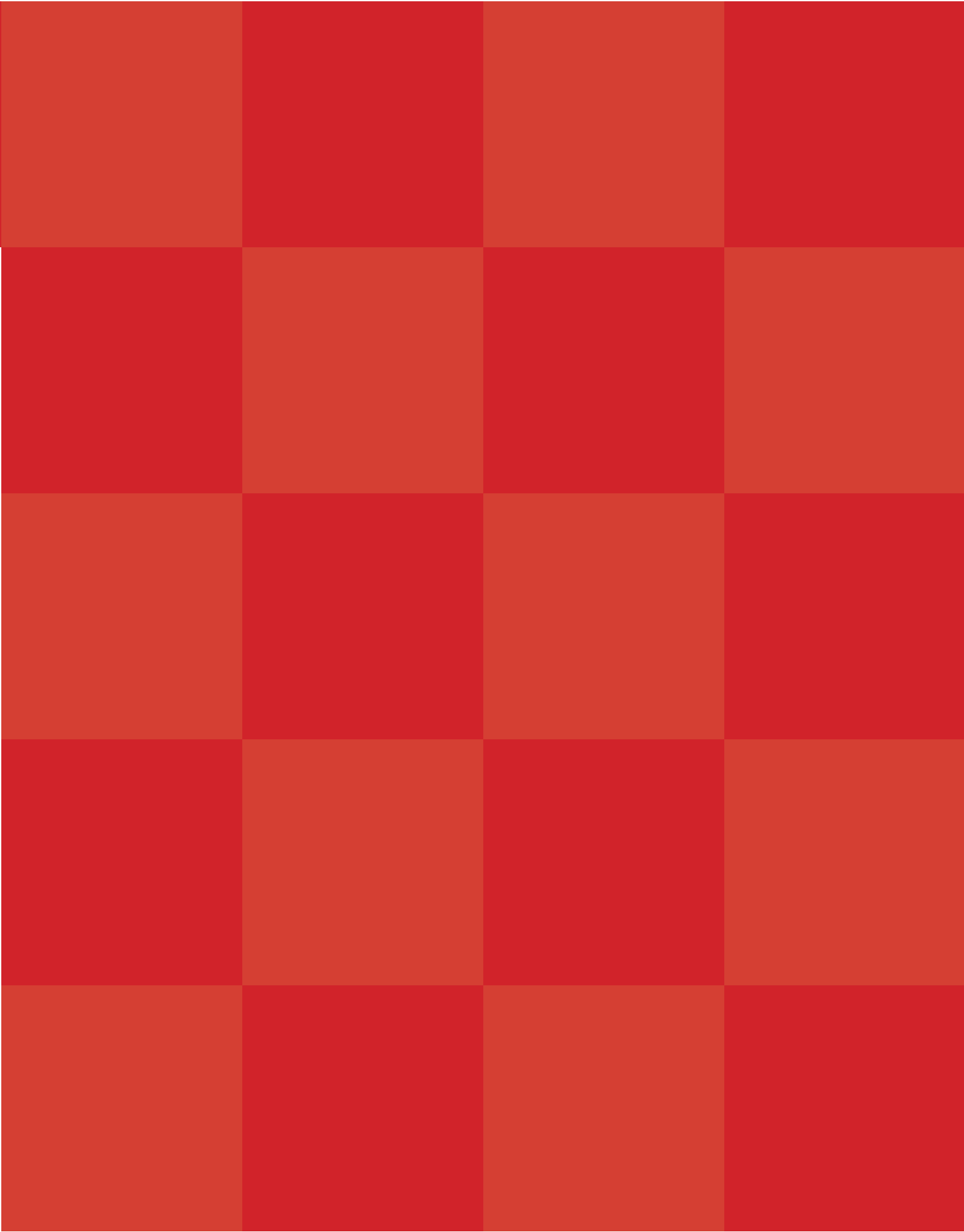
Sincerely,



Ann Horton, M.S.  
Executive Director  
Maryland-National Capital Homecare Association



*Part 1:*  
**Assessments**



# Conducting a Hazard Vulnerability Assessment

## OVERVIEW

A Hazard Vulnerability Assessment (see Exhibit A) is a tool designed to help companies identify and evaluate their level of risk and preparedness for a variety of emergency or hazardous events. The assessment lists the most common weather-related events that may occur in our region based on research of prior weather events over the past ten years. The other events include potential hazards that agencies need to be prepared for. This template is designed with the ability to be customized based on your own assessment of your service area, your company, and your hazard vulnerabilities.

## INSTRUCTIONS

Evaluate your company's probability, vulnerability and preparedness for each event listed based on a three-level scale.

**Probability** – Rated based on the frequency or likelihood of an event occurring.

- 3: Very likely event may occur (event every 1-3 years)
- 2: Likely event may occur (event every 3-10 years)
- 1: Unlikely event may occur (event was over 10 years)

**Vulnerability** – Rated based on the degree with which your company will be impacted. Consider items such as service disruption, infrastructure damage, health hazard, financial impact, and potential for life threatening incidents.

- 3: Total Disruption – Inability to provide services, utilize facilities, loss of life
- 2: Moderate Disruption – Inability to provide services, utilize facilities for short period of time
- 1: Low Disruption – little or no impact on ability to provide services, utilize facility

**Preparedness** – Rated based on your agency's experience in dealing with events of this nature or strength of emergency preparedness plan to address these events. \*Note the scale is in the opposite order from prior scale.

- 1: Good – Plan is in place or agency has encountered event with successful outcome
- 2: Fair – Plan is in place but could be improved, event occurred but agency faced challenges
- 3: Poor – No plan in place or event occurred and agency was unable to overcome challenges

Once all areas are completed in the chart, multiply the ratings for each event area. The higher total scores for each event will identify the events that have the highest risk and may need immediate organizational planning. Agencies should determine the total score for an event that is an acceptable risk for their agency.



### Exhibit A.1: Hazard Vulnerability Assessment Tool (SAMPLE)

EVENT	PROBABILITY LEVEL			VULNERABILITY LEVEL			PREPAREDNESS LEVEL			TOTAL SCORE Multiply each column
	3	2	1	3	2	1	1	2	3	
	Very Likely	Likely	Unlikely	Total Disruption	Moderate Disruption	Low Disruption	Good	Fair	Poor	
<b>Natural Disasters</b>										
Heat Emergency	X					X	X			3
Cold Emergency	X					X	X			3
Thunderstorm	X					X	X			3
Tornado		X			X			X		8
Hurricane		X			X			X		8
Flooding		X			X			X		8
Ice/Snow	X				X		X			6
Blizzard		X		X				X		12
Earthquake			X	X					X	9
Fire	X			X			X			9
<b>Biological/Environmental</b>										
Epidemic/Pandemic Flu			X		X		X			2
Epidemic/Pandemic Disease			X	X			X			3
Chemical Incident			X			X			X	3
Nuclear Incident			X	X					X	9
Air Pollution/Air Quality		X				X				2
<b>Man Made Disasters</b>										
Civil Disturbance			X			X			X	6
Bomb Threat			X			X	X			2
Terrorist Threat			X			X			X	6
Mass Casualty			X			X			X	6
Workplace Violence			X	X					X	9
Active Shooter			X	X					X	9
<b>Operational</b>										
Electrical Power Failure	X				X		X			6
Communication Failure	X				X		X			6
Water Failure			X			X				1
Transportation			X	X					X	9
Informational System Failure	X			X				X		18

## Exhibit A.2: Hazard Vulnerability Assessment Tool

EVENT	PROBABILITY LEVEL			VULNERABILITY LEVEL			PREPAREDNESS LEVEL			TOTAL SCORE <i>Multiply each column</i>
	3	2	1	3	2	1	1	2	3	
	Very Likely	Likely	Unlikely	Total Disruption	Moderate Disruption	Low Disruption	Good	Fair	Poor	
<b>Natural Disasters</b>										
Heat Emergency										
Cold Emergency										
Thunderstorm										
Tornado										
Hurricane										
Flooding										
Ice/Snow										
Blizzard										
Earthquake										
Fire										
<b>Biological/Environmental</b>										
Epidemic/Pandemic Flu										
Epidemic/Pandemic Disease										
Chemical Incident										
Nuclear Incident										
Air Pollution/Air Quality										
<b>Man Made Disasters</b>										
Civil Disturbance										
Bomb Threat										
Terrorist Threat										
Mass Casualty										
Workplace Violence										
Active Shooter										
<b>Operational</b>										
Electrical Power Failure										
Communication Failure										
Water Failure										
Transportation										
Informational System Failure										

# Conducting a Home Care Emergency Preparedness Assessment

Once you have assessed your hazard vulnerability, you must evaluate your company’s preparedness status. You can use the tool provided in Exhibit B to complete this step.

This quick assessment will help you identify your company’s preparedness in case of an emergency. This list is not inclusive of all items an agency may need to assess when preparing an emergency plan. An agency needs to consider their unique differences and specialties.

## Exhibit B: Home Care Emergency Preparedness Assessment Tool

	Yes	No
Do you have access to updated patient census?		
Do you identify patients’ acuity/risk levels?		
Do you update patients’ acuity/risk levels?		
Do you have written emergency preparedness education for patients?		
Have you completed a hazard vulnerability assessment?		
Have you set up an incident command?		
Do you have an emergency preparedness plan and policy?		
Do you have a current list of employee contact information?		
Do you have your employees’ emergency contact information?		
Have you provided education to all staff on the agency’s emergency preparedness policy?		
Have you held an emergency preparedness drill?		
Have you identified your community emergency preparedness contacts? <i>(See list in back of this manual)</i>		
Have you communicated with your community emergency preparedness team?		
Do you have a plan for securing medical supplies during an extended emergency?		
Do you have a plan for transportation in case of emergency?		
Have you created a business continuity plan?		

If you answered no to any of these questions then **NOW** is the time to review, update or create a comprehensive emergency preparedness manual.

# Patient Acuity Assessment

An important part of preparedness is knowing each patient’s status, physical needs, and the availability of a caregiver to assist in an emergency. Upon admission, each patient should have an acuity assessment completed and kept on file for easy access. Using acuity levels, patients should then be categorized in an acuity risk level report. This list should be updated frequently and be easily accessible. The following Patient Acuity Assessment Template can be modified to fit the patient population that the organization serves.

