

All information needs to be completed before March 1 submittal to DHH-HSS.

## EMERGENCY PREPAREDNESS PLAN FOR:

Maison Orleans Healthcare Center

(Print, Type FACILITY NAME)

Has been submitted to the local or parish **OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS** and verification of the following is included (Tab P):

Our facility's Emergency Preparedness Plan has been submitted to the:

New Orleans Department Of Health and Hospitals

(Name LOCAL /PARISH) OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS

And the Emergency Plan was (circle one or more of the following):

RECEIVED or REVIEWED or APPROVED.

*Circle Yes or No*

YES or NO

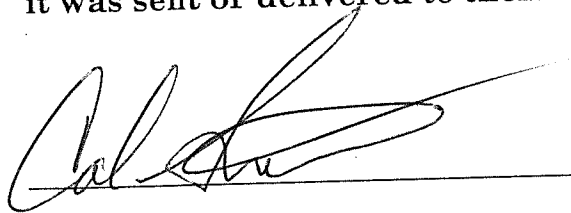
-Did the Office of Homeland Security and Emergency Preparedness give any recommendations? **Include in Tab P**

YES or NO

-Did the facility address these recommendations?

Include any recommendations, or correspondence from OHSEP and facility's response in Tab P.

If no response from the local/parish Office of Homeland Security and Emergency Preparedness; include a mail receipt or similar as verification that it was sent or delivered to their office.



Kim Russell

Administrators Signature

Print Name

# LOUISIANA MODEL NURSING HOME EMERGENCY PLAN

Facility Name:

Maison Orleans Healthcare Center

Name of Administrator:

Kim Russell

Physical or Geographic address of Facility

1420 General Taylor St. New Orleans, La. 70115

Longitude: 90.096115 Latitude: 29.25609

**MAILING ADDRESS OF YOUR FACILITY :**

1420 General Taylor St. New Orleans, La. 70115

Phone #: 504-895-7755

Fax #: 504-355-4876

E-mail address:

krussell@maisonorleansnola.com

## STEPS TO FOLLOW TO COMPLETE THE LOUISIANA MODEL NURSING HOME EMERGENCY PLAN

1. A facility's plan shall conform to the current Nursing Facility Minimum Licensing Standards, Emergency Preparedness LAC 48: I.9729 and the current Louisiana Model Nursing Home Emergency Plan. All information shall be current, valid, reliable, and shall adhere to all existing laws, standards, rules, or regulations.
2. All facilities shall have a plan that conforms to this format and meets the requirements of current minimum licensing standards.
3. **Items that are required for Act 540 Parish facilities only will be designated by an \* before the item. This does not mean that they are not applicable to and useful by all facilities.**
4. Work in concert with the Local/ Parish Office of Homeland Security and Emergency Preparedness, OHSEP, to complete the Louisiana Model Nursing Home Emergency Plan. OHSEP may also be known as Office of Emergency Preparedness, OEP, or Office of Emergency Management, OEM.
5. A facility's plan shall be activated at least annually, either in response to an emergency or in a planned drill. All plan procedures shall be included in drill exercise. The facility's performance during the activation of the plan shall be evaluated and documented by the facility. The plan shall be revised if indicated by the nursing facility's performance during the emergency event or the planned drill. \*Revisions shall be submitted to DHH and local or parish OHSEP.
6. Submit the completed plan to the Local/Parish Office of Homeland Security and Emergency Preparedness annually. Submit plan changes and revisions to the Parish OHSEP as they are made.
7. **\*Act 540- Louisiana R.S.40:2009.25(B)** - has designated Nursing Homes in the following parishes to submit their Louisiana Model Nursing Home Emergency Plan to the Department of Health and Hospitals – Health Standards Section, Nursing Home Emergency Preparedness Manager: Acadia, Ascension, Assumption, Calcasieu, Cameron, Iberia, Jefferson, Jefferson Davis, Lafayette, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion. Nursing Homes in these parishes will need to submit their emergency preparedness plans or updates annually to the DHH. The reviewed and updated plans are due by March 1 of each year. If changes, modifications, or updates are made during the year, a summary of the amended section(s) of the plan shall be submitted to DHH-HSS, Emergency Preparedness Manager, within thirty (30) days of the modification.

Nursing Home Emergency Preparedness Program Manager  
La. Dept. Health and Hospitals  
Health Standards Section

mailing address:

P.O. Box 3767  
Baton Rouge, LA 70821

physical address:

500 Laurel St., Suite 100  
Baton Rouge, LA 70802

8. All emergency plans will be available upon request by DHH for review and shall include: a copy of the current plan, updates, amendments, modifications, or changes to the plan, number of operational beds, and current census information including transportation requirements for residents. (# Residents requiring ambulances- for advanced life support or basic life support; wheelchair accessible or Para-transit vehicle; regular transportation - bus, van, car; or other).
9. All plans will be individualized and site specific and shall be followed and executed during an emergency event. The plan shall address procedures and criteria for determining when the facility will evacuate or shelter in place. These determinations shall be stated in the plan.
10. All plans that are deemed not viable by DHH or that do not promote the health, safety, and welfare of their residents shall be amended with an acceptable plan of correction within ten (10) calendar days of notification from DHH.
11. **All facilities NOT covered by Act 540** may send a copy of their emergency operations plan to the appropriate Regional Office of DHH. DHH, Health Standards Section has no mandate to review the emergency plans **of facilities not covered by Act 540**. Survey protocol currently requires only on-site verification that the plan exists and contains up to date census and staffing roster; transportation and host sites agreements; transportation needs, verification of yearly submission to local/parish OHSEP, current census; review of employee training in emergency procedures; and interviews with staff members to determine readiness for implementation of the plan. The State Fire Marshal's Office will review specifics of the plan as it relates to the Life Safety Code and other fire laws.
12. **All Nursing Facility's** emergency plans shall be submitted yearly to the Local/Parish Office of Homeland Security and Emergency Preparedness. Any recommendations by the Parish/Local OHSEP regarding the facility's plan shall be documented and addressed by the facility. This shall be done prior to March 1 of each year.
13. **All Nursing Facilities** shall submit **all information requested** on the DHH-Health Standards Section, Emergency Preparedness Website and shall **update this information monthly or as required** by DHH. The Emergency Preparedness Website is found under featured services on the Health Standards web site.  
<http://www.dhh.louisiana.gov/offices/?ID=112>



14. In copies of plans sent to DHH for review, do not include actual names and contact information of residents/staff unless requested. Updated copies of residents/staff and their contact information should be kept on hand and available upon request by DHH or OHSEP/OEP. Facilities shall include copies of the forms, methods, and plans for what information will be kept and how this will be kept current.
15. \* All items, Act 540 and Non Act 540, shall be completed by facilities located in Act 540 parishes. Facilities outside of Act 540 Parishes may complete all Act 540 designated items.
16. \*Facilities located in the parishes designated by Act 540 shall follow all procedures set forth in Nursing Facility Minimum Licensing Standards, Emergency Preparedness LAC 48: I.9729. This includes all notifications, procedures, and submissions before, during, and after a hurricane.

# EMERGENCY OPERATIONS PLAN

## I. PURPOSE OF THIS PLANNING GUIDE:

This model plan shall be used by all nursing facilities to aid in the identifying, describing and listing of the actions and timelines that will be taken and followed by the facility operator and facility staff in the event of an emergency or disaster that occurs or otherwise threatens the lives or safety of the occupants. This guide shall aid in the gathering and organization of the minimum criteria that is required for the development of these actions and timelines. Determinations shall be made using the parameters defined by limiting criteria and shall provide for the safety and welfare of the facility's residents, staff, and any persons included in the plan.

*The key to effective emergency planning is flexibility, which is attained by contingency planning (i.e., consideration of all likely possibilities and development of options for action, which are effective under each possibility). The plan must compare disaster types and magnitudes, the integrity of shelter, and the potentially available resources and timelines for securing those resources in each given case. All available information and resources should be used to make determinations and present options for action.*

## II. SITUATION:

The situation section is made up of the physical location and characteristics of the facility and the people associated with it. All information should be collected first, and then used to make determinations and formulate plans. This information includes the location, the neighborhood infrastructure, the number and type of residents, the facility staffing, the operational practices, risk assessments, and the natural and man-made hazards that are present. The situation information shall be used in determining the actions that will be taken by a facility during an emergency. Situation information shall be placed in clearly labeled, indexed and tabbed sections. If information is not available or applicable to a facility a statement of explanation shall be included. Situation information includes, but is not limited to the following:

\*All situational information shall be taken into consideration when determining if the facility will evacuate or if the facility will shelter in place. Other factors that shall also be considered when making these determinations are; predicted severity of storm or event, predicted direction of storm, timeline restrictions of plan as compared to timeline of approaching emergency event or storm, availability of emergency services before, during, and after event or storm, state or local evacuation orders, and any other known relevant or related information.

A. Facility Description: (TAB A) includes labeled maps, labeled floor plans, labeled sketches, labeled graphs, labeled charts, and all required information. All copies of this material shall be legible, current, and accurate. Please clearly mark or label all information.

1. Number of buildings and floors.
2. Year building was built and type of construction, wind load determinations if available, if not available, state that it was not available and why.
3. Well or city water, sewer or septic tank and whether each is dependent or independent of public power.
4. Indicate location of smoke/fire alarms, if a sprinkler is system installed, and whether these are independent of public power.
5. Give the elevations of the following (1-8) relative to sea level. Provide flood-plain, flood zone, level of flood risk and projected depth of flood water.

Is facility located in a floodplain? A floodplain is flat or nearly flat land adjacent to a stream or river that experiences occasional or periodic flooding. What flood zone is facility located in? Flood zones are land areas identified by the Federal Emergency Management Agency (FEMA). Each flood zone describes a land area in terms of its risk of flooding. (Floodsmart.gov or FEMA.gov). What is the facility's level of risk associated with flooding (Floodsmart.gov or FEMA.gov)? Being inland or above sea level does not prevent flooding. La. DOTD also has information at; <http://www8.dotd.la.gov/lafloods/>

Use this information to determine if a projected flood or surge level is higher than the elevation for a given system and at risk of flooding. This will help determine if or when all or parts of your facility are susceptible to flooding. These are general facility systems or locations and may not reflect all locations or systems that will be affected by flooding or storm surge.

1. Lowest floor living space,
2. Generator,
3. Regular and emergency electrical service junctions,
4. Heating Ventilation Air Conditioning-HVAC- system,
5. Fuel supplies (tanks) for generator, heating, cooking,
6. Storage areas for critical emergency medical supplies and medical equipment,
7. Storage areas for emergency supplies and equipment.
8. Facility water system backflow preventer(s)

- A. Elevations OF EACH above sea level in feet and above ground level
- B. Flood zone and predicted depths of flood or base flood elevations in feet.
- C. Risk level of flooding. Can be found in State Hazard Mitigation Plan at <http://www.ohsep.louisiana.gov/hlsmitigation/hazmitigatpln.htm>

D. If in flood zones B, C, or X, is facility/area protected by a levee system or other mitigation? YES or NO, and give limits of protective measure if available.

E. \* SLOSH MOM modeling predictions for Hurricane categories 1-5 at high tide (check with your local/parish OHSEP)

\*E1= Cat. 1 hurricanes at high tide

\*E2= Cat. 2 hurricanes at high tide

\*E3= Cat. 3 hurricanes at high tide

\*E4= Cat. 4 hurricanes at high tide

\*E5= Cat. 5 hurricanes at high tide

F. Floods at - indicate the limiting factor or point (B, C, D, E1-E5; or none) at which flood or surge waters overtake a given system's elevation. This will help indicate at which point a facility may be compromised by water.

Please use the above information to determine the first compromise of your facility by water due to flood or surge. If it is determined that Flood or Surge is not a factor state that this determination was made.

The simple Elevation vs. Flood chart found in Tab S may help in this determination.

Example for using Tab S Chart: (A) if lowest living area is 5 ft above sea level and is 2 ft above ground level, (B) facility is in zone A, with 3 ft flood projection, (C) High Flood Risk area, (D) NO, (E1) 1ft, (E2) 3ft, (E3) 6ft, (E4) 10ft, (E5) 18ft

Using the given information this facility would be susceptible to the 1% chance of flooding (zone A w/ 3 ft flood) - building is 5ft above sea level but flood water will be 3ft above ground level, facility is only 2 ft above ground. The facility would also be susceptible to a category 2 or greater hurricane.

#### Example: ELEVATION vs. FLOOD CHART

Elevation vs. Flood	A	B	C	D	*E1	*E2	*E3	*E4	*E5	Floods at
1. lowest living floor	5ft	A, 3ft	High Risk	NO	1ft	3ft	6ft	10ft	18ft	B & E2 or greater

6. Geographical location, longitude and latitude, and the physical street address as well as a map or sketch of property with closest major street intersections. This information is used on the title page and placed in Tab A.

7. (Tab A) A labeled floor plan(s) of facility clearly indicating all of the following;

Offices,

Resident spaces,

Staff spaces,

Utility spaces,

\*Storage and emergency supply storage areas,

Locations of hazardous materials storage,

Emergency exits,

\*Emergency electrical supply outlets,

Regular and emergency electrical service junctions,

\*Locations of Posted emergency information,

\*Pre-designated Command Post,

\*Communications center,

Show location(s) of simple attachment points to which external generators could be connected if provided for.

8. Does the facility have an auxiliary emergency power generator(s)? State if facility does or does not have a generator. If facility does have a generator please answer the following: (\*see # A.11 or Tab K)

a. What is the output(s) of generator(s)?

b. What is the electrical demand of equipment to be run by (each) generator and state that demand, or provide a statement that the generator will provide sufficient power to operate this equipment?

c. Is all, part or none of the facility going to be air conditioned or heated?

d. List type of fuel used, your 48 hour fuel source and refueling plans for emergency generator.

i. State how much fuel generator will need to run for 48 hours.

ii. State how much fuel you have on hand and if it is sufficient for 48 hours.

9. State whether or not the facility has lightning rods or other lightning protection devices installed.

10. \*(Tab K) Information needed for facilities risk assessment if located in parishes named in Act 540. This information along with all relevant information shall be used to determine the integrity of the facility and in determining when to shelter in place or when to evacuate. Place this information in Tab K

a. Elevation(s) of facility's Heating Ventilation Air Conditioning (HVAC) system(s).

- b. Elevation(s) of electrical service junction(s), sewer (motor) a water well systems if applicable
- c. Elevation(s) of generator(s) and connection(s)
- d. Elevation(s) of fuel supply, fuel storage tanks, and connection(s)
- e. Facility's roof type and wind load evaluation
- f. Window evaluation- can they be shuttered, will they be shuttered,
- g. Wind load determination for building- what is building able to withstand, if this information is not available explain why it is not available and what effect this has on plans for sheltering in place.
- h. Evaluation of fuel resources for generator(s). Type of fuel used. How much fuel do you have stored on site? How long will generator(s) run on stored fuel? If not on hand, how will fuel be supplied for seven day requirement?
- i. Generator output and needed power. How much power is needed to run the facility's emergency equipment - specify? What is the output of your generator? Or a statement from electrician stating that generator is capable of supplying needed power for named equipment or systems.
- j. Lay down hazard evaluation of property. Are there any objects- towers, trees, tanks, buildings, etc- that might fall or be blown onto or into your building causing damage?
- k. Hazardous materials evaluation. Is there any hazardous material stored in or around facility that should be secured or removed prior to hurricane? Chemicals, biologics, compressed gasses, flammables, etc.
- l. How will security be provided for persons and supplies after an emergency event? What if law enforcement personnel are unavailable?
- m. What are the Sea, Lake, and Overland Surge from Hurricanes (SLOSH) Model using Maximum Of MEOW's (MOM) predictions for the facility? List or include all five predictions at high tide for your facility.
- n. Floor plan(s) clearly showing interior safe zones and emergency supply storage areas.

#### B. Operational Considerations:

In an emergency, the facility may be without telephone, electric power, or public water and sewer service. Utility outages may last for several days. The facility must be able to exist on its own for at least 48 hours, without outside assistance. Plans must provide for adequate supplies of or alternative sources of water, lighting, temperature control for medicines and facility, waste disposal, etc. The information or data found in the corresponding Tabs shall be used in the development of plans.

1. Residents. Attach as Tab B a current roster of Residents including:
  - a. Specific room location and ambulatory condition.

- b. Indicate where the current official copy of the list will be kept.
- c. Indicate the transportation needs of the current Resident census. Give the total for each of the following types of transportation.
  - i. need ambulance with advanced life support = #
  - ii. need ambulance basic life support = #
  - iii. need wheelchair accessible or Para-transit vehicle = #
  - iv. need regular transportation (car, van, bus)= #
- d. Include contact information for next of kin or responsible party.
- e. Indicate the Residents that have arrangements to be recovered or transported by a responsible party, whenever called in an emergency.
- f. State plans for who, when and how the information will be kept and kept current.
- g. **All Nursing Homes** are required to update this information monthly and input this information on the DHH - Health Standards Section, Emergency Preparedness website.

*\*Do not include actual names, private information or contact information of residents/staff in copies of plans sent to DHH for review unless otherwise requested.*

*Updated copies of residents/ staff and their contact information shall be kept current in the facility's plan on hand and available upon request by DHH or OHSEP/OEP.*

*\*Do include in your plans sent to DHH for review the plans, forms or templates, and methods for keeping current record of this information.*

*Do include current census number, number of licensed beds and transportation requirements.*

2. Staff. Attach as Tab C a list of live-in and non live-in, full and part time staff.
  - a. Include name, title/position, address, and telephone/pager numbers of all personnel.
  - b. Indicate where the official copy of the list will be posted.
  - c. Indicate staff members who have agreed to help in emergency events.
  - d. Indicate staff members whose personal or family emergency preparedness plans include evacuating or sheltering in place with the nursing home.
  - e. Indicate the number of staff and staff family that will require transportation. Include this with transportation needs Tab D.
  - f. State plans for whom, when and how the information is kept current.

*\*Do not include actual names, private information or contact information of residents/staff in copies of plans sent to DHH for review unless otherwise requested.*

*Updated copies of residents/staff and their contact information shall be kept current in the facility's plan on hand and available upon request by DHH or OHSEP/OEP.*

*Do include relevant staffing numbers and transportation requirements for staff.*

*\*Do include in your plans sent for review by DHH, the plans, forms or templates, and methods for keeping current record of this staff information.*

3. Transportation. Attach as Tab D. Identify transport capabilities and resources. Give how many passengers of each type, each resource can carry. \*Include all contact information for resources and current, signed (both parties) and dated agreements or contracts. \*Act 540 facility contracts or agreements need to be continuous from May 1 of current year to December 31 of current year. Agreements will need to be verified annually and in plan by \*March 1 submission of plan or plan updates to DHH. Include the following:

- a. (Tab D) Facility owned, operated, or readily available transportation, capacities, and verification of ownership or accessibility. Or;
- b. (Tab D) Facility contracted resources to provide emergency transportation and capacities. Or;
- c. (Tab D) Staff owned transportation resources and capacities.

#### **Four types of transportation needs:**

- i. need ambulance with advanced life support = #
- ii. need ambulance with basic life support = #
- iii. need wheelchair accessible or Para-transit vehicle = #
- iv. need regular transportation = #
- d. \*Adequate Transportation: Do transportation resources provide adequate capacities to transport all residents and personnel?
  - i. State the total capacity for each transportation resource type.
  - ii. State the capacities needed for each transportation type.
  - iii. State whether transportation is adequate or not adequate.
- e. Air Conditioning:
  - i. State if the transportation resources are air conditioned or not?



- ii. If not air conditioned state in plan why it is not air-conditioned and state how you will provide hydration and prevent other heat related health problems during travel.
  - iii. Include who will carry out plan and supplies they will need. Have these supplies been included on the list of supplies to be placed in each non-air-conditioned vehicle?
- 4. Tab F. State how many days' worth of non-perishable meals is always kept on hand for residents and staff for emergencies. Include special diet requirements. \*Include all agreements for drop shipments, if applicable, with suppliers (7 day supply). Agreements will need to be verified annually and in plan by March 1 submission of plan or plan updates to DHH.
  - a. \* State the plans for providing a seven day supply of meals when sheltering in place?
    - i. \*Is supply always on hand? Or;
    - ii. \*Will supplies be delivered? Give delivery details of when order needs to be placed, who will place order, and when it will be delivered. Agreements shall be verified annually, signed by all parties and dated. Include agreements in Tab F
  - b. \* State the plans for providing a seven day supply of drinking water or fluids when sheltering in place? One gallon of fluids per day per person is required.
    - i. Is supply always on hand?
    - ii. Will supplies be delivered? Give delivery details of when order needs to be placed, who will place order, and when it will be delivered. Agreements shall be verified annually, signed by all parties and dated. Include agreements in Tab F
- 5. Tab F. State how many days' supply of medications is required and what supply is always kept on hand for Clients? Identify any special temperature or security requirements and how those requirements will be met.
  - a. \* State the plans for providing a seven day supply of medications when sheltering in place?
    - i. Is supply always on hand?
    - ii. Will supplies be delivered? Give delivery details of when order needs to be placed, who will place order, and when it will be delivered. Agreements shall be updated annually, signed by all parties and dated. Include agreements in Tab F
- 6. How will the following be alerted of emergency events; residents, staff, family of residents or staff, and emergency resources? Who will be responsible for this

alert? Do plans include evacuation information such as destination, date of and approximate departure time, reliable contact information?

7. Tab I. Indicate whether the facility has and uses a "weather alert radio" or similar, or relies on local radio and television news and weather predictions and announcements.

a. How will facility monitor weather warnings and watches?

- i. What equipment will be used and how is it powered?
- ii. Who will monitor?
- iii. Do you have a backup plan? What is back up plan?

b. How will facility monitor local and state warnings and evacuation notices?

- i. \* What equipment will be used and how is it powered?
- ii. \* Who will monitor it?
- iii. \* Do you have a backup plan? What is back up plan?

#### C. Hazards Analysis: Tab J

It is vital to review the various types of disasters that are most likely to affect the facility. For example, a Gulf Coast facility may give primary emphasis to hurricane and flooding incidents, while a North Louisiana facility may plan primarily for tornadoes, flooding incidents, and winter storms. State if the hazards you have listed have been included in your emergency planning. The state hazard mitigation plan can be found on the Governor's Office of Homeland Security and Emergency Preparedness website under mitigation. Link to the state hazard mitigation plan;  
<http://www.ohsep.louisiana.gov/hlsmitigation/hazmitigatpln.htm>

Not all hazards for your facility may be shown on maps or plans. It may be necessary to consult local resources such as Fire Department, Law Enforcement, and Office of Homeland Security and Emergency Preparedness for detailed information.

State or list the hazards to which the facility may be subject (Tab J). The following are some examples of hazards. Your facility may be exposed to others that are not listed, and may not be exposed to some of the hazards that are listed.

1. Fire, external
2. Severe thunderstorms and lightning
3. Tornadoes
4. Hurricanes and tropical storms
5. Flooding, Storm Surge
6. Hazardous substances, including both fixed facilities and transported. Is facility near a railway or road that allows transport of hazardous materials, is there an industrial site nearby that may release hazardous materials?
7. Winter storms
8. Bomb threats

9. Terrorist incidents
10. Nuclear power plant incidents
11. Earthquakes
12. Civil disturbances

D. Assumptions: (TAB E) **Assumptions are accepted as facts.** As such, they will help govern this plan and be considered in the concept of operations. The following are considered to be generally necessary assumptions. The facility may have to do some work to make good on them. Facility operators are responsible for their Residents at all times in all emergencies and evacuations, government-ordered or otherwise. The following are some generally accepted assumptions. List any other assumptions that are specific to your facility.

1. The facility operator will continually update this plan to insure that it reflects current operating circumstances, Resident characteristics, staffing, relevant hazards, and facility emergency resources.
2. Emergency Plans will be followed to ensure the health and safety of the residents and staff.
3. Determinations for evacuating or sheltering in place will be based on information included in emergency preparedness plan and all other available relevant information.
4. Facility staff will perform as described in this plan.
5. Facilities shall develop mutual aid or other agreements as appropriate for care of evacuated residents and staff. Those agreements will be documented, verified annually, and kept in plan.
6. In an emergency situation, hospitals may be able to admit only those who need life-saving treatment.
7. In an emergency situation, usual utilities and services could be unavailable for 48 hours or more.
8. The time required to obtain a response from emergency services will increase in proportion to the severity, magnitude, and nature of the emergency.
9. Local radio and TV stations will broadcast watches and warnings, and emergency public information provided to them by government authorities. The facility will monitor this information.
10. When the facility evacuates to a host shelter location outside the immediate area, adequate facility staff will accompany residents to the host location.

11. Provisions have been made for the management of staff at the facility or at an off-site location to include adequate and qualified staff and the assignment and distribution of responsibilities and functions
12. Evacuation of the facility may require special prearranged transportation agreements between the facility and contractors. Contracts shall be signed and updated or verified annually.
13. Quantity and type of transportation resources shall be adequate for transporting all evacuating clients, staff, and families of staff. Transportation resources shall meet the needs determined by transportation triage plan.
14. Adequate dietary and medical provisions for all residents, staff, and families of residents or staff included in plan will be provided for, or planned for whether evacuating or sheltering in place.
15. Mandatory evacuation orders from state or local Office of Homeland Security and Emergency Preparedness shall be followed.
16. All information in the emergency plan is correct and current. Information in plan is understood by facility administrators.

### III. CONCEPT OF OPERATIONS:

This portion of the model is where actual plans will be written or developed. All other information will be utilized in planning and in making critical determinations. Plans shall describe in detail what will be done, when it will be done, who will do it, and how it will be accomplished in the event that an emergency occurs.

The following is only a guide and pattern to be used in creating a facility's individual emergency plan.

A. Preservation of life and safety is dependent upon timely and full accomplishment of protective measures undertaken before, during, and after an emergency.

1. In preparation for the hazards a facility may face, precautionary actions are prudently required. A facility's Emergency Plan shall include, but not be limited to:
  - a. Development and maintenance of an emergency operations plan. Updating it annually or more frequently as circumstances change. Insuring that all staff personnel are trained and tested in its use. Conducting fire drills as required and conducting separate tornado or hazardous materials in-place sheltering exercises and hurricane or flooding evacuation/sheltering exercises at least once each year. Methods for loading and unloading supplies and residents should also be practiced during drills. \*Sending advance notice of annual practice exercises to the

Parish Office Homeland Security of Emergency Preparedness. The Parish Office may be holding an exercise that would provide a scenario for the facility exercise.

- i. (Tab P) Records that Local/Parish OHSEP/OEP were notified of planned drills.
  - ii. \* (Tab P) Records of a yearly hurricane emergency drill or the actual implementation of emergency plan.
  - iii. (Tab P) The evaluation of plan and if revisions were needed.
- b. Outfitting the facility with sufficient emergency equipment and supplies to provide for at least 48 hours survival without outside assistance, \*a 7 day supply for sheltering in place during a hurricane, either on hand or to be delivered prior to emergency event. Listing the equipment and supplies to be stocked, such as emergency lighting, batteries, tools, water storage containers, canned food(non perishable food), can openers, cooking and meal service supplies, sanitary supplies, personal hygiene supplies, first aid and medical treatment supplies, debris clearance and repair tools and supplies, drinking water-one gallon per person per day, water for sanitation, etc. (Tab F: dietary and medical emergency supplies, Tab L: non-dietary or non-medical emergency supplies)
- c. Since evacuation may be necessary, arrangements shall be made to relocate facility residents and staff to a host shelter facility(s) or location(s). Describe how facility staff will coordinate operations with staff at the host location to provide adequate and qualified staffing. Find a host shelter facility(s) within the Parish or surrounding parishes to take care of evacuations due to a fire at the facility or in the aftermath of a tornado, etc. (localized incidents). Evacuations caused by the threat of a catastrophic emergency, such as a hurricane, will require relocation to a host shelter facility(s) outside of the risk area prior to onset of threat. See \*Tab E for signed agreements with host shelter facility(s).
- i. \*Checklist of what supplies will be needed for transport to and stay at host facility. (Tab G)
  - ii. \* Who, how and when will the supplies needed for transport to host facility and the stay at host facility be loaded and supplied?
  - iii. \*Staffing plans for providing- essential care, nourishment, and medications for transport to and stay at host facility. Who will and how will this be accomplished?
- \*What are the plans for staffing each vehicle?
- \*What are the plans for communication between vehicles and staff?

- iv. Plan for ensuring that each resident has; personal identification, identification of responsible party, and medical information to include; current and active diagnosis, medications-time given and dosage, allergies, and special dietary needs with them at all times during evacuation. Who will and how will this be accomplished?
  - v. \*Plan for providing licensed staff to accompany residents throughout travel during evacuation. Include in plan titles/positions, duties and responsibilities of both licensed and non licensed staff.
  - vi. Plans for getting residents on and off of transportation. Include this in drills and give time requirements and staffing needed to accomplish this. Who will and how will this be accomplished?
  - vii. \*Plans for loading unloading supplies needed. Plans shall ensure that residents required medical supplies accompany them during evacuation. Who will and how will this be accomplished?
  - viii. \*Plans for communication between transportation vehicles during evacuation. Who will and how will this be accomplished?
- d. The administrator will compile a list of evacuation host facilities for two types of events Tab E; local emergencies, and \*catastrophic emergencies (hurricanes). A local emergency is an emergency such as a hazardous materials incident, a fire in the facility, or localized flooding, in which the nursing home's clients can be moved within the parish or to an adjoining parish. A catastrophic emergency is an emergency such as a hurricane or a parish-wide flood that is so wide spread that the entire parish must be evacuated outside the probable danger, or risk area.
- i. \*Agreements for catastrophic emergencies with a primary host site(s) signed by both parties, dated, remaining in effect from May 1 to December 31 of current year to include:
    - \*Name, location, and contact information
    - \*Distance to host site
    - \*Route to host site
  - ii. \*Agreements for catastrophic emergencies with an alternate host site(s) signed by both parties, dated, remaining in effect from May 1 to December 31 of current year to include:
    - \*Name, location, and contact information
    - \*Distance to host site
    - \*Route to host site
- e. Examples of host sites for Local Emergencies: Look for facilities in which clients can be kept for a short period and in which their condition can be

maintained at as high a level as possible according to the following priority:

- i. Nursing homes owned by the same company: An inter-nursing home agreement must be signed with a corporate representative and or the administrator of the accepting host home, and must be updated annually or when changes occur. Copies must be sent to the Parish OHSEP.
- ii. Other nursing homes: An inter-nursing home agreement must be signed with the administrator of the accepting host home, and must be updated annually or when changes occur. Copies must be sent to the Parish OHSEP.
- iii. Other types of congregate care facilities: An agreement must be signed with the administrator of the facility, and must be updated annually or when changes occur. Copies must be sent to the Parish OHSEP.
- iv. Hospitals: to be used only for Residents who require extensive care to maintain their current health status. An admit agreement must be prearranged and signed with the hospital, and must be updated annually for all Hospital Admit Clients.
- v. Business facilities: A nursing home may be affiliated with a company that has facilities that could be converted into shelters in an emergency. If that option is to be used the company must have the designated facility inspected by the Parish OHSEP or American Red Cross to determine what must be done to make it acceptable as a shelter. The company would get emergency power generators, cots, supplies, and other necessary provisions to outfit the contingency shelter, and make sure that everything that is needed is stored on site. Company personnel must be trained as shelter managers in approved shelter manager courses. Plans to accomplish this must be drawn up and sent to the Parish OHSEP. The facility must be inspected annually or when changes occur.
- vi. Schools, churches, and other institutions: Facilities can be used for evacuees only in cases in which they are not already committed to being an emergency public shelter. An agreement must be signed with the person responsible for the facility, and must be updated annually or when changes occur. A copy of the agreement must be sent to the Parish OHSEP.
- vii. Hotels, motels, and apartment buildings: An agreement must be signed with the owner. The agreement must specify the conditions under which the nursing home can move its clients in, and must specify what will happen to any current lodgers when that happens. The agreement must be updated annually or when changes occur. Copies must be sent to the Parish OHSEP.

f. Examples of host sites for Catastrophic Emergencies:

Many parishes in Louisiana are subject to catastrophic emergencies, such as hurricanes or widespread flooding that will require the evacuation of the entire parish and relocation of the parish population to a safe area for several days or longer. In South Louisiana, the safe area would be generally north of the I-10/I-12 interstate highway. Nursing homes located in parishes that are subject to catastrophic emergencies will make arrangements to move out of the danger or risk area, to safety for an extended period of time. Criteria used to select local host facilities listed above should be used in selecting host sites due to catastrophes. Nursing home administrators who are unsure about whether they are in a risk area shall consult their Parish OHSEP for a determination of how far they would need to move their clients to be safe.

2. The facility alert system will be activated when warning is received that a specific hazardous event is expected, staff briefings are to be held, updated information obtained, external support services put on alert, and residents and their support requirements prepared. Resident's records need to be checked to make sure that their individual information is up-to-date. All employees will be alerted to the higher levels of preparedness as threatening weather or other potential hazards develop, and will review their functions and responsibilities for the hazard that is approaching. The following groups shall be put on the notification list:
  - a. Internal Alert and Notification, including both on-duty and off-duty personnel.
  - b. External notification of evacuation host shelter sites, including hospitals.
  - c. Families/responsible parties of Clients.
  - d. External support services, including vendors, contractors, etc.
  - e. Other organizations and individuals as appropriate.
  - f. \*What are the plans and procedures in place for alerting and notifying 2. a-e above? If evacuating, include date and approximate time of departure, and place, location, contact information of host facility. When will external and internal briefings and notifications or alerts be started? Who will carry out these tasks? What information will be included?
3. During an unexpected event such as a tornado, plans and procedures must be specific to protect and monitor Client condition throughout the emergency to the extent possible. How will this be done?
4. After the event has ended, recovery of public and on-site utilities and restoration of routine client services will be the first priority. The recovery period may be lengthy and require a large measure of self-reliance. What plans have been made to determine and improve self-reliance after an emergency?



B. \* Determinations for Sheltering In Place during tropical weather hazards:

1. Under what conditions will facility shelter in place?
2. When will this decision be made in regards to storm time line?
3. Who will make this decision?

C. \* Determinations for Evacuation of facility before tropical weather hazards:

1. Under what conditions will facility evacuate?
2. When will this decision be made in regards to storm timeline?
3. Who will make this decision?

D. Establish a command post (CP) at a pre-designated location in the facility suitable for the hazard, as severe weather or other hazards approach. Account for the location of all staff and residents and establish condition status according to preset procedures. Clearly mark and label on floor plans.

E. In the event of a fast moving emergency, such as a tornado, a flash flood, or a hazardous materials incident, it may not be advisable to evacuate the facility. In that case, Shelter In-Place will be used. Since hazardous materials incidents, tornadoes, and other, like events can occur at any time of the day or night, the facility personnel shall be trained in the actions needed for in-place sheltering. The following considerations will apply:

1. Shelter-In-Place, General:

- a. Make sure all residents and staffs are inside. Monitor residents' condition. Assign at least one person per wing to insure that it is done.
- b. Make sure all doors and windows are closed. Assign at least one person per wing to insure it is done.
- c. Close all air intake vents and units in bathrooms, kitchen, laundry, and other rooms (hazardous materials units). Turn off heating, cooling, and ventilation systems that take in outside air, both central and individual room units. Units that only re-circulate inside air may have to be kept running during very cold or very hot weather to avoid harm to clients. Locations of these should be included in Tab A – facility floor plans.
- d. Cover and protect food, water, and medications from airborne contamination and from contact with waste materials, including infectious waste.
- e. Maintain contact with fire authorities regarding the hazard and internal conditions. Remain inside until notification of an "All Clear".

- f. Obtain advice from public health authorities regarding the need for decontamination, and the means for doing it.
  - g. Evaluate all Clients, particularly those with respiratory problems, and provide oxygen or suitable assistance.
- 2. Shelter In Place - Tornado:
  - a. Move Clients and staff to designated tornado shelter areas, or to small interior rooms and hallways, away from windows. Mattresses and blankets may be used to reduce injury from flying debris.
  - b. Remain in protective posture until declared safe by public authorities.
  - c. Assess injuries and damages suffered by Clients, the facility, and utilities as soon as the tornado danger has passed. Compile injury and damage reports at the command post.
- F. In the event a facility chooses to Shelter In Place during a Hurricane, at a minimum all procedures outlined in the Nursing Facility Minimum Licensing Standards, Emergency Preparedness LAC 48: I.9729 shall be followed. This includes all notifications, procedures, and submissions before during and after a hurricane.
- G. Evacuation: Time line restrictions set by any agreements and local or state authorities shall be followed. The following are examples and are in no particular time order.
  - 1. Review and update resident Emergency Transportation Categories to ensure they are correct. Give notice of the impending evacuation to next of kin who have previously stated that they would recover the resident and assume responsibility for their care in the event of an evacuation. Update the DHH-HSS emergency Preparedness website. Who will do this? How? When?
  - 2. \*Review hurricane evacuation checklist, if applicable (see Tab P). Who will do this? How? When?
  - 3. Summon transportation resources or equipment and prepare instructions and maps for drivers. Assign any needed attendants for boarding residents. Check with support organizations or other assistance planned for in loading residents, equipment, and supplies. State who will be assisting the residents into transportation. State any special equipment to be used. Who will do this? How? When?
  - 4. Prepare the following; Prepare resident's identification, medical records, special diets, special equipment or supplies, Describe arrangements for dispatching resident medical records with each evacuated residents. Prepare special foods and medications, in original containers, and other required support materials to send along with each resident. Review checklists (Tab G,O,L) of what equipment and supplies are to accompany residents.
  - 5. Advise host shelter sites and clients' families/responsible parties of estimated time, and date of departure and arrival. Include in notification to clients'

families/responsible parties the name, address, and telephone number of host site along with a telephone number that can be used to get further evacuation information and updates. Who will be assigned these tasks?

6. Advise the Parish Office Homeland Security of Emergency Preparedness of departure and destination in order to facilitate locator activities.

H. Roads will be congested and traffic may move very slowly. State how residents will be fed and/or medicated en-route, should that become necessary. Specify methods or plans for ensuring resident records; to include current active diagnoses, medications, medication time and dosages, allergies, special dietary needs or restrictions, and contact information for next of kin or responsible party will accompany resident during all phases of evacuation. State plans for ensuring licensed nursing staff, food, and water will accompany resident during all phases of evacuation

- a. Who is responsible for each task?
- b. How will resident specific supplies, foods and medications follow resident?
- c. When will this be started? Approximately how long will it take to accomplish this?

I. In the event a facility chooses to Evacuate prior to a Hurricane, at a minimum all procedures outlined in the Nursing Facility Minimum Licensing Standards, Emergency Preparedness LAC 48: I.9729 shall be followed. This includes all notifications and submissions before, during, and after a hurricane.

J. Return To The Facility: All licensing regulations shall be followed for return.

1. When returning to a facility whose normal operation was affected by a Hurricane, at a minimum all procedures outlined in the Nursing Facility Minimum Licensing Standards, Emergency Preparedness LAC 48: I.9729 shall be followed. This includes all notifications, procedures and submissions before, during, and after returning.
2. Contact the Parish Office Homeland Security of Emergency Preparedness to see if an "All Clear" has been issued for re-entry into the area, and all utilities have been restored.
3. Pre-determined staff personnel will be sent to the facility site to determine whether it is possible to return, and will prepare for the return.

#### IV. ORGANIZATION AND RESPONSIBILITIES:

##### A. Organization And Staffing:

\*Attach as Tab H an organization and staffing chart that depicts functional responsibilities, organizational structure, and job titles, along with telephone numbers of the personnel that fill those positions. Date the chart and keep information current. Include the following; Who is in charge of whom? Who will do what? Contact information for staff? Use titles or

positions and their duties or responsibilities when making permanent chart, as names of staff may change. Use a separate page or pages to list titles or positions and the names and contact information of those staff.

1. Responsibilities of staff for implementation of the actions outlined in "III Concept of Operations" are as follows: Someone, by job or position title, must have primary responsibility for every action covered in the "Concept of Operations". Others may be given assistance roles. Some examples of responsibilities are provided as follows. Other positions, if applicable, should be added.

The Following are Examples; these may or may not be applicable to your Emergency Plan or your individual facility. Use titles, positions, and terms that are familiar to you and your staff. Use the duties that are listed in your plan.

a. Administrator:

- (1) Brief all staff on their responsibilities in an emergency and maintain records of their briefings.
- (2) Implement the plan and supervise its execution.
- (3) Contract with and notify supporting agencies, evacuation hosts, and transport, food, and other service and material suppliers.
- (4) Notify the public officials of evacuation decisions, destinations, and arrival, as facility official spokesperson.

b. Charge Nurse:

- (1) Develop and maintain client and staff status reports.
- (2) Prepare Clients for the hazard concerned, whether in-place shelter or evacuation.
- (3) Supervise loading of clients, support staff, and any accompanying staff families into evacuation vehicles. Prepare vehicle manifests, and supervise provision of care en-route.
- (4) Coordinate with dietary staff.

c. Food Service Supervisor:

- (1) Arrange to have on hand foods that do not require refrigeration or cooking, for use in evacuation or in-place sheltering situations.
- (2) Supervise the packing for transport of foods, water, and service supplies for use at host locations.
- (3) Provide ice and containers to preserve perishable foods and medicines in an evacuation.

d. Maintenance Person:

- (1) Develop procedures and provide for their implementation to secure the facility.

- (2) Procure emergency fuel supply.
- (3) Check generator and other emergency equipment.
- (4) Secure facility.
- e. On a different page or form, list the Titles or positions and who fills that position. As personnel change this list can be easily changed.

Administrator = Tom Toms, address, phone, etc

Food Service Supervisor = Otto Mobile, address, phone, etc.

Maintenance Supervisor = AnnSo On, address, phone, etc.

## V. ADMINISTRATION AND LOGISTICS

Each section shall have a cover or title page or tab identifying that section and contents. All sections shall be identified in an index or in a table of contents. All outdated material should be removed from plan to avoid confusion.

A. Tab A: Labeled facility floor plans, labeled charts, labeled map or sketch map of area.

B. Tab B: Client roster with room location and ambulatory condition and transportation requirements. Include names of and contact information for next of kin or responsible party. Indicate clients who have relatives or other persons who have agreed to recover them, when called, in an emergency. DHH-HSS does not need a copy of the names on the lists or rosters. \*Please do not include names or other private patient information when sending in your plan to DHH-HSS but do send a blank copy of forms or templates that will be used. Please have this list updated according to your plans and on file within your facility's copy of the plan at all times. Please include only TAB B cover sheet, forms or templates, census, licensed beds and transportation requirements when submitting this tab of your plan to DHH-HSS. Include the following:

- a. Specify room location and ambulatory condition.
- b. Indicate where the official copy of the list will be posted.
- c. Indicate the transportation needs of the current Resident census and give total for each type of transportation needed.
  - i. need ambulance with life support = #
  - ii. need ambulance for physical condition = #
  - iii. need wheelchair accessible vehicle = #
  - iv. need regular transportation = #
- d. Include contact information for next of kin or responsible party.
- e. Indicate the Residents that have arrangements to be recovered or transported by a responsible party, whenever called in an emergency.

C. Tab C: Staff roster, including live-in and non live-in, full and part time. Indicate staff that has agreed to work during emergencies. Include name, address, and telephone number. Who will keep information current? When will it be

updated? \*Please do not include private individual information when sending in your plan to DHH-HSS but do send a blank copy of forms or templates that will be used. Please have this list updated and on file within your facility's copy at all times.

