

# JOHNS HOPKINS HOME CARE GROUP, INC.

<b>Policy For: Plan for Corporate Emergency Preparedness</b>	<b>Number: Admin. 601</b>
<b>Section: Environmental Safety and Equipment Management</b>	<b>Manual: Administrative Policy and Procedure Manual</b>

## **Purpose:**

To assure the continuing provision of patient care/service (based on level of priority) in the event of an emergency without compromising employee safety through a comprehensive JHHCG Business Continuity Plan (BCP), Emergency Preparedness Plan, and coordination with the Johns Hopkins Medicine Center for Emergency Planning and Response (CEPAR).

## **Scope of Plan:**

This emergency preparedness and management plan covers patient care functions provided by Johns Hopkins Home Care Group. More information on the procedures designed to allow the business of patient care to function through an emergency can be found in the Business Continuity Plan, the Emergency Preparedness Plan, and related policies on Safety and Security. Plans are designed to assist the organization in:

- Mitigation-plans to lessen the severity of an emergency
- Preparation-designing and testing plans to ensure readiness for potential emergencies
- Response-plans to allow quick reaction to an emergency
- Recovery-plans to resume normal operations after the emergency has passed

The plan also includes coordination with regional and local emergency management and planning, through direct contact, as well as interface with Johns Hopkins Medicine Center for Emergency Planning and Response (CEPAR).

## **Definitions:**

JHHCG Leadership has established the following as potential emergencies for which mitigation, preparation, response and recovery actions may need to be taken, based on a hazard vulnerability analysis and the components of the BCP:

1. Inclement weather (heavy rains, snowstorms, ice storms, etc.)
2. Natural Disasters (floods, hurricanes, earthquakes, etc.)
3. Community Disaster (power outages, fire, road blocks, hazardous spills; includes loss of computer systems or telephones)
4. Key computer applications unavailable
5. Network connectivity lost
6. Building system interrupted or unavailable
7. Key vendor (s) unavailable
8. Personnel/staff unavailable
9. Pandemic or epidemic disease (in personnel or community)
10. Terrorist attacks (bombings, chemical or biological attacks)

11. Civil unrest (riots, labor strikes, law enforcement actions)

**Important resources/references:**

1. Bayview Security 410-550-0333
2. VP Senior Property Manager, emergency coordinator for the Point Breeze Center 410-631-7100
3. Point Breeze after hours emergency line 877-633-7104
4. JHHCG Executive Team Emergency Line Activation for staff notification 410-288-8002
5. Center for Emergency Preparedness and Response (CEPAR) at JHM  
<http://www.hopkins-cepar.org/> or 410-502-8081
6. Dept of Homeland Security <http://www.dhs.gov/dhspublic/>
7. HCG Facilities Pager Number: 410-806-5152

**The plan includes the process for:**

1. Contacting and continued communication of staff at all levels
2. Establishing alternate mechanisms if key computer data applications are lost
3. Establishing minimum staffing requirements in all programs
4. Prioritizing patients and arrangements for back-up services
5. Continuing services in alternate location if building system not available
6. Obtaining essential supplies/equipment if key vendor(s) become unavailable

**I. MITIGATION**

JHHCG ensures that the severity of each event is lessened through orientation of new staff, reinforcement to staff ongoing, regular reviewing, updating and practicing this plan for emergency preparedness and management, including patient education, and coordination with CEPAR and other local entities

**II. PREPARATION**

**A. Initiation of the Plan:**

The President, member of the executive committee, or designee is responsible for the determination that a situation exists warranting the initiation of the Response Phase of the Emergency Preparedness Plan. The Executive-on-Call will notify the President, if the emergency situation occurs after regular business hours.

The President decides the course of action and initiates communication to staff by activation of telephone trees and an updated message on the emergency communication line 410-288-8002.

In instances of inclement weather, emergency communication, activation of the telephone trees and communication with the media for broadcast will take place **by 6:00 AM**. Staff will be notified of delayed start time, with a 2-hour minimum delay. Updates will be posted to this line every 2 hours.

In the event of a chemical or hazardous spill emergency, Managers/Safety Committee Members are responsible to contact Bayview Security (410-550-0333), who will contact Bayview Safety and provide assistance.

