

River Palms Nursing & Rehab  
Emergency & Disaster Preparedness Plan 2021

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River Palms Nursing & Rehab  
5301 Tullis Dr. New Orleans, LA 70131

Phone #: (504) 394-5807  
Fax #: (504) 394-5980


**NURSING & REHAB**

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To: New Orleans Office of Homeland Security & Emergency Preparedness  
From: Paul Duplessis, LNFA Administrator  
Re: 2021 Emergency Plan

Please find the enclosed copy of the 2021 Emergency Preparedness Plan for River Palms Nursing & Rehab delivered in person to:

New Orleans Office of Homeland Security & Emergency Preparedness  
1300 Perdido Street  
Suite 8E18  
New Orleans, LA 70112

Delivered by:  Date 2-26-2021  
Paul Duplessis, LNFA Administrator

Received by: \_\_\_\_\_ Date \_\_\_\_\_  
Dept. of Emergency Management Representative

Feel free to direct any questions regarding this plan to River Palms Nursing & Rehab, Administration at (504)394-5807.

The completed form should be emailed to: HSS.mail@la.gov

What is the name of your facility?

River Palms Nursing & Rehab LLC.

**FOR SHELTERING:**

Primary Contact Name: Paul DuPlessis

Mobile Phone: 818-720-7639

Email: pbuplessis@riverpalmsnr.com

Secondary Contact Name: Torrel Bridges

Mobile Phone: 504-570-8481

Email: tbridges@riverpalmsnr.com

Do you have access to PPE for sheltering? \_\_\_\_\_ Yes, I have PPE   X   No, I need PPE  
As of March 1, 2021 we do not have access to sufficient PPE to account for current burn rate and/or anticipated burn for 14 days.

Do you have adequate staffing? \_\_\_\_\_ Yes, I have staff   X   No, I will not have staff  
As of March 1, 2021 we have adequate staffing, but staffing changes cannot be determined given the unpredictability of the virus. Specifically, the asymptomatic possibilities, testing, further exposure with lifted community restrictions.

**FOR EVACUATION:** Print extra sheets if more than one site.

Do you have transportation for both positive and negative residents?   X   Yes \_\_\_\_\_ No

Have you verified your transportation provider will transport COVID Positives?   X   Yes \_\_\_\_\_ No

Do you have isolation places for Positive Residents at evacuation site? \_\_\_\_\_ Yes   X   No  
This will need to be coordinated with your accepting host facility. Given the lifting of room restrictions, space restrictions, we would coordinate with our accepting facility and work within the parameters of their facility.

Do you have access to PPE at host site? \_\_\_\_\_ Yes, I will have PPE   X   No, I will need PPE  
As of March 1, 2021 we do not have access to sufficient PPE to account for current burn rate and/or anticipated burn for 14 days.

Name of Host Site for COVID NEGATIVE? Plaquemines Plaza Holdings

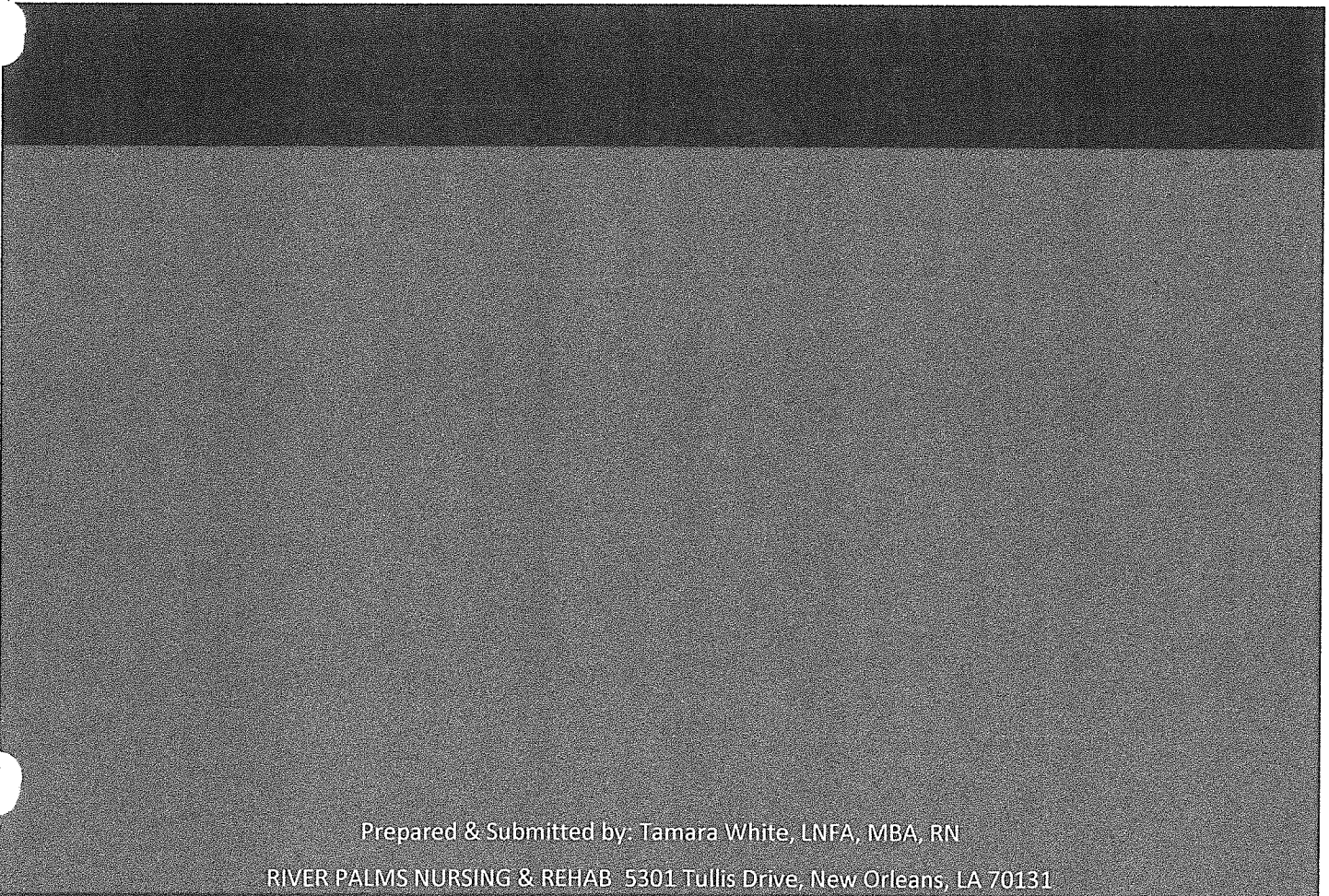
If not accepting both complete the site information for Positive sites.

Location of Host Site for Evacuation:

Address: 129 Clhoun Street, Independence, LA 70443



# EMERGENCY OPERATIONS PLAN



Prepared & Submitted by: Tamara White, LNFA, MBA, RN  
RIVER PALMS NURSING & REHAB 5301 Tullis Drive, New Orleans, LA 70131



***River Palms Nursing & Rehab'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

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

**Reviewed/Revised:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Reviewed/Revised:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Reviewed/Revised:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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## **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:

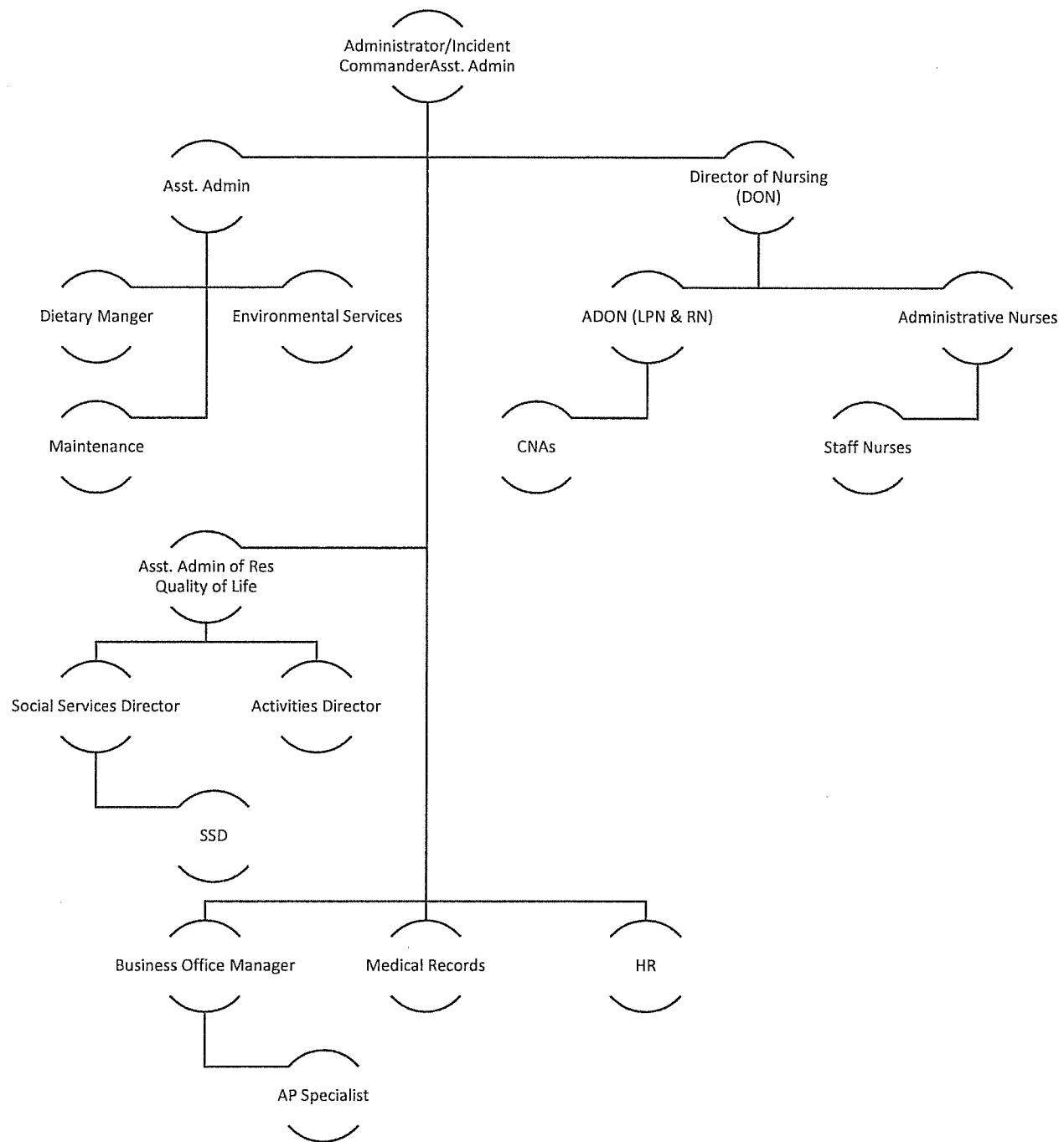
- Maintain a safe and secure environment for residents, staff and visitors;
- Sustain our organization's functionality, including our usual day-to-day business operations
- Integrate into the community's emergency response system as necessary.

