
EMERGENCY MANAGEMENT PLAN

8-015

PURPOSE

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

DEFINITIONS

1. **Emergency:** A natural or man-made event that significantly disrupts the environment of care, such as damage to the organization's buildings or grounds due to a severe storm or earthquake; that significantly disrupts care and services, such as loss of utilities due to floods, civil disturbances, accidents or emergencies within the organization or community; or that results in sudden, significantly changed or increased demands for the organization's services, such as bioterrorist attack, building collapse, or a plane crash in the organization's community.
2. **Hazard Vulnerability Analysis:** The identification of potential emergencies and the direct and indirect effects these emergencies may have on the home health organization's operations and the demand for its services.
3. **Mitigation Activities:** Those activities an organization undertakes in trying to lessen the severity and impact of a potential emergency.
4. **Preparedness Activities:** Those activities an organization undertakes to build capacity and identify resources that may be utilized during an emergency.

POLICY

Planning Process

Organization leadership will conduct a hazard vulnerability analysis to identify potential emergencies that could affect the need for services or the ability to provide services.

Staff will work with regional or county emergency management planning agencies, where available, in:

1. Establishing priorities among the potential emergencies identified in the hazard vulnerability analysis
2. Defining organization's role in relation to the community-wide emergency management program
3. Developing an "all-hazards" command structure within the organization that links with the community command structure

Specific procedures that describe mitigation, preparedness, response and recovery strategies, actions, and responsibilities will be developed for each priority emergency.

The plan will provide processes for initiating the response and recovery phases of the plan, including a description of how, when, and by whom the phases are to be activated for each priority emergency event.

Based on the hazard vulnerability analysis and community planning activities, the organization's general emergency plan may be enhanced or revised according to identified potential emergencies and planning activities.

General Plan

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

An alternate site will be designated in the event the office must be evacuated or is not accessible due to the emergency. Any clinical and financial records or blank documentation forms necessary for care during the emergency will be maintained off-site in the event they cannot be retrieved from the office.

The Clinical Supervisors 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 home health intervention regardless of other conditions. Patients in this category may include: highly unstable patients with a high probability of inpatient admission if home health is not provided; IV therapy patients; highly skilled wound care patients with no family/caregiver or other outside support; patients in need of critical supplies or medications.
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 family/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, patients with frequencies of one (1) or two (2) times a week, if health status permits, or if a competent family member/caregiver is present.

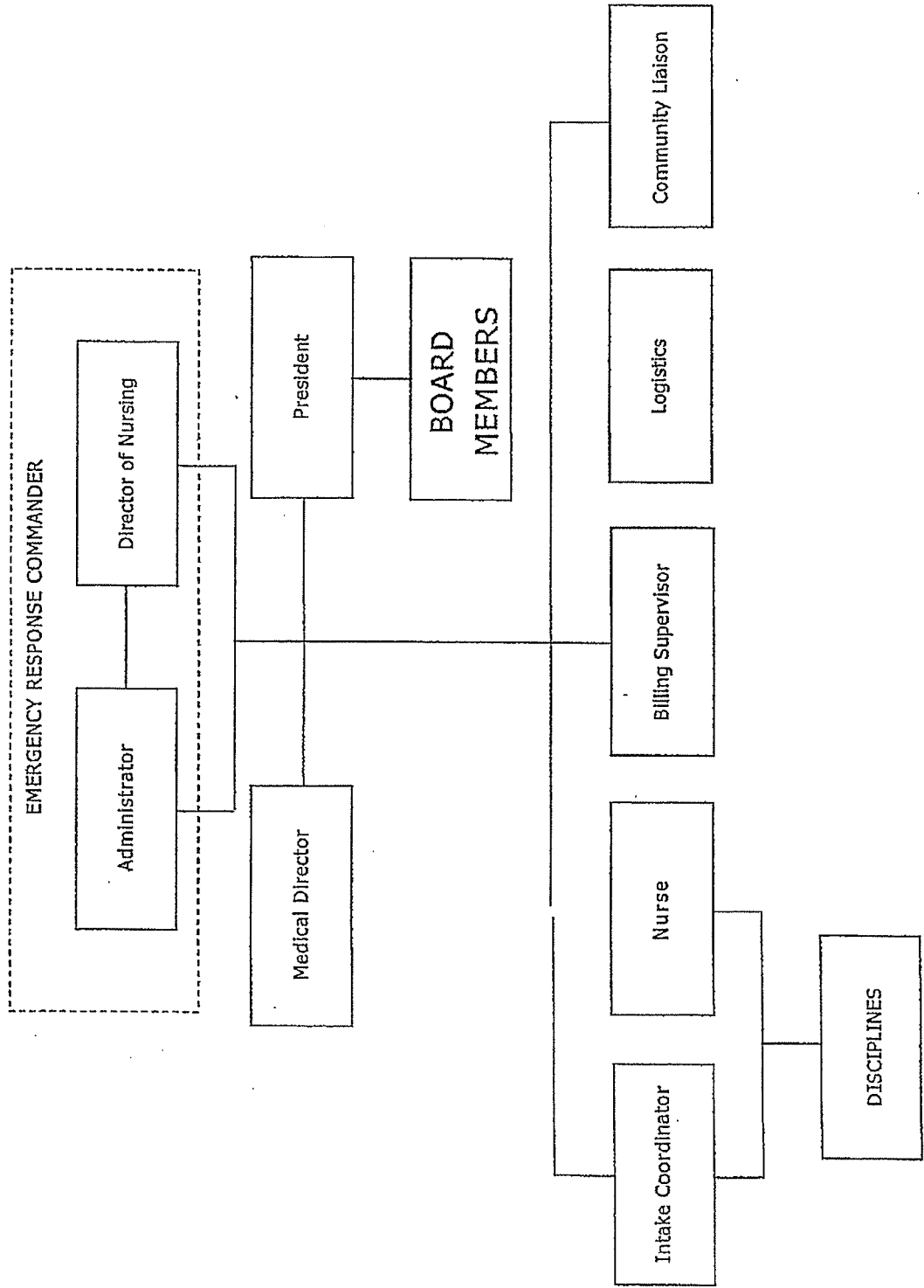
PROCEDURE

1. Once the decision has been made to implement the emergency management plan, the
10.2.2.1 Executive Director/Administrator or designee will initiate the Pyramid Phone
16.2.2.2 Communication Plan (PPCP) to notify personnel and community authorities, as
10.2.2.3 appropriate. (See "Pyramid Phone Communication Plan") Personnel must listen to
the organization-identified Emergency Broadcasting System for organization
instructions and updates, if the telephone system is not functioning, and leadership
staff is unable to initiate the PPCP. 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.

