

**COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

**FOR NURSE REGISTRIES**

**(CEMP)**

REGISTRY NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*DEFINITIVE CAREGIVERS LLC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Section 381.0303(8), F.S., states, “The submission of emergency management plans to county health departments by nurse registry providers… is conditional upon receipt of an appropriation by the department to establish disaster coordinator positions in county health departments unless the State Surgeon General and a local county commission jointly determine to require that such plans be submitted based on a determination that there is a special need to protect public health in the local area during an emergency.” **It is the nurse registry provider’s responsibility to contact the county health department of each of the counties listed on the provider’s license to determine and document whether the Comprehensive Emergency Management Plan (CEMP) should be submitted to that county and, if submission is required, whether the county health department will be reviewing the plan for compliance with Florida Statutes and rules.** If the plan is to be submitted, e-mail with ‘read receipt requested’ or certified mail with return-receipt requested is recommended in order to document proof of submission.

In Compliance with: s. 400.506(12), Florida Statutes

 59A-18.018, Florida Administrative Code

Date: \_\_\_*December 27, 2018*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Instructions:** Answer each of the items directly on the form. Once it is completed please e-mail it to the comprehensive emergency management plan (CEMP) reviewer for your county or multi-county area. If any changes are needed, the reviewer will send comments to your nurse registry via e-mail or regular mail with a due date for corrections to be forwarded back to the reviewer. The CEMP reviewer for your area is at: <http://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml>

The CEMP reviewer will let you know when your plan is approved. Remember to update the plan on an annual basis or as needed.

**I.** **INTRODUCTION**

Insert any appropriate introductory or overview remarks.

*As many of you are aware, June through November in South Florida is the time a hurricane could strike. It is imperative that we all take precautions now to prepare for a storm.*

*If you reside in an evacuation area, you need to make plans as to where you will go and how you will get there. Some of you may need facilities with special needs. If you qualify, or have questions about evacuation or special shelters, please contact them at 772-287-1652 in Martin County; 772-462-8100 in St. Lucie County; 772-226-3900 in Indian River County;*

 *863-462-5800 in Okeechobee County; and 561-712-6400 in Palm Beach County.*

*Should a storm threaten your area, you will be contacted by a member of our agency so that we are aware of your emergency plans and can document same for your file. The staff of DEFINITIVE CAREGIVERS LLC will be attempting to contact all patients once the emergency has cleared and it is safe to do so.*

*The Administrator and/or Alternate Administrator of DEFINITIVE CAREGIVERS LLC will be reachable to ensure continuous leadership, but if phone lines are out you may contact Andrea Taylor at (954) 461-7581, Tekisha Carswell, at (754) 264-3151 or Terike Barrowes at (954) 297-2483. It is essential that you have a backup plan. In an emergency situation, the skilled nurse, therapist and home health aide may not be able to reach your home. Tekisha Carswell is the owner of the agency and she developed this plan and may be located at 1900 Glades Road, # 500-63, Boca Raton, FL 34994.*

*We have included a list of emergency supplies that you should have on hand prior to an emergency situation and some helpful hints from the County Emergency Management Service.*

*Should you have any questions with regard to the foregoing, please contact our office.*

**Please provide responses for each item describing how the nurse registry will provide the following:**

1. The procedures on how key workers/independent contractors will be oriented and informed prior to an emergency, as to their roles and responsibilities during an emergency:

*At the time of hire, key staff and independent contractors will be oriented to the agency’s CEMP and instructed as to their roles and responsibilities during an emergency.*
2. The person(s) who will provide the orientation, as well as the orientation content (to include a definition of what constitutes an emergency, when the emergency management plan will go into effect, the roles and responsibilities of essential and non-essential staff, the procedures for educating patients about the emergency management plan and the special needs registry):

*Tekisha Carswell or Terike Barrowes will provide the orientation we define an emergency as an unforeseen combination of circumstances which calls for immediate action, each contractor and client have established contact with the administrator.*

1. *During orientation, all staff will be provided a copy of the emergency plan. A copy of the administrative staff contacts numbers.*
2. *Staff will be signing an acknowledgement form of what their responsibility will be during an emergency i.e. ensuring that the necessary forms are completed and list of local shelters.*
3. *Staff will be ensuring that the patients identified as needing Special Needs Shelter and to make sure that all necessary paperwork is completed and providing the patients a list of shelters and items needed.*