### **B. Command Structure:**

Established lines of reporting authority defined by the organizational structures of each operating unit will be used to respond to and recover from emergencies. Additionally, the Leadership has adapted the Hospital Emergency Incident Command System (HEICS) as a structure to be utilized as needed to mitigate, respond and recover from an emergency. The President or the Executive of the Day will serve as the Incident Commander and determine when to initiate the plan in case of an extensive emergency.

### **C. Coordination:**

The President, COO, and the Director of Customer Service will participate in the CEPAR Operations structure to ensure coordination of JHHCG emergency planning and response with JHM and community organizations.

### **D. Communication:**

The nature of the emergency and the operative plan to deal with it will be communicated to staff by any or all of the following:

1. Telephone, using the departmental/team telephone trees.
  - a) Creating, maintaining, distributing and training staff in the use of telephone trees and the Emergency Preparedness Plan is the responsibility of the department manager. The administrative assistant for each operating unit is responsible for posting phone trees in the central file of the company e-mail system. The Executive Administrative Assistant is responsible for maintaining a current copy in the Executive On-Call book.
  - b) Staff will keep a copy of their current departmental telephone tree accessible at all times.
  - c) Staff assigned to work is expected to respond within 15 minutes to the telephone call. If the staff is not available, each subsequent person is called until someone is reached. The last person on the tree should call the supervisor to communicate completion of the telephone tree and the names of any employees who were not reached.
  - d) Staff not assigned to work should contact their supervisor to receive information and further instruction as soon as they receive the message.
  - e) Emergency cell phone and/or wireless communication back-ups will be available and distributed by the Incident Commander or designee.

2. Voice Mail, “All User” distribution lists.
3. Media broadcast, radio station WBAL 1090 AM, WLIF 101.9 FM, WSQR 102.7 FM, WWMX 106.5 FM, or TV Channel 11. The Senior Director for Marketing and Business Development, in conjunction with JHM Corporate Communications, shall be the sole source of communications to the news media. External communications with agencies, vendors, financial institutions and payers will be conducted by department Directors. Internal communications will occur via:
  - a) Emergency Communication Line 410-288-8002.
  - b) Back-up emergency communication line via FOCUS VMS at 410-880-8647.
  - c) Night time on-call staff is to remain on-call until notified by the supervisor of the on-call reassignment.
  - d) Use of e-mail via Groupwise web-site
  - e) Off-site /on-site departmental meetings
  - f) [www.hopkins-cepar.org](http://www.hopkins-cepar.org)
4. Cell phone and/or direct connect wireless communication
5. Continued communication for the duration of an emergency will be facilitated as outlined above and through direct communication from departmental /team managers. Pagers, cell phones or direct connect communication will also be used to augment communication, where appropriate and available.

### **III. RESPONSE**

- A. Priority 1 staff has been identified as those directly related to patient care and/or service delivery and support, and managers and supervisors. Each Director will maintain a current list of Priority 1 Staff and reference the BCP scenario dealing with staff requirements for critical functioning. These “required attendance employees” must report to work and/or remain at work regardless of the existence of an emergency (weather or otherwise). This “required attendance” designation is to be confirmed, in writing, by the supervisor to the employee, including the consequences of failure to report to or remain at work.
- B. Priority 2 staff is other staff. Priority 2 staff may be called upon to assist in priority functions when minimal staffing levels have not been met.
- C. Ambulatory Pharmacy employees are to follow their assigned hospital location Emergency Preparedness procedures and the JHHCG BCP.

D. Department leadership is responsible for designating, an individual to assume direction of the department in the absence of the department head/manager/supervisor.

E. Priority 1 - Staff members scheduled to work are to maintain their pagers and cell phones with fresh batteries and keep them on at all times during an emergency. Staff using laptop computers for documentation should keep car chargers at hand and keep batteries charged. Staff must check their voice mail frequently for updates. Staff is advised to maintain at least a half full gas tank in their cars and a small amount of cash to prevent being stranded if power failures make filling up or obtaining cash impossible.

F. Patient safety will take precedence over confidentiality related to the release of patient information to proper authorities when necessary.