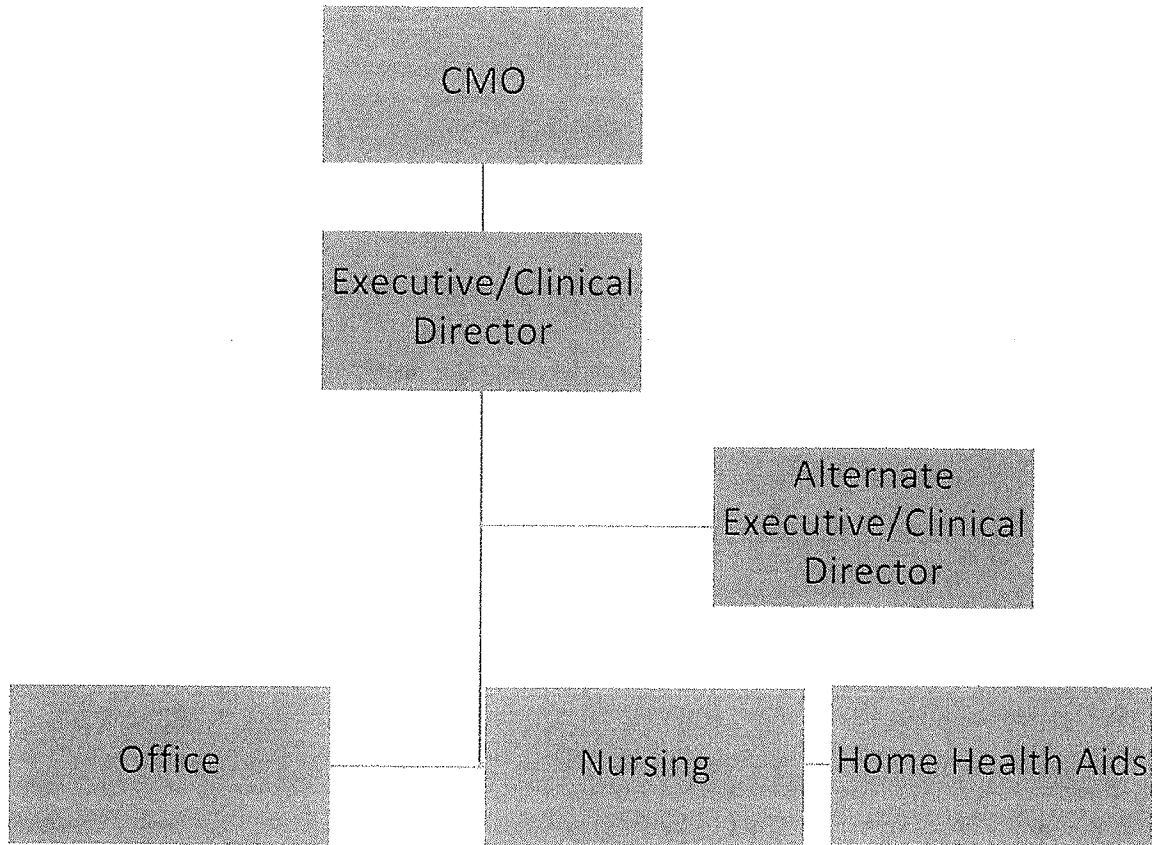
2. The Executive Director/Administrator and supervisory personnel will be responsible for identifying and assigning staff to cover all essential functions.
3. Following the initiation of the PPCP, all available and qualified personnel will be mobilized to perform identified services.
4. The Clinical Supervisors or designee(s) will assign category classifications for all current patients.
- 10.2.2.5 5. If feasible, the Clinical Supervisors 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 other patients who do not receive scheduled care will be contacted as soon as possible. If transportation is needed to safely get personnel to patient homes, it will be arranged via county support services, such as the police, fire, or sheriff's office.
6. If care cannot be provided to Category I patients, emergency transport to alternate care delivery sites will be arranged with community support agencies.
7. New patients will not be accepted for care until the emergency situation is controlled or staffing levels permit. Patients accepted, but not yet admitted, will be triaged as noted above.
8. If the community experiences an epidemic or infection, Organization Name will not continue to accept or treat infected patients unless a plan for managing an ongoing influx of potentially infectious patients over an extended time period has been implemented.
- 10.2.2.4 9. In the event of a prolonged emergency situation, the Executive Director/Administrator or designee will:
 - a. Determine staffing availability and limitations, including assistance available from external staffing agencies
 - b. Identify those patients who could be discharged from home health earlier than anticipated
 - c. Determine course of action based on above information
 - d. Identify patients with continuing care needs
 - e. Contact other area home health organizations to determine the degree to which they may be able to accept new patients, if the decision is made to transfer
 - f. Notify attending physicians regarding ability to continue caring for patients
 - g. Make transfer or discharge arrangements as necessary, notifying patients and family/caregivers as appropriate
 - h. In prolonged emergency situations, the organization will retain only those patients for whom it can safely and adequately provide care
10. Safety of patients and organization personnel will take priority in all emergency situations.
 - a. Weather and road conditions will be monitored via local weather reports and state patrol reports.

- b. Natural or community disasters will be monitored via the Emergency Broadcasting System, reports from local authorities, reports from other local health care facilities in the event there is no telephone communication.
 - c. Strike conditions will be monitored via liaison with local representatives.
 - d. In the event the office building is determined to be unsafe, the Executive Director/Administrator or designee will communicate the location to which all personnel are to report for work.
11. In all emergency situations, the Executive Director/Administrator or designee will maintain communications and act as the spokesperson among other facilities, media, and community and safety authorities.
12. Home Care will test the emergency management plan at least annually, either in response to an actual emergency or in a planned exercise. Planned exercises are realistic scenarios and related to the priority emergencies defined by leadership, and DO NOT include tabletop drills nor are they required to be performed in patients' homes. All actual responses and exercises will be documented and critiqued through a multidisciplinary process that includes administrative, clinical and support staff. Documentation will be used to identify deficiencies and opportunities for improvement based on all monitoring activities and observations during the exercise.
13. Home Care will modify the emergency management plan in response to the critiques of the exercise. The next scheduled planned exercise will evaluate the effectiveness of the improvements that were made in response to the critiques of the previous exercise. If improvements require substantive resources that can't be accomplished by next planned exercise, interim improvements must be put in place until final resolution.
14. Home Care will test the emergency management plan at least annually, either in response to an actual emergency or planned exercise. All actual responses and exercises will be critiqued to identify deficiencies and opportunities for improvement. These critiques will be documented.
15. Organization leadership will provide for orientation and education of all personnel regarding participation in the emergency management plan. Education will be provided during orientation and annually thereafter.

EMERGENCY CHAIN OF CONTACT



CARE
at HOME
OF DELAWARE, LLC



HAZARD VULNERABILITY ANALYSIS

Resources for Emergency Management tools can be found at the American Hospital Association website.

