

Emergency Preparedness for Home Health Care Nurses



Emergency Preparedness for HHCN - Presentation Materials



1.2 Emergency Preparedness



1.3 Learning Outcomes

Learning Outcomes

- Describe the nurse's role in emergency situations
- Explain emergency planning for home health nurses
- List requirements for patient emergency planning
- Explain emergency communication procedures
- Describe procedures for providing clinical care during and after an emergency

1.4 Definition of an Emergency

Definition of an Emergency • A serious, unexpected, and often dangerous situation requiring immediate action Simergency

1.5 Disasters are the Most Serious Emergency Situations

Disasters are the Most Serious Emergency Situations

A disaster is a sudden event that causes damage or loss of life. There are natural disasters such as tornados, earthquakes, blizzards, hurricanes and wildfires. Man-made disasters include terrorist attacks, chemical spills or large scale accidents like building collapses

There are federal, state and local agencies responsible for disaster planning, notifying the public of what to do in a disaster and providing emergency services during and after a disaster.

1.6 Medicare Home Health Emergency Preparedness Guidelines

Medicare Home Health Emergency Preparedness Guidelines

- The agency has a plan for establishing a chain of command and maintaining operations during an emergency
- The agency has an updated employee communication plan
- Each patient has a written emergency plan
- Patient emergency plans and contacts are listed in the medical record
- The agency identifies and manages at risk patients
- The agency coordinates with local officials to ensure patient safety and plan for needed evacuations



1.7 The Nurse's Role in Emergencies

The Nurse's Role in Emergencies

- · Make personal and family emergency plans
- Understand agency emergency procedures
- Help patients create an emergency plan
- Follow agency communication procedures
- Triage caseload and modify visit schedule as directed
- Modify clinical care per agency protocols
- Take action to keep patients safe

1.8 Know Your Agency Emergency Procedures

Know Your Agency Emergency Procedures

- Alterations to agency operations
 Emergency chain of command

- Patient emergency planning process Personal safety and job responsibilities
- Communication with your agency
 Reporting and documentation
- Coordination with local authorities

1.9 Five Steps to Good Emergency Management

Five Steps to Good Emergency Management



- 1. Prepare
- 2. Assess
- 3. Act
- 4. Report
- 5. Document

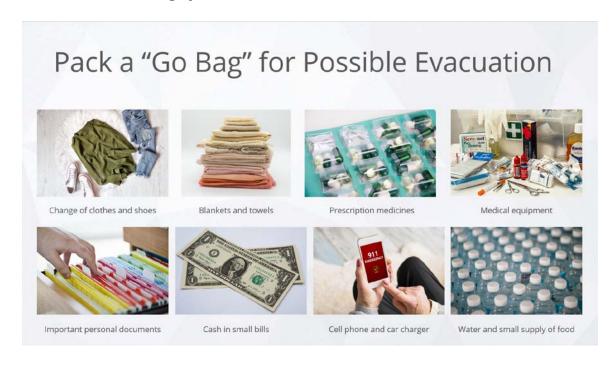
1.10 Develop a Personal Emergency Plan

Develop a Personal Emergency Plan

- Stock supplies for sheltering in place
- Make plans for family members and pets
- Pack an emergency "go bag"

- Charge your cell phone and fill your car with gas
- Learn about community warning systems
- If evacuation is likely, plan an escape route

1.11 Pack a "Go Bag" for Possible Evacuation



1.12 Emergency Supplies for Sheltering in Place

Emergency Supplies for Sheltering in Place

- Water (1 gal per person per day)
- Food (dried or canned)
- Emergency equipment
- Prescription medications
- · First aid kit

- Nonprescription medicines
- · Warm blankets for winter storms
- Battery powered radio
- Flashlights or lanterns and extra batteries

Source: Federal Emergency Planning Agency (FEMA)

1.13 Developing a Patient Emergency Plan

Developing a Patient Emergency Plan

A large part of the home health nurses role in emergency preparedness is helping patients develop a practical and realistic emergency plan.