## Exhibit C: Patient Acuity Assessment Template

<b>Patient Name / I.D.</b>	Caregiver:		
Address:	Phone Number:		
Diagnosis:			
Case Manager/Assigned Staff:			
<ol style="list-style-type: none"> <li><b>High Acuity/Risk</b> – Assistance is needed, no caregiver available or unable to assist, requires visit to meet need within 24 hours.</li> <li><b>Moderate Acuity/Risk</b> – Caregiver is available but patient/caregiver needs support, requires visit within 24-48 hours.</li> <li><b>Low Acuity/Risk</b> – Caregiver is available, visit can be postponed greater than 48 hours.</li> </ol>			
<b>MEDICAL PROCEDURES / TREATMENTS</b>	<b>1-High Priority</b>	<b>2-Moderate Priority</b>	<b>3-Low Priority</b>
<b>Respiratory</b>			
Ventilator			
BiPap			
Oxygen			
Suction			
Nebulizer			
Tracheostomy Care			
<b>Nutrition</b>			
Enteral Nutrition (Tube Feedings)			
Parental Nutrition (TPN)			
Meal Preparation			
Needs assistance to be fed			
<b>Elimination</b>			
Colostomy/ileostomy			
Urinary Catheter (indwelling or intermittent)			
Dialysis in home			
Dialysis at center			
Toileting Assistance Needed			
Incontinent			
<b>Medication</b>			
Oral Medication Assistance			
Intravenous Medication Continuous			
Intravenous Medication Intermittent			

<b>MEDICAL PROCEDURES / TREATMENTS (cont.)</b>	<b>1-High Priority</b>	<b>2-Moderate Priority</b>	<b>3-Low Priority</b>
<b>Wound Care</b>			
Basic Wound Care:			
Complicated Wound Care:			
Wound Vac			
Infection - MRSA, VRE			
<b>ADLS / SUPERVISION / COMMUNICATION</b>	<b>1-High Priority</b>	<b>2-Moderate Priority</b>	<b>3-Low Priority</b>
Bedbound			
Requires Assistance with Transfer			
Wheelchair Dependent			
Dementia/Alzheimer's Supervision			
Behavioral Health Supervision			
Aphasia			
Deafness			
Non-English Language			
<b>Other</b>			
Disease Management Assessment			
Palliative Care			
Hospice Care			
Transport Car			
Transport Wheelchair			
Transport Ambulance			
<b>DURABLE MEDICAL EQUIPMENT</b>	<b>In Home</b>	<b>Requires Electric</b>	<b>Portable</b>
Oxygen			
Ventilator, Bipap, Cpap			
Suction			
Nebulizer			
Walker, Crutches, canes			
Hospital Bed			
Specialty Air Mattress			
Hoyer Lift			
Wheelchair			
<b>MEDICAL SUPPLIES</b>	<b>Amount needed per day/week</b>		
Ostomy			
Catheter			
Glucometer			
Insulin Pumps			
Wound Supplies			
Other			

*Part 2:*  
***Incident  
Command  
System***



# Incident Command

## OVERVIEW

The use of the Incident Command System (ICS) is a well-established emergency response protocol in military, public and private sectors. In 2004, the Homeland Security Presidential Directive-5 developed and implemented the National Incident Management System (NIMS). The goal of NIMS is to develop a national template for preparedness and response that incorporates government and nongovernment agencies to work together through collaboration of providers.

Home care providers are unique in the health care setting in that they are focused in the community versus in an institution. The ability for home care providers to support vulnerable patients and the community emergency management system requires an ICS that is designed so that all resources can integrate into the emergency operations structure with an established chain of command.

The ICS features include the following:

1. **Common Terminology/Clear Text:** The use of common terminology and the avoidance of using codes, slang or discipline-specific information allows for clear communication. Common terminology is used in the ICS instead of organizational titles or roles.
2. **Modular Organization:** The ICS structure starts at the top and expands downward as needed per event. The positions within the ICS that are needed are based on the extent or impact of the emergency event.
3. **Management by Objective:** Emergency events are not “business as usual,” so clearly defined objectives will assist staff in focusing on their roles in an emergency response. Incident objectives are specific and state what is to be accomplished, are measurable with a timeframe, are attainable and reasonable, and are evaluated to determine effectiveness of strategies or tactics. The incident objectives should be based on a clear understanding of your organization’s policies.
4. **Incident Action Planning:** The incident objectives are documented in the Incident Action Plan (IAP) and reflect the overall strategy for the incident management. The IAP is a written plan that enables staff to take action based on the incident objectives identified in the plan.
5. **Manageable Span of Control:** The incident management should be effective and efficient, thus the incident managers should have responsibility for no more than 3 to 7 subordinates.
6. **Pre-Designed Incident Locations/Facilities:** In the planning stage of ICS, a determination should be made on coordinating sites, command posts, staging areas for staff and supplies, and evacuation plans for office staff and patients.
7. **Resource Management:** Resources are defined as either tactical or support. Tactical resources include staff and equipment available for use in the response. Support resources are all other resources to support the event including food, equipment, supplies, vehicles, and communication tools. It is important to identify the location and availability of the resources not only within your agency but within your community or medical mutual aid system.
8. **Integrated Communication:** The integrated communication includes the hardware (telephones, cell phones, radios, and Internet), the advance planning of the communication policy and plan, and lastly the plan to share information internally and externally.



9. **Command Structure:** ICS provides a common command structure that identifies core principles and an efficient chain of command. Unity of command dictates that each person within the structure report to one supervisor. Single command exists when a single agency responds to the event; unified command structure is used when multiple agencies/disciplines are working together during the event. An example of unified command would be during a weather emergency when the emergency management incident commander and the agency incident commander work together to meet the incident objectives.

Access information about how to receive formal ICS training at <https://training.fema.gov/nims/>.

# Incident Management Team Roles and Responsibilities

## OVERVIEW

The Incident Command System (ICS) is a management system, not an organizational chart. The incident command functions are developed based on a number of principles of emergency management including:

- Every event requires certain management functions be performed: the evaluation of the current incident, the development of incident objectives, the release of necessary resources and ongoing evaluation of the incident. Successful implementation of ICS requires defined incident command functions.
- ICS organization and titles frequently do not correlate to daily operation responsibilities or functions within your company. This is done purposefully to avoid role and title confusion. Those assigned positions in ICS come together during an event as the *Incident Management Team (IMT)* whose purpose is to respond to and recover from the event through a coordinated effort.
- Titles within the ICS should remain unchanged thus promoting interoperability between internal and external response partners.
- The IMT consists of command, general, branch, and unit staff with clearly defined roles and responsibilities. Depending on the size of the operations, some parts of the organizational structure may be eliminated such as branch or units.
- The IMT consists of the following:
  - **Incident Commander:** ALWAYS activated in an incident regardless of size or extent of incident. The Commander sets the objectives, devises strategies, prioritizes, and maintains overall responsibility for managing the incident. The Incident Commander is supported by four other management team members.
  - **Operations:** Responsible for tactical operations to carry out the incident objectives.
  - **Planning:** Collects and evaluates information and data for decision support, maintains resource status information, responsible for documentation of incident.
  - **Logistics:** Provides support, resources and other essential services to meet incident objectives.
  - **Finance:** Monitors costs related to incident, procurement of items, time recording, and cost analysis.
- Based on the incident size and company size, the Incident Commander may assume more than one role but **the Incident Commander is always one individual** and must always be activated in an emergency event.
- The Incident Management Team members also have other position titles that define roles and tasks assigned to the role including:
  - **Officers:** Part of the command section. Officer roles include Liaison Officer, Public Information Officer, Medical Director/Specialist, and Safety Officer. Each of these report directly to the Incident Commander.

- **Chiefs:** Oversight of the section (operations, planning, logistics, finance). Reports directly to the incident commander.
- **Directors:** Section branches may be activated. An example would be identifying a branch for infrastructure under the operations section. In order to maintain the chain of command and provide specific duties and roles to the branch a director is identified. The director reports to the corresponding section chief.
- **Leaders:** A unit under the branch may be activated. Example: infrastructure has an information system unit. The person assuming responsibility for the unit is the leader. The leader reports to the director.

## ROLE DEFINITIONS

### Command Section

*The command section includes the incident commander and officers who support the incident commander.*

- **Incident Commander:** The incident commander is the only role that is always initiated in an event. The incident commander directs the emergency response through development of incident objectives. A critical role of the commander is to determine the level of emergency response in relation to the impact on life, property and capability to maintain operations.
- **Public Information Officer:** The public information officer is responsible for developing and releasing information about the incident to the news media, to incident personnel, and to other appropriate agencies and organizations.
- **Safety Officer:** This position supports the command staff and is responsible for the overall safety of the response activities. The safety officer evaluates the data from multiple sources (weather alerts, emergency management updates) and communicates to the incident commander. The safety officer ensures that internal locations are hazard-free.
- **Liaison Officer:** The liaison officer serves as a link between external partners and the agency. This includes relay of information to the community, county or state emergency officials, public health authorities, and other agencies identified in the emergency plan.
- **Medical Director/Specialist:** This is a person that has specific expertise in clinical areas, such as infectious disease and trauma management, and is a resource for staff. The medical director/specialist reports directly to the incident commander, but works directly with operations as a resource.

## Operations Section

The operations section, considered the “doers,” consists of up to four positions.

- **Operations Section Chief:** The operations section chief oversees tactical operations. The chief activates additional positions based on the event needs as well as the availability of qualified staff to fill the positions. If there is no available qualified staff to fill the position, then the position is the responsibility of the highest position within the section.
- **Patient Care Branch Director:** The patient care branch director is responsible for continuation of patient care services and provision of care to injured volunteers/staff. The branch director is also responsible for patient census, triaging patients and patient location accountability.
- **Infrastructure Branch Director:** This position is responsible for assessment and functionality of agency facility structure.
  - **Facility/Security Unit Leader:** Under the infrastructure branch director, the facility/security unit leader is responsible for maintaining safety and security of the facility. This position integrates with local emergency or law enforcement officers.

