

POLICY AND PROCEDURE ON EMERGENCIES

I. PURPOSE

The purpose of this policy is to provide guidelines to IHHC staff on preparing for, reporting, and responding to emergencies to ensure the safety and well-being of persons served.

II. POLICY

IHHC will be prepared to respond to emergencies as defined in MN Statutes, section 2450.02, subdivision 8, that occur while providing services, to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all emergencies according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. After the situation has been resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation in order to comply with licensing requirements on reporting and to assist in developing preventative measures, if applicable. For incident response procedures, staff will refer to the Policy and Procedure on Responding to and Reporting Incidents.

All staff will be trained on this policy and the safe and appropriate response to and reporting of emergencies. Program sites will have contact information of a source of emergency medical care and transportation readily available for quick and easy access. In addition, a list of emergency phone numbers will be posted in a prominent location and emergency contact information for persons served at the facility including each person's representative, physician, and dentist.

III. PROCEDURE

Defining emergencies

- A. Emergency is defined as any event that affects the ordinary daily operation of the program including, but not limited to:
1. Fires
 2. Bomb Threat
 3. Medical Emergency
 4. Violent Intruder
 5. Severe weather
 6. Natural disasters



7. Accidental Disaster
8. Power Failure
9. Emergency evacuation or moving to an emergency shelter
10. Temporary closure or relocation of the program to another facility or service site for more than
24 hours
11. Other events that threaten the immediate health and safety of persons served and that require calling "911."

Preparing for emergencies

- A. To be prepared for emergencies, a staff person trained in first aid will be available on site at IHHC, and when required in a person's Coordinated Service and Support Plan (CSSP) and/or CSSP Addendum, be able to provide cardiopulmonary resuscitation (CPR), whenever persons are present and staff are required to be at the site to provide direct services.
- B. Each IHHC facility will have a first aid kit readily available for use by, and that meet the needs, of persons served and staff. The first aid kit will contain, at a minimum, bandages, sterile compresses, scissors, and ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual.
- C. All IHHC Day Service Facilities will have:
 1. A floor plan available that identifies the locations of:
 - a. Fire extinguishers and audible or visual alarm systems
 - b. Exits, primary and secondary evacuation routes, and accessible egress routes, if any
 - c. An emergency shelter within the facility
 2. A site plan that identifies:
 - a. Designated assembly points outside the facility
 - b. Locations of fire hydrants
 - c. Routes of fire department access
 3. A facility emergency escape plan as quarterly rehearsed.
- D. Quarterly fire and severe weather drills will be conducted and logged throughout the year on various days of the week and times of the day. Staff and persons served in the facility will not be notified prior to the drill, if possible, to ensure correct implementation of staff responsibilities for response. The Manager or designee will be responsible for the initiation of the emergency drill and will record the date, day, and time of the drill in the emergency drill log and submit to the Safety Coordinator.



- E. As part of the Emergency Action Packet kept at the facility site, the following information will be maintained:
1. The log of quarterly fire and severe weather drills.
 2. The readily available Emergency Action Plan.
 3. Emergency contact information for persons served at the facility including each person's representative, physician, and dentist.
 4. Information on the emergency shelter within the facility and the designated assembly points outside the facility.
 5. Program Abuse Prevention Plan (and current/approved updates)
 6. Relocation procedures or service suspension when services are interrupted for more than 24 hours
 7. Emergency phone numbers that are posted in a prominent location.
- F. If persons served require the use of adaptive procedures or equipment to assist them with safe evacuation, staff will receive specific instruction on these procedures and equipment.

Responding to emergencies

1. Staff will call "911" based upon the emergency situation as provided in each individual response procedure as stated below. Subsequent to any major event in which 911 is activated, and if any police, fire or emergency personnel are utilized, the Program Manager, Vice President, Chief Executive Officer and/or Chief Operation Officer shall be notified as soon as possible.

Please refer to the Crisis I Emergency Action Plan located in the emergency box in strategic areas of the building for specific details for each IHHC site.

2. Other events that threaten the immediate health and safety of persons served and that require calling "911". Subsequent to any major event in which 911 is activated, and if any police, fire or emergency personnel are utilized, the Program Manager, Vice President, Chief Executive Officer and/or Chief Operation Officer shall be notified as soon as possible.

Reporting emergencies

- A. Staff will immediately notify the Manager that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency on an Incident and Emergency Report any related program or health documentation. Each Incident and Emergency report will contain the required information as stated in the Policy and Procedure on Reviewing Incidents and Emergencies.



- B. If an incident resulted from the emergency situation, the Manager will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless IHHC has reason to know that the incident has already been reported, or as otherwise directed in the person's Coordinated Service and Support Plan and/or Coordinated Service and Support Plan Addendum.

- C. If a serious injury or death were to occur as a result of the emergency situation, staff will follow the response and reporting procedures as stated in the Policy and Procedures on Responding to and Reporting Incidents and, if needed, the Policy and Procedure on Oeath of a Person Served. The Program Manager, Vice President, COO and CEO will be called by the end of the day.

IV. Review Emergency Procedures

This program will complete an Emergency Report and Internal Review of all emergencies,

1. The review will be completed using the program's emergency report and review form by the Manager and/or Safety Coordinator.
2. The review will ensure that the written report provides a written summary of the emergency.
3. The review will identify trends or patterns, if any, and determine if corrective action is needed.
4. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

Record Keeping Procedures

- A. The review of an emergency will be documented on the Emergency Report and Internal Review form and will include identifying trends or patterns and corrective action if needed,

- B. Emergency Report and Internal Review form will be maintained by the Manager at each site and a copy forwarded to the Administrative Services Manager,

Acknowledgement of Receipt

As the Worker, I have reviewed the above policy in the Manual. I understand that Intercommunity Home Health Care requires that I be trained on the rights of consumers and duties of workers related to the use and disclosure of protected health information. I agree to comply with all policies and procedures. I understand that severe civil and criminal penalties (up to ten years imprisonment and a \$250,000 fine) may be imposed for violation of these regulations.

Worker Signature:

Date:

Representative Signature:

Date:

