

## Home Health Guidelines to Meet CHAP Emergency Preparedness Standards During the Pandemic:

Home Health Standard	Pandemic Compliance Consideration
<p>EP.1.D The organization has a documented emergency preparedness (EP) plan that address actions to be taken in the event of a natural or man-made disaster. The plan is compliant with local, state, and federal requirements.</p> <p><i>CFR §484.102</i></p>	<p>Consider how the emergency plan addresses emerging infection disease</p>
<p>EP.1.D.M1: The organization develops and maintains an emergency preparedness (EP) plan, in compliance with applicable local, state, and federal emergency preparedness requirements. The plan:</p> <ol style="list-style-type: none"> <li>1. Is based on and includes a documented, organization based and community-based risk assessment, utilizing an all-hazards approach specific to the geography and population served by the organization;</li> <li>2. Includes strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of; a) power failures; b) natural or man-made disasters; and c) emerging infectious disease (EIDS) that places the health and safety of patients and employees at risk;</li> <li>3. Addresses the organization's patient population, specifically: a) the care and safety of patients with limited mobility; and, b) those requiring evacuation due to medical or psychiatric conditions or their home environment.</li> <li>4. Addresses when emergency preparedness officials are contacted regarding patient evacuation;</li> <li>5. Addresses the type of services the organization can provide in an emergency;</li> <li>6. Addresses continuity of business functions essential to the organization's operations, including identification of staff or positions that can assume key organization roles if current staff and leadership are not available; and</li> <li>7. Defines a process for cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency. There is documented and dated evidence that the plan is reviewed and as appropriate, updated at least every two (2) years.</li> </ol> <p><i>CFR §484.102(a)(1-4)</i></p>	<ul style="list-style-type: none"> <li>• Pandemic Considerations related to the risk assessment include the incidence level related to COVID-19, the amount of</li> <li>• PPE supply on hand,</li> <li>• Strategies for attaining and maintaining PPE supply,</li> <li>• Number of staff are at high risk</li> <li>• The ability to provide telehealth</li> <li>• The number of COVID positive patients that can be cared for.</li> <li>• Plans to address continuity of operations in case of employee shortage</li> <li>• Type of services the organization can provide.</li> <li>• Communication with emergency officials including the public health department and/or coalitions addressing PPE supplies, as well as state and national associations.</li> </ul>

<p><b>EP.1.d.M3:</b> As part of its emergency preparedness (EP) plan, the organization develops and maintains an EP communication plan that complies with local, state and federal requirements.</p> <p>The plan includes:</p> <ol style="list-style-type: none"> <li>1. Names and contact information for personnel, entities providing services under arrangement, patients' physicians, and volunteers;</li> <li>2. Contact information for the federal, state, tribal, regional, and local emergency preparedness staff and other sources of assistance;</li> <li>3. Primary and alternate means for communicating with personnel and federal, state, tribal, regional, and local emergency management agencies;</li> <li>4. A method for sharing information and medical documentation for patients under the organization's care, as necessary, with other health care providers to maintain the continuity of care;</li> <li>5. A means for providing information about the general condition and location of the patients under the organization's care as permitted by the Health Insurance Portability and Accountability Act; and</li> <li>6. A means of providing information about the organization's needs and its ability to help the authority having jurisdiction, the Incident Command Center, or designee.</li> </ol> <p>The communication plan, including all contact information, is reviewed, and updated at least every two (2) years.</p> <p><i>CFR §484.102(c)(1-6)</i></p>	<ul style="list-style-type: none"> <li>• Consider the method of communication with personnel providing services under arrangement.</li> <li>• Consider the availability of contact information for patient providers other than physicians (NP,PA,CNS),</li> <li>• Contact information for county emergency manager/public health department.</li> <li>• Ensure telehealth visits are conducted in accordance with state regulation and in a location that allows for privacy,</li> <li>• Assess the organization's process for maintaining PPE and supplies</li> </ul>
<p><b>EP.1.D.M5:</b> Organizations that are part of a healthcare system consisting of multiple separately certified healthcare facilities that elect to have a unified and integrated emergency preparedness (EP) program may choose to participate in the healthcare system's coordinated EP program.</p> <p>If elected, the unified and integrated EP program:</p> <ol style="list-style-type: none"> <li>1. Demonstrates that each separately certified organization within the system actively participated in the development of the unified and integrated emergency preparedness program;</li> <li>2. Is developed and maintained in a manner that considers each separately certified organization's unique circumstances, patient populations, and services offered;</li> <li>3. Demonstrates that each separately certified organization is capable of actively using the unified and integrated emergency preparedness program and follows the program;</li> </ol>	<ul style="list-style-type: none"> <li>• What mechanism does the agency have to remain current with changing information.</li> <li>• Is the home health agency able to attain PPE and staffing assistance as needed from within the healthcare system?</li> <li>• How does information regarding the Home Health agency's needs get communicated with system leadership.</li> <li>• Is there coordination of care occurring when patients are transferred into other departments of the system and/or from the system to the home health agency?</li> </ul>

