



## **Disaster / Hurricane Evacuation Plan**

### **Employee Summary Notes**

- All Stat will answer the phone 24 hours a day, by either land lines or cell phone lines. The appropriate phone numbers are:  
941-923-0880 — Sarasota                      941-764-0880 — Port Charlotte  
941-739-0880 — Bradenton                      941-480-0880 — Venice
  - The office will contact you in the event of a pending emergency to advise you of the status of your clients. If you are aware of an emergency and have not heard from us, please call the agency.
  - All Stat will be contacting all clients to make sure they are aware of the disaster and to coordinate either their care or their evacuation if needed. Clients will be called in a prioritized basis based on special needs.
  - Before seeing your clients, call the office to make sure they were not evacuated.
  - If you assist in the evacuation of a client, contact the office of your intent to evacuate the client, once you have arrived at a shelter and are safe, you status for other clients, your intent to take the client back to their residence and once you have taken the client back home.
  - If you are unable to provide care, due to your own emergency, contact the office so we can follow up with your client(s).
  - The office will try and keep track of local situations including what roads are passable and where to get gasoline.
  - If a client goes to a shelter, make sure they take their “red” folder with medical information as well as a 72 hour supply of clothes, water, medication, personal hygiene products and other essentials.
  - If you have no scheduled clients, contact the office to help provide support services to other clients.
  - If a client refuses to leave their home, call All Stat immediately.
  - You cannot leave a client alone unless a suitable replacement has arrived or there is a mandatory evacuation and the client refuses to leave. You must then inform the office of the clients status and allow us to make other attempts to convince them to leave prior to your going.
  - In the event that an employee has a family, the family will be received at the patients site, whether at a home, shelter or facility. This is to reduce employee anxiety for their family while ensuring the comfort and safety of the patient.
  - If All Stat Home Health ceases to operate during a disaster, we will transfer important information to emergency management authorities.
  - If we do not have sufficient staff to meet all patient needs, you may be asked to temporarily provide assistance to other clients who have greater medical needs.
  - Please contact the office for further information
- Reviewed and updated 8/23/2006



## **Disaster / Hurricane Evacuation Plan**

All Stat Home Health, Inc. has constructed this Disaster/Hurricane Evacuation Plan in order to ensure the safety of its patients. It can also be utilized as a Disaster Plan in the event of any unexpected disaster or natural catastrophe. All Stat Home Health normally provides telephone access 24 hours per day, 7 days per week through two different phone lines, one in Sarasota and one in Port Charlotte. Clients and employees are given both numbers. This system will continue to be utilized to allow command control throughout an emergency to ensure access by staff and clients.

### **I. INTRODUCTION**

This plan relates to the services of All Stat Home Health, Inc., doing business at the following locations:

All Stat Home Health, Inc.  
8520 S Tamiami Trail - Suite 1  
Sarasota, FL 34238  
Phone: (941) 923-0880  
Fax: (941) 923-4738  
Email: [Carmen@allstathomehealth.com](mailto:Carmen@allstathomehealth.com)

All Stat Home Health, Inc.  
949 Tamiami Trail – Suite 102  
Port Charlotte, FL 33953  
Phone: (941) 764-0880  
Fax: (941) 624-6266  
Email: [Carmen@allstathomehealth.com](mailto:Carmen@allstathomehealth.com)

### **COMMAND DECISION HIERARCHY (Plan Development Team)**

Carmen R. Scoma – Administrator (Cell – 941-387-4980 or home 941-922-8586)  
Sylvia Baker, RN - Director of Nursing (Cell – 941-780-3764)  
Millie Haglund - Administrative Assistant (Home – 941-922-5431)

# ALL STAT HOME HEALTH



## **Coordinators**

Sarasota – Suzanne Holmes & Tana Harvey  
Port Charlotte - Sue Baker & Angela Houseworth

## **Owner**

Philip V. Warman  
1100 Cove II Place – Unit 921  
Sarasota, FL 34242  
Home: 941 349-9359  
Work: 941-923-0880