- D. Tab D: Transport agreements with staff members, commercial or independent resources and or facility owned or company owned transportation resources and services. \*Agreements with evacuation transport services shall be signed, dated and renewed or verified annually. Include in the agreements the types of vehicles, number of and type of passengers that each can carry and state the number residents and number of staff assigned to each vehicle. These agreements will need to be signed by the responsible party from the transportation provider at least annually (before March 1). The Tab D coversheet should be completed and attached to each individual transportation agreement. All out dated agreements should be removed from the plan as to eliminate confusion.
- E. Tab E: Agreements with evacuation host shelter facilities and alternates dated, signed, and renewed annually. These agreements will need to be signed by the responsible party from the receiving host site at least annually (before March 1). The Tab E coversheet should be completed and attached to each individual host site(s) agreement. All out dated agreements shall be removed from the plan as to eliminate confusion.
- F. Tab F: How many days of non-perishable meals/food always kept on hand? Include special diet requirements. How many days of medications stored at the facility, note any special temperature requirements or security requirements. \*Include plans (who, where, how, when, what) for 7 day supply of food and medication if applicable.
- G. Tab G: Checklist of items to accompany residents during travel, including medications and special foods. Include in your plan loading arrangements and state how these items will follow residents in each vehicle.
- H. Tab H: Organization and staffing chart, with responsibilities, job titles, and phone numbers of staff personnel. This is a list of who will do what in an emergency event. Please only list titles/positions and the responsibilities of those titles/positions. Please do not include names of staff and staff contact information with plans sent to DHH-HSS.
- I. Tab I: Posted Communication Plan. Telephone numbers of the emergency point of contact at your facility and the parent headquarters if any List of emergency telephone numbers, such as law enforcement, fire, EMS, public works, utilities, fuel(s) supplier, evacuation host facility point of contact, Parish Office Of Home Land Security and Emergency Preparedness, Red Cross, your Designated Regional Coordinator, etc. List of 24-hour telephone numbers for nursing supplies, dietary supplies, and pharmacy supplies. If available include other contact information for previously listed emergency contacts such as email, cellular phone, and fax.

Indicate whether the facility has and uses a "weather alert radio", internet alert system or relies on local radio and television for news weather predictions and emergency announcements. Also include in Tab I types of communications systems or equipment used to monitor emergency broadcast and contact emergency services, power sources, testing schedule, and backup systems or back up plans. This part of your emergency preparedness plan shall be clearly marked and labeled in a manner that is immediately recognizable. Copies of the Posted Communication Plan shall be posted or placed where it is accessible by all staff at all times.

- J. Tab J: Indicate those hazards to which the facility may be subject: include a list of the disasters that are most likely to affect your facility and briefly explain any that are non weather related in Tab J.

<http://www.ohsep.louisiana.gov/hlsmitigation/hazmitigatpln.htm>

- K. Tab K        \*Nursing facilities subject to the provisions of Louisiana R.S. 40:2009.25(A) shall have a conducted a risk assessment of their facility to determine the facility's integrity. This assessment will be included in the determination by the facility of its ability to shelter in place during a hurricane event. The assessment will include all of the statewide required situational information.

- L. Tab L:        List the equipment and supplies to be stocked, such as emergency lighting, water storage containers, canned food(non perishable food), can openers, cooking and meal service supplies, sanitary supplies, personal hygiene supplies, first aid and medical treatment supplies, debris clearance and repair tools and supplies, drinking water-one gallon per person per day, water for sanitation, etc. These supplies might be for sheltering in place or evacuation.

- M. Tab M: Maps with evacuation routes highlighted, driving instructions, mileage, approximate travel time in congested traffic conditions and written driving directions.

- N. Tab N:        Transfer form authorizing admission of nursing facility Category I Hospital Admit (HA), Clients into a hospital in time of emergency.

- O. Tab O:        Hurricane evacuation checklist.

- P. Tab P:        Schedule and records of emergency preparedness exercises

- Q. Tab Q:        Plans and resources for emergency power supply

- R. Tab R:        Include in your plan a copy of the current Nursing Facility Minimum Licensing Standards, Emergency Preparedness requirements **LAC 48: I.9729**. Nursing Home licensing standards can be found on the following links:

<http://doa.louisiana.gov/osr/reg/register.htm> or  
<http://www.dhh.louisiana.gov/offices/publications.asp?ID=112>

S. Tab S: Elevation vs. Flood Chart

T. Tab T: Time Line Restrictions

## VI. PLAN DEVELOPMENT AND MAINTENANCE

- A. Development and maintenance of this plan in coordination with the Parish Office of Homeland Security and Emergency Preparedness is the responsibility of the facility.
  - 1. State the person who is responsible for the development of plan.
  - 2. State the person who is responsible for maintaining the plan.
- B. The supervisor of each functional area (e.g. administration, dietary, nursing, maintenance) should be responsible for timely contributions to this plan and included in the development of any Standard Operating Procedures needed in his or her functional area to insure the effectiveness of this plan.
  - 1. Are the supervisors of each functional area involved with the development of the plan and Standard Operating Procedures?
  - 2. Are the supervisors of each functional area informed of their planned responsibilities?
  - 3. If functional supervisors are not included who is responsible for those areas?
- C. The plan shall be reviewed for possible shortcomings by the facility manager and supervisory personnel following every emergency and every emergency exercise. This will take place at least annually or as required by DHH.
  - 1. State the persons responsible for reviewing the plan.
  - 2. State the persons responsible for submitting updates to OHSEP and DHH.
- D. All changes that affect external organizations will be coordinated with them, to mutual satisfaction, and documented in plan.
- E. This plan and any revisions and changes shall be submitted to the Parish Office of Homeland Security and Emergency Preparedness upon promulgation. Verification of delivery will be needed. The Parish Office of Homeland Security and Emergency Preparedness may review the plan or any changes and advise the facility whether the plan has at least the minimum elements contained in the Louisiana Model Nursing Home Emergency Plan.



#### A. FACILITY DESCRIPTION

UPTOWN HEALTH CARE CENTER IS A 200 BED LONG TERM CARE FACILITY THAT WAS BUILT IN 1970. IT IS A SIX STORY FACILITY LOCATED AT 1420 GENERAL TAYLOR STREET. THE FACILITY IS LOCATED BETWEEN ST CHARLES AND PRYTANIA STREETS. RESIDENTS ROOMS ARE LOCATED ON FLOORS TWO THRU FIVE AND OFFICE SPACES ARE PRIMARILY ON FLOORS ONE AND SIX. THERE ARE BOTH ELEVATOR AND STAIRS THAT MAKE IT POSSIBLE TO ACCESS EACH FLOOR WITHIN THE FACILITY. THE NEIGHBORHOOD THAT SURROUNDS THE FACILITY HAS BOTH RESIDENTIAL AND COMMERCIAL PROPERTIES, WHICH INCLUDE SEVERAL HOSPITALS, BARS, RESTAURANTS, HOTELS, AND SEVERAL DIFFERENT TYPES OF OTHER SMALL BUSINESSES.

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**TAB B:**

Client/Resident census/transportation coversheet. Please TYPE or CLEARLY PRINT information and place in front of the current list/roster in your facilities plan.

Only submit a copy of this completed coversheet with blank forms, listed information, or templates that will be used in your plan to the DHH-HSS Emergency Preparedness Manager. Please do not send names or private information unless requested. The templates or forms used shall include, but not be limited to, all information required in licensing regulations;

- a. Specific room location and ambulatory condition.
- b. Indicate the transportation needs of the current Resident census and give total for each type of transportation needed.
  - i. need ambulance with advanced life support = #
  - ii. need ambulance for basic life support = #
  - iii. need wheelchair accessible or Para-transit vehicle = #
  - iv. need regular- car, van, bus- transport = #
- c. Include contact information for next of kin or responsible party.
- d. Indicate the Residents that have arrangements to be recovered or transported by a responsible party, whenever called in an emergency.

Provide the following;

Total Licensed Beds: 200

Current Census: 167

Number of available beds: 33

Transportation requirements for census:

# need ambulance with/for advanced life support = 1

# need ambulance with/for basic life support = 10

# need wheelchair accessible or Para-transit vehicle = 46

# need regular transportation i.e. car, van, bus etc. = 110

Total # = 167

Date completed 2/26/2021

**TAB C**

Staff roster shall including live-in and non live-in, full and part time. Include name, address, and telephone number. DHH-HSS does not need a copy of these lists or rosters. Please do not include these when sending in your plan to DHH-HSS. Please have this list updated and on file within your facility's copy at all times.

UPDATED as of: 2/24/2021

UPDATED by (print): Calvin Smith

## TAB D

Transportation agreement coversheets please TYPE or CLEARLY PRINT and attach to each transportation resource agreement. Example: If you have 5 transportation providers you will have 5 coversheets one attached to the front of each signed agreement. If transportation is facility-owned please state that, provide verification of ownership, and fill in all applicable information. Ongoing contracts will need to be verified annually and signed by all parties. Please PRINT

Name of transportation resource provider:

Acadian Ambulance Service

Contact person: Kevin C. Spansel

Phone # of transportation Provider: 504-451-2610

Physical Address or location of transportation provider:

5670 Haynes Blvd

New Orleans, LA 70126

Time restrictions: 72 hours

Type and quantity of transport provided:

25 Vans and 25 Ambulances

Number and type of passengers accommodated:

Vans accommodates 2 wheelchairs and ambulance accommodates 1 stretcher

Date of agreement:

January 1, 2020

Date agreement ends:

Ongoing

# **Acadian**

## **AMBULANCE SERVICE**

of NEW ORLEANS, L.L.C.

P.O. Box 98000 • LAFAYETTE, LA • 70509-9800

AMBULANCE  
DISPATCH  
511  
800-259-1111

ADMINISTRATION  
337-291-3333  
800-259-3333

BILLING  
800-259-2222

January 1, 2020

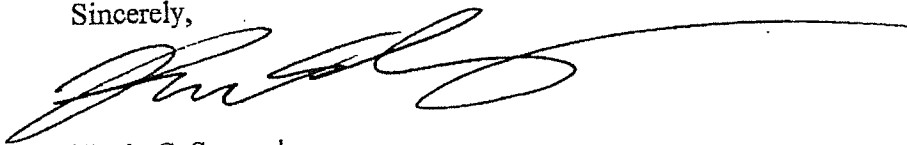
Uptown Healthcare DBA Maison Orleans  
C/O Administrator  
1420 General Taylor  
New Orleans, LA 70115

Re: Evacuation Agreement

Dear: Administrator,

In response to a request for verification from Facility (hereinafter "Facility"), please allow this to serve as confirmation that Facility currently has in place an Agreement for the evacuation of resident/patients in the case of a disaster, as required by the Louisiana Department of Health and Hospitals and in accordance with the terms and conditions of such Agreement. The Agreement auto renews annually unless otherwise terminated by either party. As of this Date, no notice of termination has been received and therefore such Agreement remains in full force and effect.

Sincerely,



Kevin C. Spansel,  
Community Relations Supervisor  
Acadian Ambulance Service, Inc.

## **Emergency Evacuation Request and Guarantee of Payment**

**Uptown Health Care d/b/a Maison Orleans** (hereinafter referred to as "Facility"), whose address is 1420 General Taylor Street, New Orleans, LA, 70115 and **Acadian Ambulance Service of New Orleans, LLC** (hereinafter referred to as "Acadian") hereby enter into this agreement effective 10/01/2020 ("Effective Date") for purposes of facilitating the scheduled ground transportation\* and evacuation of patients meeting medical necessity guidelines, from Facility, due to hurricane, natural disaster, or other act of God (hereinafter an "Event").

**Term:** This Agreement shall have a primary term beginning on the 10/01/2020 and ending on 12/31/2020 and shall renew annually unless either party gives written notice to the other of its intent not to renew at least 30 days prior to the expiration of the term then in effect. In addition, either party may cancel this agreement by giving the other party 30 days written notice of such cancellation which shall cancellation shall become effective on the latter of the noticed date of cancellation or 31 days from the date of mailing same.

**Evacuation Procedure:** Facility agrees and understands that it is Facility's responsibility to request evacuation services under this Agreement which must be made as set forth herein and in the form attached hereto as Exhibit A (fully incorporated herein by reference). Acadian shall have no obligation to facilitate the transport of patients of Facility, who must meet medical necessity guidelines, until the fully completed Evacuation Request Form (Exhibit A) and the designation of a destination facility acceptable to the transporting agency are received by Acadian from Facility and such receipt has been confirmed. It is the sole responsibility of Facility to designate such a destination facility/ shelter and to confirm that such shelter/ facility is in agreement to accept Facility's patients. The designated shelter must be within a reasonable distance or 200 miles unless specifically accepted in writing by an authorized Acadian representative. Furthermore, should the shelter so designated by Facility stop accepting residents or if any designated destination is at a distance which would hinder Acadian's ability to facilitate the evacuation of other facilities, it shall be the responsibility of Facility to secure an alternate destination for transportation of patients satisfactory to Acadian. Facility understands and agrees that Acadian has limited resources. Therefore, Acadian agrees to use good faith efforts to accommodate any request with either internal resources or in coordination with state, federal and/or mutual aid assets when request for transport is made, as required herein, at a minimum of 48 hours prior to wind speeds reaching 40 mph. Thereafter, transportation shall be performed on an as available basis without any guaranty of performance. Furthermore, if mutual aid resources are not available for the request and Acadian resources are not available, Acadian may give notice of the request to the local EOC command with jurisdiction over the Event and Acadian shall notify Facility of same at which time Acadian's obligations hereunder shall be deemed fulfilled.

If, under any circumstance, Facility is not prepared to evacuate upon arrival by Acadian or coordinated resources, Acadian's obligation hereunder shall terminate. The schedule of evacuations shall be at the sole determination of Acadian and its mutual aid partners based on availability of resources and proximity of Facility to the threatened area. At the conclusion of the event and upon request of Facility and acceptance by Acadian, Acadian or coordinated resources shall at a mutually agreed upon time, return residents and inpatients from the designated shelter back to Facility.

Facility also understands and agrees should conditions in the area in which facility is located deteriorate so that labor and resources, if not immediately removed, may be put in harm's way, Acadian and its coordinated providers have

the right to cease all transports under this agreement and resume when and if conditions allow. The decision to cease such operations shall be determined in good faith by the provider rendering services and Acadian shall not have any liability, obligation or otherwise to Facility or residents for non-performance under these circumstances. However, Acadian shall inform facility as soon as practicable of the removal of resources under this paragraph when known.

**Compensation:** Facility hereby agrees to be responsible for and pay all cost associated with the transportation of patients from the Facility during the evacuation and post event. The rates that Acadian shall charge Facility when Facility pays Acadian for ground ambulance transports shall be the Medicaid Allowable rates in effect at the time service is provided according to the level of service provided plus mileage (per loaded mile). For multiple patients transported in the same ambulance vehicle, the mileage will be pro-rated by the number of patients transported in that same vehicle.

Facility agrees that it shall pay all sums owed to Acadian within 30 days of presentation of an invoice by Acadian for services performed at the address set forth below. All invoices not paid in full within 61 days from date of invoice will be considered past due. Once an invoice becomes past due, Acadian may mail to Facility a Past Due Notice consisting of the invoice number(s) and amount(s) due on said invoice(s). Failure of Facility to pay the past due invoice(s) in full within thirty (30) days of Acadian's mailing of the Past Due Notice shall obligate Facility to pay finance charges of 12% per annum, retroactive to the respective invoice date(s), on the unpaid balance of the respective invoice(s). All invoices not paid in full within 91 days from date of invoice will be considered delinquent. Once an invoice becomes delinquent, Facility shall no longer be entitled to the discount to which it would otherwise be entitled under the terms of this contract. Except for invoiced payments that Facility has successfully disputed, all delinquent invoices shall bear interest at the lesser of the rate of 3% per month or the highest rate permissible under applicable law, calculated daily and compounded monthly. Facility shall also reimburse Facility for all reasonable costs incurred in collecting any delinquent invoices, including, without limitation, attorneys' fees, court costs and all other amounts to which it is legally entitled. In addition to all other remedies available under this Agreement or at law (which Acadian does not waive by the exercise of any rights hereunder), Acadian shall have the option to either terminate this Agreement or suspend the provision of any Services if Facility fails to pay any amounts when due hereunder and such failure continues for 30 days following written notice thereof.

**Third Party Vendors.** Facility understands that transport may be provided by third party vendor. The third party vendor's rates in effect at the time service is provided will be communicated to the Facility prior to transport. Acadian will not contract the services of such third party vendor without the express prior written consent of the Facility, such consent not to be unreasonably withheld. Facility shall be billed in accordance with services provided by third party vendor.

**Facility Billing:** It shall be the Facility's responsibility to bill any local, state or federal agency, including FEMA, for reimbursement of amounts expended for evacuation and return services. Acadian shall not be limited or restricted by the reimbursement schedule of any state or federal agency making payment or being called upon to make payment or reimbursement to Facility, in its collection of amounts owed hereunder.

**No Third Party Beneficiary:**

This Agreement is for the benefit of the named parties only, there being no third party beneficiaries with rights under same.

**Governing Law & Venue:** This Agreement shall be governed in accordance with the laws of the State of Louisiana. The venue for any dispute arising in connection with this Agreement shall be in Lafayette Parish, Louisiana. .

**Entire Agreement:** This Agreement supersedes all previous Evacuation Agreements between Acadian and Facility and constitutes the entire agreement between the parties relating to the matters covered by this Agreement. No oral statements or prior written materials not specifically incorporated herein shall be in force and effect, and no changes in or additions to this Agreement shall be recognized unless incorporated herein by amendment, as provided herein, such amendments(s) to become effective on the date stipulated in such amendment(s). This Agreement may not be amended or modified except by a writing executed by all parties hereto.

**Nondiscrimination.** Acadian shall not discriminate against any patient because of race, physical handicap, color, religion, sex or national origin. Acadian shall not be required to provide medical care if a patient refuses to cooperate with the medical advice and treatment or if there is other good cause for refusing to provide medical services. Acadian agrees to comply with the provisions of 41 C.F.R. § 60-1.4.

**Counterparts.** This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall be deemed to be one and the same agreement. A signed copy of this Agreement delivered by facsimile, e-mail or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

**Liability Insurance.** Acadian shall maintain, at its own expense, professional liability insurance in amounts equal to at least \$1,000,000 for each claim and \$3,000,000 annual in the aggregate. Acadian shall maintain, at its own expense, comprehensive general liability insurance in amounts equal to at least \$1,000,000 for each claim and \$3,000,000 annual in the aggregate. Acadian agrees to furnish Facility with satisfactory evidence of such insurance upon request. Acadian shall immediately advise Facility of any termination of such insurance or any reduction in the amount of such insurance. The parties agree that any insurance policies maintained by them shall contain provision that the underwriter will have no right of recovery or subrogation against the other party.

**Indemnification by Facility.** Facility shall indemnify, defend and hold harmless Acadian, Covered Person and Payors from any claims, losses, damages, liabilities, costs, expenses or obligations, including but not limited to attorneys' fees, court costs and punitive or similar damages, arising out of or resulting from the negligent, fraudulent, dishonest or other acts or omissions, of Facility, or its agents, officers, directors or employees.

**Indemnification by Acadian.** Acadian shall indemnify, defend and hold harmless Facility Covered Person and Payors from any claims, losses, damages, liabilities, costs, expenses or obligations, including but not limited to attorneys' fees, court costs and punitive or similar damages, arising out of or resulting from the negligent, fraudulent, dishonest or other acts or omissions, of Acadian, or its agents, officers, directors or employees. Acadian shall not be responsible for any breach of this Agreement resulting from failure in communication systems not caused by the gross negligence of Acadian.



**Non-assumption of Liability.** Facility and Payors do not assume any liability for the neglect, fraudulent, dishonest or other acts or omissions of Acadian. Acadian does not assume any liability for the neglect, fraudulent, dishonest or other acts or omissions of Facility or Payors.

**Notices:** All notices required to be given herein or payments made (if applicable) shall be made as follows:  
Request for service, in the form attached hereto as Exhibit A With a follow-up phone call to confirm receipt.

Notice & Payment:

**If to Acadian:**

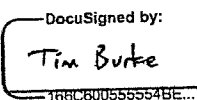
Acadian Ambulance Service of New Orleans, LLC  
P O Box 98000  
Lafayette, LA 70509-8000

**If to Facility:**

Uptown Health Care d/b/a Maison Orleans  
1420 General Taylor Street  
New Orleans, LA 70115

\* Air services may be available upon request, but are not a covered service under this Agreement.

Acadian Ambulance Service of New Orleans,  
LLC

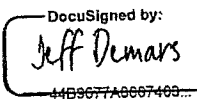
By:   
168C800555554BE...

Name: Tim Burke

Title: Regional Vice-President

Date: 10/21/2020 | 3:17 PM PDT

Uptown Health Care d/b/a Maison Orleans

By:   
44B9677A0007409...

Name: Jeff Demars

Title: SVP OF ADMIN. SERVICES

Date: 10/8/2020 | 10:36 AM PDT

**Date of Evacuation:**

<u>Date Received</u>	<u>Time Received</u>	<u>Total Mileage</u>
<b>Acadian Contact:</b> Kevin Spansel		
<b>Fax #:</b>	(337) 706-1888	
<b>Cell #:</b>	(504) 451-2610	
<b>Email:</b>	kspansel@acadian.com	
<b>Text #:</b>	(504) 451-2610	

Page 5 of 5

## TAB D

Transportation agreement coversheets please TYPE or CLEARLY PRINT and attach to each transportation resource agreement. Example: If you have 5 transportation providers you will have 5 coversheets one attached to the front of each signed agreement. If transportation is facility-owned please state that, provide verification of ownership, and fill in all applicable information. Ongoing contracts will need to be verified annually and signed by all parties. Please PRINT  
Name of transportation resource provider:

Contact person: Mike Nicoll

Phone # of transportation Provider: 504-522-5656

Physical Address or location of transportation provider:

Time restrictions: 72 hours

Type and quantity of transport provided:  
5 buses

Number and type of passengers accommodated:  
Vans accommodate 25 seated

Date of agreement: 3/1/2021

Date agreement ends: 2/28/2022

TRANSPORTATION AGREEMENT  
FOR  
LA HEALTH CARE CONSULTANTS, LLC

This agreement is by and between Nicoll's Limousine and Shuttle Service, hereinafter called PROVIDER, and all nursing homes owned and/or operated by LA Health Care Consultants, LLC (LHCC) hereinafter called CUSTOMER, as follows:

NAME: Maison Deville of Harvey  
2233 Eighth Street  
Harvey, LA 70058  
(504) 363-9522

NAME: West Jefferson Health Care  
1020 Manhattan Blvd.  
Harvey, LA 70058  
(504) 363-0165

NAME: Maison Deville of Houma  
107 South Hollywood Blvd.  
Houma, LA 70360  
(985) 876-3250

NAME: South Lafourche Nursing  
146 East 28<sup>th</sup> Street  
Cut Off, LA 70345  
(985) 537-3569

NAME: Maison Orleans Health Care Center  
1420 General Taylor Street  
New Orleans, LA 70115  
(504) 895-7755

NAME: Park Place Rehab & Nursing  
535 Commerce Street  
Gretna, LA 70056  
(504) 393-9595

NAME: River Palms Nursing & Rehab  
5301 Tullis Drive  
New Orleans, LA 70131  
(504) 394-5807

PURPOSE

To evacuate nursing home residents, as directed by each nursing home administrator, in the event of an approaching hurricane or other disaster which requires evacuation and to return residents as instructed.

To transport all required medical equipment and supplies, mattresses, wheelchairs, etc. as needed.

MISCELLANEOUS

Customer shall furnish a minimum of one (1) nurse aide per bus for each trip.

Provider shall furnish one (1) 26 ft. box truck per nursing home to transport all equipment and supplies. As space is available, provider will transport, on the buses, mattresses, wheelchairs, medical supplies, etc. as needed.

It is the intent of the provider to furnish safe, comfortable and expedient transportation to and from your designated locations.

This agreement shall commence on March 1, 2021, and end on February 28, 2022, unless extended by mutual written agreement by the parties hereto.

Signed this 21st day of February, 2021.

Nicoli's Limousine and Shuttle Service

By: Mike Nicoli

Mike Nicoli

LA Health Care Consultants, LLC (LHCC)

By: [Signature]

**TAB E**

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: Plaquemine Plaza Holdings, LLC

Contact person at host facility: Angie Courville

Phone # of host facility: 225-343-9152

Physical Address/location of host facility:

129 Calhoun St

Independence, LA 70043

Number of residents host facility will house: 700

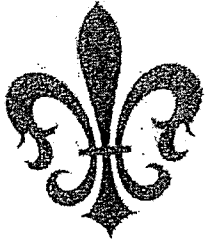
Distance to host facility: 69.9 Miles

Estimated time of travel: 1 hour and 9 Minutes

Date of agreement: 1/1/2021

Date agreement ends: Ongoing

Time restrictions: 24 Hours



PLAQUEMINE PLAZA HOLDINGS, LLC  
343 THIRD STREET, SUITE 600  
BATON ROUGE LA 70801

Year 2021 Hurricane Evacuation Plan Effective Date 1/1/2021

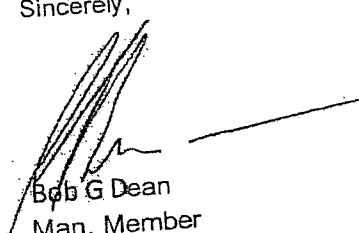
To:

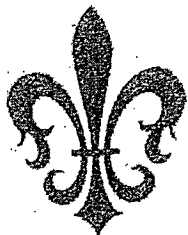
- Maison Deville Nursing Home Inc.
- Maison Deville Nursing Home of Harvey LLC
- Raceland Manor Nursing Home Inc. DBA South Lafourche Nursing & Rehab
- St. Elizabeth's Caring LLC OBA West Jefferson Healthcare, LLC
- Park Place Nursing & Rehab
- Uptown Healthcare Center, LLC DBA Maison Orleans Nursing & Rehab
- River Palms Nursing & Rehab LLC

The letter serves as confirmation of our arrangement that in the event of an emergency evacuation. Depending on the acuity of your residents, we have Several different sites in which we will deploy services and residents to.

Evacuation Site Address:	
1	129 Calhoun Street Independence, LA 70443

Sincerely,

  
Bob G Dean  
Man. Member



**PLAQUEMINE PLAZA HOLDINGS, LLC**  
**343 THIRD STREET, SUITE 600**  
**BATON ROUGE, LA 70801**

**Year 2021 Hurricane Evacuation Plan**

Evacuation Site Address	Bed Availability
1. 129 Calhoun Street Independence, LA 70443	700 Beds

Also, should a disaster occur and you require additional beds for your residents, the following skilled nursing facility beds will be made available to you.

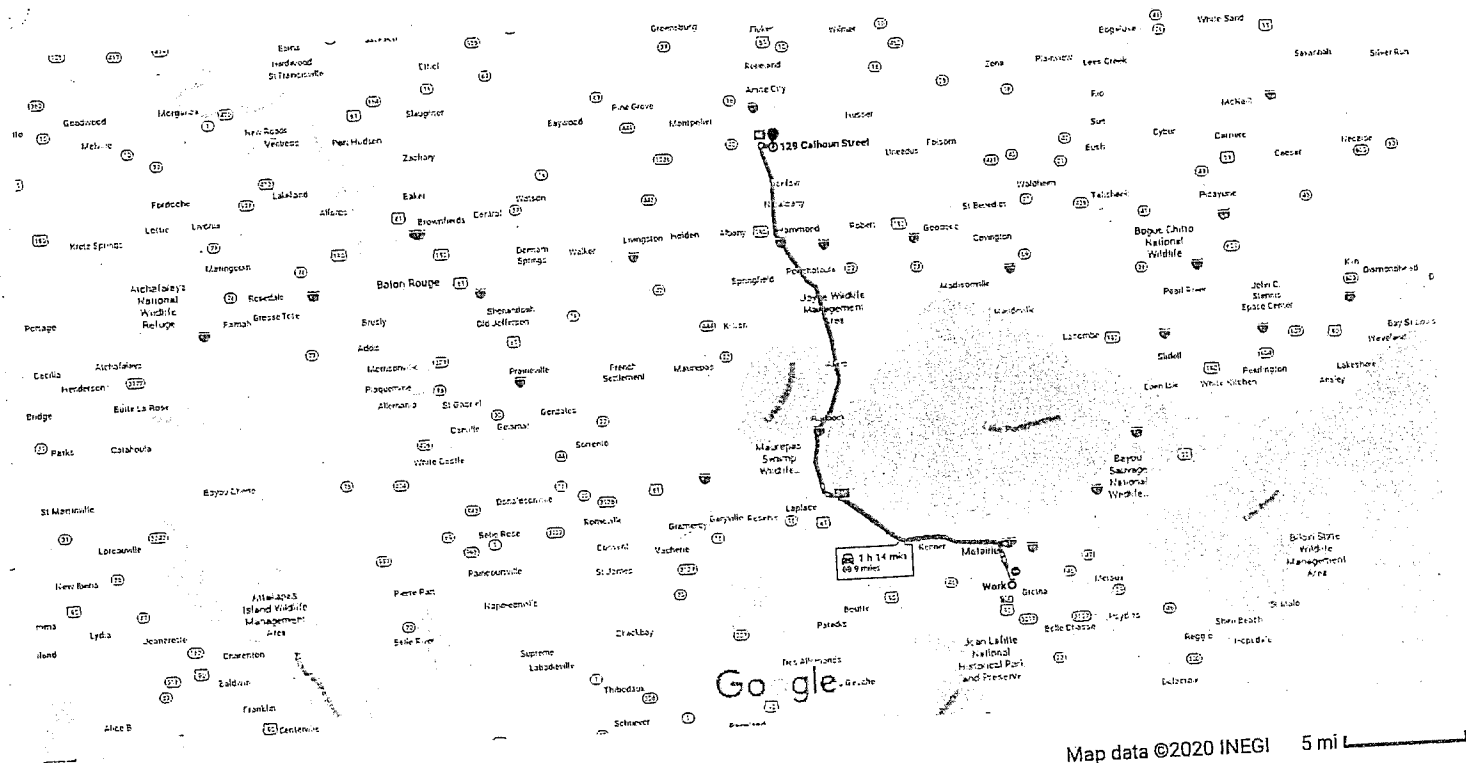
<u>Facility</u>	<u>Address</u>	<u>Phone</u>	<u>Bed Availability</u>
Maison Deville Nursing Home, Inc.	107 S Hollywood Rd Houma, LA 70360	985-876-3250	80 Beds
St. Elizabeth's Caring, LLC	1020 Manhattan Blvd. Harvey, LA 70058	504-362-9522	20 Beds
Maison Deville Nursing Home of Harvey	2233 8 <sup>th</sup> Street Harvey, LA 70058	504-362-9522	20 Beds
South Lafourche Nursing and Rehab	4302 Highway 1 Raceland, LA 70394	985-693-1065	20 Beds
Maison Orleans Healthcare of New Orleans	1420 General Taylor Street New Orleans, LA 70115	504-895-7755	20 Beds
River Palms Nursing Home	5301 Tullis Dr. New Orleans, LA 70131	504-394-5807	20 Beds
Park Place Nursing & Rehab	535 Commerce St. Gretna, LA 70056	504-393-9595	50 Beds

If you have any questions or need additional information, please do not hesitate to contact me at (225) 343-9152.

Sincerely,

Bob G. Dean  
Man, Member





**1420 General Taylor**  
New Orleans, LA 70115

Get on I-10 W from Louisiana Ave, Toledano St and  
Washington Ave

1. Head north on General Taylor toward Pitt St  
14 min (4.1 mi)
2. Turn right at the 3rd cross street onto Carondelet St  
0.1 mi
3. Turn left onto Louisiana Ave  
0.3 mi
4. Continue onto Toledano St  
0.8 mi
5. Continue onto Washington Ave  
0.7 mi
6. Washington Ave turns left and becomes Palmetto St  
1.2 mi  
338 ft

- 7. Use the right 2 lanes to turn right onto S Calhoun Ave  
203 ft
- ⤴ 8. Use the right 2 lanes to take the I-10 W ramp to Baton Rouge  
0.3 mi
- ⤴ 9. Keep right at the fork, follow signs for Interstate 10 W and merge onto I-10 W  
0.5 mi

Follow I-10 W and I-55 N to LA-40 E in 3. Take exit 40 from I-55 N  
57 min (63.2 mi)

- ⤴ 10. Merge onto I-10 W  
22.1 mi
- 11. Use the right 2 lanes to take exit 210 for Interstate 55 N toward Hammond  
1.1 mi
- ↑ 12. Continue onto I-55 N  
39.8 mi
- 13. Take exit 40 for LA-40 toward Independence  
0.2 mi

Continue on LA-40 E. Drive to Calhoun St in Independence  
4 min (1.6 mi)

- ↑ 14. Continue straight onto LA-40 E (signs for Independence)  
1.4 mi
- ↑ 15. Continue straight onto E Railroad Ave  
0.1 mi
- ↶ 16. Turn left onto Calhoun St  
374 ft

📍 Destination will be on the left

**129 Calhoun St**  
Independence, LA 70443

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

## TAB E

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: Maison De' Ville of Harvey

Contact person at host facility: Cindy Kendall

Phone # of host facility: 504-362-9522

Physical Address/location of host facility:

2233 8<sup>th</sup> Street

Harvey, LA 70058

Number of residents host facility will house: 20

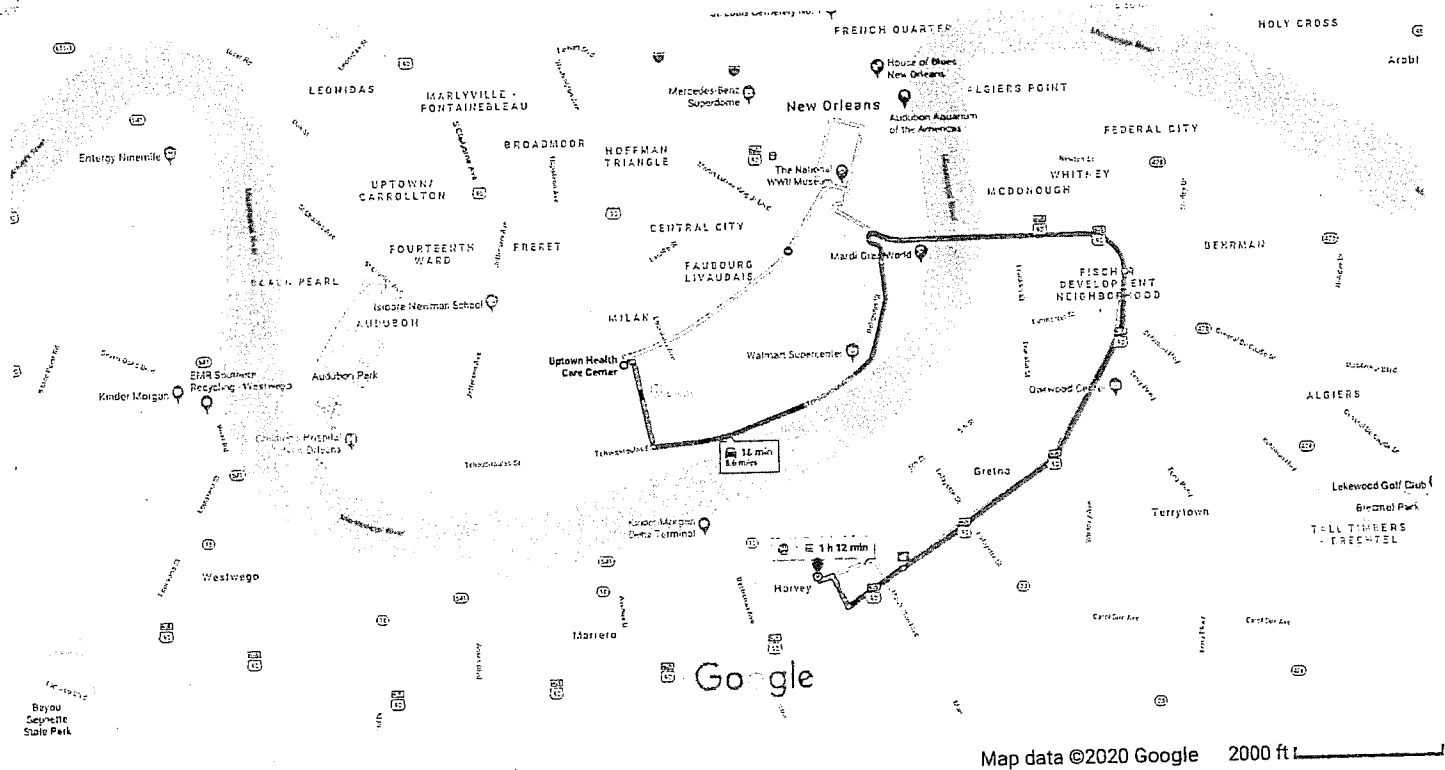
Distance to host facility: 8.6 Miles

Estimated time of travel: 18 Minutes

Date of agreement: 1/1/2021

Date agreement ends: Ongoing

Time restrictions: 24 Hours



## Uptown Health Care Center

1420 General Taylor, New Orleans, LA 70115

### Follow Peniston St to Tchoupitoulas St

4 min (0.7 mi)

- ↑ 1. Head north on General Taylor toward Pitt St  
69 ft
- ➡ 2. Turn right at the 1st cross street onto Pitt St  
269 ft
- ➡ 3. Turn right at the 1st cross street onto Peniston St  
0.6 mi

### Continue on Tchoupitoulas St. Take US-90 BUS W to Maple Ave in Harvey


13 min (7.6 mi)

- ↩ 4. Turn left onto Tchoupitoulas St  
Pass by Domino's Pizza (on the left in 1.9 mi)  
2.3 mi
- ⬆ 5. Use the right lane to take the ramp onto US-90 BUS W  
2.2 mi

6. Keep left to stay on the road 2.7 mi
7. Take exit 6B to merge onto Westbank Expy 0.5 mi

Continue on Maple Ave. Drive to 8th St

1 min (0.3 mi)

8. Turn right onto Maple Ave 0.2 mi
9. Turn left at the 1st cross street onto 8th St
-  Destination will be on the right 0.1 mi

## Maison Deville Nursing Home

2233 8th St, Harvey, LA 70058

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

## TAB E

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: Maison De' Ville Nursing Home

Contact person at host facility: William Daigre

Phone # of host facility: 985-876-3250

Physical Address/location of host facility:

107 S Hollywood Rd

Houma, LA 70360

Number of residents host facility will house: 20

Distance to host facility: 59 Miles

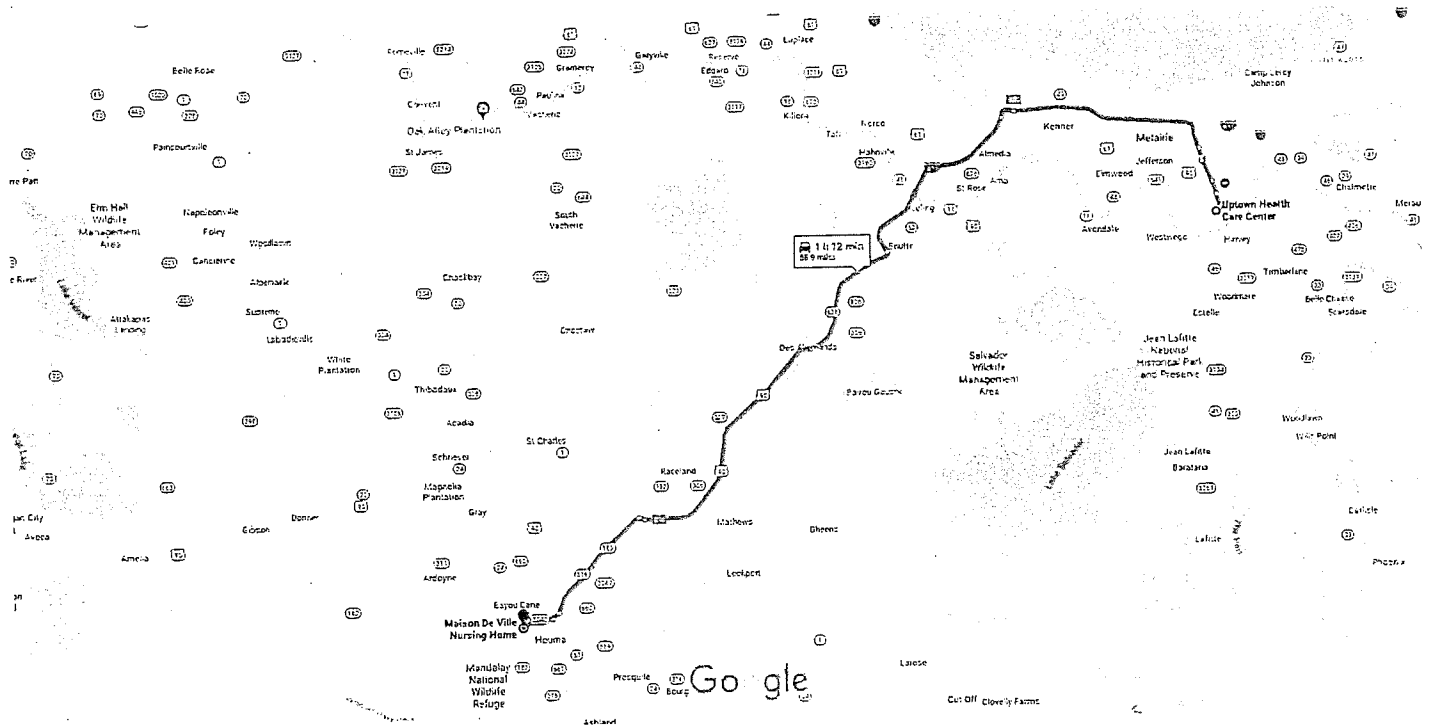
Estimated time of travel: 1-hour and 12 Minutes

Date of agreement: 1/1/2021

Date agreement ends: Ongoing

Time restrictions: 24 Hours

Maison Deville Houma



Map data ©2020 2 mi

## Uptown Health Care Center

1420 General Taylor, New Orleans, LA 70115

Get on I-10 W from Louisiana Ave, Toledano St and  
Washington Ave

14 min (4.1 mi)

- ↑ 1. Head north on General Taylor toward Pitt St  
0.1 mi
- ➡ 2. Turn right at the 3rd cross street onto Carondelet St  
0.3 mi
- ↩ 3. Turn left onto Louisiana Ave  
0.8 mi
- ↑ 4. Continue onto Toledano St  
0.7 mi
- ↑ 5. Continue onto Washington Ave  
1.2 mi
- ↩ 6. Washington Ave turns left and becomes Palmetto St  
338 ft

Ave

203 ft

8. Use the right 2 lanes to take the I-10 W ramp to Baton Rouge

0.3 mi

9. Keep right at the fork, follow signs for Interstate 10 W and merge onto I-10 W

0.5 mi

Follow I-10 W, I-310 S and US-90 W to LA-182 W in 5. Take exit 210 from US-90 W

44 min (45.5 mi)

10. Merge onto I-10 W

11.4 mi

11. Use the right 2 lanes to take exit 220 for I-310 S toward Boutte/Houma

1.0 mi

12. Continue onto I-310 S

10.9 mi

13. Exit onto US-90 W toward Houma

Pass by Burger King (on the left in 0.8 mi)

21.9 mi

14. Take exit 210 for LA-182 toward Houma

0.3 mi

Continue on LA-182 W to your destination in Bayou Cane

15 min (9.3 mi)

15. Turn left onto LA-182 W (signs for Houma)

7.0 mi

16. Slight right onto LA-3040 Spur

0.5 mi

17. Turn right onto LA-3040 Spur/N Hollywood Rd

Parts of this road may be closed at certain times or days

1.7 mi

18. Turn left

Destination will be on the right

184 ft

## Maison De Ville Nursing Home

107 S Hollywood Rd, Houma, LA 70360

These directions are for planning purposes only.  
You may find that construction projects, traffic,  
weather, or other events may cause conditions to



## TAB E

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: West Jefferson Healthcare Center

Contact person at host facility: Lindsey Dukes

Phone # of host facility: 504-362-2020

Physical Address/location of host facility:

1020Manhattan Blvd Harvey, LA 70058

Number of residents host facility will house: 25

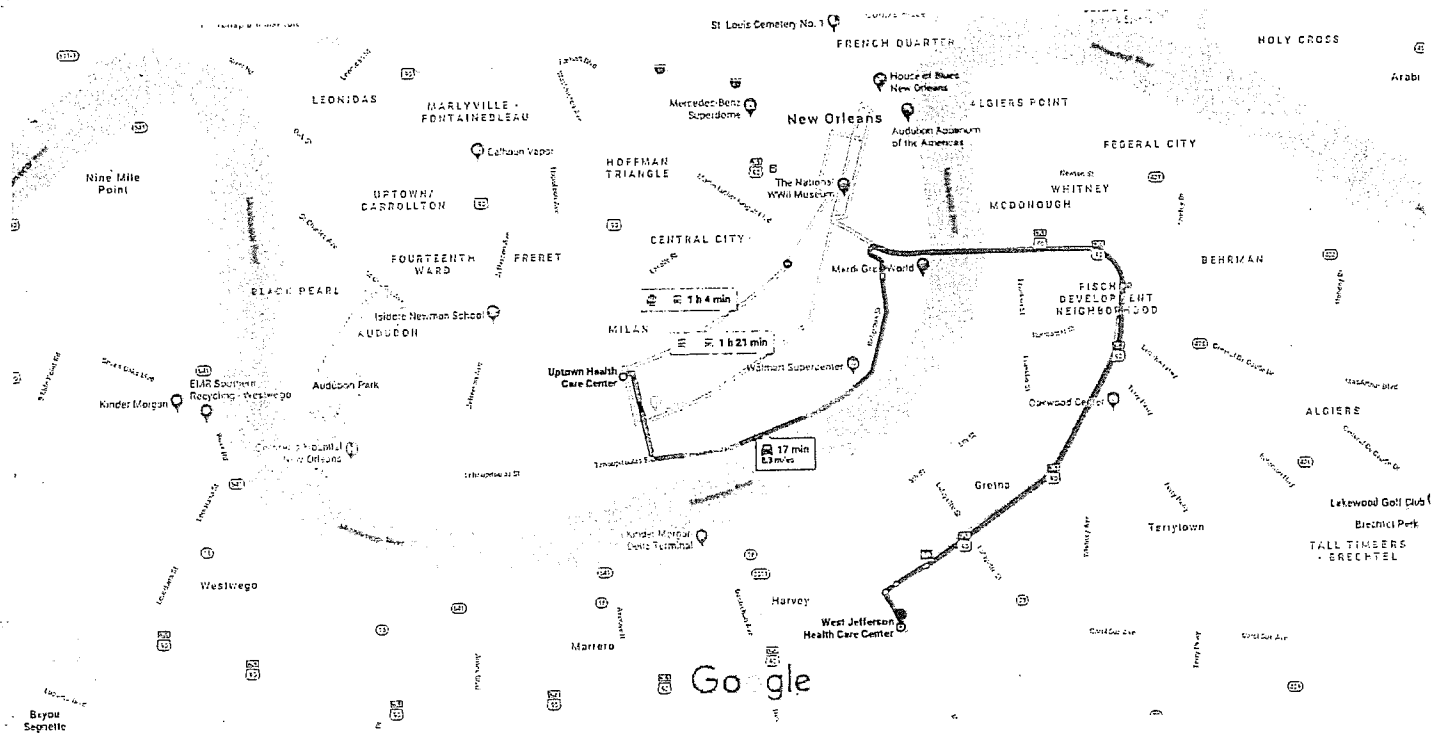
Distance to host facility: 7.5 Miles

Estimated time of travel: 13 Minutes

Date of agreement: 2/24/2021

Date agreement ends: Ongoing

Time restrictions: 24 Hours



Map data ©2020 Google 2000 ft

## Uptown Health Care Center

1420 General Taylor, New Orleans, LA 70115

### Follow Peniston St to Tchoupitoulas St

4 min (0.7 mi)

- ↑ 1. Head north on General Taylor toward Pitt St  
69 ft
- 2. Turn right at the 1st cross street onto Pitt St  
269 ft
- 3. Turn right at the 1st cross street onto Peniston St  
0.6 mi

### Continue on Tchoupitoulas St. Take US-90 BUS W to Manhattan Blvd in Harvey

14 min (7.6 mi)

- ↶ 4. Turn left onto Tchoupitoulas St  
 ① Pass by Domino's Pizza (on the left in 1.9 mi)  
2.3 mi
- ⤴ 5. Use the right lane to take the ramp onto US-90 BUS W  
2.2 mi

- 2.5 mi
7. Take exit 6A toward Manhattan Blvd
- 0.2 mi
8. Merge onto Westbank Expy
- 469 ft
9. Use the left 2 lanes to turn left onto Manhattan Blvd
- Destination will be on the right
- 0.3 mi

## West Jefferson Health Care Center

1020 Manhattan Blvd, Harvey, LA 70058

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

**TAB E**

Host facility coversheets, please TYPE or CLEARLY PRINT and attach to each host site agreement. If you have 5 host sites you will have 5 coversheets one attached to the front of each signed agreement.

