

PROCEDURES TO FOLLOW IN THE CASE OF EMERGENCY/DISASTER

POLICY: In the event of a natural or man-made disaster, all efforts will be made to see that patients continue to receive care, with minimal disruption if possible.

PROCEDURE:

1. **CLASS I-** Patient care is required as scheduled; for example, new insulin-dependent diabetic unable to self inject insulin, IV medications, sterile wound care with moderate to large amounts of drainage.

CLASS II- Patient care could be postponed 24-48 hours without adverse effect on the patient; for example, new insulin-dependent diabetic able to self-inject, cardiovascular and/or respiratory assessments, sterile wound care with minimal amount of drainage.

CLASS III- Patient care could be postponed 72-96 hours without adverse effect on the patient; for example, postoperative patient with closed wound site, anticipating discharge within the next 10-14 days, routine catheter changes.

2. Staff will contact the office as soon as possible by telephone to receive assignments or other instructions from the Director. In the event that the disaster was anticipated, skilled nurses are advised to draw up insulin and store in the refrigerator and attempt to train patient's neighbor or relative if possible to carry out procedures.
 - A. If phone services is not operating and roads are impassable for travel, staff should stay home or other safe place until communications are restored.
 - B. If the Director is unable to reach the office the communications center shall be his/her home.
 - C. In the event of loss of phone service for an extended time, local radio and television stations will be utilized to communicate the emergency plan.
3. Each staff member will contact assigned patients to make arrangements for home visits when it is feasible or as soon as possible.
4. If a home visit is not possible to those patients in class, the staff-member will operations center or local ambulance services to have patient transported to an acute care facility, or if possible a trained personnel may provide emergency care to the patient contact the Director. They will contact with local sheriff's office, emergency according to bylaw.
5. Whenever possible attempts will be made to keep patients abreast of the situation.
6. As soon as operations are normalized, the physician will be notified of any missed visits due to the institution of the emergency plan.
7. Within one week following the implementations of the emergency plan, a staff conference will be held to evaluate the effectiveness of the plan. Results of the evaluation will be presented to the Quality Improvement Committee and the Board of Directors.