*Each patient that will continue to receive care from their caregiver referred by the agency during an emergency will be provided with a copy of the emergency evacuation plan outlining items needed and safety measures that need or should be taken and will be requested to review same and oriented as to the necessary steps that will be implemented. Caregiver will be oriented as to implementation as well by the Owner/Administrator and Alternate Administrator. The patient and/or family member will be notified by phone from the scheduling coordinator at the direction of Owner/Administrator and Alternate Administrator that there will be continuous service provided by the caregiver unless otherwise advised.*

1. The nurse registry administrative staff person responsible for orientating new independent contractors regarding their disaster related roles and responsibilities:

*Tekisha Carswell and/or the Scheduling Coordinator will ensure that each caregiver reviews a copy of our CEMP and signs a document indicating that they have read same and understand their responsibilities for potential emergency/evacuations.*

1. The procedures for informing independent contractors on how they can work (if they choose to do so) with the local, state or county agency which will be managing and staffing special needs shelters during an emergency (pursuant to s. 456.38, F.S., and

s. 381.0303, F.S.,) are as follows:

The Scheduling Coordinator will ensure that each caregiver reviews a copy of our CEMP and signs a document indicating that they have read same and understand their responsibilities for potential emergency/evacuations and that they can choose to work with the local, state or county agencies which will be managing and staffing special needs.

**II. IDENTIFYING INFORMATION ON NURSE REGISTRY**

1. **Basic Information**

Nurse Registry Name: Definitive Caregivers LLC.

 Administrator Name: Andrea Taylor

 Address: 1900 Glades Road, # 500-63, Boca Raton, FL, 33431

 Phone Number: (561) 270-4900 Fax (561) 931-6522

**Person In Charge During Emergency (Key Staff)**

 Primary Name/Title: Terike Barrowes (Safety Liaison)

 Home Phone Number: 954-297-2483

 Work Phone Number: 561-270-4900

 Cell Phone Number: 954-297-2483

 Alternate Name/Title: Tekisha Carswell

 Home Phone Number: 754-264-3151

 Work Phone Number: 561-270-4900

 Pager Number:

 Cell Phone Number: 754-264-3151

 Insert additional alternates as appropriate.

1. **Registry Owner**

Owner Name: Tekisha Carswell

 Address: 1900 Glades Road, # 500-63, Boca Raton, FL, 33431

 Work Phone Number: 561-270-4900

 Pager Number:

 Cell Phone Number: 754-264-3151

 Insert additional owners as appropriate. *N/A*

**III. CONCEPT OF OPERATIONS**

Insert any appropriate introductory or overview remarks.

**Please provide responses for each item describing how the nurse registry will provide the following:**

**A. Responsibilities in Emergency Situations**

1. The chain of command to ensure continuous leadership and authority in key positions:

*a. Tekisha Carswell-Owner/ Alternate Administrator*

 *b. Andrea Taylor- Administrator*

 *c. Terike Barrowes- Safety Liaison /Human Resources/ Scheduling Coordinator*

*The persons named above are the designated persons to ensure continuous leadership. They will have master lists of special needs patients, master lists of all patients with available telephone numbers and a master list of all caregivers active and inactive in case of other needs arising.*

1. The procedures to ensure timely activation of the nurse registry plan and staffing of the nurse registry during an emergency:

*Upon notification of an impending emergency for any part of the county, the Administrator or Staffing Coordinator will take command and notify the RN and the staff for all current patients.*

The procedure to ensure timely activation of the agencies emergency management plan and staffing will be 24 to 48 hours prior to a possible evacuation.

The agency will make a list of all staff members that are able to help during any emergency and contact them as the need arise to the current patients.

The Owner, Administrator and Alternate Administrator will communicate between each other if there are any changes in command of staff members and will put it in writing the strategy outlined should an emergency arise.