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)

MO/YR: \_\_\_\_\_

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	Possibility of death or injury	Physical losses and damages	Interruption of services	
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	
Natural Hazards					
Flood	2	1	2	2	7
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 River Palms Nursing & Rehab 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 (Dr. Wander)
  - 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

River Palms Nursing & Rehab 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.



### H. Staff Recall

The protocol for contacting staff in the event of a disaster/emergency may call for additional staff resources. Call lists include 24-hour contact information for all key staff including home telephones, mobile devices, and email.

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

During an emergency, each individual department manager/supervisor is responsible for contacting staff to report for duty. The backup/alternate contact is Human Resources designee.

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 to 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*

River Palms Nursing & Rehab may use this checklist to determine what personal and medical items accompany residents during facility evacuation.

<b>Check &amp; Initial</b>	<b>IMPORTANT ITEMS</b>
<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 repellent	<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***

<b>MEAL</b>	<b>Unit</b>	<b>Description</b>	<b>Item #</b>	<b>Unit</b>	<b>Description</b>	<b>Item #</b>	<b>Unit</b>	<b>Description</b>	<b>Item #</b>
<b>BREAKFAST</b>	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
<b>LUNCH</b>	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
<b>DINNER</b>	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
<b>HS SNACK</b>	1 pkt	Graham Crackers	22796	8 oz	Milk	17624	8 oz	Milk	17624
	4 oz	Beverage	11900	2 ea	Cookies	12292	1 pkt	Graham Crackers	22796
				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 River Palms Nursing & Rehab 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)	
FAX	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
INFORMATION TECHNOLOGY SYSTEM (EMAIL/REGISTRATION/PATIENT RECORDS/TIME CARD SYSTEM/INTRANET, ETC.)	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
NURSE CALL SYSTEM	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
PAGING – PUBLIC ADDRESS	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
TELEPHONE SYSTEM	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
TELEPHONE SYSTEM – CELL	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
TELEVISION-INTERNET- CABLE	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		
OTHER	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA		



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

<b>INFRASTRUCTURE 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>CAMPUS ROADWAYS</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
<b>FIRE DETECTION/SUPPRESSION SYSTEM</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
<b>FOOD PREPARATION EQUIPMENT</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
<b>ICE MACHINES</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
<b>LAUNDRY/LINEN SERVICE EQUIPMENT</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
<b>STRUCTURAL COMPONENTS</b> (BUILDING INTEGRITY)	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
<b>OTHER</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
<b>RESIDENT CARE 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>PHARMACY SERVICES</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
<b>DIETARY SERVICES</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	

<b>OTHER</b> <hr/>	<b>FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA</b>	
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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.

<b>EMERGENCY SHUTDOWN CHECKLIST</b>	
<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. River Palms Nursing & Rehab, located at 5031 Tullis Blvd., NOLA, is a one-story structure, which functions as the primary facility. There is a total of 4 wings that radiate from main hallway in the primary facility. The property also contains a smaller building, unattached to the primary facility, which houses laundry equipment and 2 portable storage units. The facility is licensed to accommodate 186 beds.
2. This facility was erected in \_\_\_\_\_. The facility is a one story, brick structure. The facility's identified wind load is approximately \_\_\_\_\_ mph.
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: **3 ft above 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: **3ft above 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): **3 feet above sea level**
6. The facility is located at **5031 Tullis Drive, New Orleans, LA.**, at the intersection of Apache Dr. The following are the coordinates for the facility: Longitude: \_\_\_\_\_; Latitude: \_\_\_\_\_
7. The Command Center is located in the **Administrator's office**, which is located in the Business Office at the front 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. **Flat roof able to withstand 150mph winds.**

11. Window evaluation- can they be shuttered, will they be shuttered, wind load determination. **Unable to determine**
12. Wind load determination for building- what is building able to withstand? **150mph**
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? **The facility will maintain 250 gallon propane tank on site. The burn rate is 91,300 BTU. Generator can run for 76hrs hours consecutively. The facility currently has vendor agreements in place to replenish fuel supply as needed for emergency purposes.**
14. Generator output and needed power. How much power is needed to run listed emergency equipment? What is the output of your generator? 12 volts are required to power generator. **The output of the generator is 208 volts & 104 amps.**
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? **Trees, telephone poles, telephone and other power lines**
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. **Yes, E cylinders.**
17. How will security for persons and supplies be provided after an emergency event? **A walk thru will be conducted by Administrator and Corporate Designee immediately following an emergency event to determine safety of facility and ability to transition residents back into facility in a safe manner.**
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. **See Section 4.**
19. Floor plan(s)- **See Section 3**

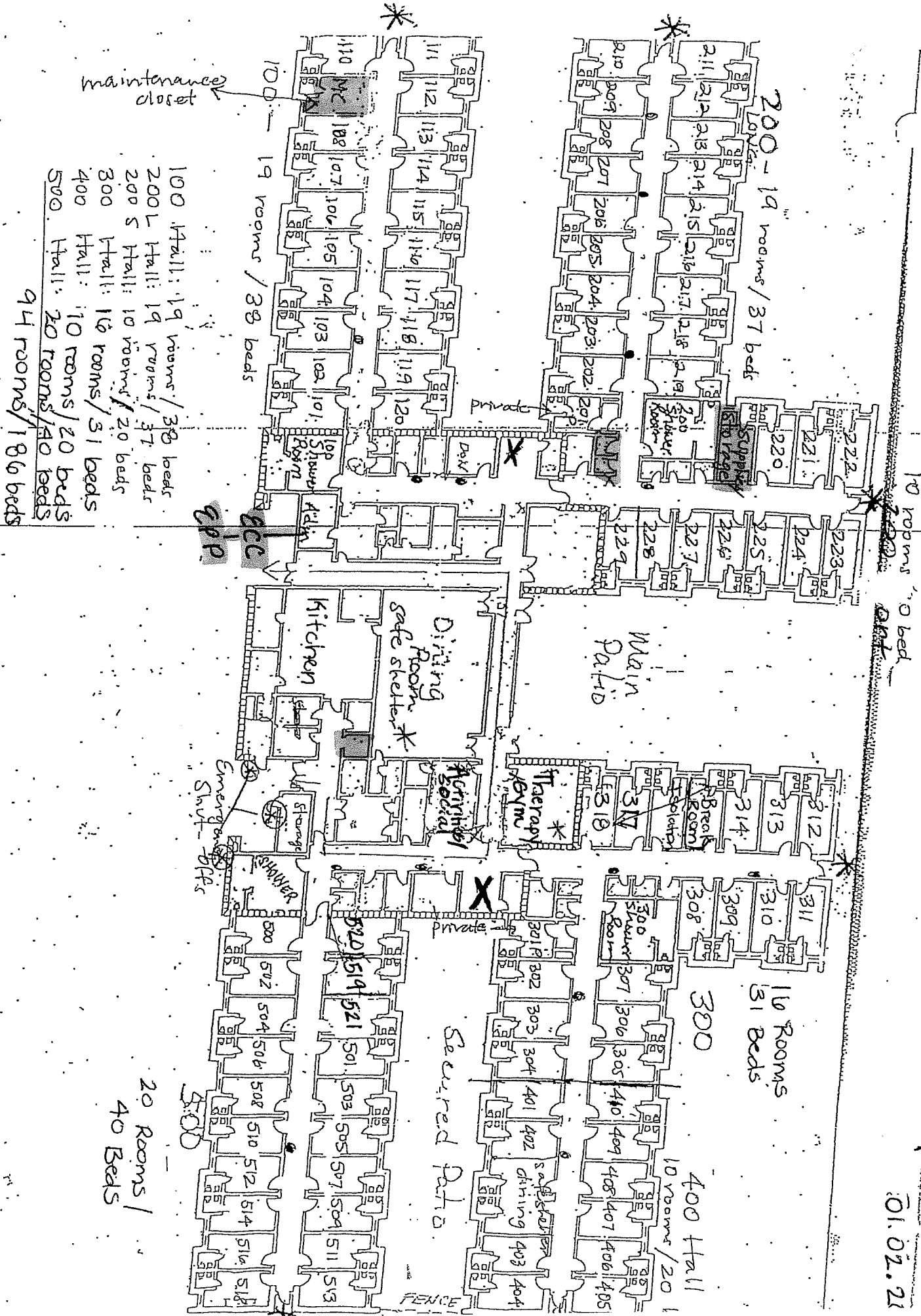


## **XV. Assumptions:**

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.

