Milwaukee County **Department of Health & Human Services**	Date Issued: October 23, 2014	Reviewed By: DHHS Contract Management	Section: **ADMINISTRATION**	Policy No: **DHHS 002**	Pages: **1 of 5** (1 Attachment)
☒ **Aging & Disabilities Services** ☒ **Behavioral Health Services** ☒ **Housing Services** ☒ **Children, Youth & Family Services** ☒ **Director's Office/Management Services**	Effective Date: **October 23, 2014** Revise Date: **December 20, 2021**	Subject: **Emergency Preparedness and Response Plan**			

I. POLICY

It is the policy of Milwaukee County Department of Health & Human Services (DHHS) that Provider serves to be prepared for (and respond to) emergencies such as epidemic, pandemic, or other natural or man-made disaster, public emergency, or any other internal or external hazard that threatens Participant/Service Recipients, staff, and/or visitor life and safety, and in order to comply with federal and state requirements, which includes all reporting requirements in compliance with HIPAA and Equal Employment Opportunity (EEO) standards, Provider shall have a **written Emergency Preparedness and Response Plan** (EMP), to be retained by the Provider and made available to DHHS or Respective Network upon request.

This policy applies to **all** DHHS contractors or service providers having reimbursable or non-reimbursable agreements including agencies/organizations with which DHHS has Purchase of Service contract(s), Fee-for-Service Agreement(s), Professional Service Agreement(s), Procurement or Price Agreement(s) or Memorandum(a) of Understanding.

II. DEFINITIONS

"Provider/Contractor/Agency/Vendor" - entity or individual with whom the Agreement has been executed. Herein and after referred to as contractor/agency.

"Employee" – includes any of the following: Direct Service Providers (DSP's), Indirect Staff, contract staff, subcontractors, Independent Service Providers, Agency owner, President, CEO, Executive Director, Senior Staff, trainees, students, interns and/or volunteers.

"Direct Service Provider" (DSP) – Provider employee, volunteer, paid or unpaid intern, trainee or Independent Service Provider, who provides direct care and/or Covered Services to a Participant/Service Recipient on behalf of a Provider, for which the Provider receives compensation from the Purchaser under the agreement or Purchaser provided the service referral.

"**Indirect Staff**"- is an employee or individual independent contractor who is not a DSP, but is associated with Covered Services as a supervisor, billing staff, case records and/or quality assurance worker, and/or is someone (i.e.: volunteer) who has access to clients, client property, and/or client information of Service Recipients. Agency owner, President, CEO, Executive Director, and/or Senior Staff are considered Indirect Staff if reporting to work at a site where Covered Services are provided or have access to client's information or property.

"Wisconsin Department of Children and Families" (DCF)
"Wisconsin Department of Health Services" (DHS)
"Centers for Disease Control and Prevention" (CDC)
"Centers for Medicare and Medicaid Services" (CMS)

II.   **DEFINITIONS** (cont'd)

"**Essential Services**" – Contracted services identified by the DHHS and/or Contractor that will remain operational during a respective emergency.

"**Non-essential Services**" – Contracted services identified by the DHHS and/or Contractor that will not remain operational during a respective emergency.

III.   **PROCEDURE**

All employees shall be oriented to the EMP **and** trained to perform assigned tasks.

Training must be completed within 90 days of hire and annually thereafter unless otherwise specified by Federal, State or other governing body requirements.

Contractor/agency must have a Testing Plan in compliance with Federal, State, County or other governing body requirements.

Contractor/agency must conduct Testing exercises based on risk assessment to test the EMP at least annually unless otherwise specified facility and/or service type by Federal, State or other governing body requirements.

Must identify the steps Provider has taken or will be taking to prepare for an emergency and address, at a minimum, the following areas and issues (as listed below under Requirements).

IV.   **REQUIREMENTS**

Written EMP, **must include, at a minimum**, the following areas and issues including and not limited to procedure, checklist and other directions included in Exhibits attached to this policy to be reviewed annually and updated as needed:

1. Provider's order of succession (chain of command) and emergency communications plan, including who at the facility/organization will be in authority to make the decision to execute the plan.

2. Develop a continuity of operations business plan; to include a facility-based and community-based risk assessment utilizing an all-hazards approach (e.g., floods, tornadoes, blizzards, fire, electrical blackout, bioterrorism, epidemic, pandemic, or other natural or man-made disasters) that could potentially affect current operations or site directly and indirectly within a particular area or location.

3. Identify Covered Services deemed "essential", and any other Covered Services that will remain operational during an emergency. Providers who offer case management or out-of-home placement or residential care or personal and/or nursing care for individuals with medical, intellectual, emotional or mental health or physical needs; or services to youth in residential care centers; or services to individuals with physical or developmental disabilities are deemed to be Providers of essential services.

4. Identify and communicate procedures for orderly evacuation or other response approved by local emergency management agency such as a fire emergency evacuation plan.

5. Plan a response to serious illness, including epidemic, pandemic, or accidents to comply with all State, Federal and Local orders, including Milwaukee County Administrative Orders and, also compliance with any directions or preparedness plan issued by Milwaukee County, DCF, DHS, CDC and CMS.

6. Prepare for and respond to severe weather including tornado and flooding.

7. Plan a route to dry land when a facility or site is located in a flood plain.

8. For any facility licensed for out of home care, identify the location of an Alternate Care Site for Participants/Service Recipients (Note, this should include a minimum of two alternate facilities, with the second alternate facility being at least 50 miles from the primary facility).

9. Identify a means, other than public transportation, of transporting Participants/Service Recipients to the Alternate Care location (Note, for Alternate Care Sites and transportation, a surge capability assessment and Memorandum of Understanding (MOU) with Alternate Care Site and alternative transportation provider should be included in the development of the emergency plan).