1. The operational and support roles of all those nurse registry administrative staff who are designated to be involved in emergency measures during times of emergency:

*The Administrator, Alternate Administrator, and Scheduling Coordinator will identify key workers, have them review emergency management plan and instruct them in their responsibilities during an emergency. In addition, the Scheduling Coordinator will contact every patient and caregiver of patient to double check and ensure whether they are or are not a candidate for special needs or a shelter and document same on master list which will be kept in the possession of Administrator and Scheduling Coordinator before, during and after the emergency.*

*During time of emergency, the Administrator of the branch will work as a team with the RN’s in making patient care decisions based upon the needs of the patients and safety for the patients and employees. The Scheduling Coordinator will staff those patients who are in a safe environment given availability of staff.*

1. Management of patients who will continue to receive services in the home, assisted living facilities (ALF) and in adult family care homes (AFCH) by the nurse registry’s independent contractors during an emergency:

*The RN will review all cases and assist in contacting families, neighbors or other community agencies. Every effort will be made to provide home care services to patients that are unable to be left unattended. Coverage for home care services may be provided by family members or neighbors. If a family member or neighbor can provide coverage, the situation is resolved. The RN will keep a log of all patients, the staffing situation and location of the patient so that services can resume in a timely manner post emergency.*

*The Administrator, Alternate Administrator and Scheduling Coordinator will identify key workers, have them review emergency management plan and instruct them in their responsibilities during an emergency. In addition, the Scheduling Coordinator will contact every patient and caregiver of patient to double check and ensure whether they are or are not a candidate for special needs or a shelter and document same on master list which will be kept in the possession of Administrator and Scheduling Coordinator before, during and after the emergency.*

**B. Informing Patients Prior to an Emergency**

1. The procedures for notifying patients or patients’ caregivers about the nurse registry’s management plan:

*Definitive Caregivers LLC will give a copy of the emergency plan to all patient and caregivers upon admission. A copy will be available in all new admission to keep on premises.*

*During emergencies, The Administrator or Alternate will contact all caregivers and remind them of the important information to use during an emergency.*

Each patient upon retention of services receive a copy of the CEMP and caregivers at the time of a referral interview sign an acknowledgement that they have read our CEMP and agree to follow the necessary steps.

1. The nurse registry procedures for instructing nurse registry administrative staff of their responsibilities for discussing with those patients who need continued services either in the home, ALF or AFCH (and who are not registered with the special needs registry), the patients’ plan prior to and during, and immediately following, an emergency:

*All staff will ensure that patients understand their emergency plan and know how to use their emergency plan. Definitive Caregivers LLC will ensure that the administrative staff and all other staff or independent contractors have the responsibility to contact all patients. Regardless of patient’s location that have been in their care staff and contractors will identify their needs during an emergency and assist them in completing any necessary paperwork, advise/inform them of local shelters, compile a list of items needed for them.*

*At time of admission, an emergency preparedness assessment is completed by the RN. This assessment identifies whether the patient lives in an evacuation zone, has special needs and where they are planning on going during an emergency. This form is used to prioritize patients, and is filed in the medical record and referred to when an emergency is declared. Patients are instructed to read their emergency materials given to them and to consider emergency preparation and define their plans in advance of an emergency. At the time of tropical storm or hurricane watch or warning, all patients are contacted and their plans are reviewed again and finalized. Those who need it and refuse to apply for the special needs shelter will be notified that our services cannot continue in an evacuation zone during the emergency, and they will be assisted in finding other safe emergency shelter, such as a skilled facility or hotel in a non-evacuation zone.*

Each patient upon retention of services receive a copy of the CEMP and are oriented as to implementation procedures and caregivers at the time of a referral interview sign an acknowledgement that they have read our CEMP and agree to follow the necessary steps. We do not provide services to ALF and/or AFCH patients at this time.

1. The procedures for instructing nurse registry administrative staff as to their responsibility to discuss the special needs registry with those patients who will require to be evacuated to a special needs shelter (pursuant to s. 252.355, F.S.) during an emergency:

*During an emergency, Definitive Caregivers LLC will ensure that the administrative staff have the responsibility to contact all patients that have been identified as needing Special Needs Shelter and assist them in completing all necessary paperwork, advise/inform them of local shelters, compile a list of items needed for them.*

*At time of admission, those patients who have been identified as having special needs are assisted by the RN with applying for the Special Needs Shelter. It will be explained to the patient or family member that the application will require a physician’s statement of necessity and signature. This will be done in advance of an emergency. All patients have information on both the special needs shelter and transportation assistance for evacuation. At time of the emergency, these are #1 priority patients. They will be called first by the RN or design and assisted in evacuation plans per policy.*

Owner or Administrator will advise any and all individuals that may have to evacuate to a special needs shelter and the procedures will be discussed that a caregiver or staff member will be arranging such evacuation.