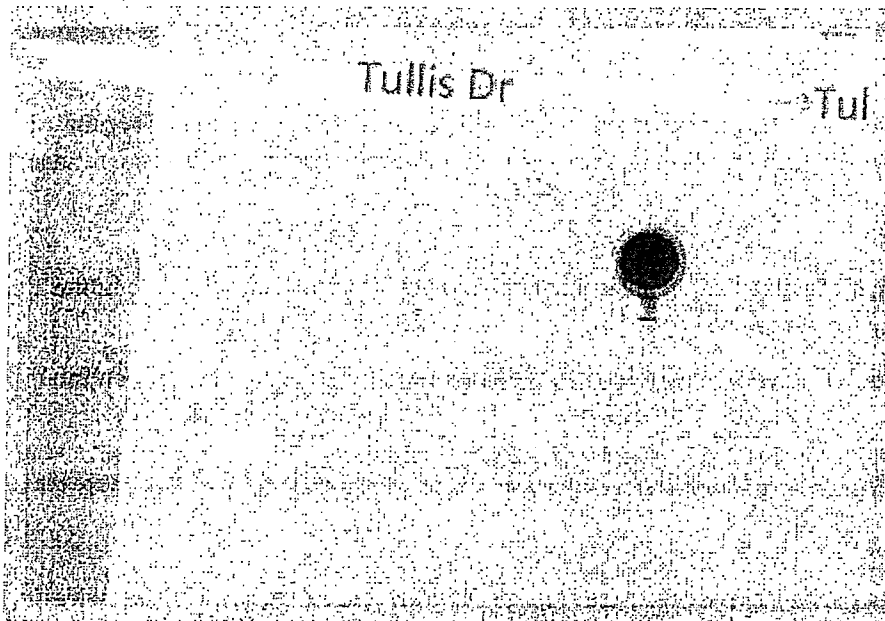


100 Hall: 19 rooms / 38 beds  
 200 L Hall: 19 rooms / 37 beds  
 200 S Hall: 10 rooms / 20 beds  
 300 Hall: 10 rooms / 31 beds  
 400 Hall: 10 rooms / 20 beds  
 500 Hall: 20 rooms / 40 beds  
 94 rooms / 186 beds

20 Rooms /  
 40 Beds

Emergency  
 Exit

Point Data for 29.9003, -90.0001



The Effective FIRM is always used for rating flood insurance. It sets the minimum standards for regulating floodplain development, but the community may use a map with broader flood zones or higher standards.

The information on this page is for the property indicated by the user-placed pin, located on the Effective FIRM Panel number 22071C0244F for New Orleans (NFIP Community #225203) in Orleans Parish

This map panel has been the Effective FIRM since 9/30/2016

#### Other Available FIRMs

- ❶ The Historical FIRM for this area cannot be read electronically, but you can view and print it on the map portal.

On this Effective Map: The point indicated by your pin is in Flood Zone AE, EL -4, a Special Flood Hazard Area.

#### "What does this mean?" Summary

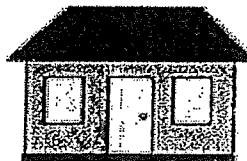
##### Base Flood Elevation (BFE)

The Base Flood Elevation is -4 ft.

##### Ground Elevation

Ground elevation (GE) at this point is about -3.6 ft. (NAVD88)

See what this may look like at your property using our BFE Scenarios tool.



## Warranty Registration

## Products

Serial No.	Item	Description	Product
000000003003208174	D15.2	500KW (15.2L DIESEL, 81-FUEL)	GenSet

## Registration

Activation Code:

[Activation Instructions](#)

Purchase Date: n/w

Start-Up 10/18/2018

Date:

Expiration Date:

## Dealer

Company Name: Pan American Power Phone: 9858931271

Address: PO BOX 1576

City/State/Zip: COVINGTON, LA US 70434

Start-up

Technician: 00419015

## Owner

First Name: Carrington Place

Last Name: Carrington Place

Address: 5301 Tullis Dr

City/State/Zip: New Orleans, LA US 70131-8805

Phone: 5048742491 E-mail: edneworleans@carringtonplaces.com



River Palms Nursing & Rehab  
5301 Tullis Dr. New Orleans, LA 70131

Phone #: (504) 394-5807

Fax #: (504) 394-5980

---

Statement regarding use of generator:

The generator designated for use at River Palms Nursing & Rehab, located at 5301 Tullis Drive, New Orleans, LA, can power the entire buildings operation in the event of sheltering in place.

  
Admin

3/27/19

1969 combination

**GENERAC®**

*Callington*

S.O.: 752645 10

Type: SD500

Engine: D15.2

*S/N 3003208174*

# Owner's Manual For Stationary Industrial Generators

*Standalone Gas or Diesel*



## **⚠ DANGER**

Asphyxiation. Running engines produce carbon monoxide, a colorless, odorless, poisonous gas. Carbon monoxide, if not avoided, will result in death or serious injury.  
(000103)

## **⚠ WARNING**

Only qualified service personnel may install, operate and maintain this equipment. Failure to follow proper installation requirements could result in death, serious injury, and damage to equipment or property.  
(000182)

**SAVE THIS MANUAL FOR FUTURE REFERENCE**

## Warranty

### United States Environmental Protection Agency Warranty Statement (Stationary Emergency Compression-Ignition Generators)

#### Warranty Rights, Obligations and Coverage

Your emission-related warranty covers only components whose failure would increase an engine's emissions of any regulated pollutant where they are designed, built, and equipped to be free from defects in materials and workmanship under applicable regulations of section 213 of the clean air act. To receive information about how to make an emission-related warranty claim, and how to make arrangements for authorized repairs call 1-800-333-1322 or [www.generac.com](http://www.generac.com). Emission-related warranty claims may be denied without proof of proper maintenance or use, accidents beyond the control of the manufacturer, or act of God. Proper maintenance is specified in the Owner's Manual. Usage is limited to stationary emergency operations and 100 hours per year for maintenance and readiness testing. The warranty period begins when the engine is placed into service. Warranty periods for compression ignition engines greater than 25 horsepower is five years. This warranty is applicable to compression-ignition generator models; equal to and larger than an SD80 starting 1/1/2011, equal to and larger than an SD35 starting 1/1/2012, and all compression-ignition generator models starting 1/1/2013.

#### Important Note

This warranty statement explains your rights and obligations under the Emission Control System Warranty, which is provided to you by Generac pursuant to federal law. Note that this warranty shall not apply to any incidental, consequential or indirect damages caused by defects in materials or workmanship or any delay in repair or replacement of the defective part(s). This warranty is in place of all other warranties, expressed or implied. Specifically, Generac makes no other warranties as to the merchantability or fitness for a particular purpose. Any implied warranties which are allowed by law, shall be limited in duration to the terms of the express warranty provided herein. Some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you.

Local Dealer

(504) 421 - 2705



## Warranty Registration

Products

Serial No.	Item	Description	Product
000000003003208174	D15.2	500KW (15.2L DIESEL, BI-FUEL)	GenSet

Registration

Activation Code:

[Activation Instructions](#)

Purchase Date: n/w

Start-Up 10/18/2018

Date:

Expiration Date:

Dealer

Company Name: Pan American Power Phone: 9858931271

Address: PO BOX 1576

City/State/Zip: COVINGTON, LA US 70434

Start-up

Technician: 00419015

Owner

First Name: Carrington Place

Last Name: Carrington Place

Address: 5301 Tullis Dr

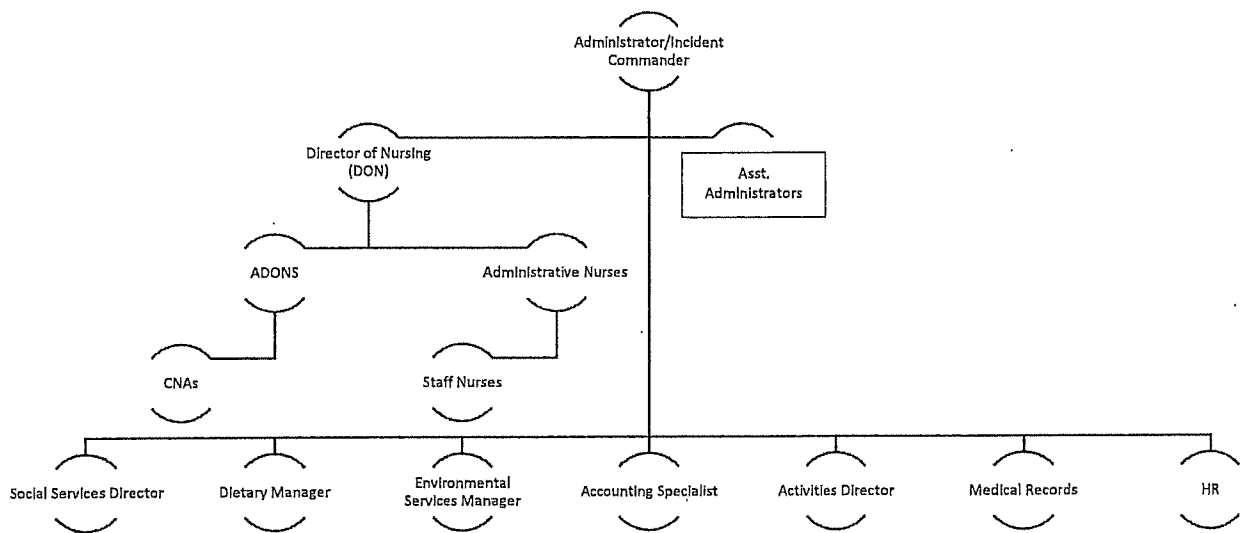
City/State/Zip: New Orleans, LA US 70131-8805