10. Identify the role(s) of staff during an emergency, including critical personnel, key functions and staffing schedules (In the case of Personal Care Workers, staff should be prepared to accompany the Service Recipient to the Alternate Care Site, or local emergency management identified Emergency Shelter); assess the availability of volunteer staff (credentialled volunteer like from Wisconsin Emergency Assistance Volunteer Registry-WEAVR or similar) for such emergencies.

11. Identify how meals will be provided to Participant/Service Recipients at an Alternate Care Site. In addition, a surge capacity assessment should include whether the Provider, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and/or the family of staff.

12. Identify how Providers who offer case management, residential care, or personal care for individuals with substantial intellectual, medical, or physical needs shall assist Service Recipients to individually prepare for an emergency and obtain essential services during an emergency, including developing a Care Plan that includes an emergency plan on an individual level.

13. Ensure that current assessment and treatment plan for each Participant/Service Recipient with specific information about the characteristics and needs of the individuals for whom care is provided is available in an emergency and accompanies the Participant/Service Recipient to the Alternate Care Site. This should include: Participant/Service Recipient identification, diagnosis, acuity level, current drugs/prescriptions, special medical equipment, diet regimens and name and contact of next of Kin/responsible person/POA (Power of Attorney).

14. Identify staff responsible for ensuring availability of prescriptions/medical equipment and Service Recipient information at Alternate Care Site.

15. Communicate and Collaborate with local emergency management agencies to ensure the development of an effective emergency plan (typically the fire chief, or his/her designee); and/or Milwaukee County Office of Emergency Management.

16. Collaborate with Suppliers and Personal Services Providers. Providers shall have agreements or MOUs with companies, other agencies or operators of Alternate Care Sites for provision of supplies and services.

BEHAVIORAL HEALTH SERVICES (BHS) – HOSPITAL only

Contractors must maintain an approved emergency management plan that provides for the uninterrupted continuation of BHS operations in the event of an emergency. The plan must detail how the contractor will continue to provide service during emergency situations including, but not limited to, power outages, severe weather events, pandemic, or other potential hazard emergency situations. Contractors providing service to BHS, its clients and customers, including those who are located (in full or partially) within BHS buildings, will be expected to participate in and integrate with the BHS Emergency Operations Plan if initiated. The contractor is further expected to participate, as appropriate, with emergency preparedness training exercises conducted at BHS.

For References and more Information

Providers can find resources for EMPs including guidelines, Mutual Aid Agreement and templates at the following

website:

- https://www.dhs.wisconsin.gov/preparedness/index.htm
- CMS Emergency Preparedness Rule (Emergency Preparedness Rule | CMS)
- Milwaukee County DHHS Provider Portal - https://county.milwaukee.gov/EN/DHHS/Provider-Portal

If Provider organization serves persons with **special needs receiving in-home care, or care in a supportive apartment**, it should have the Service Recipient, the caregiver or someone upon whom the Service Recipient relies for personal assistance or safety complete a "DISASTER PREPAREDNESS CHECKLIST FOR INDIVIDUALS WITH SPECIAL NEEDS".

Exhibit 1: COVID-19 Pandemic (May 2020)

EXHIBIT 1

Special Response Relating to Coronavirus diseases (COVID):

In view of WHO declaring Coronavirus diseases (COVID) Pandemic, and in view of Federal and state of Wisconsin public Health emergency declaration, following is being added as a clarification to this policy **Sec IV (REQUIREMENTS) subsection 2 and 5 (above)**, to address the COVID 19 Pandemic preparedness plan:

> Contractor is responsible for compliance with all state, federal, and local orders, including Milwaukee County Administrative Orders, and all regulations and laws regarding the COVID-19 pandemic. Further, Contractor will follow all relevant agency guidance, specifically issued by the CDC, including, but not limited to, social distancing, hygiene, sanitation of workspaces, providing proper personal protective equipment to staff, proper staff screening methods and education of staff.

> Contractor should have a written Pandemic Preparedness Plan that complies with all applicable laws, regulations, orders, and agency guidelines regarding COVID-19 and, at a minimum, meets the requirements in the Milwaukee County COVID-19 Administrative Orders.

Check link for latest update to Milwaukee County Administrative Orders:
https://countyconnect.milwaukeecountywi.gov/MCINT/COVID-19

Attachment 1 - DHHS Emergency Preparedness and Response Plan (EMP): Example

Disclaimer:
The information in this document is provided for general informational purposes only and may not reflect the current federal, state, and/or county rules and regulations, and/or requirements for specific industry or service field. No information contained in this document should be construed as legal or medical advice from Milwaukee County, Milwaukee County Department of Health and Human Services (DHHS), Milwaukee County Mental Health Board or the individual author, nor is it intended to be a substitute for legal counsel on any subject matter. No reader of this document should act or refrain from acting based on any information included in, or accessible through, this document without seeking the appropriate legal or other professional advice on the particular facts and circumstances at issue from a lawyer licensed in the recipient's state, country or other appropriate licensing jurisdiction.

Example Plan contains sample wording that may or may not be included in the final plan. Any information that does not apply to the organization can removed. The plan can state what resources and capabilities the organization has and what resources it does not have. In some cases, "none" is an acceptable answer. All wording in this Example is sample wording. Respond as not applicable to sections that do not apply and add any information that will enhance the plan.

Note:
Contracted agency is required to develop its own EMP. This example provides content that may be considered when developing a Plan for your agency. In accordance with Milwaukee County Department of Health & Human Services Policy, Emergency Preparedness and Response Plan, Policy No. DHHS 002, *Written EMP, must include, at a minimum, the following areas and issues including and not limited to procedure, checklist and other directions included in Exhibits attached to this policy to be reviewed annually and updated as needed.*

Section 1: Provider's order of succession (chain of command) and emergency communications plan, including who at the facility/organization will be in authority to make the decision to execute the plan.