HAZARD VULNERABILITY ANALYSIS

Instructions

- List potential hazardous events for your organization.
- Evaluate each event for probability, vulnerability and preparedness.
- Probability, Vulnerability, and Preparedness are rated on a three level scale from high to low. Probability and Vulnerability are ranked with a score of "3" for high, "2" for moderate and "1" for low. Conversely, for the Preparedness category, a score of "3" represents a low ranking for preparedness while a score of "1" represents a high level of preparedness. A score of "2" represents a moderate ranking for preparedness.
- When evaluating probability, consider the frequency and likelihood an event may occur.
- When evaluating vulnerability, consider the degree with which the organization will be impacted, such as, infrastructure damage, loss of life, service disruption etc.

When evaluating preparedness, consider elements, such as, the strength of your preparedness plans and the organization's previous experience with the hazardous event.

Multiply the ratings for each event in the area of probability, vulnerability and preparedness. The total values with the higher scores will represent the events most in need of organization planning for emergency preparedness.

Using this method, 1 is the lowest possible score, while 27 is the highest possible score.

NOTE: The scale for preparedness is in reverse order from probability and vulnerability where by "low" =3 and "high"=1.

- The organization should determine which values represent an acceptable risk level and which values require additional planning and preparation.

Potential Hazards

Natural Disasters

- Hurricanes
- Tornadoes
- Heavy thunder storms
- Flash flooding
- Flooding
- Mud/rock slides
- High winds
- Hail
- Severe winter weather
- Avalanche
- Extreme high heat
- Drought
- Wildfire
- Earthquake
- Volcano eruption
- Tidal wave/Tsunami

Man-made Disasters

- War (conventional, biological, chemical or nuclear)
- Toxic material emission/spill (from a train or nearby plant)
- Riot or other civil disorder
- Nuclear plant melt down or other nuclear disaster
- Terrorism
- Fire

Technological Failures

- Electrical
- Communications
- IT system
- Heating /cooling

Other

- Disease outbreak
- Community infrastructure breakdown (bridges collapse, Dam breaks, etc.)
- Utility failure
- Transportation failure

ADDENDUM

PLANS FOR PRIORITY EVENTS

1. Natural disasters

A. Severe weather

1. Floods
2. Snow/Ice
3. Hurricane
4. Tornado

B. Earthquakes

2. Environmental

3. Biological

EMERGENCY PREPAREDNESS PLAN

A) Command Center will be at the home office :

B) Emergency Response Commander:

Administrator _____

Alternate: Director of Clinical Services _____

C) Planning

1) Administration and Leadership

- a) Organization leadership will conduct a Hazard Vulnerability Analysis to identify potential emergencies/hazards that could affect the need/ability to provide services.
- b) Ensure that an emergency command communication and structure is in place and a team to respond to any emergency is organized.
- c) Maintain a current list of contact information for staff, staff family members, vendors, emergency service organizations, hospitals, and other necessary community resources.
- d) Ensure that staff is properly trained to respond to any emergency on a yearly basis.

2) Patient Care and Planning

- a) On admission, Intake nurse will be responsible for triaging all patient care as follows:
 - i) Category I - Patients who cannot safely forego care and require home health intervention regardless of other conditions. Patients in this category may include: highly unstable patients with high probability of inpatient admission if home health is not provided; IV therapy patients; highly skilled wound care patients with no family/caregiver or other outside support; patient in need of critical supplies or medications.
 - ii) 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 family/caregivers not prepared to provide needed care.
 - iii) 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, patients with frequencies of one (1) or two (2) times a week, if health status permits, or if a competent family member/caregiver is present.

The assigned priority code, contact numbers of patient and family members must be kept in patients charts.

- b) Upon admission, admitting nurse will discuss with patient/family/caregiver emergency planning options and be given a list of items to have prepared in

case of emergency. This forms part of the Patient Admission Packet.

Patients requiring electrical power for life support equipment must be registered with local utility companies and emergency offices.

- c) List of vendors of patients medical supplies must be obtained and placed in the patient's charts.

D) Emergency Procedures and Activation

- 1) The decision to implement the emergency management plan will be made by the Administrator or designee upon becoming aware of any emergency situation. Once the emergency plan is activated, the Incident Commander or designee will initiate the Command Communication and Structure to notify personnel and community authorities as appropriate by telephone. If necessary, staff must report to the office for briefing and assignment.
If phones are not available, officers in charge should contact pre-arranged radio stations for announcements to staff and patients.
- 2) The Administrator, Director of Nursing, and supervisory personnel will be responsible for identifying and assigning staff to cover all essential functions.
- 3) Following the initiation of the command communication structure, all available and qualified personnel will be mobilized to perform identified services.
- 4) The Clinical Supervisors or designee will assign category classifications for all current patients.
- 5) If feasible, the Clinical Supervisors 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 other patients who do not receive scheduled care will be contacted as soon as possible. If transportation is needed to safely get personnel to patient homes, it will be arranged via county support services, such as the police, fire, or sheriff's office.
- 6) If care cannot be provided to Category I patients, emergency transport to alternate care delivery sites will be arranged with community support agencies.
- 7) New patients will not be accepted for care until the emergency situation is controlled or staffing levels permit. Patients accepted, but not yet admitted, will be triaged as noted above.
- 8) If the community experiences an epidemic or infection, Home Care will not continue to accept or treat infected patients unless a plan for managing an ongoing influx of potentially infectious patients over an extended time period has been implemented.
- 9) In the event of a prolonged emergency situation, Administrator or designee will:
 - a) Determine staffing availability and limitations, including assistance available from external staffing agencies
 - b) Identify those patients who could be discharged from home health earlier than anticipated
 - c) Determine course of action based on above information
 - d) Identify patients with continuing care needs
 - e) Contact other area home health organizations to determine the degree to which they may be able to accept new patients, if the decision is made to transfer
 - f) Notify attending physicians regarding ability to continue caring for patients
 - g) Make transfer or discharge arrangements as necessary, notifying patients and family/caregivers as appropriate
 - h) In prolonged emergency situations, Home Care will retain only those patients for whom it can safely and adequately provide care

- 10) Safety of patients and organization personnel will take priority in all emergency situations.
 - a) Weather and road conditions will be monitored via local weather reports and state patrol reports.
 - b) Natural or community disasters will be monitored via the Emergency Broadcasting System, reports from local authorities, reports from other local health care facilities in the event there is no telephone communication.
 - c) Strike conditions will be monitored via liaison with local representatives.
 - d) In the event the office building is determined to be unsafe, Administrator or designee will communicate the location to which all personnel are to report for work.
- 11) In all emergency situations, the Administrator or designee will maintain communications and act as the spokesperson among other facilities, media, and community and safety authorities.
- 12) Home Care will test the emergency management plan at least annually, either in response to an actual emergency or in a planned exercise. Planned exercises are realistic scenarios and related to the priority emergencies defined by leadership, and DO NOT include tabletop drills nor are they required to be performed in patients' homes. All actual responses and exercises will be documented and critiqued through a multidisciplinary process that includes administrative, clinical and support staff. Documentation will be used to identify deficiencies and opportunities for improvement based on all monitoring activities and observations during the exercise.
- 13) Home Care will modify the emergency management plan in response to the critiques of the exercise. The next scheduled planned exercise will evaluate the effectiveness of the improvements that were made in response to the critiques of the previous exercise. If improvements require substantive resources that can't be accomplished by next planned exercise, interim improvements must be put in place until final resolution.
- 14) Organization leadership will provide for orientation and education of all personnel regarding participation in the emergency management plan. Education will be provided during orientation and annually thereafter.