Phone: 5048742491 E-mail: edneworleans@carringtonplaces.com

Date	Time	Location	Weather	Remarks
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## Employees 01/12/2021

This image is a scan of a blank white piece of paper. It contains no text, figures, or tables. There are a few small, dark specks scattered across the surface, which appear to be dust or scanning artifacts.



#### 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.

4/23/2021 12:22	
H - hospital	B-EVACUATION

## 2021 EVACUATION INFO

[illegible]

[illegible]

[illegible]

[illegible]



[illegible]



## Medical Records

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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

River Palms Nursing & Rehab 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):



NURSING & REHAB

River Palms Nursing & Rehab  
5301 Tullis Dr. New Orleans, LA 70131

Phone #: (504) 394-5807  
Fax #: (504) 394-5980

---

February 1, 2020

Dear Responsible Party/Family Member,

As we implement our Emergency Management Plan that has been developed in conjunction with ***Orleans Parish Office of Emergency Management***, we want to update our emergency contact information for you.

In the event of an emergency, we would like to have an alternate number for you on file, if we do not already have it. We would also like to have at least one other person listed that we could contact in the event of an emergency. It would also be helpful to list family members not residing in the general area and/or out of state.

Please remember that in the event of a catastrophic event, phone lines may be down and cell phones inoperable, so we will make every attempt to contact you to inform you of our plans to shelter-in-place or evacuate.

In the event of an evacuation, we have agreements with an alternate care facility to provide care for our residents until we can safely return to our facility location. The address for the alternate facility is ***129 Calhoun Street Independence, LA 70443***.

You also have the option to ***take your loved one home*** during planned evacuations, particularly due to hurricanes. We would provide you with necessary medications, medical supplies, and other items needed. This would be discussed further with you, as we prepared for such an event.

We appreciate your support and cooperation in assisting us in our planning process to ensure our residents and staff members are protected during times of catastrophe.

Please complete the information below for our records:

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

Responsible Party/Family Member: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_



NURSING & REHAB

River Palms Nursing & Rehab  
5301 Tullis Dr. New Orleans, LA 70131

Phone #: (504) 394-5807  
Fax #: (504) 394-5980

Alternate Emergency Contact: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_  
Mobile Telephone: \_\_\_\_\_

Are you or someone in your family willing to take your loved one home during an evacuation?

☐ Yes ☐ No

Please return this information by **February 20, 2019**

***Via mail to:*** \_\_\_\_\_ ***or*** \_\_\_\_\_ ***via fax: (504)394-5980***  
***River Palms Nursing***  
***Attn: Social Services Designee***  
***5301 Tullis Drive, New Orleans, LA 70131***

Feel free to contact the facility at (504)394-5807 for any questions concerning emergency preparedness.

Thank you,

Tamara White, LNFA, MBA, RN  
Administrator  
River Palms Nursing & Rehab

CC: Resident, Resident File

**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, 2021

River Palms  
c/o administrator  
5301 Tullis Dr.  
New Orleans, LA 70131

Re: Evacuation Agreement

Dear Administrator:

In response to a request for verification from River Palms Nursing (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,

DocuSigned by:

*Kevin Spansel*

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Kevin C. Spansel

Community Relations Supervisor  
Acadian Ambulance Service, Inc.

DocuSigned by:

*Jeff Demars*

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1/10/2021 | 1:23 PM PST



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

River Palms Nursing & Rehab (hereinafter referred to as "Facility"), whose address is 5301 Tullis Drive, New Orleans, LA, 70131 and Acadian Ambulance Service of New Orleans, LLC (hereinafter referred to as "Acadian") hereby enter into this agreement effective 3/01/2019 ("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 3/01/2019 and ending on 12/31/2019 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:**

River Palms Nursing & Rehab

5301 Tullis Drive

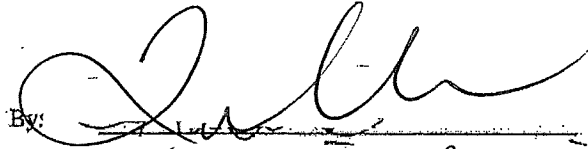
New Orleans, LA 70131

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

Acadian Ambulance Service of New Orleans,  
LLC

River Palms Nursing & Rehab

By: \_\_\_\_\_

By: \_\_\_\_\_

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

Name: Tamara White

Title: \_\_\_\_\_

Title: Admin

Date: \_\_\_\_\_

Date: 2/25/2020

<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	

[illegible]

**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) 362-2020

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: Iberville Oaks Nursing  
59355 River West Drive  
Plaquemine, LA 70764  
(225) 385-4332

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, 2020, and end on February 28, 2021, unless extended by mutual written agreement by the parties hereto.

Signed this 11<sup>th</sup> day of February 2020.

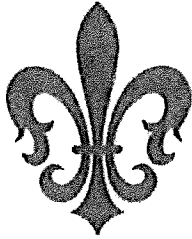
Nicoll's Limousine and Shuttle Service

By: M. Nicoll

Mike Nicoll

LA Health Care Consultants, LLC (LHCC)

By: [Signature]



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

**Year 2021 Hurricane Evacuation Plan**

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

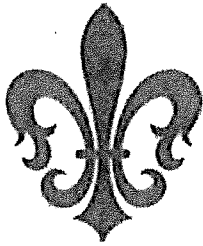
Also, should a disaster occur and you require additional beds for your residents, the following skilled nursing facility beds will be made available to you.

<b><u>Facility</u></b>	<b><u>Address</u></b>	<b><u>Phone</u></b>	<b><u>Bed Availability</u></b>
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



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

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

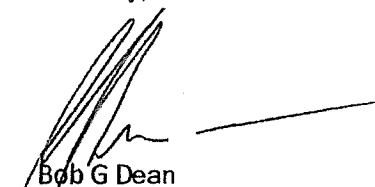
To: ,

- 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

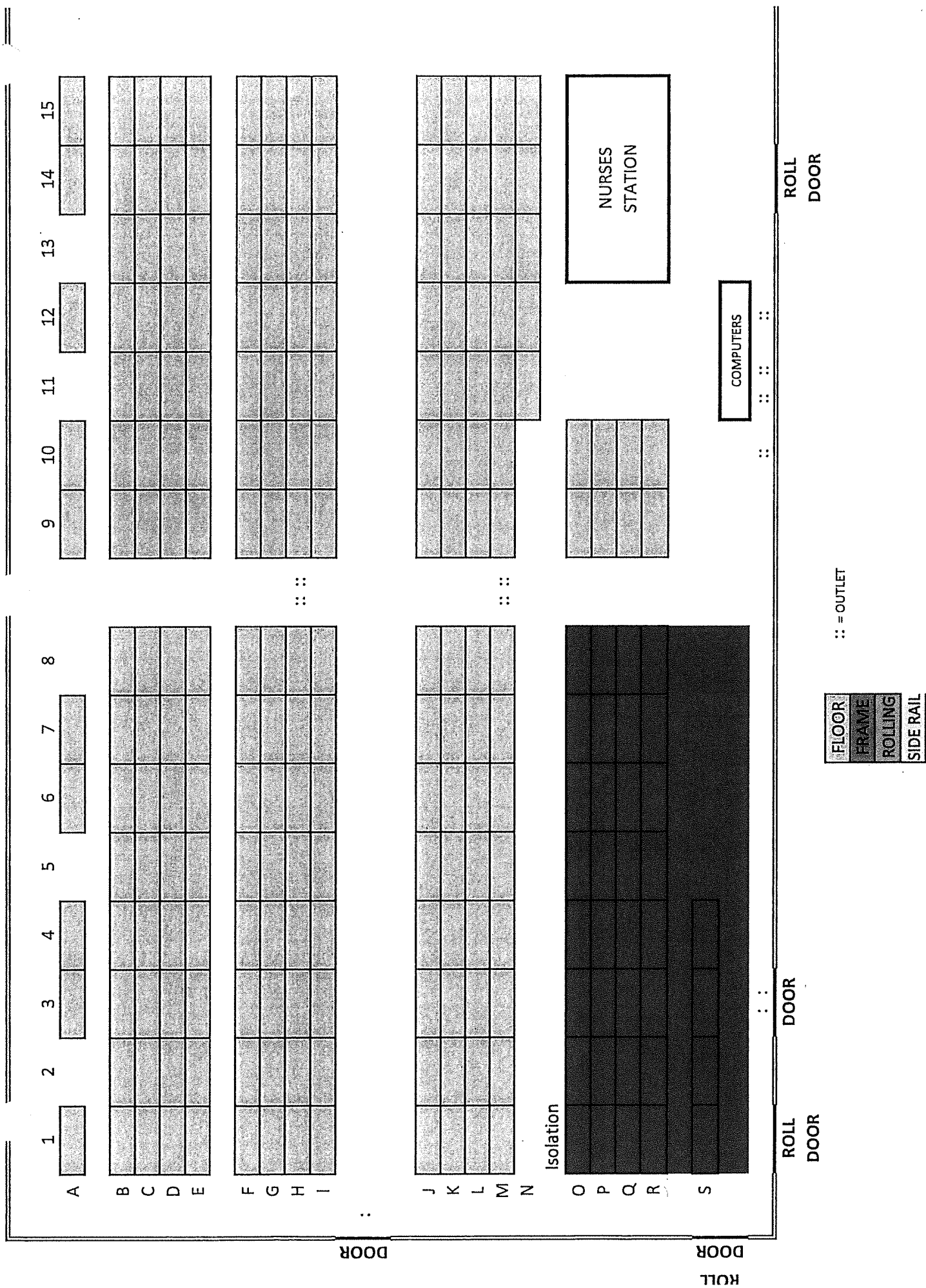
The letter serves as confirmation of our arrangement that in the event of an emergency evacuation. Depending on the acuity of your residents, we have Several different sites in which we will deploy services and residents to.