Primary designee name and title, per protocol shall coordinate any and all preparedness communications to and from all respective department heads in a timely manner so that contingency plans might be enacted as necessary.

In the absence of the (insert primary designee name), (insert secondary designee name) and (insert tertiary designee name) shall be designated as the backups.

Individuals Responsible for Emergency Operations Plan Activation				
	Name	Title	Phone	Email
Primary Designee				
Secondary Designee				
Tertiary Designee				

1.1 The Designee(s) shall gather emergency/disaster information from reliable sources:

- o Local news bulletins
- o Local siren alerts
- o Emergency broadcasts
- o Organization's Staff
- o Community Stakeholders
- o Smartphone app alerts
- o Federal, State and Local websites or social media sites

The Designee(s) will have authority to make the decision to execute the plan.

1.2 The potential impact of the disaster shall be communicated in order to determine the level of response:

- o **Level 1** – Small scale, contained local, one department or facility impacted.
  - ✓ Notify Executive Director or Designee of agency

Level 1 – Contact Information				
	Name	Title	Phone	Email
Executive Director				
Designee				

- o **Level 2** – Mid scale, local, non-contained emergency. Agency-wide impact.
  - ✓ Agency will coordinate with other entities with whom you have cooperative agreements and listed below (DHHS division/program, community constituent, etc.)

Level 2 – Contact Information			
Name of Entity	Contact Person	Phone	Email

- o **Level 3** – Large scale, non-contained, county-wide impact.
  - ✓ Agency will coordinate with other entities listed below (Disaster Task Force, stakeholders, community constituents, etc.):

Level 3 – Contact Information			
Name of Entity	Contact Person	Phone	Email

1.3. The Department/Program Heads impacted by the emergency/disaster will coordinate response with the Designee to identify the assistance required for basic program operations to continue in the aftermath of the disaster.

1.4. The system for communications between the Designee, Department Heads, employees/service providers and service recipients shall include but is not limited to:

- ✓ Phone (call, text, app alert)
- ✓ Email notification
- ✓ Agency website or social media site

Emergency Contracts			
DHHS Division/Program, On-Call Staff, other Professionals, etc.	Contact Person	Phone	Email

1.5. In the event of an emergency, preventing the use of an Agency site, alternate locations must be determined:

Alternative Site Information			
Name of Site	Contact Person at Site	Address of Site	Phone

1.6. Each Department/Program Head will be responsible for ensuring the preparation of communications for the safety of employees/service providers and clients including:

- ✓ Utilization of phone trees
- ✓ Ensuring communications are culturally and linguistically appropriate
- ✓ Providing information on contingency planning
- ✓ Identifying community resources for disaster information, emergency food, emergency shelter (with aid of 211 or other updated listings)

Section 2: Develop a continuity of operations business plan; to include a facility-based and community-based risk assessment utilizing an all-hazards approach (e.g., floods, tornadoes, blizzards, fire, electrical blackout, bioterrorism, epidemic, pandemic, or other natural or man-made disasters) that could potentially affect current operations or site directly and indirectly within a particular area or location.

➢ A Continuity of Operations Plan (CoOP) prioritizes the essential business functions that the organization must perform even in an emergency and then establishes means to ensure those functions will continue.

➢ An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters.

➢ Key aspects of an all-hazards approach to risk assessment include: (per CMS)
  o Developing plans that are flexible and scalable enough to adapt to a wide variety of disasters
  o Focusing on the continuity of essential services that must remain consistent regardless of the disaster
  o Assessing the risks most likely to affect an individual facility and community

➢ Hazard Vulnerability Analysis are a systematic approach to identifying potential hazards that might affect an organization. Vulnerability is determined by assessing risk associated with each hazard and analyzing assessment findings to create a prioritized comparison of hazard vulnerabilities.

The vulnerability is related to both the impact on organizational and community function and the likely demands the hazard would create.

➢ Assessing risk means both examining the likelihood of particular scenarios, severe weather disasters, as well as pandemics or terrorist attacks, and evaluating the extent to which they will impair a facility's operations and essential services.

Analyze Each Hazard:
Analyze the specific vulnerabilities of the facility and determine the following actions for each identified hazard:
o Actions: Specific actions to be taken for the hazard
o Key Staff: Identified key staff responsible for executing plan
o Responsibilities: Staffing requirements and defined staff responsibilities
o Supplies: Identification and maintenance of sufficient supplies and equipment to sustain operations and deliver care and services for 7-10 days
o Communications: Communication procedures to receive emergency warning/alerts, and for communication with staff, families, individuals receiving care, before, during and after the emergency
o Designate Critical Staff: Designate critical staff, providing for other staff and volunteer coverage, and meeting staff needs, including transportation and sheltering critical staff members' family
To access an example, refer to:
https://www.dhs.wisconsin.gov/regulations/preparedness/hva-tool-ltcf.xlsx

Section 3: Identify Covered Services deemed "essential", and any other Covered Services that will remain operational during an emergency. Providers who offer case management or out-of-home placement or residential care or personal and/or nursing care for individuals with medical, intellectual, emotional or mental health or physical needs; or services to youth in residential care centers; or services to individuals with physical or developmental disabilities are deemed to be Providers of essential services.

➢ Services deemed essential and which will remain operational during an emergency may include, but not limited to the following:
o Case Management/Care Coordination
o Congregant Care
o Crisis Services

The following services are deemed essential: case management or out-of-home placement or residential care or personal and/or nursing care for individuals with medical, intellectual, emotional or mental health or physical needs; or services to youth in residential care centers; or services to individuals with physical or developmental disabilities, agency must determine how they will continue to provide the service(s) during the emergency, determine any modifications needed, and communicate the modifications with the appropriate internal departments, and any Federal, State, County or other governing entities, as applicable.

