

ALERT

CERTIFIED HOME HEALTH AGENCIES, LONG TERM HOME HEALTH CARE PROGRAMS, LICENSED HOME CARE SERVICES AGENCIES, HOSPICES

Hurricane Sandy's current path threatens the US East Coast with a potential direct strike on New York State. The storm is expected to hit landfall beginning Sunday, October 28, 2012 and continue through mid-week. Significant high winds, downed trees, widespread flooding and extended power outages are anticipated throughout the entire state.

All home care and hospice providers should be reviewing and implementing their emergency preparedness plan. These plans should be reviewed with all staff and patients receiving services from the agency. Providers are reminded that they must be able to meet patient's health care needs in emergency situations including rapidly identifying patients within the affected area. Additionally, agencies should work with their clients to determine if their homes or facility in which they are receiving services, i.e. hospice inpatient or residence adult care facility, are in a designated evacuation zone. Patients should be reminded that all necessary medications, supplies and equipment should be transported with them in the event of an evacuation so that their health care needs can continue to be met during the emergency. Patients who are at risk for evacuation should be informed of the possibility that evacuation routes will become congested and it may not be possible to leave affected areas quickly due to rapidly changing weather conditions.

Hospices should be communicating with their contracted entities for patients who are receiving services in a nursing home, inpatient unit or residence to ensure that these patients are part of a comprehensive emergency preparedness plan. If relocation of patients occurs the hospice must be aware of the location of their patients.

Emergency plans should be implemented to ensure the health and safety of all patients. Every effort should be made to notify local districts, managed care organizations, and managed long term care plans, and other payers, as appropriate, if service delivery for an individual has changed as a result of the implementation of the emergency plan.

Please assure that the following critical elements are reviewed and updated:

- Identification of a 24/7 emergency contact telephone number and email address of the emergency contact person and alternate which must be indicated on the Communications Directory of the Health Commerce System (HCS);
- Staff call down list;
- A current patient roster that is capable of facilitating rapid identification and location of patients at risk. The roster should contain at minimum:
 - Patient name, address and telephone numbers;

- Patient classification levels as described in Attachment 1 should be reviewed and updated to ensure that the classification of individual patients has not changed as a result of available caregiver supports during this emergency;
- Identification of patients dependent on electricity to sustain life;
- Emergency contact telephone numbers of family/caregivers;
- Other specific information that may be critical to first responders.
- Communication plans including contact information for community partners, local health departments and local emergency services.

Providers can access additional information regarding emergency preparedness at www.homecareprepare.org. This site, hosted by the Home Care Association of New York State, with funding from the New York State Department of Health, serves as a repository of documents and links that might be of value to home care agencies seeking to improve their emergency preparedness efforts.

Additionally, *Storm Guidelines for New York State Health Care Facilities* has been posted on the Department's website at www.nyhealth.gov and provides guidance for all health care facilities. A map of Zone A for New York City can be accessed at https://commerce.health.state.ny.us/public/NYC_ZoneA.pdf.

Attachment 1

Home Health Agency Patient Classification Levels

Level 1: High Priority - Patients in this priority level need uninterrupted services. The patient must have care. In cases of a disaster or emergency, every possible effort must be made to see this patient. The patient's condition is highly unstable and deterioration or inpatient admission is highly probable if the patient is not seen. Examples include patients requiring life sustaining equipment or medication, those needing highly skilled wound care, and unstable patients with no caregiver or informal supports to provide care.

Level 2: Moderate Priority- Services for patients at this priority level may be postponed with telephone contact. A caregiver can provide basic care until the emergency situation improves. The patient's condition is somewhat unstable and requires care that should be provided that day but could be postponed without harm to the patient.

Level 3: Low Priority - The patient may be stable and has access to informal resources to help them. The patient can safely miss a scheduled visit with basic care provided safely by family or other informal support or by the patient personally.