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

Sincerely,



Bob G Dean  
Man. Member





# YOUR TRIP TO:

129 Calhoun St, Independence, LA 70443-2735



**1 HR 15 MIN | 74.3 MI**

**Est. fuel cost: \$4.89**

Trip time based on traffic conditions as of 12:28 PM on March 18, 2019. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501



1. Start out going **east** on Tullis Dr.

Then 0.04 miles

0.04 total miles



2. Make a **U-turn** onto Tullis Dr.

*If you reach Timber Ct you've gone a little too far.*

Then 0.99 miles

1.03 total miles



3. Tullis Dr becomes Baldwin Woods Rd.

Then 0.31 miles

1.34 total miles



4. Turn **left** onto Behrman Pl/LA-428. Continue to follow LA-428.

Then 0.11 miles

1.45 total miles



5. Take the 1st **right** onto Holmes Blvd.

*Holmes Blvd is just past Baldwin Woods Rd.*

Then 1.48 miles

2.93 total miles



6. Turn **slight right** onto Terry Pkwy.

*Terry Pkwy is 0.1 miles past Appletree Ln.*

Then 0.13 miles

3.06 total miles



7. Merge onto Pontchartrain Expy/US-90 Bus N toward **New Orleans**.

Then 5.07 miles

8.13 total miles



8. Pontchartrain Expy/US-90 Bus N becomes I-10 W.

Then 23.55 miles

31.69 total miles



9. Keep **right** to take I-55 N via EXIT 210 toward **Hammond**.

Then 40.79 miles

72.47 total miles



10. Take the **LA-40** exit, EXIT 40, toward **Independence**.

Then 0.22 miles

72.70 total miles



11. Merge onto LA-40 toward **Independence**.

Then 1.35 miles

74.04 total miles



12. Turn **right** onto E Railroad Ave/LA-40. Continue to follow E Railroad Ave.

Then 0.20 miles

74.25 total miles



13. Take the 3rd **left** onto Calhoun St.

*Calhoun St is just past E 4th St.*

*If you reach Tiger Ave you've gone a little too far.*

Then 0.07 miles

74.32 total miles



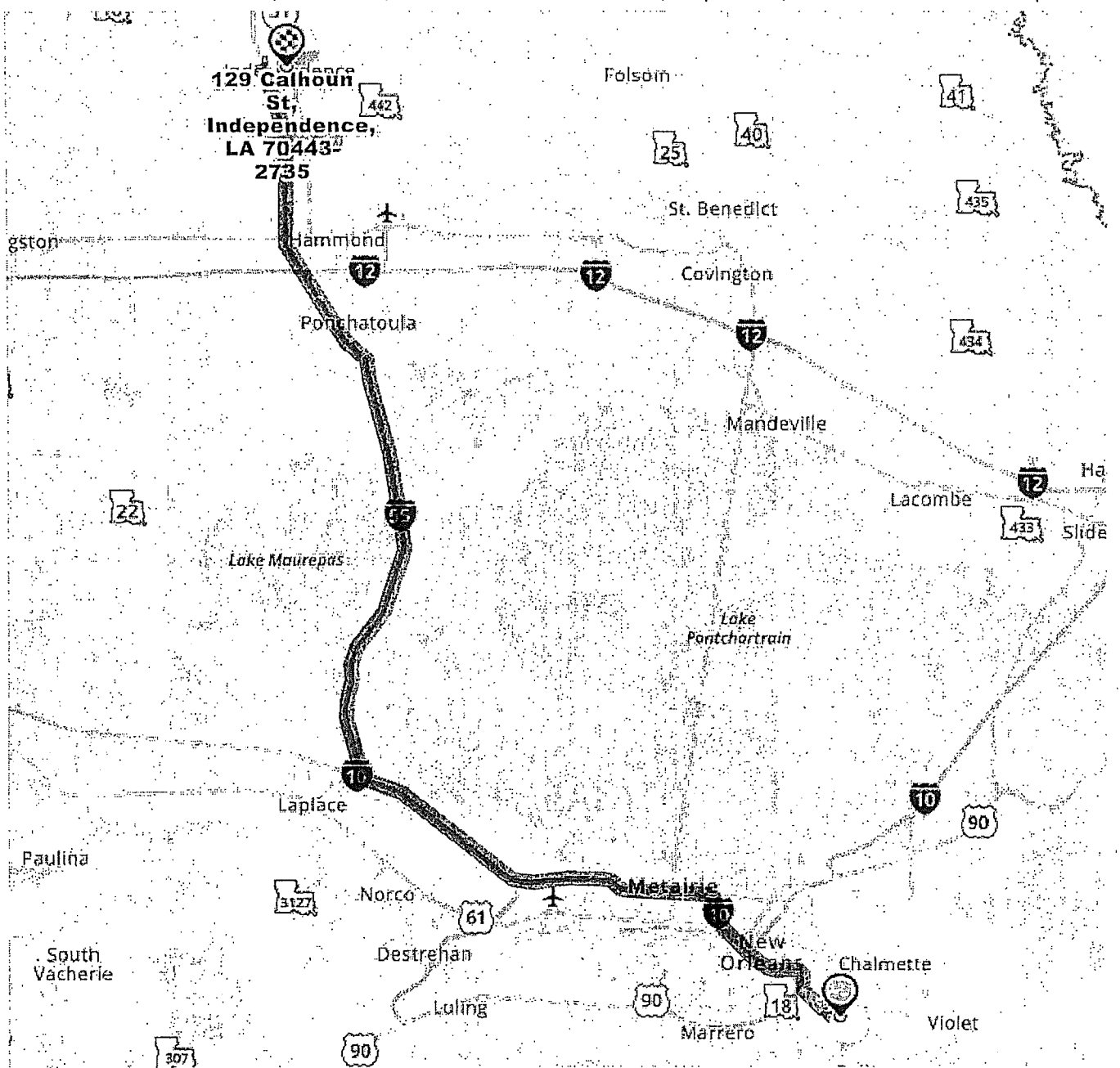
14. 129 Calhoun St, Independence, LA 70443-2735, 129 CALHOUN ST is on the **left**.

*If you reach Cypress St you've gone a little too far.*



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River Palms Nursing & Rehab  
5301 Tullis Dr. New Orleans, LA 70131 Fax (504) 394-5980 NURSING & REHAB

---

Phone (504) 394-5807

January 1, 2021

To: Maison De' Ville of Harvey  
Maison De' Ville of Houma  
Maison Orleans  
Iberville Oaks  
South Lafourche Nursing & Rehab  
West Jefferson Healthcare Center  
Park Place HealthCare

In the event of an emergency, River Palms Nursing & Rehab, located at 5301 Tullis Drive, New Orleans, LA, 70131, will work to accommodate your evacuation needs. The ESF-8 Portal will be updated to reflect census and open beds.

Feel free to utilize the following contact information as needed:

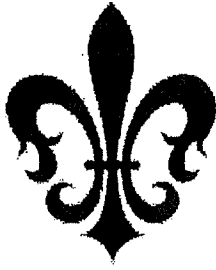
Facility: (504)394-5807

E-Fax: (504)394-5980

24 hour After Hours Contact: (504) 377-8999

Thanks.