Section 4: Identify and communicate procedures for orderly evacuation or other responses approved by local emergency management agency, such as a fire emergency evacuation.

Develop Evacuation Plan: Develop an effective plan for evacuation by ensuring provisions for the following are specified:

✓ Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given)
✓ Multiple pre-determined evacuation locations (contract or agreement) with a "like" facility have been established, with suitable space, utilities, security and sanitary facilities for individuals receiving care, staff and others using the location, with at least one facility being 50 miles away. A back-up may be necessary if the first one is unable to accept evacuees.

- ✓ Evacuation routes and alternative routes have been identified, and the proper authorities have been notified Maps are available and specified travel time has been established
- ✓ Adequate food supply and logistical support for transporting food is described.
- ✓ The amounts of water to be transported and logistical support is described.
- ✓ The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse.
- ✓ Procedures for protecting and transporting resident/patient medical records.
- ✓ The list of items to accompany residents/patients is described.
- ✓ Identify how persons receiving care, their families, staff and others will be notified of the evacuation and communication methods that will be used during and after the evacuation
- ✓ Identify staff responsibilities and how individuals will be cared for during evacuation, and the back-up plan if there isn't sufficient staff.
- ✓ Procedures are described to ensure residents/patients dependent on wheelchairs and/or other assistive devices are transported so their equipment will be protected, and their personal needs met during transit (e.g., incontinent supplies for long periods, transfer boards and other assistive devices).
- ✓ A description of how other critical supplies and equipment will be transported is included.
- ✓ Determine a method to account for all individuals during and after the evacuation
- ✓ Procedures are described to ensure staff accompany evacuating residents.
- ✓ Procedures are described if a patient/resident becomes ill or dies in route.
- ✓ Mental health and grief counselors are available at reception points to talk with and counsel evacuees.
- ✓ It is described whether staff family can shelter at the facility and evacuate

Fire Evacuation Plan
- ✓ Do not use elevators. The Fire Department will have complete control of the elevators for use in firefighting by their personnel.
- ✓ All Staff must be familiar with the quickest evacuation route from their area. Acquaint yourself using the evacuation maps located at each elevator on each floor.
- ✓ Be able to identify your planned and alternate escape routes in case of heavy smoke, which may obscure your vision and/or force you to crawl along the ground for clearer air.
- ✓ If you encounter smoke on your evacuation route, crawl close to the ground and stay under the smoke layer to reach cleaner air.
- ✓ When encountering closed doors, first test the door for heat by placing the back of your hand on the door. If the door is hot, there is a good chance there are flames just beyond the door. A natural reaction of the human hand is to grasp as a reflex. By testing with the back of the hand, you avoid unintentionally grasping on to a hot door handle or rail.
- ✓ Persons with disabilities should remain in their suites if need be or if at all possible be assisted to the suite's nearest stairwell. If remaining in the suite, 911 should be called to give their location, where the Fire Department can be contacted.
- ✓ The key to a safe evacuation is to quickly and safely reach the nearest stairwell and proceed down along the right side of the stairwell. Keep the left side clear for emergency personnel.
- ✓ The stairwells are designated to isolate the occupants from the fire through construction of its walls and doors. It is very important to keep the stairwell doors shut to assist in keeping smoke and flames from penetrating this safe zone.
- ✓ Final thoughts: remember to always keep your exits, aisles and doors clear of obstructions. This includes packages, boxes, carts, etc. Make sure you do not allow clutter to hinder your means of escape during an actual emergency. Keep a sharp and vigilant eye on this at all times. This is not only for your safety but is also required under the fire code.

The goal is to have a plan in place for the evacuation of anyone needing assistance to exit the building. If you are unable to evacuate an employee or service recipient, you should seek to help them to a building stairwell. A designated agency staff should be assigned the task of calling 911 to give the precise location of the person needing to be evacuated.

Please be aware of the following considerations if attempting to evacuate a person with disabilities:
   Non-Ambulatory
- ✓ Wheelchairs have many moving parts; some are not designed to withstand stress or lifting.

- In a life-threatening emergency, it may be necessary to remove an individual from their chair. Lifting a person with minimal ability to move may be dangerous. If necessary, two or three individuals may be needed to carry non-ambulatory persons from the building.
- Wheelchairs should not be used to descend stairwells, if at all possible.
- Work in advance to determine the needs of non-ambulatory persons. Always consult with the person in the wheelchair regarding how best to assist them.

Visually Impaired
- Describe the nature of the emergency and offer to act as a "sighted guide" – offer your elbow and escort them to a safe place.
- As you walk, describe where you are and advise of any obstacles.
- When you have reached safety, orient the person as to where you are and ask if further assistance is needed.

Hearing Impaired
- Write a note describing the emergency and the nearest evacuation route ("Fire – Evacuating – Follow me – NOW")
- Turn the light switch off and on to gain attention if needed, then indicate through gestures or written note what is happening and what to do.

All Clear

During an emergency evacuation, do not attempt to gain entrance back into the building for any reason. Once the Fire/Floor Wardens have conducted their designated personnel count, they should immediately call 911 and report, to the best of their ability, the approximate last known location of anyone they may suspect may still be in the building.

Building management will indicate the "All Clear" signal to re-enter the building using the following procedures:
- Utilizing our work vehicles and other building personnel vehicles, we will patrol the Designated Meeting Places, clearly waiving large orange flags to indicate you are clear to return to the building.
- It will be up to the individual tenants to determine if they wish to wait for the "All Clear", or send their employees home.
- During a planned evacuation drill, we would anticipate a thirty-minute window to allow for you to evacuate and account for your personnel before we give you the signal to return.
- Please remember, even if it's a drill, it is very important for you to practice locating in your primary and secondary designated areas. We do not want to see people congregating just outside the entrances as this would defeat the purpose of a practiced drill. In the event of an emergency, we must stay clear of the building for our own safety as well as providing unhindered access to the emergency response teams.