PATIENT EMERGENCY PREPAREDNESS PLAN

Emergency Contact Information

	Phone	Address
Police		
Fire		
EMS		
Local Red Cross		
Local Emergency Management Office		
Physician		
Pharmacy		
Neighbor		
Relatives		

Radio or TV Stations: Know which station will have emergency broadcast announcements and set TV or radio to that station

Make a list

- Medications
- Medical Information
- Allergies and sensitivities
- Copies of health insurance cards

Have on hand

- Seven-day supply of essential medications (Consult with your physician and/or health plan if you are able to obtain additional medication)
- Cell phone
- Standard telephone (that does not need to be plugged into an electric outlet)
- Flashlights and extra batteries
- Emergency food and water
- Assorted sizes of re-closable plastic bags for storing food, waste, etc.
- Small battery powered radio and extra batteries
- First-aid kit

Evacuation Plan

- Know where the nearest shelter is located that can meet your special needs
- Plan for alternate locations
- Plan for transportation to a shelter or other location
- Have a "grab bag" prepared
- Arrange for assistance if you are unable to evacuate by yourself

Shelter-in-Place

- Maintain a supply of non-perishable foods good for seven days
- Maintain a supply of bottled water; one gallon per person per day
- Be prepared to close, lock, and board/seal windows and doors if necessary
- Have an emergency supply kit prepared

Pets

- Have a care plan for your pet
- Locate a shelter for your pet (pet hotel, local animal shelter, etc.). Emergency shelters will not accept animals.
- Extra food and/or medications, leashes, carriers, bowls, ID tags, etc.

SPECIAL NEEDS CONSIDERATIONS

Speech or Communication Issues

- If you use a laptop computer for communication, consider getting a power converter that plugs into a cigarette lighter

Hearing Issues

- Have a pre-printed copy of key phrase messages handy, such as "I use American Sign Language (ASL)". "I do not write or read English well". "If you make announcements, I will need to have them written or signed."
- Consider getting a weather radio with visual/text display that warns of weather emergencies

Vision Issues

- Mark your disaster supplies with fluorescent tape, large print, or Braille
- Have high-powered flashlights with wide beams and extra batteries
- Place security lights in each room to light paths of travel

Assistive Device Users

- Label equipment with simple instruction cards on how to operate it (e.g. how to "free wheel" or disengage the gears of your power wheelchair). Attach the cards to your equipment
- If you use a cane, keep extras in strategic, consistent, and secured locations to help you maneuver around obstacles and hazards.
- Keep a spare cane in your emergency kit
- Know what your options are if you are not able to evacuate with your assistive device

EMERGENCY PROCEDURE

PURPOSE

To ensure quality and effective delivery of home health care services, HOME CARE has developed emergency procedures for clients in crisis and life threatening situations.

PROCEDURE

In the event of an emergency such as: cessation of breathing, bleeding profusely, ingestion of poisonous materials, client in shock, and other life threatening situations:

1. Assess patient consciousness.
2. Call 911 for help.
3. Restore client's breathing and heart rate.
4. Control any heavy bleeding.
5. Initiate poison treatment.
6. Notify Medical Doctor.
7. Continue to stabilize patient condition until medical help arrives.
8. Document emergency situation and intervention on progress notes.
9. Notify HOME CARE Agency Supervisor.

EMERGENCY CARE

POLICY

Each client admitted to the agency will be asked to develop and authorize an emergency plan the agency staff can implement if the need arises.

Clients will be informed of situations that may activate the plan.

All agency staff will be informed of emergency procedures during orientation.

A copy of each individual plan will be kept in the home.

PURPOSE

To properly identify, address, and communicate an action plan to respond to the emergency care needs of the client.

SPECIAL INSTRUCTIONS

1. Each client's chart will contain the name and phone number of the physician, hospital, Ambulance Company, home health agency, primary contact person and the 9-1-1 number.
2. The Registered Nurse/Therapist shall discuss emergency care with the clients. The Registered Nurse/Therapist shall complete the Authorization for Emergency Procedure Plan and leave a copy in the client's residence. This plan will identify any advance directives in place or other specific instructions to be carried out by the agency staff. If advance directives specifics request that resuscitation measures not be initiated, there must be a signed physician order for DNR.
3. The plan will include client authorization for agency personnel to activate the emergency plan if indicated.
4. Specific physician orders changing the Emergency Procedure Plan must be documented in the clinical record.
5. The original Authorization for Emergency Procedure Plan shall be retained in the clinical record.

FLOODS

(Flood warnings, alerts, or an actual flood)

Precautions before the flood:

1. Make sure emergency supplies and equipment are readily available.
2. Do not touch any electrical equipment unless it is dry.

Precautions f evacuation of building is ordered:

1. Travel only routes designated.
2. Do not try to cross a stream or other water areas unless you are sure it is safe.
3. Monitor local radio broadcast.
4. Watch for fallen trees, live wires, etc.
5. Watch for washed-out roads, earth slides, broken water lines, etc.
6. Watch for areas where rivers, lakes, or streams may flood suddenly.

After the flood:

1. Do not enter the building until an all-clear has been given.
2. Do not use any open flame devices until the building has been inspected for possible gas leaks.
3. Do not turn on any electrical equipment that may have gotten wet.
4. Shovel out mud while it is still moist.

Flash floods:

1. Remember, flash floods can happen without warning.
2. When a flash flood warning is issued, take immediate action.
3. Follow all instructions issued without delay.

SEVERE WEATHER/EARTHQUAKES

1. Have emergency equipment and medical supplies readily available.
2. Close all drapes.
3. Move away from windows.
4. CLOSE exit doors.
5. Go to inside room of building with no windows, if available.
6. Do not enter damaged portions of the building until instructed.
7. Monitor weather bulletins/radio announcements.
8. Do not exit building until instructed.
9. REMAIN CALM. DO NOT PANIC.

SNOW EMERGENCY

(Snow emergency or winter storms)

1. Keep a one (1) to two (2) week supply of heating fuel, food, and water on hand in case of isolation at home.
2. Keep your car properly serviced, with snow tires and filled with gas.
3. Keep emergency supplies in the car:
 - a. Container of sand
 - b. Shovel
 - c. Windshield scraper
 - d. Tow chain or rope
 - e. Flares
 - f. Blanket
 - g. Flashlight
4. Dress appropriately—wear several layers of loose, lightweight, warm clothing, mittens, and winter headgear to cover head and face.
5. Carry a cellular phone (if available).
6. Drive with all possible caution. If caught in a blizzard, seek refuge immediately.
Keep car radio on for weather information
7. If your car breaks down—turn flashers on or hang a cloth from the radio aerial; stay in your car. If your car is stuck in snow or traffic jam and car is running, crack windows to prevent carbon monoxide poisoning and keep exhaust pipe free of snow. If engine is not running, you do not need to crack windows.

LIGHTNING

If you are inside:

- Avoid tubs, faucets and sinks because metal pipes conduct electricity.
- Stay away from windows.
- Avoid using phones with cords except for emergencies.

If you are outside:

- Avoid natural lightning rods such as tall trees in open areas.
- Get away from anything metal.

POWER OUTAGE

If you need help in a power outage and our phone lines are down:

Call 911 or go to the emergency room if you have emergency

2) Call your closest relative or neighbor if it is not emergency

TORNADO

As soon as a tornado is sighted, go to the lowest floor and find an interior room. Good shelters are basements, rooms and halls with no outside walls, bathtubs and spaces under the stairs. Many public buildings have designated shelter areas. Stay away from windows, doors and outside walls. Get under a sturdy item, such as a table, and protect your head. Stay until the danger passes.

If the patient is bedbound, move the bed as far from windows as you can. Use heavy blankets or pillows to protect the head and face.

If you are in a vehicle, trailer or mobile home, get out immediately and go to a sturdy structure. If there is not one close by, lie flat in the nearest ditch and cover your head. Do not try to out-drive a tornado. They are erratic and move swiftly.

HOT WEATHER

There is a higher risk for heat-related illness in the summer. When it is hot outside:

- Never leave anyone sitting in a closed, parked car.
- Drink lots of water even if you are not thirsty. Avoid alcohol and caffeine.
- Eat small, frequent meals.
- Stay inside and out of the sun. Stay on the lowest floor, pull shades over the windows and use fans if you do not have air conditioning.
- Mist or sponge yourself frequently with cool water.
- Use sunscreen.
- Wear hats and clothes that are loose and lightweight. Clothes with light colors will deflect the sun's energy.
- Talk to your doctor about how sun and heat exposure will affect you if you take drugs such as diuretics or antihistamines.
- Move to a cool place at the first sign of heat illness (dizziness, nausea, headache, cramps). Rest and slowly drink a cool beverage. Seek medical attention immediately if you do not feel better.

HURRICANE

Preparation is the key to surviving a hurricane. Stay informed of the storm's path and its anticipated arrival. Be prepared for floods, high winds and damage to buildings and landscapes. Move anything that is outside to a waterproof place. Cover windows with wood, shutters or masking tape. Fill your clean bathtub with water. Evacuate to a shelter if necessary.

CIVIL DISTURBANCE

- Consider installing an electronic security system.
- Unless instructed to evacuate, the safest place to stay is your home.
- Do not go to observe the disturbance or unrest.
- Close all window blinds and curtains.
- Lock all doors and windows and secure your valuables and important records.
- Stay away from doors and windows.
- If you are confronted, remain calm and try to peacefully remove yourself from the situation.
- Call 911 if there is a threat to life or safety.

BIOLOGICAL THREAT

The first evidence of an attack may be when you notice symptoms of the disease caused by exposure to an agent. It may take time for public health officials to determine exactly what the illness is, how it should be treated and who is in danger. Watch TV, listen to the radio or check local news websites for official news and info' _____ illation including signs and symptoms of the disease, areas in danger, if medications or vaccinations are being distributed and where you should seek medical attention if you become ill.

In the event of a biological threat or attack, follow these safety guidelines:

- If you become aware of an unusual and suspicious substance, quickly get away.
- Protect yourself. Cover your mouth and nose with layers of fabric that can filter the air but still allow breathing. Examples include two to three layers of cotton such as a t-shirt, handkerchief or towel.
- There may be times when you would want to consider wearing a face mask to reduce spreading germs if you are sick, or to avoid coming in contact with contagious germs if others around you are sick.
- If you have been exposed to a biological agent, remove and bag your clothes and personal items. Follow official instructions for disposal of contaminated items.
- Wash yourself with soap and water and put on clean clothes.
- If a family member becomes sick, it is important to be suspicious; however, do not assume that you should go to the emergency department or that any illness is the result of the biological attack. Symptoms of many common illnesses may overlap; however, if you or your family member's symptoms match those described, and are in the group considered at risk, immediately seek emergency medical attention.
- Be prepared for public health officials and medical professionals to issue mandatory quarantine if the illness caused by the biological agent is believed to be contagious.
- Otherwise, expect to receive a medical evaluation, and follow instructions of doctors and other public health officials.
- Implement the health and hygiene practices listed in the Infection Prevention and Control section of this booklet.

- Make any noise you can if you are trapped or shine a flashlight. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.
- Avoid unnecessary movement so you do not kick up dust.
- Cover your nose and mouth with anything you have on hand.

NUCLEAR EXPLOSION

Remember the three protective factors: distance, shielding and time. Radioactive fallout can be carried by the wind for hundreds of miles. Radiation levels are extremely dangerous after a nuclear detonation but the levels reduce rapidly. During the period with the highest radiation levels it is safest to stay inside.

If a nuclear attack warning is issued:

- Take cover as quickly as you can, below ground if possible, and stay there until instructed to do otherwise. Go as far below ground as possible or in the center of a tall building.
- Find the nearest building, preferably built of brick or concrete, and go inside to avoid any radioactive material outside. If better shelter, such as a multi-story building or basement can be reached within a few minutes, go there immediately.
- Expect to stay inside for at least 24 hours, unless told otherwise by authorities.
- If you are downwind from the detonation, you may also be asked to take protective measures.

If you are caught outside and unable to get inside immediately:

- Do not look at the flash or fireball - it can blind you.
- Take cover behind anything that might offer protection.
- Lie flat on the ground and cover your head. If the explosion is some distance away, it could take 30 seconds or more for the blast wave to hit.
- Get clean as soon as possible, to remove radioactive material that may have settled on your body.
- Remove your clothing to keep radioactive material from spreading. Removing the outer layer of clothing can remove up to 90% of radioactive material.
- If practical, place your contaminated clothing in a plastic bag and seal or tie the bag. Place the bag as far away as possible from humans and animals so that the radiation it gives off does not affect others.
- When possible, take a shower with lots of soap and water to help remove radioactive contamination. Do not scrub or scratch your skin. If you cannot shower, use a wipe or clean wet cloth to wipe your skin that was not covered by clothing.
- Wash your hair with shampoo or soap and water. Do not use conditioner in your hair because it will bind radioactive material to your hair, keeping it from rinsing out easily.
- Gently blow your nose and wipe your eyelids, eyelashes and ears with a clean wet cloth.