Paul Duplessis, LNFA  
Administrator



*Maison De'ville of Harvey*  
NURSING HOME & REHABILITATION

2233 8<sup>TH</sup> STREET  
HARVEY, LA 70058

*A tradition of caring*

(504) 362-9522 PHONE  
(504) 368-4118 FAX

---

**Date:** 02/13/2020

**TO:** Raceland Manor  
Plaquemine Manor  
Maison Deville of Houma  
West Jefferson Healthcare Center  
Uptown Care Center

**From:** Anthony Jones, NFA

**RE:** Emergency Evacuation Procedure

Maison De'ville of Harvey's facility and staff are available for your use if an evacuation event were to occur. Space and care will be made available to your residents and staff in case of any emergency. Please note our phone is 504-362-9522 and fax is 504-263-5099

Sincerely,


Anthony Jones, NFA  
Administrator

*"Family Owned and Operated"*

## YOUR TRIP TO:

2233 8th St

mapquest

**15 MIN | 6.2 MI** **Est. fuel cost: \$0.57**

Trip time based on traffic conditions as of 1:00 PM on March 18, 2019. Current Traffic: Heavy



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501



1. Start out going **east** on Tullis Dr.

Then 0.04 miles

0.04 total miles



2. Make a **U-turn** onto Tullis Dr.

*If you reach Timber Ct you've gone a little too far.*

Then 0.99 miles

1.03 total miles



3. Tullis Dr becomes Baldwin Woods Rd.

Then 0.31 miles

1.34 total miles



4. Turn **left** onto Behrman Pl/LA-428. Continue to follow LA-428.

Then 0.11 miles

1.45 total miles



5. Take the 1st **right** onto Holmes Blvd.

*Holmes Blvd is just past Baldwin Woods Rd.*

Then 1.48 miles

2.93 total miles



6. Turn **slight right** onto Terry Pkwy.

*Terry Pkwy is 0.1 miles past Appletree Ln.*

Then 0.46 miles

3.39 total miles



7. Turn **left** onto Westbank Expy.

Then 0.03 miles

3.42 total miles



8. Turn **slight left** to take the **US-90 Bus W** ramp.

Then 0.28 miles

3.70 total miles



9. Merge onto Westbank Expy/US-90 Bus S.

Then 1.56 miles

5.26 total miles



10. Take **EXIT 6** toward Manhattan Blvd.

Then 0.31 miles

5.57 total miles



11. Merge onto Westbank Expy.

Then 0.08 miles

5.65 total miles



12. Take the 1st right onto Manhattan Blvd.

*If you reach Maple Ave you've gone about 0.3 miles too far.*

Then 0.16 miles

5.81 total miles



13. Turn left onto 8th St.

*If you reach Pine St you've gone about 0.1 miles too far.*

Then 0.41 miles

6.22 total miles



14. 2233 8th St, Harvey, LA 70058-4005, 2233 8TH ST is on the right.

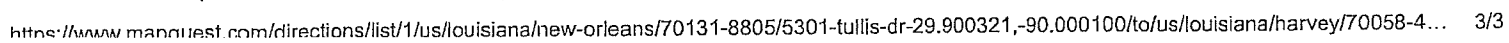
*Your destination is just past Yetta Ave.*

*If you reach Marion Ave you've gone a little too far.*



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# West Jefferson Healthcare Center



*A tradition of caring*

**1020 Manhattan Blvd**

**Harvey, LA 70058**

**Phone: 504-362-2020**

**Fax: 504-362-9620**

February 21, 2020

Re: Emergency Evacuation 2020

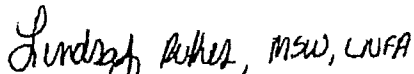
River Palms Nursing & Rehab  
Maison DeVille of Houma  
Maison DeVille of Harvey  
Maison Orleans Healthcare & Rehab  
South Lafourche Nursing & Rehab  
Iberville Oaks Nursing & Rehab

To Whom It May Concern:

West Jefferson Healthcare Center located at 1020 Manhattan Blvd. Harvey, LA. 70058 is at your disposal for use and all evacuation procedures. Space within the facility will be made to you, your residents, and staff in case of an emergency. We will coordinate our open beds with the ESF-8 portals.

Please access the following contact information as needed: Facility phone number: (504) 362-2020. In the event there is an emergency please contact (504) 421-0145.


Sincerely,

  
Lindsay Dukes, MSW, LNFA

## YOUR TRIP TO:

1020 Manhattan Blvd

mapquest

**14 MIN | 5.9 MI** **Est. fuel cost: \$0.54**

Trip time based on traffic conditions as of 12:58 PM on March 18, 2019. Current Traffic: Heavy



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

1. Start out going **east** on Tullis Dr.

Then 0.04 miles ----- 0.04 total miles

2. Make a **U-turn** onto Tullis Dr.*If you reach Timber Ct you've gone a little too far.*

Then 0.99 miles ----- 1.03 total miles



3. Tullis Dr becomes Baldwin Woods Rd.

Then 0.31 miles ----- 1.34 total miles

4. Turn **left** onto Behrman Pl/LA-428. Continue to follow LA-428.

Then 0.11 miles ----- 1.45 total miles

5. Take the 1st **right** onto Holmes Blvd.*Holmes Blvd is just past Baldwin Woods Rd.*

Then 1.48 miles ----- 2.93 total miles

6. Turn **slight right** onto Terry Pkwy.*Terry Pkwy is 0.1 miles past Appletree Ln.*

Then 0.46 miles ----- 3.39 total miles

7. Turn **left** onto Westbank Expy.

Then 0.03 miles ----- 3.42 total miles

8. Turn **slight left** to take the **US-90 Bus W** ramp.

Then 0.28 miles ----- 3.70 total miles



9. Merge onto Westbank Expy/US-90 Bus S.

Then 1.56 miles ----- 5.26 total miles

10. Take **EXIT 6** toward **Manhattan Blvd**.

Then 0.31 miles ----- 5.57 total miles



11. Merge onto Westbank Expy.

Then 0.08 miles ----- 5.65 total miles



12. Take the 1st left onto Manhattan Blvd.

*If you reach Maple Ave you've gone about 0.3 miles too far.*

Then 0.26 miles

5.91 total miles



13. 1020 Manhattan Blvd, Harvey, LA 70058-4626, 1020 MANHATTAN BLVD.

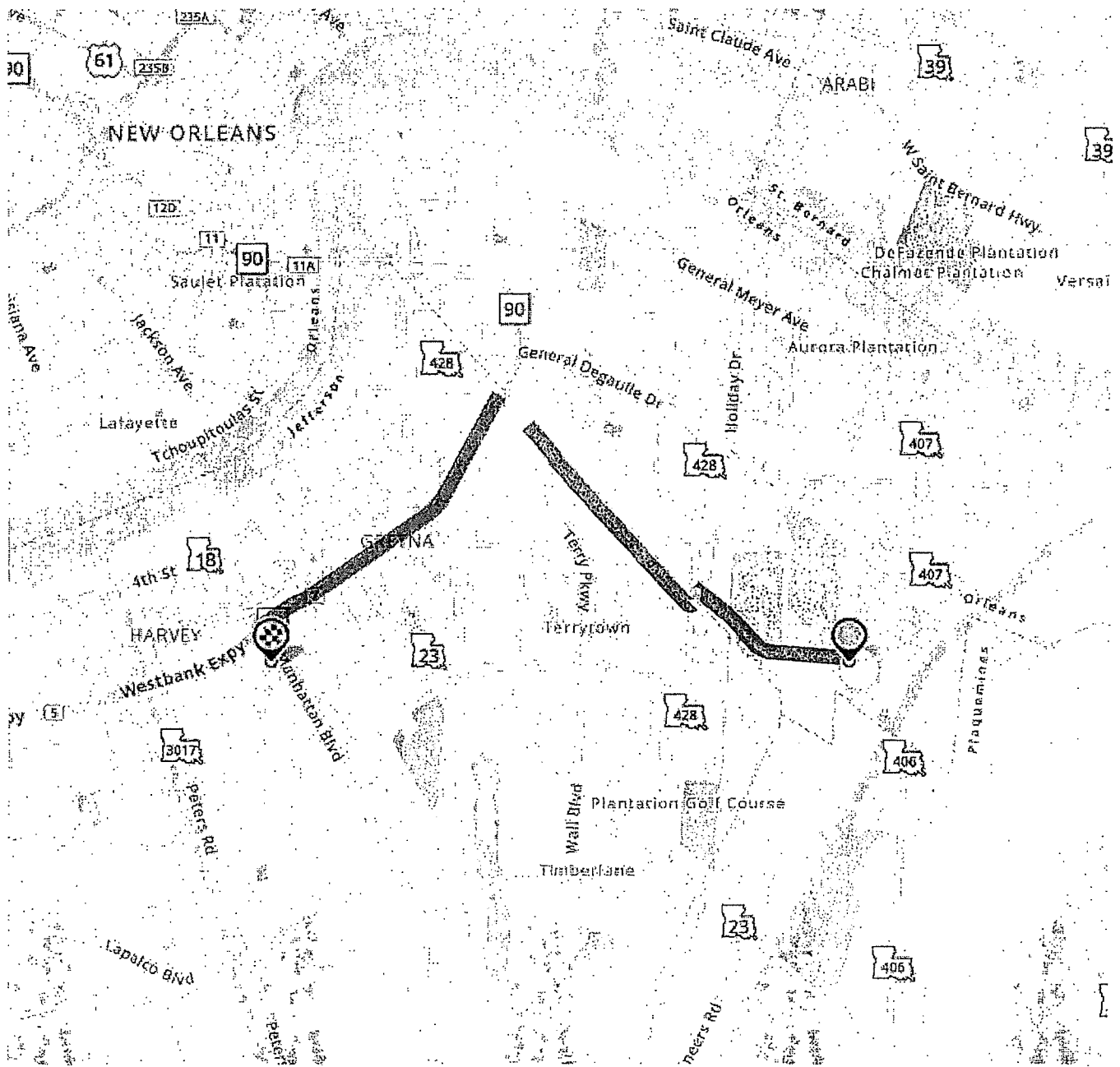
*Your destination is 0.2 miles past Westbank Expy.*

*If you reach Apache Dr you've gone a little too far.*



Save to My Maps

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## Maison Orleans Healthcare

NURSING HOME & REHABILITATION

1420 GENERAL TAYLOR STREET  
NEW ORLEANS, LA 70115

*A tradition of caring*

(504) 895-7755 PHONE  
(504) 355-4876 FAX

---

January 27, 2020

Re: Emergency Evacuation for 2020

Iberville Oaks Nursing & Rehab  
South Lafourche Nursing & Rehab  
Maison DeVille of Harvey  
Maison DeVille of Houma  
West Jefferson Healthcare Center  
River Palms Nursing & Rehab

To Whom It May Concern:

Maison Orleans Healthcare and Rehabilitation located at 1420 General Taylor St. New Orleans, LA. 70115 is at your disposal for use of any and all evacuation procedures. Space within the facility will be made available to you, your residents, and staff in case of an emergency. We will coordinate our open beds with the ESF-8 Portals.