Section 5: Plan a response to serious illness, including epidemic, pandemic, or accidents to comply with all State, Federal and Local orders, including Milwaukee County Administrative Orders and, also compliance with any directions or preparedness plan issued by Milwaukee County, DCF, DHS, CDC and CMS;

SERIOUS ILLNESS PLAN
Purpose:

Pandemic preparedness will reduce morbidity, mortality, social disruption and economic loss. The intent of developing a preparedness plan in anticipation of the next pandemic is to:
- Stop, slow or limit the spread of a pandemic.
- Alleviate disease, suffering and death;
- Lessen the impact to the community through assuring essential health and social service functions performed by Agency; and
- Assure coordination within County Government and in partnership with City, State and Federal authorities

Policy:

In the event of epidemic (i.e.: the annual flu season) or pandemic, a team will be formed to oversee the implementation of established protocols identified by the Agency and Executive Management.

Responses will be stratified as dictated below with modifications based upon the infectious agent, and further information from Public Health, such as WI Department of Health Services (DHS), and Centers for Disease Control and Prevention (CDC). This response plan is to be reviewed on an annual basis with changes implemented following Public Health guidelines.

Check link for latest update to Milwaukee County Administrative Orders:
   https://countyconnect.milwaukeecountywi.gov/MCINT/COVID-19

EXAMPLE ~ No Influenza		
Triggers	**Practices**	**Actions**
Description: Communicable disease is at or below baseline. **Example**: "No Influenza" – Influenza levels in the community are at or below baseline as per the Wisconsin Weekly Respiratory Virus Surveillance Report from DHS. (https://www.dhs.wisconsin.gov/library/p-02346-2021-22.htm) **Measures** (Data Source)**:** No increase in cases noted within the facility, no communication from Public Health regarding concern for communicable disease in the community. Example: (Influenza) – See the Wisconsin Weekly Respiratory Virus Surveillance Report from DHS (https://www.dhs.wisconsin.gov/library/p-02346-2021-22.htm)	• Respiratory etiquette as standard practice • Standard signage at entrances regarding visitors with cold or flu symptoms • Tissues, masks and hand sanitizer available at entrances at respiratory hygiene stations. • Hand sanitizer available at entrances to patient units. • Respiratory hygiene signs visible at entrances to patient units. • Continue standard practice of using Personal Protective Equipment (PPE) • Transmission-based precautions as appropriate • Promote flu vaccination for staff and for hospital inpatients. • Continue standard communications with staff, patients and visitors.	• Infection Prevention is responsible for coordinating and tracking vaccinations for employed staff during the flu season • Human Resources is responsible for coordinating and tracking vaccinations for newly hired staff. • Contracts Management partners with Infection Prevention to track flu vaccination for contracted staff. • Infection Prevention performs surveillance for viral respiratory lab results and symptoms of flu as documented by nursing staff. • Standard messaging to include handwashing, and cough/sneeze etiquette.

Initiation Interval - Level 1a Influenza Active in the Community/Not Impacted		
Triggers:	Practices:	Actions:
Description: Public Health identifies elevated cases within the community concerning for outbreak, or elevated cases concerning for cluster (e.g., 2-3 cases in a unit) noted within patient units upon surveillance. Example: Flu in the community/markets – Influenza levels are noted at Moderate **Measures:** (Data source): Wisconsin Department of Health Services Weekly Respiratory Virus Surveillance Reports: https://www.dhs.wisconsin.gov/influenza/data.htm Weekly Flu Report (P Hunter- City of Milwaukee H Dept.) Increased use of antimicrobials, including antivirals, as noted by Pharmacy or Medical. Verbal reports from Medical or Nursing Documentation for the Infection Control Report Positive Influenza, or other significant lab test results found during surveillance	Continue all practices identified in previous Section	Continue all actions identified in previous section. • Chief Medical Officer and the Infection Prevention Committee informed of Public Health declaration. • An Investigation Team is activated as appropriate for the facility and the identified infectious agent. If the threat is internal, the team follows the "Communicable Disease and Outbreak Investigation" Policy. This will include use of the Communicable Disease Toolkit for documentation of the investigation. • The Investigation Team formulates and initiates an education and communication plan including, but not limited to, education regarding symptoms and screening tests distributed to patient care staff. • Infection Prevention increases surveillance measures. • Infection Prevention partners with Nursing and House Supervisors to identify symptoms in staff. Restrictions from work or measures such as masks may be implemented. • Supplies such as PPE and relevant vaccines/medications are monitored closely by Central Supply and Pharmacy. • Involve Public Health as needed for internal outbreaks. • Messaging to staff, patients and visitors to continue and include reassurances regarding actions being taken to prevent spread and maintain safety.

Acceleration Interval - Level 2 Community Nearing Capacity		
Triggers:	Practices:	Actions:
Description: Public Health identifies moderate cases within the community concerning for outbreak that impact services (school closings, social distancing, hospitals in area reporting diversion or limited bed availability or impacted staffing levels), or elevated cases concerning for outbreak (e.g., 3+ cases in a unit) noted within patient units upon surveillance.	Continue all practices identified in previous Sections • Additional signage is considered. • Symptom/screening practices may be implemented in PSC. • May implement separate waiting areas for individuals with symptoms • Consider visitor restrictions	Continue all actions identified in previous sections • Update education and communication plan • Team to assess status of capacity overall by continuing to monitor trigger measures • Administration to approve visitor restrictions based on the Investigation Team recommendations and/or State recommendations.

Measures:		

| Measures:
- Public Health Data
- Report from other hospitals
- Media reports
- Laboratory Test results
- MC BHD Staffing impact | - Closely monitor supplies including PPE, screening supplies and medications
- If internal outbreak concern is present, consider cohorting of involved individuals and care teams. May need to consider patient placement to limit interaction of individuals with affected unit(s). May need to restrict admissions to certain units. May need to consider outbreak status in discharge planning.
- May need to consider alternative to discharge for those who are not infected but have infected family at residence.
- Work with information officer on additional communications and messaging of pertinent information for staff and the public | - Implement Incident Command as needed including Investigation Team.
- Evaluate if patients need to be transferred to an appropriate medical facility for care.
- Discharge clients that can function at a minimum level and prioritize referrals for those most in need
- Screen all patients for symptoms and designate a specific unit for those exhibiting symptoms
- Consider starting retraining for any expected staff shortage.
- Consider activation of BHD CoOP
- Messaging to staff, patient, and the public to include information on actions being taken and any changes to how services will be provided and how to access them.
- Assure group homes/stabilization houses/etc. have pandemic plans in place
- Restrict/alter mobile team services and home visits to minimize staff and community exposure. |

Peak Interval - Level 3
Agency Severely Impacted

Triggers:	Practices:	Actions:
Description: Ongoing indication of outbreak within Agency or outbreak in the community severely impacting Agency (e.g., sick patients, lack of staff due to illness) Resources severely depleted and staff working overtime. **Measures:** - Supply and medication levels (depleted or unavailable) - Laboratory Test results - Staffing impact Example: Respiratory Viral Report demonstrating high levels of influenza activity within the community	Continue all Practices identified in previous Sections - Visitor restrictions implemented. - Units or even facility may need to be closed off from new admissions. Waivers related to EMTALA or HIPAA may be required. - Use of volunteers and students, with hands-on patient care, in the hospitals and clinics should be restricted.	Update education and communication plan - Implement Incident Command including Investigation Team. - Administration to discuss the use of overtime and adding personnel to daily operations or diverting staff as needed. Evaluate the need for excluding staff from areas or from the facility (e.g., restrict volunteers and students). - Consider use of telework, telehealth to minimize exposure. - Consider diversion for new admissions. - Administration to confer with legal counsel for issues related to EMTALA or HIPAA. - Public Health to be involved for required reporting and consultation. - Evaluate if patients need to be transferred to an appropriate medical facility for care. - Consider redeployment of staff to areas of need or shortage.

DECELERATION/RESOLUTION INTERVAL - Level 1b

Triggers:	Practices:	Actions:
Description: Communicable disease is still impacting the community, but level in facility is manageable or not impactful. **Measures:** - Public Health Data - Laboratory Data - Use of antimicrobials/antivirals - Staffing levels (not impacted)	- Team will communicate with Administration following Incident Command as appropriate. - Decelerate response plan to the appropriate level. - Activate Business Recovery Plans as needed. Work with Information officer regarding communications related to return to normal operations timeline	- Update education and communication plan to include return to normal daily activities. - Investigation Team to continue monitoring activities of patient care, employee health and State of Wisconsin Public Health information to ensure a safe return to normal operations. - Continue to assess supply inventories to ensure safe patient care. - Continue to assess staffing needs are met for normal operations. - Infection Prevention is responsible to remove posters and other signage. - Conduct and complete an after-action report with the Investigation Team (and Incident Command) to assess activities and lessons learned. - A Plan of Improvement will be implemented to address any gaps in practice identified. - Messaging to include information on which services are being returned to normal and any time-lines.

Section 6: Prepare for and respond to severe weather including tornado and flooding.

To instruct staff on the general procedures to follow in the event of a tornado or severe weather warning/watch. To take appropriate precautions and actions for the safety and security of the Agency clientèle and personnel in the event of a tornado or severe weather situation.

Tornado:
- When a warning is issued by sirens or other means, seek inside shelter. Consider the following:
  - Small interior rooms on the lowest floor and without windows,
  - Hallways on the lowest floor away from doors and windows, and
  - Rooms constructed with reinforced concrete, brick, or block with no windows.
- Stay away from outside walls and windows.
- Use arms to protect head and neck.
- Remain sheltered until the tornado threat is announced to be over.

Earthquake:
- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Keep away from overhead fixtures, windows, filing cabinets, and electrical power.
- Assist people with disabilities in finding a safe place.
- Evacuate as instructed by the Emergency Coordinator and/or the designated official.

Flood: [Dangers of flooding and tips for how you can protect yourself | Environmental Health Toolkits | NCEH (cdc.gov)](cdc.gov)
If indoors:
- Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
- Follow the recommended primary or secondary evacuation routes.

If outdoors:
- Climb to high ground and stay there.
- Avoid walking or driving through flood water.
- If car stalls, abandon it immediately and climb to a higher ground.

Hurricane:
- The nature of a hurricane provides for more warning than other natural and weather disasters. A hurricane watch issued when a hurricane becomes a threat to a coastal area. A hurricane warning is issued when hurricane winds of 74 mph or higher, or a combination of dangerously high water and rough seas, are expected in the area within 24 hours.

Once a hurricane watch has been issued:
- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Moor any boats securely or move to a safe place if time allows.
- Continue to monitor local TV and radio stations for instructions.
- Move early out of low-lying areas or from the coast, at the request of officials.
- If you are on high ground, away from the coast and plan to stay, secure the building, moving all loose items indoors and boarding up windows and openings.
- Collect drinking water in appropriate containers.

Once a hurricane warning has been issued:
- Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
- Leave areas that might be affected by storm tide or stream flooding.

During a hurricane:
- Remain indoors and consider the following:
  - Small interior rooms on the lowest floor and without windows,
  - Hallways on the lowest floor away from doors and windows, and
  - Rooms constructed with reinforced concrete, brick, or block with no windows.

Blizzard:
If indoors:
- Stay calm and await instructions from the Emergency Coordinator or the designated official.