4. The nurse registry’s procedures for collecting patient registration information for the special needs registry, (pursuant to 59A-18.018 (6), F.A.C.) which must be done prior to an emergency, not when an emergency is approaching or occurring:

*At the time of admission, patients who have been identified as having special needs by the RN are assisted in applying for special needs shelter prior to an emergency either approaching or occurring.*

*Attached to this document as Exhibit “A” is our Questionnaire that we have all patients fill out upon retaining services from DEFINITIVE CAREGIVERS LLC.*

1. The procedures on how independent contractors and nurse registry administrative staff will be informed of their responsibility to educate patients about maintaining their medication, supplies and equipment list (refer to Appendix B, Section 2):

The Administrator and Scheduling Coordinator will identify key workers, have them review emergency management plan and instruct them in their responsibilities during an emergency about the maintenance of their medication, supplies and equipment list.

1. The nurse registry will discuss important information with those patients registered with the special needs registry (in accordance with Appendix B, Sections 1 and 3). This will also include the limitations of services and conditions in a shelter; that the level of services may not equal what they receive in the home; that conditions in the shelter may be stressful and may even be inadequate for their needs; and that special needs shelters are an option of last resort. Specific procedures for disseminating this information include:

*At the time services are initiated and 48 hours before a potential evacuation it will be pointed out to every patient that the limitations of services and conditions in a shelter; that the level of services may not equal what they receive in the home; that conditions in the shelter may be stressful and may even be inadequate for their needs; and that special needs shelters are an option of last resort..*

**C. Notification**

1. The procedures on how the nurse registry administrative staff in charge of the emergency plan implementation will receive warnings of emergency situations, including off hours, weekends and holidays:

*The Administrator will monitor current weather situations by radio or TV and will notify the RN by phone or in person. Land lines and cell phones will be used whether during working hours or in the off hours, weekends or holidays. The RN will in turn contact the Scheduling Coordinator and together they will notify all nurses and designated staff. 24hour contact number: same as number listed in section I. An on-call coordinator will answer this number as all lines are forwarded to this individual. If the Definitive Caregivers LLC is open and operational, all essential field service workers shall report to the office, unless the roads have been closed and the part of the county from which they are traveling is impassable. The worker should attempt to report to the office as soon as able and must notify the RN and designated staff by phone or email as to the situation. Using a prioritized list of patients, the RN or designee will contact each one either by phone or by home visit if necessary/possible to discuss care during the emergency.*

*The Owner and Administrative staff will contact the local agencies and ask them to notify by email of a potential emergency situation along with monitoring any potential warnings online since Owner and Administrator or Safety Liaison are online daily.*

1. If the nurse registry provides skilled care, the nurse registry’s 24 hour contact number, if different than the number listed in the introduction, is:

*24 hour contact number is the same as number listed in section I. An on-call Coordinator will answer this number as all lines are forwarded to this individual.*

1. The procedures on how those independent contractors who are providing services to clients registered (pursuant to s. 252.355, F.S.) will be alerted:

*The Administrator or designated staff will contact staffing coordinators and together they will notify all nurses and other related personnel.*

*Administrator or Alternate Administrator will contact Scheduling Coordinator and advise to contact every caregiver referred to patients before, during and after the emergency.*

1. The policies and procedures for reporting to work for staff and other key workers, when the nurse registry remains operational:

*If Definitive Caregivers LLC is open and operational, all essential field service workers shall report to the office, unless the roads have been closed and the part of the county from which they are traveling is impassable. The worker should attempt to report to the office as soon as able and must notify the RN by phone or email as to the situation.*

*Administrator will contact Scheduling Coordinator and advise to contact every caregiver referred to patients before, during and after the emergency.*