## Logistics Section

The logistics section, considered the “getters,” provide the necessary services and support to sustain operations during the event. Included in this section are communication, information technology (IT), supply management, staffing, and scheduling and transportation. Responsibility in this section includes identification and inventories of current resources including supplies, equipment, personnel, and items to support operations.

- **Logistics Section Chief:** This position oversees the provision of services and support to sustain operations and operational response to event. The section is made up of two major branches: Service and Support. The logistics section works closely with operation section.
- **Service Branch Director:** The service branch director is responsible for ensuring the essential services of communication and information technology.
  - **Communications and IT Unit Leaders:** Under the service branch director, leaders assist in maintaining communication and IT solutions.
- **Support Branch Director:** This position organizes and maintains supplies, medical supplies, transportation and labor/volunteer pool. The branch director is accountable for resources used and requested for operations and ensure that resources are available.
  - **Supply Management Unit Leader:** This unit leader, who reports to the support branch director, ensures that medical and office supplies are inventoried, available and dispensed as needed.
  - **Staffing/Scheduling Unit Leader:** This unit leader ensures the current list of available staff is accurate and identifies staff that are assigned to other departments.
  - **Transportation Unit Leader:** This unit leader coordinates transportation assistance as needed for staff.

## Planning Section

The planning section, considered the “thinkers,” is activated when there are sufficient staff for operations and logistics. The role of planning is to gather, analyze and track event data from internal and external sources. This section is responsible for projecting the ability to sustain operations based on current information and future status.

- **Planning Section Chief:** This position oversees the planning section and determines the need for activation of situation and documentation units. The section chief collects and disseminates incident situation reports to the incident commander and is responsible for developing the Incident Action Plan.
- **Situation Unit Leader:** This unit leader is responsible for writing and maintaining incident updates based on internal and external resources.
- **Documentation Unit Leader:** This unit leader works with all members of the incident management team to ensure complete documentation of the incident and is responsible for archiving documents upon completion of event.

## Finance/Administration Section

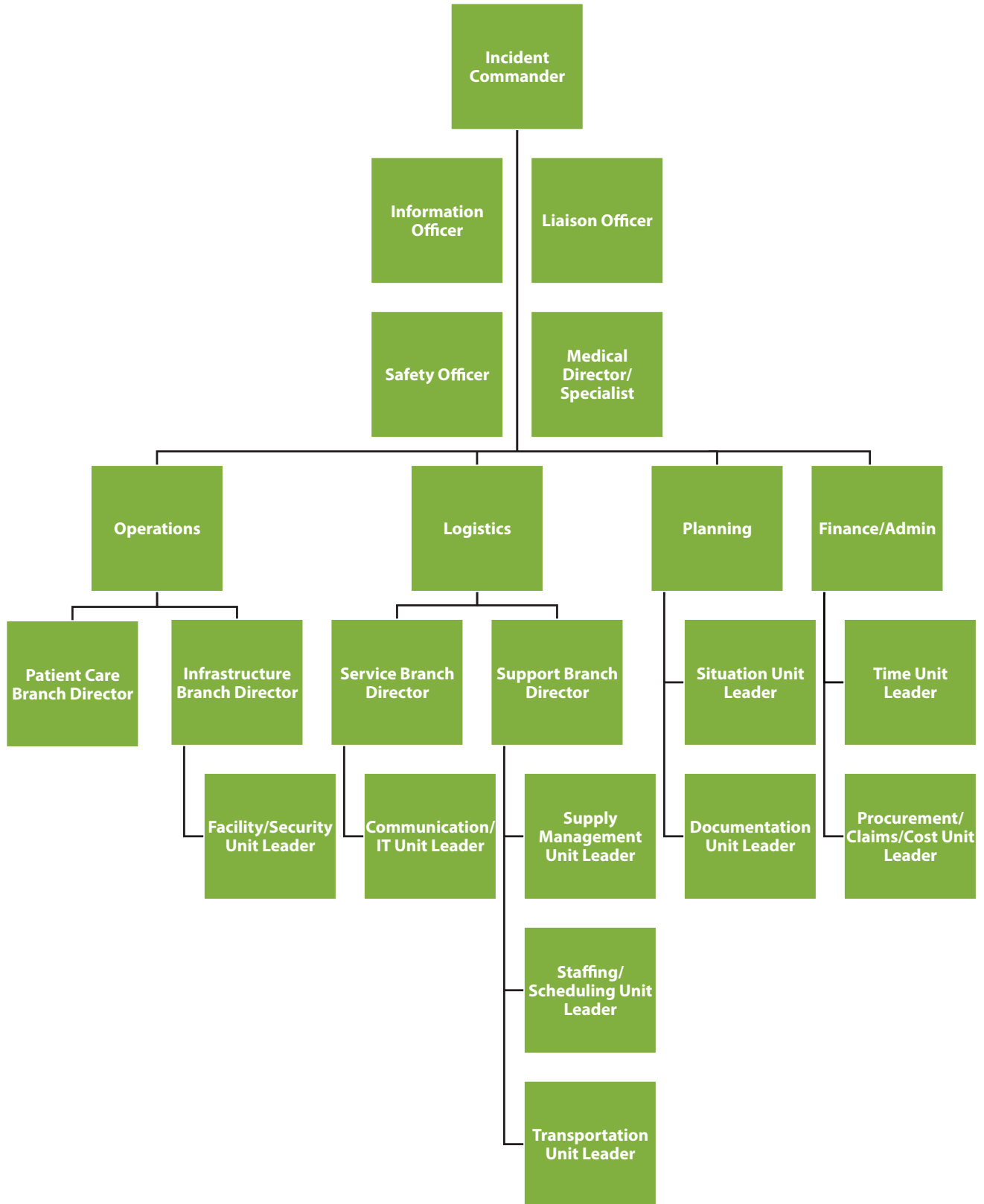
The finance/administration section oversees the costs, time allowance and expenditures related to the emergency event, including the purchasing of additional supplies, equipment, meals etc. This section is responsible for the screening of volunteers for assignments.

- **Finance/Administration Section Chief:** This section chief accounts for the expenditures and loss revenue associated with response and recovery and ensures that incident-related claims are investigated and submitted.
- **Time Unit Leader:** This unit leader ensures that all staff and volunteer hours utilized during the event are recorded. This position also assists with screening volunteers or staff prior to assignments.
- **Procurement/Claims/Costs Unit Leader:** This position works with the logistics section to obtain additional supplies, equipment, etc. This unit leader clearly documents cost of additional supplies and projects during the recovery phase and coordinates all claims and compensation related to response and recovery.

The Exhibit D Incident Command System (page 17) is a visual example of the ICS hierarchy which can be modified to reflect your company's size and/or incident. As appropriate, roles can be combined.

During activation of the Incident Command System, the planning section should document the various assignments. The assignment list in Exhibit E (page 18) is useful for each section leader and especially for the liaison officer.

## Exhibit D: Incident Command System



## Exhibit E: Incident Command Assignment List

<b>Incident Name:</b>	
<b>Date of Incident:</b>	<b>Start/Stop Time of Incident:</b>

<b>Position</b>	<b>Name/Department</b>
<b>COMMAND SECTION</b>	
Incident Commander	
Public Information Officer	
Liaison Officer	
Safety Officer	
Medical Director/Specialist	
<b>OPERATIONS SECTION</b>	
Operations Chief	
Patient Care Branch Director	
Infrastructure Branch Director	
Facility/Security Unit Leader	
<b>LOGISTICS SECTION</b>	
Logistics Chief	
Service Branch Director	
Communication/IT Unit Leader	
Support Branch Director	
Supply Management Unit Leader	
Staffing/Scheduling Unit Leader	
Transportation Leader	
<b>PLANNING SECTION</b>	
Planning Chief	
Situation Unit Leader	
Documentation Unit Leader	
<b>FINANCE/ADMINISTRATION SECTION</b>	
Finance/Administration Chief	
Time Unit Leader	
Procurement/Claims/Cost Unit Leader	

Prepared by: \_\_\_\_\_

Date/Time: \_\_\_\_\_

*Part 3:*  
***Business  
Continuity  
Planning***





# Home Care Continuity Planning Toolkit

## OVERVIEW

A business continuity plan incorporates prevention, preparedness, response and recovery as part of a planning process to manage the risk in the event of an emergency. It is designed for use in emergencies where the agency is severely impacted. The business continuity plan should address the critical processes in each department that are essential to maintaining operations. The agency should involve a multidisciplinary team to address the critical processes and ensure that patient care is a priority along with the solvency of the agency.

The Home Care Continuity Planning Toolkit is being offered as a guide to Maryland home care providers to assist in developing continuity plans. There are multiple methods to developing a continuity plan, and the materials presented in this toolkit do not represent all methodologies or mandates for home care providers. The toolkit should be used to supplement the emergency preparedness plan that addresses the specific responses to each type of emergency event.

Home health care is unique in that the majority of services are performed outside of the facility. As a community provider, home care agencies care for the most vulnerable patients in the community. A continuity plan will assist the agency during the recovery period after an emergency event in returning to or maintaining operations.

There are several parts of a Continuity Plan, including:

- Home Care Business Continuity Checklist
- Business Impact Analysis
- Employee Contact Information Report
- Emergency Contact List – External Resources
- Business Record Location List
- Vendor List
- Information System Data Back-Up Plan
- Information Systems Report
- Information Systems Software List
- Forms and Supplies
- Insurance Contact List
- Event Log
- Financial Tracker
- Risk Management Plan

# Home Care Business Continuity Checklist

This checklist provided in Exhibit F is intended to provide home care providers with guidance on Home Care Business Continuity Program components. Home care providers may elect to integrate their Continuity Plan with their Emergency Operations Plan (EOP), or create and maintain a separate document. However, during an event, it is assumed that both will be activated and, ultimately, managed through a similar structure and process. The order of the components listed here is suggested, not mandated. It is recommended that supporting documentation be kept in computer files or within separate binders and can be referenced in the "Reference/Location" column

This document is not intended to cover all aspects of your business or every continuity standard.