- Educate the patient on when and how to call for help
- · Give the patient a written copy of the plan
- Inform your manager if the patient is not adequately prepared
- Enter the emergency plan into the medical record



1.14 Elements of a Patient Emergency Care Plan



Elements of a Patient Emergency Care Plan

- Emergency contact list
- · Important phone numbers
- Medication list
- · A plan for how to call for help
- A plan for obtaining medications, medical equipment and supplies
- · A plan for pets
- Supplies for sheltering in place

1.15 Assessing Patient Risk Factors

Assessing Patient Risk Factors

- · Severity of patient condition and self care ability
- Need for life sustaining medications, equipment and supplies
 The Medicare CoPs require agencies to classify the patients risk level.
 The comprehensive evaluation determines the patients level of risk.
 - Resources available for emergency supplies, evacuation
- Availability of a caregiver and an emergency contact
 - Predicted severity of the emergency situation
- Home and neighborhood vulnerability

1.16 Help the Patient Create a Pet Emergency Plan

Help the Patient Create a Pet Emergency Plan

· Put identification tags on animals

- · Assemble a pet emergency kit
- · Move animals to safety before a disaster



1.17 Home Health Patient Risk Levels

Home Health Patient Risk Levels - Home visit within 24 hours - High priority - Require uninterrupted services - Condition unstable, may deteriorate or require inpatient admission if not seen - Home visit within 48-72 hours - Caregiver available to provide basic care - May postpone visit if nurse or therapist makes telephone contact - Condition somewhat unstable, but could be postponed without harm to patient - Home visit can be deferred longer than 72 hours - Low priority - Condition stable - Basic care provided by family caregiver - Can safely miss a scheduled visit - Source: Office of Public Health Preparedness, Michigan Department of Health and Human Services, Home Health Emergency Preparedness, A Handbook to Assist Home Health Care Providers in Emergency Preparedness Planning

1.18 Home Health Care Patient Level 1 Risk

Home Health Care Patient Level 1 Risk

At high risk, requires contact within 1 day

- · Unable to meet basic self care needs
- No caregiver or readily accessible support in the home
- Cannot be left alone for extended periods
- Bedbound, paralyzed, O2 or ventilator dependent, daily insulin and can't self administer, fresh or extensive wounds
- Condition unstable, may deteriorate or need inpatient care if not seen

1.19 Level 1 Patients - Emergency Planning

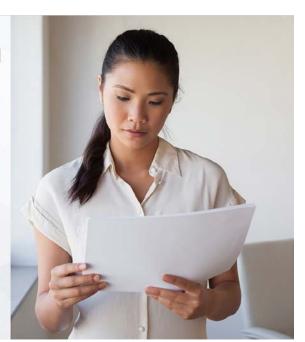
Level 1 Patients - Emergency Planning

- Make an extra effort to locate caregiver support
- Agency will notify local emergency services of at-risk patients
- Help the patient obtain needed supplies, equipment, medications
- Help patient assemble an emergency kit
- Develop a contingency plan for evacuation
- Coordinate plan with patient, caregivers and emergency contacts

1.20 If an Emergency is Anticipated

If an Emergency is Anticipated

- · Monitor the anticipated level of threat
- · Triage your caseload with your manager
- · Obtain essential patient information
- Contact patients to ensure that they are prepared
- Communicate with high risk patient emergency contacts
- Make arrangements for patient medications, supplies and equipment
- · Frequently check agency communications



1.21 Medical Equipment Emergency Plan

Example – Oxygen

Medical Equipment Emergency Plan Example – Oxygen Help patients and caregivers to:

- rieip patients and caregivers to.
- Contact their supplier to determine emergency procedures
- Obtain extra cylinders/tubing/delivery devices/batteries for backup
- Educate patients and caregivers on the use of battery backups
- Use teach back to ensure the patient can use the battery backup
- Discuss relocation if battery backup fails

Source: New Jersey Group for Access & Integration Needs in Emergencies & Disasters

1.22 Emergency Communication

Provide the agency with your updated contact information Understand emergency communication procedures Call in or wait for agency emergency notification

- Describe the status of travel or hazards in your area
- Obtain your patient care assignment
- Keep the agency informed of your location and patients' status