1. The procedures on how patients will be alerted, and the precautionary measures that will be taken, including but not limited to independent contractors continuing the same typeand quantity ofservices to patients registered (pursuant to s. 252.355, F.S.), unless the emergency situation is beyond the control of the independent contractor ( pursuant to 400.506 (12) (d), F.S.):

*Administrator will contact Scheduling Coordinator and advise to contact every caregiver referred to patients before, during and after the emergency and advice patients that if their current caregiver is unable to perform services, we will refer another caregiver for services to that patient if caregiver is willing. This procedure also applies to patients in Special Needs Shelters.*

1. The procedures for alternate means of notification should the primary system fail (pursuant to s. 400.506(12)(f), F.S.):

*If the agency will be ceasing operations due to a state of emergency, each patient will be contacted and informed that we will be operational again as soon as the all clear is given by county emergency management.*

*Administrator will contact Scheduling Coordinator and advise to contact every caregiver referred to patients before, during and after the emergency. If there is no staff available to resume services before, during or after the disaster Definitive Caregivers will contact other agencies in the area and refer services until services are administered.*

1. The nurse registry will maintain a current prioritized list of patients that are registered (pursuant to s. 252.355, F.S.) who are located in a private residence, ALF and AFCH and who need continued services during an emergency. This list shall comply with the requirements of s. 400.506(12)(b), F.S. The procedures on how this list shall be furnished to county health departments and to local emergency management agencies, upon request (pursuant to s. 400.506 (12)(b), F.S.):

*Using a prioritized list of patients, the RN or designee will contact each other either by phone or by home visit if necessary or possible to discuss care during the emergency.*

See Exhibit “B” of list used to maintain patients with respect to “private residence, ALF, and AFCH” who need continued services during an emergency.

Upon request, the list will be furnished by email, fax or regular mail to other emergency management agencies.

**D. During an Emergency**

1. During an emergency, when there is not a mandatory evacuation, some patients registered (pursuant to s. 252.355, F.S.), may decide to stay in their homes, ALF or AFCH. The procedures on how the nurse registry will contact each independent contractor that provides care to the patients needing continuing care to determine whether the independent contractor is still providing the care are described below. If the independent contractor is unable to provide the care and the patient still needs care, the procedure will include how the nurse registry will contact other independent contractors and nurse registries to arrange for care to the patient.

*When patients decide to stay in the home, ALF or AFCH the existing caregiver will be asked if she can remain with the patient until after the emergency is over; or attempts will be made to sub contract additional health care providers; or subcontract through another licensed or certified HHA; or patients will transfer to another licensed or certified HHA.*

*Administrator will contact Scheduling Coordinator and advise to contact every caregiver referred to patients before, during and after the emergency. If there is no staff available to resume services before, during or after the disaster, the Owner will contact other agencies in the area and refer services until services are administered.*

1. The means by which the nurse registry will continue to provide the same type and quantity of services to its patients who evacuate to special needs shelters which were being provided to those patients prior to evacuation per s. 400.506(12).

*If Definitive Caregivers LLC cannot provide coverage, care may be provided by family members or neighbors; or the existing caregiver will be asked if she can remain with the patient until after the emergency is over; or attempts will be made to sub-contract additional health care providers or subcontract through another licensed or certified HHA; or patients will transfer to another licensed or certified HHA.*

*Administrator will contact Scheduling Coordinator and advise to contact every caregiver referred to patients before, during and after the emergency via cellular phone or contact the shelters directly if there are telephone number of available to ensure services are continuing and ongoing.*

3. How the nurse registry will establish links to local emergency operations centers to determine a mechanism by which to approach specific areas within a disaster area per s. 400.506 (12).

*A copy of the Plan will be given to the Owner, Administrator, Alternate Administrator and Scheduling Coordinator in order to go through the change of command and a list of the telephone numbers are as follows:*

*List of emergency operations centers:*

*Indian River EOC – 772-567-2154*

*Martin EOC – 772-287-1652*

*Okeechobee EOC – 863-763-3212*

*Palm Beach EOC – 561-712-6400*

*St Lucie EOC – 772-462-8110*

**E. Evacuation**

1. The procedures that facilitate the efforts of the independent contractor to establish, and keep updated, medication, supplies and equipment lists (as defined in appendix B) to be kept in the homes of special needs patients:

*Patients who have special needs will have their medications, supplies and equipment lists reviewed upon admission to Definitive Caregivers LLC and reassessed 2 to 6 month intervals, as applicable. A copy of this list will be kept in the patient’s home folder and in the medical record. The staff will remind the patient and caregiver that these lists are to be taken with them to the special needs shelter along with all medications, supplies, equipment and the home care plan.*

The Administrator and/or Scheduling Coordinator will contract all caregivers referred to patients, have them review emergency management plan and instruct them in their responsibilities during an emergency about the maintenance of patients and their medication, supplies and equipment list ensuring that a copy of the initial plan that was given to patient be reviewed by patient and caregiver and caregiver will sign an acknowledgement form.

1. The procedures for educating and helping the patient and caregiver, e.g. family members, friends, etc., understand that the caregiver is to remain with the patient in the special needs shelter, and to take the list established by the independent contractor as well as other necessary items to the special needs shelter when there is mandatory evacuation underway due to the emergency:

Each patient upon retention of services will receive a copy of the CEMP and will be oriented as to implementation procedures and caregivers at the time of a referral interview sign an acknowledgement that they have read our CEMP and agree to follow the necessary steps for special needs shelter if this option is decided upon.

*If an employee is present in the patient’s home, the employee is to remain with the patient in the home until appropriate relief is obtained to meet the patient’s health care needs, as communicated by the Administrator or RN of the patient’s status. A comprehensive plan of care shall be hand delivered, faxed or telephoned to the appropriate facility so that appropriate medical or health care can be given in a timely manner. Documentation of the disposition of the patient shall be included in the patient’s clinical record.*

*Definitive Caregivers LLC also states that if the patient has a caregiver, that caregiver must remain in the Special Needs Shelter with patient. Also, that the list of medications, equipment, supplies and the necessary items listed in Appendix B will be taken to the Special Needs Shelter.*

3. The resources necessary to continue essential care or services or referrals to other organizations subject to written agreement including how the nurse registry will continue to provide care to ALF and/or AFCH patients who relocate in the same geographic service area or relocate outside the geographic service area:

Each patient upon retention of services receive a copy of the CEMP and are oriented as to implementation procedures and caregivers at the time of a referral interview sign an acknowledgement that they have read our CEMP and agree to follow the necessary steps.

During an emergency, all patients of Definitive Caregivers LLC will receive care regardless of their location.

4. The procedures for contacting the emergency operation center after the disaster to report on the registry’s damage, if any, and their availability to continue services to their patients in the special needs shelter:

The Owner/Administrator or the Alternate Administrator depending upon whether the owner is available or not will contact the emergency operation center after a disaster and report on the registry’s damage if any and the availability of the current caregiver services to our patients in the special needs shelter.

**F. The Patients Return Home**

1. The procedures on how the nurse registry will re-establish contact with patients in their homes, ALF or AFCH in order that the independent contractor or alternate independent contractor can resume provision of care:

*As soon as the patients return home, contact will be made by an RN and the care plan reestablished. Regular schedules will be resumed as soon as personnel are available and the environment of care is determined to be safe.*

*The Scheduling Coordinator will contact every caregiver that is providing care to a patient and ensure that the patient has returned home and determine the caregiver’s ability to continue services or be replaced with another caregiver.*

1. The procedures on how the nurse registry will re-establish contact with independent contractors in order that they may re-start patient care:

*As soon as the patients return home, contact will be made by an RN and the care plan reestablished. Regular schedules will be resumed as soon as personnel are available and the environment of care is determined to be safe.*

*The nurse registry will contact the independent contractor via the method, i.e. telephone numbers that the contractors have given the nurse registry that is kept on file and provided to key staff to restart patient care.*

1. The procedures on how the nurse registry will provide or arrange for prioritizing care should the emergency result in fewer independent contractors being available immediately following the disaster:

*Working as a team, the Agency staff will contact all employees to assess their situation and availability. The priority list will once again be used to determine staffing needs and available personnel will be placed with the highest priority patients first.*

**IV. APPENDICES**

The appendices that follow are provided in support of the nurse registry’s comprehensive emergency management plan.

**APPENDIX A: AGREEMENTS AND UNDERSTANDINGS**

List on this page and insert copies on following pages, to include any mutual agreements entered into between the nurse registry and any local, state and county entities having responsibility during a disaster.