## Exhibit F: Home Care Business Continuity Checklist

Program Component	Reference/Location	Status
<b>1. Governance</b>		
A. Policy and Purpose: Consider augmenting existing Emergency Management Program (EMP) policies with Home care Continuity Program components		
B. Scope and Applicability: Align with organizational priorities		
C. Planning Assumptions		
D. Authority and Responsibility		
■ Home care continuity program organization chart		
■ Home care continuity program responsibilities		
E. Program Evaluation (See also Execution section of this checklist tool, below)		
<b>2. Data: Identifying Essential Services and Applications</b>		
A. Business Impact Analysis (BIA) Identify essential services and applications (both IT and non-IT supported) that must be continued to maintain essential operations (e.g., supply chain, payroll, research) and health care delivery (patient care) following a disaster.		
■ Design questionnaire		
■ Conduct business impact analysis		
■ Perform analysis and summarize findings		
■ Complete report		
<b>3. Integration: Developing Business Continuity Strategies</b>		
A. Analytics and Strategy: Review BIA and Hazard Vulnerability Analysis (HVA) findings to understand what risks pose the greatest threat to essential functions. Use data to make decisions to reduce risks that will have the greatest adverse patient care and financial impacts.		

Program Component	Reference/Location	Status
B. Develop Business Continuity Strategies		
<ul style="list-style-type: none"> <li>■ Clinical: Examine capabilities to provide care with a 96- hour disruption and identify and finalize strategies for ensuring continuity of essential clinical services. Identify essential personnel and duties.</li> </ul>		
<ul style="list-style-type: none"> <li>■ Research: Identify strategies for continuity during an interruption of essential services. Determine alternate locations for continuity of research operations in the event the primary location is unavailable</li> </ul>		
<ul style="list-style-type: none"> <li>■ Administrative: Identify strategies for continuity during an interruption of essential services. Determine alternate locations for continuity of business and finance operations in the event the primary location is unavailable</li> </ul>		
C. Develop format and approach to align and/or integrate emergency operations and home care continuity plans		
<b>4. Planning: Developing and Integrating Business Continuity Plans</b>		
A. Align initiation and termination procedures associated with business continuity with existing procedures in the EOP		
B. Incorporate home care Incident Command System reference materials for the business continuity branch director and associated unit leaders, such as:		
<ul style="list-style-type: none"> <li>■ Job action sheets</li> </ul>		
<ul style="list-style-type: none"> <li>■ Incident response guides</li> </ul>		
<ul style="list-style-type: none"> <li>■ Forms—Financial tracking and incident action plan documentation to ensure cost recovery and resumption of operations</li> </ul>		
C. Management of Clinical and Support Activities		
<ul style="list-style-type: none"> <li>■ Align plans for relocation and continuity of essential clinical services with home care surge/expansion plans. Include procedures for alternate site set up and operations.</li> </ul>		
<ul style="list-style-type: none"> <li>■ Departmental Plans <ul style="list-style-type: none"> <li>● Department Status Forms/Summary</li> <li>● Identify/document infrastructure/other Interdependencies</li> <li>● Criteria and steps for closing and relocating a branch/unit</li> <li>● Resumption of operations of essential clinical functions</li> <li>● Downtime procedures for an extended IT outage</li> </ul> </li> </ul>		
D. Information Technology and Communications Systems		
<ul style="list-style-type: none"> <li>■ Plans for downtime/workaround procedures for long-term disruptions</li> </ul>		
<ul style="list-style-type: none"> <li>■ Alignment with disaster recovery planning for IT &amp; communications</li> </ul>		
<ul style="list-style-type: none"> <li>■ Document IT interdependencies</li> </ul>		
E. Management of Resources and Assets		
<ul style="list-style-type: none"> <li>■ Augment procedures for the Management of Resources and Assets in EOP with plans for continuity of essential services during supply chain interruptions</li> </ul>		
<ul style="list-style-type: none"> <li>■ Establish plans and agreements for alternative modes of transportation</li> </ul>		
<ul style="list-style-type: none"> <li>■ Coordinate Just in Time or immediately on-hand inventories and protocol to preserve critical care capacity. Define procedures (e.g., triaging visits) to expand and extend capacity to provide essential services as needed</li> </ul>		
<ul style="list-style-type: none"> <li>■ Document vital records</li> </ul>		
<ul style="list-style-type: none"> <li>■ Document vital equipment</li> </ul>		

Program Component	Reference/Location	Status
F. Management of Workforce Roles and Responsibilities		
<ul style="list-style-type: none"> <li>■ Process for assessment of staff availability and address up to 30% reduction in staff availability, with considerations of an ongoing surge of patients</li> </ul>		
<ul style="list-style-type: none"> <li>■ Process for post-event staff rotation</li> </ul>		
<ul style="list-style-type: none"> <li>■ Process for assigning staff to essential functions and the management of spontaneous volunteers</li> </ul>		
<ul style="list-style-type: none"> <li>■ Process for telecommuting to maintain continuity of business functions</li> </ul>		
<ul style="list-style-type: none"> <li>■ Identification of requirements (e.g., space, equipment, technology) and the process for relocation and resumption of responsibilities if at an alternate worksite</li> </ul>		
G. Management of Utilities		
<ul style="list-style-type: none"> <li>■ Review plans for provision, sustainability, and alternate means of providing utilities when primary source of essential utilities are unavailable</li> </ul>		
<ul style="list-style-type: none"> <li>■ Process for continuity of essential services during the loss of utilities</li> </ul>		
H. Recovery and Resumption of Normal Operations		
<ul style="list-style-type: none"> <li>■ Process for assessing and evaluating the agency for recovery and resumption of operations</li> </ul>		
<ul style="list-style-type: none"> <li>■ Process for testing functionality of equipment and identifying remaining needs for recovery</li> </ul>		
<ul style="list-style-type: none"> <li>■ Identification and establishment of agreements (MOUs/MOAs) with vendors and suppliers for recovery and resumption activities (e.g., debris removal, vital record recovery)</li> </ul>		
<ul style="list-style-type: none"> <li>■ Process for return of employees to normal workspace and resumption of normal operations</li> </ul>		
<b>5. Execution: Testing and Measuring Business Continuity Programs</b>		
A. Testing and exercises		
<ul style="list-style-type: none"> <li>■ Expand current exercises to include scenarios with operational impacts (e.g., supply chain operations, critical infrastructure, technology)</li> </ul>		
<ul style="list-style-type: none"> <li>■ Conduct department specific exercises (intake, scheduling, billing)</li> </ul>		
B. Results monitoring: Data collection of gaps and results to drive future priorities		
<ul style="list-style-type: none"> <li>■ Track and monitor number continuity metrics (e.g., number of BIAs completed, number of departmental continuity plans completed, number of exercises completed)</li> </ul>		

# Business Impact Analysis

## OVERVIEW

A business impact analysis (BIA) is performed within each department to identify and prioritize essential processes. An essential process is defined as a process that if not performed will disrupt operations, interfere with patient care, prevent meeting of mandatory regulations/requirements, or inhibit the meeting of the agency's mission.

Each department should complete the business impact analysis and identify the specific essential functions needed to perform patient care services or maintain operations. The departments should also identify a return to operation or "RTO." RTO is the amount of time and service level within the department in which the process must be restored after an emergency event in order to avoid severe consequences. Once the department has a list of essential functions, each function should be prioritized as to its impact on restoring to normal operations. The agency then shall take each department BIA and prioritize the essential functions based on the agencies operational needs to restore operations and to guide resource allocations.

A Business Impact Analysis Template is provided in Exhibit G.

## Exhibit G: Business Impact Analysis Template

Critical Business Activity	Description	Priority	Impact of loss (Describe losses in terms of financial, staffing, loss of reputation, etc.)	RTO (Critical period before business losses occur)
SAMPLE: OASIS Submission	Submit OASIS data via Internet 3x week	Mod	<ul style="list-style-type: none"> <li>■ Loss revenue until OASIS submit</li> <li>■ Regulation state</li> </ul>	1 month
SAMPLE: Physician Orders	Print Physician Orders Mail Orders Receive Orders Post Orders EMR	Mod	<ul style="list-style-type: none"> <li>■ Regulation state must be signed within 28 days</li> <li>■ Unable to bill until order received</li> </ul>	28 days

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_



## Exhibit I: Emergency Contact List – External Resources

Along with employee contact information the agency needs to keep an updated list of key community contacts including local emergency management offices and utility providers.

Key contacts	Contact number/s
Local Health Department	
Police	
Emergency Services	
Ambulance	
Medical	
Security	
Insurance company	
Suppliers	
Water and Sewage	
Gas	
Electricity	
Telephone	



## Exhibit J: Business Record Location List

Most companies have numerous locations of business records including contracts, employment records and patient related information. A business record location tool is utilized as a record of where these records are located throughout the agency.

Description	Primary Location of Records	Alternate (Backup) Location of Records	Other Sources to Obtain Records
<i>SAMPLE: Payer Contracts</i>	<i>Administration Office</i>	<i>Manager Files</i>	<i>Scanned into private drive and Biller has copy</i>
<i>SAMPLE: Service Contracts</i>	<i>Administration Office</i>	<i>CEO office</i>	<i>Scanned into private drive</i>

**Exhibit K: Vendor List**

Most companies have numerous vendors from patient related care to operational vendors. A vendor list can be used as a tool to list all vendors and contact information in a central location. The vendor list includes the contact information without having to locate the vendor contract.

<b>Vendor Name</b>	<b>Goods/Service Provided</b>	<b>Contact Name</b>	<b>Address</b>	<b>Phone #</b>
<i>SAMPLE: Medical Supplies 2 You</i>	<i>Patient supplies</i>	<i>Mary Jo Goods</i>	<i>Anywhere USA</i>	<i>555-555-5555</i>
<i>SAMPLE: Interpret This</i>	<i>Foreign Language Interpreters</i>	<i>Sue Coordinate</i>	<i>Maryland St.</i>	<i>555-555-5432</i>

### Exhibit L: Information System Data Back-Up Plan

All computerized information should be backed up to a location that is accessible during an emergency. This tool will assist the agency in identification of who will back up the information and where that information is stored.