- Stay indoors!
- If there is no heat:
  - Close off unneeded rooms or areas.
  - Stuff towels or rags in cracks under doors.
  - Cover windows at night.
- Eat and drink. Food provides the body with energy and heat. Fluids prevent dehydration.
- Wear layers of loose-fitting, light-weight, warm clothing, if available.

If outdoors:
- Find a dry shelter. Cover all exposed parts of the body.
- If shelter is not available:
  - Prepare a lean-to, wind break, or snow cave for protection from the wind.
  - Build a fire for heat and to attract attention. Place rocks around the fire to absorb and reflect heat.
  - Do not eat snow. It will lower your body temperature. Melt it first.

If stranded in a car or truck:
- Stay in the vehicle!
- Run the motor about ten minutes each hour. Open the windows a little for fresh air to avoid carbon monoxide poisoning. Make sure the exhaust pipe is not blocked.
- Make yourself visible to rescuers.
  - Turn on the dome light at night when running the engine.
  - Tie a colored cloth to your antenna or door.
  - Raise the hood after the snow stops falling.
- Exercise to keep blood circulating and to keep warm.

CRITICAL OPERATIONS

During some emergency situations, it will be necessary for some specially assigned personnel to remain at in certain locations and/or work areas to perform critical operations as outlined below:

Location	Work Area	Name	Job Title	Description of Assignment/Role

- Personnel involved in critical operations may remain on the site upon the permission of the site designated official or Emergency Coordinator.
- In case of an emergency situation that will not permit any of the personnel to remain at the facility, the designated official or other assigned personnel shall notify the appropriate offices to initiate backups.

The following offices should be contacted:

Name/Location:		Phone Number:	
Name/Location:		Phone Number:	
Name/Location:		Phone Number:	

Section 7: Plan a route to dry land when a facility/site is located in a flood plain.

Is your facility in a flood plain per City/County: ☐Yes ☐ No
- Please check your facility location at [floodplain.pdf (milwaukee.gov)](floodplain.pdf)
- Additional information can be found - https://dnr.wisconsin.gov/topic/FloodPlains/history.html

Purpose:
To instruct staff on the general procedures to follow in the event they Agency is located in a flood plain. To take appropriate precautions and actions for the safety and security of the Agency clientele and personnel if located in a flood plain to include route to dry land.

Definitions:
Flood Zone: Flood Zone A is a high-risk flood zone that has a one percent chance of flooding each year. Over the course of a 30-year mortgage, the likelihood of a flood is 26 percent. There are no detailed analyses of areas in Flood Zone A, so there are no depths or base flood elevations in this zone.
Flooding: Flooding is an overflowing of water onto land that is normally dry. Floods can happen during heavy rains, when ocean waves come on shore, when snow melts quickly, or when dams or levees break. Flash floods occur when heavy rainfall exceeds the ability of the ground to absorb it.

NOTE: Route to dry land should be accessed to ensure there are no potential power lines, gas lines, etc. that would increase risk of injuries during evacuation.

Communications:
Have a designated Agency personnel responsible for listening to local radio, designated emergency radio, or television stations for updates.

Flood:
If indoors:
- Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
- Follow the recommended primary or secondary evacuation routes.
- Be alert for signs of flash flooding and be prepared to evacuate immediately.
- Tune radios to a county emergency alert radio station.
If outdoors:
- Climb to high ground and stay there.
- Avoid walking or driving through flood water.
- If car stalls, abandon it immediately and climb to a higher ground.

Section 8: For any facility licensed for out of home care, identify the location of an Alternate Care Site for Participants/Service Recipients (Note, this should include a minimum of two alternate facilities, with the second alternate facility being at least 50 miles from the primary facility.

In the event of an emergency preventing the use of the main program site, alternate locations include:

Name of Location 1234 Transportation Road Milwaukee, WI 532xx	Name of Location 1234 Emergency St. Lake Mills, WI 535xx	Name of Location 12304 Alternate Site Dr. Milwaukee, WI 532xx

Note: For Alternate Care Sites, a surge capability assessment and Memorandum of Understanding (MOU) with Alternate Care Site provider should be included in the development of the emergency plan.

In the case of Personal Care Workers, staff should be prepared to accompany the Service Recipient to the Alternate Care Site.

Section 9: Identify a means, other than public transportation, of transporting Participants/Service Recipients to the Alternate Care location (Note, for Alternate Care Sites and transportation, a surge capability assessment and Memorandum of Understanding (MOU) with Alternate Care Site and alternative transportation provider should be included in the development of the emergency plan).

All staff are responsible for assisting and accompanying clients to the evacuation site using any means of transportation available including but not limited to personal vehicle, or private transportation company.

Transportation Company Information			
Company Name:		MOU Effective Date:	
Phone Number:		Fax Number:	
Cell Number:		Email Address:	
Vehicles:		# of Vehicles:	

Transportation Company Information			
Company Name:		MOU Effective Date:	
Phone Number:		Fax Number:	
Cell Number:		Email Address:	
Vehicles:		# of Vehicles:	

Transportation Company Information			
Company Name:		MOU Effective Date:	
Phone Number:		Fax Number:	
Cell Number:		Email Address:	
Vehicles:		# of Vehicles:	

Section 10: Identify the role(s) of staff during an emergency, including critical personnel, key functions and staffing schedules (In the case of Personal Care Workers, staff should be prepared to accompany the Service Recipient to the Alternate Care Site, or local emergency management identified Emergency Shelter); assess the availability of volunteer staff (credentialled volunteer like from Wisconsin Emergency Assistance Volunteer Registry-WEAVR or similar) for such emergencies.

Staff Name	Staff Job Title	Staff Contact Info	Description of Assignment, Key Functions, schedule, etc.