Please access the following contact information as needed: Facility phone number: (504) 895-7755, 24- hour emergency number is (205) 7465550.

Sincerely,

*Kim Russell LNFA*

Kim N Russell, RN, LNFA

*"Family Owned and Operated"*

## YOUR TRIP TO:

1420 General Taylor St

**16 MIN | 8.4 MI** **Est. fuel cost: \$0.78**

Trip time based on traffic conditions as of 1:02 PM on March 18, 2019. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501



1. Start out going **east** on Tullis Dr.

Then 0.04 miles ..... 0.04 total miles



2. Make a **U-turn** onto Tullis Dr.

*If you reach Timber Ct you've gone a little too far.*

Then 0.99 miles ..... 1.03 total miles



3. Tullis Dr becomes Baldwin Woods Rd.

Then 0.31 miles ..... 1.34 total miles



4. Turn **left** onto Behrman Pl/LA-428. Continue to follow LA-428.

Then 0.11 miles ..... 1.45 total miles



5. Take the 1st **right** onto Holmes Blvd.

*Holmes Blvd is just past Baldwin Woods Rd.*

Then 1.48 miles ..... 2.93 total miles



6. Turn **slight right** onto Terry Pkwy.

*Terry Pkwy is 0.1 miles past Appletree Ln.*

Then 0.13 miles ..... 3.06 total miles



7. Merge onto Pontchartrain Expy/US-90 Bus N toward **New Orleans**.

Then 2.80 miles ..... 5.86 total miles



8. Take the **Camp St** exit.

Then 0.39 miles ..... 6.25 total miles



9. Turn **right** onto Andrew Higgins Dr.

*If you reach Camp St you've gone a little too far.*

Then 0.07 miles ..... 6.32 total miles



10. Take the 1st **right** onto Magazine St.

*If you reach Constance St you've gone a little too far.*

Then 0.09 miles ..... 6.42 total miles



11. Take the 1st **right** onto Calliope St.

*Calliope St is just past Poeyfarre St.*

Then 0.09 miles

6.50 total miles



12. Turn **left** onto Margaret Pl.

*If you reach Saint Charles Ave you've gone a little too far.*

Then 0.09 miles

6.59 total miles



13. Margaret Pl becomes Prytania St.

Then 1.81 miles

8.40 total miles



14. Turn **right** onto General Taylor St.

*General Taylor St is just past Peniston St.*

*If you reach Constantinople St you've gone a little too far.*

Then 0.04 miles


8.44 total miles



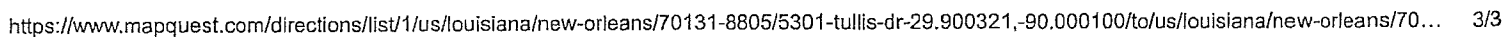
15. 1420 General Taylor St, New Orleans, LA 70115-3718, 1420 GENERAL

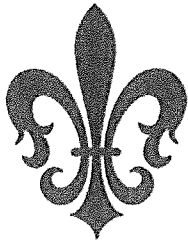
TAYLOR ST is on the left.

*If you reach Pitt St you've gone a little too far.*

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# MAISON DE'VILLE of HOUMA

## Nursing Home & Rehabilitation

107 South Hollywood Rd  
Houma, LA 70360

(985) 876-3250 main  
(985) 873-0046 fax

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January 1, 2021

RE: Emergency Evacuation for 2021

Maison Deville of Harvey

Maison Orleans Healthcare

West Jefferson Health Care Center

River Palms Nursing and Rehab

South Lafourche Nursing and Rehab

Park Place Nursing and Rehab

To Whom It May Concern:

Masion Deville Nursing Home of Houma is at your disposal for use of any and all evacuation procedures. Space within the facility will be made available to you, your residents and staff in case of emergency. We will coordinate our open beds with the ESF-8 Portals.

Sincerely,

William Daigre



## YOUR TRIP TO:



107 S Hollywood Rd

**1 HR 20 MIN | 58.0 MI** **Est. fuel cost: \$3.81**

Trip time based on traffic conditions as of 12:38 PM on March 18, 2019. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

1. Start out going **east** on Tullis Dr.

Then 0.04 miles ..... 0.04 total miles

2. Make a **U-turn** onto Tullis Dr.

*If you reach Timber Ct you've gone a little too far.*

Then 0.99 miles ..... 1.03 total miles



3. Tullis Dr becomes Baldwin Woods Rd.

Then 0.31 miles ..... 1.34 total miles

4. Turn **left** onto Behrman Pl/LA-428. Continue to follow LA-428.

Then 0.11 miles ..... 1.45 total miles

5. Take the 1st **right** onto Holmes Blvd.

*Holmes Blvd is just past Baldwin Woods Rd.*

Then 1.48 miles ..... 2.93 total miles

6. Turn **slight right** onto Terry Pkwy.

*Terry Pkwy is 0.1 miles past Appletree Ln.*

Then 0.46 miles ..... 3.39 total miles

7. Turn **left** onto Westbank Expy.

Then 0.03 miles ..... 3.42 total miles

8. Turn **slight left** to take the **US-90 Bus W** ramp.

Then 0.28 miles ..... 3.70 total miles



9. Merge onto Westbank Expy/US-90 Bus S.

Then 8.58 miles ..... 12.28 total miles



10. Merge onto US-90 W toward Raceland.

Then 36.19 miles ..... 48.46 total miles

11. Take the **LA-182** exit, **EXIT 210**, toward Houma.

Then 0.31 miles ..... 48.78 total miles



12. Keep left to take the ramp toward Houma.

Then 0.05 miles ..... 48.83 total miles



13. Turn left onto Highway 182/LA-182.

Then 6.91 miles ..... 55.74 total miles



14. Turn slight right onto N Hollywood Rd.

*If you reach Palm Ave you've gone about 0.5 miles too far.*

Then 0.51 miles ..... 56.25 total miles



15. Take the 1st right to stay on N Hollywood Rd.

*If you are on Williams Ave and reach 6th St you've gone about 0.2 miles too far.*


Then 1.76 miles ..... 58.01 total miles



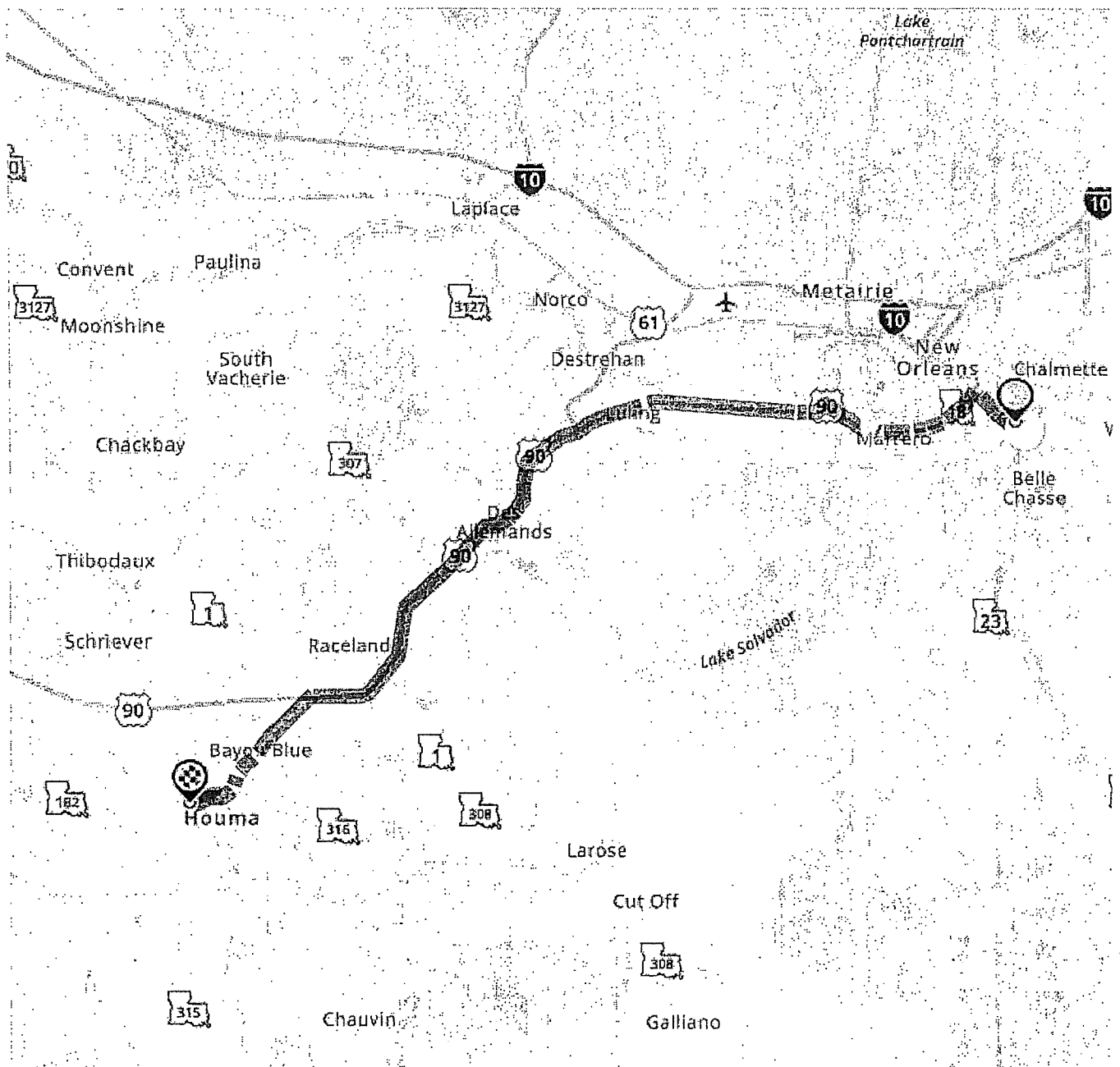
16. 107 S Hollywood Rd, Houma, LA 70360-2714, 107 S HOLLYWOOD RD.