## **Safety Liaison (primary contact for Emergency Operations)**

Carmen R. Scoma

## **II. CONCEPT OF OPERATION**

### **Direction and Control**

#### **COMMAND DECISION HIERARCHY (Plan Development Team)**

### **Safety Liaison (primary contact for Emergency Operations)**

Carmen R. Scoma - Administrator (Cell – 941-387-4980 or home 941-922-8586)  
Sylvia Baker, RN - Director of Nursing (Cell – 941-780-3764)  
Millie Haglund - Administrative Assistant (Home – 941-922-5431)

### **Staff Designation for Backup of Critical Tasks**

(see Appendix A for a list of primary and backup staff member phone numbers)

### **Administration including Policy Interpretation, Payroll and Billing**

Primary Personnel: Carmen R. Scoma

### **Backup Staff:**

Sylvia Baker, Director of Nursing  
Millie Haglund, Administrative Assistant



Sue Baker, Staffing Coordinator

**Nursing Overview including Patient Care, Chart Security, and Nursing Supervision**

Primary Personnel: Sylvia Baker, Director of Nursing

**Backup Staff:**

Ella Thomas, RN, Assistant Director of Nursing

Margie Farwell, RN

**Scheduling including Phone Contact with Patients and Employee**

Primary Coordinator in Sarasota: Tana Harvey

**Backup Staff for Sarasota**

Suzanne Holmes

Angela Houseworth

Sue Baker

Carmen Scoma

Millie Haglund

Primary Coordinator in Port Charlotte: Sue Baker

**Backup Staff for Port Charlotte**

Angela Houseworth

Suzanne Holmes

Tana Harvey

Carmen Scoma

Millie Haglund

**Alternate Work Site**

8564 Great Meadow Drive, Sarasota, FL 34238

**Staff Preparation Responsibilities**

Carmen Scoma, Administrator – responsible for the development of the overall plan and mechanisms for implementation including computer design, policy design and administrative staff orientation.



Sylvia Baker, Director of Nursing – responsible for the implementation of the Policy with regard to Patient evacuation designations, patient education, Special Needs registration and update, Employee education, and Nursing Supervision planning.

Tana Harvey/Sue Baker/Angela Houseworth/Suzanne Holmes – responsible for implementation of plan with regard to Patient and employee notification of pending disaster, reminders of disaster policy, dissemination of documentation to employees and patients, and ongoing patient and employee updates.

All Administrative Staff members are informed and reminded of their duties through direct orientation throughout the year.

The Disaster Plan can be initiated by the Administrator or Director of Nursing. Any Administrative Staff member can contact the Administrator or Director of Nursing at any time to provide information and get authorization to initiate the plan.

Once initiated by the Administrator or Director of Nursing, the Coordinator on duty will contact and inform all other administrative staff of the status so that they initiate their duties as described herein.

### **Emergency Plan Activation**

Our Staff answer the phone 24 hours day, 7 days a week to ensure effective client communication. We currently use cellular phones, to operate remotely from our office and use laptop computer systems to provide after hours access to patient data. Our system maintains clients evacuation information, which is entered when a client is admitted with our agency. Therefore it is always ready.

As a result, we can initiate our disaster or evacuation plan with a moments notice. If any senior staff becomes aware of a hazardous condition, they immediately contact our office staff to activate our disaster plan. Specifically, they contact either of our after office personnel, who then contact Sylvia Baker, Director of Nursing and Carmen Scoma, Administrator for confirmation to initiate the plan. Either the Director of Nursing or Administrator can activate the plan. In the event that neither can be located the staff person who answer our phone can initiate our plan directly.



Once initiated the plan allows multiple parties to simultaneously access our Patient Evacuation codes, which are sorted in the computer based on location, restrictions (medically needy, limited mobility, etc.) and Evacuation Zones as established by the State of Florida.

Once initiated the plan calls for our staff to contact clients by phone to inform them of a possible evacuation situation. Generally this is done 12 – 24 hours prior to a pending disaster (ie, a hurricane) or immediately if there were a sudden unforeseen disaster such as a plane crash in a local area.