CHEMICAL EXPOSURE

In the event of an exposure to a hazardous chemical, item or poison follow these safety steps:

- Seek medical attention for screening and professional treatment.
- Drink only stored water.
- If you are outdoors, get as far away as possible from the contaminant by moving upwind (and uphill if possible) from it.
- If you are indoors, close doors and windows tightly, shut off heating and air conditioning and close fireplace dampers. Tape plastic over any windows in the room and use duct tape around the windows and doors to make an unbroken seal. Also, tape over any vents into the room and seal any electrical outlets or other openings. Sink and toilet drain traps should have water in them so you can use the sink and toilet as usual.

Remove possible contamination from your person by:

- Removing any exposed clothing (avoid touching any contaminated areas) as quickly as possible. Clothing that has to be pulled over your head should be cut off instead of being pulled over your head.
- Washing contaminants from your skin with large amounts of soap and water as quickly as possible. If your eyes are burning or your vision is blurred, rinse your eyes with plain water for 10 to 15 minutes. If you wear contacts, remove them and put them with the contaminated clothing. Do not put the contacts back in your eyes. If you wear eyeglasses, decontaminate them with household bleach, then rinse and dry.
- Disposing of contaminated clothing. Avoid touching contaminated areas of the clothing by wearing gloves or using tongs, tool handles, etc., and place it and anything that touched the contaminated clothing inside a plastic bag. Seal the bag, and then seal that bag inside another plastic bag.
- Dressing in clothing that is not contaminated. Since clothing stored in a drawer or closet is unlikely to be contaminated, this will be your safest choice. When you leave your shelter-in-place location, follow instructions from local emergency coordinators to make your home safe again and to avoid any contaminants outside.

EXPLOSION

- Get under a sturdy table or desk if things are falling around you. When they stop falling, leave quickly, watching for falling debris.
- Stay low if there is smoke and check for fire or other hazards such as damaged floors and stairs.
- Do not stop to retrieve personal possessions or make phone calls.
- Do not use elevators.
- Check for fire and other hazards.
- Once you are out, do not stand in front of windows, glass doors or other potentially hazardous areas.
- Move away from sidewalks or streets to be used by emergency officials or others still exiting the building.

NUCLEAR POWER PLANT EMERGENCY

- Follow Emergency Alert System (EAS) instructions carefully.
- Minimize your exposure by increasing the distance between you and the source of the radiation.
- If you are told to evacuate, keep car windows and vents closed; use re-circulating air.
- If you are advised to remain indoors, turn off the air conditioner, ventilation fans, furnace and other air intakes; shield yourself by placing heavy, dense material between you and the radiation source; and go to a basement or other underground area, if possible.
- Do not use the telephone unless absolutely necessary.
- Stay out of the incident zone. Most radiation loses its strength fairly quickly.

EMERGENCY KIT FOR THE HOME

Bad weather can be dangerous, so be prepared. Keep a kit with these items in case you have a weather emergency:

- Battery-powered radio
- Lamps and flashlights
- Extra batteries
- Food that you don't have to cook
- Manual can opener
- Utensils, cups and plates
- Medications
- Extra blankets
- Water in clean milk or soda bottles
- Rock salt or sand for walkways
- Extra fuel
- Portable battery pack for cell

SHELTER SUPPLIES

The following is a list of what to bring to a shelter during an evacuation:

- Two-week supply of medications
- Lightweight folding chair
- Medical supplies and oxygen
- Wheelchair, walker, cane, etc.
- Air mattress/cot and bedding
- Special dietary foods/can opener
- Valid ID with current name and address
- Important papers
- Extra clothing, hygiene items, glasses

Most shelters have electric power from a generator. If you evacuate to a shelter, bring your electrical devices (such as an oxygen concentrator).

EMERGENCY PREPAREDNESS AND PETS

When disaster strikes, if it is not safe for you, it is not safe for your pet. Plan ahead to help your pet survive a disaster.

- **ID your pet.** Make sure your pet is wearing a securely-fastened collar with up-to-date identification including your cell phone number. Consider having your pet micro-chipped. For caged pets, attach identification to the cage.
- **Put together a pet disaster kit.** Food and water for at least five days for each pet; bowls, manual can opener, medications, medical records and vaccination schedules; leashes, harnesses and carriers; waste collection and disposal supplies; current photos of you with your pets to help others identify them in case you and your pets become separated; and written information about feeding schedules and behavior issues.
- Plan ahead to take your pet with you in an evacuation. With the exception of service animals, pets usually are not allowed in public shelters. Identify the hotels that will accept you and your pets in an emergency, and prepare a list with phone numbers. Call ahead for reservations if you know you may need to evacuate. Ask if no-pet policies can be waived in an emergency. Identify friends, boarding facilities, animal shelters or veterinarians that can care for your pet in an emergency.

Weather Report

National Weather Forecast Office Phone Number and Website:

Website: www.weather.gov/phi
E-mail: wfphi.webmaster@noaa.gov
Phone: 609-261-6600

Weather Forecast Phone Number and Website:

Website: www.weather.gov/
Email: NWS.communications.office@noaa.gov
Phone: 301-427-9855

Road Conditions

Highway Patrol Phone Number and Website:

Website: www.nhtsa.gov
Phone: 1-888-327-4236

State Highway Patrol Phone Number and Website:

Website: www.deldot.gov
Phone: (302) 760 2080
E-mail: dotpr@state.de.us

Delaware Hospitals

Name	Address	Phone
Bayhealth Hospital, Kent Campus	640 South State Street, Dover, DE 19901	(302) 674-4700
Bayhealth Hospital, Sussex Campus	100 Wellness Way, Milford, DE 19963	(302) 422-3311
Beebe Healthcare	424 Savannah Rd, Lewes, DE 19958	(302) 645-3300
Christiana Hospital	4755 Ogletown Stanton Rd, Newark, DE 19713	(302) 733-1000
Nanticoke Memorial Hospital	801 Middleford Rd, Seaford, DE 19973	(302) 629-6611
Nemours/Alfred I. DuPont Hospital for Children	1600 Rockland Rd, Wilmington, DE 19803	(302) 651-4200
Saint Francis Hospital	701 N Clayton St, Wilmington, DE 19805	(302) 421-4100
Wilmington Hospital	501 W 14th St, Wilmington, DE 19801	(302) 733-1000

First responder contact list

- Bethany Beach Police Dept
214 Garfield Pkwy
Bethany Beach, DE 19930 Ph: (302) 539-1000
- _Blades Police Dept
W 4th St
Seaford, DE 19973 (302) 629-0199
- Bridgeville Police Dept
302 Market St
Bridgeville, DE 19933 (302) 337-8302
- _Clayton Police Dept
414 Main
Clayton, DE 19938 Ph: (302) 653-8186
Fx: (302) 653-2017
- _Delaware Police Dept
407 Clinton
Delaware City, DE 19706
- _Dewey Beach Police Dept
105 Rodney Ave
Dewey Beach, DE 19971 (302) 227-1110
- _Dover Police Dept
400 S Queen St
Dover, DE 19904 (302) 736-7111
- _Ellendale Police Dept
300 Mccauley Ave.
Ellendale, DE 19941 (302) 422-3584
- _Elsmere Police Dept
11 Poplar Ave
Wilmington, DE 19805 (302) 998-1173
- _Fenwick Island Police Dept
800 Coastal Hwy
Fenwick Island, DE 19944 (302) 539-2000
- _Laurel Police Dept
Poplar St
Laurel, DE 19956 (302) 875-2244
- _Lewes Police Dept
E 3rd St
Lewes, DE 19958 (302) 645-6264
- Milford Police Dept
400 NE Front St
Milford, DE 19963 (302) 422-8081
- _New Castle City Police Dept
1306 Washington St
New Castle, DE 19720 302-322-9800 Fax: 302-322-9825

- Newark Police 220 Elkton Rd Newark,
DE 19711 (302)366-7104.
- **_Newport Police Dept**
226 N James St
Newport, DE 19804 (302)366-7104.
- **_Ocean View Police Dept**
201 Central Ave
Ocean View, DE 19970 (302)539-1111
- **Georgetown Police Dept**
335 N. Race St.
Georgetown, DE 19947 (302) 856-6613
- **_Rehoboth Beach Police Dept**
229 Rehoboth Ave
Rehoboth Beach, DE 19971(302) 227-2577
- **_Selbyville Police Dept**
68 W Church St
Selbyville, DE 19975 302-436-5085
- **_Smyrna Police Dept**
325 W Glenwood Ave
Smyrna, DE 19977(302) 653-3489
- **Westover Hills Police**
1200 N Dupont Rd
Wilmington, DE 19807(302) 654-5524
- **_Wilmington Police Dept**
300 N Walnut St #2
Wilmington, DE 19801(302) 654-5151

FIRE DEPARTMENT

New Castle County

Aetna Hose Hook & Ladder Co.

716 Lehigh Road
Newark, DE 19711-4998
(302) 366-8696

Christiana Fire Company

600 Salem Church Rd, Newark, Delaware 19702
1714 Porter Rd, Bear, Delaware 19701 (302) 834-2433
2 East Main St, Christiana, Delaware 19702 (302) 731-0237
2 East Main Street, Christiana, DE - (302) 737-2433

Granston Heights Fire Company

306 Kirkwood Highway
Wilmington, DE 19808-6149
(302) 995-7083

Five Points Fire Company No. 1 Inc.

209 South Maryland Avenue
Wilmington, DE 19804-1362
(302) 994-2245

Good-Will Fire Company

19720401 South Street, New Castle - (302) 328-2211

Holloway Terrace Volunteer Fire Company

700 West Avenue
New Castle, DE 19720-6200
(302) 654-2817

Mill Creek Fire Company

- Station 21, 3900 Kirkwood Hwy, Wilmington, DE 19808 (302) 994-6361 -
Station 2, 4021 Skyline Dr, Wilmington, DE 19808 (302) 992-9671

Port Penn Fire Company

26 W. Market St, Port Penn, DE 19731 (302) 834-7483

Wilmington Fire Department

Wilmington Fire Station

www.wilmingtonnc.gov - 224 North Union Street, Wilmington, DE - (302) 571-4591

Wilmington Fire Department

maps.google.com - 2200 N Tatnall St, Wilmington, DE - (302) 571-4595

Wilmington Fire Department

maps.google.com - 400 West 2nd Street, Wilmington, DE - (302) 571-4599

Wilmington Fire Department

maps.google.com - 333 East 30th Street, Wilmington, DE - (302) 571-4589

Wilmington Fire Station #1

maps.google.com - 400 West 2nd Street, Wilmington, DE - (302) 571-4593

Wilmington Fire Station #2

maps.google.com - 400 New Castle Avenue, Wilmington, DE - (302) 571-4594

Kent County

Camden-Wyoming Volunteer Fire Company, Inc.

200 East Camden-Wyoming Ave, Camden, DE 19934(302) 697-8671

Cheswold Volunteer Fire Company

371 Main Street
Cheswold, DE 19936
(302) 736-1516

Dagsboro Volunteer Fire Company

31818 Waples Street
Dagsboro, DE 19939
(302) 732-6151

Dover Fire Dept.

103 South Governors Avenue, Dover, DE - (302) 736-7167911/ Kenton Road, Dover, DE - (302) 736-5040

Odessa Fire Company

304 Main Street
Odessa, DE 19730-2000
(302) 378-8071

Sussex County

Bethany Beach Volunteer Fire Company

215 Hollywood St, Bethany Beach, Delaware 19930

Station One: 302-539-7700. Station Two: 302-539-8100.

Blades Volunteer Fire Company, Inc.

200 East 5th Street
Blades, Delaware 19973
Phone: 302-629-4896
Website - Blades Volunteer Fire Company

Carlisle Fire Company, Inc.

615 Northwest Front Street
Milford, DE 19963-1032
(302) 422-8001

Delmar Fire Department, Inc.

36477 Bi State Boulevard
Delmar, DE 19940-3420
(302) 846-2530

Ellendale Fire Department

302 Main Street
Ellendale, DE 19941
(302) 422-7711

Farmington Volunteer Fire Company

20920 South Dupont Highway
Farmington, DE 19950-2381
(302) 398-4445

Frankford Volunteer Fire Company

7 Main Street
Frankford, DE 19945
(302) 732-6662

Greenwood Volunteer Fire Company

12611 Sussex Highway
Greenwood, DE 19950
(302) 349-4529

Gumboro Volunteer Fire Company, Inc.

37030 Millsboro Highway
Millsboro, DE 19966-3026
(302) 238-7411

Indian River Fire Company

32628 Oak Orchard Road
Millsboro, DE 19966-4863
(302) 945-2800

Laurel Fire Department, Inc.

205 West 10th Street
Laurel, DE 19956-1910
(302) 875-3081

Memorial Volunteer Fire Dept.

359 Bay Avenue
Slaughter Beach, DE 19963
(302) 422-8888

Memorial Fire Company Station 89 359 Bay Ave. Milford, DE 19963. Phone: 302-422-8888. Fax: 302-4225944

Millsboro Fire Company, Station 83

109 East State Street
Millsboro, DE 19966-1502
(302) 934-8359

Millville Volunteer Fire Company, Inc.