**APPENDIX B: INFORMATION FOR NURSE REGISTRY PATIENTS**

Insert copy on next page.

**APPENDIX B: INFORMATION FOR NURSE REGISTRY PATIENTS**

The following information should be supplied by the nurse registry to those patients registered with the special need’s registry, so they will be prepared prior to an evacuation to a special needs shelter.

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

(1) If the patient has a caregiver[[1]](#footnote-1), the caregiver must accompany the patient and must remain with the patient at the special needs shelter.

(2) The following is a list of what special needs patients need to bring with them to the special needs shelter during an evacuation:

* Bed sheets, blankets, pillow, folding lawn chair, air mattress
* The patient’s medication including the dose, frequency, route, time of day and any special considerations for administration, supplies and equipment list, including the phone, beeper and emergency numbers for the patient’s physician, pharmacy and, if applicable, oxygen supplier; supplies and medical equipment for the patient’s care; Do Not Resuscitate (DNRO) form, if applicable;
* Name and phone number of the patient’s nurse registry
* Prescription and non-prescription medication needed for at least 5 to 7 days; oxygen for 5 to 7 days if needed.
* A copy of the patient’s plan of care, if applicable
* Identification and current address
* Special diet items, non-perishable food for 5 to 7 days and 1 gallon of water per person per day
* Glasses, hearing aids and batteries, prosthetics and any other assistive devices
* Personal hygiene items for 5 to 7 days
* Extra clothing for 5 to 7 days
* Flashlight and batteries
* Self-entertainment and recreation items, like books, magazines, quiet games.

(3) Shelters need to know the following:

* If the patient has a caregiver, the caregiver(s) shall be allowed to shelter together in the special needs shelter. If the person with special needs is responsible for the care of individuals without special needs, those persons may also shelter together.
* The shelter caregiver will have floor space provided. The caregiver must provide his or her own bedding.
* Service dogs are allowed in the shelter. However, check with your local Emergency Management office to see if other pets are permitted.
* Bring personal snacks, drinks, and any special dietary foods for 72 hours. It is possible only sparse meals will be provided.
* Caregivers who regularly assist the patient in the home are expected to continue to do the same care in the shelter.

**APPENDIX C: SUPPORT MATERIAL**

List on this page and insert copies on following pages.

Hurricane Disaster Checklist

Plan A: Relocate a few hundred miles outside the threatened area. Follow a route with a current road map that stays clear of major bodies of water, seashores, lakes and canals. Begin traveling early to avoid traffic jams and dangerous winds. Bring along emergency supplies.

Plan B: Stay with local friends or relatives. Make sure whatever home you stay in is adequately prepared and supplied for a hurricane. Have an alternate plan and place to stay in case the home is unavailable.

Those who live in condominiums or apartments with multiple stories should not plan to evacuate to higher floors. This so-called "vertical evacuation" is dangerous. When water levels rise through bottom floors, people can become isolated. Wind strength also increases on higher floors.

Plan C: Stay at home. Make sure your home is supplied, prepared and able to withstand a hurricane. Mobile homes are not safe in hurricane conditions even if they are anchored to the ground.

Plan D: Go to a Red Cross shelter. Those who plan to go to an emergency shelter should leave as soon as a shelter's opening is announced over radio and television stations. Do not wait for a specific shelter to open because some shelters may not be opened or available during a hurricane. Pets are not admitted in shelters. Bring along emergency supplies.

**Before Hurricane Season**

 Review or develop a Family Disaster Plan

Some important considerations for a disaster plan include:

- Do all family members know how to get in touch with each other if an emergency occurs?

- Has a contact point been established where all family members will know they can meet especially if they get separated?

- Has someone outside the local area preferably outside the state been designated as a contact person that knows the family's disaster plan? Family members should be able to check in with or call this person for help.

- What will be done with the family pets? American Red Cross emergency shelters do not accommodate pets or animals. Advanced planning is the only solution.

 Replenish disaster supplies

 Check to see if you live in a high flood area. Those who live in low-lying locations can be swept over by high tides or storm surges. Those who live in such areas must be prepared to evacuate to a safe location inland or even travel outside the threatened area.

 don’t depend on shelter space. If possible, make arrangements with a friend or relative who lives in a sound home in a safe area.