The clients are called in a prioritized basis based upon first their closeness to the disaster, and their medically needy status. If family are to provide the evacuation based on the documentation which we have on file, the family will be contacted to ensure their understanding of the situation. If family is out of town, we will attempt to contact them as well to ensure that they know the status of the situation.

After all clients have been contacted and evacuation initiated, we contact our field staff to advise them of the status of their clients and to instruct them as to whether to go specific clients or not. We also want to contact staff personnel to make sure that they are aware of the situation for their own evacuation needs and to determine the availability of staff for assignments, both scheduled and emergency.

As identified above, the Administrator and/or Director of Nursing act as critical decision makers once the plan is initiated. The Staffing Coordinators and Alternate contacts act to disseminate the information to clients and staff as well as provide feedback to and from staff personnel. These are people who deal with clients and staff on a daily basis so this approach minimizes confusion, anxiety and time spent contacting everyone. Field staff are oriented and inserviced in the companies policies regarding evacuation and the need to call in and update the office on their own condition, in the event of a disaster. We also provide staff with road condition reports, locations to get gasoline, and locations to avoid due to flooding or restricted road flow.

Patients can continue to contact the office as they can on any other day. We can be reached 24 hours a day by phone. We utilize both land lines and cell phones to provide multilayer redundancy. This should provide clients with a sense of comfort and consistency when contacting the office. Our telephone system can operate even if the power goes out and we currently utilize 6 cellular phones in



the event that the land line is not functioning. When necessary we can also have the phone company directly transfer/switch calls to a cellular phone or remote land line.

### **Equipment/Record/File Protection**

All Stat Home Health maintains a secure VPN for client information access through our computer system. This can be accessed between our offices or from any outside location with computer access.

Carmen Scoma will be responsible for the security of sensitive information and confidential records. All Stat digitizes its files on an ongoing basis and stores the information on multiple removable back up devices. One device is always stored off site at all times in a remote office. In the event of a pending disaster, a second device will be stored in a third location (8564 Great Meadow Drive, Sarasota, FL, 34238). This provides data integrity against building destruction and/or flooding.

All office files are password protected to ensure data security.

The data can be restored at a remote site in a matter of minutes with appropriate password, to ensure timely use of the materials.

Remote site locations include both our Sarasota Office and Port Charlotte Office as well as our alternate work site at 8564 Great Meadow Drive, Sarasota, FL 34238. An additional site can be utilized from Virginia through a sister company if all primary and back up sites in Florida are unusable. Data can be uploaded securely from a back up drive to a server in Virginia and the system can be operated remotely from that location.

If either office system is lost, our computer files will be restored to the other primary office location. If that location fails, files will be restored at our alternative work site (8564 Great Meadow Drive, Sarasota, FL 34238). If all locations fail, the data will be uploaded to our available Virginia Server for access from home or laptop systems using secure password connections.

In the event of such a failure, Carmen Scoma will be responsible for ensuring the integrity of the data, computer systems, and electrical devices through the measures described above.



All Stat currently maintains 4 100 Gig back up drives for patient data. In addition, All Stat maintains a 1 Terabyte Robotic Raid Assembly for multiple simultaneous backups of digitized data.

The devices are self-contained, firewire, external drives with independent power supplies. The devices are hot swappable so that they can be added or removed from an existing system without having to power down the system.

The devices can easily be removed from site and connected to any available computer with Firewire connectivity. The drives are already in use and are the responsibility of the Administrator to maintain.

In the event of a pending disaster, other electrical devices, such as computers, phones, copiers, TV's, VCR's and furniture will be secured as much as possible by raising them off of the floor, covering them with plastic and moving them towards the center of the room. Computer backups will be distributed to multiple sites for security. Those sites include our Port Charlotte office and the administrator's home. If power is lost, computers will be moved to our alternate work site as listed above for operations. The administrator will be responsible for ensuring that these matters are implemented and resolved.

## **Utilities**

All Stat Home Health has a small office staff and provides services to clients in their home. In the event of a lack of potable water at our office location, we will either work from an alternate work site, as described above, or have suitable water reserves available to meet the need at each given office. All Stat currently has contracted with water purveyors to have a minimum of 15 gallons of bottled water at each site at all times. If sufficient water is not available at any given site, the office function will be moved to a more suitable location, including the alternate work site described previously.