G. Dry ice packs, stored in the Pharmacy area, to keep medication cooled down, are to be used in the event of power outages. When an electrical outage extends beyond 48 hours, or as deemed necessary by the Director of Pharmacy or Infusion, arrangement will be made to transport appropriate medication to the Bayview Hospital for refrigeration.

H. Back-up sources of bottled water are stored in the Broening office to be used in the event of water outage. This supply is maintained and kept current by the facilities manager.

I. The JHHCG Facilities Manager is to be notified by any employee of a power or water outage. The Facilities Manager will then contact the Property Manager, and notify him of the outage so he can follow-up with the appropriate utility department.

J. Telecommunications and computer access are critical to ongoing operations. Back-up cellular or direct connect phones will be maintained, charged and regularly checked in key areas. A business continuity plan for restoring data functions on a separate server and use of alternate strategies, in the event of loss of server or data center at main office, will be maintained and tested regularly.

K. Employees will follow the evacuation paths posted in their work areas and follow standard evacuation procedures during an emergency requiring evacuation (see Policy and Procedure for Fire Safety and Evacuation). Each department has developed a displacement procedure (alternate work site and plan as detailed in the BCP). In the event of a fire or disaster causing major structural damage or inaccessibility to the normal work site, business can be conducted from these alternative work sites.

L. The President and Executive Committee will determine direct patient care/ delivery and operations staffing ability in the event of a prolonged emergency situation. Based on this information, they will determine the course of action without jeopardizing the needs/care of patients or staff safety. Some of the considerations could be to discontinue accepting referrals, to transfer patients to alternate care facilities, or to transfer them to other home care agencies. Executive staff, or designated personnel, will be responsible for contacting local health, law enforcement, and/or utilities agencies for current information and procedural guidelines. All contact with media should be directed to the Senior Director of Business Development and Marketing.

M. As directed by the President or the Executive of the Day, Priority 1 management staff will report to the office to coordinate continued services to priority patients.

N. Patients will be assigned a priority level upon admission and re-prioritized when their condition changes. The definitions of these priority classifications vary among programs (Pharmaquip, Pharmacy/Infusion, Pediatrics at Home, and Home Health Services).

O. Patient Priority Status lists will be updated as needed and copies maintained on the JHHCG restricted shared drive, off-site by clinical team managers, department supervisors, triage nurses, etc. They will be forwarded to the Administrator On-Call, as soon as possible, when the possibility of an emergency arises.

P. Visit and delivery schedules will be reviewed and revised based on patients' priority status and the availability of staff and safe transportation to assure the continued provision of services. This information will be in the Executive On-Call Binder. The availability of additional transportation services, through the escort service, will also be determined.

Q. Priority 1 patients will be visited by JHHCG employees if possible, or emergency services nearest the patient's home will be contacted when staff is unable to make direct contact, if appropriate.

R. Patients will be instructed in home safety and emergency preparedness which is include in Admission Handbook.

S. Education regarding the BCP and Emergency Preparedness Plan will be introduced to new employees during General Orientation. Changes or additions to the plan will be provided at staff meetings.

#### **IV. RECOVERY**

- A. The President, Executive of the Day or Incident Commander will request immediate response evaluation by Directors, and review plans for ongoing patient care when the acute emergency has passed. Repairs, restocking of resources and other follow-up activities will be carried out by Directors, as needed.
- B. The effectiveness of the Emergency Preparedness Plan will be evaluated each time any portion of the plan is implemented. Data from these evaluations will be tracked and trended by the Senior Director of Quality and Safety and reported to the Executive Committee, Professional Advisory Committees, and Governing Boards. Opportunities for improvement will be initiated as appropriate.
- C. Leadership will evaluate the Emergency Preparedness and Management Plan at least annually, along with the BCP for functionality, effectiveness, objectives and scope, and make needed changes. If no implementation of the plan has occurred through an

emergency situation, a drill will be carried out to test the plan implementation, prior to evaluation.

Original Approval Date: 8/93

Reviewed: \_\_\_\_\_

Revised: 2/97, 4/00, 12/01, 4/03, 9/03, 1/04, 9/04, 3/06, 8/06