Name of host facility: South La Fourche Nursing and Rehab

Contact person at host facility: Bob Duet

Phone # of host facility: 985-537-3569

Physical Address/location of host facility:  
146 E 28<sup>th</sup> Street Cut Off, LA 70345

\_\_\_\_\_  
\_\_\_\_\_

Number of residents host facility will house: 25

Distance to host facility: 47.2 Miles

Estimated time of travel: 13 Minutes

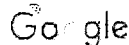
Date of agreement: 2/24/2021

Date agreement ends: Ongoing

Time restrictions: 24 Hours

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1420 General Taylor, New Orleans, LA 70115

14 min (4.1 mi)


- <https://www.google.com/maps/dir/Uptown+Health+Care+Center,+1420+General+Taylor,+New+Orleans,+LA+70115/146+28th+Street,+Cut+Off,+LA/@...> 1/3

Ave

203 ft

-  8. Use the right 2 lanes to take the I-10 W ramp to Baton Rouge

0.3 mi

-  9. Keep right at the fork, follow signs for Interstate 10 W and merge onto I-10 W


0.5 mi

**Follow I-10 W, I-310 S and US-90 W to LA-308 S in 6. Take exit 215B from US-90 W**

40 min (41.1 mi)

-  10. Merge onto I-10 W


11.4 mi

-  11. Use the right 2 lanes to take exit 220 for I-310 S toward Boutte/Houma


1.0 mi

-  12. Continue onto I-310 S

10.9 mi

-  13. Exit onto US-90 W toward Houma  
 Pass by Burger King (on the left in 0.8 mi)


17.5 mi

-  14. Take exit 215B for LA-308 toward Raceland



0.3 mi

**Follow LA-308 S to E 28th St in Larose**


26 min (19.8 mi)

-  15. Turn left onto LA-308 S (signs for Lockport)



17.4 mi

-  16. Turn left onto LA-308 S/E Main St  
 Continue to follow LA-308 S

2.3 mi

-  17. Turn left onto E 29th St

0.1 mi

-  18. Turn left onto E 28th St  
 Destination will be on the right

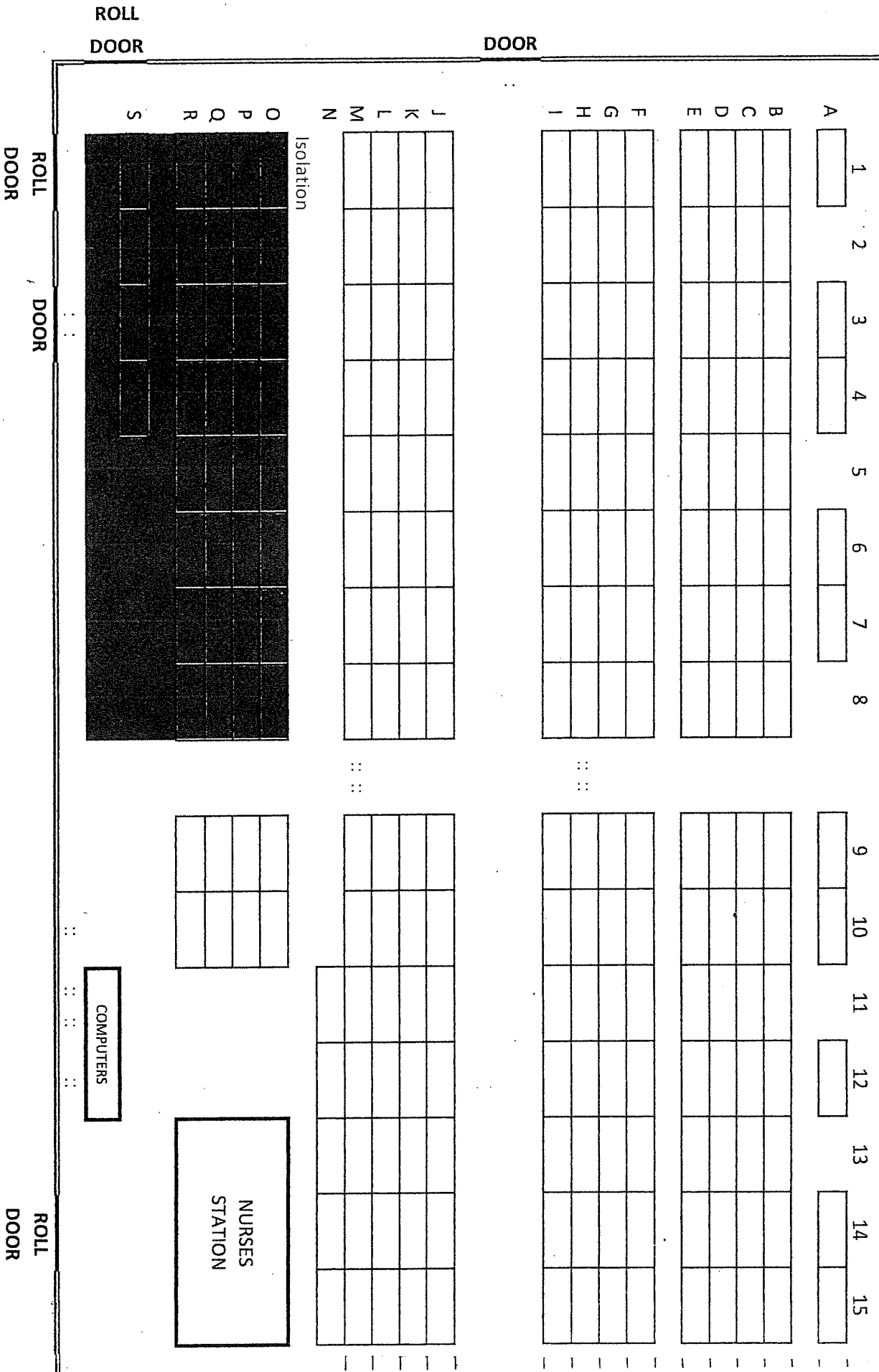
72 ft

**146 28th St**

Cut Off, LA 70345

These directions are for planning purposes only.  
You may find that construction projects, traffic,  
weather, or other events may cause conditions to  
differ from the map results, and you should plan

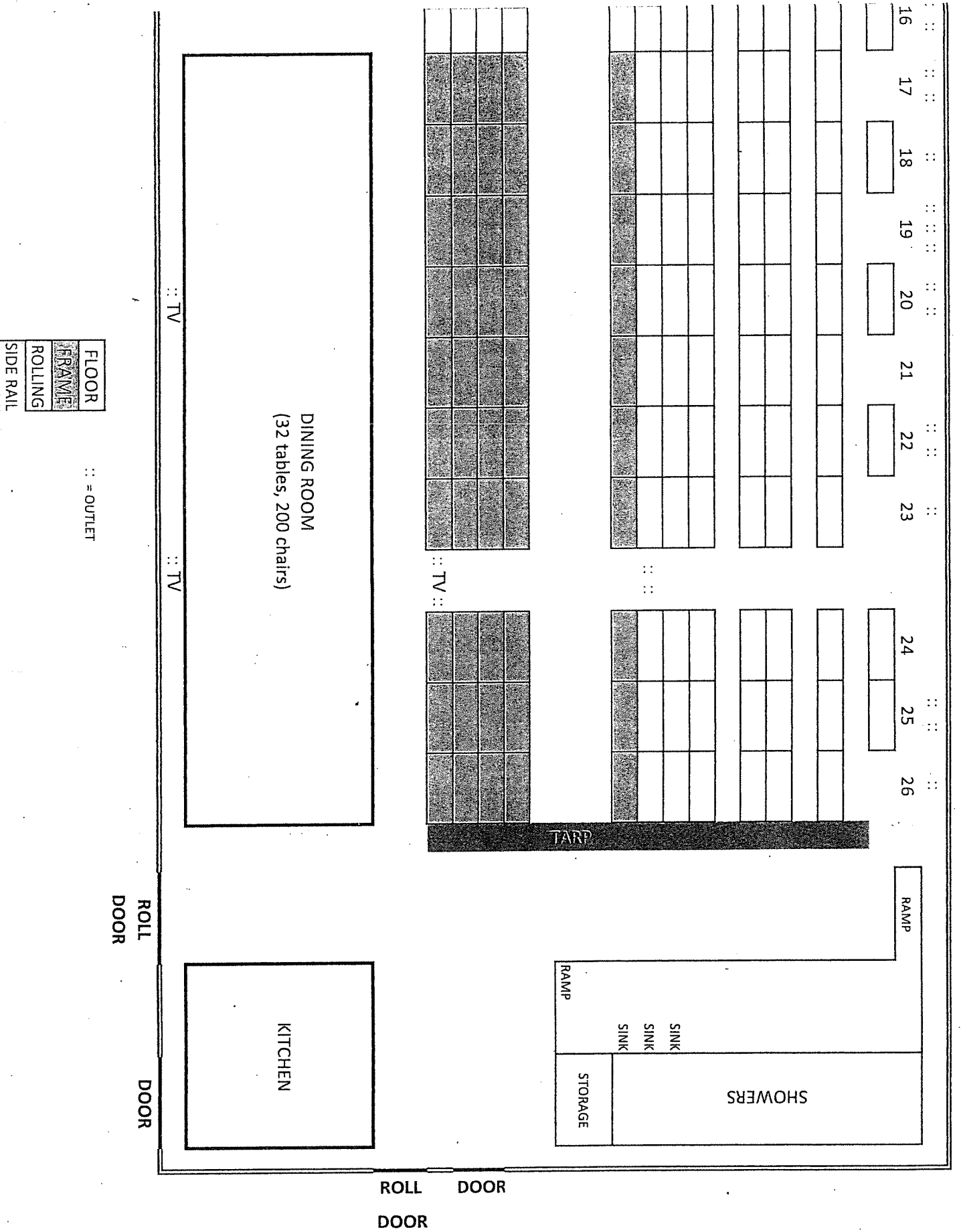
# INDEPENDENCE SITE



FLOOR  
FRAME  
ROLLING  
SIDE RAIL

:: = OUTLET

# INDEPENDENCE SITE





**Tab F:**

Indicate the number of day's worth of non-perishable meals always kept on hand. Include supplies for special diet requirements. Indicate days of supply of medications stored at the facility, and note any special temperature or security requirements. Include plans for 7 day supply of food and medication if applicable. Please include plans and agreements.

# of day's supply of non-perishable meals always on hand: 7

# of day's supply of special diet meals always on hand: 7

# of day's supply of medication always on hand: 7

# of day's supply of drinking water/fluids always on hand: 7

**\*If sheltering in place for a hurricane the facility shall have a 7 day supply of these on hand or plans to have these delivered and on hand before sheltering for a hurricane. Plans will be found in Concept of Operations section and current agreements are in Tab F.**

Time restrictions: Within 24 Hours

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**DS SERVICES OF AMERICA, INC.  
EMERGENCY WATER AGREEMENT**

This Emergency Water Agreement (the "Agreement") is entered into as of Jan 13, 2020 (the "Effective Date") by and between DS Services of America, Inc., ("DSS") and the undersigned customer ("Customer"). Under this Agreement, DSS will supply Customer's bottled water needs in the event of a local or national declared emergency or natural disaster, subject to the following terms and conditions:

- (1) In the event of a declared emergency or natural disaster, all water distribution is governed by the local emergency management agency and/ or the Federal Emergency Management Association ("FEMA"). Accordingly, DSS's obligations hereunder are subject to FEMA requirements.
- (2) All deliveries under this Agreement will be based on availability after DSS services regularly scheduled customers.
- (3) A 50-gallon minimum on all emergency water shipments may be required. Product sales are subject to availability of package size and water type.
- (4) Customer shall be charged DSS's list prices in the local market at the time of delivery, payable by either cash or credit card and all sales are final. Refundable bottle deposits are required on all five and three gallon bottles (where applicable), subject to return of the bottles in good condition, normal wear and tear excepted.
- (5) This Agreement shall remain in effect for one (1) year from the Effective Date. A new Emergency Water Agreement, if needed, must be entered into by Customer each calendar year. Requests should be sent to: [corppo@dsservices.com](mailto:corppo@dsservices.com)
- (6) DSS DISCLAIMS ANY AND ALL WARRANTIES UNDER THIS AGREEMENT, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. The total liability of DSS

under this Agreement shall be limited to repairing or replacing defective water bottles delivered by DSS to Customer. DSS specifically disclaims any responsibility or liability for any consequential, incidental, special, exemplary, punitive, or other similar damages, however denominated. If, despite the limitations contained herein, monetary liability is imposed upon DSS, Customer agrees that under no circumstances shall any liability exceed the lesser of actual damages or an amount equal to the total payment(s) made by Customer to DSS pursuant to this Agreement. Customer agrees to waive and hold DSS and its subsidiaries, directors, officers, agents and employees harmless against any claims, damage, injury, or liability suffered or incurred by Customer or Customer's agents, guests or family members arising from Customer's or Customer's agents, guests and family members negligence or misconduct or operation or use of water bottles or other products provided to Customer under this Agreement. Customer acknowledges that water can cause damage to surfaces with which it comes in contact, and that water leaks may occur from water bottles. Customer is responsible for selecting the location for placement of water bottles in Customer's location in order to minimize potential loss or damage.

(7) This Agreement shall be governed and interpreted in accordance with the laws of the State of Georgia. Customer may not assign its rights or obligations under this Agreement, in whole or in part, nor delegate its duties under this Agreement, without the prior written consent of DSS. This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and ~~supersedes any prior negotiations, promises, understandings, agreements, course of dealing or performance, representations, warranties, or communications, whether oral or written, between the parties hereto.~~

  
Jodi Belteau

Vice President of Finance

1/28/2020  
Date

8678186  
Customer Acct #:

MAISON Orleans Healthcare  
(Customer) Center

By: Kim Russell, LMPA  
Name: Kim Russell  
Title: Administrator

Address: 1420 General Taylor St  
City/State/Zip: NEW ORLEANS, LA 70115  
Phone: 504-895-7755

# WESTPORT LINEN SERVICES

## EMERGENCY LINEN ADDENDUM

(Effective February 10, 2021 – February 28, 2024)

These are the latest changes made to the Emergency Linen Service Agreement for Plaza Holdings LLC, ("Facility") and Westport Linen Services, LLC, ("Westport").

The following locations will be covered under the agreement for emergency linen processing:

Legal Entity	DBA	Street Address	City	Zip Code	Phone
Park Place Healthcare LLC		535 Commerce St	Gretna	70056-7316	
River Palms Nursing & Rehab		5301 Tullis	New Orleans	70131	504-394-5807
Raceland Manor Nursing Home	South Lafourche Nursing & Rehab	146 East 28 <sup>th</sup> St	Cut Off	70345	985-693-1050
Maison Deville Nursing Home, Inc.		107 S. Hollywood Rd.	Houma	70360	985-876-3250
Maison Deville Nursing Home of Harvey, LLC		2233 8 <sup>th</sup> St	Harvey	70058	504-362-9522
St. Elizabeth's Caring, LLC	West Jefferson Healthcare Center	1020 Manhattan Blvd	Harvey	70058	504-362-2020
Uptown Healthcare Center LLC	Maison Orleans Healthcare of New Orleans	1420 General Taylor St	New Orleans	70115	504-895-7755

If activated the Evacuation site addresses are as follows:

24320 Ferdinand St  
Plaquemine LA 70769

129 Calhoun St  
Independence, LA 70764

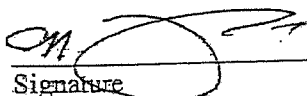
Prices are \$.60 per pound received by Westport.

If transported by a Westport Delivery truck, delivery fee is \$1.55 per mile driven.

If Westport carts are used during the service, carts will be rented at \$5.00 per day.

carts are to be returned to Westport, if not carts will be billed at \$350 each.

Invoice Billing is weekly and to be paid with a Credit Card submitted to Westport on first day of service.

  
Signature

Westport Linen Services, LLC.

Eddie R. Lefaux, CEO

February 10, 2021

  
Signature

Plaza Holdings LLC.

CFO

Title

02/24/2021

Date



Reinhart Foodservice Louisiana, L.L.C.  
918 Edwards Ave  
Harahan, LA 70123  
January 30, 2020

Bd-Uptown Healthcare  
Atten: Administrator  
1420 General Taylor  
New Orleans, LA 70115

Valued Customer:

This letter shall serve as documentation of the policy of Reinhart Foodservice Louisiana, L.L.C. ("Reinhart") regarding delivery of goods during a disaster or emergency. Reinhart is committed to working with you to ensure that emergency supplies are available to your facility in the event of an emergency situation.

Should Reinhart be affected by a disaster or emergency the following actions will take place:

- Affected customers will be notified of delays by phone as soon as possible.
- Proper food safety and sanitation procedures will be maintained throughout the event.
- Customers will not receive any food that has been affected by damage sustained from the disaster or emergency.
- Deliveries will resume as soon as possible from either the affected facility or alternate distribution center(s).

If your facility is involved in a disaster or emergency the following items may be supplied upon availability and upon request:

- Freezer/refrigerated trailer (requires signed Food Trailer Usage Agreement)
- Emergency seven-day food supply with a 72-hour notice (we reserve the right to make alternative product substitutions)

Refer to your state's Department of Health and Human Services guidelines for food and water supply for emergencies. Reinhart will provide to you, upon request, a Disaster Planning Kit which gives information on recommended perishable and non-perishable food and water to keep on hand in case an emergency arises, and a Three Day Emergency/Disaster Menu.

Should your facility undergo a disaster or emergency it is your responsibility to notify Reinhart as to stoppage of delivery or delivery to an alternate site. Should you have any questions regarding this policy, please contact your healthcare specialist at 1-800-488-3988.

Thank you.

Sincerely,

Louisiana Market President



Reinhart Foodservice Louisiana, LLC d/b/a  
Performance Foodservice - New Orleans  
918 Edwards Ave.  
Harahan, LA 70123

February 16, 2021

Valued Customer:

Reinhart Foodservice Louisiana, LLC, doing business as Performance Foodservice—New Orleans ("Performance Foodservice"), is committed to working with you through our disaster planning service to ensure that emergency supplies are provided to your facility prior to and in the event of a disaster or emergency. This letter shall serve as documentation of Performance Foodservice's policy regarding delivery of goods during a disaster or emergency.

Should Performance Foodservice be affected by a disaster or emergency, it will take the following actions:

- Customers will be notified of delays by phone as soon as possible.
- Proper food safety and sanitation procedures will be maintained throughout the event.
- Customers will not receive any food that has been affected by damage sustained from the disaster or emergency.
- Deliveries will resume as soon as possible from either the affected Performance Foodservice facility or one or more alternate facilities.

If your facility is involved in a disaster or emergency, Performance Foodservice may supply the following items upon request and depending upon availability:

- Coordinated delivery schedule adjustments prior to or after the emergency has passed.
- Disaster/Emergency order consultation and order placement assistance.
- Delivery of emergency rations and supplies as available from the Performance Foodservice OPCO's inventory supplies and delivered on a first come/first serve basis prior to the event, and/or as service is available in the affected area.

Refer to your state's Department of Health and Human Services guidelines for food and water supply for emergencies. Performance Foodservice will provide to you, upon request, a Disaster Planning Kit which gives information on recommended perishable and non-perishable food and water to keep on hand in case an emergency arises, and a Three-Day Emergency/Disaster Menu.

Should your facility undergo a disaster or emergency, it is your responsibility to notify Performance Foodservice regarding stoppage of delivery or delivery to an alternate site. Alternate shelter site deliveries will be made as available on normal routes and days in the area. You should take as many supplies as possible to the shelter site from your current inventory. This recommendation is to ensure your existing inventory is not destroyed during the event and/or product is available for meals should our ability to ship supplies to the alternate site be delayed because of excessive demands prior to and following the event. Should you have any questions regarding this policy, please contact your Performance Foodservice Healthcare Account Manager or Customer Service at 1-800-488-3988.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Wood", written over a horizontal line.

Steve Wood  
Area President New Orleans and Shreveport Opcos

Emergency Medications Agreement

This agreement is entered into between Maison Orleans Helathcare and Peoples Drug Store. During emergency situations, Peoples Drug Store will provide medications to the facility to ensure that a 7-day supply of medication for each resident is on-hand at the facility. This agreement will remain in effect for a period of one year:

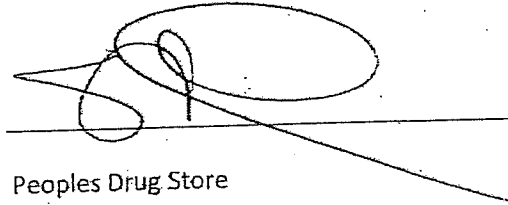
Lyn Russell NFA

Maison Orleans Healthcare

1420 General Taylor Drive

New Orleans, LA 70115

Date: 2/2/2021

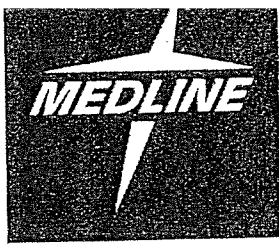


Peoples Drug Store

7869 Main Street

Houma, LA 70360

Date: 2/2/2021



# **Medline Industries, Inc.**

Disaster preparedness and response plan for  
the continued availability of essential medical  
and surgical supplies.

Gulf Coast Disaster Plan  
Updated January 2021

## Medline Capabilities

Medline's experience includes leading air and ground efforts to move both supplies and patients during Hurricane Katrina, middle of the night inventory replenishment for customers who have experienced floods and fires, as well as massive efforts to support customers in specific geographic regions who were hit by fire; floods, ice storms, tornados and hurricanes. We've assisted customers in bringing their own facilities back online after catastrophic damage.

Our greatest strengths include our network of 40+ distribution centers with 20+ million SF, thousands of dedicated Team Members, 1,150+ power units in our owned fleet, \$2.0+ billion in domestic inventory, critical disaster response equipment, and our detailed internal disaster response plan. This is in addition to strategic contractual agreements with third party transportation providers and world class emergency preparedness and response partners that we train and work with.

MedTrans is our private truck fleet, which can provide Medline with complete control over delivery capabilities, particularly in an emergency period when there is severe competition for transportation resources. In addition to our private fleet, Medline has contractual agreements with over 100 transportation providers throughout the country, including the highest-rated, same-day/emergency delivery carriers, both ground and air.

Medline's inventory management system helps us achieve the highest service levels in the Healthcare industry. In the event of a disaster the same system can be used to redirect any portion of more than

\$2,000,000,000 of inventory into a targeted geographic area. For the Gulf Coast, our distribution centers in Auburndale, FL; Medley, FL; Oklahoma City, OK; Prattville, AL; Maumelle, AR; Katy, TX; Memphis, TN; Hammond, LA; and Covington, LA; combined with the Wilmer, TX and McDonough, GA distribution centers (two of our largest central stocking locations or "Hubs"), offer a logistical advantage in times of crisis. As situations occur, inventory is immediately re-directed to the areas with the most critical need.

We have also developed programs which allow our customers the option of stockpiling inventory on items of their choosing without incurring the additional expense of self-storage. Please let us know if you would like to review this option for your facility.

We have expanded our production facilities which are now strategically located across three continents. We also have exclusive partnerships with leading suppliers of domestic branded raw materials.

Medline is a major contractor with the Department of Defense, FEMA and the CDC National Stockpile programs.

From our Disaster Response Centers in Mundelein, IL and Dubuque, IA, we have repeatedly demonstrated our ability to successfully marshal action across our entire network of resources: products, facilities, trucks, and team members. In the event of a pandemic or other major disaster, Medline Industries, Inc. will work closely with your facility, as well as other medical facilities in the area, to ensure all customer needs are responded to as promptly as possible.



# Disaster Preparedness and Response Plan

In the event that a natural or other disaster destroys or renders a Medline facility inoperable, the following procedures are in place to maintain continuity of service:

1. One of three assigned back-up distribution centers will act as a temporary distribution center for a designated service area. Within 2 (two) hours all orders will be moved to the back-up branch until such time as the primary branch can resume operations.
2. MedTrans fleet assets, distribution personnel, and additional third party transportation assets may be repositioned to provide additional transportation and support services in areas with the most critical need.
3. As the situation dictates, inventory will be reallocated to the appropriate back-up distribution center to accommodate the increased demand.

Medline will extend its hours of operation in all appropriate locations to ensure all customers' needs are met. Medline has contractual agreements with both LTL (common) carriers and same-day express – ground and air delivery services – that will also flex their hours of operation as required.

Medline will continue to process orders and make deliveries as long as the safety of our employees is not jeopardized and local authorities do not impede service. Please note that there are varying levels of notification from local and state authorities and we monitor a number of web sources to help us make these decisions, in addition to contacting the respective agencies from our specific call list. We do move our trucks during times that agencies request all traffic to be off the roads, if there is an urgent need and after we discuss with the agencies. This need will be determined via customer discussions (Customer calls are initiated to Prime Vendor and other customers whose deliveries could be more critical) after discerning the anticipated timing of the road delay or closure and the customers determination of the criticality of their supply needs. This criticality could allow for a delay in delivery, could require a smaller part of an order to be expedited using available premium delivery methods or re-routing to other Medline DC's if delivery options are available. Our Customer Communication is preferred via our Customer Service Team or Sales Reps, but can also be delivered via email.

The DRT will provide updates to our Sales and Customer Service Teams twice daily, or any time there is a significant change in our service capabilities. These teams will then handle customer communications. As noted above, there are customers who may specifically request Medline and their DRT to provide direct updates or direct participation in their internal planning, and these will be handled as they arise.

In times of crisis, customer pickups will be available as long as the distribution facility is secure and operational. In the event of a pandemic, some other restrictions may apply in an effort to protect our employees, our customers, and their needs.

## Key Contacts

Name	Organization/Position	Primary	Secondary
Customer Service	Monday – Friday 8:00 AM – 8:00 PM (EST)	800-633-5463	563-589-7977
Customer Service Extended Hours	Monday – Friday 8:00 PM – 8:00 AM (EST) & 24 Hours Sat. – Sun.	563-543-0558	
Bill Abington	President, Global Operations	847-949-2002	847-922-3882
Joel Bain	AVP, Operations	209-239-0020	209-587-3382
Brian Bevers	SVP, Operations	847-643-4830	847-708-7676
Jeff Brennan	VP, Transportation – Outbound	847-643-4147	847-372-7352
Duane Carter	AVP, Operations	360-491-0241	253-888-2297
Larry Corrigan	VP, Operations	847-643-4251	847-903-9661
Nick Dow	VP, Operations	847-643-4852	773-392-1704
Raymond Hamilton	Sr. Dir. Emergency Preparedness	773-308-4685	224-931-7334
Efrem Hawkins	AVP, Operations	909-429-4734 x2235	951-317-2769
Harry Hays	AVP, Operations	972-572-1001 x2223	253-468-5252
Paul Niederkorn	AVP, Operations	224-931-7668	214-762-6385
Brandon Reeder	VP, Operations	847-643-3093	206-290-5802
Ben Roedl	AVP, Operations	224-931-1067	920-210-0447
Dave Sevenikar	AVP, Operations	951-296-2600 x1232	909-376-3052
Kent Siedle	AVP, Operations	305-882-1099 x2236	954-325-2575
Shawn Simpson	AVP, Operations	812-256-2199 x2230	502-930-3766
Wes Swearingin	SVP, Operations	847-643-4255	847-445-7120

### Medline Customer Service

Medline's customer service department is available 24 hours a day, 365 days a year for assistance with emergency orders.

Customer service representatives have access to all DRT members as well as the most senior management of the company. Rest assured these representatives will get you to the right person within Medline to handle your special needs during a crisis.

Often the ability to dial toll-free exchanges is disrupted following a service outage. If you are unable to connect with a service representative using the toll-free number please use the secondary (direct exchange number).



Dear Performance Foodservice Customer:

Prior to the Department of Health and Hospital (DHH) deadline for updating your Emergency Plan, Reinhart Foodservice Louisiana, L.L.C. d/b/a Performance Foodservice-New Orleans and Shreveport ("Performance Foodservice") has updated our Emergency Preparedness Manual. As in the past, in the event of an emergency, Performance is committed to giving priority service to hospital and nursing home customers. Our response time, however, may be affected by weather and road conditions, which will determine our ability to safely put our drivers and trucks on the road. Further, our initial ability to supply shelf stable food and paper items may be limited by current inventories. Stocking levels of these items vary based on sales and lead-time required to obtain stock. Appropriate substitutions will be made as inventory is depleted. Remember it is important to adjust inventory levels prior to the orders!

In complying with DHH's Model Nursing Home Emergency Plan, Performance's recommendations have taken into consideration the following:

- Facilities are expected to exist **without outside assistance for 48 hours**. For food service this includes:
  - Special diets
  - Residents, staff, families of residents and families of staff who must be fed
- If sheltering in place, facility **should be prepared for 7 days**, and the plan should include:
  - The amount of food kept on hand
  - Plans for the deliveries prior to and after the event =
    - When will the order be placed?
    - When will the order be delivered?
- If evacuating, preparations should include food for:
  - Residents, staff, families of residents and staff who will be traveling with the facility
  - Food and water for the trip, taking into consideration extended travel times due to traffic conditions
  - Special dietary needs
  - Meal service supplies, i.e. paper supplies, can openers, etc.

A three-day sample disaster menu has been included with this document. In addition to a regular disaster menu, we suggest that facilities have a policy in place to address the needs of residents on therapeutic diets such as those with dysphagia or swallowing problems.

Performance has established the following policies regarding merchandise return. All items must be returned in the original, unadulterated, unopened, undamaged case within fourteen days of invoice date. No refrigerated, frozen, bottled water or damaged merchandise may be returned per HACCP regulations. A restocking fee of 33% will be charged on all returned products.

We strongly recommend you purchase and store your disaster food and paper supplies by June 1<sup>st</sup>, the start of the hurricane season. These supplies should be kept in your inventory throughout the year. If you are forced to evacuate, please make arrangements to bring your food and disposable supplies with you as well as to the procedures for medicine and patient charts. At the end of hurricane season, any inventory remaining of these items will be worked into your fall/winter menu cycle.

We are frequently asked about our ability to furnish water during an emergency weather situation. We stock a limited amount of bottled water with inventory based on current sales volume. We strongly suggest that you make arrangements with a local water supplier to source potable water before an emergency catches your facility unprepared.

When sheltering is in place, DHH's Model Nursing Home Plan requires seven days drinking water, which is defined as one gallon of fluids per person per day. When evacuating, facilities should also plan for water needs during travel, which may be extended due to traffic conditions. Facilities should have letters on file from the city, parish, police jury, fire departments or even local milk companies who can provide the quantities of water needed. We will work diligently to provide supplies of water that we can source on short notice, but significantly increasing our bottled water inventory based on speculated sales is not practical or economically feasible.

Finally, we have been asked about placing refrigerated trailers at customer sites prior to a hurricane's landfall. Because of the unpredictable nature of these storms, it is not prudent to deploy our equipment prior to a storm. Our policy is to place these trailers in strategic locations, if necessary, after the storm passes. With a limited number of trailers, they will be placed where they can benefit the largest number of customers, rather than reserved for any single facility.

In closing, attached is emergency contact information to be used during a disaster situation. If you have any questions about any topic, please contact your healthcare specialist immediately.

Sincerely,

Healthcare Division

REINHART FOODSERVICE LOUISIANA, LLC d/b/a Performance Foodservice - Shreveport and Performance Foodservice - New Orleans

Steve Wood

Area President

Performance Foodservice-New Orleans

Ted Meyer

OPCO President

Performance Foodservice-Shreveport

# REINHART FOODSERVICE LOUISIANA, LLC

## PERFORMANCE FOODSERVICE NEW ORLEANS AND SHREVEPORT

### EMERGENCY CALL LIST

New Orleans OPCO			Shreveport OPCO		
Phone Numbers	800-488-3988	(504) 733-5200	Toll Free Phone Number	800-256-1336	(318) 869-3061
Fax Number	504-734-5270		Fax Number	318-213-5119	
Performance Foodservice Healthcare Team					
Lydia Brossette-Roberts, RD, LDN, Vice President Healthcare Sales			(318) 344-7358		
Dawn LeBlanc, RD, LDN, Healthcare Menu Systems Coordinator			(337) 772-9078		
HEALTHCARE SALES TEAM - NEW ORLEANS OPCO			HEALTHCARE SALES TEAM - SHREVEPORT OPCO		
		Phone			Phone
Shannon Hayes, RD, LDN	Regional Manager Healthcare	(225) 288-1279	Tiffany Wenzel, RD/LD	Regional Manager Healthcare	(817) 320-4614
Adrienne Uffman, RD, LDN	Southeast Louisiana	(225) 715-8227	Mary Lively, RD, LDN	North Louisiana	(318) 282-4471
Dawn Arceneaux, RD, LDN	South Central Louisiana	(337) 344-9767	Angel Schlotterback, COM, GPP	SW/Central Louisiana	(318) 452-8675
Candice Faler, RD, LDN	New Orleans/North Shore	(985) 778-8449	Jennifer Hoffman, RD/LD	Northeast Texas	(713) 301-6360
Angel Schlotterback, COM, GPP	SW/Central Louisiana	(318) 452-8675	Liz Doran, RD/LD	Central Texas	(210) 269-8510
			Lauren Liberto	SE Texas	(504) 202-7669
			Shelby Adams, MS, RDN, LDN	Inside Healthcare Specialist	(318) 655-8278
Customer Service Team - New Orleans OPCO			Customer Service Team - Shreveport OPCO		
Lori Nunez	Customer Service Manager	(504) 206-3756	El Howard	Customer Service Manager	(318) 626-6033
	Cell	(504) 270-8719		Cell	(318) 393-1302
Jeannette Lemoine	Inside Sales-Healthcare	(504) 206-3754	Regina Ross	Healthcare Customer Service	(318) 869-3061 x20110
Dawn Sisung	Inside Sales	(504) 206-3753	Sherry Golla	Customer Service	(318) 869-3061 x20114
			Michelle Causey	Customer Service	(318) 869-3061 x20105
Senior Management - New Orleans OPCO			Senior Management - Shreveport OPCO		
Steven Wood	OPCO President	(504) 206-3790	Ted Meyer	OPCO President	(318) 990-1005
Travis Nuccio	Vice President of Sales	(504) 206-3794	Ron Armstrong	Vice President of Sales	(903) 748-5764
Jerry Urick	Vice President of Operations	(504) 206-3770	Ken Elkins	Vice President of Operations	(318) 393-7780
Troy Korbe	District Manager-North MS	(601) 466-8543	Scotty Lee	District Manager	(318) 564-9081
Dean Murray	District Manager-South MS	(228) 235-4241	Christi Robertson	District Manager	(662) 832-2005
Scott Gosnell	District Manager-Baton Rouge	(225) 252-2142			
Mark Leger	District Manager-SW Louisiana	(337) 739-7938			
Alton Adams	District Manager-New Orleans	(504) 329-8031			

Revised: 1/11/2021

# Introduction to Disaster Preparedness

Preparing for a disaster is daunting. Food service operations within healthcare facilities face unique challenges during disasters. Healthcare facilities frequently remain open even under extenuating circumstances. On one hand, facilities must deal with the hardships that accompany the disaster itself such as power outages, and on the other hand, they must care for disaster victims. Healthcare food service directors can start preparing for the worst by joining the disaster preparedness committee. Being involved will foster strong communication. Communicating disaster response plans ensures the food service staff will understand their role in supporting the facility and other departments will know what assistance the food service department needs to continue to carry out its mission. Along with attending emergency preparedness meetings, food service directors may want to review disaster response recommendations for the types of disasters that are of concern in the facility's geographic location. This background knowledge will be useful for committee discussions as well as food service department trainings.

In general, natural disasters fit into one of three categories: short term, long term and water supply disruptions.

- Short term disasters occur within a small geographic area, are handled by local emergency services and the disaster duration typically ranges from hours to a couple of days. Complications such as utility and transportation disruptions are also relatively short.
- Long term disasters range from several days to weeks. Local emergency services need state and national support to provide relief from the disaster. Interruptions in utilities and transportation last longer because repairs to infrastructure are more complex.
- Water supply disruptions can result from natural disasters or they can occur independent of a disaster due to situations such as water main breaks or introduction of toxins into the source of drinking water. Food service directors can help with estimating the facility's water needs and creating an emergency water supply plan. Both the Joint Commission and the Centers for Medicare and Medicaid require healthcare facilities to have an emergency water supply plan.

As you review the tools and resources in this disaster preparedness kit, keep in mind the three main types of disasters, as well as which specific disasters your area is prone to. Planning ahead can make all the difference. If you would like more information on disaster preparedness resources, contact Nutrition Services at [rfs-nsdept@pfgc.com](mailto:rfs-nsdept@pfgc.com).

# Table of Contents

Healthcare disaster procedure manual .....	7-11
Diet liberalization sample letter .....	12
Three-day disaster menu .....	13
Three-day disaster menu cold food only .....	14
Temperature chart .....	15
Emergency food service phone numbers .....	16-17
Disaster planning flow chart .....	18
Disaster index .....	19-20
Risks assessment .....	21-22
Emergency supply kit .....	23-24
Emergency supply brochure .....	25-26
Employee disaster preparedness in-services .....	27-35
Disaster case studies .....	36-40
Sources .....	41





# HEALTHCARE DISASTER PROCEDURE MANUAL

This manual is provided as a sample prototype. Please customize to meet the needs of your facility according to your local jurisdiction.

# Disaster Procedures

It is important that a plan for procuring, preparing, and serving foods be familiar to the administrator, food service supervisor and food service employees in the event of a disaster. Each facility should have a disaster procedure outlined to continue operations during an emergency. Service of a meal at the usual time will help to maintain morale and keep staff from becoming disorganized and panicked.

