**POLICY**

Ohio Living is committed to providing safe and healthful work and working conditions. Each site shall follow the guidelines in the Ohio Living emergency preparedness plan to identify and minimize avoidable risks in the environment that might affect patients, families and employees.

**OBJECTIVES**

1. To protect patients, families, and employees
2. To protect the organization physically and financially
3. To identify and analyze all hazards in the work place and provide controls to minimize the risk to employees and others.

**PROCEDURES**

1. Each Ohio Living home health and hospice site will evaluate and document potential hazards using the Ohio Living Hazard Vulnerability Analysis Tool.
	1. Strategies for addressing emergency events identified by the risk assessment will be developed by each site in conjunction with regional, state and local authorities.
	2. This includes strategies to address continuity of operations, delegation of authority and succession plans.
2. Ohio Living home health and hospice will cooperate and collaborate with local regional, State or Federal emergency preparedness officials to maintain an integrated response during a disaster or emergency situation. Documentation of the site’s contact with officials and participation in an emergency plan will be maintained in the Ohio Living Hazard Vulnerability Analysis Tool.
3. Ohio Living home health and hospice evaluates its patient populations for the type of services home health and hospice have the ability to provide in an emergency.
4. The electronic medical record (EMR) will be used for medical documentation. The web-based EMR preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
5. Ohio Living will follow up with on‐duty staff and patients by telephone, text and/or email to determine services that are needed if there is an interruption in services during or due to an emergency.
6. Ohio Living home health and hospice will inform State and local officials of any on‐duty staff or patients that they are unable to contact. Contact information for these agencies can be found in the “Emergency Preparedness: Communication Plan.”
7. The preferred methods will be followed to inform state and/or local officials about home health and hospice patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.
8. Tracking relocated patients will be done using a spreadsheet.
9. All Ohio Living home health and hospice staff members will evaluate the situations of the most vulnerable patients first in an emergency situation. If patient needs exceed staffing capacity, nearby agencies will be contacted. In addition, the Red Cross and local state and/or county Community Emergency Response Teams (CERT) will be contacted as needed.
10. In the event of where the President declares a major disaster or emergency under the Stafford Act or an emergency under the National Emergencies Act, and the HHS Secretary declares a public health emergency Ohio Living will develop a plan, policy and/or procedure specific to the emergency or major disaster.
	1. In a declared emergency under section 1135 of the Social Security Act, the HHS Secretary may temporarily waive or modify certain Medicare and/or Medicaid requirements to facility ease of care and/or payment.
		1. Once an 1135 Waiver is authorized, health care providers, unless blanket waivers, can submit requests to operate under that authority or for other relief that may be possible outside the authority to the CMS Regional Office with a copy to the State Survey Agency.
			1. Waiver requests for Ohio can be made by sending an email to the CMS Regional Office for the Midwest consortium at: ROCHISC@cms.hhs.gov
11. Ohio Living Home Health and Hospice maintain agreements with other home health agencies and/or other providers, as well as near-by Ohio Living Communities to receive patients in the event of limitations or cessation of operations to ensure the continuity of services to these patients.
12. If an event causes an inability to continue operations in the home health and hospice office, the staff will be relocated to the nearest Ohio Living Community or nearest designated emergency location and resume operations.
13. For all emergency communication refer to “Emergency Preparedness: Communication Plan” policy.

Training program

1. Initial training in emergency preparedness policies and procedures for all new and existing staff, contracted workers and volunteers will be role based.
2. Emergency preparedness training will be done at least annually.
3. Documentation of training will be maintained.
4. Staff will demonstrate knowledge of training.

Testing

**Testing.** The Home Health and Hospice Agency (HHA) must conduct exercises to test the emergency plan at least annually. The HHA must do the following:

1. Participate in a full-scale exercise that is community-based; or
2. When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every 2 years; or
3. If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale

community-based or individual, facility-based functional exercise following the onset of the emergency event.

1. Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under [paragraph (d)(2)(i)](https://www.ecfr.gov/current/title-42/section-484.102#p-484.102(d)(2)(i)) of this section is conducted, that may include, but is not limited to the following:
2. A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or
3. A mock disaster drill; or
4. A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
5. An analysis of the site response to drills, tabletop exercises and emergency events will be done, and the emergency plan will be revised as needed based on the analysis.