

Emergency Preparedness Plan

***Home Health and Hospice Care,
Inc.***



**2402 Wayne Memorial Drive
Goldsboro, North Carolina 27534**

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INTRODUCTION

The purpose of the 3HC All Hazards Emergency Preparedness Plan (EPP) is to establish a basic emergency preparedness program to provide timely, integrated, and coordinated response to the wide range of natural and man-made disasters that may disrupt normal operations and require a preplanned response.

The reason for this approach is to:

- Provide maximum safety and protection from injury and illness for patients, visitors, and staff.
- Provide care promptly and efficiently to all individuals requiring medical attention in an emergency.
- Provide a logical and flexible chain of command to enable maximum use of resources.
- Maintain and restore essential services as quickly as possible following an emergency incident or disaster.
- Protect Branch office property, facilities, and equipment.
- Satisfy all applicable regulatory and accreditation requirements.

According to the new Medicare COP's on Emergency Preparedness, all patients must have an individualized plan in the event of an emergency. That plan will be included as part of the patient's comprehensive assessment. A copy will be provided to the patient and/or caregiver and also be included in the patient's medical record.

In order to meet this new regulation, the Emergency Preparedness Information sheet in the patient admission packets has been updated to become their individualized Emergency Preparedness Plan.

The 3HC representative will assist the patient/caregiver to enter the phone numbers for the physician, pharmacy, power company, gas company, and water company as applicable. We will indicate the patient's acuity level as well.

We will scan this form and email to the appropriate clinical secretary to be attached to the patient's medical record.

POLICY

It is the intent for 3HC to adequately prepare, mitigate, respond, and recover from a natural or man-made disaster or another emergency. This will be done in a manner that protects the health and safety of patients, visitors, and staff, and that is coordinated with the local community-wide response to a large-scale disaster.

Executive management recognizes that the families of our employees are their primary concern during a disaster and we will support employees to ensure their own families are safe. We support and encourage each employee to create a personal preparedness plan for their families. It is expected that all employees will be prepared and ready to fulfill their duties and responsibilities

as part of the team to provide the best possible emergency care to patients and the community. Each supervisor will ensure that employees are aware of their responsibilities.

3HC will work in close coordination with the emergency management services and other local emergency officials, agencies and health care providers to ensure a coordinated community-wide response to disasters.

SCOPE

Within the context of this EPP, a disaster is any emergency event which exceeds or threatens to exceed the routine capabilities of the organizations prescribed duties of Home Health, Hospice, Home care, and inpatient facilities.

This EPP describes the policies and procedures 3HC will follow to mitigate, prepare for, respond to, and recover from the effects of emergencies.

This plan applies to 3HC's branch officelocations, inpatient facilities, corporate offices and annexes and covers 3HCEmployees, contractors and volunteers.

Development and implementation of this plan complies with relevant sections of Centers for Medicare and Medicaid Services (CMS) and Community Health Accreditation Partner (CHAP) Standards.

3HC (Home Health and Hospice Care, Inc.), is a leading local home health, hospice, and private duty provider serving eastern and the northern triangle areas of North Carolina. As a private, not-for-profit agency, our investors are the communities we serve. Profits that are generated are reinvested in new programs and facilities to better serve our patients. Our philosophy remains to provide care to those in need. 3HC is Medicare and Medicaid certified, and is recognized as a preferred provider with several managed care plans. The home health, hospice, and private duty programs are accredited by Community Health Accreditation Partner (CHAP), a designation shared by only the best providers.

The agency began in 1981 providing a skeleton of services to Wayne and upper Duplin County, North Carolina. Today, 3HC employs almost 500 professionals and operates branch offices, the inpatient Kitty Askins Hospice Center, and manages the Crystal Coast Hospice House. The corporate office is in Goldsboro, North Carolina.

3HC is active in membership in the Association for Home Care and Hospice Care of North Carolina (AHHNC), the National Association for Home Care (NAHC) and the National Hospice and Palliative Care Organization (NHPCO).

We take pride in our services to all patients in their greatest time of need. 3HC invokes its mission daily by being the home health, hospice and home care industry leader for quality patient outcomes delivered by a community-oriented, professional and compassionate care team. The areas most served by 3HC are rural in geographical, census, and economical nature. The most challenging aspect to 3HC EPP is that most care provided by the employees is in the patient's home or inpatient facility.

MITIGATION

Mitigation is the pre-event planning and action steps that aim to lessen the effects of potential disaster. Mitigation activities may occur both before and

following a disaster.

3HC will undertake risk assessment and hazard mitigation activities to lessen the severity and impact of a potential emergency by identifying potential emergencies (or hazards) that may affect the organization's operations or the demand for its services.

On behalf of the Home Health and Hospice Organization and the Hospices Inpatient Facilities, 3HC establishes and maintains an Emergency Preparedness Program that complies with all applicable federal, state, and local emergency preparedness requirements.

Identification of Hazards and Vulnerabilities

During the mitigation phase, 3HC's Emergency Preparedness Committee (Vice President of Human Resources & Quality/Compliance Officer, Regional Director of Clinical Practice (East), Regional Director of Clinical Practice (West), Sr. Clinical Director for Hospice Services, Director of Human Resources, Director of Regulatory Affairs and Privacy Officer, IT Clinical Info Analyst, and Education Manager) were responsible for the hazard identification and identification of internal and external hazards.

The branch office sites, inpatient facility site, and corporate office directors were responsible for hazard identification. These team members have conducted and will continually assess 3HC's emergency preparedness plan (EPP), in compliance with applicable local, state and federal emergency preparedness requirements.

3HC's EPP is a product of documented, facility based and community based risk assessments, utilizing an all-hazards approach. This included and will continue to include strategies for addressing emergency events identified in the risk assessments, including the management of the consequences of power failure, natural disasters, and other emergencies that would affect the organization's ability to provide care. We also address our patient population, including but not limited to the type of services the organization could provide in an emergency. This plan identifies the continuity of operations, including the delegation of authority during an emergency event. As applicable, we have also identified a process for cooperation and collaboration with local, State and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency, including documentation of 3HC's emergency contacts.

The EPP Committee shall review annually the Emergency Preparedness Plan policies and procedures. The Committee will make changes as applicable. Ongoing policy development, plan revision, repairing and retrofitting contributes to reducing the overall vulnerability of the patient facilities, patient homes, and offices to various hazards.

Insurance Coverage

The Vice President of Human Resources and Quality/Compliance (VP-HRQ&C) will meet with Risk Mitigation insurance carriers to review all insurance policies and assess the facility's coverage and ensure appropriate levels of coverage for the organization so as to appropriately cover all potential losses due to relocation to another site, loss of supplies and equipment, and structural and nonstructural damage to the facility.

EMERGENCY PREPAREDNESS

Preparedness activities build organization capacity to manage the effects of emergencies.

The 3HC Vice President of Clinical Services, Compliance Officer, and the Emergency Preparedness Committee (EPC) develop plans and operational procedures to improve the effectiveness of the Branch offices response to emergencies. Annually, the organization will:

- Review and update the EPP and other related documents.
- Review the organization's Emergency Response Role.
- Develop and update agreements with other community healthcare providers and with civil authorities.
- Train personnel on emergency response procedures.
- Conduct drills and exercises and revise the EPP and related documents if needed.
- Present any of the changes that need approval to the Professional Management Team.

Emergency Response Role

The organization may play a variety of roles in responding to a disaster including, but not limited to:

- Expanding home health care services to meet increased community needs created by damage to/evacuation of other health facilities
- Assisting with victim management by acting as a medical liaison to victim's family members
- Closing offices and facilities in order to move staff to other organization facilities or to the local hospital

Branch office roles may be constrained by limited resources, technical capability, and by the impact of the disaster on the Branch office facility.

Alert, Warning and Notification

Disasters can occur both with and without warning. Upon receipt of an alert from credible sources the 3HC President/CEO will:

- Notify key leaders
- Implement Incident Command System, if necessary
- Activate the Incident Command Center, if necessary, and
- Review plans and consider possible actions.

Response Priorities

3HC has established the following disaster response priorities:

- Lifesafety: Provide for the safety of patients, staff, and visitors
- Contain hazards that could pose a threat to people in the facility
- Provide care for injured patients, staff, and visitors
- Protect critical infrastructure, facilities, vital records, and other data
- Restore essential services/utilities
- Support the overall community response
- Provide crisis public information
- Resume the normal delivery of patient care

Response Activation and Initial Actions plan may be activated in response to events occurring within the Branch office or external to it.

Any employee or staff member who observes an incident or condition which could result in an emergency condition should report it immediately to the facility or branch office Director of Clinical Practice or his/her supervisor.

Staff will report fires, serious injuries, threats of violence and other serious emergencies to fire or police by calling 9-1-1.

All staff should initiate emergency response actions consistent with the emergency response procedures.

If the emergency significantly impacts Branch office patient care capacity or the communities served by the Branch office, the Vice President of Clinical Services or their designee will notify all applicable local emergency management services.

If 3HC experiences major damage, loss of staffing, a dangerous response environment, or other problems that severely limit its ability to meet patient needs, the Vice President of Clinical Services, in consultation with the President/CEO, may suspend Branch office operations until conditions change.

If 3HC remains fully or partially operational following a disaster, the President/CEO, and other members of the Professional Management Team (President/CEO, Sr. Vice President of Marketing, Vice President of Clinical Services, Vice President of Human Resources & Quality/Compliance, and the Vice President of Finance/CFO) will define the response role the Branch office will play.