Data for backup	Frequency of backup	Backup media/service	Person responsible	Backup procedure steps
SAMPLE: Customer database	Weekly	External hard drive	A Person	<ul style="list-style-type: none"> <li>■ Remove external drive from fire safe</li> <li>■ Copy data from Customer database</li> <li>■ Return external drive to fire safe</li> </ul>

### Exhibit M: Information Systems Report

Most companies use many reports as part of their daily operation. As part of the business continuity planning, a list should be prepared of reports, their function, and how to retrieve them.

<b>Report Name</b>	<b>Report Description</b>	<b>System Produced From</b>	<b>Alternate Sources of Report or Information</b>
<i>SAMPLE: Daily Census</i>	<i>Active patients on census with address</i>	<i>Yes</i>	<i>Paper Medical Record</i>

## Exhibit N: Information Systems Software List

Most companies use many software products as part of their operations. These software products may be in addition to their electronic medical record. A listing of all software products should be compiled along with the priority rating needed for business recovery impact on operations.

Software Application	Publisher or Vendor	Platform	Recovery Criticality
<i>SAMPLE: Bill Maker</i>	<i>Payer National Software</i>	<i>Windows</i>	<i>VH</i>

## Exhibit O: Forms and Supplies

Along with computerized items, prepare a list of all paper forms and supplies needed for operations. In case of destruction of office materials, a list of alternate storage location and vendor contact should be included.

<b>Form/Supply Name/Description</b>	<b>Primary Locations Where Stored</b>	<b>Alternate Sources to Obtain Form/Supply</b>	<b>Vendor's Name/ Phone</b>
<i>Sample: Patient Consents/Admission Book</i>	<i>Copy Room 2nd shelf</i>	<i>Storage Company</i>	<i>ABC Forms 333-333-3333</i>

## Exhibit P: Insurance Contact List

Compile a list of all insurance carriers and review the contract for inclusions/exclusions of coverage in an emergency. Keep this list handy as a contact tool during emergencies.

Insurance type	Policy coverage	Policy exclusions	Insurance company and contact	Last review date	Payments due
Sample: Business Interruption	Business interruption due to: <ul style="list-style-type: none"> <li>■ Fire</li> <li>■ Flood</li> <li>■ Theft</li> </ul>	<ul style="list-style-type: none"> <li>■ Terrorism</li> <li>■ Tsunami</li> <li>■ Landslide</li> </ul>	XYZ Insurance, A Person Ph: XXX-XXX-XXXX	4/1/2014 copy of business license sent	Yearly January 1
Sample: Workers Compensation	Employees during work hours	Driving to and from work	ABC 12 Memorial Drive Maryland 21212	1/1/2014 Current copy of employees sent along with mileage logs	Yearly January 1

### Exhibit Q: Event Log

Upon initiating of incident command system an event log needs to be started and maintained through the emergency event. This log will be used during the event as a report of actions and is an important part of the post evaluation of the incident.

<b>Date</b>	<b>Time</b>	<b>Information / Decisions / Actions</b>	<b>Initials</b>
<i>Sample: 12/12/12</i>	<i>0900 hrs</i>	<i>Activate Business Continuity Plan extended snow storm</i>	<i>TL</i>
<i>Sample: 12/12/12</i>	<i>1100 hrs</i>	<i>Received triage patient list Scheduling Priority 1</i>	<i>DL</i>



### Exhibit R: Financial Tracker

Upon initiation of the incident command system, a financial tracking log should be implemented. The financial tracker is used to record all expenses related to an incident and may be used for reporting and reimbursement.

Incident Name/Date															
Date	Payee/Payor	Description	Medical Supplies	Office Supplies	Equipment	Personnel	Food and Essentials	Mileage	PO # / Invoice # / Expense Report #	Other	Subtotal				
6/12/15	ABC Grocers	Water Bottles/ice					15.00				15.00				
6/12/15	123 Supply	first aid kits	125.00								125.00				
6/12/15	Office Supply CO	laptop/printer/paper		25.00	2,450.00						2,475.00				
6/12/15	XYZ Hospital	aide to hospital 8 hrs				80.00		5.25			85.25				
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<b>Expense Total</b>								125.00	25.00	2,450.00	80.00	15.00	5.25	—	2,700.25

Note: It is also recommended that you create a scanned file of any expenses as a computerized record.

### Exhibit S: Risk Management Plan

A part of the development of business continuity plan is to identify potential risks (hazard assessment) and identify actions that can be done to minimize impact. The next step would be identify the contingency plan that can be used to reduce impact to patient care and operations.

Risk Description:	Likelihood	Impact	Priority	Preventative Action	Contingency Plans
SAMPLE: Severe Weather limiting travel	VH	VH	VH	<ul style="list-style-type: none"> <li>■ Ensure staff have completed triage list of patients</li> <li>■ Have up to date 4 wheel driver list</li> <li>■ Key members arrive to facility prior to severe weather</li> </ul>	<ul style="list-style-type: none"> <li>■ Make visits prior to storm</li> <li>■ Triage over phone</li> <li>■ Utilize alternative transportation, i.e., 4 wheel drive volunteers/National Guard</li> </ul>



*Part 4:*  
***Emergency  
Plan by  
Event***



## *Part 4: Emergency Plan by Event*

### **OVERVIEW**

A crucial part of emergency preparedness is identifying the hazard vulnerabilities in your area. The development of a response plan enables an agency to educate their providers, patients and caregivers in the event of an emergency. The following emergency plans can be used as a starting point in preparing emergency preparedness policies for your agency. This is not intended to be a complete list of all potential emergency incidents or a complete emergency response plan.

# Civil Disturbance and Workplace Violence

Civil disturbance and workplace violence are rare, but are issues that can interfere with the patient care and operations of a home care provider. Health care professionals are faced with increased risk of workplace violence due to several factors, including prevalence of handguns in patients' homes and neighborhoods, number of mentally ill patients living independently in communities without follow-up care, abuse of drugs and alcohol, increased presence of gang membership, dealing with distraught families and the solo work associated with home care. Agencies should have training in place on ways to mitigate and respond to potential or actual violent threats in the home care setting.

## TERMINOLOGY

**Civil disturbance:** An act of disorder or violence to the public law and order. Some examples of civil disturbances include riots, acts of violence, insurrections, and unlawful obstructions or assemblies.

**Workplace violence:** Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite, including patient homes.

## EMERGENCY PLAN FOR CIVIL DISTURBANCE

- As soon as you are aware of a civil disturbance occurring in your area, implement your communication plan to alert staff.
- Staff should remain calm, and leave and avoid areas of civil disturbance, if possible.
- Triage patient visits as appropriate.
- If visits need to be made to the area, then they should be made in pairs or with an escort.
- Transfer of patients from the area to a safe location should be considered and arrangements made.
- If civil disturbance is occurring and visible at the office or a patient's home, notify 911 immediately and seek a secure location.
- All doors should be locked with entrance only by verification of credentials.
- If need be, evacuation of the building or relocation of personnel will be decided by the incident commander.

## PRE-EMERGENCY PLAN FOR WORKPLACE VIOLENCE

- Identification and mitigation of potential workplace violence should occur continuously.
- Upon admission, staff should screen each patient's environment for potential threats and follow policy for refusal of admission due to an unsafe environment.
- Communication to all visiting staff should be made, identifying any potential issues or disruptive situations in a patient's home.
- Staff members are encouraged to report any incident or questionable behavior to a supervisor immediately, and a zero tolerance for workplace violence should be in place. Staff members are encouraged to report incidents of violence to local police.

There are several things that a health care provider can do to prevent or respond to workplace violence, including:

- Ensure that there is always an unobstructed exit from room/building during patient visits.
- Immediately recognize and respond to escalating behaviors and warning signs.
- If feeling threatened at any time, conclude the visit, vacate the location, and immediately contact a supervisor.
- Utilize a “buddy system” if there is a potential for violence by combining nursing, therapy, or aide visits at the same time. An agency may consider security escorts in cases of high risk locations or if there is a potential for escalation of behaviors due to crucial conversations that could lead to violence. Communicate with office upon arrival and departure of patient home with a planned check-in time set.
- Avoid visiting a patient during high-risk times, such as after hours or evenings.

## ACTIVE WORKPLACE VIOLENCE

- If violent behavior is exhibited, immediately leave the area.
- If there is an active shooter occurrence in either the office or a patient home:
  - **Evacuate:** Leave belongings behind and seek a safe area. Assist patient or others in leaving if possible. Prevent others from entering areas where the active shooter may be. When safe to do so, call 911.
- If evacuation is not possible:
  - **Hide Out:** Find a place to hide where the active shooter is less likely to find you. The hiding place should be out of the view of the active shooter in an area with protection from shots fired directly at you (such as in a locked room or under desk/furniture). If possible, avoid locations that would keep you from exiting. Turn off or silence cell phones. Do not talk and turn off any source of noise. Remain calm and hide behind large items. Dial 911 and alert police to the active shooter’s location. If unable to speak, leave the line open and allow the dispatcher to listen.
  - **Take Action:** As a last resort, and only when in imminent danger, attempt to disrupt or incapacitate the active shooter. Take aggressive action toward the person, such as throwing items, improvising a weapon, and yelling. Be committed and prepared to act.
  - **After Police Arrive:** Once police arrive, their first purpose is to stop the active shooter. Officers will proceed directly to the area where the last shots or communication occurred. Remain calm and follow officers’ instructions. Put down anything in your hands. Raise your hands and keep them visible at all times. If given orders to evacuate, immediately leave the area with hands visible.
- Following a workplace violence incident, emotional and psychological support to all employees should be provided.



# Communication Interruption

Communication systems in the home care industry are a vital link to staff and patients. A communication system failure can include telephone and information systems failures. Home care providers need to have a plan in place to ensure operations continue uninterrupted.

## TELEPHONE INTERRUPTION

- Transfer or forward all calls to a working number or answering service, if possible.
- Utilize cell phones to communicate with patients and staff. Give patients the cell phone number of a designated contact person if necessary.
- Contact the telephone provider to alert them of the outage.
- Initiate incident command for extended outages.
- Communication with the office should be kept open for emergency use only.