## BASIC PRINCIPLES OF FOODSERVICE WITHOUT UTILITIES OR WITH EQUIPMENT MALFUNCTION:

1. Use as much of the perishable items on hand that does not require cooking for service (milk and milk products, fresh fruit, vegetables that can be eaten raw, cold cuts, and fully cooked leftovers). It is **CRITICAL** that the temperature of these foods be checked to ensure that they are not in the temperature danger zone. The temperature danger zone according to the FDA Food Code is 41-135°F (check with your local jurisdiction for applicable temperatures in your area). Examine products in the cooler and freezer and use perishable products before utilizing non-perishable pantry items.
2. **DO NOT** open refrigerator or freezer doors unless necessary. Try to take inventory by looking through the window, only open the door to get products for immediate use. Ice cream can be used if it is still frozen. Generally, food in a refrigerator is safe if the power is out no more than a few hours and if the temperature does not exceed 40°F for more than two (2) hours. Always keep an appliance thermometer in the refrigerator to see if food is being stored at safe temperatures (40°F or below). To retain cold temperature, open freezer or refrigerator door only as often as necessary. If freezer is not full, group packages together quickly. Meat and poultry should be separated from other product and placed on separate trays so their juices will not contaminate each other or other foods if they thaw. Check food for evidence of thawing before refreezing. Food that has or may have thawed during a power outage, and has refrozen before being checked, cannot reliably be examined for damage. You cannot rely on appearance or odor to determine whether a food will make you sick. Meats that have thawed according to methods acceptable by your jurisdiction and are still below 40°F and then are properly cooked or reheated to recommended minimum internal temperatures within 4 hours are safe to consume. Meats that feel slimy or that have an odor should be thrown away. Seafood and ground meat are more likely to thaw and/or spoil before other meats and should receive attention before other items.
3. Many refrigerator items are salvageable if they are not needing to be time and temperature controlled for safety (e.g. mustard, ketchup, peanut butter, vinegar-based salad dressings and sauces).
4. Use canned foods after the perishable items have been used or are no longer safe to use (e.g. use cottage cheese or cheese slices before using canned tuna).

5. Meals are to be served on disposable ware until the ability to wash and sanitize dishes is restored.
6. If water is not available, save all liquids from canned fruits and vegetables. Ice made from potable water should be removed from the ice machine and stored in clean, covered, food-grade containers and placed in the refrigerator/freezer. An emergency back-up source for water needs to be identified. Consider having an agreement with a local water supply company. Check with your local jurisdiction to determine the required amount that must be allotted and stored per person. Vegetable juices from canned vegetables can provide fluids. Fruit juices may be used in place of drinking water. Juice and coffee from machines that contain potable water may also be used to provide liquid. In cases of disaster, community water systems may become contaminated and water from these systems might need to be disinfected prior to use for human consumption. Contact your local health department for information on the preferred method prior to disinfecting any water.
7. At least one flashlight with working batteries should be kept in the supervisor's desk.
8. Dietary personnel should be instructed in procedures and menus for emergency feeding initially when no emergency is present. An annual in-service should be provided on emergency feeding.
9. If electricity or gas is unavailable, use chafing dishes and sterno to heat ready-to-eat and/or canned food if the equipment is available. Any properly refrigerated leftovers must be heated to an internal temperature of 165°F. Alternate sources of heating can be used if proper ventilation is available.
10. It is recommended that bags of ice be kept in the freezer in the event of injuries.
11. Emergency supply of bottled water should always be kept on hand. Check with your local jurisdiction to determine the required amount that must be allotted and stored per person. This includes residents, staff, families of residents and families of staff who will be at the facility. If traveling to an evacuation site, the facility must have enough fluids for the travel. Assume that all other water sources are contaminated until proven safe. Purify all water used for drinking, cooking and for washing cooking and eating utensils. Purify the water used for washing hands, body, kitchen and bathroom surfaces. Do not use water that has an odor, dark color, or contains floating material. Refer to your local health department in situations where water has been contaminated for the preferred manner to disinfect water. Murky and discolored water should be allowed to settle and filter before disinfecting. To disinfect water using heat, boil at a rolling boil for three minutes, allow cooling, and store in cleaned, sanitized and covered food-grade containers. To disinfect clear water using chemicals, add 1/8 teaspoon (8 drops) of unscented, liquid chlorine bleach (5.25% concentration) per gallon of water. Let the water stand for at least 30 minutes before using. Commercially prepared iodine tablets which are formulated for disinfecting water may also be used to chemically disinfect water. Contact your local health department for the preferred method in your area before attempting to disinfect any water.
12. Normal laundry procedures would be disrupted during a natural disaster.

## RESIDENT MEAL SERVICE

1. Disposable service is to be used. Do not take non-disposable trays into the resident's room unless necessary.
2. All residents should receive a regular diet meal except for residents whose diets are highly restrictive. Highly restrictive diets include brittle diabetics, renal diets and those residents with food allergies. Texture modified diets should be observed when possible (see sample letter for Medical Staff). A high protein level is contraindicated when the water supply is limited. Discussion with medical staff must take place prior to an emergency as to the feasibility of supplement service during an emergency.
3. Follow the basic menu pattern:
  - Breakfast:
    - Fruit juice
    - Dry cereal
    - Bread, margarine, jelly
    - Fresh milk then aseptic packaged milk if available or reconstituted dry milk
  - Lunch and Dinner:
    - Protein source
    - Vegetable
    - Starch, bread or crackers with margarine
    - Fruit or dessert
    - Fresh milk then aseptic packaged milk if available or reconstituted dry milk
4. Protein sources include: cottage cheese, cold cuts, cheese, canned tuna, three bean salad, peanut butter, canned meat (beef, chicken or pork), chili and beans, pork and beans, ravioli, kidney beans, pinto beans, ranch style beans, wieners, beef stew or hash.
5. Staples include: canned vegetables, canned soups, canned fruit juices, aseptic milk, boxed cookies, graham crackers, saltines, jelly, dry cereal, canned pudding, evaporated or non-fat dry milk, and mayonnaise.
6. Use as much perishable items on the first day of the menu – such as lettuce, tomatoes, ice cream, frozen vegetables or meats. If gas service has not been interrupted make use of any frozen or refrigerated items. Refer to your state food code for regulations regarding the amount of time that food can remain without temperature control. A Temperature Chart is also included with this manual.
7. Canned vegetables can be served as salad by marinating in Italian or French Salad Dressing and served at room temperature. These items should be used after all perishable items have been utilized for the menu.
8. If dry milk is reconstituted, it must be reconstituted with potable water, kept in cleaned and sanitized, covered, food-grade containers, and must be time and temperature controlled for safety prior to use.

# Supplies

**CONTROL OF SUPPLIES IS EXTREMELY IMPORTANT.** Please be familiar with the following:

1. A non-perishable food supply is routinely maintained in inventory. This includes a back-up source for water. Check with your local jurisdiction for the recommended amount of days' worth of supplies that you should have on-hand.
2. All perishable supplies are routinely maintained in inventory. Check with your local jurisdiction for the recommended amount of days' worth of supplies that you should have on-hand.
3. Disposable supplies should always be kept on-hand. Check with your local jurisdiction for the recommended amount of days' worth of supplies that you should have on-hand.

## Sanitation

This is the responsibility of everyone that prepares and serves food. Good personal hygiene and sanitary food handling practices help to control food-borne diseases.

1. Single service and disposable items should be stored, handled and dispensed in a sanitary manner.
2. Waste should be collected in plastic bags, sealed tightly at the top and put in a dumpster for collection. Be careful not to overfill the bag or make it too heavy to handle.
3. When manual dish washing is employed, dishes and utensils must be immersed for at least 30 seconds in clean hot water at a temperature of 171°F or immersed in a sanitizing solution that has been prepared to the recommended concentration and confirmed with appropriate chemical test strip. Immersion times for chemical sanitation vary so check with the sanitizing chemical's manufacturer for the recommended time.

## Work Assignments

Work assignments should take into consideration what employees have been trained for; however, everyone must be flexible. All workers should carry out tasks assigned to them by the person in charge. Non-foodservice employees may be assigned to the kitchen for preparation, tray delivery and clean up. The order of authority within the department starts with the foodservice supervisor, then the cook, followed by the relief cook.

NAME OF FACILITY

SAMPLE LETTER

As a Physician on Staff, I approve liberal modification of restricted diets during a disaster situation to include, but not limited to extreme fire damage or weather emergencies.

\_\_\_\_\_  
Signature  
Staff Physician

Note: Customize for your facility.

### Three Day Disaster Menu (Note: Item# will vary by Operating Center)

MEAL	Unit	Description	Item #	Unit	Description	Item #	Unit	Description	Item #
BREAKFAST	4 fl oz	Apple Juice	13686	4 fl oz	Orange Jc	13308	4 fl oz	Cranberry Juice	13352
	3/4 c	Dry Cereal	26304	3/4 c	Dry Cereal	26306	3/4 c	Dry Cereal	26328
	1 ea	Bread Slice	29546	1 ea	Bread Slice	29546	1 ea	Bread Slice	29546
	1 pkg	Jelly	15092	1 pkg	Jelly	15092	1 pkg	Jelly	15092
	8 oz	Milk	17624	8 oz	Milk	17624	8 oz	Milk	17624
LUNCH	8 oz	Beef Stew	11130	8 oz	Beef Ravioli/Sc NOR SHR	28310 27992	8 oz	Beef Chili NOR	11136
	1/2 c	Green Beans	CP656	1/2 c	Green Peas	CP610	1/2 c	Whole Kernel Corn	CP678
	1 ea	Bread Slice	29546	1 ea	Bread Slice	29546	3 pkt	Crackers	21110
	4 oz	Sliced Peaches	10704	4 oz	Vanilla Pudding	21012	1/2 c	Sliced Pears	14370
	8 oz	Beverage	10342	8 oz	Beverage	10342	8 oz	Beverage	10342
DINNER	1/2 c	Chicken & Dumplings	23910	1/2 c	Tuna Salad	36646	2 Tbsp	Peanut Butter	31766
	1/2 c	Mix Vegetables	CP650	2 ea	Bread Slice	29546	2 ea	Bread Slice	29546
	1 ea	Bread Slice	29546	6 oz	Chicken Noodle Soup	25388	6 oz	Vegetable Soup	22116
	2 ea	Cookies	12292	3 pkt	Crackers	21110	3 pkt	Crackers	21110
	8 oz	Milk	17624	1/2 c	Fruit Mix	14370	1/2 c	Chocolate Pudding	V2146
ASSORTED HS SNACKS	1 pkt	Graham Crackers	22796	1 pkt	Graham Crackers	22796	1 pkt	Graham Crackers	22796
	4 oz	Beverage	11900	4 oz	Beverage	11900	4 oz	Beverage	11900

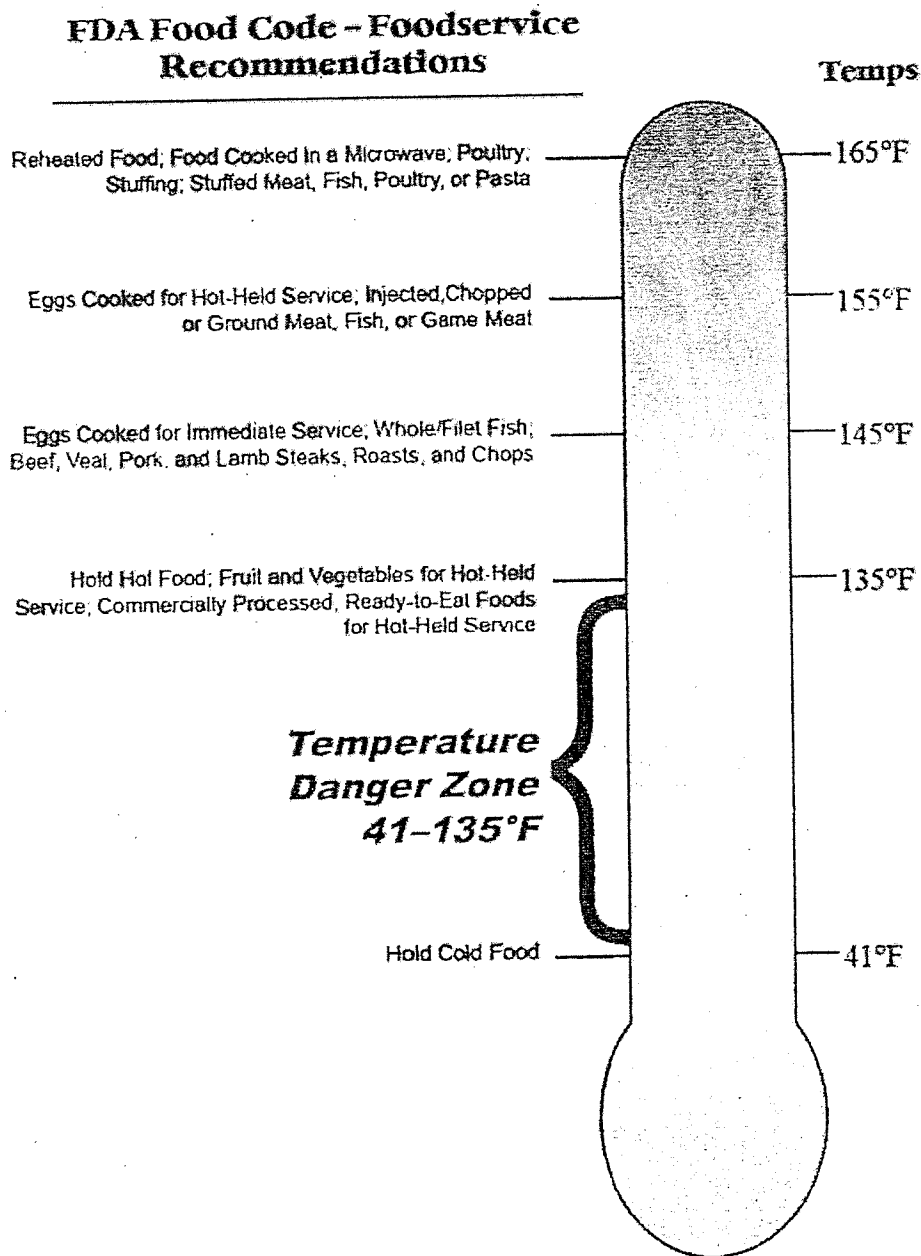
NOTE: This menu was designed to be produced with little or no preparation, only heating is required. The disaster menu can be entered in menuMATRIX, if requested, and an order guide, based on census, can be generated. Please contact your Healthcare Sales Specialist about information on accessing this menu in menuMATRIX and to place an emergency food order.

## 3 Day Disaster Menu - Cold Food Only

		Day 1		Day 2		Day 3		Exchanges
Meal	Unit	Description	Unit	Description	Unit	Description		3-ounce Protein Sources:
Breakfast	4 fl oz	Apple Juice	4 fl oz	Orange Juice	4 fl oz	Cranberry Juice		3 oz Ready Cooked Meats
	3/4 C	Dry Cereal	3/4 C	Dry Cereal	3/4 C	Dry Cereal		3/4 C Cottage Cheese
	1	Slice of Bread	1	Slice of Bread	1	Slice of Bread		3/4 C Canned Entrée
	1 Ea	Margarine & Jelly	1 Ea	Margarine & Jelly	1 Ea	Margarine & Jelly		1 C Canned Beans
	8 fl oz	Milk	8 fl oz	Milk	8 fl oz	Milk		1/2 C Meat Salad
Lunch	1/2 C	Ham Salad	1/2 C	Tuna Salad	3 oz	Cold Cuts & Cheese		4 Tbsp Peanut Butter
	2 Sl	Bread Slice	2 Sl	Bread Slice	2 Sl	Bread Slice		3 oz Cheese Slices
	1/2 C	Toss Salad w/Drsg	1/2 C	Marinated Veg Salad	1/2 C	Cucumber Onion Sld		2 Ea All Meat Weiners
	1/2 C	Fruit Cup	1/2 C	Mandarin Oranges	1/2 C	Sliced Pears		
	8 fl oz	Beverage	8 fl oz	Beverage	1 tsp	Mustard and/or Mayo		Bread Sources:
		or Milk		or Milk	8 fl oz	Beverage		1 slice bread
Supper	3 oz	Cold Cuts & Cheese	1/2 C	Pimento Cheese	1/2 C	Chicken Salad		3 pkt Saltine Crackers
	2 Sl	Bread Slice	2 Sl	Bread Slice	2 Sl	Bread Slice		
	1/2 C	Tomato & Onion Salad	1/2 C	Toss Salad w/Drsg	1/2 C	Sliced Tomatoes		
	1/2 C	Sliced Peaches	1/2 C	Fruit Cocktail	1/2 C	Fruit Salad		
	1 tsp	Mustard and/or Mayo	8 fl oz	Milk	8 fl oz	Milk		
	8 fl oz	Milk						
HS Snack	2 Ea	Cookies	1 pkt	Graham Cracker	2 Ea	Cookies		
	4 fl oz	Beverage	4 fl oz	Beverage	4 fl oz	Beverage		



# Temperature Chart



Disclaimer: Temperatures listed are according to Food and Drug Administration (FDA) Food Code. They do not reflect required temperatures for all jurisdictions. Please check with your city or county health department for required temperature information for your area.

USDA also provides recommended minimum internal cooking temperatures for consumers that may vary from FDA recommendations.

## Emergency Food Service Phone Numbers

### ☐ Workforce:

- First in command: \_\_\_\_\_
- Second in command: \_\_\_\_\_
- Meal production: \_\_\_\_\_
- Inventory/records: \_\_\_\_\_
- First Aid: \_\_\_\_\_
- Cleaning: \_\_\_\_\_
- Communication: \_\_\_\_\_
- Public Relations: \_\_\_\_\_
- Donations: \_\_\_\_\_
- Volunteer Coordinator: \_\_\_\_\_

### ☐ Utilities:

- Gas: \_\_\_\_\_
- Water: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Electricity: \_\_\_\_\_
- Sewage: \_\_\_\_\_
- Waste Disposal: \_\_\_\_\_

### ☐ Repair:

- Sewage Pumping: \_\_\_\_\_
- Pest Control Operator: \_\_\_\_\_
- Well contractor: \_\_\_\_\_
- Plumber: \_\_\_\_\_
- Electrician: \_\_\_\_\_
- Gas Repair: \_\_\_\_\_
- Cleaning Service: \_\_\_\_\_

☐ Local Health Department: \_\_\_\_\_

☐ City Building Inspector: \_\_\_\_\_

☐ Property Insurance Company: \_\_\_\_\_

☐ Food Service Suppliers: \_\_\_\_\_

☐ Ice/Dry Ice Vendor: \_\_\_\_\_

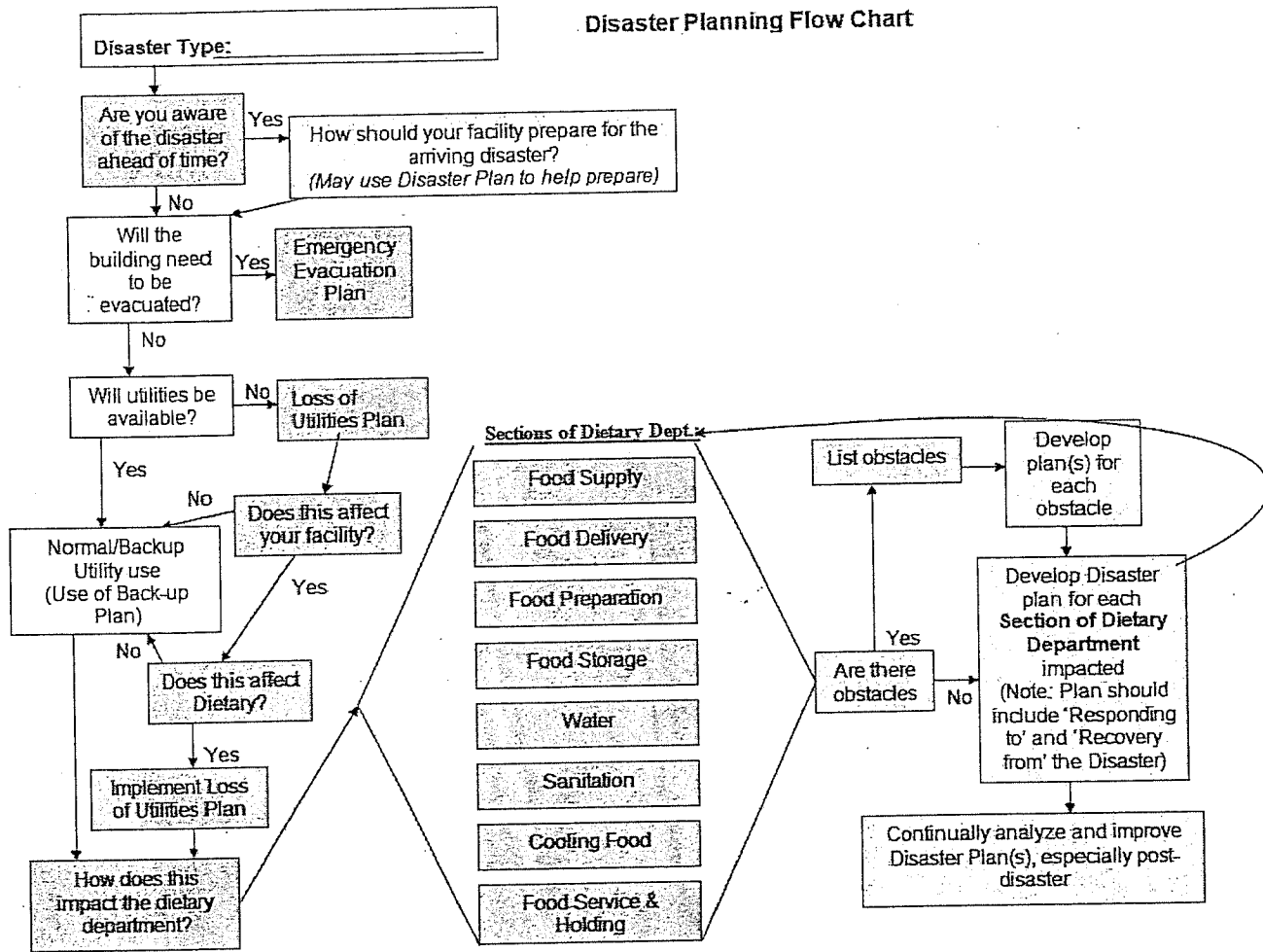
☐ Media Contacts: \_\_\_\_\_

☐ Portable Toilet Rental: \_\_\_\_\_

☐ Outside Facility Assistance: \_\_\_\_\_

- Kitchen Use: \_\_\_\_\_
- Extra Workers: \_\_\_\_\_
- Cooler Space: \_\_\_\_\_

# Disaster Planning Flow Chart



# Emergency and Disaster Index

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## ☐ Standard Forms

- ☐ Chain of Command Flow Chart
- ☐ Emergency Contact List
- ☐ Emergency Supply List
- ☐ Communication Policy
- ☐ Finance Policy
- ☐ Security Policy
- ☐ Power Outage Food Policy
- ☐ Contaminated Water Policy
- ☐ Food Emergency Plan/Agreement
- ☐ Water Emergency Plan/Agreement
- ☐ Food/Water Distribution Policy
- ☐ Personal Hygiene Policy
- ☐ Sanitation Policy

## ☐ Specific Disaster: *Example – Deliberate Contamination*

- ☐ Policy:
- ☐ Policy:
- ☐ Policy:

## ☐ Specific Disaster: *Example – Power Outage*

- ☐ Policy:
- ☐ Policy:
- ☐ Policy:

## ☐ Specific Disaster: *Example - Flood*

- ☐ Policy:
- ☐ Policy:
- ☐ Policy:

☐ **Specific Disaster:** *Example – Pandemic*

☐ Policy:

☐ Policy:

☐ Policy:

☐ **Emergency Procedures**

☐ Create Emergency Phone List

☐ Determine Critical Operations

☐ Operations

☐ Staff in Charge

☐ Action Plan

☐ **In-services:**

☐ Water Safety

☐ Power Outage Food Safety

☐ Hand Washing

☐ Ice Safety

☐ Controlling Pests

☐ HACCP

☐ Recovering from Natural Disasters

☐ SDS

☐ Fire Safety

☐ **Additional Resources:**

☐ FEMA Resources

## Know Your Risks Assessment Form Directions

- ❖ Rate the probability and severity for each type of disaster from 0 – 5, with 5 being the most probable / most severe.
- ❖ Probability = how likely is it that the disaster will strike your business
- ❖ Severity = how damaging the disaster would be to your business if it were to strike
- ❖ Multiply the probability score by the severity score and write the result in the total column
- ❖ Devise a plan for any event scoring  $\geq 17$



## Know Your Risks

Use this form to review potential threats. Fill in one field for probability and one field for severity. Finally, multiply the probability and severity levels and enter the total in the total value column.

THREATS	Probability (0-5)	Severity (0-5)	Total
Earthquake			
Tornado/Wind/Hurricane			
Flood			
Severe Winter Weather			
Interior Fire			
Wildfire			
Loss/Illness of Key Staff			
Workplace Violence			
Software/Hardware Failure			
Power Outage			
Loss of Utilities (water, gas, electricity, etc.)			
Pandemic/Epidemic/Flu			
Loss of Premises			
Other			
Other			
Other			
Other			
Other			
Other			

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Downloaded this document at: [DisasterSafety.org/open-for-business](http://DisasterSafety.org/open-for-business)

5




# Emergency Supply Kit

## Food Preparation Supplies:

- ☐ Water: seven-day supply - 1 gallon of water per person per day\*  
(\*Note: This recommendation may vary so check with your local/state authorities)
- ☐ Food: seven-day supply of non-perishable food
- ☐ Manual can opener for food
- ☐ Extra supplements
- ☐ Paper cups, plates and plastic utensils, paper towels
- ☐ Gravity tube-feeding supplies
- ☐ Hand/battery operated equipment (whisks, heating elements)

## Safety Equipment Supplies:

- ☐ Battery-powered, hand crank radio, or a NOAA weather radio with extra batteries
- ☐ Flashlights with extra batteries
- ☐ First aid kit
- ☐ Basic tool kit (hammer, nails, screwdriver, screws, pliers/wrench)
- ☐  approved foodservice gloves
- ☐ Fire Extinguisher
- ☐ Matches in a waterproof container

## Food Safety and Sanitation Supplies:

- ☐ Thermometers – digital, dial, instant-read, oven, cooler, freezer
- ☐ Blankets/extra towels/tarps to insulate coolers/freezers
- ☐ Dry Ice – (cooler/freezer space must be ventilated due to carbon dioxide production)
- ☐ Hand sanitizing gel
- ☐ Water purification supplies (contact your local health department for local recommendations)

- ☐ Sanitizer test strips
- ☐ Sterno® or other portable heat source for cooking
- ☐ Moist towelettes, garbage bags and plastic ties for personal sanitation
- ☐ Liquid bleach (no soap or additives, 5.25% sodium hypochlorite)
- ☐ Garbage bags for food waste
- ☐ Duct tape
- ☐ Picnic coolers with gel packs
- ☐ Personal protective equipment
  - ☐ Eye protection
  - ☐ Fitted dust mask (N-95)
  - ☐ Rubber boots
  - ☐ Rubber gloves
  - ☐ Protective clothing
  - ☐ Wash cloths
  - ☐ Face masks

**Other Supplies:**

- ☐ Secure area for cash/receipts
- ☐ Emergency reference material such as a first aid book
- ☐ Camcorder/camera to document damage



# Disaster Planning



## Side Plates

Plate Foam 6" Non Laminated White  
RFS# B1790

8/125Cnt

## Foam Cup

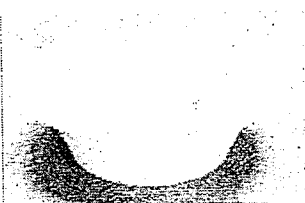
Cup Foam 8 Ounce White  
RFS# 12996

40/25Cnt

## Juice Cups

Cup Plastic 9 oz Clear  
RFS# N6366

20/50Cnt



## Foam Bowl

Bowl Foam 12 Ounce Non Laminated White  
RFS# B1796

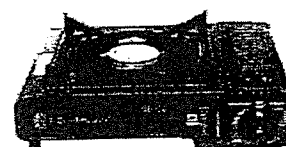
8/125Cnt



## Disposable Silverware

Cutlery Kit Plastic Medium Weight Knife Fork  
Spoon Napkin Salt & Pepper Individually  
Wrapped White RFS# CA124

250/Cnt



## Portable Burner

Stove Butane Single Burner RFS# MH780

6/CNT

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### Bottled Water

Water Bottled Spring RFS# D9230

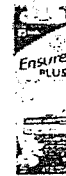
24/16.9 fl oz



### Can Opener

Can Opener Portable Hand Firm Grip Black  
RFS# 92950

1/Cnt



### Ensure

Supplement Drink Ensure Plus Vanilla Ready To  
Drink Plastic Bottle RFS# J1190

24/8 oz



### First Aid Kit

Kit First Aid 25 Person RFS# CT050

1/Cnt



### Food Thermometer

Thermometer Digital Pocket -40 To +450 F  
Waterproof  
RFS# 52438

1/Cnt



### Sanitizer Test Strips

Test Paper Chlorine 15' Cmi-240 Dispenser  
Pack RFS# 84852

2/Cnt



### Bleach

Bleach Liquid Germicidal Concentrate  
RFS# F7046

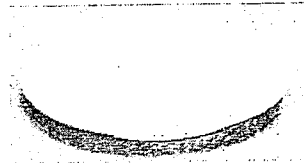
3/121 oz



### Napkins

Napkin Dinner 1 Ply 16x16 1/4 Fold White  
RFS# W0836

12/250Cnt



### Meal Plates

Plate Foam 3 Compartment 9" Non Laminated  
White RFS# 91282

4/125Cnt

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# Power Outage Food Safety

## Dietary Employee Training Program

**Objective:** The participant will be able to:

- ♦ Identify the need for food safety during a power outage.
- ♦ List ways to prepare for potential power outages.
- ♦ Explain how to keep freezers and coolers cold without power.
- ♦ Describe how to create a safe environment for potentially hazardous foods in the freezer and cooler when power returns.

### Course Outline:

- I. Introduction: The Importance of Food Safety During a Power Outage
- II. Storing and Using Food Supplies Appropriately
- III. Conclusion / Discussion
- IV. Pre/Post Test

### Course Information:

#### I. Introduction: The Importance of Food Safety During a Power Outage

Keeping food safe is an essential part of the daily foodservice profession. A foodborne illness or outbreak can be caused by improperly handling food or food left in the temperature danger zone (41°F-135°F) for more than four hours. Because food temperature is an important part of food safety, if your facility loses power, certain procedures must be enforced in order to ensure all food is being stored, cooked, held for service, or served in the safest manner possible.

#### II. Storing and Using Food Supplies Appropriately

##### A. Be Prepared

In order to combat a potentially hazardous situation, being prepared and having your staff well trained for potential power outages is essential. Be sure the freezer is always at 0°F and the cooler is at or below 39°F on a typical day. Use appliance thermometers to determine the temperature of the freezer or cooler. The appliance thermometer will also indicate the temperature of the freezer or cooler when the power goes out. When storing frozen foods, keep the freezer as full as possible and keep food close together so the food stays colder longer. It is also recommended to have a hanging cooler/freezer thermometer to determine the temperature of the storage areas. Be aware of possible sources of ice or dry ice to keep freezers and coolers cold. Your facility may also want to consider buying picnic coolers for refrigerated food in case the power outage will last longer than four hours. Purchase or make ice or store gel packs in the freezer to use in the coolers when needed. Preparing in advance for a possible power outage is important for ensuring the safety of the food being served.

##### B. What to Do When the Power Goes Out

If the power goes out at your facility, it is important to preserve as much temperature control in the freezer and cooler as possible by keeping the doors closed as much as possible. To help keep the cooler and freezer cooler longer, buy ice or dry ice and place in the storage area. If using dry ice, it is essential to ensure that there is proper ventilation in the cooler or freezer to avoid carbon

dioxide build-up. Make as few trips as possible into the freezer or cooler, making sure the door is closed immediately after you enter and exit. It is also helpful to list the contents of the freezer on the outside of the freezer door so the staff know exactly what they need and are able to get in and out as quickly as possible. Be sure to check the temperature of the freezer and cooler before removing food to ensure it has not in the temperature danger zone and is safe to eat. Also, be sure to check the temperature of the food periodically with a bimetallic stem or infrared thermometer. Since the cooler usually can keep food cool for only four hours, it is important to use the food in the cooler first before it is no longer safe to eat. Make sure all refrigerated foods are cooked to the proper internal temperature to destroy any possible foodborne illness or pathogens. Any food items left in the cooler longer than four hours after the power outage should be discarded. Once the refrigerated food is no longer available or safe to use, begin to use the foods located in the freezer. It is important to remember that if any food looks questionable or has an odor, discard it immediately; do not attempt to use it. After food in the freezer has been used up or is no longer safe to use, move on to food stored in dry storage. For emergency cooking, your facility can use a fireplace if indoors and a charcoal grill or camp stove outdoors. If cooking indoors, be sure to do so in areas with proper ventilation. Be sure to take food temperatures often. Keep foods hot by using candle warmers, chafing dishes, and fondue pots. Use only approved devices for warming food. Canned foods can be eaten directly out of a can. If cooking in a can, be sure to remove the label and top from the can for safety. When using open flame to cook your food, always be sure to extinguish the flame before leaving the room or area.

### **C. What to Do When Power Returns**

When your facility regains power, be sure to check the safety of all food in the freezer and cooler. If an appliance thermometer was kept in your freezer or refrigerator, check the temperature when the power comes back on. If foods in the freezer are below 41°F and ice crystals are present, the foods can be refrozen for future use or immediately cooked. If there is not a thermometer in the freezer, check each package of food to determine its safety. Discard any perishable food left at 41°F or higher for 4 hours or longer. If the power outage lasted long enough that refrigerated and frozen food needed to be discarded, clean and sanitize the storage units before adding new food to remove any possible cross contamination or odors from spoiled foods. Be sure to remove the shelves and trays and wash with hot water and baking soda. Follow with a rinse and then sanitize. If an odor persists, allow the storage unit to air out for several days or use equal parts of vinegar and water to absorb the odor.

## **III. Conclusion/ Discussion**

While food safety is important in everyday food preparation, it is also very important during an emergency. Even though food supplies may be decreasing, it is not safe to eat potentially hazardous foods which have been in the temperature danger zone for more than 4 hours. Keeping customers safe is important not only during a normal day, but also when your facility is in a state of emergency.

The information provided in this in-service is not meant to be all-inclusive. Performance values the safety and well-being of their customers and therefore strongly recommends contacting your local jurisdiction disaster planning. For more information regarding Dietary Employee Training Program or other nutrition services, contact [rfs-nsdept@pfgc.com](mailto:rfs-nsdept@pfgc.com). 1. T, 2. F, 3. F, 4. F, 5. T

\*\*\*\*\*

IV. Pre Test / Post Test (Circle One)

Name: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| T | F | 1. Keeping food safe is critical to avoid causing a foodborne illness or outbreak.   |
| T | F | 2. When storing foods in the freezer, store them as far apart as possible to keep the freezer cold.  |
| T | F | 3. Dry ice can be used to keep a walk-in freezer cold, even if proper ventilation is not available.  |
| T | F | 4. An employee should make as many trips as possible into the freezer or refrigerator to determine the temperature.                                      |
| T | F | 5. If power has been out for over four hours, discard the food in the refrigerator, and then clean and sanitize the storage unit before adding new food. |

# Recovering from Natural Disasters

## Dietary Employee Training Program

**Objective:** The participant will be able to:

- ♦ Describe different ways to prepare for a disaster.
- ♦ Identify precautions that need to be taken after a disaster.
- ♦ Understand ways to clean and decontaminate after a disaster.

### Course Outline:

- I. Introduction: Natural Disasters
- II. Preparing and Reacting to a Natural Disaster
- III. Conclusion / Discussion
- IV. Pre/Post Test

### Course Information:

#### I. Introduction: Natural Disasters

Natural disasters could affect any facility at any location. Being prepared for a disaster can increase safety at any site. Each type of disaster is different and should be handled accordingly. No matter the type of disaster, it is important that all employees and volunteers have the appropriate protective wear. In most disaster sites, gloves, boots, and protective clothing are needed.

#### II. Preparing and Reacting to a Natural Disaster

##### A. Any Natural Disaster (*tornado, hurricane, flood, fire, earthquake, etc.*)

##### o Preparing for a Disaster

- Take video or photographs of facility's entire inventory and equipment for your records and place in a fireproof safe.
- Keep receipts and bills of inventory in a fireproof safe or on a secure cloud-based computer network.
- Begin buying gloves, cleaning chemicals, and items needed for a disaster to be prepared, as stores only carry so many items and could be out by time you get there.

##### o After any Disaster

- When foodservice personnel are cleared to enter a disaster affected area, wear protective clothing which includes long pants, long-sleeved shirt, closed-toed rubber soled shoes or boots, work gloves and depending on the situation, a dust mask, safety glasses, and a hard hat.
- Watch for hidden damage. In most disaster sites, damage is not always visible.
- Avoid leaning or pushing on damaged material, it could be supporting the structure.
- If you smell natural or propane gas or hear a hissing noise, leave the property immediately. Call the fire department, or if you have a propane tank system, contact a propane supplier.
- Avoid walking across areas of the floor that sag or have weak spots. If the area needs to be traveled, place a thick plywood panel across the damaged area, extending 8-12 inches on each side of the weak area.



- If the power is out, use battery operated flashlights. Do not use candles or any type of open flame because there could be faulty electrical equipment, down lines, or gas leaks.
- When making temporary repairs save all the receipts.
- Take photographs or video of all the damage for insurance purposes.
- Electricity should be turned off if you see sparks, frayed wires, or smell hot insulation.
- If the sewage lines are damaged, do not use the sinks, showers, and toilets.
- Turn off the water if there are any damaged water pipes.
- If cleaning chemicals get mixed they can become toxic. When entering an area with a strong smell or your eyes start to burn or water, open the windows and get out of the building. If the chemical spill is nontoxic, carefully clean up the spill using personal protective equipment outlined in the chemical's safety data sheet.
- Drywall and insulation will need to be replaced if there is water damage from a flood or fire extinguisher. If not replaced it could lead to mold, mildew, and a weak structure.

#### ○ **Cleaning Up After a Disaster**

When determining if an item is salvageable, start by discarding the non-salvageable items to eliminate any confusion. All saved items should be washed and sanitized to ensure safety.

- **Hard, non-porous surfaces (floors, walls, equipment)**
  - The first step in cleaning this type of surface is to remove all visible dirt and excess water. Then wash and sanitize the item if able and let dry. Disinfect metal pots and pans by boiling for 10 minutes. Fans can be used to speed up the drying process.
- **Porous, soft, absorbent; uncleanable surfaces**
  - This surface type includes damaged equipment, wood, plastic utensils, linens, drywall, insulation, paneling, furnishings, wallpaper, books, paperwork, and menus. If any of these items are affected by damage, they need to be discarded.
- **Coolers/Freezers**
  - When cleaning the cooler(s) and freezer(s), remove all the shelves and trays so everything can be washed, rinsed, and sanitized. If there is still an odor, wash with hot water and baking soda and leave the door open for 15 minutes. Other products to help reduce the odor include newspaper, coffee grounds, baking soda, or cotton balls soaked in vanilla.

#### ○ **Fire Disaster**

- First check with the fire department to be sure it is safe to enter the facility.
- Check the ceiling for signs of sagging. If the plaster or wallboards get wet from the fire hose it becomes very heavy and dangerous if it falls.
- Open the windows and doors for ventilation and drying.
- Throw away all food and beverages exposed to heat, smoke, or soot.
- Pots, pans, dishes, and silverware should be washed in soapy water, rinsed, and polished with a fine powder cleaner.
- Painted walls and washable wallpaper can be cleaned by wiping the surface with a bleach solution to decrease the chances of mold and mildew growth.

o **Flood Disaster**

- Avoid flood water because it could be contaminated with sewage, chemicals, and bacteria.
- If the sewage system is damaged, it should be a priority to fix right away.
- Disinfect everything that was touched by the flood water.
- It is important to remember that after the water is gone, the building structure could be weak, and caution needs to be taken.
- Throw away all food that has been in contact with flood water.

**III. Conclusion/ Discussion**

All employees should be aware of how to properly handle any disaster situation. Taking proper precautions when at a disaster site could prevent unnecessary accidents.

*The information provided in this in-service should not be used to replace policies set by your facility or local jurisdiction. Performance values the safety and well-being of their customers and therefore strongly recommends consulting your local jurisdiction for more information on kitchen decontamination and salvaging inventory. For more information regarding Dietary Employee Training Program or other nutrition services, please contact rfs-nsdept@pfgc.com. 1. F, 2. T, 3. F, 4. T, 5.F*

\*\*\*\*\*

**IV. Pre/ Post Test (Circle One)**

Name: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| T | F | 1. If you smell natural or propane gas, the first thing to do is to turn off the gas and wait.               |
| T | F | 2. It is important to photograph or videotape all inventory before a disaster and place in a fireproof safe. |
| T | F | 3. Contaminated books, paperwork, and menus can all be kept and decontaminated.                              |
| T | F | 4. Throw away all food that comes in contact with smoke, heat, soot, or flood water.                         |
| T | F | 5. In a flood, once the water is gone, the building is completely safe to enter.                             |

# Disaster Planning – Pandemic

## Dietary Employee Training Program

**Objective:** The participant will be able to:

- ◆ Explain the impact pandemics can have on society
- ◆ Understand workplace policies designed to prevent illness
- ◆ Give examples of what employees can do to minimize the spread of infectious diseases at work

### Course Outline:

- I. Introduction to pandemics
- II. Dealing with Pandemics
- III. Conclusion / Discussion

### Course Information:

#### I. Introduction: Pandemics

A pandemic is a disease that has spread worldwide and is caused by a microbe that has never caused sickness in humans before. Some pandemic diseases result from a microbe crossing over from animals to humans. Most pandemics are caused by viruses and influenza is the most common. Since pandemics are new diseases to humans it takes time for scientists to develop vaccines. Once a vaccine is available, getting vaccinated is important because it is the most effective way to prevent the spread of a pandemic illness. As with all other types of disasters, pandemics can have enormous economic and social consequences. Having massive illness is disruptive to business, schools, and government functions. If the pandemic results in a high death toll the emotional consequences to survivors may last their entire lifetimes.

#### II. Dealing with Pandemics

It is critical for employers and employees to work together to prevent the spread of infectious diseases. Employers should set policies that minimize employee contact with infectious diseases. On the other hand, employees can prevent illness by adopting healthy behaviors.

##### A. Before a Pandemic Hits

- a. Employers need to keep updated emergency contact information for employees
- b. Employers encouraging employees to get an annual flu shot is an effective way to decrease workplace illness
- c. Employees should be reminded that getting the flu shot cannot give you the flu because the virus has been deactivated.
- d. Managers may provide cross training among employees so that essential functions can be performed if staffing levels are disrupted during a pandemic.
- e. Managers may include a pandemic scenario during disaster drill trainings.
- f. Healthy habits such as not smoking, eating healthy, exercising, & getting adequate sleep will reduce the chances of contracting an infectious disease.

## **B. Workplace Policies and Operating Procedures Once a Pandemic Hits**

- a. Stay home if you have a fever or symptoms of a fever (chills, sweating, aches, weakness / fatigue) to stay home until at least 24 hours after symptoms have resolved without medication. Please note that the time frame for staying home after symptoms have resolved can vary and that you should check with guidelines from your local health department or the Centers for Disease Control and Prevention (CDC) for exact details.
- b. Consult a doctor before returning to work.
- c. Talk with your manager if you need flexibility on sick leave policies during the pandemic.
- d. Decrease face time with other employees by using web or tele meetings and trainings.
- e. Talk with your manager if you need tissues, soap, and no touch garbage cans.