<p>4. Meets the requirements of paragraphs §484.102 (a)(2), (3), and (4);</p> <p>5. Is based on a documented community-based risk assessment, utilizing an all-hazards approach;</p> <p>6. Is based on a documented individual organization -based risk assessment for each separately certified organization within the health system, utilizing an all-hazards approach; and</p> <p>7. Includes integrated policies and procedures, a coordinated communication plan, as well as training and testing.</p> <p><i>CFR §484.102(e)</i></p>	
<p><b>EP.1.I:</b> The organization implements its emergency preparedness (EP) plan.</p> <p><i>CFR §484.102(b)</i></p>	<p>Has the Home Health Agency implemented processes to remain up to date on the incidence of COVID and the ongoing recommendations from the CDC and updated waivers per CMS and state officials?</p>
<p><b>EP.2.D:</b> The organization documents emergency preparedness (EP) policies and procedures based on their EP plan, when required by local, state, or federal law or regulation.</p>	<ul style="list-style-type: none"> <li>• Evaluate standard based on interview and ability of management/staff to articulate standardized procedures to address the pandemic.</li> <li>• Consultatively, it is time to document specific policy related to those procedures.</li> <li>• Does interview of staff reveal consistent processes for handling patient who are or are not COVID positive?</li> <li>• Is a process in place for screening of staff and patients as recommended by the CDC?</li> <li>• Is a standardized approach to the use and conservation of PPE followed?</li> <li>• Have contract staff been educated on the agency processes?</li> </ul>
<p><b>EP.2.D.M1:</b> The organization develops and implements emergency preparedness (EP) policies and procedures, based on the emergency plan, risk assessment, and the communication plan.</p> <p>Policies and procedures address:</p> <p>1. Development and inclusion of a plan for each of the organization's patients during a natural or man-made disaster as part of the comprehensive patient assessment;</p>	<ul style="list-style-type: none"> <li>• Assess agency procedure to address an emergency plan for each patient as part of the comprehensive assessment (education, screening),</li> <li>• Evaluate the attempts to gain entry to patients whether in the home or a facility.</li> </ul>

2. The documented discussion of the patient emergency plan that is provided to the patient, and maintained by the organization;

3. Follow up with patients and on-duty staff to determine needs if care is interrupted during or due to an emergency;

4. Arrangements with facilities and other providers to receive patients to maintain the continuity of care, including timelines and under what conditions patient would be moved;

5. Informing local and state emergency preparedness officials about patients or on-duty staff who the organization is unable to contact

6. Informing local State emergency preparedness officials of patients who are in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical or psychiatric condition, or home environment;

7. The minimum information provided to facilitate evacuation and transportation including: a) Patient name, age, DOB, medications, allergies, diagnosis; b) Emergency contact(s); c) If the patient is mobile or not; d) If the patient has life-dependent equipment, and if it can be transported (e.g. battery operated, size, condition, etc.); e) The clinical care needed for the patient; and f) Any patient special needs including cognitive disorders, intellectual disabilities, communication issues (e.g. deaf, non-English speaking, etc.); How the information is shared (e.g. paper or electronic);

9. A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records;

10. Informing local and state officials of any staff the organization is unable to contact;

11. The role of employees in providing care at alternate care sites during emergencies; and,

12. The use of volunteers in an emergency, or other emergency staffing strategies including the process and role for the integration of state or federally designated health care professionals to address surge patient care needs during an emergency.

Policies and procedures are reviewed and updated at least every two (2) years.

*CFR §484.102(b)(1-5)*

- Did physician notification occur when visits were continually refused?
- For transferred patients who were COVID positive or Persons Under Investigation, did transfer information include information related to the initial date of symptoms/testing/test results/potential exposure.
- Does the organization have a process in place for the reporting of Persons Under Investigation and/or testing positive for COVID?
- If the organization is within a location where the potential for needed evacuation is high, have there been plans to address the potential for evacuation. (Hurricane season).
- Has an organization who implemented telecommunications in place of in-person visits ensured documentation that provides an accurate portrayal of the patient and their needs?
- Evaluate the steps taken by the organization in instances of either patients or staff converting to COVID positive.
- Has leadership put a process in place to facilitate contact tracing? Are appropriate measures taken such as quarantine of any COVID positive individual, testing, and reporting to the health department. Are measures taken to facilitate safety such as utilization of PPE, social distancing, and testing.
- How are other agency caregivers informed of the new positive patient/staff?