 Arrangements should be made to dock large boats in a safe harbor in the event of a hurricane.

**During a Hurricane Watch**

 Listen to radio and television stations for official announcements, updates and instructions from the National Hurricane Center, the police and local departments of public safety.

 Check disaster supplies

 Make sure prescription medicine is stocked up - enough for at least two weeks

 Fill up your vehicle's gas tank.

 Drinking water should be stored up for at least 7 days or roughly the equivalent of one gallon of water per person per day.

 Water should be stored in clean bathtubs, jugs and bottles. Scrub these containers thoroughly, sponge and swab with bleach, rinse and let dry.

 Store toiletries, valuables and 3 days of clothing in waterproof containers.

 Use waterproof containers to store important documents, such as insurance papers, medical records, bank account numbers, and Social Security cards.

 Adjust the thermostat on refrigerators and freezers to the coldest setting.

 Secure windows with shutters or cover with plywood. The Federal Emergency Management Agency recommends 1/2 inch plywood with marine plywood as the best option.

 do not cover windows with tape. If a window is broken, the tape could create larger shards of glass to harm people. The best solution is to have shutters installed or pre-cut plywood that can be put up before the storm.

 Lash or remove awnings. Brace sliding glass doors and French doors.

 Remember television antennas are charged with electricity. Unplug your television set before attempting to remove the antenna.

 as you remove tree limbs or take down antennas, be careful to avoid power lines. The slightest contact can cause serious electrical shock.

 Bring in outdoor objects to prevent them from becoming wind-blown projectiles. Firmly secure outside items that cannot be brought inside.

 Small boats can be taken off trailers, lashed down and filled with water. Larger boats should be safely docked.

 do not drain swimming pools. An empty pool could rise out of the ground without the benefit of its water weight. Instead, turn off pool equipment. Cover exposed filters and pumps with waterproof material. Add extra chlorine to prevent contamination.

**After a Hurricane Warning**

 Listen to radio and television stations for official announcements, updates and instructions from the National Hurricane Center, the police and local departments of public safety.

 People who reside near beaches, islands and low-lying areas must be prepared to evacuate early to avoid being cut off from pre-storm tides or flooding.

 Those who will be evacuating should make sure relatives are aware of their plans and destinations.

 If applicable, turn off power, water and gas to residence.

 do not open a window on the opposite side of the house. You want to seal the house from wind. You do not need to equalize pressure.

**During The Storm**

 Stay inside.

 Move to an interior room. The best option would be a room that is not connected to outer walls. Bathrooms are also a possible alternative.

 Take some supplies with you, especially some food and water.

 a mattress can also be taken along as a cover against falling debris.

 Continue to listen to your portable radio for important information.

 as the eye of the storm approaches, there may be calm or lull in weather conditions. Do not go outside unless you must make emergency repairs.

**After The Storm**

 do not go outside until an official "All Clear" has been issued. Continue to listen to the radio for important information.

 Remember that life will not go back to normal the very next day. Emergency workers will be busy helping people and making necessary repairs. It will also take time to begin dispensing emergency supplies.

 If possible, avoid traveling on roadways. Many roads may need to be cleared of debris, and pavement may become undermined and collapse under the weight of vehicles.

 Try to avoid tying up 911 dispatches with unnecessary telephone calls. However, do not hesitate to call when you or someone else is in physical danger.

 do not touch fallen or low-hanging wires of any kind. Do not touch any tree, object or sitting water that is in contact with power lines.

 Call the police or utility providers to report downed power lines, broken gas or water mains, or overturned gas tanks.

 Remember to boil your water before drinking it.

 Avoid animals that may be roaming around after the storm or searching for dry ground.

 While electrical service is off, conserve refrigeration by opening refrigerators and freezers as little as possible. When electricity is restored, check food for spoilage.

 Make any repairs you can to your home. Be especially careful using tools that you may not be experienced with.

 Broken windows, doors and holes can be covered with spare screen material to allow for ventilation while keeping pests out.

 Check with neighbors to see if they need help.

1. Caregivers can be relatives, household members, guardians, friends, neighbors and volunteers. [↑](#footnote-ref-1)