## **C. Employee Behavior During a Pandemic**

- a. Wash hands often and use proper hand washing techniques.
- b. Follow cough and sneeze etiquette (use tissues, cover mouth, or cough & sneeze into a tissue).
- c. Avoid shaking hands.
- d. Keep a distance of at least six feet from other people.
- e. Clean and sanitize surfaces that come in frequent contact with hands such as computers, phones, and work surfaces).
- f. Monitor the expiration dates on cleaning and sanitizing solutions and replace as needed.
- g. Properly use any needed personal protective equipment (gloves, mask)

## **III. Conclusion / Discussion**

Pandemics can unexpectedly reduce staffing levels and impair a business's ability to function. It is up to both employees and employers to stop the spread of infectious diseases in the workplace. By planning ahead, setting appropriate policies, and educating employees on health behaviors businesses may be able to continue to operate even during a pandemic.

For more information regarding Dietary Employee Training Program or other nutrition services, please contact [rfs-nsdept@pfgc.com](mailto:rfs-nsdept@pfgc.com). 1.T, 2.F, 3.T, 4.T, 5.F

\*\*\*\*\*

Pre-Test / Post-Test (Circle One)

Name: \_\_\_\_\_

- T    F    1. Cross training employees helps businesses continue to function during a pandemic.
- T    F    2. Getting vaccinated is not effective in preventing the spread of infectious diseases.
- T    F    3. Proper hand washing helps prevent the spread of pandemic diseases.
- T    F    4. The CDC provides guidelines on how long employees who have contracted the pandemic illness must stay home after symptoms have resolved.
- T    F    5. Cleaning and sanitizing workspaces has no impact on the spread of infectious diseases.

## Case Study One: Thunderstorm

You oversee the foodservice operations at an assisted living facility with 50 residents. It has been a misty and dreary morning. You hear that the radio is on in the kitchen and the dietary staff is listening while preparing lunch. At about 11 o'clock the National Weather Service announces a severe thunderstorm warning for your county. Ten minutes later you can hear the storm outside. At about 11:30 the lights in the kitchen go out, the radio goes dead, and your office computer turns off. Your facility does not have a back-up generator. The stove and oven are gas and remain on.

### 1. What do you do next?

According to your cellphone the time is now 12 noon. Residents have been gathered into the dining room by the CNAs. The manager of your facility called the utility company and learned that there are a lot of trees down within the service area. The company customer service representative politely promised that power will be restored to your facility as quickly as possible but could not say when that will be. Meanwhile the storm has not subsided. There are enough battery-operated lights in the dining room for residents to eat. Following lunch, the dietary staff gathers up the dirty dishes and wipes off the tables.

### 2. What priorities will you assign them for the afternoon?

By 1:30 staff has checked the temperatures of the meats and other time / temperature control for safety foods. Following temperature checks the cooler and freezer doors were shut and you instructed staff to keep them closed unless necessary. There has been no update on when power will be restored, and the storm has not let up. Staff shift change is at 2 pm.

### 3. What issues do you need to address to continue to ensure that your meals meet food safety standards?

Staff shift change went smoothly with only one call-in. The second shift workers chatted with first shift about the downed trees, which roads are blocked, and which parts of the city did not have functioning traffic lights on their drives into work. You review your cooler and freezer inventory against your menu and update supper to include as much time / temperature control for safety foods as possible. You print off a copy of your disaster menu with recipes and instruct staff to take inventory of your dry storage area. By comparing the inventory to your recipes, you determine that the facility currently has enough food to last at least three days on the disaster menu, even if the storm gets worse and supply deliveries become interrupted.

You report your findings to the building manager. The dietary staff is busily preparing supper in the kitchen. You instruct staff to check the temperature of all time / temperature control for safety foods and record the result. Staff is disposing of any foods from the refrigerator or freezer with a temperature above 41°F.

4. What are your concerns if power is not restored by morning?

## Case Study Two: Tornado

You are the foodservice director for a 50-bed nursing home in the town of Midwest, Minnesota. You have a staff of 10 full time and part time foodservice workers. On a hot July evening Midwest experiences an F3 tornado which thankfully misses the nursing home but has snapped many power lines across town leaving the entire town without electricity. Since the nursing home is small, you do not have a backup generator. There are no plans to evacuate the facility since it did not sustain any damage and power is expected to be back up within 24-48 hours according to the electrical company.

1. What kind of disaster(s) is this (internal, external, technological)?
2. How will you keep potentially hazardous food safe? What will you need to discard? What will you be able to keep?
3. What kinds of foods can you safely serve residents?
4. What other effects could this disaster have on your foodservice facility?
5. You are expecting a delivery from your supplier the day after the disaster. How should you handle the delivery?
6. What will you need to do to recover from this disaster?



## Case Study Three: Water Contamination

You are a 100-bed hospital with a small public cafeteria for hospital visitors in Yukon, Minnesota. You are currently at 50% capacity. The local health department has just announced that the city water supply has been compromised due to a break in one of the main water pipes. The city has issued a boil water alert.

1. What kind of disaster(s) is this?
2. What are some safe sources of drinking water?
3. How would you go about determining how much water to purchase?
4. What is the recommended process for boiling water to kill bacteria?
5. What foodservice equipment should not be used during this time?
6. What are some alternate sources of "fluids" other than bottled water?

## **Case Study Four: Pandemic**

National news has recently reported the outbreak of the H5N7 pandemic influenza. You are the foodservice manager of a small assisted living facility in Rural, Illinois, one-hour away from Chicago. As far as you know, no outbreak has been announced in your town. Your facility has established a pandemic influenza plan which includes a "lock down" on the establishment. This means that no unauthorized visitors will be allowed into the establishment. Your administrator expects you to develop policies with your staff to uphold the plan.

1. What type of disaster is this (short term, long term, water supply disruption)? Explain.
2. What are some personal hygiene policies you will need to discuss with your staff? Foodservice delivery personnel?
3. If staff members are affected by the pandemic influenza, what would be some ways that they could communicate with staff at the assisted living facility?
4. If you are short-handed what are some other possible sources of staff?
5. Name some examples of food supplies that you may want to stockpile in case of delayed deliveries.

## SOURCES

Environmental Protection Agency. *Emergency Disinfection of Drinking Water*. EPA 816-F-06-027. August 2006. Available at <http://www.epa.gov/safewater>.

National Restaurant Association Educational Foundation. *ServSafe® Essentials, Seventh edition*. Chicago, IL: NRAEF, 2017.

Nursing Facility Minimum Licensing Standards Emergency Preparedness (LAC 48:I.9729)

U.S. Food and Drug Administration. *Food Facts: Food and Water Safety During Hurricanes, Power Outages, and Floods*. December 2007. Available at <http://www.fda.gov/food/resourcesforyou/consumers/ucm076881.htm>.

**Tab G:**

Create a checklist of dietary items that will accompany clients, which includes medications and special foods. Remember to include these items in loading plans and indicate what goes in each vehicle.

Time restrictions: SEE ATTACHED

\*\*\*ALL ITEMS LISTED WILL ACCOMPANY RESIDENTS AT THE TIME OF THEIR DEPARTURE

**Checklist to accompany residents during travel**

**Sandwiches**

**Snacks**

**Water**

**Juice**

**Ice chest**

**Ice**

**Emergency drug kit**

**ID bracelets**

**Clothes**

**Diapers**

**Wet wipes**

**Paper towels**

**Medications**

**Face sheets**

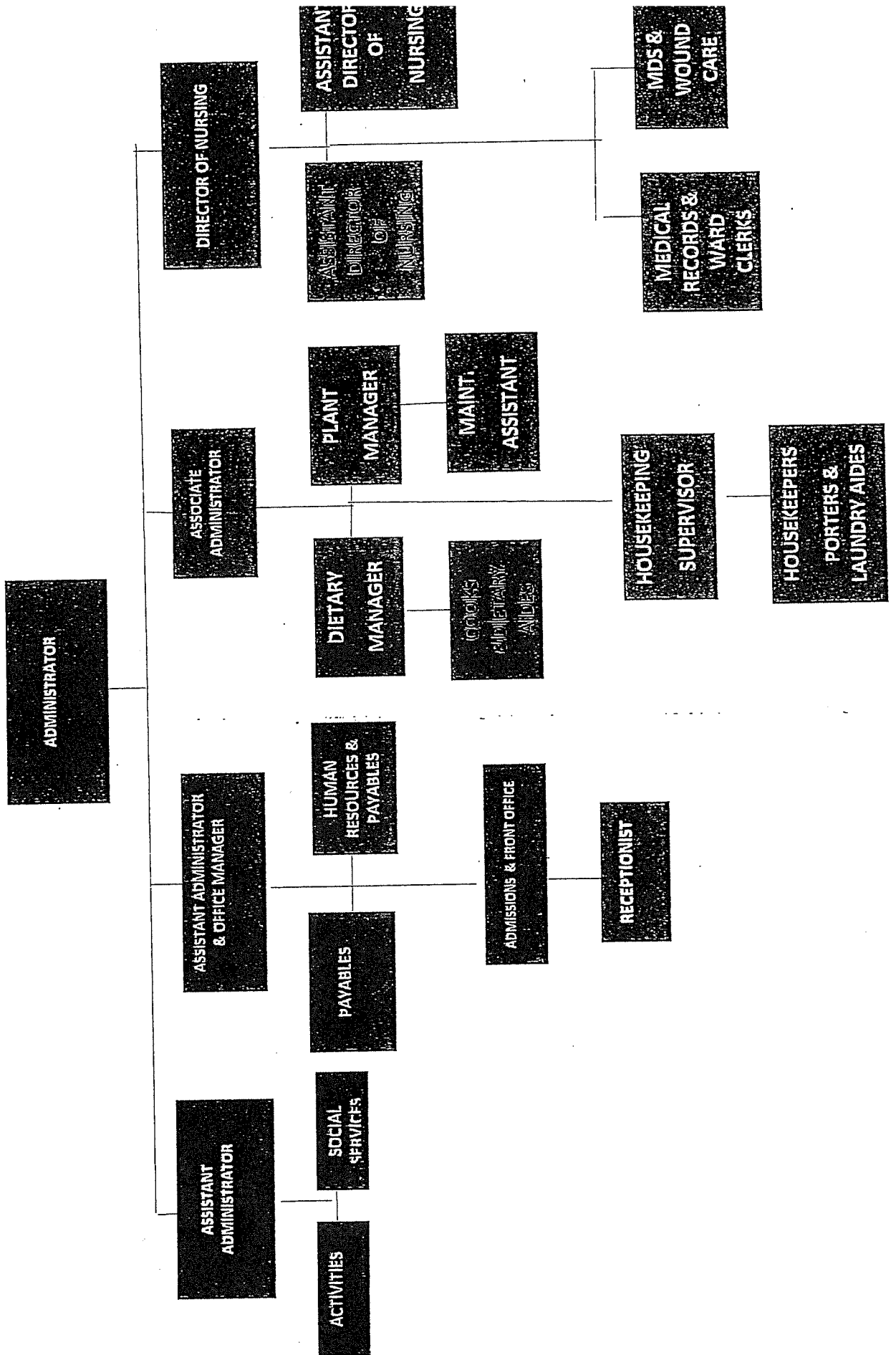
**MAR's**

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Tab H:

Organization and staffing chart, with responsibilities, job titles, and phone numbers of staff personnel. This is a list of who (title/position) will do what (responsibilities) in an emergency event. Please only list titles/positions and the responsibilities of those titles/positions for or during emergency events. The persons who currently occupy those positions may not be available when emergency event takes place or may be needed elsewhere. Please do not include names of staff and staff contact information with plans sent to DHH-HSS unless otherwise requested.

# MAISON ORLEANS ORGANIZATIONAL CHART



## Emergency Operations Plan

### JOB ACTION SHEET

#### ADMINISTRATOR

- A. Organize and direct operations
- B. Provide information to the home office, support agencies and notify public officials of evacuation.
- C. Organize and enforce facility protection and resident security
- D. Arrange for transportation of human and material resources to and from the facility.
- E. Maintain adequate numbers of personnel.
- F. Maintain and supervise the utilization of financial assets and emergency expenditures.
- G. Identify safe areas where patients and staff can be moved.
- H. Establish a staff rest and nutritional area.
- I. Observe all staff, volunteers and resident for signs of stress and inappropriate behavior.



## Emergency Operations Plan

### JOB ACTION SHEET

#### ENVIRONMENTAL

- A. Procure and keep on hand the needed supplies and equipment.
- B. Maintain surveillance of the resident areas to assure highest possible degree of cleanliness and safety.
- C. Develop procedures and provide for securing the facility.
- D. Evaluate, control and monitor the condition of utilities, HVAC, sanitation and mechanical systems.
- E. Arrange emergency laundry services and appropriate utility transport.

## Emergency Operations Plan

### JOB ACTION SHEET

#### DIETARY

- A. Assure adequate levels of food and water.
- B. Arrange to have on hand foods that do not require refrigeration or cooking, for use in evacuation or in-place sheltering situations.
- C. Develop a loading list and supervise the packing for transport of foods, water and service supplies for use on transport.
- D. Provide ice and containers to preserve perishable foods and medicines in an evacuation.
- E. Estimate the number of meals that can be served utilizing existing stores.
- F. Organize food and water stores for preparation and rationing.
- G. Inventory emergency drinking water and estimate when resupply will be necessary.
- H. Initiate the feeding of staff and volunteers.

Emergency Operations Plan

JOB ACTION SHEET

ASSISTANT ADMINISTRATOR/OFFICE MANAGER

- A. Verify adequate levels of supplies.
- B. Act as custodian of all documentation except medical records.
- C. Maintain current information regarding incident status.
- D. Maintain and report regular and overtime hours worked/volunteered.
- E. Receive, investigate and document claims alleged to be the result of any incident.
- F. Maintain accurate records of costs.
- G. Arrange for the safety of all computer equipment

## Emergency Operations Plan

### JOB ACTION SHEET

#### NURSING

- A. Prepare Clients for the hazard concerned, whether in-place shelter or evacuation (evaluate – ID bracelets, etc.)
- B. Supervise triage and loading of residents, support staff, and any accompanying staff families into evacuation vehicles. Prepare vehicle manifests, and supervise provisions of care en route.
- C. Collect, coordinate and maintain inventory of essential medical supplies and equipment. Determine the anticipated pharmaceuticals needed and request items.
- D. Coordinate with assistant administrator/office manager to insure the implementation of resident/staff tracking system and maintain adequate levels of nursing personnel.
- E. Coordinate with reception location medical staff.
- F. Assure treatment of residents and manage the care areas.
- G. Act as custodian of medical records.

## Emergency Operations Plan

### JOB ACTION SHEET

#### SOCIAL SERVICES/ACTIVITIES

- A. Provide information to visitors and families regarding status and location of residents.
- B. Collect, coordinate and maintain inventory of activity supplies and equipment.
- C. Maintain register and control access to area in accordance with administrator's direction.

## Tab I:

Posted Communication Plan. Telephone numbers of the emergency points of contact at your facility and the parent headquarters if any. List of emergency telephone numbers, such as law enforcement, fire, EMS, public works, utilities, fuel(s) supplier, evacuation host facility point of contact, Parish Office Of Home Land Security and Emergency Preparedness, Red Cross, your Designated Regional Coordinator, etc. List of 24-hour telephone numbers for nursing supplies, dietary supplies, and pharmacy supplies. If available include other contact information for previously listed emergency contacts such as email, cellular phone, Indicate whether the facility has and uses a "weather alert radio", internet alert system or relies on local radio and television for news weather predictions and emergency announcements.

Also include in Tab I types of communications systems or equipment used to monitor emergency broadcast and contact emergency services, power sources, testing schedule, and back up equipment or back up plans. This section of plan and TAB I shall be clearly marked and posted in a manner that is immediately recognizable and always accessible by all staff. If plan is placed within another document it shall be CLEARLY MARKED AS "EMERGENCY COMMUNICATIONS PLAN and CONTACT NUMBERS" and easily distinguished from the rest of that document.

The Communication Plan is posted in the following area(s) and is accessible at all times. These areas are marked on the floor plans.

**\*\*SEE ATTACHED\*\***

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Contact	Phone Number
Kim Russell, NFA	(205)-746-5550
NOPD	(504)-821-2222
Fire Department	(504)-658-4700
Acadian Ambulance	(800)-259-1111
Public Works	(504)-658-8000
Orleans Parish Office of Homeland Security and Emergency Preparedness	(504)-658-8700
Red Cross	(504)-620-3105
Reinhardt Food Supplier	(225)-288-1279
Peoples Drug Store	(985)-873-8003
Medline Medical Supply	(985) 792-0851
Entergy	(800)-368-3749

**Tab J:**

Indicate those hazards to which the facility may be subject: include a list of the disasters that are most likely to affect your facility and briefly explain any that are non weather related in Tab J. Information about general hazards can be found on the Governor's Office of Homeland Security and Emergency Preparedness website:

<http://www.ohsep.louisiana.gov/hlsmitigation/hazmitigatpln.htm>

It is advised that facilities consult their local emergency management services as well such as Fire and Law Enforcement Departments, local or parish OHSEP, etc.



## 1021 Facility Assessment

To ensure the required thoroughness, individuals involved in the facility assessment should, at a minimum, include the administrator, a representative of the governing body, the medical director, and the director of nursing. The environmental operations manager, and other department heads (for example, the dietary manager, director of rehabilitation services, or other individuals including direct care staff) should be involved as needed.

Facility Contact Information		
Assessment Date	1/31/2021	
Facility Name	Maison Orleans Healthcare	
Address	1420 General Taylor St, NOLA 70115	
Phone	504-895-7755	
Email	info@maisonorleansnola.com	
Administrator	Kim Russell, RN, LNFA	
Medical Director	Jean-Farere Dyer, MD and Daniel Bouchette MD	
Director of Nursing	Dina Dyer, RN	
Corporation	Bob Dean Companies	
Social Services Director	Freddie Williams	
Food Services Director	Sheila Dorsey	
Maintenance Director	Louis DeBlois	
Activity Director	Kishandra Jefferson	
Therapy Director	Tricia Lauf	
Updates		
Date of Update		
Reason for Update		
	Current	Date:
Total residents	160	1/31/2021
Total capacity (licensed beds)	200	
Medicare	29	
Medicaid	115	
HMO	10	
Private	2	
Hospice	4	

§483.70(e)(1) The facility's resident population, including, but not limited to,

(i) Both the number of residents and the facility's resident capacity;

483.70(E)

Current Census	160
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ADL	INDEPENDENT	ASSIST of 1 or 2 STAFF	DEPENDENT
Bathing	0	135	17
Dressing	0	135	19
Transferring	2	110	2
Toilet Use	1	112	2
Eating	1	107	17
Other: Describe			

**A. BOWEL/BLADDER STATUS****B. MOBILITY**

Indicate the number of residents with:

8 With indwelling or external catheter

20 Bedfast all or most of time

Of the total number of residents with catheters,  
how many were present on admission?

90 In a chair all or most of time

8

1 Independently ambulatory

144 Occasionally or frequently incontinent  
of bladder.40 Ambulation with assistance or  
assistive device70 Occasionally or frequently incontinent  
of bowel.

0 Physically restrained

Of the total number of residents with restraints, how many  
were admitted or readmitted with orders for restraints?

0

0 On urinary toileting program

26 On bowel toileting program

52 With contractures

Of the total number of residents with contractures,  
how many had a contracture(s) on admission?

46

NOTES:

**C. MENTAL STATUS**

Indicate the number of residents with:

- 1 Intellectual and/or developmental disability
- 8 Documented signs and symptoms of depression
- 67 Documented psychiatric diagnosis (exclude dementias and depression)
- 40 Dementia: (e.g., Lewy-Body, vascular or Multi-infarct, mixed, frontotemporal such as Pick's disease; and dementia related to Parkinson's or Creutzfeldt- Jakob diseases), or Alzheimer's Disease

28 Behavioral healthcare needs(Including Trauma/ PTSD)

Of the total number of residents with behavioral healthcare needs, how many have an individualized care plan to support them? 28

1 Receiving health rehabilitative services for MI and/or ID/DD

COMMENTS:

**D. SKIN INTEGRITY**

- 15 Pressure ulcers (exclude Stage 1)
- Of the total number of residents with pressure ulcers (excluding Stage 1), how many residents had pressure ulcers on admission? 10
- 121 Receiving preventive skin care

NOTES:

**E. SPECIAL CARE**

Indicate the number of residents with:

4 Hospice care

0 Radiation therapy

1 Chemotherapy

6 Dialysis

1 Intravenous therapy, IV nutrition,  
and/or blood transfusion

5 Respiratory treatment

1 Tracheostomy care

3 Ostomy care

0 Suctioning

29 Injections  
(exclude vitamin B12 injections)

12 Tube feedings

41 Mechanically altered diets including  
pureed and all chopped food  
(not only meat)

93 Rehabilitative services  
(Physical therapy, speech- language  
therapy, occupational therapy, etc.)  
Exclude health rehabilitation for  
MI and/or ID/DD

0 Assistive devices with eating

COMMENTS:

483.70(E)

**F. MEDICATIONS**

Indicate the number of residents with:

106 Any psychoactive medication

74 Antipsychotic medications

11 Antianxiety medications

80 Antidepressant medications

3 Hypnotic medications

12 Antibiotics

23 On pain management program

**G. Other**

17 With unplanned significant weight loss/gain (Bariatric Resident)

1 Who do not communicate in the dominant language of the facility (include those who use American sign language)

0 Who use non-oral communication devices

122 With advance directives

108 Received influenza immunization

93 Received pneumococcal vaccine

48 Tobacco use (include smokeless and E-cigs)

**H. ALARMS**

Indicate the number of residents with:

26 Personal Alarms  
(include clip-on, laser, and wander guard types)

(ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;

Resident Population format based on CMS 672

# FACILITY-WIDE SELF ASSESSMENT 483.70(E)

COMPLETION DATE:

ADL	INDEPENDENT	ASSIST of 1 or 2 STAFF	DEPENDENT
Bathing	0	135	17
Dressing	0	135	19
Transferring	2	110	2
Toilet Use	1	112	2
Eating	1	107	17

\*Staff competency and care area requirements as identified in the Resident Population Assessment:

Required	Catheter Care	Required	Intravenous therapy, IV nutrition, medication administration and/or blood transfusion
Required	Incontinence/Toileting Program	Required	Respiratory treatment
Required	End of Life Care	Required	Tracheostomy care
Required	Dementia Care	Required	Behavioral Healthcare (Including PTSD and Trauma History)
Required	Ostomy care	Required	Gastronomy Tube Care/Use
Required	**Restorative Nursing: Dressing, Grooming, and Bathing	Required	Pain Management
Required	Pressure ulcer prevention and treatment	Required	Infection Control
Required	Fall Risk Identification	Required	Communication and interpersonal needs
Required	Technical Skills	Required	Safety and emergency procedures

## FACILITY-WIDE SELF ASSESSMENT

483.70(E)

COMPLETION DATE:

\*Staff competency and care area requirements as identified in the Resident Population Assessment:

Required	Assessing Nutritional Needs	Required	Change in Condition
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Required Meeting the needs of individuals with MI/ID/DD

*The regulation outlines that the individualized approach of the facility assessment is the foundation to determine staffing levels and competencies. Therefore, the facility assessment must include an evaluation of the overall number of facility staff needed to ensure sufficient number of qualified staff are available to meet each resident's needs. Furthermore, the assessment must include a competency-based approach to determine the knowledge and skills required among staff to ensure residents are able to maintain or attain their highest practicable physical, functional, mental, and psychosocial well-being and meet current professional standards of practice.*

Staff competencies and annual training requirements per regulatory authority and/or facility policy:

Abuse, Neglect, Exploitation, and Misappropriation

Advance Directives

Behavioral Health

Communication

Compliance and Ethics

CPR

Dementia Care Management

Equipment and assistive device training

Infection Control

Other areas identified as areas of weakness during annual performance review/competency evaluation

Promoting resident's independence

Quality Assurance and Performance Improvement

Resident Rights including confidentiality of resident information, right to dignity, privacy, and property.

Safety and emergency procedures

Job responsibilities and lines of authority

Emergency Preparedness

Facility policies and procedures

Change in condition

## FACILITY-WIDE SELF ASSESSMENT

483.70(E)

COMPLETION DATE:

\*The staff competencies required will auto-fill based on the diagnosis and conditions identified on the resident population sheet. If a care area/staff competency area is identified "required" will be displayed in the highlighted box.

Restorative nursing training shall be conducted by a registered nurse or qualified therapist. The training must include the following elements: Turning and positioning for the bedridden resident, range of motion (ROM) exercises, ambulation assistance, transfer procedures, bowel and bladder retraining and self-care activities of daily living.

Newly identified care areas/competencies needed based on this assessment:

Notes:



FACILITY NAME

COMPLETION DATE:

FACILITY-WIDE SELF ASSESSMENT

483.70(E)

CARE & COMPETENCY REQUIREMENTS

COMPLETION DATE:

483.70(E)

There are many ways to determine resident acuity. Below is a table with one way to determine resident acuity based on RUG Level. Once this table is complete, it will give you an estimate of the total number of nursing hours needed based on your resident population's acuity levels. This is only one of many ways to determine your residents acuity.

This page can be formatted to fit whatever approach you want to use to determine acuity, feel free to modify as needed.

*RUG Based Case Mix Minutes Estimates (Strive Time Study)				Number of Residents			Staff Type			Total MPPD
Rug IV Classification				RN	LPN	AIDE	RN	LPN	Nurse Total	

## REHAB PLUS EXTENSIVE

RUX	55.14	84.11	94.80				0.00	0.00	0.00	0.00
RUL	91.09	47.99	155.86				0.00	0.00	0.00	0.00
RVX	11.80	75.27	91.39				0.00	0.00	0.00	0.00
RVL	46.42	71.18	77.02				0.00	0.00	0.00	0.00
RHX	96.79	35.50	116.67				0.00	0.00	0.00	0.00
RHL	44.89	30.74	76.87				0.00	0.00	0.00	0.00
RMX	70.60	53.84	106.74				0.00	0.00	0.00	0.00
RML	106.44	57.50	100.48				0.00	0.00	0.00	0.00
RLX							0.00	0.00	0.00	0.00

## REHABILITATION

RUC	19.15	44.46	98.48				0.00	0.00	0.00	0.00
RUB	35.95	48.52	83.73				0.00	0.00	0.00	0.00
RUA	20.37	32.53	44.19				0.00	0.00	0.00	0.00
RVC	20.62	45.67	100.10	1.00			20.62	45.67	66.29	166.39
RVB	17.20	34.71	66.56	3.00			51.60	104.13	155.73	355.41
RVA	21.37	34.80	55.08	2.00			42.74	69.60	112.34	222.50
RHC	22.26	34.61	105.35	1.00			22.26	34.61	56.87	162.22
RHB	23.22	29.48	72.19	1.00			23.22	29.48	52.70	124.89
RHA	15.56	30.10	48.95	1.00			15.56	30.10	45.66	94.61
RMC	18.70	35.78	98.82				0.00	0.00	0.00	0.00
RMB	18.47	33.17	82.52	1.00			18.47	33.17	51.64	134.16
RMA	13.23	27.52	48.34	5.00			66.15	137.60	203.75	445.45
RLB	21.00	24.31	132.83				0.00	0.00	0.00	0.00
RLA	3.38	21.18	63.56				0.00	0.00	0.00	0.00

**EXTENSIVE SERVICES**

ES3	98.01	39.35	110.53		0.00	0.00	0.00	0.00	0.00
ES2	41.26	58.01	108.03		0.00	0.00	0.00	0.00	0.00
ES1	48.18	33.22	82.08		0.00	0.00	0.00	0.00	0.00

**SPECIAL CARE HIGH**

HE2	8.39	43.72	136.26		0.00	0.00	0.00	0.00	0.00
HE1	11.19	46.51	99.16		0.00	0.00	0.00	0.00	0.00
HD2	23.14	49.60	104.39		0.00	0.00	0.00	0.00	0.00
HD1	10.20	34.83	92.82		0.00	0.00	0.00	0.00	0.00
HC2	19.58	29.54	94.30		0.00	0.00	0.00	0.00	0.00
HC1	13.43	33.15	131.62		0.00	0.00	0.00	0.00	0.00
HB2	46.87	53.42	80.65		0.00	0.00	0.00	0.00	0.00
HB1	11.51	31.12	57.45		0.00	0.00	0.00	0.00	0.00

**SPECIAL CARE LOW**

LE2	10.30	34.83	120.16		0.00	0.00	0.00	0.00	0.00
LE1	11.19	32.76	93.95		0.00	0.00	0.00	0.00	0.00
LD2	11.24	36.62	103.73		0.00	0.00	0.00	0.00	0.00
LD1	5.99	26.46	87.76		0.00	0.00	0.00	0.00	0.00
LC2	16.04	30.36	68.11		0.00	0.00	0.00	0.00	0.00
LC1	8.06	27.44	76.68		0.00	0.00	0.00	0.00	0.00
LB2	17.66	30.62	77.10		0.00	0.00	0.00	0.00	0.00
LB1	9.87	27.76	54.68		0.00	0.00	0.00	0.00	0.00

**CLINICALLY COMPLEX**

CE2	12.99	21.12	108.44		0.00	0.00	0.00	0.00	0.00
CE1	11.12	14.75	108.51		0.00	0.00	0.00	0.00	0.00
CD2	10.47	25.46	123.66		0.00	0.00	0.00	0.00	0.00
CD1	5.39	21.67	99.70		0.00	0.00	0.00	0.00	0.00
CC2	8.04	17.53	80.75		0.00	0.00	0.00	0.00	0.00
CC1	7.98	15.03	77.01	2.00	15.96	30.06	46.02	154.02	200.04
CB2	12.14	20.25	64.68		0.00	0.00	0.00	0.00	0.00
CB1	7.13	17.51	68.46	15.00	106.95	262.65	369.60	1,026.90	1,396.50
CA2	9.64	24.04	28.34		0.00	0.00	0.00	0.00	0.00
CA1	11.44	21.70	25.19	15.00	171.60	325.50	497.10	377.85	874.95

**BEHAVIORAL SYMPTOMS AND COGNITIVE PERFORMANCE**

BB2	4.00	13.87	71.17		0.00	0.00	0.00	0.00	0.00	0.00
BB1	5.36	15.57	63.80	1.00	5.36	15.57	20.93	63.80	84.73	
BA2	5.78	17.98	48.44		0.00	0.00	0.00	0.00	0.00	
BA1	4.84	13.94	36.19		0.00	0.00	0.00	0.00	0.00	

**REDUCED PHYSICAL FUNCTION**

PE2	6.06	18.54	114.73		0.00	0.00	0.00	0.00	0.00	
PE1	8.40	17.34	111.15	1.00	8.40	17.34	25.74	111.15	136.89	
PD2	4.49	17.23	112.75		0.00	0.00	0.00	0.00	0.00	
PD1	8.27	15.85	98.40	19.00	157.13	301.15	458.28	1,869.60	2,327.88	
PC2	2.58	14.41	78.73		0.00	0.00	0.00	0.00	0.00	
PC1	6.07	18.11	75.10	6.00	36.42	108.66	145.08	450.60	595.68	
PB2	6.25	18.29	66.72		0.00	0.00	0.00	0.00	0.00	
PB1	4.44	13.55	49.85	5.00	22.20	67.75	89.95	249.25	339.20	
PA2	1.62	14.09	19.08		0.00	0.00	0.00	0.00	0.00	
PA1	6.34	13.77	25.38	16.00	1.69	220.32	222.01	406.08	10.47	
*Minutes based on RUG III to RUG IV Conversion and the Strive Study				95.00	786.33	1833.36	2619.69	5669.90	7671.97	
				Total Minutes for one day						7671.97

(ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;

FACILITY NAME:  
COMPLETION DATE:

\_\_\_\_\_

FACILITY-WIDE RISK ASSESSMENT  
483.70(E)

RESIDENT ACUITY

# Workforce Profile

## Administrative Staffing Information

Position/Workforce	Employee (E) or Contractor (C)	Desired Number Y/N	Copies of Degrees/Licenses/Certifications on file Y/N	Professional Requirement	Y/N
Administrator	E	1	Y	NFA License	Yes
Director of Nursing	E	1	Y	RN License	Yes
Assistant Director of Nursing (RN)	E	1	Y	RN License	Yes
Assistant Director of Nursing (LPN)	E	1	Y	LPN License	Yes
MDS Coordinator	E	3	Y	LPN License	Yes
Social Services	E	1	Y	Bachelor	Yes
Activity Coordinator	E	1	Y	Certification	Yes
Director of Therapy	E	1	Y	License	Yes
Dietitian	C	1	Y	RD	Yes
Business Office	E	1	NA	Previous Experience	NO
Human Resources	E	1	NA	Previous Experience	NO
Medical Director	C	1	Y	MD	Yes
Facilities - Maintenance	E	1	NA	Previous Experience	NO
Dining Director	E	1	NA	Certification	NO

Direct Care Staffing Information					
Position/Workforce	Employee (E) or Contractor (C)	Desired Number FTE	Copies of Degrees/Licenses/Certifications on file Y/N	Professional Requirement	Y/N
Registered Nurses (weekend)	E	2	Yes	RN License	Yes
Licensed Practical Nurses (floor)	E	36	Yes	LPN License	Yes
Certified Nursing Assistant	E	45	Yes	Certification	Yes
Physical Therapist	E	2	Yes	License	Yes
Physical Therapist Assistant	E	4	Yes	License	Yes
Occupational Therapist	E	2	Yes	License	Yes
Certified Occupational Therapist Assistant	E	4	Yes	Certification	Yes
Speech Therapist	E	2	Yes	License	Yes
Ward Clerks / Receptionists	E	4	Yes	Certification	Yes
Cooks	E	4	NA	Previous Experience	NA
Dietary Aids	E	16	NA	Previous Experience	NA
Housekeepers	E	12	NA	Previous Experience	NA
Laundry Aides	E	4	NA	Previous Experience	NA
Volunteer Staffing Information					
Position/Workforce	Employee (E) or Contractor (C)	Desired Number Y/N	Copies of Degrees/Licenses/Certifications on file Y/N	Professional Requirement	Y/N

(iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as we training and any competencies related to resident care;

The assessment must include or address an evaluation of the facility's training program to ensure any training needs are met for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles. The assessment should also include an evaluation of what policies and procedures may be required in the provision of care and that these meet current professional standards of practice.

There are many methods you can choose to use to evaluate the effectiveness of your employee training program. Examples include skills assessment which include return demonstration, follow up-quizzes for the training topic, and employee surveys. If you use a computer based training program, use the available reports to determine competency and completion rates.

**When assessing your training needs and your current program, ask the following questions:**

1. What training needs to be done? This may be determined by the results of the skills assessments, quizzes or employee surveys completed.

*\*Also consider resident outcomes when determining training and competency needs.*

1. Infection Control/ Covid prevention-mitigation

2. Which employee groups should receive the training? Keep in mind, staff members of the different departments will not always need the same type of training.

Above training need to be adapted to meet the needs of each department

3. What skills, knowledge, and abilities are needed by each departments staff?

Resident Rights, Abuse/Neglect, Dementia Communication, Infection Control - COVID

**The questions above are only three examples of many to utilize to assess your training program. Modify this sheet to best fit the needs of your home.**

Resources you can use to evaluate your program:

MDS Data/QM Reports      Pre and post training      Return Demonstration  
Hospitalization Rates      Observation



FACILITY-WIDE SELF ASSESSMENT  
483.70(E)

COMPLETION DATE:

Evaluate the services provided by your home.  
Use the following services listed or add/delete  
services as needed.

Services Provided	Yes/No
ADL Assistance	Y
Art Therapy	N
Barber/Beauty	Y
Bariatric Care	Y
Cable/Satellite TV	Y
Dementia Care	Y
Diabetes Management	Y
Dialysis	Y
Internet/Wi-Fi	Y
Music Therapy	Y
Occupational Therapy	Y
Palliative/Hospice Care	Y
Pet Therapy	N
Pharmacy/Medication Management	Y
Physical Therapy	Y
Post-acute care	Y
Religious Programs	Y
Restorative Nursing Program	Y
Specific Rehabilitation Services	Y
Speech Therapy	Y
Telephone	N
Trach Care	N
Transportation	Y
Wound Care	Y

**5483.70e**

**The facility's resources, including but not limited to, Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies;**

*The assessment should also include an evaluation of what policies and procedures may be required in the provision of care and that these meet current professional standards of practice.*

[illegible]

FACILITY NAME:

ETHNIC, CULTURAL, RELIGIOUS NEEDS

## FACILITY-WIDE SELF ASSESSMENT

483.70(E)

COMPLETION DATE:

Male	112	Female	48
<b>Indicate the number of residents who identify as:</b>			
<b>A. Race and Ethnicity</b>			
indicate the number of residents who identify as:			
0 American Indian or Alaska Native	0 Male	0 Female	
1 Asian	1 Male	0 Female	
99 Black or African American	70 Male	29 Female	
1 Hispanic or Latino	5	1 Female	
0 Native Hawaiian or Other Pacific Islander (NHOPI)	0 Male	0 Female	
61 White	40 Male	21 Female	
<b>B. Religion</b>			
80 Catholic			
0 Jewish			
0 Protestant			
50 Baptist			
30 None			
0 Jehovah's Witness			
Other [type in]			
Other [type in]			
Other [type in]			
Other [type in]			

The regulation outlines that the individualized approach of the facility assessment is the foundation... Therefore, the facility assessment must include an evaluation of any ethnic, cultural, or religious factors that may need to be considered to meet resident needs, such as activities, food preferences, and any other aspects of care identified.

**Ethnic, cultural, or religious needs identified based on resident population:**

A variety of religious services are offered to meet the needs of all residents

Religious dietary restrictions are accommodated

Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

FACILITY NAME

# FACILITY-WIDE SELF ASSESSMENT

COMPLETION DATE:

483.70(E)

## Building and Physical Environment

### Buildings

Attach a facility layout to your assessment (if multiple buildings, number each layout and attach a layout for each building).

What is the construction type of each building? (For resident occupied structures only)			1
1	I (442), I (332), II (222)	Any number of stories non-sprinklered or sprinklered	
2	II (111)	One-story non-sprinklered Maximum 3 stories sprinklered	
3	II (000)	Not allowed non-sprinklered	
4	III (211)	Not allowed non-sprinklered Maximum 2 Stories Sprinklered	
5	IV (2HH)		
6	V (111)		
7	III (200)	Not allowed non-sprinklered Maximum 1 Story Sprinklered	
8	V (000)		

### Other Structures: Garages, sheds, laundry facilities, etc. (include any rented/leased space also)

Structure/Description	Structure/Description

## FACILITY-WIDE SELF ASSESSMENT

483.70(E)

COMPLETION DATE:

Building and Physical Environment			
Building Elements	Count		
Number of Private Rooms	27		
Number of Shared Rooms	80		
Number of Offices	20		
Condition			
Building Elements	Y/N	Condition	Notes - Additional Explanation
Dining Room(s)	Y	good	
Kitchen	Y	good	new range and double convection oven, new ice ma
Laundry Room	Y	good	
Med Room	Y	good	
Nourishment Room	Y	good	
Nurse Station	Y	good	
Medical Record Room	Y	good	
Game Room	N	NA	
Server Room(s)	N	NA	
Shower Room(s)	Y	good	
Common Restroom(s)	Y	good	
Designated Activity Room	Y	very good	remodeled/ finished in 2019
Supply Storage Room(s)	Y	good	
Oxygen Tank Storage Room	Y	good	
Rehabilitation/PT Area	Y	good	
Clean Utility Room(s)	Y	good	
Soiled Utility Room(s)	Y	good	
Mechanical Room(s)	Y	good	
Staff Breakroom(s)	Y	good	

(v) *Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies;*

Healthcare Related Contracts, Memorandums of Understanding, or Other Agreements	
Main Agreements	Vendor/Supplier/Agency
Lab Services	Advance Clinical Laboratory
Therapy	Employed by facility
Respiratory Therapy	Breathing Care
X-Ray	Ray Tech of New Orleans
Dialysis	Davita, Fresenius
Pharmacy	People's Pharmacy
Security	NA
Food Services	Reinhart
DME Equipment	Size-wise
Lawn Care	Commercial Land Management
Kitchen Equipment Maintenance	Auto Chlor, Reinhart
Ambulance	Acadian, AMED
Emergency Transportation	Acadian / Nicoll's Limousine
Food and Water	Reinhart, DS water services
Managed Care Contracts	Humana, People's Health, United Healthcare, Wellcare, Amerihealth
Surety Bond	Patient Compensation Fund
Medical Director	Jean-Farere Dyer and Daniel Bouchette
Podiatry	Todd Allien, Big Easy Podiatry
Dental	Fleur De Lis
Medical Supply Company	Medline, Direct Supply
CLIA	Kim Russell
Fire Alarm	Louisiana Fire
Sprinklers	S & S
Elevator	EMR
Generator	Stewart and Stevenson

HAZARD AND VULNERABILITY ASSESSMENT TOOL									
NATURALLY OCCURRING EVENTS									
EVENT	PROBABILITY  <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)						EXTERNAL RESPONSE	RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	Community/ Mutual Aid staff and supplies		
		<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>			<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none		0 - 100%
Tornado	1	2	2	2	2	1	1	1	19%
Severe Thunderstorm	3	1	1	2	1	1	1	1	39%
Snow Fall	1	0	0	1	2	1	1	1	9%
Blizzard	0	0	0	0	0	0	0	0	0%
Hurricane	3	2	2	2	1	1	1	1	50%
Earthquake	0	0	0	0	0	0	0	0	0%
Heat/Humidity	3	1	0	0	1	1	1	1	22%
Drought	1	1	0	0	3	0	0	0	7%
Flood, External	2	1	1	1	1	1	1	1	22%
Wild Fire	0	0	0	0	0	0	0	0	0%
Landslide	0	0	0	0	0	0	0	0	0%
Epidemic	3	3	2	3	1	3	3	3	83%
AVERAGE SCORE									0%
	1.06	0.69	0.50	0.69	0.75	0.56	0.50		7%

\*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.07	0.35	0.21

HAZARD AND VULNERABILITY ASSESSMENT TOOL															
TECHNOLOGIC EVENTS															
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)					RISK								
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE		EXTERNAL RESPONSE							
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*							
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%							
Electrical Failure	2	0	0	2	1	1	1	19%							
Generator Failure	1	1	1	2	1	1	1	13%							
Transportation Failure	0	0	0	0	0	0		0%							
Fuel Shortage	0	0	0	0	0	0	0	0%							
Communications Failure	0	0	0	0	0	0	0	0%							
Information Systems Failure	1	0	0	1	1	1	1	7%							
Fire, Internal	1	2	2	2	1	1	1	17%							
Flood, Internal	1	1	1	1	1	1	1	11%							
Hazmat Exposure, Internal	1	1	0	1	1	1	1	9%							
Supply Shortage	1	0	0	1	1	1	1	7%							
Structural Damage	1	1	1	1	1	1	1	11%							
AVERAGE SCORE								0%							
*Threat increases with percentage.									0%						
									0%						
									0%						
									0%						
									0%						
0.47									0.32	0.26	0.58	0.42	0.42	0.42	2%

\*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.02	0.16	0.13

**HAZARD AND VULNERABILITY ASSESSMENT TOOL**  
**HUMAN RELATED EVENTS**

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
<b>SCORE</b>	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)	1	1	0	1	1	1	1	9%
Mass Casualty Incident (medical/infectious)	2	2	1	2	1	1	1	30%
Terrorism, Biological	1	1	0	0	1	1	1	7%
Hostage Situation	1	1	0	0	1	1	1	7%
Active Shooter	1	1	0	0	1	1	1	7%
Missing Resident	2	1	0	1	1	1	1	19%
Bomb Threat	1	1	1	1	1	1	1	11%
<b>AVERAGE</b>	<b>0.90</b>	<b>0.80</b>	<b>0.20</b>	<b>0.50</b>	<b>0.70</b>	<b>0.70</b>	<b>0.70</b>	<b>7%</b>

*\*Threat increases with percentage.*

**RISK = PROBABILITY \* SEVERITY**

**0.07      0.30      0.22**



Task No.	Description	Start Date	Target Completion Date	Actual Completion Date	Status	Responsible Person/Dept.	Additional Notes
Facility Profile							
1							
2							
3							
4							
5							
Resident Population/Care Requirements/Competency Requirements/Resident Acuity/Ethnic, Cultural, Religious Needs							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Workforce Profile/Training Evaluation							
1							
2							
3							
4							
5							
Services/Policies/Contracts, MOU's, Agreements							
1							
2							
3							
4							
5							
Physical Plant/Facility Resources							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**All Hazards Risk Assessment**

1	Continue to revise COVID policies during pandemic	3/13/20	unknown				Administrator, DON	Pandemic currently ongoing
2	Prepare for Hurricane Season	1/31/21					All Department Heads	Season Ends November 30
3								
4								
5								
6								
7								
8								
9								
10								

HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (From historic events at your LTC with > = 5 victims)	0	0	0	0	2	1	2	0%
Small Casualty Hazmat Incident (From historic events at your LTC with < 5 victims)	0	0	0	0	2	1	2	0%
Chemical Exposure	0	0	0	0	2	1	2	0%
Terrorism, Chemical	0	0	0	0	2	1	2	0%
Radiologic Exposure, External	0	0	0	0	2	1	2	0%
Terrorism, Radiologic	0	0	0	0	2	1	2	0%
AVERAGE								0%
	0.00	0.00	0.00	0.00	1.33	0.67	1.33	0%

\*Threat increases with percentage.

\*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.19

## Hazards which the facility may be subject to:

**Biological** - A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in very short time.

**Dam** - The benefits of dams are numerous: they provide water for drinking, navigation, and agricultural irrigation. Dams also provide hydroelectric power and create lakes for fishing and recreation. Most important, dams save lives by preventing or reducing floods.

**Drought** - Drought can be defined on the basis of the degree of dryness (in comparison to "normal" or average amount) and the duration of the dry period. The drought's impact may include direct effects to the local economic, agricultural, and hydrological (rivers, reservoirs and water tables) resources or may be the cause for secondary effects such as wildfires

**Flooding** - A flood, as defined by the National Flood Insurance Program is: "A general and temporary condition of partial or complete inundation of two or more acres of normally dry land area or of two or more properties (at least one of which is your property) from:

Overflow of inland or tidal waters,

Unusual and rapid accumulation or runoff of surface waters from any source, or a mudflow.

**Fire** - Causes of Fires and Fire Deaths: Cooking is the leading cause of home fires in the U.S. It is also the leading cause of home fire injuries. Cooking fires often result from unattended cooking and human error, rather than mechanical failure of stoves or ovens. Careless smoking is the leading cause of fire deaths. Smoke alarms and smolder-resistant bedding and upholstered furniture are significant fire deterrents. Heating is the second leading cause of residential fires and the second leading cause of fire deaths. However, heating fires are a larger problem in single family homes than in apartments. Unlike apartments, the heating systems in single family homes are often not professionally maintained. Arson is both the third leading cause of residential fires and residential fire deaths. In commercial properties, arson is the major cause of deaths, injuries and dollar loss.

**Hurricane and Tropical Weather** - A hurricane is a tropical storm with winds that have reached a constant speed of 74 miles per hour or more. The eye of a storm is usually 20-30 miles wide and may extend over 400 miles. The dangers of a storm include torrential rains, high winds and storm surges. A hurricane can last for 2 weeks or more over open water and can run a path across the entire length of the Eastern Seaboard.

**Heat** - Most heat disorders occur because the victim has been overexposed to heat or has over exercised for his or her age and physical condition. Other conditions that can induce heat-related illnesses include stagnant atmospheric conditions and poor air quality.

**Hazardous Materials** - Hazardous materials in various forms can cause death, serious injury, long-lasting health effects, and damage to buildings, homes, and other property. Many products containing hazardous chemicals are used and stored in homes routinely. These products are also shipped daily on the nation's highways, railroads, waterways, and pipelines

**Nuclear** - Radiation is any form of energy propagated as rays, waves or energetic particles that travel through the air or a material medium.

**Thunderstorms** - Thunderstorms can bring heavy rains (which can cause flash flooding), strong winds, hail, lightning and tornadoes. In a severe thunderstorm get inside a sturdy building and stay tuned to a battery-operated radio for weather information. Severe thunderstorms can strike at any time of the day or night. The heaviest volume of severe thunderstorms occurs from April through September

**Terrorism** - Terrorism is defined in the Code of Federal Regulations as "the unlawful use of force and violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives."

**Tornados** - A tornado is a violent windstorm characterized by a twisting, funnel-shaped cloud. It is spawned by a thunderstorm (or sometimes as a result of a hurricane) and produced when cool air overrides a layer of warm air, forcing the warm air to rise rapidly.

**Winter Weather** - Winter weather conditions are expected to cause significant inconveniences and may be hazardous, especially to motorists

**Hazards which the facility will not be subject to:**

none

**Tab J:**

Indicate those hazards to which the facility may be subject: include a list of the disasters that are most likely to affect your facility and briefly explain any that are non weather related in Tab J. Information about general hazards can be found on the Governor's Office of Homeland Security and Emergency Preparedness website:

<http://www.ohsep.louisiana.gov/hlsmitigation/hazmitigatpln.htm>

It is advised that facilities consult their local emergency management services as well such as Fire and Law Enforcement Departments, local or parish OHSEP, etc.

# **EMERGENCY OPERATIONS PLAN**

**Prepared & Submitted by: Kim Russell, LNFA**

**MAISON ORLEANS HEALTHCARE 1420 GENERAL TAYLOR STREET, NEW ORLEANS,  
LA70115**

**Maison Orleans Healthcare's Emergency Operations Plan (EOP)** is a detailed plan stating how we intend to manage and conduct actions under emergency conditions. This plan is reviewed annually by the Administrator and updated as indicated.

This EOP has been reviewed and approved by our organization's corporate leadership.

**Approved By:**

  
\_\_\_\_\_

Signature

Mary Tadlock RN / LHAHC / Corporate Clinical Consultant  
\_\_\_\_\_

Printed Name/Title

2/28/19  
\_\_\_\_\_

Date

**Reviewed/Revised:**

8/27/19  
\_\_\_\_\_

Date

Kim Russell RN LHA  
\_\_\_\_\_

Signature

**Reviewed/Revised:**

3/2/2020  
\_\_\_\_\_

Date

Kim Russell RN LHA  
\_\_\_\_\_

Signature

2/26/2021  
\_\_\_\_\_

Kim Russell RN LHA  
\_\_\_\_\_



<b><i>Emergency Operations Binder Content</i></b>	<b><i>Section</i></b>
Verification of Plan Submission to OSHEP	1
Facility Emergency Operations Plan w/ signature attestation	2
Facility Floor Plan & Area Sketch Map with Emergency Shut off Valves	3
Facility Demographics <ul style="list-style-type: none"> <li>• Flood Zone</li> <li>• Generator Information</li> </ul>	4
Employees <ul style="list-style-type: none"> <li>• Roster</li> <li>• Organizational Chart</li> <li>• Staff Assignments</li> <li>• Staff Recall Sheet</li> <li>• Emergency Point of Contact Numbers</li> </ul>	5
Residents <ul style="list-style-type: none"> <li>• Census for Triaging</li> <li>• Resident Emergency Packet</li> <li>• Resident Identification</li> <li>• Resident "Go-Bags" w/ checklist</li> </ul>	6
Transport Agreements <ul style="list-style-type: none"> <li>• Bus</li> <li>• Van</li> <li>• Ambulance</li> </ul>	7
Primary Host Facility Agreement w/Evac Route & Map	8
Alternate Host Facility Agreement(s) w/Evac Route & Map	9
Disaster Checklists <ul style="list-style-type: none"> <li>• Supply Inventory</li> <li>• Backup water</li> <li>• Emergency Menu</li> <li>• Facility Operations</li> </ul>	10
Vendor Agreements & 24hr Contact Information	11
Transfer Agreement & Transfer Form Authorizing Admission	12
Hazards Vulnerability Assessment <ul style="list-style-type: none"> <li>• Risk Assessment Cover Sheet</li> <li>• Hazards Facility May be Subjected to</li> </ul>	13
Proof of Staff Training on Emergency Procedures	14
Annual Disaster Drills <ul style="list-style-type: none"> <li>• Shelter in Place &amp; Evacuation</li> </ul>	15
Declaration of Emergency Standards	16
Local Emergency Phone Numbers	17
DHH-HSS Emergency Preparedness Plan Survey 2018	18
Nursing Facility Minimum Licensing Standards, Emergency Preparedness requirements <b><u>LAC 48: I.9729</u></b>	19

## **I. Emergency Operations Plan Overview**

Our facility is committed to protecting the well-being of our residents, staff and visitors. An important aspect of this responsibility is the development and active commitment of facility leadership and staff to an effective Emergency Management Program (EMP). This document, our facility's All-Risk Emergency Operations Plan (EOP), states our organization's understanding of how we will manage and conduct actions under emergency conditions. As such, it has been reviewed and approved by our organization's leadership.

This plan has been developed based on understanding both natural and man-made disasters that may pose risks to the health and safety of residents, staff and visitors and may impact the facility's operations.

This is an "all hazards" plan and we have verified through our Hazard Vulnerability Analysis (HVA) that the hazards that pose the greatest risk (a combination of probability and consequence) are given special attention in our plan, training and exercises.

We recognize that the effectiveness of this plan requires the commitment of facility administrators and staff. The day-to-day provision of services to our residents requires considerable focus and effort, yet we have a duty to prepare for events that may have significant impact to our residents and facility.

This plan will be reviewed at least annually and updated as necessary based on information obtained from drills and activation or changes to local, state and federal regulatory requirements.

## **II. Purpose and Scope**

The purpose of our EOP is to describe our all-hazards approach to emergency management, and by so doing, support the following incident objectives:

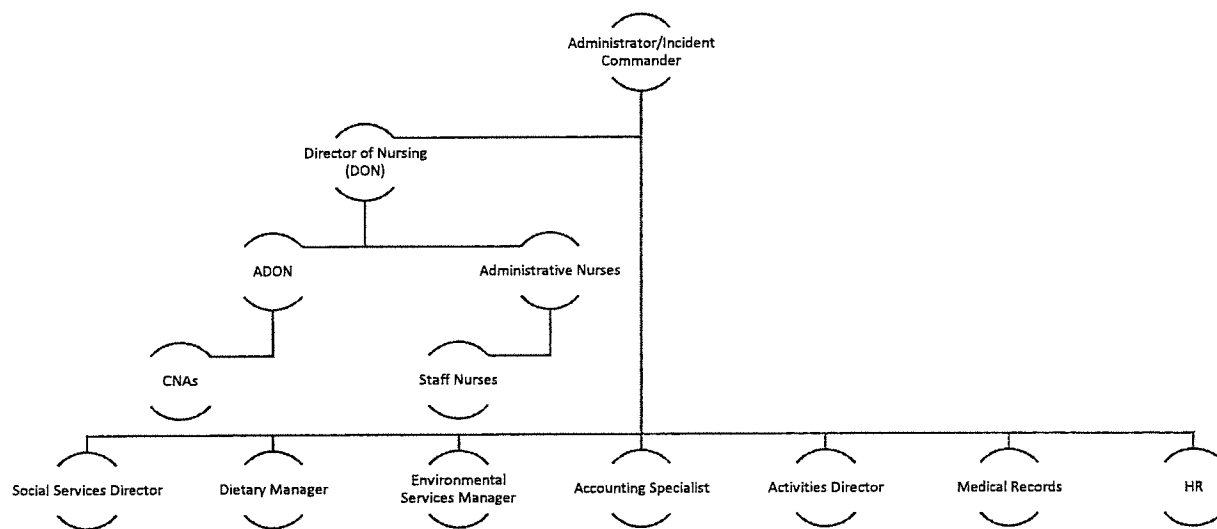
- Maintain a safe and secure environment for residents, staff and visitors;
- Sustain our organization's functionality, including our usual day-to-day business operations
- Integrate into the community's emergency response system as necessary.

The scope of this plan extends to any event that disrupts, or has the potential to disrupt, our normal standards of care or business continuity. This includes the impact due to internal incidents, such as a fire, or external incidents, such as an earthquake.

### **III. Structure and Leadership**

The organizational structure is as indicated by the Organization Chart and identifies the general chain-of-command and principal roles of facility administrators and department managers/supervisors.

The normal organizational structure and its associated processes are well suited for day-to-day operations but may be adjusted to accommodate changes needed for emergency management. Based on the nature of the hazard and once the EOP is activated, our leadership structure may switch to the emergency management system, called the Incident Command System (ICS). In the event of activation, the emergency management team forms a "parallel structure" to the existing management team. The head of the emergency management system, "Incident Commander/Facility Administrator" reports to the CEO and/or corporate designee.



## IV. Risk Assessment

Comprehensive emergency management includes four phases: preparedness, mitigation, response and recovery. A critical component of the preparedness phase is assessing risks and vulnerabilities, and a common tool used for this purpose is the Hazard Vulnerability Analysis (HVA). For this reason, our facility has completed an HVA that is reviewed annually.

### A. Hazard Vulnerability Analysis (HVA)

To complete our initial HVA, we completed the following six-step process:

1. Establish the participants in the HVA process. We involved knowledgeable stakeholders in the HVA process, including both facility and corporate input.
2. Identify the hazards. This step consists of identifying all the hazards that could significantly impact operations, residents care, or unusual service needs. Hazards may be both internal to the facility or community-based.
3. Assess the hazard-associated "risk". Each identified hazard was assessed according to its probability and consequences.
4. Rank the hazards by magnitude of risk. This step involves sorting the risks into categories, e.g., high risk, moderate risk, and low risk. This step also includes expert judgment, e.g., information from emergency management officials that may be aware of community vulnerabilities.
5. Analyze the vulnerability of "mission-critical" systems to each hazard. This final step assessed vulnerabilities relative to human impact, property and facility impact, and operational impact.
6. Prioritize the vulnerabilities and implement risk intervention activities (mitigation) as appropriate. Generally, our vulnerabilities are ranked by the following priorities:
  - a. Life safety threat (injury/illness, death, short and long-term health risk)
  - b. Disruption of facility operations
  - c. Business system failure
  - d. Loss of customer
  - e. Property and/or environment damage
  - f. Liability and/or legal/regulatory exposure

### *Hazard Vulnerability Analysis (HVA)*

For each hazard listed in column 1, rate the probability of the event occurring, and the severity of the possible impact. Sum the scores from columns 2-5 and list the result in column 6. This method is used to consider which hazards to use as “most likely scenarios” based on ratings and to help determine the most appropriate strategies for management.

EVENT 1	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK 6
	PROBABILITY 2	HUMAN IMPACT 3	PROPERTY IMPACT 4	BUSINESS IMPACT 5	
	Likelihood this will occur 0 = N/A 1 = Low 2 = Moderate 3 = High	Possibility of death or injury 0 = N/A 1 = Low 2 = Moderate 3 = High	Physical losses and damages 0 = N/A 1 = Low 2 = Moderate 3 = High	Interruption of services 0 = N/A 1 = Low 2 = Moderate 3 = High	
SCORE					
Natural Hazards					
Flood	1	0	2	1	4
Hurricane	3	1	2	2	8
Fire	1	3	3	3	10
Tornado	1	2	2	2	7
Severe Weather	3	1	2	2	8
Bomb/Active Shooter	1	3	1	1	6

**See Section 13 for HVA.**

### *B. Top 3 Risks*

Our HVA assessment process has determined that the top three risks facing our facility include those listed below:

1. Fire
2. Hurricane/Severe Weather
3. Tornado
- 4.

### *C. Risk Mitigation*

Mitigation planning establishes a short and long-term action plan to eliminate hazards and/or reduce the impact of those hazards that are inevitable.

Based on the results of the HVA, the mitigation strategy considers, but is not be limited to, the following:

- The use of appropriate building construction standards.
- Relocation, retrofitting or removal of structures at risk.
- Removal or reduction of the amount or size of the hazard.
- Segregation of the hazard from that which is to be protected.
- Provision of protective systems or equipment.
- Establishing hazard warning and communications procedures.
- Redundancy or duplication of critical systems, equipment, information, operations, or materials.

Our emergency operations program is designed to be “all hazard” meaning that we remain vigilant and ready to respond to all emergency events whether they have been pre-identified through our HVA or not. This is accomplished through practiced team work, good communication and the process of incident action planning.

### *D. Emergency Management Codes and Procedures*

#### ***Policy Statement***

Emergency management codes are used to notify employees of a crisis or disaster that may impact the facility. Codes are used to inform employees and begin mobilization of resources before general notification of residents, family or visitors.

#### ***Policy Interpretation and Implementation***

1. The following are some examples of hazards that Maison Orleans Healthcare may be exposed to and the codes are utilized to notify the employees of the various crises or disaster situations that may impact the facility:
  - a. Fire Emergency (Code Red)
  - b. Missing Resident (Code Pink)
  - c. Severe Weather/Natural Disaster (Code Green)

- d. Utility Outage (Code Black)
  - e. Hazardous Materials Incident (Code Orange)
  - f. Workplace Violence or Threat of Violence (Code Gray)
  - g. Nuclear Power Plant Emergency (Code Brown)
  - h. Suspicious Package/Bomb Threat (Code Yellow)
  - i. Medical Emergency (Code Blue)
  - j. Epidemic/Pandemic Episode (Code Purple)
  - k. Terrorist Attack (Code White)
  - l. Evacuation \_\_\_\_\_
  - m. Shelter-in-Place \_\_\_\_\_
2. All employees are trained to respond to emergency situations that may impact the facility.



## IV. Communication Plan

### A. Overview

Our communication plan supports *rapid* and *accurate* communication both internally and externally. This section describes the elements of a basic communication plan incorporated into this EOP.

Relative to internal communications, the facility maintains a contact list of all staff, including telephone numbers and email addresses (if available). This contact information may be used whenever it is necessary to notify staff of a threat or emergency that may impact or involve them. We have a regular schedule to update staff on critical information related to the emergency. ***See Section 3 for detailed information including contact information, organizational chart, staff assignments and emergency contact numbers.***

### B. Internal Communication

Once an incident is recognized that may require activation of the EOP, the person who first recognizes the incident should immediately notify their supervisor or the senior manager on site.

Our internal communication equipment includes:

- ☐ Overhead Page
- ☐ Cell phones with texting
- ☐ Message board
- ☐ Runner

### C. Communication with External Partners

It is also important to communicate with relevant external partners to: 1) gather information relevant to the incident, and 2) share information regarding the facility's status, activities and needs. Our facility will report incidents as required to jurisdictional authorities. We may also share relevant situational information with external partners consistent with local policies and procedures. Our external communication equipment includes:

- ☐ Land lines
- ☐ Cell phones with texting
- ☐ Crank radio
- ☐ Internet
- ☐ ESF-8 Portal/MSTAT

*D. Resident and Family Communication*

Our facility provides information to all residents and family members regarding our EOP as part of our orientation and on-going communications. In the event of an emergency, family members may be notified and briefed on the status of the facility and the condition of their loved one as soon as it is feasible to do so. In case of an emergent situation, where time and conditions do not allow us to communicate with our resident's families in a timely manner, we may utilize the Ombudsman, the ESF-8/MSTAT portal, the American Red Cross, and other methods as available to provide a phone number to families where they can call and obtain information on the status and location of their resident.

*E. Public Relations Liaison*

Our facility has identified a responsible staff person to release information to the public after a disaster. Unless otherwise specified, it will be the Facility Incident Commander (IC).

## V. Employee Preparedness

Emergency response and recovery operations can be stressful for affected residents and employees in addition to the families of both. Our employees may be requested to report to their work site and provide services related to emergency response and recovery operations in addition to their normally assigned duties. Supervisors, co-workers, and residents share an expectation that medical services will proceed uninterrupted and that medical needs generated by the incident impact will be addressed. Preparedness planning in this facility should be recognized as a shared responsibility between nursing home leadership and staff. All staff are expected to have a current *family disaster plan* so that they can fulfil their work obligations knowing that their families are well prepared and safe. Staff are encouraged to visit [www.ready.gov/make-a-plan](http://www.ready.gov/make-a-plan) and/or [www.redcross.org/prepare/location/home-family/plan](http://www.redcross.org/prepare/location/home-family/plan) for guidance and templates for personal disaster plans.

### A. Staffing During an Emergency - Staff Recall

Maison Orleans Healthcare staff may be called in and/or availability may be requested by a pre-designated staff person for each department. The individuals contacted may be asked to report for duty immediately or be scheduled for future shifts during the emergency. The location of a detailed emergency contact list for staff is contained in Section 3.

### B. Emergency Employee Call-Ins

All staff in regular, part-time and prn positions should contact their immediate supervisor or manager if they are unable to report to duty as scheduled.

All approved Paid Time Off (PTO) days during an event may be cancelled. Employees should be available to report for duty if it is safe and feasible to do so.

### E. Employee Assignments

Employees may be assigned to **Team A** or **Team B** and should report to duty as follows:

- Team A will report to the facility as scheduled once an emergency is declared, and travel is safe. Team A will remain at the facility for the duration of the disaster event and its effects, and until relieved by Team B.
- Team B members are expected to report to duty to their department or labor pool when an all-clear is called by the Incident Commander (IC) or local officials, and it is safe to travel.

Employees who do not provide direct patient care and whose departmental functions can be halted until the emergency is over will be designated as either Team A or Team B and deployed to a labor pool. Those employees will report directly to the Business Office for assignment.

***Team A and Team B*** will be encouraged to bring the following to the facility:

- Staff identification
- Medications/personal items
- Money: cash and change for vending
- Flashlight with extra batteries
- Critical personal phone numbers
- Battery-operated cell phone charger

***F. Staff Responsibility***

Team A and B employees will be deployed and rotated, as deemed appropriate by the IC, during the duration of the disaster; work in various assigned shifts; and/or provide non-routine duties. Team A and B employees will report in when an "All Clear" is called and/or it is safe to travel.

***G. Staff Support***

To the extent that the facility's needs permit, space may be provided for families of working staff during the disaster. Reasonable sleeping and showering areas will be assigned to off-duty staff. Families should bring snacks, drinks, linens, personal items and children's activities whenever possible. Food will be provided in from a limited menu for staff.

Figure 1. A schematic diagram of the experimental setup. The subject is seated in a chair, viewing a video screen. The screen displays a target (a small circle) and a starting point (a larger circle). The subject's hand is positioned at the starting point. The distance between the starting point and the target is labeled as 'distance'. The subject is instructed to move their hand from the starting point to the target. The video screen is connected to a computer system, which records the hand's position and movement time.

A list of staff telephone numbers for emergency contact is in EOP in Command Center (Administrator's office)

Instructions: List all department staff members and responses received. Forward this list to the Command Center.

[illegible]

## **IV. ORGANIZATION AND RESPONSIBILITIES:**

### **A. Organization & Staffing:**

#### **Emergency/Disaster Job Assignment**

All personnel are pre-assigned specific tasks to perform during emergency situations.

1. All personnel are assigned specific tasks to perform during emergency/disaster situations.
2. Department directors are responsible for assigning their respective employees to such positions.
3. All newly hired personnel will be required to attend an orientation class concerning our fire safety and disaster preparedness plans.
4. Periodic in-service training classes will be conducted to keep all personnel informed of changes in our fire safety and disaster preparedness plans as well as any changes in job assignments.
5. In addition to orientation and in-service training classes, periodic drills will be conducted to assist personnel in performing their assigned tasks.

#### **Emergency Job Tasks – Evacuation**

Specific tasks are assigned to staff members during an emergency based on the following criteria:

##### **1. Administrator/Incident Commander**

- a. Meet with management team to activate Incident Command System (ICS) and finalize instructions for evacuation.
- b. Contact ownership, Corporate Contact, Louisiana Department of Health, and Local Emergency Management Office to notify them of decision to evacuate.
- c. Notify staff members of decision to evacuate.
- d. Notify alternate care facilities of pending arrival.
- e. Designate Phase I and Phase II Coordinators in conjunction with the Director of Nursing.
- f. Designate a staff member to monitor and complete the Resident Evacuation Tracking Log.
- g. Contact vendors that may be needed for post-incident restoration and decide for services.
- h. Secure the facility and ensure all electronics and computers have been turned off and unplugged.
- i. Approve shut-down procedures for non-essential utilities and designate appropriate personnel to implement shut-down.
- j. Ensure Emergency "Go-Box" is complete.
- k. Establish communications with the Administrator of the receiving facility.
- l. Establish daily communications with staff members, residents, and resident families/responsible parties.
- m. Continuously remind all staff to remain calm and in control so as to not upset the residents.
- n. Initiate recovery and re-entry efforts when deemed safe.

##### **2. Director of Nursing**

- a. Designate groups of residents to be transported based on acuity and determine staffing needs.
- b. Complete *Resident Acuity Levels for Evacuation Purposes* to determine transportation needs.
- c. Prepare list of residents and evacuation destination(s), so nursing staff can prepare Emergency "Go Bags" to include clothing, supplies, medications, etc.
- d. Ensure complete data backup prior to onset of the incident/disaster.
- e. Designate Phase I Coordinator in conjunction with Incident Commander.

- f. Designate Phase II Coordinator.
- g. Assist in coordinating transfer of all residents to alternate hospitals or other locations.
- h. Notify pharmacy of pending evacuation and alert for need to provide back-up medications.
- i. Continuously remind nursing staff to remain calm and in control so as to not upset the residents.
- j. Supervise resident evacuation from the building and the flow of residents to modes of transportation. Ensure residents have emergency packets, "Go Bags" and identification wristbands.
- k. At the appropriate time, accompany residents to receiving facility and establish a Nursing Office to be staffed by the Director of Nursing and other Administrative Nurses.
- l. Maintain effective lines of communication with all nursing staff members to promote quality assurance.

### **3. Nursing Staff**

- a. Ensure all physician orders have been obtained for residents.
- b. Prepare medications for those residents going to alternate facilities or hospitals (ensure a week's worth of medications if possible).
- c. Prepare medications for those residents going home with families/responsible parties (ensure a week's worth of medications if possible).
- d. Prepare equipment, medical supplies, first aid supplies, treatment carts, crash cart, emergency medication boxes, oxygen, and medication carts for transport.
- e. Ensure residents are properly prepared for evacuation.
- f. Assist in resident transfers.
- g. Remain calm so as to not upset the residents.

### **4. Certified Nursing Assistants**

- a. Remove all residents from bed if possible and place in wheelchairs, Geri-chairs, etc.
- b. Prepare residents in designated groups according to acuity for transport to alternate care facilities.

Ensure the residents:

- (1) Are properly attired for the weather with shoes, coats, hats, etc;
- (2) Are wearing identification wristbands;
- (3) Have emergency packets with face sheet, identification, Do Not Resuscitate (DNR) orders, insurance information, etc;
- (4) Have Emergency "Go Bags" with personal clothing, gowns/pajamas, shoes, slippers, socks, and underclothes for three to four days;
- (5) Have incontinence supplies, personal grooming items, and other medical supplies;
- (6) Have dental supplies, dentures, hearing aides, eyeglasses, etc;
- (7) Have all adaptive aids (for example, hearing aids and dentures are packed and properly labeled) and
- (8) Have pillows, blankets, and bed linens (mattress may be transported as well).
- c. Designate staff members to accompany each group.
- d. Remain calm so as to not upset the residents.

### **5. Medical Records**

- a. Protect and gather resident records for transport. Send each record with the Phase I resident to his/her receiving location.
- b. Send resident records for Phase II residents to the receiving facility.
- c. Ensure resident records are safeguarded at the receiving facility.
- d. Ensure complete data backup prior to the onset of the incident/disaster.
- e. Remain calm so as to not upset the residents.

## **6. Office Staff**

- a. Protect and gather vital employee and facility records, including banking documents, checkbooks, and pertinent account information for transport if necessary.
- b. Ensure complete data backup prior to the onset of the incident/disaster; load any pertinent backup data onto laptop prepped to use in emergency situations.
- c. Ensure all computers have been turned off and unplugged.
- d. Ensure specific departments are maintaining time sheets for employees who are working at the alternate care sites.
- e. As directed by the Incident Commander, continue to notify families/responsible parties of the plan to evacuate.
- f. Document all emergency actions taken and notifications.
- g. Ensure telephone/emergency phone coverage for the facility.
- h. As directed by Incident Commander, continue to notify staff members to report to the facility as soon as possible.
- i. Remain calm so as to not upset the residents.

## **7. Social Services/Activities**

- a. Notify families/responsible parties who have requested their loved ones be discharged to their care. Make a list and forward to the nursing department, so discharge orders can be obtained from attending physicians.
- b. Monitor volunteers.
- c. Work closely with nursing staff to meet the needs of the residents.
- d. Remain calm so as to not upset the residents.

## **8. Maintenance**

- a. Work with responding emergency agencies on items such as utility controls and elevator operations. Support responding emergency agencies with building security and traffic control.
- b. Make final rounds of the facility and grounds.
- c. Make emergency repairs of the facility.
- d. Secure windows and other building openings.
- e. Ensure that all windows are closed. Pull shades and close all drapes.
- f. Check equipment for functionality, complete checklist accordingly.
- g. Secure the facility and ensure all electronic devices and computers have been turned off and unplugged.
- h. Activate shut-down procedures.
- i. Secure all potential flying debris (above, below, around, and in the facility).
- j. Gather supplies, such as radios, flashlights, batteries, etc., for transport.
- k. Remain calm so as to not upset the residents.

## **9. Food Services**

- a. Ensure refrigerators and freezers are set on the lowest setting prior to exiting the facility.
- b. Ensure non-essential equipment is unplugged.
- c. Gather emergency food, water, cooking utensils, and food disposal supplies for transport. Assign someone to accompany food items during transportation to the alternate care facility.
- d. Protect and gather for transport vital resident and department records.
- e. Notify vendors to deliver supplies, including ice and water to the alternate care facility.
- f. Determine the number of residents, visitors, volunteers, employees, and their family members for whom food service will be provided.
- g. Prepare to assist in resident evacuation and report to the alternate care facility.
- h. Remain calm so as to not upset the residents.



**10. Housekeeping/Laundry**

- a. Protect and gather an adequate supply of linens to be transported to the evacuation site.
- b. Ensure all equipment is unplugged.
- c. Notify vendors to deliver supplies to the alternate care facility if necessary.
- d. Determine the number of residents, visitors, volunteers, employees, and their family members who need supplies and linens.
- e. Gather supplies such as linens, blankets, trash can liners, mops, rags, buckets, trash cans, cleaning supplies, toilet paper, etc.
- f. Prepare to assist in resident evacuation and report to the alternate care facility.
- g. Remain calm so as to not upset the residents.

**11. Transportation**

- a. Check fuel, oil, and water levels for each vehicle.
- b. Prepare maps with evacuation routes and alternate routes.
- c. Cancel any upcoming appointments until further notice
- d. Contact dialysis facility to ensure facility has most recent progress notes from last session
- e. Remain calm so as to not upset the residents.

**12. Medical Director**

- a. Assist facility with transfer decisions and emergency orders if Attending Physician cannot be reached.

## **VI. Coordination with Response Partners**

Understanding that most emergencies experienced by our facility will likely involve other response partners, our facility has established relationships with relevant response partners in the community and become familiar with local policies and procedures relevant to emergency management.

The ESF-8/MSTAT portal is a tool that may be used by our facility to communicate situational information to the parish and state concerning emergency operations, bed availability/census, and evacuation status. This information will be updated according to the required reporting schedules as directed.

## **VII. Resource Management**

Resource management is critical to maintaining safe and effective care of residents and staff. Our facility maintains an adequate supply of emergency equipment and materials on hand.

Additionally, our facility has established agreements with a variety of vendors for our re-supply and recovery needs for all departments. In the event of evacuation, our vendor agreements have provisions for delivery of needed equipment and supplies to the evacuation destination. ***See Section 14 for a list of these vendors for copies of or relevant documentation for emergency agreements.***

## **VIII. Education and Training**

Education and training, including drills and exercises, are utilized in this facility to achieve proficiency during emergency response. In compliance with state and federal regulations, our facility conducts initial training on the EOP during the orientation of new staff, and annually to all staff or as needed if the EOP is changed. A disaster drill is held twice annually, and a detailed account of drills and exercises is maintained, along with feedback and corrective actions if indicated. Staff from all shifts shall participate in drills or test exercises. In addition, fire and internal disaster drills are held at least quarterly, under varied conditions for each individual shift of facility personnel. The actual evacuation of patients to safe areas during a drill is optional. A dated and signed report and evaluation of each drill and rehearsal is maintained and includes the signatures of all employees who participated.

Additionally, our facility may also participate in any state and federal drills when asked to do so by local or state agencies, including Louisiana Department of Health.

## IX. Facility Evacuation

The facility administration aims to pre-plan for all anticipated hazards with a goal to minimize the stress and danger to our residents and staff. Due to the increased risks of mortality and morbidity related to the evacuation of residents who are elderly, frail and/or residents who suffer from chronic health conditions, sheltering in place will always be our first response choice if it is at all feasible and safe. If sheltering in place would put our residents at greater risk than evacuation, or when given a mandatory order to do so by appropriate authorities, the Administrator/Incident Commander (IC) has the authority to activate our emergency evacuation plan.

The following terms are important to understanding how we evacuate our facility.

- There are *two types of evacuation*:
  - *emergent* which unfolds in minutes to hours and
  - *urgent/planned* which unfolds in hours to days
- There are two types of *partial evacuation*:
  - *Horizontal Evacuation* involves moving residents, staff and visitors to a safe area on the same floor. Accomplished by compartmentalizing through the use of rated doors and rated assemblies – smoke partitions, fire walls, etc.) into an adjacent smoke/fire compartment.
  - *Vertical Evacuation* involves moving residents, staff and visitors off the floor and down stairs and elevators to safe area within the facility.
- The *Staging Area* is the last place to move residents before leaving the building. Residents may be sent to a staging area based on level of acuity.
- *Complete Evacuation* involves moving residents, staff and visitors to a pre-designated area outside of the building.
- *Emergency Shut Down* involves turning off electricity, gas, etc. to the facility.
- *Relocation* involves moving residents to an alternate facility (also called a receiving facility) offsite.

Agreements for transporting residents to evacuation sites have been made with transportation and ambulance companies. Our facility also maintains a main evacuation host site and at least two evacuation sites for relocation. ***See Sections 7-9 for bus, van and ambulance transportation agreements and for primary and alternate host site agreements with maps.***

## *A. LOGISTICS*

Based on the unique needs of our residents, including mobility status, cognitive abilities, and health status, our SNF community has developed evacuation logistics as part of our plan.

### ***Transportation***

- **Residents who are independent in ambulation:** may be evacuated first unless there are extenuating circumstances. They should load first on vehicles where there are multiple rows of seats and move to the back of the vehicle. They may be accompanied by a designated staff member to the designated mode of transportation. If safe and appropriate, families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services.
- **Residents who require assistance with ambulation:** will be accompanied by designated staff member to the designated mode of transportation. If safe and appropriate, families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services. This may include residents with assistive devices.
- **Residents who are non-ambulatory:** will be transferred by designated staff members via the designated mode of transportation. This may include residents in wheelchairs or those who are bedridden.
- **Residents with equipment/prosthetics:** essential equipment/prosthetics will accompany residents and should be securely stored in the designated mode of transportation.

### **Evacuation Forms and Tools**

Forms and tools we may use include:

- ***Resident Evacuation/Emergency "Go-Bag" Checklist*** - a recommended list of items that accompany residents during evacuation
  - ***Face Sheets***- containing resident demographics
  - ***Resident Emergency Packet***- pertinent information including backup medical record
  - ***Resident Evacuation Tracking log*** for determining resident transport needs and special requirements
- Evacuation maps** with primary and backup routes and destinations included at end of this Appendix.

## Medical Records

At a minimum, each resident will be evacuated with the following forms:

- Current physician orders
- current medication administration record, and
- if possible, a photo identification.

## Medications

Each resident will be evacuated with a minimum of a 3-day supply of medications if possible. If medications require refrigeration, a cooler will be sent if available to keep medications cool. The facility has a vendor agreement in place with pharmacy for emergency provisions for shelter in place and to deliver medications to evacuation destination, if applicable. ***See Section 14 for pharmacy emergency operations agreement.***

## Evacuation Supplies

Water, snacks, sanitation supplies, and emergency equipment such as flashlights, cell phones, and first aid kits may be sent with staff accompanying residents in all non-ambulance vehicles. Amounts will be sufficient to meet the basic health and safety needs of the vehicle passengers for a minimum of 4 hours. See Section \_\_\_\_ for disaster supply inventory and checklist.

## Resident Identification

During an evacuation, each resident will wear a:

- a. A clear/white identification wristband that includes the following information:

- (1) Resident's full name and date of birth;
- (2) Food/medication allergies (in red); or if none "NKA" (no known allergies);
- (3) Critical diagnoses (Diabetic, Epileptic, Psychiatric Diagnosis, etc.);
- (4) Facility name and contact number;
- (5) Name of physician and name of responsible parties with contact numbers for each (on back or inside of band); and
- (6) "Do Not Resuscitate" (DNR), if applicable.

b. An orange critical medical information band to be worn on the same wrist as the clear/white identification wristband will be utilized for each resident with special needs or risk factors. The orange band will include the following information:

- (1) Resident's full name and date of birth;
- (2) Facility name and contact number;
- (3) If resident has either insulin dependent diabetes mellitus (IDDM), or non-insulin dependent diabetes mellitus (NIDDM);
- (4) If resident is using a thickener product or mechanically altered diet (e.g., puree, mechanical, soft, etc.); and
- (5) Other special needs of resident (at risk for wandering, at risk for falls, at risk for skin breakdown, etc.).

- b. **DON/Nursing Designee** will be designated to ensure that identification wristbands are generated for all residents. Identification wristbands shall be reviewed during plan of care meetings to confirm accuracy.

### **Resident Tracking**

A log reflecting the transfer of residents will be maintained using a *Master Resident Evacuation Tracking Log* or a comparable documentation system. Designated nursing staff assigned to the will be responsible for making a final check of medical records, medications, tracking log entries and head count of residents to ensure all residents have been evacuated.

### **Important Safety Information**

1. Monitor residents during transportation for change of condition.
2. The incident causing the evacuation – flood, fire, hazardous materials release – may continue to pose dangers to residents being evacuated. Some conditions may pose significant risks to evacuated residents, such as smoke. This should inform evacuation route planning.
3. Keeping emergency lights activated may increase visibility that is poor (due to rain, nighttime, or smoke).

## RESIDENT EVACUATION CHECKLIST

Maison Orleans Healthcare may use this checklist to determine what personal and medical items accompany residents during facility evacuation.

Check & Initial	IMPORTANT ITEMS
<input type="checkbox"/>	FACE SHEET WITH CURRENT EMERGENCY CONTACT INFORMATION
<input type="checkbox"/>	HISTORY AND PHYSICAL
<input type="checkbox"/>	MEDICATION AND TREATMENT ADMINISTRATION RECORD
<input type="checkbox"/>	ADVANCE DIRECTIVE/PREFERRED INTENSITY OF CARE
<input type="checkbox"/>	IF POSSIBLE, TRANSFER TRAUMA PLAN AND DISCHARGE NOTE
<input type="checkbox"/>	DISASTER ID TAG WITH PICTURE, ID INFO, AND MEDICAL ALERTS
<input type="checkbox"/>	MEDICATIONS (72-HOURS)
<input type="checkbox"/>	ESSENTIAL MEDICAL SUPPLIES OF SPECIAL DIET REQUIRES (72-HOURS)
<input type="checkbox"/>	ESSENTIAL MEDICAL SUPPLIES & EQUIPMENT (E.G. TRACHEOTOMY, COLOSTOMY, O <sub>2</sub> , GLUCOSE MONITORING)
<input type="checkbox"/>	NUTRITIONAL SUPPLIES OF SPECIAL DIET REQUIRES (72-HOURS)
<input type="checkbox"/>	WHEELCHAIR/WALKER
<input type="checkbox"/>	DENTURES/EYE GLASSES/HEARING AIDS/PROSTHESIS
<input type="checkbox"/>	CHANGE(S) OF CLOTHING
<input type="checkbox"/>	ACTIVITY SUPPLIES OF CHOICE (RESIDENT'S PREFERENCE)
<input type="checkbox"/>	INCONTINENCE SUPPLIES (72-HOURS MINIMUM)
<input type="checkbox"/>	LARGE PLASTIC BAG LABELED WITH CLIENT'S NAME FOR ACCUMULATION OF LAUNDRY
<input type="checkbox"/>	OTHER (PLEASE SPECIFY):

## DISASTER PREPAREDNESS INVENTORY LIST

SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS
	Primary communication system for emergency management (portable radios, cell phones with two-way radio capabilities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
	Secondary communication system (back-up)	<input type="checkbox"/>	<input type="checkbox"/>		
	Facility-wide public address or similar system	<input type="checkbox"/>	<input type="checkbox"/>		
	Extra cell phones, batteries and chargers	<input type="checkbox"/>	<input type="checkbox"/>		
	Designated facility cell phone with different area code	<input type="checkbox"/>	<input type="checkbox"/>		
	System to forward telephone calls to temporary shelters or alternate facility during evacuation	<input type="checkbox"/>	<input type="checkbox"/>		
	System to forward mail delivery to alternate facility during evacuation	<input type="checkbox"/>	<input type="checkbox"/>		
	Resident identification system and tracking system (wristband system or similar system, including tracking logs)	<input type="checkbox"/>	<input type="checkbox"/>		
	Vehicles operated by facility have fuel tanks maintained near full levels at all times (no less than half tank at any time)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency water supply (minimum three-day supply)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency water supply exceeds minimum three-day supply (cite amount available), five to seven-day supply preferred	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency water supply stored in suitable and accessible location	<input type="checkbox"/>	<input type="checkbox"/>		





## DISASTER PREPAREDNESS INVENTORY LIST

SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS
	Emergency water supply consistent with applicable regulatory requirements	<input type="checkbox"/>	<input type="checkbox"/>		
	Logistics, equipment and containers available to transport water supplies during evacuation	<input type="checkbox"/>	<input type="checkbox"/>		
	Equipment needed to boil large volumes of water (adequate supply of large pots, commercial cooking kettles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
	Empty containers to store and transport boiled water (buckets, jugs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
	On-site water and sewage treatment	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency food supply (minimum three-day supply)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency food supply exceeds the minimum three-day supply (cite amount available). Five- to seven-day supply preferred	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency food supply stored in a suitable/accessible location	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency food supply consistent with regulatory requirements	<input type="checkbox"/>	<input type="checkbox"/>		
	Logistics, equipment and containers available to transport food supplies during evacuation	<input type="checkbox"/>	<input type="checkbox"/>		
	Ready-to-eat foods available	<input type="checkbox"/>	<input type="checkbox"/>		
	System in place to rotate food and water to ensure all are used within expiration dates	<input type="checkbox"/>	<input type="checkbox"/>		
	Specific disaster menu on file	<input type="checkbox"/>	<input type="checkbox"/>		



## DISASTER PREPAREDNESS INVENTORY LIST

SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS
	Disposable food service supplies (plates, utensils, serving containers, plastic bags, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
	Plastic ice chests	<input type="checkbox"/>	<input type="checkbox"/>		
	Portable chairs and tables for evacuation relocation/staging	<input type="checkbox"/>	<input type="checkbox"/>		
	Non-electric can openers	<input type="checkbox"/>	<input type="checkbox"/>		
	Extra oxygen concentrators	<input type="checkbox"/>	<input type="checkbox"/>		
	Extra oxygen tanks (portable)	<input type="checkbox"/>	<input type="checkbox"/>		
	Portable IV poles for transport	<input type="checkbox"/>	<input type="checkbox"/>		
	Suction machines (electric)	<input type="checkbox"/>	<input type="checkbox"/>		
	Extra supply of toilet paper	<input type="checkbox"/>	<input type="checkbox"/>		
	Extra supply of incontinence products	<input type="checkbox"/>	<input type="checkbox"/>		
	Extra supply of disposable diapers	<input type="checkbox"/>	<input type="checkbox"/>		
	Extra sanitation supplies (soap, wipes, bleach, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
	Extra supply of red bags for bio-waste disposal	<input type="checkbox"/>	<input type="checkbox"/>		



## DISASTER PREPAREDNESS INVENTORY LIST

SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS
	Extra supply of disposable masks and gloves of various sizes	<input type="checkbox"/>	<input type="checkbox"/>		
	Eye washing station/equipment	<input type="checkbox"/>	<input type="checkbox"/>		
	Medical/first-aid supplies to sustain operations for at least five days.	<input type="checkbox"/>	<input type="checkbox"/>		
	Ice packs	<input type="checkbox"/>	<input type="checkbox"/>		
	Insect repellant	<input type="checkbox"/>	<input type="checkbox"/>		
	Supply of body bags	<input type="checkbox"/>	<input type="checkbox"/>		
	Writing supplies (pens, pencils, permanent markers, note pads, notebooks for logs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
	Flashlights and battery-operated lanterns	<input type="checkbox"/>	<input type="checkbox"/>		
	Supply of spare (fresh) batteries	<input type="checkbox"/>	<input type="checkbox"/>		
	Battery-operated AM/FM radios	<input type="checkbox"/>	<input type="checkbox"/>		



## DISASTER PREPAREDNESS INVENTORY LIST

SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS
61	Weather alert radios	<input type="checkbox"/>	<input type="checkbox"/>		
62	Heavy-duty plastic sheeting to block windows, doors, air ducts, etc. during hazardous conditions outside facility	<input type="checkbox"/>	<input type="checkbox"/>		
64	Tarps	<input type="checkbox"/>	<input type="checkbox"/>		
65	Utility knives; box cutters	<input type="checkbox"/>	<input type="checkbox"/>		
66	Heavy-duty scissors	<input type="checkbox"/>	<input type="checkbox"/>		
67	Tape, various types—duct, masking, transparent, packing, etc.	<input type="checkbox"/>	<input type="checkbox"/>		
69	Standard tool boxes (wrenches, screwdrivers, hammers, pliers, etc.) in various locations throughout the facility	<input type="checkbox"/>	<input type="checkbox"/>		
70	Various power tools (drill, saws, awl, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
71	Electrical wiring kit (various connectors, caps, terminals, electrical snips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
72	Various types of rope and twine	<input type="checkbox"/>	<input type="checkbox"/>		
73	Wire for binding	<input type="checkbox"/>	<input type="checkbox"/>		



## **DISASTER WATER SUPPLIES**

To ensure safe water for residents, staff and visitors during a crisis, our facility maintains:

- An emergency water supply that is suitable and accessible;
- An emergency water supply consistent with applicable regulatory requirements; and
- Methods for water treatment when supplies are low.