16 Atlantic Avenue
Millville, DE 19967-6727
(302) 539-7557

Milton Fire Department & EMS Squad

116 Front Street
Milton, DE 19968-1428
(302) 684-8500

Rehoboth Beach Fire Department

rehobothbeachfire.com - 219 Rehoboth Avenue, Rehoboth Beach - (302) 227-8400

Rehoboth Beach Vol. Fire Co

maps.google.com - 36027 Road 275A, Rehoboth Beach - (302) 227-8402

Roxana Volunteer Fire Company

39453 Zion Church Road
Frankford, DE 19945
(302) 436-2300

Seaford Volunteer Fire Department, Inc.

302 East King Street
Seaford, DE 19973-3326
(302) 629-9355

Delaware State Police

TROOP LOCATIONS

Delaware State Police: Troop 1
603 Philadelphia Pike
Wilmington, DE 19809
302.761.6677

Delaware State Police: Troop 5
9265 Public Safety Pike
Bridgeville, DE 19933
302.337.1090

Delaware State Police:
Troop 2 100 Lagrange Ave
Newark, DE 19702
302.834.2620

Delaware State Police: Troop 6
3301 Kirkwood Highway
Wilmington, DE 19808
302.633.5000

Delaware State Police: Troop 3
3036 Upper King Rd
Dover, DE 19904
302.697.4454

Delaware State Police: Troop 7
18006 Coastal Highway
Lewes, DE 19958
302.644.5020

Delaware State Police: Troop
4 23652 Shortly Rd
Georgetown, DE 19947
302.856.5850

Delaware State Police:
Troop 9 414 Main Street
Odessa, DE 19730
302.378.5218

Delaware Emergency Management Agency

Address

165 Brick Store Landing Road
Smyrna, DE 19977

Telephone

(302) 659-DEMA (3362) or
(877) SAY-DEMA
(877) 729-3362 - Delaware only

Telephone

(302) 659-6855

Email

Contact DEMA

Federal Emergency Management Agency

500 C Street S.W.
Washington, D.C. 20472

Phone Support:

Telephone: 1 (800) 621-FEMA (3362)

TDD: TTY users can dial 1 (800) 462-7585 to use the Federal Relay Service.

National Weather Service

Automated Climate Data, Local Forecasts, Marine Forecasts & Tide Reports are also available 24 hours a day from your local NWS Office at 631-924-0517.

PUBLIC AID

HOW TO ARRANGE FOR TRANSPORTATION

To arrange transportation through ADA CERTIFIED
PARATRANSIT SERVICE, you should call:

1-800-553-3278

(Monday to Friday) 8:00AM to 5:00PM

2 to 7 days prior to your scheduled appointment.

1. You will receive an authorization number.
2. You will also receive a list of transportation companies that you call directly to arrange your medical transportation.

DART FIRST STATE PUBLIC TRANSIT

TEL NO.: 1-800-652-3278

(You no longer need to contact your Public Aid Office to
arrange for medical transportation.)

EMERGENCY MANAGEMENT PLAN EVALUATION FORM

Evaluation completed for _____ actual event _____ drill? Date of event: _____

Summary of event: _____

	YES	NO	NA	COMMENT
Plan was initiated in a timely manner				
Plan was initiated by the appropriate person of authority				
Efforts to contact staff were effective				
Efforts to contact patients were effective				
The patient classification system was current				
The patient classification system was accurate				
Patients identified as requiring ongoing care received visits in a timely manner				
Patients identified to not have immediate needs were contacted and given appropriate instructions				
Transfer of current home care patients to a more acute level of care was timely and effective				
Triage of referrals for admission was effective in identifying those patients requiring admission within the first 24 hours of referral				
New admissions were processed within 48 hours of referral				
The predefined surge capacity for admissions was an accurate estimate				
Staffing was adequate to meet patient needs				
If patient needs exceeded staffing availability, coordination with other home care agencies was effective to meet patient needs				
Critical supplies (food, water, etc) were available as required				
In the event of telephone failure, backup communication systems were effective				
Information regarding road closures was available to staff coordinating and conducting ongoing patient visits				

EMERGENCY MANAGEMENT PLAN EVALUATION FORM

Continued

	YES	NO	NA	COMMENT
Evacuation of the organization's facility was accomplished in an orderly and timely manner				
If this was an actual event, the probability of occurrence was accurately predicted in the Hazard Vulnerability Analysis (HVA)				
Response efforts were compatible with those of the community				
If this was an actual event, staff support services (stress debriefing, spiritual/emotional support, etc.) were implemented and effective				
Mitigation activities were effective <i>(List and evaluate mitigation activities relevant to this event)</i> 1. 0. 1. 2. 3.				
Preparedness activities were effective <i>(List and evaluate preparedness activities relevant to this event)</i> 1. 4. 5. 6. 7.				
Response activities were effective <i>(List and evaluate response activities relevant to this event)</i> 1. 0. 1. 2. 3.				
Recovery activities were effective <i>(List and evaluate recovery activities relevant to this event)</i> 1. 8. 9. 10. 11.				

List and prioritize processes identified for improvement:

1. _____
2. _____
3. _____
4. _____

OFFICE ENVIRONMENT CHECKLIST

Reviewer: _____ Survey Date: _____

When an unsafe condition or operation is observed, place a check (x) in the appropriate column. Submit any suggestions or recommendations to eliminate the hazard/concern on this form. Return the checklist to the Performance Improvement Coordinator.

OFFICE ENVIRONMENT CHECKLIST	Unsafe Condition or Operation
1. Area is tidy and well kept	
3. Work area is clean, orderly, and safely arranged	
5. Floors are well maintained - afford secure footing and are free of obstructions	
7. Non-slip surfaces are provided	
9. Aisles are sufficiently wide to provide easy movement	
11. Adequate storage areas are provided	
13. Stairs are free of chips, cracks	
15. Handrails are provided and secured	
17. Workspace and stairwells are properly illuminated	
19. Temperature is comfortable	
21. Area is free of odors	
23. Noise level is acceptable	
25. Ventilation is adequate	
27. Personnel use proper lifting and handling techniques	
29. Personnel exercise safe work habits	
31. Often used items are within easy access	
33. Heavy items are stored at waist height	
35. Step ladders or stools are used to access items stored on high shelves	
37. Non-slip feet are on all ladders, stools, etc.	
39. Furniture and fixtures are free of splinters/sharp edges	
41. Desk and file drawers open easily	
43. File cabinets are anchored to prevent tipping	
45. Heavy machines are properly and securely mounted	
47. Repetitive motions are minimized	
49. Electric machinery equipment are secured with ground wire	
51. Electric cords, plugs, and switches are in good repair	
53. Moving parts and "pinch points" are guarded	
55. Operators of machines are trained	
57. Scissors, knives, pins, razor blades, other sharp items are safely stored	
59. Smoking is prohibited in specified areas	