<p><b>EP.3.D:</b> Emergency preparedness training is provided to personnel. Training is specific to the individual’s duties and responsibilities. Training is documented, including the dates, participants, and the content covered.</p>	<ul style="list-style-type: none"> <li>• Training to be asking about: <ul style="list-style-type: none"> <li>○ Training related to COVID-19 in general (signs/symptoms, care needs, agency process for screening, alternate care delivery methods, i.e.: telehealth.)</li> <li>○ PPE requirements as changes have occurred in availability and CDC recommendations.</li> </ul> </li> </ul>
<p><b>EP.3.D.M1:</b> The organization develops and maintains an emergency preparedness (EP) training program that is based on the emergency plan, risk assessment, policies and procedures, and the communication plan. The training program is reviewed and updated at least every two (2) years and includes initial training (during orientation or shortly thereafter) in EP policies and procedures to all new and existing personnel, individuals providing services under arrangement, and volunteers, consistent with their expected roles. EP training is provided at least every two (2) years. If the EP policies and procedures are significantly updated, the organization must conduct training on the updated policies and procedures. The organization maintains documentation of the training, including the date(s), participants, and content covered. Personnel demonstrate knowledge of emergency procedures as part of the training.</p> <p><i>CFR §484.102(d)(1)</i></p>	<ul style="list-style-type: none"> <li>• Assess as related to the PHE. If the agency has yet to document their efforts, encourage them to do so. Validate that there has been ongoing training.</li> <li>• How is the organization communicating changes as needed?</li> </ul>
<p><b>EP.4.I:</b> The organization tests its EP program at least annually and in accordance with its policy, or as required by local, state, or federal requirements.</p>	<p>No Specific information related to pandemic</p>
<p><b>EP.4.I.M1</b>The organization develops and maintains an emergency preparedness (EP) testing program that is based on the emergency plan, risk assessment, policies and procedures, and the communication plan. The testing program is reviewed and updated at least every two (2) years.</p> <p><i>CFR §484.102(d)</i></p>	<p>No specific information related to pandemic</p>
<p><b>EP.4.I.M2:</b> The organization conducts exercises to test the emergency preparedness (EP) plan annually, including:</p> <ol style="list-style-type: none"> <li>1. Participation in a full-scale exercise that is community-based.</li> </ol> <p>a) When a community-based exercise is not</p>	<ul style="list-style-type: none"> <li>• Remind the organization that they are currently amid implementation of their emergency plan.</li> <li>• Ongoing documentation will help them to present how their plan was</li> </ul>

<p>accessible, testing includes participation in an individual, facility-based functional exercise every two (2) years. b) If the organization experiences an actual natural or man-made emergency that requires activation of the emergency plan, the organization is exempt from engaging in its next required full-scale community-based exercise or individual, facility based functional exercise following the onset of the emergency event.</p> <p>2. Conducting an additional exercise every two (2) years – opposite the year that a full-scale exercise or functional exercise is conducted. This exercise may include, but is not limited to:</p> <p>a) A second full-scale exercise that is community based or a facility based functional exercise; or</p> <p>b) A mock disaster drill; or c) A tabletop exercise or workshop that is led by a facilitator that includes a group discussion using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed</p> <p><i>CFR §484.102(d)(2)</i></p>	<p>implemented and amended as the agency/patient needs changed.</p> <ul style="list-style-type: none"> <li>○ This could be as simple as the quality team conducting review of infection control data, changes made in processes based on that data, and monitoring the effectiveness of those changes.</li> </ul>
<p><b>EP.5.S:</b> The organization analyzes the effectiveness of its emergency preparedness (EP) plan and integrates changes into the plan as necessary.</p>	<ul style="list-style-type: none"> <li>● Interview staff to evaluate changes that were integrated in relation to the effectiveness of the agency’s response and/or changing needs as challenges occur i.e. PPE availability, short staffing, lack of ability to conduct in-person visits.</li> </ul>
<p><b>EP.5.S.M1:</b> The organization analyzes its response to and maintains documentation of all drills, tabletop exercises, and emergency events, and revises the emergency plan as needed.</p> <p><i>CFR §484.102(d)(2)</i></p>	<ul style="list-style-type: none"> <li>● Expectation would be that interview reflects the agency addressing ongoing needs. A formal analysis would not be expected at this point but will be needed eventually. The agency may find it easier to conduct analysis ongoing.</li> </ul>