## INFORMATION SYSTEM INTERRUPTION

- In the event of a planned interruption in computerized medical records, a hard copy should be printed for use by visiting staff. This should include, at minimum, a medication list, demographics, and plan of care.
- If interruption will last longer than 24 hours, an alternative documentation plan should be activated.
- Administrative staff will ensure that paper forms for documentation are available for staff to utilize.
- If interruption is less than 24 hours, then staff should plan on completing data entry within 48 hours.
- Initiate incident command for extended outages.

# Extreme Heat and Cold

Extreme heat and cold can cause illness and death in the vulnerable population that home care providers serve. Extreme heat and high humidity make it harder for the body to maintain normal temperature through skin evaporation. Atmospheric conditions and poor air quality can also cause respiratory emergencies. Conditions such as heat exhaustion and heat stroke along with asthma and respiratory distress can occur during heat emergencies. Extreme cold weather can also cause emergency health conditions and death. Conditions such as frostbite and hypothermia can occur quickly in the very young and elderly.

## EXTREME HEAT

- Communicate with patients and ensure they have air conditioning. Fans will not prevent heat-related illnesses.
- Ensure that patients and staff have sufficient water available.
- Encourage patients to stay indoors in air conditioning.
- Avoid activities during the midday time frame and try to stay in shaded areas. If they must be active outdoors, they should take regular breaks in an air conditioned environment and rehydrate. Know the signs and symptoms of a heart attack.
- Know the signs and treatments of heat exhaustion.
  - Symptoms of heat exhaustion include extreme thirst, fatigue, weakness, clammy skin, nausea or vomiting, and rapid breathing.
  - To treat heat exhaustion, have the victim drink cool water, rest, take a cool shower or bath.
  - Go to an air-conditioned environment.
- Know the signs and treatments of heat stroke. The most serious heat-related illness, heat stroke occurs when body temperature rises too rapidly, to as much as 106 degrees F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided. Symptoms of heat stroke include red, hot and dry skin, no sweating, and rapid, weak pulse.
  - Get the victim to a shady or cool area and call 911 immediately.
  - Until they arrive, cool the victim as quickly as possible with a cool bath or shower, a spray of cool water from a garden hose, or by wrapping the victim in a cool, wet sheet.
  - Check body temperature often and continue cooling efforts until temperature drops to 101-102 F.

## EXTREME COLD

- Communicate with patients and ensure that they have a safe heat source available in their home.
- Encourage patients to stay indoors. Patients should avoid strenuous activities and dress in warm layers when outside. Make sure they know the signs and symptoms of a heart attack.
- Encourage staff to have vehicles prepared for cold weather, including assessing antifreeze/windshield fluids, heater in operating condition, and a car emergency kit including items such as blankets, food and water, flares, and jumper cables.

- Instruct staff to wear appropriate clothing covering vulnerable skin areas such as fingers, toes, ears, and head.
- Know the signs and treatment for frostbite. Frostbite is an injury to the body caused by freezing of the skin and underlying tissues. Symptoms include reddened skin with gray/white patches, numbness in affected part, extremity feels firm or hard, and blisters may occur in severe cases.
  - Immediately move patient to warm dry area cover the body with blankets.
  - Do not rub affected area or use hot water to warm it.
  - Seek immediate medical attention.
- Know the signs and treatment for hypothermia. Hypothermia occurs when body heat is lost faster than it can be replaced and body temperature falls below 95 degrees F. Symptoms may include uncontrollable shivering, cold, pale skin, numbness, fatigue, poor circulation, disorientation, slurred speech, and bluish or puffy skin. This is a medical emergency.
  - Call 911 and move patient to warm and dry area.
  - Remove any wet clothing and replace with warm, dry clothes and blankets.
  - Warm the center of the body first — chest, neck, head and groin — using an electric blanket, if available.
  - Do not warm the hands and feet first, as warming extremities first can cause shock.
  - Do not immerse the person in warm water. Rapid warming can cause heart arrhythmia.
  - Give the person a warm drink, only if conscious. Avoid caffeine or alcohol.

# Fire Emergency

## FIRE EMERGENCY AT OFFICE LOCATION

Each department or office location should have assigned an incident commander, area monitor and assistant for persons with special needs.

### In the event of a fire at the office location:

**R = Rescue:** Anyone in immediate danger if it does not endanger your life.

**A = Alarm:** Activate nearest fire alarm and call 911.

**C = Confine:** Close all doors and windows.

**E = Extinguish:** Use a fire extinguisher ONLY if it is a small fire.

**Evacuate:** Evacuate the area if fire is large or there is no fire extinguisher available.

### *When fire is discovered:*

- Activate the nearest fire alarm.
- Assign an individual to notify the local fire department by calling 911.
- If the fire alarm is not available, notify the site personnel about the fire emergency by the following means:
  - Voice Communication
  - Overhead Paging
  - Phone Paging

### *Upon being notified about the fire emergency, occupants must:*

- Turn off lights and shut office doors if safe to do so.
- Leave the building using the designated escape routes.
- Assemble in the designated area (specify location \_\_\_\_\_).
- Remain outside until the incident commander announces that it is safe to reenter.

### *Incident commander and supervisors must:*

- Coordinate an orderly evacuation of personnel.
- Perform an accurate head count of personnel reported to the designated area.
- Determine a method to locate missing personnel that does not include reentering building.
- Provide the fire department personnel with the necessary information about the facility and missing personnel.
- Perform assessment and initiate emergency preparedness plan.

**Area monitors must:**

- Ensure that all employees have evacuated the assigned area or floor.
- Report any problems to the incident commander at the assembly area.

**Assistants to persons with special needs:**

- Assist all persons with special needs in emergency evacuation.

**Only return to the building once the “all clear” message is communicated by the emergency responders or incident commander.**

## **FIRE EMERGENCY AT PATIENT HOMES**

All homes should have a safety evaluation completed on admission. Include a check for working smoke detectors. All patients and caregivers should be instructed on the emergency plan and evacuation plan.

### **In the event of a fire during a patient visit:**

**R = Rescue:** Anyone in immediate danger if it does not endanger your life.

**A = Alarm:** Activate nearest fire alarm or call 911.

**C = Confine:** Close all doors and windows.

**E = Extinguish:** Use fire extinguisher ONLY if it is a small fire.

**Evacuate:** Evacuate the area if fire is large or there is no fire extinguisher available.

### **If unable to evacuate the patient from the home:**

- Move the patient to an area that has access to outside.
- Close all doors.
- Turn off oxygen equipment unless harm will come to patient.
- If able, open a window in your location a few inches from top and bottom.  
**DO NOT BREAK WINDOW**
- Notify 911 of your location and the need for rescue.

Floods can be internal (e.g., broken water pipes) or external caused by weather or destruction of water containment walls or equipment (e.g., broken water main or damage to dam).

Floods can occur in a few minutes to a few days.

## KNOW THE TERMINOLOGY FOR FLOOD ALERTS

**Flood Watch:** Flooding is possible in your area.

**Flash Flood Watch:** Flash flooding (rapidly rising water) is possible. Be prepared to move to higher ground.

**Flood Warning:** Flooding is occurring or will occur soon. If advised to evacuate. Do so immediately.

**Flash Flood Warning:** A flash flood is occurring; seek higher ground immediately. Never attempt to drive through flooded roads.

## INTERNAL FLOODS

Upon identification of flooding in a building, initiate emergency preparedness plan and assess area for structural damage.

- If able, move items that are in danger of damage to a secure location.
- Turn off all electrical appliances if able.
- Activate emergency communication with staff alerting them not to report to the office until clear.

## EXTERNAL FLOODING

If any flood watch or warning is announced for your area, the following should be initiated:

- Evaluate patients' demographics and access to homes in case of flooding.
- Triage patient visits prior to flooding, if possible.
- Assess all patients' ability to respond to floods and potential evacuation.
- Assess all patients' level of supplies (medicine, medical supplies, oxygen, food, water).
- Ensure patients have communication available for emergency updates via television, radio or telephone.
- Encourage patients to have a "grab and go" kit including medication, medication list, health information, contact information, charged batteries, cell phone, flashlight, durable medical equipment/medical supplies, change of clothing, cash, food and water.
- Ensure patient knows evacuation locations and plan.

# INSTRUCTIONS FOR PATIENTS AND CAREGIVERS FOR EACH FLOOD ALERT

## Flood Watch is Issued

- If able, move to a higher floor of home.
- Arrange transportation in case an evacuation is ordered.

## Flood Warning is Issued

- Follow the above actions and stay alert to news stations for evacuation alerts.
- If EVACUATION alert is given, gather “grab and go” kit and evacuate immediately.
- Once you are safely at the evacuation area, notify the home care office.

## Flash Flood Watch is Issued

- Be alert to signs of flash flooding (rapidly rising water).
- Be prepared to move to higher ground.
- Never drive onto roads that are covered with water.

## Flash Flood Warning is Issued

- **EVACUATE IMMEDIATELY** (you may only have seconds to escape).
- Move to an area away from streams, creeks, rivers, and storm drains.
- Do not drive around barricades.
- Do not drive onto roads that are covered with water.
- If car stalls in rapidly rising water, abandon car and climb to higher ground immediately.

## After the Flood

- Listen to reports to learn when it is safe to return.
- Listen to reports to learn if the water supply is safe to drink.
- Avoid floodwaters. Floodwaters are often contaminated and may be electrically charged.
- Inspect property and building for structural damage, sewer system damage, and well water contamination. Do not enter a building if the framing or foundation are damaged.
- Clean and disinfect everything that got wet. Discard all food that came in contact with floodwaters, including canned goods.
- Notify your supervisor that you have returned to your home.

# Hurricane

A hurricane is a tropical storm with winds that have reached a speed of 74 mph or more. There are sustained winds, possible tornadoes, and flooding. The Atlantic Ocean hurricane season is June 1 to November 30.

## TERMINOLOGY

**Tropical Depression:** A rotary circulation of clouds with winds up to 38 mph.

**Tropical Storm:** A rotary circulation of clouds with winds between 39 and 73 mph.

**Hurricane Watch:** Issued when there is a threat of hurricane conditions within 36 hours or less.

**Hurricane Warning:** Issued when hurricane conditions are expected in 24 hours or less.

**Storm Surge:** A huge dome of water pushed onshore by a hurricane. When coupled with high tide, the storm surge will be the tide and surge combined causing flooding.