Resource	Quantity	Location
Emergency water supply (minimum three-day supply)		
Emergency water supply which exceeds minimum three-day supply (five to seven-day supply preferred)		
Logistics, equipment and containers available to transport water supplies during evacuation		
Equipment to boil large volumes of water (adequate supply of large pots, commercial cooking kettles, etc.)		
Empty containers to store and transport boiled water (buckets, jugs, etc.)		
On-site water storage (boilers, hot water tanks, ice makers)		

### **Water Treatment Methods**

We have the necessary materials in our disaster supplies kit for the chosen water treatment method as described below:

These instructions are for treating water of uncertain quality in an emergency situation, when no other reliable clean water source is available, or we have used all of your stored water.

#### **Boiling**

Boiling is the safest method of treating water. In a large pot or kettle, bring water to a rolling boil for 1 full minute, keeping in mind that some water will evaporate. Let the water cool before drinking.

**Boiled water will taste better if you put oxygen back into it by pouring the water back and forth between two clean containers. This also will improve the taste of stored water** **OTHER SAFE SOURCES**

- Melted ice cubes
- Water drained from the water heater (if the water heater has not been damaged)

- Liquids from canned goods such as fruit or vegetable juices
- Water drained from pipes if deemed to be uncontaminated
- Other

**SPECIAL NOTE: RESIDENT HYDRATION DURING EVACUATION**

During evacuation, bottled water and/or necessary liquid thickeners for those individuals with swallowing restrictions should accompany residents to maintain safe hydration levels.

## Disaster Menu

Our facility maintains disaster meal menus. These menus are utilized when there is a disruption of services and/or outside resources are not available through the regular supply chain. Our facility has identified the minimal resources needed to provide food and water service during a shelter in place or evacuation scenario.

### 3 Day Disaster Menu

MEAL	Unit	Description	Item #	Unit	Description	Item #	Unit	Description	Item #
BREAKFAST	4 fl oz	Apple Juice	13686	4 fl oz	Orange Juice	13308	4 fl oz	Cranberry Juice	13352
	3/4 c	Dry Cereal	26304	3/4 c	Dry Cereal	26306	3/4 c	Dry Cereal	26328
	1 ea	Bread Slice	29546	1 ea	Bread Slice	29546	1 ea	Bread Slice	29546
	1 pkg	Jelly	15178	1 pkg	Jelly	15178	1 pkg	Jelly	15178
	8 oz	Milk	17624	8 oz	Milk	17624	8 oz	Milk	17624
LUNCH	8 oz	Beef Stew	11130	8 oz	Beef Ravioli/Sc NOR SHR	28310 27992	8 oz	Beef Chili w Beans	10274
	1/2 c	Green Beans	10780	1/2 c	Green Peas	18190	1/2 c	Whole Kernel Corn	10432
	1 ea	Bread Slice	29546	1 ea	Bread Slice	29546	3 pkt	Crackers	21110
	4 oz	Sliced Peaches	10624	4 oz	Vanilla Pudding	21012	1/2 c	Sliced Pears	10716
	8 oz	Beverage	10342	8 oz	Beverage	10342	8 oz	Beverage	10342
DINNER	6 oz	Chicken & Dumplings	23910	1/2 c	Tuna Salad	36646	1/2 c	Chicken Salad	12012
	1/2 c	Mix Vegetables	10834	2 ea	Bread Slice	29546	2 ea	Bread Slice	29546
	1 ea	Bread Slice	29546	6 oz	Chicken Noodle Soup	25388	6 oz	Vegetable Soup	22116
	2 ea	Cookies	12292	3 pkt	Crackers	21110	3 pkt	Crackers	21110
	8 oz	Milk	17624	1/2 c	Fruit Mix	14370	1/2 c	Chocolate Pudding	21040
HS SNACK	1 pkt	Graham Crackers	22796	2 ea	Cookies	12292	1 pkt	Graham Crackers	22796
	4 oz	Beverage	11900	4 oz	Beverage	11900	4 oz	Beverage	11900

*A. Determinations for Evacuation of facility before tropical weather hazards:*

**Policy Statement:** Plans for partial or complete evacuation are prepared and documented in advance of a crisis or disaster situation.

**Policy Interpretation**

1. If a community-wide and regional disaster occurs, the facility is prepared to be self-sufficient, as response times of Emergency Medical Services and other transportation providers may be delayed.
2. Evacuations may be planned, or they may occur without warning due to a catastrophic situation.
3. Evacuations will be coordinated in two phases if possible.
  - a. Phase I will transport the highest acuity residents first. These residents will be transferred via ambulance if possible.
  - b. Phase II will transport all other residents who can travel via buses and wheelchair vans.
4. The following is a list of evacuation terms. As part of disaster planning and training, staff will be familiar with the terminology of evacuation.
  - a. Horizontal Evacuation (Partial Evacuation): Moving residents, staff, and visitors to a safe area on the same floor (compartmentalizing through the use of rated doors and rated assemblies—smoke partitions, fire walls, etc.) into an adjacent smoke/fire compartment.
  - b. Vertical Evacuation (Partial Evacuation): Moving residents, staff, and visitors off the floor and downstairs to a safe area within the facility.
  - c. Complete/Outside Evacuation: Moving residents, staff, and visitors to a pre-designated area outside of the building.
  - d. Relocation: Moving residents to an off-campus alternate facility (may be referred to as receiving facility).
  - e. Staging Area: Last place to move residents before leaving the building. Residents may be sent to a staging area based on acuity level.
  - f. Shut Down: Turning off all electricity, gas, etc., to the facility.
5. Activation – only the Administrator or his/her designee has the authority to issue an evacuation order in conjunction with Local and State Authorities.
6. Alternate Facilities – at least two evacuation sites for relocation of residents have been designated, with one being \_\_\_\_\_ miles away from the facility's location. The sites are:

7. Transportation – transportation has been secured with the following provider(s) in the event of an emergency or disaster situation requiring transportation:

Alternate Facility 1  
Facility Name  
Address  
Phone Number  
Contact Person/Phone

Alternate Facility 2  
Facility Name  
Address  
Phone Number  
Contact Person/Phone

Provider 1  
Provider Name  
Type of Transportation  
Address  
Phone Number  
Contact Person/Phone  
Contact Person/Phone  
Response Time  
Number of Residents able to  
Transport

Provider 2  
Provider Name  
Type of Transportation  
Address  
Phone Number  
Contact Person/Phone  
Contact Person/Phone  
Response Time  
Number of Residents able to  
Transport

8. In advance of the need for evacuation, the following preparation shall occur:

- a. Transportation providers shall be trained on the needs of the chronic, cognitively impaired, and frail population, as well as knowledgeable of methods to minimize transfer trauma. Methods of communication, including alternate methods, between the facility and the transportation provider shall be documented.
- b. The facility shall provide transportation providers information regarding facility relocation sites and the notification process.

*B. Evacuation Route Planning*

- a. In the event of an evacuation, it is essential to know designated evacuation routes, as well as alternate routes in accordance with the County's Emergency Management Plan.
- b. The primary evacuation routes and alternate evacuation routes are determined in advance of a crisis or disaster scenario.
- c. The following is completed and updated annually or when significant changes in regional evacuation planning occur:

Alternate Facility 1  
Facility Name  
Address  
Phone Number  
Contact Person/Phone

Alternate Facility 2  
Facility Name  
Address  
Phone Number  
Contact Person/Phone

Provider 1  
Provider Name  
Type of Transportation  
Address  
Phone Number  
Contact Person/Phone  
Contact Person/Phone  
Response Time  
Number of Residents able to  
Transport

Provider 2  
Provider Name  
Type of Transportation  
Address  
Phone Number  
Contact Person/Phone  
Contact Person/Phone  
Response Time  
Number of Residents able to  
Transport

- d. Customized maps or diagrams depicting specific evacuation routes, driving instructions, and projected travel times to pre-designated alternate facilities (computerized mapping programs, etc.) are available.

### *C. Emergency Procedure – Planned Evacuation*

#### ***Policy Statement***

Planned evacuations will be conducted safely and calmly. Staff will follow established procedures.

#### ***Policy Interpretation and Implementation***

1. Evacuation routes have been established for all areas of our facility and are clearly identified on the floor plans posted throughout the building.
2. Should it become necessary to evacuate an area or all the building, evacuation routes and procedures established by this facility shall be followed.
3. The facility shall periodically familiarize personnel with our evacuation routes and procedures.
4. Outside assembly areas have been identified for all personnel to use when evacuation of the building is ordered.
5. Assembly areas are marked on floor plans posted throughout the facility.
6. Each exit has a related assembly area. Assembly areas must be used as assigned, unless the person in charge instructs otherwise.
7. Whenever facility evacuation is required, the Incident Command System (ICS) is activated and utilized.
8. Only the Administrator or his/her designee can declare an evacuation. If the Administrator is not on the premises during an emergency and cannot be reached, the succession of command is followed.

### ***Emergency Procedure – Planned Evacuation***

1. Contact ownership, Corporate Office, Louisiana Department of Health and local Emergency Management Office.

2. Coordinate evacuation efforts with the Emergency Management Office, which activates its own Incident Command System.
3. Meet with the management team to finalize plans for the evacuation. Activate Recall Roster.
4. Notify all staff and residents of the need to evacuate and the steps to take.
5. Send completed Resident Acuity Sheet for Evacuation Purposes to Emergency Management Office.
6. Contact Medical Director, families, and responsible parties to notify them of the evacuation. Ensure everyone is aware of emergency numbers, including alternate care facility numbers.
7. Ensure Emergency "Go Box" is prepared for travel. Notify all vendors of medical supplies, food, water, and medications.
8. The Medical Records Department prepares resident medical records for transport, with a mechanism for safeguarding as best as possible once the residents reach the alternate care facilities.
9. The Incident Commander and/or Administrator tracks the incident's progress and reports to management staff, who disseminate information to respective employees, or a facility-wide meeting is held.
10. Designate someone to monitor and complete the Resident Evacuation Tracking Log.
11. Ensure all disaster supplies are packed and loaded for transport, including mattresses, air mattresses, cots, pillows, food, water, medical supplies, etc. Designate an individual to oversee this aspect of the evacuation and an individual(s) to travel with the all the supplies for safeguarding.
12. Ensure adaptive equipment, special need items, and preventative devices for falls and skin break down are packed. Ensure blender/food processor is packed for those residents with special diets.
13. Ensure medications are packed and secured, depending on the circumstances of the evacuation.
  - a. If residents are traveling a short distance primarily together, then transporting the medication carts is the best option.
  - b. Residents traveling to separate destinations take medications with them in a secure manner accompanied by a staff member or Emergency Medical Technician (EMT) if traveling via ambulance.
  - c. If residents are traveling a long distance outside the geographical area during a state-mandated evacuation, then the critical medications for diabetes, cardiac conditions, psychiatric disorders, etc., are carried in the residents' Emergency "Go Bags" due to delayed travel to destination, as well as the possibly of the medication carts becoming separated.

14. Emergency medication boxes accompany all buses for long distances, with narcotics under double lock. A licensed nurse is designated for each vehicle to ensure medications are safeguarded, whether medications are secure in the medication carts or in the resident Emergency "Go Bags." If residents needing critical medications are deemed unsafe to carry their own medications, then a licensed nurse carries the medications.
15. Ensure separate coolers are provided for temperature-controlled medications.
16. Ensure coolers of ice and drinks are packed if traveling long distances.
17. Brief volunteers and direct them with assignments. Only those volunteers who are trained to the needs of the chronic, cognitively impaired, and frail population, as well as knowledgeable of methods to minimize transfer trauma can assist with transporting residents.
18. Group the residents according to unit, acuity, or practicality and assign staff members accordingly.
19. Ensure resident Emergency "Go Bags" are completely packed with emergency packets, identification wristbands, and medical records. Ensure each vehicle has provisions of emergency supplies.
20. Comfort and reassure residents throughout the entire process.
21. The highest acuity residents, who travel via ambulance, are transferred first if at all possible. This is considered Phase I of the evacuation. Medical Records are sent with each of the Phase I residents.
22. Designate a staff member to coordinate the Phase I Evacuation.
23. The other residents, who can travel by bus or car, are evacuated in Phase II. Phase II residents are moved to a staging area prior to evacuation. Staff members are designated to each of the vehicles to assist the residents during the transport.
24. Secure the facility and ensure all electronics and computers have been turned off and unplugged.
25. Designate someone to stay behind, if deemed safe, to safeguard the facility.
26. Activate shut-down procedures for non-essential utilities.
27. Accompany residents to receiving facility and unload.
28. Establish communications with the Administrator of receiving facility.
29. Establish a "Nursing Office" at the receiving facility.
30. Establish daily communications with staff members, residents, and resident families/responsible parties.
31. Monitor the situation with local authorities to determine a plan for re-entry into the facility.



- D. Establish a command post (CP) at a pre-designated location in the facility suitable for the hazard, as severe weather or other hazards approach. Account for the location of all staff and residents and establish condition status according to preset procedures. Clearly mark and label on floor plans.

#### **X. AUTHORITY TO CALL FOR RE-ENTRY**

Following an emergency evacuation, re-entry into Maison Orleans Healthcare must be preceded by the approval of appropriate jurisdictional authorities.

- A. The Administrator or designee notifies appropriate authorities to request approval for re-entry once it is deemed safe.
- B. The Administrator or designee will notify personnel and partner agencies regarding return to normal operations, which may include:
  - 1. Corporate Office
  - 2. Parish Police Department
  - 3. Office of Fire Marshal
  - 4. Parish Office of Emergency Management
  - 5. Louisiana Department of Health
  - 6. Insurance Agent
  - 7. Other relevant agencies that provide clearance
- C. Notify residents, Medical Director, all other physicians/providers, families, and responsible parties of re-entry.
- D. Notify Long Term Care Ombudsman of re-entry.
- E. Implement a return to normal process that provides for a gradual and safe return to normal operations.

#### **A. POST EVACUATION RETURN TRANSPORTATION**

The facility will maintain agreements with transportation agencies which include ambulance services, wheelchair accessible vans and buses to provide return transportation to the facility. The post-evacuation return to the facility may need to occur in shifts over days or weeks.

The Administrator or designee is responsible for determining the order in which residents are returned to the facility.

## *B. POST DISASTER PROCEDURES FOR THE FACILITY*

The Incident Management Team (IMT) may continue during the recovery phase to determine priorities for resuming operations, including:

- A. Physically secure the property. Administrator and/or Environmental Services Director will complete the Facility Status Assessment Checklist to check function of all systems prior to re-entry.
- B. Conduct Damage Assessment for residents and the facility and reporting
- C. Protect undamaged property. Close building openings. Remove smoke, water, and debris. Protect equipment against moisture.
- D. Restore power and ensure all equipment is functioning properly.
- E. Separate damaged repairable property from destroyed property. Keep damaged property on hand until insurance adjuster has visited the property.
- F. Report claim to insurance carrier.
- G. Take an inventory of damaged goods

# Facility Status Checklist – EOP

<b>1. INCIDENT NAME:</b>		<b>2. FACILITY NAME:</b>	
<b>3. DATE PREPARED:</b>		<b>4. TIME PREPARED:</b>	<b>5. OPERATIONAL PERIOD:</b>
<b>6. SYSTEM STATUS CHECKLIST</b>			
<b>COMMUNICATION SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)	
<b>FAX</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
<b>INFORMATION TECHNOLOGY SYSTEM</b> (EMAIL/REGISTRATION/PATIENT RECORDS/TIME CARD SYSTEM/INTRANET, ETC.)	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
<b>NURSE CALL SYSTEM</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
<b>PAGING – PUBLIC ADDRESS</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
<b>TELEPHONE SYSTEM</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
<b>TELEPHONE SYSTEM – CELL</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
<b>TELEVISION-INTERNET-CABLE</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
<b>OTHER</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		

**7. SYSTEM STATUS CHECKLIST (CONTINUED)**

INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
CAMPUS ROADWAYS	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
FIRE DETECTION/SUPPRESSION SYSTEM	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
FOOD PREPARATION EQUIPMENT	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
ICE MACHINES	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
LAUNDRY/LINEN SERVICE EQUIPMENT	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
STRUCTURAL COMPONENTS (BUILDING INTEGRITY)	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
OTHER	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
RESIDENT CARE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
PHARMACY SERVICES	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
DIETARY SERVICES	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	

**OTHER**

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**FULLY  
FUNCTIONAL  
PARTIALLY  
FUNCTIONAL  
NONFUNCTIONAL  
NA**

UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELEVATORS/ESCALATORS	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
HAZARDOUS WASTE CONTAINMENT SYSTEM	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL  NONFUNCTIONAL NA	
HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
OXYGEN	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
STEAM BOILER	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
WATER HEATER AND CIRCULATORS	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
OTHER	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	

## **XI. Emergency Procedure – Shelter-in-Place**

### **Policy Statement**

This facility plans for sheltering in place well in advance of a crisis or disaster situation.

### **Policy Interpretation and Implementation**

1. The facility identifies and assesses the length of time it can realistically support SIP before a decision is made to fully evacuate.
2. The following potential situations have been identified, in which sheltering in place might be necessary:
  - Hurricane
  - Tornado
3. The following areas within the facility have been identified as suitable spaces that are structurally sound and away from potential exposure areas for residents, staff, and visitors to seek shelter:
  - **TV rooms 1&2; Shower rooms 1&2; Employee break room; dining room**

#### **A. *Emergency Procedure – Shelter-In-Place***

The following procedure is utilized when the facility is Sheltering-in-Place due to a disaster situation:

1. Meet with management team to activate Incident Command System (ICS) and discuss preparations for the incident if advanced warning is provided.
2. Notify ownership, Corporate Contact, the Louisiana Department of Health (state agency), local Emergency Management Office, and Medical Director of the decision to Shelter-in-Place.
3. Notify staff members, residents, and family members/responsible parties.
4. Contact all employees from each department and create a list of employees with telephone numbers/emergency telephone numbers who are available to work during the Shelter-in-Place incident if time warrants such planning. Confirm expected availability, as well as the number of family members joining the staff members:
  - a. Before the incident;
  - b. During the incident; and
  - c. After the incident.
5. Instruct all visitors, vendors, volunteers, etc., in the facility at the time the Shelter-in-Place plan is initiated to stay for their safety.
6. Unless there is an imminent threat, provide staff, volunteers, visitors, vendors, etc., with the ability to communicate with their family members at an appropriate time.
7. Close and lock all windows, exterior doors, and any other openings to the outside
8. Initiate the facility's site security plan.
9. If you are told there is danger of a potential explosion, close the window shades, blinds, or curtains.
10. Create a water supply. The rule of thumb is three gallons per person, per day for seven days.
  - a. Fill tubs, pitchers, and as many containers as possible with water.
  - b. Bag up as much ice as possible and place in the freezers.
  - c. If advanced warning is provided, purchase ice and place in freezers. (Gallon freezer/storage bags are useful for cooling individuals and then are ready for drinking as ice melts.)

11. Turn off all fans, heating, and air conditioning systems. Activate other shut-down procedures if necessary to help control entry of potentially unsafe, outside air.
12. Be prepared to access essential disaster supplies, such as nonperishable food, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
13. Select interior room(s) above the ground floor, with the fewest windows or vents available, for safe refuge and move residents there. The rooms should have adequate seating space for everyone. (Refer to as Area of Refuge.)
  - a. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, and copy and conference rooms without exterior windows work well.
  - b. Avoid selecting a room with mechanical equipment such as ventilation blowers or pipes, because this equipment may not be able to be sealed from the outside.
  - c. It is ideal to have a hard-wired telephone in the area you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
14. Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the doors and any vents into the room.
15. Access the Emergency "Go Box" if necessary.
16. Bring everyone into the Area of Refuge. Shut and lock the doors.
17. Make staff assignments.
18. Be alert for leaking water or gas, broken windows, fire hazards, and exposed electrical wires.
19. Ensure accountability and keep track of all residents and staff members.
20. Evaluate resident status changes and needs, especially if power is lost. Activate hot or cold weather procedures if necessary.

### ***Shelter in Place - Tornado***

In the event of a fast-moving emergency, such as a tornado, a flash flood, or a hazardous materials incident, it may not be advisable to evacuate the facility. In that case, Shelter In-Place will be used. Since hazardous materials incidents, tornadoes, and other, like events can occur at any time of the day or night, the facility personnel shall be trained in the actions needed for in-place sheltering. The following considerations will apply:

#### **1. Shelter-In-Place, General:**

- a. Make sure all residents and staffs are inside. Monitor residents' condition. Assign at least one person per wing to ensure that it is done.
- b. Make sure all doors and windows are closed. Assign at least one person per wing to insure it is done.
- c. Close all air intake vents and units in bathrooms, kitchen, laundry, and other rooms (hazardous materials units). Turn off heating, cooling, and ventilation systems that take in outside air, both central and individual room units. Units that only re-circulate inside air may have to be kept running during very cold or very hot weather to avoid harm to clients. Locations of these should be included in Tab A – facility floor plans.
- d. Cover and protect food, water, and medications from airborne contamination and from contact with waste materials, including infectious waste.



- e. Maintain contact with fire authorities regarding the hazard and internal conditions. Remain inside until notification of an "All Clear".
- f. Obtain advice from public health authorities regarding the need for decontamination, and the means for doing it.
- g. Evaluate all Clients, particularly those with respiratory problems, and provide oxygen or suitable assistance.

## **XII. Additional Hazards Facility may be subjected to**

### ***A. Emergency Procedure – Terrorism/Bomb Threat***

This facility is prepared to respond to a bomb threat.

#### ***Policy Interpretation and Implementation***

1. This facility treats all bomb threats as serious dangers, although many prove to be false.
2. All staff receives training on the Bomb Threat Procedure.
3. Facility staff will report any bomb threat to the police department or local law enforcement.

#### **Emergency Procedure – Bomb Threat**

1. Utilize the Bomb Threat Telephone Procedure Checklist if telephone threats or warnings about bombs in the facility are received.
2. Try to keep the caller on the phone as long as possible by asking the questions outlined in the Bomb Threat Telephone Procedure Checklist.
3. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
4. Make the following announcement: "CODE YELLOW REPEATING – CODE YELLOW. ASSIGNED STAFF PLEASE REPORT TO ICP FOR INSTRUCTIONS."
5. Notify the following:
  - a. Administrator and/or the highest-ranking staff member on duty, who activate the Recall Roster.
  - b. Police Department or local law enforcement (call 911).
6. Facility management staff report to the Incident Command Post (ICP) for a briefing and instructions.
7. Discreetly and quietly conduct a thorough search of their respective areas and departments.
  - a. Look for any unusual or extraneous items, such as boxes, packages, bags, etc.
  - b. If any unusual item is found, staff members are not to disturb the item.
8. Do not approach or touch a suspicious package/device. Immediately evacuate everyone away from such discoveries and immediately report all findings to the Administrator or Incident Commander.
9. It is essential to coordinate all actions with law enforcement officials.
10. If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

#### **Telephone Procedure – Bomb Threat**

The following should be utilized if telephone threats or warnings about a bomb in the facility are received:

1. Keep the caller on the line as long as possible.
2. Ask the caller to repeat the message.
3. Record every word spoken by the person making the call.
4. Record the time the call was received and terminated.
5. Ask the caller his/her name.
6. If the caller does not indicate the location of the bomb or possible detonation time, the person receiving the call should ask the caller to provide this information.
7. It may be advisable to inform the caller that the building is occupied and that the detonation of a bomb could result in death or serious injury to many innocent people.
8. Complete the Bomb Threat Telephone Procedure Checklist.

#### Emergency Job Tasks – Bomb Threat

Specific tasks are assigned to staff members during an emergency based on the following criteria:

##### 1. Administrator/Incident Commander

- a. Contact Law Enforcement.
- b. Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
- c. Instruct all staff members to search respective areas/departments to look for any unusual or extraneous items, such as boxes, packages, bags, etc.
- d. Upon arrival of Law Enforcement, establish contact with the officer in charge and relay all relevant information regarding the situation.
- e. Responsible for making the decision regarding evacuation, which would be activated via evacuation emergency procedures.
- f. Ensure residents and staff members are accounted for and safe.
- g. Continuously remind all staff to remain calm and in control so as to not upset the residents.

##### 2. Management Staff of All Departments

- a. Report to the Incident Command Post.
- b. Instruct staff members to search respective areas discreetly and thoroughly, looking for any unusual or extraneous items, such as boxes, packages, bags, etc.
- c. Remain calm so as to not upset the residents.
- d. Be prepared to activate evacuation procedures.

##### 3. Staff Members of All Departments

- a. Search respective areas discreetly and thoroughly, looking for any unusual or extraneous items, such as boxes, packages, bags, etc.
- b. Remain calm so as to not upset the residents.

- c. Be prepared to activate evacuation procedures.

## **B. Emergency Procedure – Terrorism/Chemical Attack**

This facility has completed training exercises in preparation for a chemical attack. The following procedures will be utilized in response to such an event.

### **Policy Interpretation and Implementation**

1. Chemical agents are poisonous vapors, aerosols, liquids, and solids that have toxic effects on people, animals, or plants.
2. They can be released by bombs or sprayed from aircraft, boats, and vehicles.
3. Chemical agents can be released as liquid to create a hazard to people and the environment.
4. Some chemical agents may be odorless and tasteless. They can have an immediate effect (a few seconds to a few minutes) or a delayed effect (two to 48 hours).
5. While potentially lethal, chemical agents are difficult to deliver in lethal concentrations. Outdoors, the agents often dissipate rapidly.
6. Chemical agents are difficult to produce.
7. A chemical attack could come without warning.
8. Signs of a chemical release include people having difficulty breathing; experiencing eye irritation; losing coordination; becoming nauseated; or having a burning sensation in the nose, throat, and lungs. Also, the presence of many dead insects or birds may indicate a chemical agent release.
9. If staff members and residents are caught in or near a contaminated area, they should be instructed to:
  - a. Move away immediately in a direction upwind of the source.
  - b. Find shelter as quickly as possible.

### **Emergency Procedure – Terrorism/Chemical Attack**

1. Make the following announcement on the facility's overhead paging system: "CODE WHITE, A CHEMICAL ATTACK HAS OCCURRED. ALL STAFF MEMBERS, RESIDENTS, AND VISITORS PLEASE REMAIN IN THE FACILITY UNTIL FURTHER NOTICE."
2. Activate the Incident Command System (ICS). The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
3. Notify the Administrator and Director of Nursing if they are not on the premises. Activate the Recall Roster if warranted.
4. Facility management staff report to the Incident Command Post for a briefing and instructions.
5. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
6. Residents, visitors, and staff members close blinds and drapes, close doors and windows, and move away from windows and doors.
7. Initiate shelter-in-place procedures. Ensure disaster supplies are adequate.
8. Turn off air conditioner, ventilation fans, furnace, and other air intakes.
9. Seal windows and external doors that do not fit snugly with duct tape and plastic sheeting.
10. Listen to radio for information regarding the incident and specific instructions.
11. If staff members, residents, and visitors have been exposed to chemical agents, decontaminate within minutes of exposure to minimize health consequences. (Refer to Decontamination Procedures below.)
12. Continue to monitor radio announcements for further instruction. The situation is only deemed "under control" and safe by local and state authorities.
13. Account for all staff members and residents.

### **After a Chemical Attack**

1. Decontaminate within minutes of exposure to minimize health consequences.

2. Do not leave the safety of a shelter to go outdoors to help others until authorities announce it is safe to do so.
3. If affected by a chemical agent seek immediate medical attention from a professional. If medical help is not immediately available, decontaminate yourself and assist in decontaminating others.

### **Decontamination Procedures**

1. Use extreme caution when helping others who have been exposed to chemical agents.
2. Remove all clothing and other items in contact with the body. Contaminated clothing normally removed over the head should be cut off to avoid contact with the eyes, nose, and mouth.
3. Put contaminated clothing and items into a plastic bag and seal the bag.
4. Decontaminate hands using soap and water.
5. Remove eyeglasses or contact lenses. Put glasses in a pan of household bleach to decontaminate them, then rinse and dry.
6. Flush eyes with water.
7. Gently wash face and hair with soap and water before thoroughly rinsing with water.
8. Decontaminate other body areas likely to have been contaminated. Blot (do not swab or scrape) with a cloth soaked in soapy water and rinse with clear water.
9. Change into uncontaminated clothes. Clothing stored in drawers or closets is likely to be uncontaminated.
10. Proceed to a medical facility for screening and professional treatment.

### **Emergency Job Tasks – Terrorism/Chemical Attack**

Specific tasks are assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Listen to radio and/or television for information regarding the incident and for specific instructions.
  - b. Establish contact with Emergency Management Office if necessary.
  - c. Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
  - d. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
  - e. Instruct staff to close blinds and drapes, close doors and windows, and move residents away from windows and doors. Activate decontamination procedures if necessary.
  - f. Activate shelter-in-place procedures.
  - g. Ensure staff members and residents are accounted for and safe.
  - h. Continuously remind all staff to remain calm and in control so as to not upset the residents.
2. Management Staff of All Departments
  - a. Report to the Incident Command Post.
  - b. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
  - c. Close blinds and drapes, close and lock doors and windows, and move residents away from windows and doors.
  - d. Seal windows and external doors that do not fit snugly with duct tape and plastic sheeting.
  - e. Activate decontamination procedures if necessary.
  - f. Remain calm so as to not upset the residents.
  - g. Activate shelter-in-place procedures.
3. Maintenance
  - a. Report to the Incident Command Post.
  - b. Turn off the air conditioner, ventilation fans, furnace, and other air intakes.
  - c. Seal windows and external doors that do not fit snugly with duct tape to reduce infiltration of radioactive particles.

- d. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities. Activate Decontamination Procedures if necessary.
- e. Remain calm so as to not upset the residents.
- f. Activate shelter-in-place procedures.
- 4. Staff Members of All Departments
  - a. Close blinds and drapes, close and lock doors and windows, and move residents away from windows and doors.
  - b. Ensure residents and visitors remain in the facility until further notice from the local authorities.
  - c. Activate decontamination procedures if necessary.
  - d. Remain calm so as to not upset the residents.
  - e. Activate shelter-in-place procedures.

### *C. Emergency Procedure – Terrorism/Nuclear Blast Attack*

This facility has completed training exercises in preparation for a nuclear attack. The following procedures will be utilized in response to such an event.

#### ***Policy Interpretation and Implementation***

1. A nuclear blast is an explosion with intense light and heat, a damaging pressure wave, and widespread radioactive material that can contaminate the air, water, and ground surfaces for miles around.
2. A nuclear device can range from a weapon carried by an intercontinental missile launched by a hostile nation or terrorist organization, to a small portable nuclear device transported by an individual.
3. All nuclear devices cause deadly effects when exploded, including blinding light, intense heat (thermal radiation), initial nuclear radiation, blast, fires started by the heat pulse, and secondary fires caused by the destruction.
4. The extent, nature, and arrival time of these nuclear devices are difficult to predict. The geographical dispersion of hazard effects is defined by the following:
  - a. Size of the device – A more powerful bomb will produce more distant effects.
  - b. Height above the ground the device was detonated – This determines the extent of blast effects.
  - c. Nature of the surface beneath the explosion – Some materials are more likely to become radioactive and airborne than others. Flat areas are more susceptible to blast effects.
  - d. Existing meteorological conditions – Wind speed and direction affect arrival time of fallout; precipitation may wash fallout from the atmosphere.

#### ***Radioactive Fallout***

1. Even if individuals are not close enough to the nuclear blast to be affected by the direct impacts, they may be affected by radioactive fallout. Any nuclear blast results in some fallout.
2. Blasts that occur near the earth's surface create much greater amounts of fallout than blasts that occur at higher altitudes. This is because the tremendous heat produced from a nuclear blast causes an updraft of air that forms the familiar mushroom cloud.
3. When a blast occurs near the earth's surface, millions of vaporized dirt particles also are drawn into the

cloud. As the heat diminishes, radioactive materials that have vaporized condense on the particles and fall

back to earth. The phenomenon is called radioactive fallout.

4. This fallout material decays over a long period of time and is the main source of residual nuclear radiation.

5. Fallout from a nuclear explosion may be carried by wind currents for hundreds of miles if the right conditions exist. Effects from even a small portable device exploded at ground level can be potentially deadly.

6. Nuclear radiation cannot be seen, smelled, or otherwise detected by normal senses. Radiation can only be detected by radiation monitoring devices. This makes radiological emergencies different from other types of emergencies, such as floods or hurricanes.

7. Monitoring can project the fallout arrival times, which is announced through official warning channels. However, any increase in surface build-up of gritty dust and dirt should be a warning for taking protective measures.

### ***Electromagnetic Pulse (EMP)***

1. In addition to other effects, a nuclear weapon detonated in or above the earth's atmosphere can create an electromagnetic pulse (EMP), a high-density electrical field.

2. An EMP acts like a stroke of lightning but is stronger, faster, and shorter. An EMP can seriously damage electronic devices connected to power sources or antennas. This includes communication systems, computers, electrical appliances, and automobile or aircraft ignition systems.

3. The damage can range from a minor interruption to actual burnout of components.

4. Most electronic equipment within 1,000 miles of a high-altitude nuclear detonation could be affected.

5. Battery-powered radios with short antennas generally would not be affected.

6. Although an EMP is unlikely to harm most people, it could harm those with pacemakers or other implanted electronic devices.

### **Protection from a Nuclear Blast**

1. The danger of a massive strategic nuclear attack on the United States is predicted by experts to be less likely today than in years past. However, terrorism by nature is unpredictable.

2. If there were threat of an attack, people living near potential targets could be advised to evacuate or they could decide on their own to evacuate to an area not considered a likely target. In general, potential targets include:

a. Strategic missile sites and military bases.

b. Centers of government such as Washington, DC, and state capitals.

c. Important transportation and communication centers.

d. Manufacturing, industrial, technology, and financial centers.

e. Petroleum refineries, electrical power plants, and chemical plants.

f. Major ports and airfields.

3. Protection from radioactive fallout would require taking shelter in an underground area or in the middle of a large building.

4. The three factors for protecting oneself from radiation and fallout are distance, shielding, and time.

a. Distance – The more distance between you and the fallout particles, the better. An underground area such as a home or office building basement offers more protection than the first floor of a building. A floor near the middle of a high-rise building may be better, depending on what is nearby at that level, on which significant fallout particles would collect. Flat roofs collect fallout particles, so the top floor is not a good choice, nor is a floor adjacent to a neighboring flat roof.

b. Shielding – The heavier and denser the materials (thick walls, concrete, bricks, books, and earth) between you and the fallout particles, the better.

c. Time – Fallout radiation loses its intensity fairly rapidly. In time, you will be able to leave the fallout shelter. Radioactive fallout poses the greatest threat to people during the first two weeks, by which time it has declined to about one percent of its initial radiation level.

5. Remember that any protection, however temporary, is better than none at all, and the more shielding, distance, and time you can take advantage of, the better.

#### Before a Nuclear Blast

1. Find out from officials if any public buildings in your community have been designated as fallout shelters. If none have been designated, make your own list of potential shelters near your home, workplace, and school. These places would include basements or the windowless center area of middle floors in high-rise buildings, as well as subways and tunnels.

2. During periods of increased threat, ensure disaster supplies are adequate.

#### ***Emergency Procedure – Terrorism/Nuclear Blast Attack***

1. Make the following announcement on the facility overhead paging system: "CODE WHITE, A NUCLEAR BLAST HAS OCCURRED. ALL STAFF MEMBERS, RESIDENTS, AND VISITORS PLEASE REMAIN IN THE FACILITY UNTIL FURTHER NOTICE."

2. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.

3. Notify the Administrator and Director of Nursing if they are not on the premises. Activate the Recall Roster if warranted.

4. Facility management staff report to the Incident Command Post for briefing and instructions.

5. Residents, visitors, and staff close blinds and drapes and move away from windows and doors. Close and lock doors and windows. Initiate shelter-in-place procedures.

6. Instruct staff, residents, and visitors to remain in the facility until further notice from the local authorities.

7. Listen to battery-operated radio for information regarding the incident and specific instructions.



8. If staff members, residents, and visitors are caught outside and are unable to get inside immediately, instruct them to do the following:

- a. Do not look at the flash or fireball—it can blind you.
- b. Take cover behind anything that might offer protection.
- c. Lie flat on the ground and cover your head. If the explosion is some distance away, it could take 30 seconds or more for the blast wave to hit.
- d. Take shelter as soon as you can, even if you are many miles from where the attack occurred.

Radioactive fallout can be carried by the wind for hundreds of miles. Remember the three protective factors—distance, shielding, and time.

9. Continue to monitor radio announcements for further instruction. The situation is only deemed “under control” and safe by local and state authorities. At that point, the Incident Commander declares the situation “safe” and back to normal operations.

10. Account for all staff members and residents.

### ***After a Nuclear Blast***

1. Decay rates of the radioactive fallout are the same for any sized nuclear device. However, the amount of fallout will vary based on the size of the device and its proximity to the ground. Therefore, it might be necessary for those in the areas with highest radiation levels to shelter for up to a month.

2. The heaviest fallout would be limited to the area at or downwind from the explosion, and 80 percent of the fallout would occur during the first 24 hours.

3. People in most of the areas that would be affected could be allowed to come out of shelter within a few days and, if necessary, evacuate to unaffected areas.

4. Keep listening to the radio and television for news about what to do, where to go, and places to avoid.

5. Stay away from damaged areas. Stay away from areas marked “Radiation Hazard” or “HAZMAT.”

Remember that radiation cannot be seen, smelled, or otherwise detected by human senses.

### ***Emergency Job Tasks – Terrorism/Nuclear Blast***

Specific tasks are assigned to staff members during an emergency based on the following criteria:

#### ***1. Administrator/Incident Commander***

- a. Listen to battery-operated radio for information regarding the incident and for specific instructions.
- b. Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
- c. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.

- d. Activate the shelter-in-place procedures until further notice from local and state authorities.
- e. Ensure staff members and residents are accounted for and safe.
- f. Continuously remind all staff to remain calm and in control so as to not upset the residents.

#### *2. Management Staff of All Departments*

- a. Report to the Incident Command Post.
- b. Instruct staff members, residents, and visitors to remain in the facility.
- c. Close blinds and drapes, close and lock doors and windows, and move away from windows.
- d. Initiate shelter-in-place procedures until further notice from the local authorities.
- e. Remain calm so as to not upset the residents.

#### *3. Maintenance*

- a. Report to the Incident Command Post.
- b. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
- c. Instruct staff members to close blinds and drapes, close and lock doors and windows, and move away from windows.
- d. Initiate shelter-in-place procedures until further notice from the local authorities.
- e. Remain calm so as to not upset the residents.

#### *4. Staff Members of All Departments*

- a. Close blinds and drapes, close and lock doors and windows, and move away from windows.
- b. Initiate shelter-in-place procedures.
- c. Remain calm so as to not upset the residents.

#### *Radiological Dispersion Device (RDD)*

1. Terrorist use of an RDD, often called "dirty nuke" or "dirty bomb," is considered far more likely than use of a nuclear explosive device.
2. An RDD combines a conventional explosive device, such as a bomb, with radioactive material. It is designed to scatter dangerous and sub-lethal amounts of radioactive material over a general area.
3. RDDs appeal to terrorists because they require limited technical knowledge to build and deploy compared to a nuclear device. Also, the radioactive materials in RDDs are widely used in medicine, agriculture, industry, and research, and are easier to obtain than weapons grade uranium or plutonium.
4. The primary purpose of terrorist use of an RDD is to cause psychological fear and economic disruption.
5. Some devices could cause fatalities from exposure to radioactive materials. Depending on the speed at which the area of the RDD detonation was evacuated or how successful people were at

sheltering-in-place, the number of deaths and injuries from an RDD might not be substantially greater than from a conventional bomb explosion.

6. The size of the affected area and the level of destruction caused by an RDD would depend on the sophistication and size of the conventional bomb, the type of radioactive material used, the quality and quantity of the radioactive material, and the local meteorological conditions—primarily wind and precipitation.

7. The area affected could be placed off-limits to the public for several months during cleanup efforts.

#### *Before a Radiological Dispersion Device (RDD)*

1. There is no way of knowing how much warning time there will be before an attack by terrorists using an RDD, so being prepared in advance and knowing what to do and when is important.