The appropriate response role for 3HC will depend on the following factors:

- The impact of the disaster on 3HC
- The level of personnel and other resources available for response
- The pre-event medical care and other service capacity of 3HC
- The medical care environment of the community both before and after a disaster occurs
- The needs and response actions of residents of the community served by 3HC (e.g., convergence to the Branch office following disasters)
- The priorities established by 3HC's President/CEO and Board of Directors (e.g., to remain open if possible following a disaster)

- The degree of planning and preparedness of 3HC and its staff

Incident Management Team

3HC will organize its emergency response structure to mobilize appropriate resources and take actions required to manage its response to disasters utilizing the Incident Management Team. The specific functions that are activated and their relationship to one another will depend upon the size and nature of the incident.

The IMT is responsible for the strategic, or "big picture" thinking of the disaster response. The IMT collects, gathers and analyzes data; makes decisions that protect life and property, and maintains continuity of the organization. The IMT disseminates decisions to all impacted agencies and individuals.

Incident Commander:

- Is the first person on scene, until the duties are transferred to/or until a member of leadership arrives
- Oversees the command/management function
- Provides overall emergency response policy direction
- Oversees emergency response planning and operations
- Coordinates the responding Branch office staff

The Incident Commander may be President & CEO, Vice President of Clinical Services, Compliance Officer, or Regional Director of Clinical Practice.

3HC Incident Command Center

The Incident Command Center (ICC) is a central command and control area for where the Incident Management Team meets to carry out the functions at a strategic level in an emergency, and ensuring the continuity of operation of the organization.

The primary ICC is located at 2402 Wayne Memorial Drive, Goldsboro, North Carolina. A backup location is located at the Center for Excellence at 2400 Wayne Memorial Drive, Goldsboro, North Carolina. Both locations can communicate with outside agencies such as police, fire, and the emergency management services by means of telephone, cell phone, or email. Each ICC has copies of this EPP, forms for recording and managing information.

If both ICC locations are unavailable or unsafe, the Incident Commander will select a new location based on environmental conditions.

The Incident Commander will deactivate the ICC when the response phase ends and recovery activities can be performed at normal workstations.

If possible, operational period work shifts will be no more than 12 hours long and will overlap by at least 30 minutes to allow for briefings.

All actions, decisions, and expenses will be documented. This will protect against stress memory loss and provides needed documentation for disaster reimbursement after the emergency.

COMMUNICATION PLAN for HOME HEALTH & HOSPICE FACILITIES

During an emergency, the President & CEO will determine if 3HC facilities will:

- 1) Continue normal operation and see regular patients. This decision will be made internally with consideration of the following:
 - o Orders from authorities
 - o Integrity of the facilities
 - o Ability to access facilities
 - o Security
 - o Availability of support staff
 - o Availability of Branch office staff
 - o Ability to provide uncompromised care
 - o Availability of medications/vaccines
 - o Adequate supplies for staff, e.g. water, food
 - o Availability of power and other utilities
- 2) Provide care to only those affected by the emergency or close.
 - a. If the emergency is community-wide 3HC will consider becoming a triage center, family gathering area, or other solution in support of the medical community.
 - b. If the President and Chief Executive Officer or designee approves the decision to continue to see patients, staff will then consider the need to:
 - o Cancel non-urgent appointments
 - o Schedule changes to increase available patient hours
 - o Increase the number of staff by using traveler staff or contracted services

When 3HC decides to take any of the actions described above, 3HC will notify the Wayne or applicable County Emergency Services Department and the Wayne or applicable County Office of Emergency Management. (Refer to Appendix A- Disaster Contacts).

- 3) 3HC will share patient information and medical documentation for patients under Home Health, Hospice, or home care, as needed, with other health care providers to ensure continuity of care by encrypted email, fax to email, or facsimile. Information from the patient's electronic medical record can be shared from the corporate office or from any branch office in the service area that may not be impacted by the natural or man-made disaster.
- 4) The In-patient hospice facilities will share patient information and medical documentation as needed with other health care providers to ensure continuity of care by printing requested information from the electronic medical record which will be powered by the facility Generator, if electrical power is lost. The patient's EHR may be printed from the corporate office or from any branch office in the service area that may not be impacted by the natural or man-made

disaster. Medical information will be faxed, sent by encrypted email, or fax to email process.

- 5) In the event of an evacuation of the inpatient hospice facility, patient information (as permitted under 45.CFR 164.510) will be shared with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of the patient. It is unnecessary to obtain a patient's permission to share this information in this situation if doing so would interfere with the facility's ability to respond to the emergency. This PHI will be shared per phone conversation, encrypted email, fax, or fax to email. Designated staff at the facility may share information about the general condition and location of patients under the inpatient center's care with a patient's family member, relatives, friends, or other persons identified by the patient as involved in the patient's care by phone call/conversation or in person as permitted by HIPAA (45 CFR 164.510(b)(4) .
- 6) The Director of Inpatient Service shall provide information on occupancy, needs, and the ability to provide assistance to others to the authority having jurisdiction, or the Incident Command Center.

Medical Care

The confidentiality of patient information remains important even during emergency conditions. Branch office staff will take feasible and appropriate steps to protect confidential information. 3HC will continuously maintain HIPPA compliance and follow all HIPPA privacy and security rules.

Coordination with Branch offices

At the onset of an emergency, each Branch office affected will contact the Vice President of Clinical Services. The Vice President of Clinical Services will convey to the President & CEO the status for branch offices.

The President/CEO or designee will contact the affected Branch offices if:

1. The President/CEO is aware of a possible emergency and has not heard from the Branch office.
2. The President/CEO knows of a potential emergency.
3. The primary facility (Corporate Office, Kitty Askins Hospice Facility or Crystal Coast Hospice House) has been impacted and support is needed from the other Branch offices.

During the emergency, the Branch offices will report changing status and needs at regular prearranged intervals or as needed.

Integration with Community-wide and Government Response Agencies

3HC will, to the extent possible, ensure that its response is coordinated with the decisions and actions of Wayne or applicable County Public Health Department and other Emergency Operations agencies involved in the response.

3HC will notify the local city or county emergency operations director of any emergency impacting branch office operations and will coordinate its response to community-wide disasters with the overall medical and health response of the Operational Area.

- a. Define procedures for requesting and obtaining medical resources and for evacuating/transporting patients.
- b. During an emergency response, report the status and resource needs of the Branch office and obtain or provide assistance in support of the community-wide response.
- c. Cooperate with Emergency Responders, such as EMS and law enforcement personnel when they respond to emergencies at the Branch office or facilities. This may include providing information about the location of hazardous materials or following instructions to evacuate and close the Branch office.

Coordination with other Medical Facilities

3HC recognizes that it may need to rely on other health care facilities, especially those nearby, in responding to a disaster to increase its capacity to meet patient care needs.

At least annually, 3HC will discuss plans with other health facilities to explore the expansion of provisions to cover disaster response conditions.

3HC will seek to establish written agreements with relevant facilities where no written agreement currently exists.

These agreements are reciprocal and 3HC will provide support to these facilities if conditions and resources allow.

Roles and Responsibilities

President and Chief Executive Officer (CEO)

The President/CEO is directly or through delegation responsible for:

- a. Development and implementation of this Emergency Preparedness Plan (EPP).
- b. Appointing an Emergency Preparedness Committee (EPC) that is responsible for coordinating the development and maintenance of the 3HC EPP and, provide for ongoing training for Branch office staff. Committee.
- c. Appointing the Incident Management Team (IMT) that is the leadership team that is activated during a disaster.
- d. Supporting staff training to ensure preparation for performing emergency roles.
- e. Ensuring that drills and exercises are conducted annually and records are maintained.
- f. Determining how, when and who will perform the annual disaster pro

gram evaluations and updates.

- g. Activating 3HC's emergency response and the IMT.
- h. Developing the criteria for and direct the evacuation of staff, patients, and visitors when indicated.
- i. Ensuring 3HC takes necessary steps to avoid interruption of essential functions and services or to restore them as rapidly as possible.

Vice President of Clinical Services

The Vice President of Clinical Services, directly or through delegation, will:

- a. Serve on the Emergency Preparedness Committee (EPC).
- b. Identify alternates and successors if unavailable or if response requires 24-hour operation.
- c. Contact emergency management services to determine how to receive medical updates.
- d. Provide Branch office teams with updates from the Center for Disease Control and/or Wayne or applicable County Health Department on standards for the detection, diagnosis, and treatment of novel diseases and agents.
- e. Ensure the continuity of care and maintenance of medical management of all patients in the care of the branch office during a disaster.
- f. Assign branch office staff to medical responder roles such as triage and treatment.
- g. Determine disaster response branch office staffing needs in cooperation with the Inpatient Facility and Clinical Nursing Director(s).

Regional Director of Clinical Practice (East & West)

The Regional Director of Clinical Practice may fill the following roles:

- a. Serve on the Emergency Preparedness Committee (EPC).
- b. Communicate with their respective Directors of Clinical Operations on matters via the County Public Health Department for public health threats and guidance.
- c. Provide branch offices with updates on standards or the detection, diagnosis, and treatment of public health threats.
- d. Determine the disaster response branch office staffing needs in cooperation with the Vice President of Clinical Services.
- e. Perform other duties delegated by 3HC Vice President of Clinical Services, President & CEO, or Incident Commander consistent with training and scope of practice.

Compliance Officer

The Compliance Officer is responsible for the following roles:

- a. Chair the Emergency Preparedness Committee (EPC).
- b. The Compliance Officer will appoint teams and develop procedures for the following response tasks:
 - i. Light search and rescue - appoint and train a light search and rescue team to ensure all sites and rooms are empty and all staff, patients, and visitors leave the premises when the branch office is evacuated.
 - ii. Appoint and train a damage assessment team for each branch office and inpatient facility and each shift to evaluate damage.

