Milwaukee County Department of Health & Human Services	Date Issued: October 23, 2014	Reviewed: By: DHHS QA Committee Last Revision: New policy	Section: ADMINISTRATION	Policy No: DHHS 002	Pages: 1 of 2
☒ Behavioral Health Division ☒ Community Access to Recovery Services ☒ Housing Division ☒ Disabilities Services Division ☒ Delinquency & Court Services Division ☒ Emergency Medical Services ☒ Wraparound Milwaukee	Effective Date: October 23, 2014	Subject: EMERGENCY MANAGEMENT PLAN			

I. POLICY

It is the policy of Milwaukee County Department of Health & Human Services (DHHS) that Provider serves to be prepared for a natural or man-made disaster, 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, Provider shall have a **written Emergency Management Plan** (EMP), to be retained by the Provider and made available to DHHS 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**" - agency or individual with whom DHHS contract, agreement or Memoranda of Understanding has been executed.

"Employee" – includes any of the following: Direct Service Providers (DSP's), Indirect Staff, contract staff, subcontractors, Independent Service Providers, and/or volunteers.

"Direct Service Provider" (DSP) – Provider employee, volunteer, paid or unpaid intern, 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.

"**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.

III. PROCEDURE

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

Said EMP **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 procedure).

IV. REQUIREMENTS

Written Emergency Management Plan (EMP), **must include, at a minimum**, the following areas and issues:

1. Provider's order of succession and emergency communications plan, including who at the facility/organization will be in authority to make the decision to execute the plan to evacuate or shelter in place and what will be the chain of command;
2. Develop a continuity of operations business plan using an all-hazards approach (e.g., floods, tornadoes, blizzards, fire, electrical blackout, bioterrorism, pandemic influenza 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, residential, or personal care for individuals with medical, cognitive, emotional or mental health needs, or 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 during a fire emergency;
5. Plan a response to serious illness, including pandemic, or accidents;
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 being at least 50 miles from the current 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 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 cognitive, 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

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 DIVISION (BHD) – HOSPITAL only

Contractors must maintain an approved emergency management plan that provides for the uninterrupted continuation of BHD 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 BHD, its clients and customers, including those who are located (in full or partially) within BHD buildings, will be expected to participate in and integrate with the BHD Emergency Operations Plan if initiated. The contractor is further expected to participate, as appropriate, with emergency preparedness training exercises conducted at BHD.

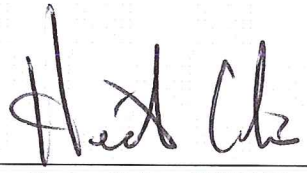
For References and more Information

Providers can find resources for EMPs including sample plans, Mutual Aid Agreement and templates at the following website:

- http://www.dhs.wisconsin.gov/rl_dsl/emergency-preparedness/emerg-prep-hva.htm

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 the below referenced "DISASTER PREPAREDNESS CHECKLIST FOR INDIVIDUALS WITH SPECIAL NEEDS".

- http://dhs.wisconsin.gov/preparedness/pdfs/IndPrepChecklist.pdf

Reviewed and Approved by 

Hector Colon, DHHS Director