2. To prepare for an RDD event, you should do the following:

a. Find out from officials if any public buildings in your community have been designated as fallout shelters.

b. If none have been designated, make your own list of potential shelters. These places would include basements or the windowless center area of middle floors in high-rise buildings, as well as subways and tunnels.

c. During periods of increased threat, increase your disaster supplies to be adequate for up to two weeks.

3. Taking shelter during an RDD event is absolutely necessary. There are two kinds of shelters—blast and fallout. The following describes the two kinds of shelters:

a. Blast shelters are specifically constructed to offer some protection against blast pressure, initial radiation, heat, and fire. But even a blast shelter cannot withstand a direct hit from a nuclear explosion.

b. Fallout shelters do not need to be specially constructed for protecting against fallout. They can be any protected space, provided that the walls and roof are thick and dense enough to absorb the radiation given off by fallout particles.

#### *During a Radiological Dispersion Device (RDD)*

1. While the explosive blast is immediately obvious, the presence of radiation is not known until trained personnel with specialized equipment are on the scene.

2. Whether you are indoors or outdoors, at home or at work, be extra cautious. It would be safer to assume radiological contamination has occurred, particularly in an urban setting or near other likely terrorist targets and take the proper precautions.

3. As with any radiation, avoid or limit exposure. This is particularly true of inhaling radioactive dust that results from the explosion. As you seek shelter from any location (indoors or outdoors) and there is visual dust or other contaminants in the air, breathe through the cloth of your shirt or coat to limit your exposure.

4. If you manage to avoid breathing radioactive dust, your proximity to the radioactive particles may still result in some radiation exposure.

5. If the explosion or radiological release occurs inside, get out immediately and seek safe shelter. Otherwise, if you are:

a. Outdoors

- (1) Seek shelter indoors immediately in the nearest undamaged building.
- (2) If appropriate shelter is not available, move as rapidly as is safe upwind and away from the location of the explosive blast. Then, seek appropriate shelter as soon as possible.
- (3) Listen for official instructions and follow directions.

b. Indoors

- (1) If you have time, turn off ventilation and heating systems, close windows, vents, fireplace dampers, exhaust fans, and clothes dryer vents. Retrieve your disaster supplies kit and a battery powered radio and take them to your shelter room.
- (2) Seek shelter immediately, preferably underground or in an interior room of a building, placing as much distance and dense shielding as possible between you and the outdoors where the radioactive material may be.
- (3) Seal windows and external doors that do not fit snugly with duct tape to reduce infiltration of radioactive particles. Plastic sheeting does not provide shielding either from radioactivity or from blast effects of a nearby explosion.
- (4) Listen for official instructions and follow directions.

After a Radiological Dispersion Device (RDD)

1. After finding safe shelter, those who may have been exposed to radioactive material should decontaminate themselves.
2. To do this, remove and bag your clothing (isolating the bag away from you and others), and shower thoroughly with soap and water.
3. Seek medical attention after officials indicate it is safe to leave shelter.
4. Contamination from an RDD event could affect a wide area, depending on the number of conventional explosives used, the quantity and type of radioactive material released, and meteorological conditions.
5. Radiation dissipation rates vary, but radiation from an RDD will likely take longer to dissipate due to a potentially larger localized concentration of radioactive material.
6. Continue listening to your radio or watch the television for instructions from local officials, whether you have evacuated or sheltered-in-place.
7. Do not return to or visit an RDD incident location for any reason.

## *D. Emergency Procedure – Terrorism/Biological Attack*

### ***Policy Statement***

This facility has completed training exercises in preparation for a biological attack. The following procedures will be utilized in response to such an event.

### ***Policy Interpretation and Implementation***

1. Biological agents are organisms or toxins that can kill or incapacitate people, livestock, and crops.
2. The three basic groups of biological agents that would likely be used as weapons are bacteria, viruses, and toxins.
3. Most biological agents are difficult to grow and maintain. Many break down quickly when exposed to sunlight and other environmental factors, while others, such as anthrax spores, are long-lived.
4. Biological agents can be dispersed by spraying them into the air, by infecting animals that carry the disease to humans, and by contaminating food and water. Delivery methods include:
  - a. Aerosols – Biological agents are dispersed into the air, forming a fine mist that may drift for miles. Inhaling the agent may cause disease in people or animals;
  - b. Animals – Some diseases are spread by insects and animals, such as fleas, mice, flies, mosquitoes, and livestock;
  - c. Food and water contamination – Some pathogenic organisms and toxins may persist in food and water supplies. Most microbes can be killed, and toxins deactivated, by cooking food and boiling water. Most microbes are killed by boiling water for one minute, but some require longer. Follow official instructions; and
  - d. Person-to-person spread of a few infectious agents is also possible. Humans have been the source of infection for smallpox, plague, and the Lassa viruses.
5. Children and older adults are particularly vulnerable to biological agents.

### ***Planning Considerations for Biological Attack***

1. Determine the type and level of filtration in the facility and the level of protection it provides against biological agents.
2. The National Institute of Occupational Safety and Health (NIOSH) provides technical guidance on this topic in their publication *Guidance for Filtration and Air-Cleaning Systems to Protect Building Environments from Airborne Chemical, Biological, or Radiological Attacks*. To obtain a copy, call 1 (800) 35NIOSH or visit the National Institute for Occupational Safety and Health Web site, <http://www.cdc.gov/NIOSH/>, and request or download NIOSH Publication 2003-136.
3. Consider installing a high efficiency particulate air (HEPA) filter in your furnace return duct. These filters remove particles in the 0.3 to 10-micron range and will filter out most biological agents that may enter the facility.
4. HEPA filters are useful in some biological attacks. HEPA filters do not filter chemical agents.

5. If you have a central heating and cooling system with a HEPA filter, leave it on if it is running or turn the fan on if it is not running. Moving the air in the facility through the filter helps to remove the agents from the air.

6. If you do not have a central heating or cooling system, a stand-alone portable HEPA filter can be used.

7. If you have a portable HEPA filter, take it with you to the internal room where you are seeking shelter and turn it on.

8. If you are in a facility that has a modern, central heating and cooling system, the system's filtration should provide a relatively safe level of protection from outside biological contaminants.

### ***Emergency Procedure – Terrorism/Biological Attack***

1. Make the following announcement on the facility's overhead pager: "CODE WHITE, A BIOLOGICAL ATTACK HAS OCCURRED. ALL STAFF MEMBERS, RESIDENTS, AND VISITORS PLEASE REMAIN IN THE FACILITY UNTIL FURTHER NOTICE."

2. Activate the Incident Command System. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.

3. Facility management staff report to the Incident Command Post for a briefing and instructions.

4. Notify the Administrator and Director of Nursing that a biological attack has occurred, if they are not aware of the situation, or they are not on the premises. The Recall Roster is activated if warranted.

5. In the event of a biological attack, public health officials may not immediately be able to provide information on what you should do. It takes time to determine what the illness is, how it should be treated, and who is in danger. Watch television, listen to the radio, or check the Internet for official news and information including signs and symptoms of the disease, areas in danger, if medications or vaccinations are being distributed, and where you should seek medical attention if needed.

6. The first evidence of an attack may be when symptoms of the disease caused by exposure to an agent are noticed. Be suspicious of any symptoms you notice, but do not assume that any illness is a result of the attack. Use common sense and practice good hygiene.

7. If exposure to a biological agent occurs:

a. Remove and bag your clothes and personal items. Follow official instructions for disposal of contaminated items;

b. Wash yourself with soap and water and put on clean clothes; and

c. Seek medical assistance as soon as possible when it is announced by the local authorities where to go to receive medical care. You may be advised to stay away from others or even be quarantined.

8. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.

9. Continue to listen for official instructions via radio, television, and emergency alert systems for further instructions.

10. Account for all staff members and residents.

## ***After a Biological Attack***

1. The delivery of medical services for a biological event may be handled differently to respond to increased demand. The basic public health procedures and medical protocols for handling exposure to biological agents are the same as for any infectious disease.
2. It is important for you to pay attention to official instructions via radio, television, and emergency alert systems.

### **Protocol for Suspicious Packages**

1. Be wary of suspicious packages and letters. They can contain explosives or chemical or biological agents.
2. Be particularly cautious in the mail handling area and refrain from eating or drinking in that area.
3. Characteristics that should trigger suspicion, include parcels that:
  - a. Are unexpected or from someone unfamiliar to you;
  - b. Have no return address, or have one that can't be verified as legitimate;
  - c. Have protruding wires or aluminum foil, strange odors, or stains;
  - d. Show a city or state in the postmark that doesn't match the return address;
  - e. Are of unusual weight given their size, or are lopsided or oddly shaped;
  - f. Are marked with threatening language;
  - g. Have inappropriate or unusual labeling;
  - h. Have excessive postage or packaging material, such as masking tape and string;
  - i. Have misspellings of common words;
  - j. Are addressed to someone no longer with your organization or otherwise outdated;
  - k. Have incorrect titles or titles without a name;
  - l. Are not addressed to a specific person; or
  - m. Have handwritten or poorly typed addresses.
4. If suspicious envelopes and packages are found (other than those that might contain explosives), take these additional steps against possible biological and chemical agents:
  - a. Notify the Administrator or highest-ranking individual in the facility;
  - b. Contact 911 and Emergency Services immediately. Do not disturb the package;
  - c. Leave the room and close the door, or section off the area to prevent others from entering;
  - d. Wash your hands with soap and water; and
  - e. List all people who were in the room or area when this suspicious letter or package was recognized. Give a copy of this list to both the local public health authorities and law enforcement officials for follow-up investigations and advice.

## ***Emergency Job Tasks – Terrorism/Biological Attack***

Specific tasks are assigned to staff members during an emergency based on the following criteria:

### **1. Administrator/Incident Commander**

- a. Contact 911 and Emergency Management Services if necessary. Upon arrival of authorities, establish contact with the officer in charge and relay all relevant information regarding the situation.
- b. Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
- c. Instruct all staff members to remain in the facility.
- d. Listen for official instructions via radio, television, and emergency alert systems for further instructions.
- e. Ensure staff members and residents are accounted for and safe.
- f. Continuously remind all staff to remain calm and in control so as to not upset the residents.

### **2. Management Staff of All Departments**

- a. Report to the Incident Command Post.
- b. Instruct staff members to remain in the facility with windows and doors closed.
- c. Follow instructions if exposure occurs.
- d. Listen for official instructions via radio, television, and emergency alert systems for further instructions.
- e. Remain calm so as to not upset the residents.
- f. Assist the Incident Commander as needed.

### **3. Maintenance**

- a. Report to the Incident Command Post.
- b. Instruct staff members to keep windows and doors closed.
- c. Follow instructions if exposure occurs.
- d. Listen for official instructions via radio, television, and emergency alert systems for further instructions.
- e. Remain calm so as to not upset the residents.
- f. Assist the Incident Commander as needed.

### **4. Staff Members of All Departments**

- a. Keep windows and doors shut.
- b. Ensure residents and visitors remain in the facility until further notice from the local authorities.



- c. Follow procedures if exposure occurs.
- d. Remain calm to not upset the residents.
- e. Assist the Incident Commander as needed.

### ***E. Emergency Procedure – Hazardous Materials Incident***

This facility has completed training exercises in preparation for a hazardous materials incident on or near the property. The following procedures will be utilized in response to such an event.

1. Hazardous materials are substances that are flammable (combustible), explosive, toxic, noxious, corrosive, oxidizable, irritants, or radioactive. A hazardous material spill or release can pose a risk to life, health, or property.
2. Federal laws that regulate hazardous materials include the:
  - a. Superfund Amendments and Reauthorization Act of 1986 (SARA);
  - b. Resource Conservation and Recovery Act of 1976 (RCRA);
  - c. Hazardous Materials Transportation Act (HMTA);
  - d. Occupational Safety and Health Act (OSHA);
  - e. Toxic Substances Control Act (TSCA); and
  - f. Clean Air Act.
3. Title III of SARA regulates the packaging, labeling, handling, storage, and transportation of hazardous materials. The law requires facilities to furnish information about the quantities and health effects of materials used at the facility, and to promptly notify local and state officials whenever a significant release of hazardous materials occurs.

### ***Planning considerations regarding hazardous materials:***

1. Identify and label all hazardous materials stored, handled, produced, and disposed of by the facility.
  - a. Follow government regulations that apply to the facility.
  - b. Obtain Safety Data Sheets (SDS) for all hazardous materials at the location.
2. Train employees to recognize and report hazardous material spills and releases. Train employees in proper handling and storage.
3. Identify any hazardous materials used in facility processes and in the construction of the physical plant.
  - a. Identify other facilities in the area that use hazardous materials. Determine whether an incident could affect this facility.
4. Identify potential for an off-site incident affecting operation.
  - a. Identify highways, railroads, and waterways near the facility used for the transportation of hazardous

materials. Determine how a transportation accident near the facility could affect operations.

5. Detailed definitions as well as lists of hazardous materials can be obtained from the Environmental Protection Agency (EPA) and the Occupational Safety and Health Administration (OSHA).

### ***Emergency Procedure – Hazardous Materials Incident***

The following procedure is utilized in the event of a hazardous materials incident in or near this facility.

1. Make the following announcement in the facility overhead paging system: "CODE ORANGE IN \_\_\_\_\_ (location). DESIGNATED PERSONNEL, PLEASE REPORT TO THE ICS IMMEDIATELY."

2. Notify 911 to alert the emergency response system that a hazardous materials incident is in progress.

Provide the 911 dispatcher with as much relevant information as possible.

3. Local authorities and the Emergency Management Office will typically warn the facility of such an accident, if it occurs within the community.

4. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.

5. Notify the Administrator and Director of Nursing if they are not on the premises. Activate the Recall Roster if warranted.

6. Facility management staff should report to the Incident Command Post for briefing and instructions.

7. Determine if a hazardous chemical or gas leak might endanger the residents.

8. Based on the magnitude of the incident/accident, evacuation may be necessary. The Fire Department, Police, and Emergency Management will assist in determining if evacuation is necessary.

9. If evacuation is necessary, evacuation procedures are followed.

10. It is essential that all internal emergency operations are coordinated with the local authorities. They will be able to quickly assist in controlling the situation provided that a good line of communication is established with the Incident Commander.

11. The situation is only deemed "under control" after the local authorities have concluded emergency operations and the Incident Commander has declared the situation "safe." At that point an "All Clear" can be announced.

12. Account for all staff members and residents.

## ***Emergency Job Tasks – Hazardous Materials Incident***

Specific tasks are assigned to staff members during an emergency based on the following criteria:

### **1. Administrator/Incident Commander**

- a. Contact 911 and Emergency Management Director.
- b. Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
- c. Instruct all staff members.
- d. Upon arrival of authorities, establish contact with the officer in charge and relay all relevant information regarding the situation.
- e. Make the decision regarding evacuation, which would be activated via emergency evacuation procedures.
- f. Ensure all staff members are accounted for and safe.
- g. Continuously remind all staff to remain calm and in control so as not to upset the residents.

### **2. Management Staff of All Departments**

- a. Report to the Incident Command Post.
- b. Instruct staff members to keep windows and doors closed.
- c. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities. Keep doors closed.
- d. Remain calm so as to not upset the residents.
- e. Be prepared to activate evacuation procedures.

### **3. Maintenance**

- a. Report to the Incident Command Post.
- b. Shut off all air conditioning and other air intake processes.
- c. Instruct staff members to keep windows and doors closed.
- d. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities. Keep doors closed.
- e. Remain calm so as to not upset the residents.
- f. Be prepared to activate evacuation procedures.

### **4. Staff Members of All Departments**

- a. Shut windows and doors.
- b. Ensure residents and visitors remain in the facility until further notice from the local authorities. Keep doors closed.

- c. Remain calm so as to not upset the residents.
- d. Be prepared to activate evacuation procedures

### **XIII. EMERGENCY SHUTDOWN**

There are several instances where deactivation of facility systems may be required during a disaster/crisis. Examples include:

- Severe weather
- Earthquake
- Civil disturbance
- Terrorism attack
- Accidental event (power spike, outage, gas leak, over-pressurization, etc.)

Specific steps need to be taken to ensure safe shutdown of a system. Mechanical equipment that may be shutdown includes:

- Water
- Natural Gas
- Electric
- Heating, Ventilating and Air Conditioning (HVAC) Equipment
- Boilers
- Computer Equipment

These procedures should only be completed with the approval of the Incident Commander (IC) at the time of the crisis. Shutdown should only be employed during the most extreme of situations, if time permits call in an expert. See NHICS 258: Facility Resource Directory (Appendix M) or Vendor List (Appendix U) for detailed contact information for vendors; otherwise, 24-hour emergency numbers are in the checklist below.

Vendors will be notified when their service is shut down by the facility. In addition, all staff members will be notified when services are shut down temporarily. A site map with the location of shutoffs, emergency exits, in-facility evacuation routes, fire extinguishers, fire doors is included in Appendix S – Site Map with Shutoffs, Fire Suppression and Emergency Supply locations; this is in addition to the checklist below which has a physical description of the location of various pieces of operational equipment (i.e., shutoffs, electrical breakers, switches, etc.)

### **IMPORTANT PRECAUTIONS**

These procedures should be tested with key staff prior to being performed to ensure mechanical items are shutdown securely and safely. The following precautions must be followed:

- Never stand in water or any fluids when shutting down equipment!
- If you see smoke, fire, gas, or electrical voltage near the area, do not attempt a mechanical shutdown.

For ease of shutdown, our facility has created a checklist of items to be used while shutting down specific systems.

EMERGENCY SHUTDOWN CHECKLIST	
<b>NATURAL GAS</b>	
<b>Vendor:</b>	<b>24-hr Phone:</b>
<b>Account #:</b>	
<b>Description of Location</b>	
<ul style="list-style-type: none"> <li>• Meter:</li> <li>• Shutoff valves:</li> </ul>	
<b>Action Steps for Shutdown</b>	
<input type="checkbox"/>	Action 1: <
<input type="checkbox"/>	Action 2:
<input type="checkbox"/>	Action 3:
	Comments:
<b>ELECTRIC</b>	
<b>Vendor:</b>	<b>24-hr Phone:</b>
<b>Account #:</b>	
<b>Description of Location</b>	
<ul style="list-style-type: none"> <li>• Main electrical panel:</li> <li>• Outside meter:</li> <li>• Main breaker:</li> <li>• Sub-breakers and sub-panels:</li> </ul>	
<b>Action Steps for Shutdown</b>	
<input type="checkbox"/>	Action 1:
<input type="checkbox"/>	Action 2:
<input type="checkbox"/>	Action 3:
	Comments:

## EMERGENCY SHUTDOWN CHECKLIST

### WATER

Vendor:

24-hr Phone:

Account #:

#### Description of Location

- Shut off valve(s):
- Water meter:

#### Action Steps for Shutdown

☐

Action 1:

☐

Action 2:

☐

Action 3:

Comments:

### HVAC

Vendor:

24-hr Phone:

Account #:

#### Description of Location

- Electric shutoff switch(s):
- Gas Valves:

#### Action Steps for Shutdown

☐

Action 1:

☐

Action 2:

☐

Action 3:

Comments:

### BOILER

Vendor:

24-hr Phone:

Account #:

#### Description of Location

- Main electric shutoff switch:
- Boiler shutoff switches < indicate how many boilers, gas and electric, etc.>

#### Action Steps for Shutdown

☐

Action 1:

☐

Action 2:



EMERGENCY SHUTDOWN CHECKLIST	
<input type="checkbox"/>	Action 3:
	Comments:
<b>COMPUTER/INFORMATION TECHNOLOGY SERVICES</b>	
<b>Vendor:</b>	<b>24-hr Phone:</b>
<b>Account #:</b>	
<b>Description of Location</b>	
<ul style="list-style-type: none"> <li>• Main controls:</li> <li>• Electrical breakers:</li> <li>• Media used as backup:</li> </ul>	
<b>Action Steps for Shutdown</b>	
<input type="checkbox"/>	Action 1:
<input type="checkbox"/>	Action 2:
<input type="checkbox"/>	Action 3:
	Comments:
<b>&lt;Insert NAME of other systems&gt;</b>	
<b>Vendor:</b>	<b>24-hr Phone:</b>
<b>Account #:</b>	
<b>Description of Location</b>	
<input type="checkbox"/>	
<b>Action Steps for Shutdown</b>	
<input type="checkbox"/>	Action 1:
<input type="checkbox"/>	Action 2:
<input type="checkbox"/>	Action 3:
	Comments:

#### XIV. Facility Demographics:

1. Maison Orleans Healthcare, located at 1420 General Taylor Street, is a six-story structure, which functions as the primary facility. The facility is licensed to accommodate 200 beds.
2. This facility was erected in 1972. The facility is a six-story, cinder block structure. The facility's identified wind load is approximately 150mph.
3. The facility utilizes sewerage & water provided by the city, through the parish of Orleans.
4. Smoke/Fire alarms/Sprinkler system is installed throughout facility.
5. Give the elevations of the following (1-8) relative to sea level. Provide flood-plain, flood zone, level of flood risk and projected depth of flood water.

1. Lowest floor living space: **located at sea level**
2. Generator: **located at sea level**
3. Regular and emergency electrical service junctions: **located at sea level**
4. Heating Ventilation Air Conditioning-HVAC- system: **located at and above sea level**
5. Fuel supplies (tanks) for generator, heating, cooking: **located at sea level**
6. Storage areas for critical emergency medical supplies and medical equipment: **located at sea level**
7. Storage areas for emergency supplies and equipment: **located at sea level**
8. Facility water system backflow preventer(s): **located at sea level**

6. Geographical location, longitude and latitude, and the physical street address as well as a map or sketch of property with closest major street intersections.

The facility is located at 1420 General Taylor Street, New Orleans, LA., at the intersection of Prytania Street. The following are the coordinates for the facility: Longitude: - **90.096570**; Latitude: **29.925930**

7. The Command Center is located in the **Administrator's office**, which is located on the first floor of the facility. See Tab 2 for detailed floor plan identifying command center, etc.
8. Facility utilizes a Generator which is capable of providing HVAC power supply to the main halls of the facility. The generator uses both natural gas & liquid propane. The facility will maintain adequate fuel supply on hand and has vendor agreements in place to replenish fuel as needed.
9. The facility does not have lightning rods or other lightning protection devices installed.

10. Facility's roof type and wind load evaluation.
11. Window evaluation- can they be shuttered, will they be shuttered, wind load determination.
12. Wind load determination for building- what is building able to withstand?
13. Evaluation of fuel resources for generator(s). How much fuel do you have stored on site? How long will generator(s) run on fuel? If not on hand how will fuel be supplied for seven-day requirement?
14. Generator output and needed power. How much power is needed to run listed emergency equipment? What is the output of your generator?
15. Lay down hazard evaluation of property. Are there any objects- towers, trees, tanks, buildings, etc.- that might be blown onto or into your building causing damage?
16. Hazardous materials evaluation. Is there any hazardous material stored in or around facility that should be secured or removed prior to hurricane? Chemicals, biologics, compressed gasses, flammables, etc.
17. How will security for persons and supplies be provided after an emergency event?
18. What is the Sea, Lake, and Overland Surge from Hurricanes (SLOSH) Model using Maximum of MEOW's (MOM) predictions for the facility? Include categories 1 through 5 at high tide.
19. Floor plan(s)- (Tab A) clearly showing interior safe zones and emergency supply storage areas.

## **XV. Assumptions:**

The following list includes both facility specific and some generally accepted assumptions:

1. The facility operator will continually update this plan to ensure that it reflects current operating circumstances, Resident characteristics, staffing, relevant hazards, and facility emergency resources.
2. Emergency Plans will be followed to ensure the health and safety of the residents and staff.
3. Determinations for evacuating or sheltering in place will be based on information included in emergency preparedness plan and all other available relevant information.
4. Facility staff will perform as described in this plan.
5. In event of emergency, hospitals may be able to admit only those who need life-saving treatment.
6. In event of emergency, usual utilities and services could be unavailable for 48 hours or more.
7. The time required to obtain a response from emergency services will increase in proportion to the severity, magnitude, and nature of the emergency.
8. Local radio and TV stations will broadcast watches and warnings, and emergency public information provided to them by government authorities. The facility will monitor this information.
9. When the facility evacuates to a host shelter location outside the immediate area, adequate facility staff will accompany residents to the host location.
10. Provisions have been made for the management of staff at the facility or at an off-site location to include adequate and qualified staff and the assignment and distribution of responsibilities and functions
11. Evacuation of the facility may require special prearranged transportation agreements between the facility and contractors. Contracts shall be signed and updated or verified annually.
12. Quantity and type of transportation resources shall be adequate for transporting all evacuating clients, staff, and families of staff. Transportation resources shall meet the needs determined by transportation triage plan.
13. Adequate dietary and medical provisions for all residents, staff, and families of residents or staff included in plan will be provided for or planned for whether evacuating or sheltering in place.
14. Mandatory evacuation orders from state or local Office of Homeland Security and Emergency Preparedness shall be followed.

15. All information in the emergency plan is correct and current. Information in plan is understood by facility administrators

## TAB K:

\*Risk assessment coversheet. Decisions to evacuate or shelter in place shall take into consideration the facilities risk assessment. Information included in this plan shall be current, valid, and reliable.

1. Elevation(s) of facility's Heating Ventilation Air Conditioning (HVAC) system(s).
2. Elevation(s) of electrical service junction(s).
3. Elevation(s) of generator(s) and connection(s).
4. Elevation(s) of fuel supply, fuel storage tanks, and connection(s).
5. Facility's roof type and wind load evaluation.
6. Window evaluation- can they be shuttered, will they be shuttered, wind load determination.
7. Wind load determination for building- what is building able to withstand?
8. Evaluation of fuel resources for generator(s). How much fuel do you have stored on site? How long will generator(s) run on fuel? If not on hand how will fuel be supplied for seven day requirement?
9. Generator output and needed power. How much power is needed to run listed emergency equipment? What is the output of your generator?
10. Lay down hazard evaluation of property. Are there any objects- towers, trees, tanks, buildings, etc- that might be blown onto or into your building causing damage?
11. Hazardous materials evaluation. Is there any hazardous material stored in or around facility that should be secured or removed prior to hurricane? Chemicals, biologics, compressed gasses, flammables, etc
12. How will security for persons and supplies be provided after an emergency event?
13. What is the Sea, Lake, and Overland Surge from Hurricanes (SLOSH) Model using Maximum Of MEOW's (MOM) predictions for the facility? Include categories 1 through 5 at high tide.
14. Floor plan(s)-(Tab A) clearly showing interior safe zones and emergency supply storage areas.
15. Elevation(s) of water system back flow preventers.

THE FACILITY'S HVAC SYSTEM IS LOCATED 6 FT ABOVE SEA LEVEL. THE LOWEST ELECTRICAL SERVICE BOX IS 4 FT ABOVE SEA LEVEL. FUEL STORAGE TANKS ARE LOCATED 4FT ABOVE SEA LEVEL. UPTOWN HEALTH CARE CAN WITHSTAND UP TO A CATEGORY 5 HURRICANE (WINDS 156 MPH AND GREATER) AND THE ROOF CAN WITHSTAND UP TO A CATEGORY 4 HURRICANE (WINDS 131MPH TO 155 MPH). IN THE EVENT THAT FACILITY LOSSES POWER, A GENERATOR WILL SUPPLY POWER THROUGHOUT THE FACILITY. IT IS LOCATED 4 FT ABOVE SEA LEVEL . THE GENERATOR RUNS UP TO 300 HOURS WITH THE ON HAND FUEL SUPPLY. THE FACILITY ALWAYS KEEPS A 7 DAY SUPPLY ON HAND. THE VOLTAGE OF THE GENERATOR IS 120/208 Y.

*The generator is for Shelter In Place.  
Kim Russell WFA*

Tab L

## Checklist of equipment and supplies

Flashlights

Water

Canned food (nonperishable food)

Can openers

Emergency medication supplies

Paper plates, cups, forks & spoons

Toilet paper & paper towels

Personal hygiene supplies

Medical treatment supplies

Medications

Propane to fuel generator

Plastic Bags

Tools (hammer, nails, etc..)

Tape

Permanent markers

Chain Saw

Plywood

---



**TAB N:**

**TRANSFER FORM**

In the event of an emergency which necessitates the evacuation of

\_\_\_\_\_ (name of nursing facility)

I, \_\_\_\_\_ (name of Resident/Patient's Physician),

hereby authorize the Medical Director or his designee at the receiving/host

hospital the right to order the continuation of care for

\_\_\_\_\_  
(Name of patient),

provided the host hospital has the physical and staffing capability to admit  
the evacuated nursing home patient.

\_\_\_\_\_  
Resident/Patient's Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director of Nursing Facility

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident/Patient or Legal Representative  
or Responsible Party

\_\_\_\_\_  
Date

**TAB N:**

**TRANSFER FORM**

In the event of an emergency which necessitates the evacuation of

\_\_\_\_\_ (name of nursing facility)

I, \_\_\_\_\_ (name of Resident/Patient's Physician),

hereby authorize the Medical Director or his designee at the receiving/host

hospital the right to order the continuation of care for

\_\_\_\_\_  
(Name of patient),

provided the host hospital has the physical and staffing capability to admit  
the evacuated nursing home patient.

\_\_\_\_\_  
Resident/Patient's Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director of Nursing Facility

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident/Patient or Legal Representative  
or Responsible Party

\_\_\_\_\_  
Date

## TRANSFER FORM

In the event of an emergency which necessitates the evacuation of

\_\_\_\_\_ (name of nursing facility)

I, \_\_\_\_\_ (name of Resident/Patient's Physician),

hereby authorize the Medical Director or his designee at the receiving/host hospital  
the right to order the continuation of care for

\_\_\_\_\_ (name of patient),

provided the host hospital has the physical and staffing capability to admit the  
evacuated nursing home patient.

\_\_\_\_\_  
Resident/Patient's Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director of Nursing Facility

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident/Patient or Legal Representative  
or Responsible Party

\_\_\_\_\_  
Date

**NURSING HOME RESIDENT CENSUS AND  
CONDITIONS TO BE USED FOR DISASTER EVACUATION PLANNING**

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mobile Phone # for Administrator \_\_\_\_\_

Email Address 1 \_\_\_\_\_ Email Address 2 \_\_\_\_\_

Facility Medicare # \_\_\_\_\_ Medicaid # \_\_\_\_\_

Total Resident Census: \_\_\_\_\_

Please categorize your residents according to the Category I or Category II criteria listed below:

<p>Category I (Residents with special need(s) who will require hospitalization during an emergency evacuation of the facility)</p> <ul style="list-style-type: none"><li>❖ Intravenous therapies</li><li>❖ Tracheotomy/respiratory care</li><li>❖ Stage III and IV decubitus</li><li>❖ Tube feeding</li><li>❖ Kidney dialysis</li><li>❖ Other _____</li></ul> <p>_____</p> <p>_____</p> <p>Total # _____</p>	<p>Category II (Residents with limited needs and assistance who will require Special Needs Shelter during an emergency evacuation of the facility)</p> <ul style="list-style-type: none"><li>❖ Bladder/bowel incontinence</li><li>❖ Chairbound</li><li>❖ Indwelling catheter</li><li>❖ Contractures</li><li>❖ Injections</li><li>❖ Other _____</li></ul> <p>_____</p> <p>_____</p> <p>Total # _____</p>
--	---

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**TAB N:**

**TRANSFER FORM**

In the event of an emergency which necessitates the evacuation of

\_\_\_\_\_ (name of nursing facility)

I, \_\_\_\_\_ (name of Resident/Patient's Physician),

hereby authorize the Medical Director or his designee at the receiving/host  
hospital the right to order the continuation of care for

\_\_\_\_\_  
(Name of patient),

provided the host hospital has the physical and staffing capability to admit  
the evacuated nursing home patient.

\_\_\_\_\_  
Resident/Patient's Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director of Nursing Facility

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident/Patient or Legal Representative  
or Responsible Party

\_\_\_\_\_  
Date

## **TAB O**

### **HURRICANE EVACUATION CHECKLIST**

#### **TAKE THE FOLLOWING ACTIONS IN PLANNED SEQUENCE**

**Please Note that each facility will have an individualized checklist and sequence that matches their plan and specific needs**

#### **WHEN A HURRICANE ENTERS INTO OR FORMS IN THE GULF:**

Contact vendors with whom you have contracted to provide assistance in emergencies:

Transportation provider; Labor provider for loading and unloading; Medical suppliers; Water suppliers

Food suppliers: Evacuation host shelter sites.

Review and update Client Transportation Categories on all Clients in accordance with Tab M, resident census and conditions. Check Transportation arrangements to verify they are adequate for your current needs.

Update and issue ID bracelets or other means of personal identification.

#### **WHEN EVACUATION IS IMMINENT (example)**

Contact evacuation host site(s); Contact Nursing Home Designated Regional Coordinator. Contact Parish Office of Homeland Security and Emergency Preparedness; Order emergency medical supplies. Order emergency water supply; Order emergency food supply; Contact transportation providers and confirm arrangements; Contact labor providers and confirm arrangements.

#### **THINGS YOU WILL NEED FOR/PRIOR TO EVACUATION (example)**

Ramp(s) to load residents on buses; Medicine carts; MAR (whole chart if possible); Clothing with Clients' name on their bag; Water supply for trip; Crash cart; Emergency drug kit; Bingo and/or other games; Communications devices: cell phones, walkie-talkie, Weather radio, CB (bring all you have); Cigarettes; Air mattresses or bedding. Facility checkbook; Cash, including quarters for vending machines, Laundry machines, etc; important papers: insurance policies, titles to land and Vehicles, etc; Computer backup tape; List of important phone numbers/rolodex; Emergency prep box: baggies, yarn, batteries, flashlights, duct tape, string, wire, knife, hammer and nails, pliers, screwdrivers, fix-a-flat, etc. Non perishable food items; Dietary supplies; Disposable plates and utensils; Diet cards; Additional items as needed

## **Hurricane Evacuation Checklist**

### **WHEN A HURRICANE ENTERS INTO OR FORMS IN THE GULF:**

1. Call Reinhart – order food
2. Call Aquiana – order water
3. Call First Choice – order disposal diapers, wet wipes and emergency medical supplies
4. Call AmSan/Supply Company – order extra toilet paper and paper towels
5. Call Nicoll's Shuttle – have buses on standby
6. Call Acadian Ambulance – let them know how many residents that need to be transported by ambulance and van.

Review and update Client Transportation Categories on all Clients in accordance with Tab B & N, resident census and conditions.

Call family members for anyone going home.

Update and issue ID bracelets.

### **WHEN EVACUATION IS IMMINENT**

1. Contact host site
2. Contact Nursing Home Designated Regional Coordinator
3. Contact Parish Office of Homeland Security and Emergency

### **THINGS YOU WILL NEED FOR/PRIOR TO EVACUATION**

1. Ramps for the buses
2. Medicine Carts
3. Treatment Cart
4. All medical charts for all residents including current nurses notes binder and MAR's
5. Emergency drug kits – for buses
6. Computers (office manager and careplanner only)
7. Communication devices: cell phones
8. Weather radio
9. Cigarettes
10. List of important phone numbers

11. Face Sheets
12. Facility checkbooks & cash on hand (bring quarters)
13. Current print out of Patient Fund account
14. Baggies
15. Tape
16. Batteries
17. Flashlights
18. Knife, hammer, nails, pliers, screwdrivers, etc....
19. Non Perishable food items
20. water & juice
21. Snacks
22. Disposable plates, cups & utensils
23. Diet cards
24. Resident's clothes and personal belongings
25. ID bracelets
26. Face sheet & pictures of residents
27. Ice Chest (for each bus) and ice
28. Paper towels, toilet paper, wet wipes and disposal diapers
29. Extra blankets, pillows, etc...
30. Emergency Operations Plan



**TAB S: ELEVATION vs. FLOOD CHART**

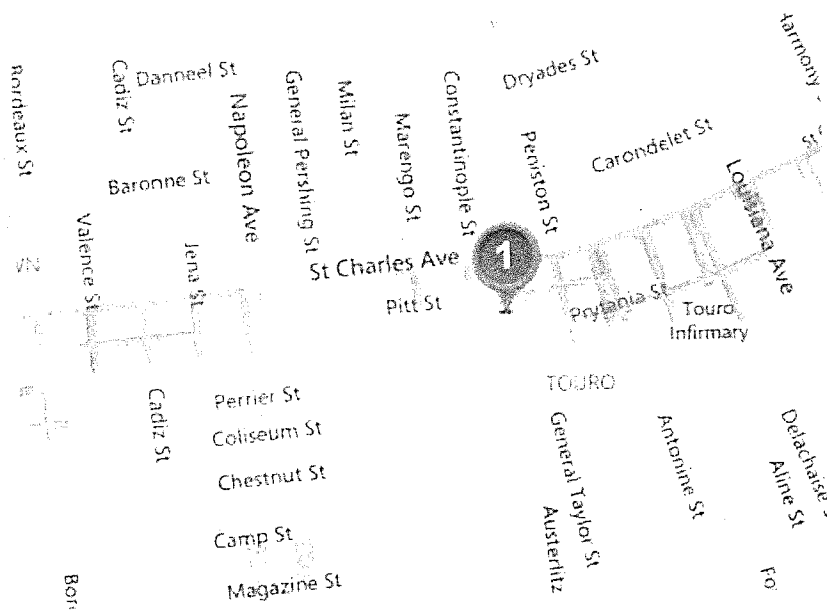
Elevation vs. Flood	A	B	C	D	*E1	*E2	*E3	*E4	*E5	Floods at
Lowest living floor										
Generator(s)										
Electrical junctions										
Emergency electrical junctions										
HVAC system(s)										
Fuel storage IF APPLICABLE										
Emergency medical equipment, supplies										
Emergency supplies storage areas										
Water well IF APPLICABLE										
Sewerage system IF APPLICABLE										
Lowest water system backflow preventer										



Email Print

# Louisiana Flood Map

## 1420 General Taylor



### Visible Layers

Effective FIRM

Bing Roads

### Point Coordinates

Point #	Lat., Long.
1	29.9259, -90.0966

Flood information in this table is from the: Effective FIRM

Point	Panel ID	Flood Zone	BFE	Ground Elevation	LOMR
1	22071C0236F 9/30/2016	X PROTECTED BY LEVEE	out	3.8	N/A

1. **Ground Elevation** is provided by USGS's elevation web service which provides the best available data for the specified point. If unable to find elevation at the specified point, the service returns an extremely large, negative value (-1.79769313486231E+308).

Floodplain data that is shown on this map is the same data that your flood plain administrator uses. This web product is not considered an official FEMA Digital Flood Insurance Rate Map (DFIRM). It is provided for information purposes only, and it is not intended for insurance rating purposes. Please contact your local floodplain administrator for more information or to view an official copy of the FIRM or DFIRM.

# NEW ORLEANS ELEVATION

Relative to mean sea level\*



\*Mean sea level approximated by average elevation of Lake Pontchartrain from 1983-2001 (~0.4 ft NAVD88).

Elevation does not take into account daily tidal variations or annual variability. Areas outside of federal levees excluded.

W. Scott Lincoln, 2013  
Hydrologist/Cartographer

Background Landsat imagery provided by USGS National Map and is in the public domain.

Elevation (ft) relative to Lake Pontchartrain	
	< -10.0 ft
	-10.0 to -8.0
	-8.0 to -6.0
	-6.0 to -4.0
	-4.0 to -2.0
	-2.0 to -0.1
	~0.0
	+0.1 to +2.0
	+2.0 to +4.0
	+4.0 to +6.0
	+6.0 to +8.0
	+8.0 to +10.0
	> +10.0

NEW ORLEANS EAST

GENTILLY

LAKEVIEW/ CITY PARK  
LAKESHORE

METairie

MID-CITY

VEUX CARRE

LOWER 9TH WARD  
BYWATER

ARABI

CHALMETTE

ALGIERS

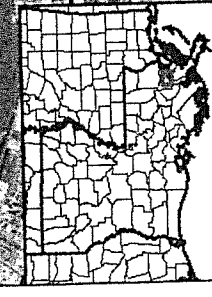
GRETN

CBD

AUDUBON PARK UPTOWN

HARVEY

TERRY TOWN



It is determined that the Flood or Surge is not a factor state because Maison Orleans Healthcare is in flood zone X. Flood zone X is protected by a levee.

## TAB T

\*Time Lines: A listing of all time restrictions may be helpful in making critical determinations. Timelines are time restrictions or guides that shall be followed in their chronological order. Some timeline restrictions are fixed, others will have to be determined based on both external and internal factors.

Examples:

-Transportation contractor sets their notification at 48 hours in advance. This is a fixed timeline restriction.

- You determined it best to evacuate 40 hours before storm hits, and it will take 8 hours to prepare and load the transportation once it arrives. The transportation company will need to be called 96 (48+40+8) hours before the storm hits. This timeline example is based on internal and fixed external time guides or restrictions.

A. What are the timelines or restrictions for the following, if none, state that. Use these timelines in your planning.

1. Transportation;
  - i. When is notification of resource(s) required?
  - ii. Loading supplies, equipment takes how long?
  - iii. Boarding of Residents and staff takes how long?
  - iv. Determined evacuation time.
2. Food;
  - i. When is notification of resource(s) required?
  - ii. Delivery time,
  - iii. Load or unload supplies takes how long?
3. Water;
  - i. When is notification of resource(s) required?
  - ii. Delivery time,
  - iii. Load or unload supplies takes how long?
4. Medical Supplies;
  - i. Gathering information on what is needed takes how long?
  - ii. When is notification of resource(s) required?
  - iii. Delivery time
  - iv. Load or unload supplies takes how long?
5. Medications;
  - i. Gathering information on what is needed takes how long?
  - ii. When is notification of resource(s) required?
  - iii. Delivery time
  - iv. Distribution of supplies takes how long?
6. List all other factors that will need to be considered such as; census, local/parish OHSEP mandates, travel time, host site restrictions, traffic conditions, and any other given or determined time line restrictions.

## Time Lines

What are the timelines or restrictions for the following, if none, state that, use these timelines in your planning.

1. Transportation:
  - i. When is notification of resource(s) required? **H24 - H72**
  - ii. Loading supplies, equipment takes how long? **Approximately 1 hour**
  - iii. Boarding of Residents and staff takes how long? **Approximately 2-3 hours**
  - iv. Determined evacuation time. **Depending on traffic 2-15 hours**
2. Food:
  - i. When is notification of resource(s) required? **H24**
  - ii. Delivery time? **Next day delivery**
  - iii. Load and unload supplies takes how long? **Approximately 1 hour**
3. Water:
  - i. When is notification of resource(s) required? **H24**
  - ii. Delivery time? **next day delivery**
  - iii. Load and unload supplies takes how long? **Approximately 1 hour**
4. Medical Supplies:
  - i. Gathering information on what is needed takes how long?  
**Approximately 1 hour**
  - ii. When is notification of resource(s) required? **H24**
  - iii. Delivery time **next day delivery**
  - iv. Load or unload supplies takes how long? **Approximately 1 hour**
5. Medications:
  - i. Gathering information on what is needed takes how long?  
**Approximately 1-2 hours**
  - ii. When is notification of resource(s) required? **H24**
  - iii. Delivery time **same day delivery or next day delivery**
  - iv. Distribution of supplies takes how long? **Approximately 1 hour**
6. List all other factors that will need to be considered such as census, local/parish OHSEP mandates, travel time, host site restrictions, traffic conditions, and any other given or determined time line restrictions.
  - i. Should census increase facility would request an additional bus.
  - ii. Should this facility evacuate to other host site food and water will already be available at that location.