Branch Office and Inpatient Facility Staff

All Branch office staff have emergency and disaster response responsibilities. Details are outlined in each job description when applicable. All staff are required to:

- a. Familiarize themselves with the evacuation procedures and routes for their areas.
- b. Become familiar with basic emergency response procedures for fire, tornado, active shooter, and other emergencies.
- c. Understand their roles and responsibilities in 3HC's plans for response to and recovery from disasters. Refer to Emergency Preparedness Plans in Emergency Plan Section.
- d. Participate in Branch office training and exercises.

All staff will also be encouraged to:

- e. Make suggestions to their supervisor or the Emergency Preparedness Committee (EPC) on how to improve branch office and inpatient facility emergency preparedness.
- f. Prepare family and home for consequences of disasters. Examples of information is available through the Red Cross and may be disseminated by EPC Chair or decide what information should be made available to staff.

Notifications

Primary emergency notification to staff and partners off-site will be the local telephone system. Staff within the facility will be notified of emergencies affecting the facility by alarms, strobe lights and an overhead paging system. Refer to Appendix B Communications Equipment Inventory and Communications Annexes for other methods and procedures.

Internal Contacts

The EPP Chair and Committee will update Appendix B, Staff Call List, at least quarterly or when information changes. The Staff Call List includes 24/7 contact information for all essential staff members.

The Staff Call List is available on the 3HC Intranet shared drive and hard copies are to be kept with each Director. Managers and supervisors are responsible for keeping a hard copy of numbers for those who report to them.

External Contacts

The EPP Chair and Committee will compile and maintain lists of external contact phone numbers such as emergency response agencies, key vendors, stakeholders, and resources at least twice a year. Additionally, government response entities, nearby hospitals and Branch offices, media, and others will also be updated every six (6) months.

Personal Protective Equipment (PPE)

3HC will take measures to protect its staff from exposure to infectious agents and hazardous materials. Branch office health care workers will have access to and be trained on the use of PPE.

The Vice President of Clinical Services and designee(s) will receive training annually to provide just-in-time training in the event use of PPE is required. Training records will reflect the nature of training each Employee receives in the proper use of PPE.

Protective equipment is located in each branch office supply closets or supply area as well as in inpatient facilities.

TRAINING EXERCISES AND DRILLS

Trained and knowledgeable personnel are essential for the prompt and proper execution of the 3HC Emergency Preparedness Plan. The EPP Committee will ensure that all response personnel have a thorough understanding of their assigned responsibilities in a disaster or emergency situation, as well as how their role and responsibilities interface with other response components of the 3HC Emergency Preparedness Plan. All personnel will be provided the necessary training to execute those responsibilities in an effective and responsible manner.

Training will be based on federal and state guidance. Instructors may be selected from local or state government officials and staff, private industry, the military, and volunteer groups trained in emergency services and response. All training exercises conducted in 3HC will be documented. Training needs will be identified and records maintained for all personnel assigned emergency response duties in a disaster.

3HC will develop, plan, and conduct table top, functional and/or full-scale exercises annually. These exercises will be designed to not only test the 3HC Emergency Preparedness Plan, but to train all appropriate officials, emergency response personnel, 3HC employees, and improve the overall emergency response organization and capability of 3HC. Deficiencies identified by the exercise will be addressed immediately.

3HC will incorporate disaster preparedness information into its normal

communications and education programs for staff and patients. For all phases of preparedness, 3HC has considered in this document and will do so in documents moving forward the following circumstances:

- Potential hazards and risks as identified
- Vulnerabilities and capabilities will be assessed
- Standard operating procedures will be developed by all responsible parties identified in the EPP
- Vital facilities and available resources will be identified and inventoried
- Mutual aid agreements, memorandums of understanding, etc.
- Training will be made available to emergency responders
- Exercises will be conducted and critiques to follow
- Public education and current public information will be offered
- Potential threats will be monitored and evaluated
- Ensure essential equipment is secured, computer files backed-up and essential records stored offsite.

RECOVERY

Recovery actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations.

Depending on the emergency's impact on the organization, this phase may require a large amount of resources and time to complete.

This phase includes activities taken to assess, manage, and coordinate the recovery from an event as the situation returns to normal. These activities include:

- I. Deactivation of emergency response: The 3HC President/CEO or designee will call for deactivation of the emergency when the Facility or Branch office can return to normal or near normal services, procedures, and staffing.
- II. After Action Report: Post-event assessment of the emergency response will be conducted to determine the need for improvements.
- III. Establishment of an employee support system: Human resources will coordinate referrals to employee assistance programs as needed.

Accounting for disaster-related expenses

The Vice President of Human Resources and Quality/Compliance will work with the Vice President of Finance to account for disaster related expenses. Documentation will include:

- a. Direct operating cost
- b. Costs from increased use
- c. All damaged or destroyed equipment
- d. Replacement of capital equipment
- e. Construction related expenses
- f. Return to normal Branch office operations as rapidly as possible

Inventory Damage and Loss

3HC will document damage and losses of equipment using a current and complete list of equipment serial numbers, costs, and dates of inventory.

One copy will be filed with the Chief Financial Officer and another copy with Corporate Vital Records in a secure location and in a secure electronic site. Most likely, this location will be our corporate storage facility.

Lost Revenue through Disruption of Services

The Chief Financial Officer will work with the Finance Section to document all expenses incurred from the disaster.

An audit trail will be developed to assist with qualifying for any Federal reimbursement or assistance available for costs and losses incurred by the Branch office because of the disaster.

Cost / Loss Recovery Sources

The eligibility of branch offices for federal reimbursement for response costs and losses remains ambiguous. It may be possible to gain reimbursement through county channels under certain (largely untested) circumstances.

Depending on the conditions and the scale of the incident, 3HC will seek the following financial recovery resources:

Public Assistance

After a disaster occurs assistance may be available to applicants through:

- a. The Federal Emergency Management Agency (FEMA)
- b. The North Carolina Department of Emergency Management (NCDDEM)
- c. The Small Business Administration (SBA) provides physical disaster loans to businesses and non-profit organizations.
- d. Federal Grant- Following a presidential disaster declaration, the Hazard Mitigation Grant Program (HMGP) is activated.
- e. As a private non-profit facility, 3HC is eligible for emergency protective measures including, but not limited to:

- i. Emergency access such as provision of shelters
- ii. Emergency care
- iii. Provision of food, water, medicine, and other essential needs and may be eligible for permanent repair work such as repair or replacement of damaged elements restoring the damaged facilities:
 - 1. Pre-disaster design
 - 2. Pre-disaster function
 - 3. Pre-disaster capacity

Insurance Carriers

3HC will file claims with its insurance companies for damage to the branch office(s).

The branch office will not receive federal reimbursement for costs or losses that are reimbursed by the insurance carrier.

Eligible costs not covered by the insurance carrier such as the insurance deductible may be reimbursable.

Psychological Needs of Staff and Patients

Mental health needs of patients and staff are likely to continue during the recovery phase.

The organization recognizes that Branch office staff and their families are impacted by community-wide disasters. The Branch office will assist staff in their recovery efforts to the extent possible.

The Employee Health Nurse, along with the Human Resources Director, will continue to monitor for and respond to the mental health needs of branch office staff and patients. The branch office will partner with local mental health professionals and its Employee Assistance Program provider to coordinate staff support if necessary.

Restoration of Services

3HC will take the following steps to restore services as rapidly as possible:

- a. If necessary, repair branch office facility or relocate services to a new or temporary facility.
- b. Replace or repair damaged medical equipment.
- c. Expedite structural and licensing inspections required to re-open.
- d. Facilitate the return of medical care and other Branch office staff to work.
- e. Replenish expended supplies and pharmaceuticals.
- f. Decontaminate equipment and facilities.
- g. Attend to the psychological needs of staff and community.
- h. Follow-up on rescheduled appointments.

After-Action Report

3HC will conduct after-action debriefings with staff and participate in the applicable county debriefings.

The branch office will also produce an after-action report describing its activities and corrective action plans including recommendations for modifying the surge capacity expansion procedures, additional training, and improved coordination.

3HC will review this plan using the After-Action Report and will revise the plan as needed.

HOME HEALTH, HOSPICE and HOME CARE EMERGENCY PREPAREDNESS PLANS

1. The Vice President for Clinical Services (VPCS) as Clinical Crisis Management Leader, will consult with the President & CEO in the event of inclement weather, power outages, or emergencies. They will decide regarding whether one or more of the offices will be closed or delayed in opening. In the event one of these persons is not available, another Vice President will be consulted regarding the decision.
2. Each situation and office will be evaluated individually. Each office will open at the regular time and staff are expected to be in their office or at their patient’s home at the regular time unless informed otherwise by accessing the 3HC Emergency Line.
3. A 3HC Emergency Line has been established for staff usage in determining if an office will be opened, closed, or delayed due to an emergency. Staff can access the emergency line by calling (919) 587-0726, entering extension number 2525 at the prompt to hear the recorded message. An additional toll-free number of 1-800-260-4442 can be called. The recording will disconnect after playing the message and will not allow the user to leave a message. The VPCS is responsible for updating the message as soon as possible.
4. If the 3HC Emergency Line is not operating, the VPCS will be responsible for airing closings or delays on the following television stations first, and if unable, on the radio stations listed below. Employees should listen to one of these stations:

Radio	Television
WRAL (101.5 FM) – Raleigh 919-890-6101 or 1-800-849-6101 (Duplin, Johnston, Cumberland, Edgecombe, Nash, Sampson, Vance, Wayne, Wake and Wilson Counties)	WRAL Channel 5 – Raleigh 919-821-8555
WQDR (94.7 FM) – Raleigh 919-860-9470 (Duplin, Johnston, Cumberland, Edgecombe, Nash, Sampson, Vance, Wayne, Wake and Wilson Counties)	WCTI Channel 12 - New Bern 252-638-1212
WRNS (95.1 FM) – New Bern 252-639-7900 (Carteret, Craven, Greene, Jones, Lenoir, Pitt Counties)	WNCT Channel 9 – Greenville 252-355-8500 or 1-800-682-0999
WTIB(103.7 FM) – Greenville (Craven, Greene, Jones, Lenoir, Onslow, Pitt Counties)	WITN Channel 7 – Washington 252-946-3131
WCLN (107.3 FM) – Clinton 910-592-8949 (Cumberland, Duplin, Sampson Counties)	
WKML (95.7 FM) – Fayetteville 910-4836-4114 or 910-323-9570 (Cumberland, Duplin, Sampson Counties)	
WNCT (107.9 FM) Craven, Greene, Jones, Lenoir, Onslow, Pitt Counties)	

The Emergency Management Services for our service area are listed below:

CONTACT LIST
COUNTY EMERGENCY OPERATIONS

<u>County</u>	<u>Name</u>	<u>Phone</u>
Carteret	Stephen Rea	252-222-5841
Craven	Ira Whitford	252-670-8880
Cumberland	Randy Beeman	910-321-6736
Duplin	Matt Barwick	910-296-2160
Edgecombe	Angela Johnson	252-641-7816
Franklin	Jeff Lewis	919-496-5005
Granville	Doug Logan	919-603-1310
Greene	Brock Kearney	252-747-2544
Johnston	Kevin Madsen	919-989-5500
Jones	Eric Merritt	252-448-1221
Lenoir	Samuel Kornegay	252-361-1788
Nash	Brian Brantley	252-459-9805
Onslow	Norman Bryson	910-347-4270
Pitt	Allan Everette	252-902-3950
Sampson	Ronald Bass	910-592-8996
Vance	Brian Short	252-438-8264
Wake	Josh Creighton	919-856-6480
Warren	Dennis Paschell	252-257-1191
Wayne	Mel Powers	919-731-1416
Wilson	Rodney Dancy	252-265-5554

3HC Staff Contacts for Emergency

Corporate Staff	Home Phone	3HC Office Cell	Personal Cell
Dean Lee		919-440-6613	919-223-3291
Lou Ann Jones	919-658-6488	919-709-1725	919-252-8855
Jennifer Whitley		919-440-6619	919-440-7100
Tony Gupton	919-625-1472	919-922-0943	919-625-1472
Dave Kilmer		919-648-6824	919-648-6824
Crystal Faison			919-912-0210
Wendy Cipriani		919-440-6621	

Office	Name	3HC Cell Number	Home Phone	Personal Cell No.
Clinton	Jamie Simmons	910-904-3750	910-564-6400	910-385-0614
Crystal Coast	Rhonda Creech	919-709-6590	919-922-4175	
Goldsboro	Lisa Reedy	919-709-1148	919-736-0645	919-440-3563
Greenville	Julie Smith	919-750-3062	919-223-8454	919-738-8167
Henderson	Adam Crouse	252-373-7728		252-218-5471
Kinston	Jennifer Russell	252-565-3008	252-527-6284	252-560-9399
Kitty Askins	Rhonda Creech	919-709-6590	919-922-4175	
Pollocksville	Brandi Wash	252-617-6218		910-298-1121
Private Duty	Kristen Goyette	252-939-0305		252-939-0305
Smithfield/Raleigh	Donna Olive	919-9150598	919-965-3166	919-796-8082
Wilson	Melissa Bridgers	919-915-0674		
East Regional	Becky Miller	919-709-6362	910-298-2123	910-340-0112
West Regional	Linda Jones	919-610-0476		919-669-6773
Sr. Clinical Director of Hospice Services	Gina Blackburn	919-440-6073		910-286-6392
Director of Home Hospice Services	Emily Pearson	910-385-8507		910-214-4090
IT Services		919-648-5507		

5. When a disaster or other type of emergency occurs during office hours, the supervisor is responsible for accounting for their staff whereabouts, and reporting any personnel situation(s), that are out of the ordinary to their Director and the Clinical Crisis Management Leader.
6. Staff shall review instructions on 3HC's Emergency Preparedness Plan during New Employee Orientation and annually thereafter during 3HC's Mandatory In-service Program.

PROCEDURE:

- I. **The following procedure shall be adhered to in the event of an anticipated or actual emergency:**
 - A. The Director of Clinical Practice or Assistant Director of Clinical Practice will run an admissions statistics report (active patient census/list) to ensure that we have the most current and accurate listing of active patients being served at the time of an emergency. Reference may be made to this list when notifying patients of delays or changes in services due to inclement weather, etc.
List patients who are:
 - i. Utilizing durable medical equipment that is routinely powered by electricity.
 - ii. Of highest priority are those who must receive skilled home care on that date.
 - iii. High risk with regard to the need for electric power, such as patients who live alone, in frail health without a skilled need, etc.
 - B. Assign/arrange either home visits or telephone contacts to patients in the aforementioned categories in order to:
 - i. Maintain continuous availability of electrically driven DME and/or orderly transition to battery power.
 - ii. Render necessary skilled care.
 - iii. Attend to high risk patients' fundamental needs with respect to power outage.
 - C. Contact DME provider(s) if and when equipment problems arise.
Patient visits will be postponed when driving conditions are considered dangerous, unless the Director of Clinical Practice, after consulting with staff, determines that postponement of certain visits would be detrimental to the patient(s).
 - D. Visits shall be evaluated individually to determine if they can be postponed. The following conditions/treatments should be considered carefully: patient deaths, hospice patient pain crisis, IV therapy, pumps, some dressing changes, some lab work, insulin injections, new patients who require immediate teaching, certain nursing assistant services (i.e., when the nursing assistant prepares the patient's only meal for that day). For anticipated emergencies, the hospice nurse shall look at each medication and count existing meds. Call contracted pharmacy with medication needs and meds can be overnighted to the patient, if unable to get to the local pharmacy. Ensure the patient has enough medication for 2-3 days in case patient is not able to obtain.
 - E. An acuity level (high, medium, or low) has been established in the agency's point of service system to assist with this process.

- a. High risk or High Priority: Patients in this category need uninterrupted services and/or are highly unstable; deterioration requiring hospital inpatient admission is likely if these patients are not seen for regularly scheduled visits or if there is a failure (including power loss) of life-sustaining equipment.
- b. Medium Risk or Medium Priority: If services for patients at this priority level are interrupted, mid-level medical management (e.g., nursing home-level care) will be needed. These patients are somewhat medically unstable and required care should be provided on time or within 24 hours. Most of these patients could be temporarily cared for in a special needs shelter, if one is available. These patients do not use life-sustaining equipment or their equipment can be easily moved with them to a special needs shelter.
- c. Low Risk or Low Priority: The patient's medical condition may be stable. If home and community services are interrupted, the patient can be cared for in alternate housing or a general population shelter. The patient can safely miss a scheduled visit(s) with basic care provided by self or an informal caregiver.

F. The Director of Clinical Practice and/or delegate(s) (i.e., Assistant Director of Clinical Practice) will make a list of which patients must be seen, who will see them, and mode of transportation for the visit. The Director of Clinical Practice will communicate this information to the appropriate staff.

G. If the Director of Clinical Practice is unable to consult with staff prior to the emergency, as staff is notified that the office will be closed, the supervisor shall discuss with each individual employee, visits which cannot be postponed. The supervisor and the employee will determine which visits will be made, who will make them, and the mode of transportation.

H. If an emergency occurs while an employee is in a patient's home, the following steps should be taken:

- 1. Follow the usual protocols to protect the patient and yourself.
- 2. If possible, move the patient to the safest place in the house. If the patient cannot be moved, protect him/her as best as possible. Determine if the patient has a personal disaster plan, if so assist them to institute it.
- 3. Never transport the patient to another location. If it is necessary to relocate the patient as a last resort, the best alternative may be to call emergency personnel to transport the patient to the hospital or nearest shelter.
- 4. If you must leave early, or are not sure what to do, call the office or your Supervisor for approval. If communication services are disabled, and you cannot contact anyone in a leadership position, use your best judgment in protecting the patient, and yourself, and leave the patient as safe as possible.

II. In the event of a storm (hurricane, tornado, etc.) and staff is unable to leave the office, the staff in each office evaluated their office structure and recommended the following areas for the staff to gather:

*If there is the possibility of a flood, move all items low to the floor to a higher area. Also, move computer towers to top of desks.

Clinton: main hallway

Corporate: handicapped bathroom, bathroom outside breakroom in Goldsboro Clinical, hallway leading to the breakroom

Fayetteville way station: bathroom

Goldsboro: mail/copier room

Greenville: bathrooms

Henderson: bathroom

Kinston: conference room

Pollocksville: bathrooms

Garner Way Station: bathroom

Smithfield: Bathroom in the center of the office

Wilson: central hallway and bathroom

In the event of a storm (hurricane, tornado, etc.) and staff is caught outdoors, seek shelter in a basement, shelter, or sturdy building. If you cannot get to shelter, a recent study suggests doing the following:

- Get into a vehicle, buckle your seat belt, and try to drive at right angles to the storm movement and out of the path.
- If strong winds and flying debris occur while you are driving, pull over and park, keeping seat belts on and the engine running. Put your head down below the windows, covering with your hands and a blanket if possible.
- If you are unable to get to a building or vehicle, as a last resort, lie in a ditch or depression and cover your head with your hands.

III. In the event of a power outage, the Director of Clinical Practice shall perform the following procedures:

- A. Arrange for a designated office employee to transport the PPD and Hepatitis B vaccine, and thermometer from the office refrigerator, in an insulated container, with ice pack, to his or her home refrigerator and monitor the thermometer to ensure the temperature stays between 35 and 46 F.

IV. In the event of a terrorist threat:

In the event of a risk of terrorist attack, the Clinical Crisis Management Leader will consult with the President and a meeting will be called of the Professional Management Team to assess and determine if an area served by the Agency is at risk. An action plan will be developed, if action is necessary above and beyond the steps identified in this Emergency Preparedness Plan.

V. In the event of extreme staff shortage, walkouts, staff illness and/or a variety of other untimely events, which create staff emergencies, such that adequate patient care is threatened:

- A. The Director of Clinical Practice shall contact the Vice President of Clinical Services.
- B. The Director of Clinical Practice shall solicit outside clinical assistance, which could consist of:
- i. Internal clinical staff
 - ii. Part-time clinical staff.
 - iii. Contract clinical staff.

- iv. Private duty nursing agencies with whom we have contractual arrangements.
 - v. Private duty nursing agencies with whom we do not have contractual arrangements.
- C. The Director of Clinical Practice shall make a list of prioritized patients with regard to the critical need of the health care, and reassign available clinical staff to these patients. The Director of Clinical Practice will coordinate the final plan for emergency patient care with the Vice President of Clinical Services. Upon review, a copy will be forwarded to the Vice President of Clinical Services.
 - D. Patients who are not in a high priority category shall be contacted by phone that their visits shall be stopped temporarily.
 - E. In the event that a labor dispute and/or a walkout is the cause of the staff emergency creating inadequate patient coverage, a meeting shall be arranged immediately between representatives from the involved staff group and the Professional Management Team. This conference shall be for the purpose of discussing staff concerns in order to return staff to patient care as soon as possible.

VI. Closing the Office

- A. Refer to the Policy in the initial bullet number 1. Directors of Clinical Practice are responsible for maintaining a call-down list of their employees. This list may be used for the coordination of care to patients that must be seen even though the office is closed.
- B. Directors of Clinical Practice may assign other staff to assist them in notifying staff. However, anyone notifying employees who provide patient care should be in a management/supervisory position, so he/she will be qualified to make decisions regarding whether visits should be made or postponed. A current emergency contact list for each office should be maintained in the office's Emergency Manual by the Director of Clinical Practice and personally by each in the event the Manager is unable to access the office.
- C. Directors of Clinical Practice are responsible for updating and distributing call-down lists to the appropriate people in their offices and to the Vice President for Clinical Services.
- D. **The Clinical Crisis Management Leader shall be responsible for updating the 3HC Emergency Line and notifying the television and radio stations, when appropriate, utilizing passwords established with the stations.**
- E. When the office is closed, it is the Administrator-On-Call responsibility to notify the answering service (Call Net 800-395-2612) of the closing/delay.
- F. When the office is closed, patients who are scheduled to be seen will be contacted by phone to let them know whether or not they will be visited as scheduled. Directors of Clinical Practice will be responsible for contacting patients or delegating these duties to other qualified personnel, utilizing salaried staff first.

VII. When Phone Communication is Impaired:

- A. If an employee's phone is not working or he/she does not have a phone, the employee should make every effort to get to a phone and

call his/her supervisor to discuss the status of that employee's patient visits.

- B. If the employee is unable to consult with the supervisor and the employee feels that some of his/her visits cannot be postponed, it is the employee's responsibility to make arrangements for the patient(s) to receive the necessary service.
- C. If there is an employee that the supervisor cannot reach by phone, and the supervisor thinks that the employee may have patient visits that should not be postponed, the supervisor should make every effort to determine if that patient received services (by calling the patient, a family member, or neighbor of the patient).
- D. If the contracted answering services phone communication is discontinued related to inclement weather or other conditions, and 3HC still has phone services, the following call schedule is to be followed: Monday through Friday from 5p.m. to 11 p.m., or Saturday and Sunday 7a.m. to 7 p.m. the phones will be forwarded to the Triage Nurse. During all other hours, the phones will be forwarded to the Nurse on Call for each office. The IT Department shall be responsible for forwarding the calls to appropriate personnel as listed above. An IT Department designee shall notify our phone carrier of these numbers, and they will forward the phone services to the contracted answering services when phone service is repaired.

VII. The Emergency Preparedness Plan shall be monitored and evaluated as follows:

- A. Annually by the Emergency Preparedness Committee and be approved by the Professional Management Team.
- B. The effectiveness of the Emergency Preparedness Plan will be evaluated after each emergency. The Clinical Crisis Management Leader (Vice President of Clinical Services) will initiate the evaluation process and comments/suggestions will be shared with the EPP for an overall agency evaluation and recommendations for policy/procedure changes.
- C. Any additions, deletions or modifications shall become a part of the official Emergency Preparedness Plan by final approval of the President.

EMERGENCY CONTACT INFORMATION

Emergency Numbers	
Phone-Mark Robbins	919-273-1535
Heat/Air-Jackson & Son	800-646-8460
Power-Wayne Electric	919-735-1847
Plumbing-Quality Plumbing	919-735-4981
Power Outage-Progress Energy	800-419-6356

HVAC Maintenance Agreements

**Jackson and Sons
2330 Indian Springs Road
Dudley, NC 28333
919-658-5054
Jerry Holsinger**

Clinton
Corporate
Goldsboro
Center of Excellence
Garner
Greenville
Pollocksville
Smithfield
Wilson

**Perry Management
518 Plaza Boulevard
Kinston, NC 28503
252-523-5107
Dan Perry**

Kinston

**Haire Plumbing & Mechanical Co., Inc.
367 Winslow Street
Fayetteville, NC 28305
910-483-1421
Craig Zimmerman
Cell: 910-988-0564**

Fayetteville

**Piedmont Service Group
102-B Regency Boulevard
Greenville, NC 27834
252-355-5051
Casey Gerard**

Kitty Askins Hospice Center

**Crystal Coast Heating & Air
1009 North 20th Street
Morehead City, NC 28557
252-247-7200
david@crystalcoasthvac.com**

Crystal Coast Hospice House

FIRE SAFETY

The following procedure is applicable to prevent personal injury and property damage in the office and in the patients' homes due to fire.

POLICY:

1. Each branch office and Inpatient Hospice Center will have a fire exit plan that shall be prominently posted in the office/facility.
2. Employees will be instructed by their supervisor on the location of the office fire alarms and fire extinguishers. The fire plan and home fire safety will be presented during the general orientation program.
3. Fire extinguishers for class A, B, and C fires will be available in each office and In-Patient Hospice Center. They will be checked yearly by a certified fire extinguisher company. Routine checks will be made monthly and incorporated on the quarterly safety inspection forms.
4. Smoke detectors will be checked quarterly and documented on required forms. This information will be incorporated in the agency's quarterly safety committee meeting minutes.
5. In-service classes on fire safety and how to use a fire extinguisher will be offered annually and shall be mandatory for all staff, including the Inpatient Hospice Center.
6. Tobacco use is not permitted anywhere in the workplace, including all indoor facilities, company vehicles and parking lots of 3HC, i.e. clinical offices and Inpatient Hospice centers. All areas of the workplace are tobacco free, without exception.
7. Patients will be given a "Safety in the Home" form upon admission that includes suggestions for home fire safety. (Refer to policy on Patient Safety Precautions, in the Administration section.)

PROCEDURE:

1. Fire Drills:
 - a. The Director of Human Resources/Clinical Director will designate a staff member who will ensure safety procedures are carried out properly.
 - b. Fire Drills will be conducted annually at all 3HC Home Health and Hospice Care, Inc. facilities according to NC Fire Prevention Code Volume V, 809.3.2 and 809.6.3 and 809.6.4. Drills shall be conducted quarterly on each shift at Inpatient Hospice facilities. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement shall be permitted instead of audible alarms. Removal of patients out of the building is not required.
 - c. Appropriate forms shall be completed as a matter of record after each drill/test. These forms will be sent to the Human Resource Office to be incorporated in the agency's quarterly safety committee meeting minutes and a copy maintained in the office/Inpatient Hospice Center.
 - d. Prior to testing, the alert center will be notified that a fire drill will be conducted at the facility.
 - e. Once the alarm has been sounded all personnel will evacuate the facility at the nearest exit and assemble outside the building at a safe distance. Supervisors in each area are responsible for ensuring all personnel are evacuated safely. A head count will be accomplished to ensure all personnel have been evacuated. All personnel will wait until they have been instructed to return inside the building.
 - f. Once the drill is completed, reset the alarm and call the alert center to have the alarm placed back on line.

2. The fire alarm system will be inspected by a certified fire alarm testing contractor.
3. Before testing, follow the steps listed below:
 - a. Inform switchboard operator
 - b. Inform the alert company
 - c. Prior to the alarm sounding, the switchboard operator will announce to all employees over the public address system, "This is a fire alarm test, please disregard."
 - d. A pull station or a smoke detector will randomly be tested in the facility.
 - e. Once testing is complete, the switchboard operator will announce. "All fire alarm testing is now complete."
 - f. The alert center will be notified the testing is completed.
 - g. All facilities must be checked quarterly. The report shall be maintained in the Safety Committee Book by the Human Resources Director.
 - h. Appropriate forms will be completed as a matter of record following each test. These forms will be forwarded to the Human Resource Office to be filed in the Safety Committee Book.
 - i. All facilities shall have exit signs above each exterior exit.

