The Sun Home Health
We Believe in Excellence! - Since 1997

☐ The Sun Home Health Care Delaware
☐ The Sun Home Health
☐ The Sun Home Health Care Columbus
☐ The Sun Adult Day Care

Patient Prioritization

Patients admitted to The Sun Home Health Care Companies will be prior according to need by Clinical Director and or Administrator for a roster to be used in case of natural disaster or other disaster. The roster will be updated on a weekly basis. "On-Call" Personnel, the Director of Nursing, the Administrator, and appropriate office staff will have a copy of the roster.

☐ **LEVEL 1:** Patients who are bed-bound and have no willing and capable caregiver, patients dependent on equipment requiring electricity such as oxygen, insulin-dependent diabetics and/or mentally or physically challenged patients will be classified as **LEVEL 1.**

☐ **LEVEL 2:** Patients who live alone with minimum or no family support will be classified as **LEVEL 2.**

☐ **LEVEL 3:** Patients that live with a caregiver and have a good support system will be classified as **LEVEL 3.**

Once a disaster has been declared, or is threatening, the designated agency personnel will notify the local emergency squad of the patient's need and their level status. If time does allow, **LEVEL 1** patients will be communicated to the emergency squad.

If the roads are open, management will determine which visits can be made. If telephones are intact, the Highway Patrol will be called for road conditions, and the patients and caregivers contacted for input on the condition of their roads. Management will contact staff members with four-wheel drive vehicles, and secure assistance from county or township staff to gain access to patients having difficulties, or under treatment which requires immediate attention. When possible, back up generators will be placed. Temporary transfer of patients, in immediate danger, to acute facilities will take place until conditions are under control, and care be resumed in the home setting, Personnel will be sent to visit patients only if staff safety is not jeopardized.

Patient's Name: _____   ID#: _____

Nurse: _____   Date: _____