## **Recovery**

### **Work Site**

The administrator will lead the damage assessment. In the event he is not available, those designated as backup personnel will lead the damage assessment.





Work will resume at the primary work site when all system are operational (communications, computers, power, phones, water) or when sufficient services are working to allow safe operation for staff based on the assessment of the administrator or designee.

All Stat personnel have already been inserviced on alternate work sites. If either office cannot be maintained due to power loss, flooding, or other disaster, staff are to report to the other office unless other arrangements have been made. In the event that neither office is operational, staff are to report to the alternate work site at 8564 Great Meadow Drive, Sarasota, FL 34238.

The Administrator will maintain sufficient supplies to be taken to the alternate work site at 8564 Great Meadow Drive, Sarasota, FL 34238, if needed for operation of the office. Materials and supplies can be taken from either existing office prior to going to the alternate site.

All Stat can operate from either office, the alternate work site (8564 Great Meadow Drive, Sarasota, FL 34238) or even remotely from cell phones and or internet based connections from remote homes or other locations.

Services are to be coordinated through the Administrative chain of command indicated at the beginning of this report.

All field staff will be required to maintain documentation of employment, including their identification cards, to provide security to clients that the caregiver is an appropriate representative of All Stat. Services scheduled and provided will be coordinated through our comprehensive computer system to ensure accuracy in scheduling and patient and employee information and location tracking.

## **Communication**

The administrator will generate a listing of contact phone numbers to provide to field staff. The Staffing Coordinators(see list of coordinators at the beginning of this report) will be responsible for making sure that all employees receive an updated list of these contact numbers to ensure their ongoing contact with the office.

In the event of damage, a communication board will be set up at each office location to record information from anyone who comes to the office, regardless of time. The employee will be instructed to record their name, status, location, and



phone number and any other pertinent information in the event that they are not able to reach the office by phone.

All Stat maintains 5 cellular phones that are to be used in the event that power and phone service is lost to either or both offices. The cell phones can be used to contact staff and employees and coordinate care. This equipment is maintained monthly to make certain that it is available for use.

Emergency information lines are available at

941-923-0880

941-764-0880

941-480-0880

941-739-0880

to provide ongoing information regarding site status, patient or employee status or recovery status.

### **Staff**

Staff will travel to work sites by personal car or transport, based on road conditions and their ability to travel. Services will be coordinated through All Stat's office with regard to coordinating patient care and employee availability.

### **Education of Patients Prior to an Emergency**

When All Stat Home Health, Inc. starts to provide care to a patient, a Registered Nurse (RN) goes to their home to conduct a detailed assessment of their condition. This assessment includes documenting information and orientation concerning our evacuation policy (as described above), including the recording of information concerning the evacuation needs of this particular client. Discussion further includes evacuation for Medically Needy clients and our system of 24 hour access should the client have any questions or concerns regarding a pending disaster.

Patients are informed that prior to a disaster that they will be contacted by the office to alert them to a pending problem, evacuated or contacted throughout the process and contacted after the disaster has passed. They will also be informed of the status of their caregiver and their scheduled assignments. They are advised that they can call 24 hours a day to resolve issues or ask questions.



Our Director of Nursing specifically discusses the Special Needs program and either contacts the Program on their behalf to ensure their enrollment or provides contact information to the client or family should they chose to address the situation themselves. Our plan also records where they are to be evacuated and who will be handling the evacuation (ie., family member, our staff, etc.).

Should a patient desire to be registered with the Special Needs Registry, our Director of Nursing completes the appropriate paperwork (pursuant to 59A-8.027(12)), with and on behalf of the client and submits it as completed. It is completed and submitted when the client is admitted into our system.