BOMB THREATS:

- a. Upon receiving the bomb threat **at the Inpatient Facilities (Kitty Askins Hospice Center and Crystal Coast Hospice Center)** the receiver shall allow the caller to talk as much as possible, while trying to complete the "Bomb Threat Checklist" the Nurse or designee shall notify the Director of Inpatient Services, Senior Clinical Director of Hospice Services, and dial 9-1-1 or the local Police Department (Goldsboro Police is (919) 735-1311 and Newport Police Department is (252)-223-5410). The Director of Inpatient Services or designee shall also notify staff and patients of bomb threat. The bomb search shall be conducted by the Police Department with the assistance of the Director of Inpatient Services or designee. An evacuation plan shall be maintained at the nursing station. The Police Department and Director of Inpatient Services shall decide if patients are to be evacuated. If a specific location of the bomb is given by the caller, that area shall be searched immediately. If a suspected bomb is found, all patients and staff shall evacuate the Center. The Director of Inpatient Services or designee shall coordinate the evacuation process. The Director of Inpatient Services or designee shall maintain an active patient census and staff schedule to assure everyone is accounted for.
- b. Upon receiving the bomb threat, the receiver **at the Branch Office sites**, the receiver shall allow the caller to talk as much as possible, while trying to complete the "Bomb Threat Checklist". The Director of Clinical Practice or designee shall notify the Regional Director of Clinical Practice, and dial 9-1-1 or the local Police Department. The Director of Clinical Practice or designee shall also notify staff and any visitors, vendors, or independent contractors of bomb threat. The bomb search shall be conducted by the Police Department with the assistance of the Director of Clinical Practice or designee. An evacuation plan shall be maintained at the clinical secretary station. The Police Department and Director of Clinical Practice shall decide if staff and occupants are to be evacuated. If a specific location of the bomb is given by the caller, that area shall be searched immediately. If a suspected bomb is found, all staff and occupants shall evacuate the Center. The Director of Clinical Practice or designee shall coordinate the evacuation process. The Director of Clinical Practice or designee shall

maintain an active staff roster and staff schedule to assure everyone is accounted for.

c. Search Procedure:

i. The search procedure will be initiated by the Police Department. When the police arrive, an officer will accompany the Director of Inpatient Services/Director of Clinical Practice, or designee to assist with the search. If what appears to be a bomb is found, DO NOT TOUCH IT. Clear the area and obtain professional assistance. Also, try to isolate the object as much as possible by closing doors.

ii. Sensory Search: Before entering any room, conduct a sensory search:

(1) Ears - listen

(2) Nose - sniff

(3) Eyes - look

(4) FIRST, conduct a visual check from the floor to knee height, looking for the following abnormalities:

- Trip, pull wires, or strings
- Anything on the floor which does not belong there
- Bulges or lumps in the carpet

(5) SECOND, conduct a visual check from the knee to chest height, looking for the following abnormalities:

- Trip, pull wires, or strings
- String or other objects around light fixtures
- Anything else that seems out of the ordinary

(6) THIRD, conduct a visual check from chest to ceiling height, looking for the following abnormalities:

- Light bulbs which appear dark from the base up
- String or other objects around light fixtures
- Anything above or around windows or curtains

iii. Crooked pictures or frames

d. Physical Search:

(1) After completing the sensory search and nothing abnormal is found, enter the room cautiously, a few steps at a time, continuing with the visual checks and conduct a thorough physical search.

(2) Check underneath beds, bedside tables, chairs, etc.

(3) If possible, look inside the bedside table, over bed table, closet, waste basket, bags, etc. carefully so as to not discharge a potentially explosive device prematurely.

e. Completion of Search:

- i. When the Director of Inpatient Services/Director of Clinical Practice, or designee, as well as the Senior Clinical Director of Hospice Services/Regional Director of Clinical Practice, in consultation with the police officer, are satisfied that the search has been completed and that the emergency is over, the patients, staff, and other occupants will re-occupy the Center or Branch Office.

ACTIVE SHOOTER

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area. In most cases, active shooters use firearms and there is no pattern or method to their selection of victims.

Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within 10-15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

The following are good practices for coping with an active shooter:

- Be aware of your environment and any possible dangers.
- Take note of the two nearest exits in any facility/office you visit.
- If you are in an office, stay there and secure the door
- If you are in a hallway, get into a room and secure the door
- As a last resort, attempt to take the active shooter down. When the shooter is at close range and you cannot flee, your chance of survival is much greater if you try to incapacitate him/her.
- CALL 911 WHEN IT IS SAFE TO DO SO

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN OUR VICINITY

1. EVACUATE

- If there is an accessible escape path, attempt to evacuate the premises.
Be sure to:
 - Have an escape route and plan in mind.
 - Evacuate regardless of whether others agree to follow
 - Leave your belongings behind
 - Help other escape, if possible
 - Prevent individuals from entering an area where the active shooter may be located
 - Keep your hands visible
 - Follow the instructions of any police officers
 - Call 911 when you are safe

2. HIDE OUT

- If evacuation is not possible, find a place to hide where the active shooter is less likely to find you

Your hiding place should:

- Be out of the active shooters view
 - Provide protection if shots are fired in your direction (i.e. an office, closed or locked door
- Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:

- Lock the door
- Blockadethe door with heavy furniture

If the active shooter is nearby:

- Lock the door
- Silence your cell phone(s) and or pager(s)
- Turn off any source of noise (radios, television, etc.)
- Hide behind large items (i.e. cabinets, desks)

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow dispatcher to listen

3. TAKE ACTION AGAINST THE ACTIVE SHOOTER

- As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:
 - Acting aggressively as possible against him/her
 - Throwing items and improvising weapons
 - Yelling
 - Committing to your actions

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

The purpose of law enforcement is to stop the active shooter as soon as possible.

- Officers will usually arrive in teams of four (4)
- Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment.
- Officers may be armed with rifles, shotguns, handguns.
- Officers may use pepper spray or tear gas to control the situation.
- Officers may shout commands and may push individuals to the ground for their safety.

How to react when law enforcement arrives:

- remain calm
- put down any items in your hands (i.e., bags, jackets)
- immediately raise hands and spread fingers
- keep hands visible at all times
- avoid making quick movements towards officers such as holding on to hem for safety
- avoid pointing, screaming, and/or yelling

-do not stop to ask officers for help or direction when evacuating. Just proceed in the direction from which officers are entering the premises

Information to provide to law enforcement or 911 operator:

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter(s)
- Number of potential victims at the location

The first officers to arrive to the scene will not stop to help injured persons. Expect rescue teams comprised of additional officers and emergency medical personnel to follow the initial officers. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the premises.

Once you have reached a safe location or assembly point, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed you to do so.

INPATIENT HOSPICE CENTERS

In preparation for impending disaster (hurricane, or inclement weather- ice, snow), the Director of Inpatient Services will ensure the following are completed:

- Advise staff to be prepared to work their scheduled shift and be prepared to stay at the facility if needed.
 - Order extra medical supplies to ensure adequate supplies are available for patient care.
 - Order nonperishable food and water to ensure food and water is available for patients and staff for a minimum of 3 days.
 - Check the generator to ensure diesel is at full capacity.
 - Coordinate with pharmacy and order extra medications to be available for patients in preparation of possible delays in delivery. Ensure Lynx is at par levels.
 - Obtain an adequate supply of flashlights and batteries for staff to use in case of power outage.
 - If possible flooding or heavy rain is expected, place flood barriers at all doorways, including patios.
1. In the event of a disaster, the Director of Inpatient Services will consult with TheSenior Clinical Director of Hospice and make a decision regarding if additional staff need to be called in and if the building needs to be evacuated.
 2. Each situation will be evaluated on a case by case basis individually.
 3. An evacuation process will be documented.

PROCEDURE

The following procedure shall be adhered to in the event that environmental emergencies dictate routine schedules cannot be followed:

1. Whenever weather forecasters are predicting weather conditions that may cause

hazardous driving and make roads impassable, the Director of Inpatient Services or designee will consult with the staff in advance to have a plan ready in case these conditions occur.

2. Staff that is scheduled to come into work for the next shift will come early to the facility and be prepared to work their shift as scheduled. The Director of Inpatient Services will determine if any off-duty staff need assistance.
3. In the event roads will be impassable for a period of time, the staff shall be prepared to come to the Facility.
4. Staff should come prepared to stay until weather conditions improve and the danger of impassable roads has resolved.
5. When inclement weather is not forecasted in advance and the Director of Inpatient Services or designee are unable to consult with staff prior to the inclement weather, plans for staffing the Facility will be made as follows:
 - a) Staff scheduled to work the next shift shall be prepared to come to work at the Facility.
 - b) Staff already at the Facility shall be prepared to stay until relief staff arrive.
 - c) The call-down list will be utilized if needed to arrange for appropriate staffing.
6. In the event of power outages, the Charge Nurse/RN will perform the following procedures:
 - a) Assign other personnel to make frequent rounds on patients to assess and reassure them.
 - b) Assure that the emergency generator is operating within 30-60 seconds of power loss. In the event the emergency generator does not operate, call Cummins at (919) 284-9111 (for Kitty Askins Hospice Center) and Atlantic Power (252) 617-9581 (for Crystal Coast Hospice House). Follow the prompts, and then notify the Director of Inpatient Services. If fuel is needed for the generator, notify R & H Oil at (919) 735-3718 (for Kitty Askins Hospice Center) and Davis Fuels & Lubricants (252) 247-6902 (for Crystal Coast Hospice House).
 - c) Assign staff to render skilled care.
 - d) Attend to high risk patients' needs first.
 - e) Ensure that O2 Concentrators are connected to a RED outlet.
 - f) Order Back up O2 tanks from DME provider.
7. When in doubt about road conditions, the Director of Inpatient Services or designee is responsible for calling the local authorities to inquire about local road conditions (Highway Patrol, Sheriff's Department, and Police Department).
8. When flooding, trees, or other obstructions make roads impassable, efforts should be made to find an alternate route to the Facility. If there is no

alternative route, each situation will be evaluated individually.

