The following is the communication protocol between Town Emergency Management Directors (EMDs) and Agencies that serve vulnerable populations. This Protocol is designed to be **a short-term incident response plan only.** Its purpose is to assist in checking on vulnerable populations *before, during, and after* hazard events they may be impacted by, and ultimately in providing timely service coordination. **This Protocol is not meant to take the role of 911 assistance or assist in providing emergency medical services.** It is meant to check on people that may need additional assistance or whose wellbeing is unknown because they are unable to be reached for a period of time.

Prior to a warned event, some EMDs and Agencies may choose to contact each other, so each is aware of the other's preparations and any specific concerns going into an event. EMDs should refer to the information in the Vulnerable Populations Section of their Local Emergency Management Plan for this purpose. In the event this protocol is activated, EMDs should *primarily* reference the agency contacts listed below. EMDs are encouraged to provide their contacts to Agencies during an activation to expedite information sharing.

During an event, the Protocol can be activated by either the EMD or the Agency.

If activated by the EMD,
1) The EMD will alert the Agencies serving their community and ask that each Agency conduct outreach to their clients/patients to check on their wellbeing. EMDs may contact any agency they see fit. *At a minimum*, Agencies to be alerted are those who have declared they are best suited for a short-term response:

   a) Bayada Home Health (802-775-7272)
   b) Rutland Regional Medical Center (802-775-7111)
   c) Southwestern Vermont Council on Aging:
      i) Courtney Anderson:
         Direct Line (8-4 M-F): 802-772-7828
         After-Work Hours: 802-734-0484
   d) Visiting Nursing Association and Hospice
      i) Nicole Moran: 802-353-1052
      ii) Michael Delehanty: 802-683-9041

2) The Agency will assign their staff appropriately to conduct this outreach. How these internal assignments are made is each Agency's decision and is based on individual Agency structure.
3) Once the calls are made, the staff will report up the internal Agency chain on who they reached, who they did not reach, who is having issues/needs assistance, and who is okay/does not need assistance.
4) The Agency will internally keep track of their clients/patients for follow-up and set priorities based on their knowledge of the client and the client's individual emergency plan.
5) **The assigned Agency contact will call/email the relevant EMD(s) back and report:**
   a) That they have executed their internal procedures for checking on vulnerable clients/patients. **NOTE**: Agencies that *do not* have arrangements allowing them to share personal client information may end the reporting procedure here.
   b) A prioritized list of *all* clients/patients by town – this is in case of communication cut-off.
   c) Including special needs of patients:
      i) Who is having issues/needs assistance. (The agency should prioritize need based on their knowledge of client and communicate that priority with the EMD.)

      ii) Who they did not reach, and it is a concern.

   d) Depending on time available, also report on:

      i) Who they did not reach and it's not yet a concern, but they are monitoring.

      ii) Who is okay/does not need assistance (for accountability purposes).

If activated by an Agency,

1) An Agency may independently decide that there is a need to check on their clients/patients. If so, they will follow their internal protocols to make calls to their clients/patients and compile that information. They will then reach out to relevant EMD(s) regarding the same above reporting list.

<u>Outside of a regional or multi-town hazard event</u>, the Protocol also provides a communication tool for routine needs between Agencies and EMDs on behalf of the wellbeing of clients/patients. For example, if a visiting nurse is not able to access a client because of a downed tree on a roadway, the nurse could call the supervisor, who could contact the town to assist in clearing the tree. Each EMD should make known to their respective Agencies how they would like situations handled, or provide direct contacts for certain circumstances, if they so choose.

Criteria for use of the Protocol outside of a regional or multi-town hazard event may be set by each EMD, and direct contacts for certain circumstances may be shared with Agencies, but at a minimum, criteria for use of the Protocol is:

- Not a medical or fire emergency (call 911).
- Assistance involving accessing patient's residence or removing patient from residence.

NOTE: Use of email in lieu of phone calls or as a back-up to phone calls should be decided between agencies and EMDs.