Section 11: Identify how meals will be provided to Participant/Service Recipients at an Alternate Care Site. In addition, a surge capacity assessment should include whether the Provider, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and/or the family of staff.

RespToolKit_19_Tool 11_DistributionofEmergencyFoodDuring anInfluenzaPandemic.pdf (paho.org)

MEAL REPLACEMENT PLAN DURING EMERGENCY

Purpose: To instruct staff on the process to ensure that participants/service recipients continue to receive nutritious meals at an alternate site in the event of an emergency that requires evacuation to an alternate site.

Policy: In the event of the need to evacuate participants/service recipients to an alternate site a team and/or designated staff member will ensure there is access to the dietary requirements of all participants/service recipients and to implement and establish a plan to continue to provide nutritious meals and clearly identify established protocols for doing so.

This response plan is to be reviewed on an annual basis with changes implemented following Public Health guidelines.

Process:

    A: ASSESSING THE POTENTIAL NEED FOR FOOD

    To determine how you will acquire and safely distribute emergency food during an evacuation, you must first assess the potential need for food in your agency and the current ability you have to respond to the need to provide food at an alternate location. To do this, the leadership team should focus on two critical aspects of emergency planning:

    Things to Consider:
- Where does agency food come from and how reliable are these sources?
- How does the food arrive, and will these routes be impacted during an evacuation?
- How will your Agency identify and address special dietary needs during an evacuation?
- What financial and human resources does your agency need to ensure nutritious meals will be provided during an evacuation?
    - i. **Level of Risk:** How likely is it that your Agency will experience the need to provide food during an evacuation?
    - ii. **Capacity to Respond:** How able is the Agency to respond rapidly and effectively when the need arrives?

    B: SECURING NUTRITIOUS FOOD STOCKS FOR EMERGENCY DISTRIBUTION DURING EVACTUATION

    Things to Consider:
- How many participants/service recipients will your agency need to provide food for during an evacuation?
- Does your agency have food for an emergency situation and how much?
- Where can your Agency obtain food from during an evacuation?

Section 12: Identify how Providers who offer case management, residential care, or personal care for individuals with substantial intellectual, medical, or physical needs shall assist Service Recipients to individually prepare for an emergency and obtain essential services during an emergency, including developing a Care Plan that includes an emergency plan on an individual level.

Preparedness Plan including care plan for individuals with substantial intellectual, medical, or physical needs, and must include an emergency plan on an individual level (example below):
- Medication
- Special dietary needs
- Transportation for non-ambulatory consumers
- Housing accommodations for non-ambulatory consumers
- Individual Care Assistant

Any necessary services that are deemed essential and currently provided to an individual, must continue to be provided in an emergency situation for individuals with medical, intellectual, emotional or mental health needs; or services to youth in residential care centers; or services to individuals with physical or developmental disabilities, agency must determine how they will continue to provide the service(s) during the emergency, determine any modifications needed, and communicate the modifications with the appropriate internal departments, and any Federal, State, County or other governing entities, as applicable.

Section 13: Ensure that current assessment and treatment plan for each Participant/Service Recipient with specific information about the characteristics and needs of the individuals for whom care is provided is available in an emergency and accompanies the Participant/Service Recipient to the Alternate Care Site. This should include: Participant/Service Recipient identification, diagnosis, acuity level, current drugs/prescriptions, special medical equipment, diet regimens and name and contact of next of Kin/responsible person/POA (Power of Attorney).

Agency must ensure that the current assessment and treatment plan for each Participant/Service Recipient with specific information about the characteristics and needs of the individuals for whom care is provided is available in an emergency and accompanies the Participant/Service Recipient to the Alternate Care Site. At a minimum, this should include the following:

- Participant/Service Recipient identification
- Diagnosis, acuity level
- Current drugs/prescriptions
- Special medical equipment
- Diet regimens
- Name and contact of next of Kin/responsible person/POA (Power of Attorney)

Section 14: Identify staff responsible for ensuring availability of prescriptions/medical equipment and Service Recipient information at Alternate Care Site:

Essential Services Roles and Responsibilities: This grid is an example of a tool to track roles and responsibilities for essential services during emergency events. Services identified should be essential during emergencies. Roles and responsibilities for identified services should be clearly stated, and individuals providing these services should be aware of their responsibilities. A primary and secondary point of contact should be established for each service, so that in the case of an emergency, the service can be activated and coordinated appropriately.

Roles and Responsibilities			
Essential Services	Roles and Responsibilities	Point of Contact	Secondary Point of Contact
Administration			
Dietary			
Housekeeping			
Maintenance			
Nursing			
Pharmacy			
Safety and Security			
Additional services (if needed)			

Section 15: Communicate and Collaborate with local emergency management agencies to ensure the development of an effective emergency plan (typically the fire chief, or his/her designee); and/or Milwaukee County Office of Emergency Management.

The Director of Operations shares the agency Emergency Management Plan annually with the local Fire Chief and MC Office of Emergency Management for review and to maintain a collaborative affiliation.

Section 16: Collaborate with Suppliers and Personal Services Providers. Providers shall have agreements or MOUs with companies, other agencies or operators of Alternate Care Sites for provision of supplies and services.

Suppliers/Personal Services Providers Information			
Company Name:		MOU Effective Date:	
Phone Number:		Fax Number:	
Emergency Number:		Email Address	
Address:			

Suppliers/Personal Services Providers Information			
Company Name:		MOU Effective Date:	
Phone Number:		Fax Number:	
Emergency Number:		Email Address	
Address:			

Suppliers/Personal Services Providers Information			
Company Name:		MOU Effective Date:	
Phone Number:		Fax Number:	
Emergency Number:		Email Address	
Address:			

Suppliers/Personal Services Providers Information			
Company Name:		MOU Effective Date:	
Phone Number:		Fax Number:	
Emergency Number:		Email Address	
Address:			