In the event that either we register a patient with the Special Needs Registry or we leave information for the family to review and respond on their own, at the their request, we provide the clients with information about and orientation to the specific guidelines of the Special Needs Shelter (see Appendix B) so that they are aware of the limitations of the shelter facility. They are advised that the shelter is not a replacement for their home health care and that the shelter should be used as a last resort. They are advised to as hurricane season approaches to have sufficient supply of medical supplies and medications for at least a 72 hour period. They are also encouraged to prepare an evacuation kit which contains items which they may need for a 72 hour period, including clothing, medical supplies, water, food and personal hygiene items, as listed on the form on Appendix B.

Patients are further educated that should they go to a designated or non-designated shelter (such as the house of a family member), that they need to contact the office immediately so that we can contact the appropriate staff, maintain a listing of locations in the event it is needed for mandatory evacuations, and continue to monitor their care from the new location.

### **Notifications**

Emergency Plan personnel are instructed to monitor all forms of local media to identify potential disasters. These include local radio, television, association reports, emails, weather channels and various other sources of information. All Administrative Staff are advised to contact each other in the event that any one person hears reports early than others. This is helped by the fact that we have 24 hour telephone access to both offices and the fact that most administrative staff utilize cellular phones, as well as home phones and pagers.



Our 24 hour access numbers are:

941-923-0880  
941-764-0880  
941-739-0880  
941-480-0880

These are available for field staff as well as clients and families.

Once anyone of our Administrative staff informs an individual office, that person then is responsible to contact the other administrative personnel to ensure everyone's understanding of a pending emergency.

Often a phone tree is initiated in which various staff members can contact other members who have not been contacted to minimize the number of calls any one person need to make.

In the same way, field employees are contacted, divided by a calling tree to allow quicker dissemination of the information. All staff are called by phone to their home, a clients home, their cell phone, pager or emergency contact. In this way we can contact all employees and clients in an organized manner.

The personnel who answer phones after hours carry laptop computers to ensure access to phone numbers for clients and staff. In addition, several administrative staff members also have access to patient information through internet access and back up data which is stored off site at administrative staff homes.

Once initiated the plan calls for our staff to contact clients by phone to inform them of a possible evacuation situation. Generally this is done 12 – 24 hours prior to a pending disaster (ie, a hurricane) or immediately if there were a sudden unforeseen disaster such as a plane crash in a local area.

The clients are called in a prioritized basis based upon first their closeness to the disaster, and their medically needy status. If family are to provide the evacuation based on the documentation which we have on file, the family will be contacted to ensure their understanding of the situation. If family is out of town, we will



attempt to contact them as well to ensure that they know the status of the situation.

After all clients have been contacted and evacuation initiated, we contact our field staff to advise them of the status of their clients and to instruct them as to whether to go specific clients or not. We also want to contact staff personnel to make sure that they are aware of the situation for their own evacuation needs and to determine the availability of staff for assignments, both scheduled and emergency.

As identified above, the Administrator and/or Director of Nursing act as critical decision makers once the plan is initiated. The Staffing Coordinators and Alternate contacts act to disseminate the information to clients and staff as well as provide feedback to and from staff personnel. These are people who deal with clients and staff on a daily basis so this approach minimizes confusion, anxiety and time spent contacting everyone. Field staff are oriented and inserviced in the companies policies regarding evacuation and the need to call in and update the office on their own condition, in the event of a disaster. We also provide staff with road condition reports, locations to get gasoline, and locations to avoid due to flooding or restricted road flow.

Patients can continue to contact the office as they can on any other day. We can be reached 24 hours a day by phone. We utilize both land lines and cell phones to provide multilayer redundancy. This should provide clients with a sense of comfort and consistency when contacting the office. Our telephone system can operate even if the power goes out and we currently utilize 6 cellular phones in the event that the land line is not functioning. When necessary we can also have the phone company directly transfer/switch calls to a cellular phone or remote land line.

The prioritized list for patient information is kept in a proprietary computer system that allows that presorts the data based on Evacuation Code. The system can however be sorted in a second based upon any number of criteria including location, zip code and special needs criteria. The default sort is by Evacuation code because Hurricane evacuation is our most common evacuation. As new patients are added their information is immediately entered into our system. As our Director of Nursing or alternate RN updates the Plan of Treatment, she reviews that information with clients to ensure its accuracy.