TORNADO/HURRICANE WATCH:

A tornado watch is a prediction by the National Weather Service that weather conditions are conducive to having a tornado/hurricane. Be Alert!

Staff Responsibilities

- a) Keep informed of the situation by listening to the radio/television, and monitoring cell phone alerts.
- b) Check outdoors for objects that should be moved to a stable area (chairs, benches, trash cans, etc.)
- c) Tape windows as necessary.
- d) Check skies for visual signs of tornado.
- e) Reassure the patients.

TORNADO/HURRICANE WARNING:

A tornado warning means a tornado has been detected and may be approaching. Warning will be given by radio/television.

Staff responsibilities:

- a. Disconnect electrical appliances (except where life threatening).
- b. Move all patients into central hallways away from windows. Supply blanket and pillows for protective cover.
- c. Close fire doors.
- d. Reassure patients and stay calm.
- e. Secure all items that could be affected by the tornado.
- f. If lights go out, the emergency generator should come on. Secure flashlights. (See 6b re: generator)
- g. Continue listening to the radio and have ample supply of batteries.

If the Facility is hit by a tornado:

- a. Try not to panic and tell the patients/families that emergency assistance is on the way. If able, call 911.
- b. After the tornado has passed, assess and evacuate the building quickly and calmly to the parking lot if necessary.
- c. Do not touch any fallen electrical wires - they may be "live" or "hot".
- d. Notify the Director of Inpatient Services and Senior Clinical Director of Hospice Services, who will, in turn, notify the Vice President of Clinical Services, and the President.

FLOOD:

Except for flash flooding, floods can usually be forecasted sufficiently in advance for the proper emergency plan to be initiated. It is not anticipated that flooding will affect the Center but routes to the Center may be affected.

Staff Responsibilities:

- a. Keep informed by listening to the radio/television, and watching alerts on cell phones.
 - b. Disconnect electrical appliances, if applicable.
 - c. Keep emergency supplies at the nursing desk (flashlights, blankets, first aid supplies). Reassure the patients and family/visitors.
 - d. Sandbags to be placed outside of patient rooms at patio doors.
 - e. Prepare rooms/spaces in advance for evacuation of patients in rooms 207-212 at KAHC since these rooms are closest to immediate flood zone areas.
 - f. Keep listening to the radio for further developments.
 - g. Do not panic - if it becomes necessary, evacuate the patients/family quickly and calmly to rescue squad who will transport patients to the hospital/or designated facility appointed by EMS personnel.
 - h. Notify the Director of Inpatient Services and Senior Clinical Director of Hospice Services who will, in turn, notify the VP of Clinical Services, and the President.
2. The disaster plan will be rehearsed with staff with procedures to be followed in the event of an internal or external disaster and for the care of casualties of patients and personnel arising from such disasters.
 3. Every effort will be made to notify families of their loved ones' status during an external or internal disaster.
 4. A disaster drill checklist is to be completed by the nurse on duty and shall be forwarded to the Director of Inpatient Services. This checklist is retained as a permanent record at the Center. A copy of the drill shall be sent to the Safety Committee for evaluation and recommendations.
 5. Responsibilities of Community Agencies:
 - a. Fire Department (911)
 - i. The Fire Department will arrive at the scene and will assist in any capacity that is needed.
 - b. Police Department (911)
 - i. The police will arrive at the scene and they will assist with the evacuation and any searches of the facility that is needed.
 - ii. The police will also direct all traffic.

- c. Wayne County EMS for KAHC; and Carteret County EMS for Crystal Coast Hospice House (911)
 - i. The rescue squad will arrive at the scene and immediately take over the medical management of all injured people.
- d. National Guard (Phone # (919) 664-6000)
 - i. The National Guard should be called to assist if necessary.
 - ii. National Guard (919) 825-2400 On line Emergency Management
 - iii. Call Center (919) 825-2603
- e. Progress Energy for KAHC (800) 419-6356 (power outages); and Duke Energy for CCHH (866) 582-6345
- f. Flavorich (919) 734-0728 for KAHC (insufficient water supply); and Town of Newport (Kelly Caldwell (252) 223-4749)
 - i. For KAHC, An emergency water supply can be obtained from Flavorich, Contact Dean Holmes.
 - ii. For CCHH, an emergency water supply can be obtained from the Town of Newport (252) 223-4749, Contact Kelly Caldwell.

INTERNAL DISASTERS

Internal disasters are those situations that may include, but are not limited to:

- a. Fire within the Facility
- b. Bomb threat
- c. Power outage, generator failure

1. An Internal Disaster Plan shall take effect when the safety and welfare of patients and staff are threatened as a result of fire, explosion, or any other incident that renders all or a portion of the Center incapable of functioning.

2. Immediate Action to be taken by Staff:

- a. Safeguard patients, visitors, and staff.
- b. Emergency care is to be provided at the site as appropriate.
- c. Confine the area and evacuate those in danger of injury.
- d. Reassure those not immediately involved in the disaster situation.
- e. After patients are stabilized, make every effort to notify family regarding the status of their loved one.

3. Evacuation:

- a. An internal disaster may also necessitate the need for evacuation. The Director of Inpatient Services is responsible for making this decision. The evacuation may be partial (patients are transferred within the Center) or total (patients are transferred from the Center to UNC Wayne Hospital or temporary shelter); notify House Supervisor at UNC Wayne Hospital WMH (919) 736-1110. For KAHC. For CCHH, the patients would be transferred from the Center to Carteret Health Care (252-499-6000) Hospital or another designated facility.

- b. The Director of Inpatient Services or designee is responsible for compiling a census and site where patients are evacuated.
- c. The Director of Inpatient Services or designee will secure all medications prior to evacuation of building.

4. Non-Emergency Partial Evacuation:

- a. All Center personnel should return to the nursing station.
- b. Director of Inpatient Services or designee responsibilities includes, but are not limited to:
 - i. Compile a list of personnel present in the Center.
 - ii. Compile a list of patients and family currently in the Center. Assess the mobility of each patient (i.e., ambulatory, wheelchair).
 - iii. Assign a team to evacuate patients to new location.
 - iv. Assign a staff member to assist ambulatory patients to the new location.
- c. Any personal items important to the functioning of the patient shall be moved with a patient (glasses, dentures, prosthesis).
- d. Clothing and personal items shall be transported at the same time the patient is evacuated, if time permits. Otherwise this should be done as soon as possible.

5. Non-Emergency Total Evacuation:

- a. The same procedure that is followed for a partial evacuation shall be followed for a total evacuation with the addition of the following:
 - i. The Director of Inpatient Services or designee will notify the receiving hospital/facility of the names, diagnoses, and number of patients to be transferred.
 - ii. The Director of Inpatient Services or designee will assign a staff member to secure ambulance and vehicle transportation.
 - iii. The Director of Inpatient Services or designee will also initiate the call-back system if it is necessary.
 - iv. The Director of Inpatient Services or designee will call the Hospice Medical Director and the attending physicians to notify them of the transfer.
 - v. The Director of Inpatient Services or designee will determine if family members can be responsible for transporting ambulatory patients.

FIRE SAFETY

The following procedure is applicable to prevent personal injury and property damage in the office and in the patients' homes due to fire.

POLICY:

1. Each branch office and Inpatient Hospice Center will have a fire exit plan that shall be prominently posted in the office/facility.

2. Employees will be instructed by their supervisor on the location of the office fire alarms and fire extinguishers. The fire plan and home fire safety plan will be presented during the general orientation program.
3. Fire extinguishers for class A, B, and C fires will be available in each office and In-Patient Hospice Center. They will be checked yearly by a certified fire extinguisher company. Routine checks will be made monthly and incorporated on the quarterly safety inspection forms.
4. Smoke detectors will be checked quarterly and documented on required forms. This information will be incorporated in the agency's quarterly safety committee meeting minutes.
5. In-service classes on fire safety and how to use a fire extinguisher will be offered annually and shall be mandatory for all staff, including the Inpatient Hospice Center.
6. Tobacco use is not permitted anywhere in the workplace, including all indoor facilities, company vehicles and parking lots of 3HC, i.e. clinical offices and Inpatient Hospice centers. All areas of the workplace are tobacco free, without exception.
7. **Home Health and Home Care** Patients will be given a "Safety in the Home" form upon admission that includes suggestions for home fire safety. (Refer to policy on Patient Safety Precautions, in the Administration section.)