1.23 Providing Care in Emergencies

Providing Care in Emergencies Do not leave home without receiving an assignment Monitor emergency conditions for safety Report on patient needs, condition changes and risks Inform the agency if you cannot travel safely Document the visit – using abbreviated methods if necessary

1.24 Reporting in an Emergency



Reporting in an Emergency

- In life threatening emergencies, call 911 immediately
- For other problems, call your supervisor or the case manager
- Use the SBAR method when reporting
- · Stay on the line until told to hang up

1.25 Disasters and Cognitively Impaired Patients

Disasters and Cognitively Impaired Patients

Cognitively impaired patients may decompensate under emergency conditions. Make special preparations that include:

- Communicate with the patient's emergency contact
- · Verify that a complete emergency kit has been assembled
- Make contingency plans for movement to a safer location
- Use simple words and a calm manner when giving explanations
- Educate caregivers about ways to deal with agitation
- Be sure the patient's written emergency plan is easily accessible

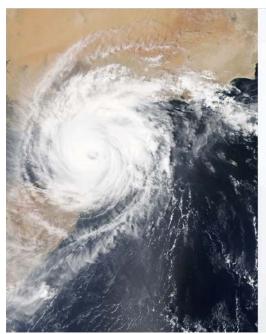
1.26 If Unexpected Disaster Strikes

If Unexpected Disaster Strikes

- Find a safe spot in the home
- Stay put, stay calm and reassure the patient
- Stay in touch
 - · Call or text your manager
 - Check the news for updates
- Use your phone only for emergencies



1.27 Example of Hurricane Emergency Actions



Example of Hurricane Emergency Actions

- · Listen to the radio or TV for information
- Secure the home, close storm shutters, and secure outdoor objects or bring them indoors
- · Evacuate, if told to do so by authorities
- Fill the bathtub and other large containers with water to use for cleaning and flushing toilets
- Stay in a safe indoor location away from windows
- If the power goes out, turn the refrigerator and freezer to the coldest setting and keep its doors closed
- Avoid using the phone, except for serious emergencies

1.28 Communicating with Patients in Emergencies

Communicating with Patients in Emergencies • Present a calm demeanor • Make simple, clear statements in a normal tone of voice • Show respect and concern • Listen to the patient, but be firm if risk is high • Use teach-back to ensure understanding

1.29 After an Emergency or Disaster

After an Emergency or Disaster

- Assess the patient's home safety situation
- · Observe for any change in condition
- · Report to your manager, if indicated
- Provide emotional support
- · Obtain new orders and modify the care plan as needed
- Modify clinical procedures as determined by the situation
- Assess the need for food, clean up, medical supplies and medications
- · Help the patient make arrangements for unmet needs

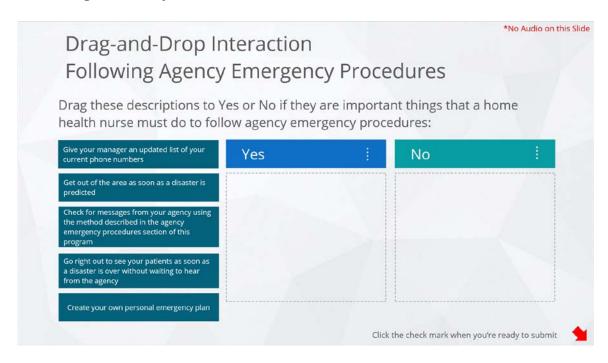
1.30 Patient Emotional Support After a Disaster

Patient Emotional Support After a Disaster

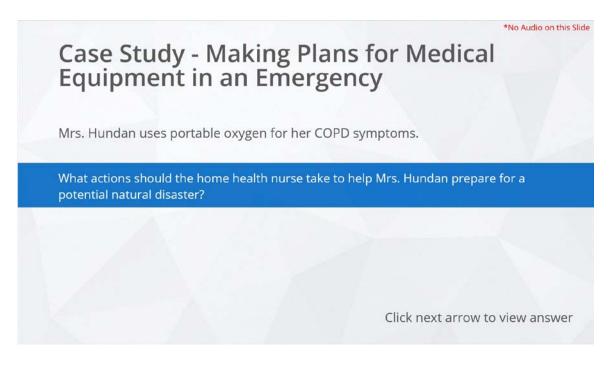
- · Listen and validate patient feelings
- Provide information about common reactions to a disasters
- · Provide education about stress and coping
- · Help restore the individual's sense of control
- Encourage reconnection with formal and informal support networks



1.31 Drag-and-Drop Interaction



1.32 Case Study - Making Plans for Medical Equipment in an Emergency



1.33 Case Study - Making Plans for Medical Equipment in an Emergency Answer

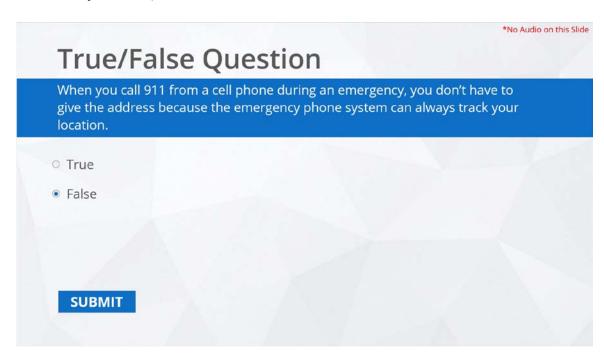
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Case Study - Making Plans for Medical Equipment in an Emergency

What actions should the home health nurse take to help Mrs. Hundan prepare for a potential natural disaster?

- Help the patient/family contact the oxygen supplier to determine emergency procedure
- Obtain extra cylinders/tubing/delivery devices/batteries for backup
- · Educate patients and caregivers on the use of battery backups
- · Use teach back to ensure the patient can use the battery backup
- · Advise the patient not to burn candles near the oxygen if there is a power failure
- · Discuss relocation plans in case battery backup fails

1.34 True/False Q1



1.35 Quick Quiz - Communication in a Disaster

Quick Quiz - Communication in a Disaster

If there is a natural disaster, and the nurse has not been contacted by her agency, she should.......

1.36 Quick Quiz - Communication in a Disaster Answer

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Quick Quiz - Communication in a Disaster

If there is a natural disaster, and the nurse has not been contacted by her agency, she should.......

 Use predetermined agency procedures to contact the agency for instructions using phone, text, email, social media or by driving to the emergency office location. If contact with the agency is not possible, visit high risk patients if the travel situation is safe.

1.37 Quick Quiz - Planning for Natural Disasters

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Quick Quiz - Planning for Natural Disasters

Peter, a home health nurse, talks with his patient, Mr. Donton, who is classified as a level 2 risk, about his emergency plan for a predicted blizzard. He finds that Mr. Donton's emergency contacts are not really people he can count on to help him. Peter checks the pantry for emergency supplies and finds that there is some water, but no flashlights, batteries or other emergency supplies.

What should Peter do?

Click next arrow to view answer

1.38 Quick Quiz - Planning for Natural Disasters Answer

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Quick Quiz - Planning for Natural Disasters

What should Peter do?

- Peter should have a more extensive discussion with Mr. Donton about the potential for finding reliable emergency contacts.
- Peter should give Mr. Donton a list of necessary emergency supplies and work with him to develop a detailed plan for obtaining them.
- If Peter cannot develop an effective emergency plan, he could refer Mr. Donton to social work for help with additional resources.
- Peter should report the situation to his clinical manager and suggest that Mr.
 Donton be added to the list of at-risk patients that will be communicated to local emergency services.

1.39 References

National Association for Home Care and Hospice(2017), Home Health Emergency Preparedness Conditions of Participation, Interpretive Guidelines, and Survey Procedures Office of Public Health Preparedness, Michigan Department of Health and Human Services, Home Health Emergency Preparedness, A Handbook to Assist Home Health Care Providers in Emergency Preparedness Planning American Nurses Association (2008) Adapting Standards of Care Under Extreme Conditions: Guidance for Professionals During Disasters, Pandemics, and Other

1.40 Thank You!

Extreme Emergencies

