STATE OF NEW YORK
DEPARTMENT OF HEALTH

161 Delaware Avenue Delmar, NY 12054-1393

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

May 10, 2005

Dear Home Care Services and Hospice Administrators:

The New York State Department of Health (NYSDOH) continues to enhance the state's readiness to emergencies particularly for chemical, biological, radiological, nuclear and explosive events (CBRNE). The Department has longstanding regulations requiring Certified Home Health Agencies, Long Term Home Health Care Programs, Hospices and Licensed Home Care Services Agencies to meet patients' health care needs in emergency situations. However, the specific requirements of these regulations have not been detailed. The purpose of this letter is to delineate what NYSDOH considers the essential elements of sound emergency preparedness planning.

As a step towards addressing this concern, the Department awarded a grant to the Home Care Association of New York State (HCA) to serve as a resource and to develop materials to assist home care agencies' emergency preparedness planning. One valuable resource the, **Homecare Emergency Preparedness Handbook,** provides guidance to agencies on how to develop and enhance their emergency response plans. This handbook, as well as other valuable planning information, is posted on the HCA emergency preparedness website at http://www.homecare aware.org.

In the case of a CBRNE event or natural disaster, home care and hospice providers must be able to rapidly identify patients at risk within the affected area. They should be able to call down their staff, have ready access to reliable event specific information and be able to work collaboratively with their local emergency manager, local health department or other community partners. In order to accomplish these objectives, the following critical elements must be included in the provider's emergency preparedness plans:

- Identification of a 24/7 emergency contact telephone number and e-mail address of the emergency contact person and alternate which must also be indicated on the Communications Directory of the HPN;

- A call down list of agency staff and a procedure which addresses how the information will be kept current;

- A contact list of community partners, including the local health department, local emergency management, emergency medical services and law enforcement and a policy that addresses how this information will be kept current. The HPN Communications Directory is a source for most of this information;

- Collaboration with the local emergency manager, local health department and other community partners in planning efforts, including a clear understanding of the agencies role and responsibilities in the county's comprehensive emergency management plan

- Policies that require the provider to maintain a current Health Provider Network (HPN) account with a designated HPN coordinator(s) responsible for securing staff, HPN accounts and completing and maintaining current roles based on contact information in the Communications Directory;

- A current patient roster that is capable of facilitating rapid identification and location of patients at risk. It should contain, at a minimum:

    - Patient name, address and telephone number;
    - Patient classification Level (see enclosure);
    - Identification of patients dependent on electricity to sustain life;
    - Emergency contact telephone numbers of family/caregivers;
    - Other specific information that may be critical to first responders

- Procedures to respond to requests for information by the local health department, emergency management and other emergency responders in emergency situations;

- Policies addressing the annual review and update of the emergency plan and the orientation of staff to the plan.

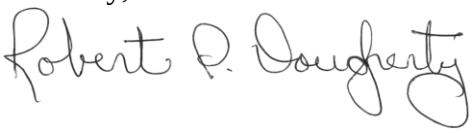
- Participation in agency specific or community-wide disaster drills and exercises.

Recently, regulations designed to facilitate rapid and efficient communication during emergency situations were enacted. These regulations require homecare agencies and other providers to obtain a HPN account and to enter and maintain current information in the HPN Communication Directory. Currently, the NYSDOH is conducting provider educational sessions on the use of the HPN and Communication Directory. In a Dear Administrator Letter dated January 7, 2005, agencies were advised to register for the training and educational sessions to be conducted by the NYSDOH by January 17, 2005. If you have not completed the HPN application process or registered for training, please do so immediately by contacting your regional office and submitting a request for an HPN application by sending an e-mail to hpn_outreach@health.state.ny.us.

All agency emergency plans must be revised to include the above referenced elements by July 1, 2005. After that date Regional Office staff will assess compliance during recertification surveys. In the intervening period, we encourage you to actively work with your NYSDOH Regional Office. We also encourage you to attend the NYSDOH HPN training sessions and to review the material on the Home Care Association website. Contact names and telephone numbers for the NYS DOH Regional offices are enclosed.

Thank you for your cooperation in this matter.

Sincerely,



Robert P. Dougherty
Director
Division of Home and Community Based Care

Enclosures

Home Health Agency Patient Classification Levels

LEVEL 1 - <u>High Priority</u>. Patients in this priority level need uninterrupted services. The patient must have care. In case of a disaster or emergency, every possible effort must be made to see this patient. The patient's condition is highly unstable and deterioration or inpatient admission is highly probable if the patient is not seen. Examples include patient requiring life sustaining equipment or medication, those needing highly skilled wound care, and unstable patients with no caregiver or informal support to provide care.

LEVEL 2 - <u>Moderate Priority</u> Services for patients at this priority level may be postponed with telephone contact. A caregiver can provide basic care until the emergency situation improves. The patient's condition is somewhat unstable and requires care that should be provided that day but could be postponed without harm to the patient.

LEVEL 3 - <u>Low Priority</u> The patient may be stable and has access to informal resources to help them. The patient can safely miss a scheduled visit with basic care provided safely by family or other informal support or by the patient personally.