### **During an Emergency**

As described above, we take great efforts to contact both the client and the caregiver to inform them of the pending disaster, to coordinate their evacuation, if necessary, and to coordinate their continued care if appropriate. To coordinate continuing care, we first determine that the client does not need to be evacuated based on mandatory evacuation standards set by the emergency management authorities. We then determine that the caregiver also does not need to be evacuated due to their own circumstances. We then coordinate between the caregiver and the client to determine that they should continue their normal schedule of service. If the family or other client representative informs us that they will not be home or do not wish to have service, we will instruct the employee not to see that client.

If the client is in a mandatory evacuation zone but refuses to evacuate, we inform the client and the family that we strongly urge them to leave their home. We then inform the local authorities of her refusal to leave. Ultimately, if a client refuses to leave despite our attempts we provide the option to the caregiver to stay with the client or seek safe shelter themselves. If a client refuses to leave their home despite mandatory evacuation and our repeated attempts, we will continue to contact the client on an hourly basis by phone to monitor their status and provide support if needed.

If the agency is ceasing operation due to the inability to coordinate information on patient care, we will attempt to contact all patients by phone. In the event that this is not possible, we will provide a listing of all patients and staff to the local emergency management authority to ensure adequate followup by other parties with regard to patient and employee care.

### **Evacuation**

All patients, especially Special Needs Patients, have an assessment developed specifically for their care at the start of care. That information is provided in a clearly visible “red” folder in the client home. It is updated whenever a Nursing Supervisory Visit is provided. It contains a complete list of medications, documentation on diagnosis, a ongoing Plan of Treatment and a listing of contact information including Advanced Directive information and Guardianship Information. Similar materials are maintained in our offices.



Patients are educated at their initial assessment and subsequent follow up supervisory visits to take those materials with them in the event of a transfer to a shelter or other accommodations during an emergency.

All pertinent materials and resources for care are within the “red” folder. Clients are further advised to include additional information related to contacts, other agencies which are involved in their care and family contacts to provide a single collective source for information.

### **The Patients Return Home**

Patients are initially educated that should they go to a designated or non-designated shelter (such as the house of a family member), that they need to contact the office immediately so that we can contact the appropriate staff, maintain a listing of locations in the event it is needed for mandatory evacuations, and continue to monitor their care from the new location. They are further reminded to provide this information to the office when initially contacted about a pending disaster.

Clients may continue to receive care from their new location and we make every effort to facilitate this through communication with staff and clients.

Clients are further educated both at initial orientation and before a pending disaster to contact the office immediately upon their return to home so that we can again contact the appropriate staff to coordinate care, maintain a listing in the event it is needed by other authorities, such as the police, and to continue to provide and monitor their care.

Again, the use of multiple, redundant land and cell phone lines allows us to maintain communication over a large geographic area.

Employees are also advised to contact the office following events of a disaster to ensure our ability to coordinate their services with clients.

Should we not hear from specific clients or employees, we would proactively make calls to their homes, cell phones, family, friends and other contacts.

In the event that we do not have sufficient staff to provide care following a disaster, we will prioritize staff based upon medical necessity as identified by our



Director of Nursing. We will also expect to provide incentives for employees who are available to maximize the number of hours of care available.

### **Post Disaster Communication**

Post Disaster Communication will be initiated by the Administrator or Director of Nursing.

All staff are informed at hire and through ongoing inservices that after a disaster that they are to contact the office to alert us to their status. This is necessary in the event that we cannot reach employees by phone.

Coordination of information with staff and patients will continue throughout the disaster and will continue ongoing until the disaster is resolved.

### **III. INFORMATION, TRAINING AND EXERCISE**

Key workers will be instructed throughout the year on their roles and responsibilities. These functions will be reiterated through office meetings. In preparation for Hurricane season, all administrative staff are re-inserviced on our procedures in the event of a disaster.

Immediately prior to an event, staff are reminded of their responsibilities and roles with regard to the procedures outlined in the policy.

