**PURPOSE**

To establish a plan which will allows for the continuation of services in the event of a disaster affecting the organization or the community.

**POLICY**

The decision to implement the emergency management plan will be made by the Executive Director, Administrator, corporate personnel, or designee upon becoming aware of any emergency situation.

The Clinical Team Leaders or designee(s) will be responsible for triaging all patient care according to the following categories:

1. *Category I:* Patients who cannot safely forego care and require health care intervention regardless of other conditions. Patients in this category may include: highly unstable patients with a high probability of inpatient admission if care is not provided; IV therapy patients; highly skilled wound care patients with no family/caregiver or other outside support, ventilator patients, and patients on continuous oxygen.
2. *Category II:* Patients with recent exacerbation of disease process; patients requiring moderate level of skilled care that should be provided that day; patients with essential untrained families/caregivers not prepared to provide needed care.
3. *Category III:* Patients who can safely forego care or a scheduled visit without a high probability of harm or deleterious effects; this category may include homemaker patients, routine supervisory visits, evaluation visits, equipment only patients, patients with frequencies of one (1) or two (2) times a week if health status permits, or if a competent family/caregiver is present.

**PROCEDURE**

1. Once the decision has been made to implement the Emergency Preparedness Core Policy HH & H and the Emergency Preparedness Core Communication Plan HH & H, the Executive Director/Administrator or designee will initiate the process. Additionally, as able, personnel are to report to the office or alternate site if the office building is not accessible and normal communication systems are not working. All routine visits will be suspended or cancelled and patients will be seen in order of priority needs.
2. Alternate roles and responsibilities of personnel during emergencies will be identified for the potential emergencies identified in the hazard vulnerability analysis.
3. The Clinical Team Leader or designee(s) will assign all available, qualified personnel to care for Category I patients first and Category II patients second. Category III patients and any Category II patients who do not receive scheduled care will be notified by phone as soon as possible.