

HCAB
Home Care Agency Blueprint
Building Successful Home Care Businesses

Emergency Preparedness Plan

Crisis Management for Home Care Agencies

Complete Plan
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Agency Leadership Contacts

Role	Name	Office Phone	Cell Phone
Agency Owner/Administrator			
Director of Nursing			
Operations Manager			
On-Call Supervisor			

External Partners and Utilities

Organization	Contact Name	Phone	Account #
Electric Company			
Gas Company			
Water Company			
Insurance Company			
State Licensing Agency			
Local Health Department			

Backup Resources

Resource	Company/Provider	Contact	Phone
Staffing Agency			
Medical Equipment Supplier			

Transportation Provider

SECTION 3

Support

Communication Plan

Notification Priority and Sequence

Timing	Who to Contact	Action
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IMMEDIATE	Emergency Services (911)	Call for life-threatening emergencies, fire, active threat
0-5 Min	Agency Administrator	Notify leadership after contacting 911
5-15 Min	Clinical Supervisor	Inform for medical emergencies requiring clinical judgment
15-30 Min	Client Emergency Contacts	Notify family/designated contacts from care plan
30-60 Min	Affected Staff	Notify caregivers affected by service disruption
1-4 Hours	Regulatory Agencies	Report to state licensing, Medicare as required

Communication Methods

Method	Primary Use	Backup
Phone Call (Cell)	Urgent communications	Text, email
Text Message	Quick status updates, mass notifications	Phone, email
Email	Detailed information, documentation	Phone, fax
Mass Notification System	Agency-wide alerts	Phone tree

Phone Tree Protocol

1. Administrator calls Director of Nursing AND Operations Manager
2. Director of Nursing calls all Clinical Supervisors (who each call their caregivers)
3. Operations Manager calls Administrative Staff AND Scheduling Coordinator
4. Each person confirms receipt and passes message within 15 minutes

Communication Templates

Staff Notification

URGENT - EMERGENCY

Date/Time: _____

Type: _____

Affected Areas: _____

Required Action: _____

Client/Family Notification

Important Notice

Dear _____,

Regarding: _____

Status: _____

Contact: _____

Natural Disasters

Fire Emergency

REMEMBER: R.A.C.E.

Rescue - Remove anyone in immediate danger | Alarm - Activate alarm and call 911 | Confine - Close doors | Extinguish/Evacuate

Caregiver Actions During Fire at Client Home

1. Alert client and assist with immediate evacuation if safe
2. Call 911 from outside the home
3. Do NOT use elevators - stairs only
4. Meet at safe location away from building
5. Call agency supervisor immediately
6. Do NOT re-enter the building

Flood Emergency

Before Flooding

- Monitor weather alerts and evacuation orders
- Identify clients in flood-prone areas
- Ensure emergency supplies are accessible
- Coordinate early evacuation for mobility-impaired

During Flooding

- Do NOT drive through flooded roads
- Move clients to higher ground
- Disconnect electrical equipment
- Avoid contact with flood water

Earthquake Emergency

During Shaking: DROP, COVER, HOLD ON

DROP to hands and knees | **COVER** head and neck, get under sturdy furniture | **HOLD ON** until shaking stops

After Earthquake

- Check client for injuries - provide first aid as needed
- Check for hazards: gas leaks, structural damage, broken glass
- Do NOT use elevators; be prepared for aftershocks
- Contact agency to report status

Hurricane/Severe Storm Emergency

Pre-Storm Preparation (48-72 Hours Before)

- Review list of clients in evacuation zones
- Contact all clients to confirm evacuation plans
- Ensure clients have 7-day supply of medications
- Coordinate with medical equipment companies
- Charge all devices; fill vehicle gas tanks

During and After Storm

- Shelter in place - stay away from windows
- Monitor emergency broadcasts; wait for official all-clear
- Account for all clients and staff after storm
- Document all damage with photos

Medical Emergencies

General Medical Emergency Response

- 1 **Assess the Situation** - Check responsiveness, breathing, obvious injuries. Ensure scene is safe.
- 2 **Call for Help** - Call 911 for life-threatening emergencies. Provide address and condition.
- 3 **Provide First Aid** - Administer appropriate first aid within your training.
- 4 **Notify Agency** - Call supervisor immediately after emergency services contacted.
- 5 **Document Everything** - Record times, observations, actions, and EMS information.

Cardiac Emergency / Chest Pain

Signs of Heart Attack

Chest pain/pressure, pain radiating to arm/jaw/back, shortness of breath, sweating, nausea

- Call 911 immediately; have client sit or lie comfortably
- Loosen tight clothing; assist with nitroglycerin or aspirin if prescribed
- Be prepared to perform CPR if client becomes unresponsive

Stroke Recognition (F.A.S.T.)

F.A.S.T. Stroke Recognition

Face - Ask person to smile. Does one side droop?

Arms - Ask person to raise both arms. Does one drift down?

Speech - Ask person to repeat a phrase. Is speech slurred?

Time - If any symptoms, call 911 immediately. Note time symptoms started.

Falls

- Do NOT move client unless in immediate danger
- Assess for injuries - check head, spine, hips, extremities
- Call 911 if: loss of consciousness, suspected fracture, head injury
- Document circumstances and report to supervisor immediately

Choking

If coughing forcefully, encourage continued coughing. If unable to cough, speak, or breathe:

- Call 911; perform abdominal thrusts (Heimlich) if trained
- Continue until object expelled or client becomes unconscious
- If unconscious, begin CPR and check mouth for visible objects

Severe Allergic Reaction (Anaphylaxis)

Anaphylaxis is Life-Threatening

Signs: Difficulty breathing, swelling of face/throat, hives, rapid pulse, dizziness

- Call 911 immediately; help client use EpiPen if available
- Have client lie down with legs elevated (unless breathing difficulty)
- Monitor breathing and be prepared for CPR

Power Outages

Immediate Response

- 1 **Assess Client Safety** - Check on clients with electrical medical equipment (oxygen concentrators, ventilators). Highest priority.
- 2 **Activate Backup Power** - Switch critical equipment to battery backup or generator.
- 3 **Report Outage** - Report to utility company. Get estimated restoration time. Notify supervisor.

Clients with Medical Equipment

Priority 1: Life-Sustaining Equipment

Clients using ventilators, oxygen concentrators, feeding pumps, or dialysis equipment require immediate attention and may need emergency relocation.

Equipment	Battery	Action Required
Ventilator	Varies	Switch to backup; prepare for transport if extended
Oxygen Concentrator	Usually none	Switch to portable tanks; contact supplier
Electric Bed	None	Manually adjust; ensure client safety
Suction Machine	1-2 hours	Use manual backup; conserve battery
Feeding Pump	8+ hours	Monitor battery; prepare for manual feeding

Extended Outage (Over 4 Hours)

- Contact clients dependent on refrigerated medications
- Assess food safety - discard perishables if above 40F for 2+ hours
- Arrange relocation for clients requiring climate control
- Coordinate with equipment suppliers for additional supplies

Temperature Considerations

Condition	Action
Summer/Hot	Open windows; use battery fans; extra fluids; monitor for heat illness; relocate if unsafe
Winter/Cold	Extra blankets; close unused rooms; never use stove for heat; monitor for hypothermia

Generator Safety - DANGER: Carbon Monoxide

NEVER operate a generator indoors, in a garage, or near windows/doors. Generators must be at least 20 feet from any building.

Missing Client Protocol

Time is Critical

Clients with dementia or medical conditions can quickly become disoriented or experience emergencies. Begin search immediately.

Immediate Actions (First 15 Minutes)

- 1 **Confirm Missing** - Search entire home: closets, bathrooms, basement, attic, garage, yard.
- 2 **Call Supervisor** - Provide description, last location, time last seen, medical conditions.
- 3 **Search Area** - Check neighbors, nearby streets, locations client frequents.
- 4 **Call 911** - If not found within 15 min, or immediately if dementia/serious condition. Request Silver Alert.
- 5 **Notify Family** - Call emergency contacts from care plan.

Information to Provide to Police

Missing Client Report

Client Name:	_____
DOB:	_____ Age: _____
Physical Description:	_____
Clothing Worn:	_____
Medical Conditions:	_____
Cognitive Status:	_____
Last Seen:	_____
Likely Destinations:	_____

Prevention Measures for At-Risk Clients

- Complete wandering risk assessment during intake
- Install door alarms or monitoring systems
- Ensure client wears identification (bracelet, ID card)
- Register with Alzheimer's Association Safe Return program
- Keep current photo on file; document routine and favorite places

Active Threat/Violence

Your Safety is the Priority

In an active threat situation, trust your survival instincts. Every situation is different.

RUN - HIDE - FIGHT

RUN (Evacuate if Possible)

- Have an escape route in mind at all times
- Leave belongings behind; help others escape if possible
- Prevent others from entering danger area
- Call 911 when safe

HIDE (If Escape Not Possible)

- Find a place out of threat's view
- Lock and barricade doors
- Turn off lights; silence phones (including vibration)
- Hide behind large objects; remain quiet

FIGHT (Last Resort Only)

- Only when life is in imminent danger
- Act with physical aggression - commit to your actions
- Improvise weapons (fire extinguisher, chairs)

When Law Enforcement Arrives

- Remain calm; follow all instructions
- Put down anything in hands; raise hands, spread fingers
- Keep hands visible; avoid quick movements

If Threatened by Client or Family Member

1. Trust your instincts - if something feels wrong, act
2. Create distance from the threat
3. Leave the home if necessary - your safety comes first
4. Call 911 if in immediate danger
5. Report all incidents to supervisor immediately

You Have the Right to Leave

If you ever feel unsafe in a client's home, you have the right and obligation to leave immediately. The agency will support your decision.

Pandemic Response

Pandemic Preparedness

- Maintain 60-day supply of PPE (masks, gloves, gowns, face shields)
- Establish relationships with backup suppliers
- Cross-train staff for essential functions
- Develop remote work capabilities for administrative functions
- Create client prioritization system for reduced staffing

Infection Control Measures

Standard Precautions - ALWAYS

Hand hygiene before and after every client contact

Use appropriate PPE for task and exposure risk

Follow respiratory hygiene and cough etiquette

Clean and disinfect equipment between clients

Enhanced Precautions During Pandemic

Measure	Standard	Pandemic Enhanced
Hand Hygiene	Before/after contact	Every 30 min; sanitizer always available
Masks	As needed	Universal masking for all interactions
Screening	Per schedule	Daily symptom screening for staff and clients
Distancing	Normal	6+ feet when possible

Staff Illness Protocols

If Staff Member Develops Symptoms

- Do NOT report to work or client visits
- Notify supervisor immediately
- Follow testing requirements per health department
- Isolate at home per guidelines
- Do not return until cleared per agency protocol

Return to Work Criteria

- Fever-free 24 hours without medication
- Symptom improvement; negative test (if required)
- Minimum isolation period completed

Service Continuity Priority Levels

Priority	Client Category	Service Level
1 - Critical	Life-sustaining care, no family support	Maintain full services

2 - High	Skilled nursing, limited support	Maintain essential services
3 - Medium	Personal care, some family support	Reduce; coordinate with family
4 - Lower	Companionship; family can assist	Suspend; phone check-ins

Client Emergency Plans

Each client should have an individualized emergency plan documented in their care record.

Client Emergency Information Form

Client Information

Client Name: _____

Address: _____

Phone: _____ DOB: _____

Emergency Contacts

1. Name/Relationship: _____

Phone(s): _____

2. Name/Relationship: _____

Phone(s): _____

Medical Information

Primary Physician: _____

Physician Phone: _____

Preferred Hospital: _____

Diagnoses: _____

Allergies: _____

Current Medications: _____

Special Considerations

Mobility Status: _____

Medical Equipment: _____

Cognitive Status: _____

Client Evacuation Assessment

Can client evacuate independently? Yes No

Assistance needed: Physical Wheelchair Stairs Equipment transport Verbal prompts Full lift

Evacuation equipment: _____

Primary destination: _____

Transportation: _____

Client Go-Bag Contents

3-day supply of medications in original containers

Copy of medication list and medical documents

Emergency contacts; ID and insurance cards

Eyeglasses, hearing aids, dentures

Cell phone and charger; cash

Change of clothes; basic toiletries

Staff Emergency Procedures

Staff Responsibilities

All Staff Members

- Know emergency exits and equipment locations
- Maintain current CPR/First Aid certification
- Keep contact information current
- Participate in drills and training
- Report safety hazards immediately

Caregivers/Field Staff

- Know each client's emergency plan
- Identify evacuation routes in client homes
- Keep cell phone charged during shifts
- Report all incidents to supervisor
- Document emergency events thoroughly

When to Call Your Supervisor

- Any 911 call made for a client
- Any client injury or fall
- Any significant change in client condition
- If you feel unsafe for any reason
- If you cannot reach the client's home
- Any situation you are uncertain how to handle

Staff Emergency Supply Kit

Caregivers should maintain in their vehicle or bag:

- Fully charged cell phone with charger
- Supervisor and agency emergency contacts
- Flashlight with batteries; First aid kit
- PPE (masks, gloves)
- Bottled water; Non-perishable snacks
- Emergency blanket; Cash

Reporting Requirements

Incident Type	Report To	Timeframe
Client injury requiring medical attention	Supervisor, State	Immediately; written 24 hrs
Client death	Supervisor, State, Physician	Immediately
Missing client	911, Supervisor, Family	Immediately
Abuse/neglect (suspected)	Adult Protective Services	Immediately
Staff injury	Supervisor, HR	Immediately; written 24 hrs

Emergency Supply Checklist

Agency Office Emergency Supplies

Item	Qty	Location	Expires	OK
First Aid & Medical				
First aid kit (comprehensive)				<input type="checkbox"/>
CPR masks/face shields				<input type="checkbox"/>
AED (if applicable)				<input type="checkbox"/>
Disposable gloves (boxes)				<input type="checkbox"/>
Communication & Power				
Battery-powered radio				<input type="checkbox"/>
Flashlights				<input type="checkbox"/>
Extra batteries				<input type="checkbox"/>
Phone chargers/battery packs				<input type="checkbox"/>
Water, Food, Safety				
Bottled water (gallons)				<input type="checkbox"/>
Non-perishable food				<input type="checkbox"/>
Fire extinguishers				<input type="checkbox"/>
Emergency blankets				<input type="checkbox"/>
PPE (Infection Control)				
N95 respirators				<input type="checkbox"/>
Surgical masks				<input type="checkbox"/>
Isolation gowns				<input type="checkbox"/>
Face shields				<input type="checkbox"/>
Hand sanitizer				<input type="checkbox"/>
Disinfectant wipes				<input type="checkbox"/>

Supply Inspection Schedule

Frequency	Task	Responsible
Monthly	Check batteries, inspect first aid kit	
Quarterly	Full inventory, replace expired items	
Annually	Replace water, food; service fire extinguishers	

Client Home Emergency Supplies

Verify at-risk clients have:

- Flashlight with working batteries
 - Battery-powered or hand-crank radio
 - 3-day water supply (1 gallon/person/day)
 - 3-day non-perishable food supply
 - First aid kit; 7-day medication supply
 - Copies of important documents
-

Business Continuity Plan

Purpose

This plan ensures the agency can maintain essential operations and continue providing care during and after emergencies or disruptions.

Critical Business Functions

Function	Priority	Max Down	Backup Plan
Client care delivery	Critical	0 hrs	Backup staffing; prioritization
Emergency communications	Critical	0 hrs	Cell phones; phone tree
Client records access	Critical	4 hrs	Paper backup; cloud storage
Scheduling	High	8 hrs	Manual; backup coordinator
Payroll	Medium	72 hrs	Backup payroll service
Billing	Medium	1 week	Manual process

Alternate Operating Location

Primary Backup Site:	_____		
Address:	_____		
Contact:	_____	Phone:	_____
Secondary Backup:	_____		

Data Protection

- Electronic records backed up daily to secure cloud
- Critical paper documents in fireproof safe
- Essential document copies stored offsite
- Regular testing of data restoration

Backup Staffing Resources

Resource	Company/Contact	Phone
Staffing Agency 1		
Staffing Agency 2		
Per Diem Staff List	See HR files	

Recovery Procedures

1. Assess damage and safety of facilities
2. Account for all staff and clients
3. Restore communications systems
4. Notify regulatory agencies as required
5. Implement backup operational procedures

6. Begin restoration of normal operations
7. Conduct post-incident review
8. Update plans based on lessons learned

Post-Emergency Review Template

After any emergency event or drill, complete this review to identify improvements.

Post-Emergency Review Report

Event Information

Date: _____ Time: _____

Type of Emergency: _____

Location: _____

Persons Affected: _____

Response Summary

First Responder: _____

Services Called: _____

Time to Notification: _____ Time to Response: _____

Outcome

Injuries: _____

Property Damage: _____

Service Disruption: _____

Review Questions

What Went Well?

What Could Be Improved?

Procedures Followed? Yes Partially No

Communication: Excellent Good Fair Poor

Training Needs Identified:

Action Items

Action Needed	Responsible	Due	Status

Reviewer / Date

Administrator / Date

Annual Drill Schedule

Regulatory Requirements

Most state licensing agencies require emergency drills at least annually. Check your state's specific requirements.

Annual Drill Calendar

Month	Drill Type	Participants	Date	Done
January	Communication Tree Test	All Staff		[]
February	Severe Weather Response	Field Staff		[]
March	Fire/Evacuation (Office)	Office Staff		[]
April	Medical Emergency Response	Caregivers		[]
May	Missing Client Protocol	All Staff		[]
June	Power Outage Response	Field Staff		[]
July	Communication Tree Test	All Staff		[]
August	Hurricane/Storm Prep	All Staff		[]
September	Fire/Evacuation (Office)	Office Staff		[]
October	Active Threat Awareness	All Staff		[]
November	Pandemic Response Review	All Staff		[]
December	Annual Plan Review	Leadership		[]

Drill Documentation Log

Drill Type:	_____		
Date:	_____	Duration:	_____
Conducted By:	_____		
Participants:	_____		
Objectives Met:	_____		
Issues Identified:	_____		

Staff Training Requirements

Training Topic	Frequency	Required For
Emergency Preparedness Overview	Hire; annually	All staff
CPR/First Aid	Per certification	Caregivers
Fire Safety/Evacuation	Hire; annually	All staff
Infection Control/PPE	Hire; annually	All staff
Active Threat Response	Hire; annually	All staff

Client Emergency Plans

Before first visit

Assigned caregivers

Home Care Agency Blueprint - Professional Home Care Documentation

Customize all sections to reflect your agency's specific policies and regulatory requirements.