## EMERGENCY PREPARATION FOR HURRICANE WATCH

- Initiate communication with patients.
- Evaluate patient demographics and assess whether they live in an evacuation area. If so identify where and how they would evacuate. Remind patients of the importance of communicating with the home care provider if and when they evacuate.
- Instruct patient on preparing a “grab and go” kit (including medications, identification, cell phone, money, food, and water).
- Evaluate each patient’s level of supplies (medicine, medical supplies, oxygen, food and water) to last at least three days per person in the home.
- Identify patient needs for back-up oxygen source in case of power outage. Assist patient in notification of oxygen company.
- Update patient acuity triage information.
- Secure outside environment by tying down or removing items that could become airborne.
- Prepare vehicle with a full tank gas.

## EMERGENCY PREPARATION FOR HURRICANE WARNING

- As the storm approaches, the Hurricane Watch may change to a Hurricane Warning, meaning that the storm arrival is within 24 hours.
- Communicate with patients on evacuation plans and reinforce that they need to call the agency when and where evacuation occurs.
- Initiate agency incident command.
- Notify local emergency management incident command of any patients that are in need of assistance with evacuation.
- Triage visits for the next 24-48 hours.
- Continue to monitor emergency broadcasts for changes in weather conditions and potential for tornadoes and flooding.



# Influenza

Many patients with illnesses such as influenza will be able to remain in their homes during the course of the illness. The role of the emergency preparedness plan is to take measures to protect home care staff members and prevent further spread of the illness. Influenza is transmitted mostly through airborne droplets (sneezing or coughing), but indirect contact through hand transfer from contaminated surfaces to mucosal surfaces (such as the nose or mouth) can occur.

Home health agencies are likely to be called upon to support the care of these patients. Patients may be diverted from hospital facilities to the home health setting in order to free up beds for more acute patients. The agencies may become overburdened and a shortage of personnel and supplies may occur, thus preplanning and coordination with local health departments and health systems is a must.

In the event of pandemic influenza, your local health department will implement an incident command structure and give guidance to health care providers.

## TERMINOLOGY

**Seasonal flu:** Strain or type of flu viruses that circulate each year typically from October to as late as May.

**Pandemic flu:** A new strain of flu with little or no immunity for people. Although rare, this type of pandemic illness can cause severe consequences, including high rates of worker absenteeism, overcrowding at health care systems and death among residents. At the pandemic level, the virus is spread over multiple continents.

## PREPARATION FOR SEASONAL INFLUENZA

- Encourage annual influenza vaccination for all employees and patients.
- Identify essential staff and review business continuity plans.
- Identify contact at local health department.
- Develop and educate staff on management of ill staff members (fever and respiratory symptoms).
- Educate staff on standard precautions and screening of patients with potential influenza symptoms.
- Educate staff on individual response planning including backup for family or child care arrangements.
- Monitor DHMH's influenza surveillance reporting at <http://phpa.dhmd.maryland.gov/influenza/fluwatch/SitePages/Home.aspx>.

## SUPPLY PREPARATION

- Two to three weeks of medical supplies including personal protection equipment should be available in the office and in clinicians' trunk supplies.
- Gloves
- Gowns
- Antimicrobial soap
- Alcohol-based hand sanitizers
- N95 face mask/respirator

## IDENTIFICATION/SCREENING OF PATIENTS

- Before and during influenza season (October to May) assess patient for influenza vaccination status and assist patients in acquiring vaccinations, if appropriate.
- The symptoms of influenza include fever or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle aches, headache, and fatigue.

## INFECTION CONTROL FOR PATIENTS WITH SUSPECTED OF CONFIRMED INFLUENZA ILLNESS

Schedule patients with influenza symptoms or illness with the same caregivers to reduce the risk of spread.

Staff should follow **standard precautions** including:

- Hand hygiene: Wash hands before and after patient contact, after contact with any potentially infectious material, and before and after donning protective equipment, including gloves.
- Gloves: Wear gloves for any contact with potentially infectious material (e.g., secretions, tissues, dirty linens).
- Gowns: Gowns should be worn with patient care activity when contact with body fluids is likely, including respiratory excretions.
- Instruct patient on respiratory hygiene and hand hygiene. Cover mouth and nose when coughing or sneezing. Throw tissues away after each use. Wash hands often, especially after coughing, sneezing, and wiping or blowing the nose.
- Staff should follow **droplet precautions** for patients with suspected or confirmed influenza for seven days after illness onset or until 24 hours after resolution of fever and respiratory symptoms. Droplet precautions include:
  - All of the standard precautions, plus:
  - Placing patient in separate room away from other residents, if possible.
- Instruct on using tissue when coughing or sneezing and to place used tissues immediately in plastic bag for disposal in regular trash.
- Instruct patient/caregivers on frequent hand-washing after contact with patient or patient articles.
- Wear mask (preferably N95) prior to entering room.
- Hand hygiene before and after removing mask.
- Instruct patient to wear mask, if possible, when leaving the home for appointments and to limit visitors to home.

# Power Outage

Power outages can occur any time of year and cause emergency situations for patients in home health and interrupt home care operations.

## AGENCY POWER OUTAGE

Initiate incident command for extended power outages.

- If an emergency generator is available, it should be checked regularly.
- Essential electric equipment should be connected to generator.
- Emergency lighting should be available and additional battery operated flashlights can be used.
- Determine if alternative work location is available.

## PATIENT HOME POWER OUTAGE

- Patients should notify their electric power company when there is a power outage, especially if the patient is on oxygen or any power-dependent durable medical equipment.
- Patients should discuss back-up devices and battery-operated devices in case of power outage with their home equipment supplier.
- Patients that are on medication that requires refrigeration should keep back-up cold packs available for storage during power outages.
- Prolonged power outages may result in food spoilage. Encourage patients to be aware of proper food handling.
- Be aware of the danger of carbon monoxide poisoning. Never run a generator inside a home, basement or garage, even if the windows are open. Never use a gas range or oven to heat a home. Never use a charcoal grill, hibachi, lantern, or portable camping stove inside a home.

A tornado is a violent windstorm characterized by a rotating, funnel-shaped cloud that can spawn thunderstorms. Tornadoes can occur without advance warning.

## TERMINOLOGY

**Tornado Watch:** Issued when conditions are favorable for formation of tornadoes.

**Tornado Warning:** Issued when a tornado has been sighted or indicated by weather radar.

## AT THE OFFICE

**Tornado Watch:** Stay alert to emergency broadcast for changes in condition.

**Tornado Warning:** Complete the following:

- Overhead announcement/message to staff that tornado warning is in effect.
- Close all curtains/blinds for all windows.
- Staff/visitors should move to secure location within the building, in the lowest level away from windows, doors and outside walls. Locations such as small interior rooms or hallways on the lowest level are desirable.
- In your secure location (if able) get under sturdy furniture and use arms to protect your head and neck.
- Stay in the location until the all clear is announced.

## VISITING STAFF/PATIENTS

**Tornado Watch:** Communicate with staff. Be alert and monitor emergency broadcasts for changes in condition.

**Tornado Warning:**

- **If in the patient home:** Assist patient/caregivers to assess safe area in home. Safe location should be in lowest level of home or cellar away from windows, doors and outside walls. If unable to relocate patient to another floor, then move the patient as far away as possible from windows, hanging objects on the walls, and tall furniture.
  - Move to an interior hallway or small interior room if possible.
  - Close all windows and curtains.
  - Pad patient with extra blankets/pillows.
  - Remain in safe location, monitoring emergency broadcasts, until the all clear is announced.
  - NOTE: If patient lives in a manufactured home (e.g., mobile homes, trailer park), immediately leave location and go to nearest building or storm shelter.

- **In vehicle:** If you are traveling in a car during a Tornado Warning, immediately drive to a secure location or storm shelter.
  - Never try to outrun a storm.
  - Take cover immediately. If debris is flying in air and hitting the car, pull over and park. Avoid parking under an overpass or bridge.
  - If you are able, get out of your car, lie in a ditch or low-lying area away from the vehicle.
  - If unable to exit the car, then take cover with seat belt on covering head/neck with arms and any padded material, such as coats, cushions, etc.

## AFTER A TORNADO

- After a tornado has passed, assess everyone for injuries and provide first aid.
- Be alert for downed power lines and flash flooding.
- Do not reenter buildings until you are told it is safe to enter.
- Initiate the incident command, if appropriate.
- Communicate with staff/supervisors on conditions.

# Winter Weather

Winter weather can range from accumulating snow to ice conditions. Winter weather can make driving hazardous and cause barriers to entry into patients' homes. Prior to performing visits, assess if the patient has been able to clear sidewalks and driveways of ice and snow.

## TERMINOLOGY

**Severe Winter Storm:** A severe winter storm is a storm that produces four or more inches of snow in a 12-hour period or six or more inches during a 24-hour period.

**Winter Storm Watch:** Indicates that severe winter weather may affect your area.

**Winter Storm Warning:** Indicates that a winter storm is occurring, or will occur, in your area.

**Freezing Rain:** Rain that freezes when it hits the ground, creating a coating of ice on roads, walkways, trees, and power lines.

**Sleet:** Rain that turns to ice pellets before reaching the ground. Sleet causes moisture on roads to freeze and become slippery.

**Blizzard Warning:** Sustained winds or frequent gusts to 35 mph or greater and considerable amounts of falling or blowing snow are expected to prevail for a period of three hours or longer.

**Ice Storms:** Occur when freezing rain falls from clouds and freezes immediately when it touches the ground.

## PLANNING FOR WINTER WEATHER

During winter season **all staff** should prepare and assess vehicles for winter weather conditions:

- **Vehicle:** Make sure to use windshield fluid with a freeze factor below 32 degrees F and antifreeze. Always have a full tank of gas. Assess tire tread for wear and replace if needed.
- **Equipment:** Include an emergency kit with jumper cables, flares, windshield ice scraper, shovel/broom, ice melt or kitty litter, flashlight, blankets, change of clothing, food and water, charged cell phone, and first aid kit.

Before storm season arrives, identify individuals with four-wheel drive vehicles and the ability to use alternative means of transportation.