PROCEDURE:

8. Fire Drills:
 - a. The Director of Human Resources/Clinical Director will designate a staff member who will ensure safety procedures are carried out properly.
 - b. Fire Drills will be conducted annually at all 3HC Home Health and Hospice Care, Inc. facilities according to NC Fire Prevention Code Volume V, 809.3.2 and 809.6.3 and 809.6.4. Drills shall be conducted quarterly on each shift at Inpatient Hospice facilities. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement shall be permitted instead of audible alarms. Removal of patients out of the building is not required.
 - c. Appropriate forms shall be completed as a matter of record after each drill/test. These forms will be sent to the Human Resource Office to be incorporated in the agency's quarterly safety committee meeting minutes and a copy maintained in the office/Inpatient Hospice Center.
 - d. Prior to testing, the alert center will be notified that a fire drill will be conducted at the facility.
 - e. Inpatient: head count of staff verified by staff schedule; staff ensures all patient room doors are closed; Staff will monitor fire doors to ensure they are properly closed.
 - f. Once the alarm has been sounded all personnel will evacuate the facility at the nearest exit and assemble outside the building at a safe distance. Supervisors in each area are responsible for ensuring all personnel are evacuated safely. A head count will be accomplished to ensure all personnel have been evacuated. All personnel will wait until they have been instructed to return inside the building.
 - g. Once the drill is completed, reset the alarm and call the alert center to have the alarm placed back on line.
9. The fire alarm system will be inspected by a certified fire alarm testing contractor.
10. Before testing, follow the steps listed below:
 - a. Inform switchboard operator
 - b. Inform the alert company

- c. Prior to the alarm sounding, the switchboard operator will announce to all employees over the public address system, "This is a fire alarm test, please disregard."
- d. A pull station or a smoke detector will randomly be tested in the facility.
- e. Once testing is complete, the switchboard operator will announce. "All fire alarm testing is now complete."
- f. The alert center will be notified the testing is completed.
- g. All facilities must be checked quarterly. The report shall be maintained in the Safety Committee Book by the Human Resources Director.
- h. Appropriate forms will be completed as a matter of record following each test. These forms will be forwarded to the Human Resource Office to be filed in the Safety Committee Book.
- i. All facilities shall have exit signs above each exterior exit.

BOMB THREATS:

- j. Upon receiving the bomb threat, the receiver shall allow the caller to talk as much as possible, while trying to complete the "Bomb Threat Checklist". The Nurse or designee shall notify the Director of Inpatient Services, Senior Clinical Director of Hospice Services, and dial 9-1-1 or the local Police Department (Goldsboro Police is (919) 735-1311 and Newport Police Department is (252)-223-5410). The Director of Inpatient Services or designee shall also notify staff and patients of bomb threat. The bomb search shall be conducted by the Police Department with the assistance of the Director of Inpatient Services or designee. An evacuation plan shall be maintained at the nursing station. The Police Department and Director of Inpatient Services shall decide if patients are to be evacuated. If a specific location of the bomb is given by the caller, that area shall be searched immediately. If a suspected bomb is found, all patients and staff shall evacuate the Center. The Director of Inpatient Services or designee shall coordinate the evacuation process. The Director of Inpatient Services or designee shall maintain an active patient census and staff schedule to assure everyone is accounted for.
- k. Search Procedure:
 - i. The search procedure will be initiated by the Police Department. When the police arrive, an officer will accompany the Director of Inpatient Services or designee to assist with the search. If what appears to be a bomb is found, DO NOT TOUCH IT. Clear the area and obtain professional assistance. Also, try to isolate the object as much as possible by closing doors.
 - ii. Sensory Search: Before entering any room, conduct a sensory search:
 - (1) Ears - listen
 - (2) Nose - sniff
 - (3) Eyes - look
 - (4) FIRST, conduct a visual check from the floor to knee height, looking for the following abnormalities:
 - Trip, pull wires, or strings

- Anything on the floor which does not belong there
 - Bulges or lumps in the carpet
- (5) SECOND, conduct a visual check from the knee to chest height, looking for the following abnormalities:
- Trip, pull wires, or strings
 - String or other objects around light fixtures
 - Anything else that seems out of the ordinary
- (6) THIRD, conduct a visual check from chest to ceiling height, looking for the following abnormalities:
- Light bulbs which appear dark from the base up
 - String or other objects around light fixtures
 - Anything above or around windows or curtains
- iii. Crooked pictures or frames
- I. Physical Search:
- (1) After completing the sensory search and nothing abnormal is found, enter the room cautiously, a few steps at a time, continuing with the visual checks and conduct a thorough physical search.
 - (2) Check underneath beds, bedside tables, chairs, etc.
 - (3) If possible, look inside the bedside table, over bed table, closet, waste basket, bags, etc. carefully so as to not discharge a potentially explosive device prematurely.
- m. Completion of Search:
- i. When the Director of Inpatient Services or designee, as well as the Senior Clinical Director of Hospice Services, in consultation with the police officer, are satisfied that the search has been completed and that the emergency is over, the patient and staff will re-occupy the Center.

ACTIVE SHOOTER

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area. In most cases, active shooters use firearms and there is no pattern or method to their selection of victims.

Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within 10-15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

The following are good practices for coping with an active shooter:

- Be aware of your environment and any possible dangers.
- Take note of the two nearest exits in any facility/office you visit.

- If you are in an office, stay there and secure the door
- If you are in a hallway, get into a room and secure the door
- As a last resort, attempt to take the active shooter down. When the shooter is at close range and you cannot flee, your chance of survival is much greater if you try to incapacitate him/her.
- CALL 911 WHEN IT IS SAFE TO DO SO

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN OUR VICINITY

1. EVACUATE

- If there is an accessible escape path, attempt to evacuate the premises.
Be sure to:
 - Have an escape route and plan in mind.
 - Evacuate regardless of whether others agree to follow
 - Leave your belongings behind
 - Help other escape, if possible
 - Prevent individuals from entering an area where the active shooter may be located
 - Keep your hands visible
 - Follow the instructions of any police officers
 - Call 911 when you are safe

2. HIDE OUT

- If evacuation is not possible, find a place to hide where the active shooter is less likely to find you

Your hiding place should:

- Be out of the active shooters view
- Provide protection if shots are fired in your direction (i.e. an office a closed or locked door
- Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

If the active shooter is nearby:

- Lock the door
- Silence your cell phone(s) and or pager(s)
- Turn off any source of noise (radios, television, etc.)
- Hide behind large items (i.e. cabinets, desks)

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow dispatcher to listen

3. TAKE ACTION AGAINST THE ACTIVE SHOOTER

- As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:
 - Acting aggressively as possible against him/her
 - Throwing items and improvising weapons
 - Yelling
 - Committing to your actions

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

The purpose of law enforcement is to stop the active shooter as soon as possible.

- Officers will usually arrive in teams of four (4)
- Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment.
- Officers may be armed with rifles, shotguns, handguns.
- Officers may use pepper spray or tear gas to control the situation.
- Officers may shout commands and may push individuals to the ground for their safety.

How to react when law enforcement arrives:

- remain calm
- put down any items in your hands (i.e., bags, jackets)
- immediately raise hands and spread fingers
- keep hands visible at all times
- avoid making quick movements towards officers such as holding on to hem for safety
- avoid pointing, screaming, and/or yelling
- do not stop to ask officers for help or direction when evacuating. Just proceed in the direction from which officers are entering the premises

Information to provide to law enforcement or 911 operator:

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter(s)
- Number of potential victims at the location

The first officers to arrive to the scene will not stop to help injured persons. Expect rescue teams comprised of additional officers and emergency medical personnel to follow the initial officers. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the premises.

Once you have reached a safe location or assembly point, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed you to do so.

Appendix A.

County Contacts for Emergency

CONTACT LIST
COUNTY EMERGENCY OPERATIONS

<u>County</u>	<u>Name</u>	<u>Phone</u>
Carteret	Stephen Rea	252-222-5841
Craven	Ira Whitford	252-670-8880
Cumberland	Randy Beeman	910-321-6736
Duplin	Matt Barwick	910-296-2160
Edgecombe	Angela Johnson	252-641-7816
Franklin	Jeff Lewis	919-496-5005
Granville	Doug Logan	919-603-1310
Greene	Brock Kearney	252-747-2544
Johnston	Kevin Madsen	919-989-5500
Jones	Eric Merritt	252-448-1221
Lenoir	Samuel Kornegay	252-361-1788
Nash	Brian Brantley	252-459-9805
Onslow	Norman Bryson	910-347-4270
Pitt	Allan Everette	252-902-3950
Sampson	Ronald Bass	910-592-8996
Vance	Brian Short	252-438-8264
Wake	Josh Creighton	919-856-6480
Warren	Dennis Paschell	252-257-1191
Wayne	Mel Powers	919-731-1416
Wilson	Rodney Dancy	252-265-5554

Appendix B,

Staff Call List

3HC Staff Contacts for Emergency

Corporate Staff	Home Phone	3HC Office Cell	Personal Cell
Dean Lee		919-440-6613	919-223-3291
Lou Ann Jones	919-658-6488	919-709-1725	919-252-8855
Jennifer Whitley		919-440-6619	919-440-7100
Tony Gupton	919-625-1472	919-922-0943	919-625-1472
Dave Kilmer		919-648-6824	919-648-6824
Crystal Faison			919-912-0210
Wendy Cipriani		919-440-6621	

Office	Name	3HC Office Cell	Home Phone	Personal Cell
Clinton	Jamie Simmons	910-904-3750	910-564-6400	910-385-0614
Crystal Coast	Rhonda Creech	919-709-6590	919-922-4175	
Goldsboro	Lisa Reedy	919-709-1148	919-736-0645	919-440-3563
Greenville	Julie Smith	919-750-3062	919-223-9484	919-738-8167
Henderson	Adam Crouse	252-373-7728		252-218-5471
Kinston	Jennifer Russell	252-565-3008	252-527-6284	252-560-9399
Kitty Askins	Rhonda Creech	919-709-6590	919-922-4175	
Pollocksville	Brandi Wash	252-617-6218		910-298-1121
Private Duty	Kristen Goyette	252-939-0305		252-939-0305
Smithfield/Raleigh	Donna Olive	919-610-0476		
Wilson	Melissa Bridgers	919-919-0674		
East Regional	Becky Miller	919-709-6362	910-298-2123	910-340-0112
West Regional	Linda Jones	919-610-0476		919-669-6773
Sr. Clinical Director of Hospice Services	Gina Blackburn	919-440-6073		910-286-6392
Director of Home Hospice Services	Emily Pearson	910-385-8507		910-214-4090
IT Services		919-648-5507		