Field employees receive an orientation to evacuation procedures at hire. They are also required to complete an inservice annually related to evacuation procedures. They further receive notification of our procedures prior to the Hurricane season. Further, in the event of a pending disaster, they are individually contacted to ensure their understanding of how our system will operate, their need to see their patients and their need to communicate to the office about their own situation and any problems which they may encounter. For example, during a disaster, we will attempt to maintain a listing of functioning gas stations for staff in need of fuel.

They will further be advised to contact the office in the event they help a client to evacuate, once they have evacuated a client and once they return home, either with the client or to their own residence.





All employees receive training that is developed by and under the supervision of our Director of Nursing and administered to employees by our Staffing Coordinators. The training consists of multiple sessions of education including orientation at hire, ongoing access to company policy information, written inservicing prior to hurricane season and ongoing reminders and updates before, during and after hurricane season.

Finally, we do a post-hurricane season assessment as part of our Quality Assurance program to review and improve our process. We generally coordinate our assessment with feedback from local authorities and organization with which we are involved, including the Senior Friendship Centers and Charlotte County Human Services.

## **ADDITIONAL INFORMATION**

### **Hurricane Evacuation Plan**

All patients of All Stat Home Health, Inc. will have, as part of their patient chart a detailed plan for evacuation in the event of a Hurricane or similar catastrophe. This information will be stored on computer and will be accessible to All Stat staff at all time. It therefore can be activated on a moments notice. Components of their evacuation plan will include:

- **Evacuation Site**

- Name of Contact
  - Phone Number of Contact
  - Address of Contact

- **Categorized Patient Files for Evacuation Zones**

- Patient files will be coded by Storm Category to indicate evacuation status in correlation with their home location and the Evacuation Zones for Southwest Florida. Each patients file will indicate the appropriate category



number, denoting what evacuation zone they currently live in. For example, a patient who lives in a location which would be evacuated by a Storm with wind speed of 74-95 mph, would have a designation of Category 1 in their file. The Codes are as follows:

- |                 |                        |
|-----------------|------------------------|
| Category 1      | Wind speed 74-95 mph   |
| Category 2      | Wind speed 96-110 mph  |
| Category 3      | Wind speed 111-130 mph |
| Category 4 or 5 | Wind speed 131 +       |

A coded Evacuation Map will be displayed in our Office at all times to ensure effective coordination of services. All original patient files are stored in Sarasota.



## **PERSONNEL POLICIES**

All Stat personnel who are currently with a patient will coordinate with the All Stat Office for transportation, location of evacuation, what materials and medications to bring in the event of evacuation and suitable replacement.

No employee may leave a patient unless a suitable replacement has arrived. If a client refuses to leave their home, call All Stat immediately.

In the event that an employee has a family, the family will be received at the patients site, whether at a home, shelter or facility. This is to reduce employee anxiety and concern for their family while ensuring the comfort and safety of the patient.

All employees have been instructed as to the procedures for emergency management as part of their orientation. It is also part of their employee handbook and reminder notices are sent out prior to hurricane season.

## **OPERATIONS**

In the event of a Hurricane or other catastrophe, All Stat Home Health will continue to operate utilizing Cellular Phones and coordinating information contact with employees, patients and facilities.



## **Appendix A – Contact Phone numbers**

Carmen R. Scoma – Administrator - Safety Liaison

Cell 941-387-4980

Home 941-922-8586

Sylvia Baker, RN - Director of Nursing

Cell 941-780-3764

Home 941-629-0311

Millie Haglund - Administrative Assistant

Home 941-922-5431

Sue Baker – Port Charlotte Office Manager

Home 941-255-0233

Cell 941-626-7057

Angela Houseworth – On Call Staffing Coordinator

Cell 941-780-5980

Home 941-493-8510

Suzanne Holmes – Sarasota Staffing Coordinator

Home 941-953-6996

Tana Harvey – Sarasota Staffing Coordinator

Home 941-966-3614

Ella Thomas – Assistant Director of Nursing

Home 941-412-9033

Cell 941-223-5731

Margie Farwell – Registered Nurse

Home 941-366-9276

Cell 941-323-4387

Reviewed and updated 1/7/2010