## DURING WINTER WEATHER WATCH/WARNING

Initiate communication with patients including:

- Evaluate patients' demographics and assess main roads/snow removal plan.
- Evaluate patients' level of supplies (medicine, medical supplies, oxygen, food and water).
- Update patient acuity and assess visit schedule needs for next 1-2 days.

## DURING WINTER WEATHER EVENT

- Initiate incident command.
- Triage patient visits based on needs assessments.
- Monitor emergency weather and road condition reports.
- Prior to patient visit, inquire if there is safe access to home (e.g., ice/snow accumulation prohibiting entry).

*Part 5:*  
**Resource  
Contact  
Information**





# Emergency Management Agencies

## MARYLAND

Maryland Emergency Management Agency (MEMA)  
<http://mema.maryland.gov/>

5401 Rue Saint Lo Drive  
Reisterstown, MD 21136  
410-517-3600

## DISTRICT OF COLUMBIA

District of Columbia Homeland Security and Emergency Management Agency (HSEMA)  
<http://hsema.dc.gov/>

2720 Martin Luther King Jr. Avenue, SE,  
Washington, DC 20032  
Phone: 202-727-6161  
Fax: 202-715-7288  
TTY: 202-730-0488

## COUNTY EMERGENCY PREPAREDNESS OFFICES/DEPARTMENTS

Allegany County Emergency Preparedness  
<http://www.alleganyhealthdept.com/bioterrupdate.html>

Anne Arundel County Emergency Preparedness  
<http://www.aahealth.org/emergency>

Baltimore City Emergency Preparedness  
<http://emergency.baltimorecity.gov/>

Baltimore County Emergency Preparedness  
<http://www.baltimorecountymd.gov/Agencies/health/resources/PHEP.html>

Calvert County Emergency Preparedness  
<http://www.calverthealth.org/healththreats/emergency/index.htm>

Caroline County Emergency Preparedness  
<http://dhmh.maryland.gov/carolinecounty/SitePages/Home.aspx>

Carroll County Emergency Preparedness  
<http://www.carrollhealthdepartment.dhmh.md.gov/eresponse.html>

Cecil County Emergency Preparedness  
<http://www.cecilcountyhealth.org/ccdhxx/ccdhemergprep.htm>

Charles County Emergency Preparedness  
<http://www.charlescountyhealth.org/EmergencyPreparedness.aspx>

Dorchester County Emergency Preparedness  
<http://www.dorchesterhealth.org/index.php?page=emergency-preparedness-bioterrorism>

Frederick County Emergency Preparedness  
<http://www.frederickcountymd.gov/index.aspx?nid=2384>

Garrett County Emergency Preparedness  
<http://www.garretthealth.org/preparedness/>

Harford County Emergency Preparedness  
<http://www.harfordcountyhealth.com/harford-county-health-department-services/emergency-preparedness-services/>

Howard County Emergency Preparedness  
<http://www.howardcountymd.gov/displayprimary.aspx?id=4294969657>

Kent County Emergency Preparedness  
[http://www.kenthd.org/emergency\\_prep.php](http://www.kenthd.org/emergency_prep.php)

Montgomery County Emergency Preparedness  
<http://www.montgomerycountymd.gov/HHS/ProgramIndex/HealthServicesindex.html>

Prince Georges County Emergency Preparedness  
<http://www.princegeorgescountymd.gov/sites/Health/Resources/EmergencyPreparedness/Pages/default.aspx>

Queen Anne's County Emergency Preparedness  
<http://www.qahealth.org/>

Saint Mary's County Emergency Preparedness  
<http://www.smchd.org/emergency-preparedness/>

Somerset County Emergency Preparedness  
<http://www.somersetd.org/EP.html>

Talbot County Emergency Preparedness  
<http://dhmh.maryland.gov/talbotcounty/SitePages/Home.aspx>

Washington County Emergency Preparedness  
<http://www.washhealth.org/hot/phprep.htm>

Wicomico County Emergency Preparedness  
<http://www.wicomicohealth.org/index.aspx?pageid=52>

Worcester County Emergency Preparedness  
<http://www.worcesterhealth.org/nursing-sidebar/emergency-preparedness-sidebar>

**For updated information about local health department preparedness offices, go to:**  
<http://dhmh.maryland.gov/SitePages/Emergency-Preparedness.aspx>

**For additional information about Emergency Management Agencies in Maryland, go to:**  
<http://memm.maryland.gov/Pages/emmgrs.aspx>

## HEALTH DEPARTMENTS

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street, Baltimore, Maryland 21201  
Phone: 410-767-6500  
Toll Free: 1-877-4MD-DHMH (1-877-463-3464)  
E-mail: [dhmh.healthmd@maryland.gov](mailto:dhmh.healthmd@maryland.gov)  
DHMH After Hours/Emergency: 410-795-7365

Government of the District of Columbia Department of Health  
899 North Capitol Street, NE, Washington, DC 20002  
Phone: 202-442-5955  
TTY: 711  
E-mail: [doh@dc.gov](mailto:doh@dc.gov)

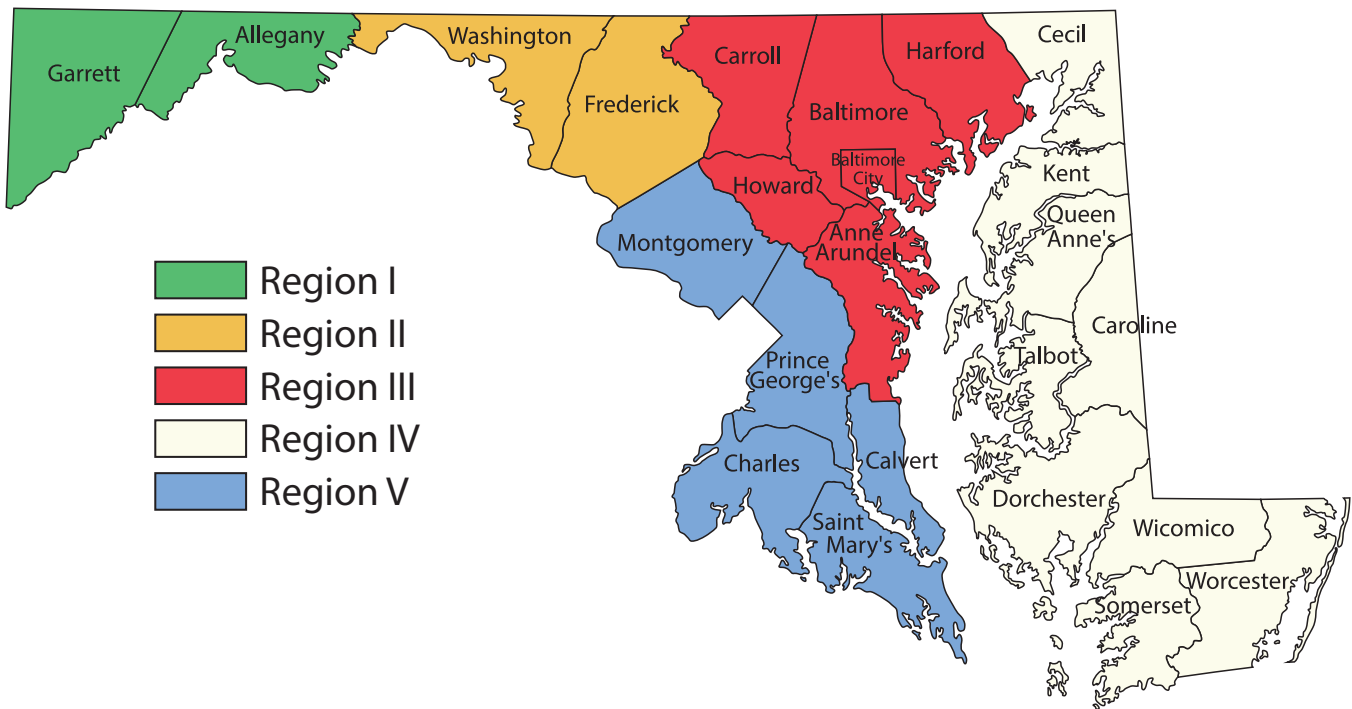
## COUNTY HEALTH DEPARTMENTS

Allegany County: 301-759-5000  
Anne Arundel County: 410-222-7095  
Baltimore City: 410-396-4398  
Baltimore County: 410-887-2243  
Calvert County: 410-535-5400  
Caroline County: 410-479-8000  
Carroll County: 410-876-2152  
Cecil County: 410-996-5550  
Charles County: 301-609-6900  
Dorchester County: 410-228-3223  
Frederick County: 301-600-1029  
Garrett County: 301-334-7777  
Harford County: 410-838-1500  
Howard County: 410-313-6300  
Kent County: 410-778-1350  
Montgomery County: 240-777-1245  
Prince Georges County: 301-883-7879  
Queen Anne's County: 410-758-0720  
St. Mary's County: 301-475-4330  
Somerset County: 443-523-1700  
Talbot County: 410-819-5600  
Washington County: 240-313-3200  
Wicomico County: 410-749-1244  
Worcester County: 410-632-1100

## REGIONAL HEALTH & MEDICAL COALITIONS

Health & Medical Coalitions are separated into regions in Maryland. These coalitions of health care providers and public health professionals collaborate on emergency planning for each region. Each of the regional coalitions has an assigned home care representative. You may visit [www.mncha.org/emergency-preparedness](http://www.mncha.org/emergency-preparedness) for more information.

### Maryland Health and Medical Regions



## RESOURCES USED TO PREPARE THIS MANUAL

A Guide for Home Care Patients Using Power-Dependent Equipment (2014).

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Active Shooter How to Respond (2008) U.S. Department of Homeland Security.

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Disaster Preparedness (2010) Maryland Department of Health and Mental Hygiene Office of Preparedness and Response

Emergency Disasters in Homecare (2011) Occupational Safety Health Administration.

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Emergency Preparedness and Response (2014) Centers for Disease Control and Prevention.

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Retrieved from [www.ready.gov/tornadoes](http://www.ready.gov/tornadoes)















**Maryland-National Capital Homecare Association**  
**201 W. Padonia Road, Suite 106**  
**Timonium, MD 21093**  
**410-527-0780**  
**<http://www.mncha.org>**