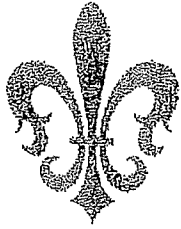
*Your destination is just past W Main St.*

*If you reach Martin Luther King Jr Blvd you've gone a little too far.*

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# South Lafourche Nursing and Rehab

146 East 28th St  
Cutoff, LA 70364

(985) 693-1045 main  
(985) 693-1011 fax

February 7th, 2019

RE: Emergency Evacuation for 2019

Iberville Oaks Nursing and Rehab  
South Lafourche Nursing and Rehab  
Maison DeVillie of Harvey  
Maison DeVillie of Houma  
West Jefferson Healthcare  
Maison Orleans  
River Palms Nursing & Rehab

To whom it may Concern:

South Lafourche Nursing and Rehab located at 146 East 28th St Cutoff, LA 70364 is at your disposal for use of any and all evacuation procedures. Space within the facility will be made available to you, your residents, and staff in case of emergency. We will coordinate our open beds with the ESF-8 Portals.

Please access the following contact information as needed: Facility phone number: (985) 693-1045

24 hour emergency number(s) Bob Duet (985) 856-8005.

Sincerely,

Bob J. Duet, NFA

## YOUR TRIP TO:



146 E 28th St, Cut Off, LA 70345-2207

**1 HR 27 MIN | 64.2 MI** **Est. fuel cost: \$4.22**

Trip time based on traffic conditions as of 12:34 PM on March 18, 2019. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

1. Start out going **east** on Tullis Dr.

Then 0.04 miles ..... 0.04 total miles

2. Make a **U-turn** onto Tullis Dr.*If you reach Timber Ct you've gone a little too far.*

Then 0.99 miles ..... 1.03 total miles



3. Tullis Dr becomes Baldwin Woods Rd.

Then 0.31 miles ..... 1.34 total miles

4. Turn **left** onto Behrman PI/LA-428. Continue to follow LA-428.

Then 0.11 miles ..... 1.45 total miles

5. Take the 1st **right** onto Holmes Blvd.*Holmes Blvd is just past Baldwin Woods Rd.*

Then 1.48 miles ..... 2.93 total miles

6. Turn **slight right** onto Terry Pkwy.*Terry Pkwy is 0.1 miles past Appletree Ln.*

Then 0.46 miles ..... 3.39 total miles

7. Turn **left** onto Westbank Expy.

Then 0.03 miles ..... 3.42 total miles

8. Turn **slight left** to take the **US-90 Bus W** ramp.

Then 0.28 miles ..... 3.70 total miles



9. Merge onto Westbank Expy/US-90 Bus S.

Then 8.58 miles ..... 12.28 total miles



10. Merge onto US-90 W toward Raceland.

Then 31.76 miles ..... 44.03 total miles

11. Take the **LA-308** exit, **EXIT 215B**, toward Raceland.

Then 0.33 miles ..... 44.37 total miles



12. Turn left onto Highway 308/LA-308.

Then 17.34 miles ..... 61.70 total miles



13. Turn left onto E Main St/LA-308.

*E Main St is 0.2 miles past Twin Oaks Trl.*

*If you are on W 15th St and reach W Main St you've gone a little too far.*

Then 2.33 miles ..... 64.03 total miles



14. Turn left onto E 25th A St.

*E 25th A St is 0.1 miles past E 27th Pl.*

*If you reach E 26th Pl you've gone a little too far.*

Then 0.10 miles ..... 64.13 total miles



15. Take the 1st left onto E 28th St.

*If you reach the end of E 29th St you've gone about 0.7 miles too far.*

Then 0.04 miles ..... 64.17 total miles



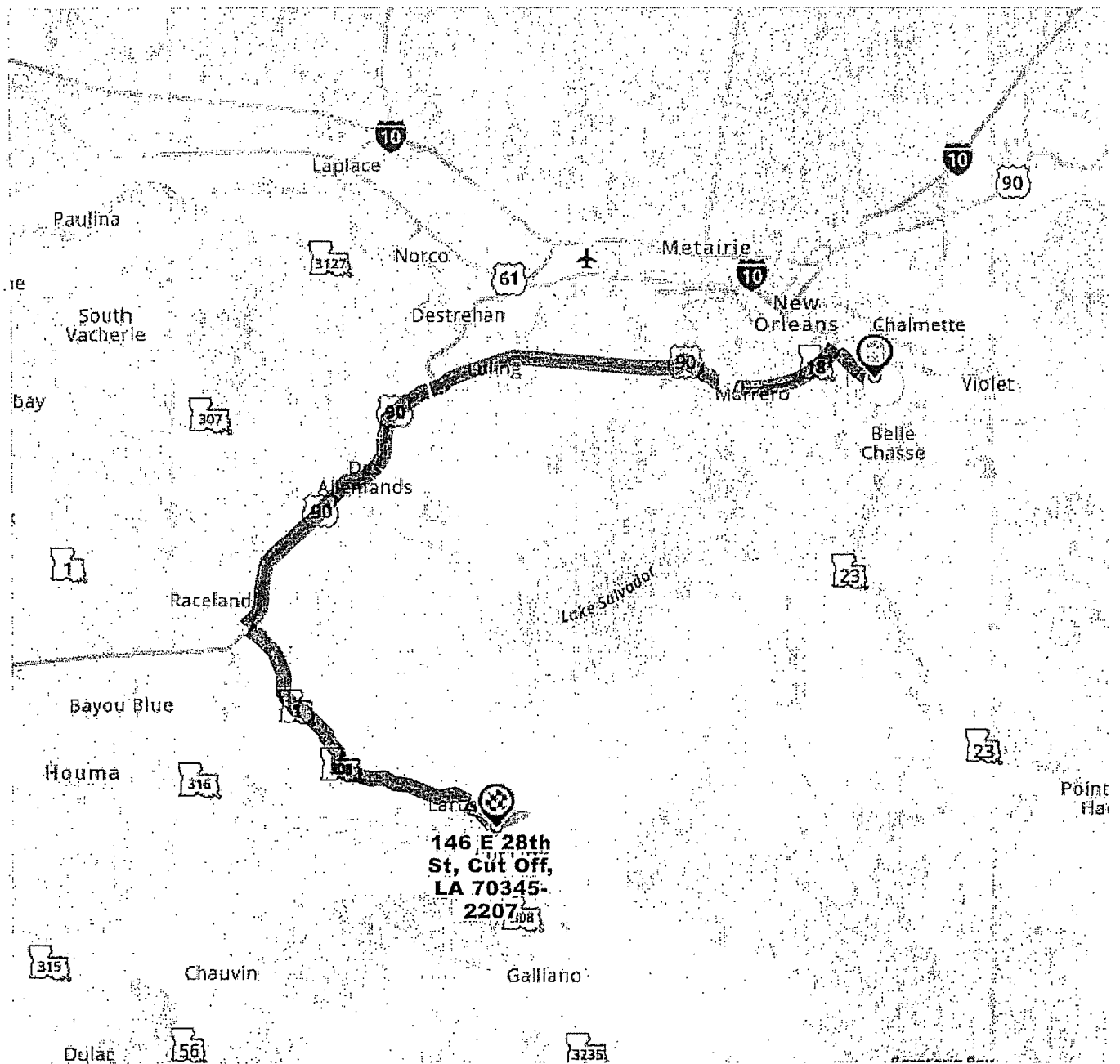
16. 146 E 28th St, Cut Off, LA 70345-2207, 146 E 28TH ST is on the right.

*If you are on E 25th A St and reach E Main St you've gone about 0.8 miles too far.*



Save to My Maps

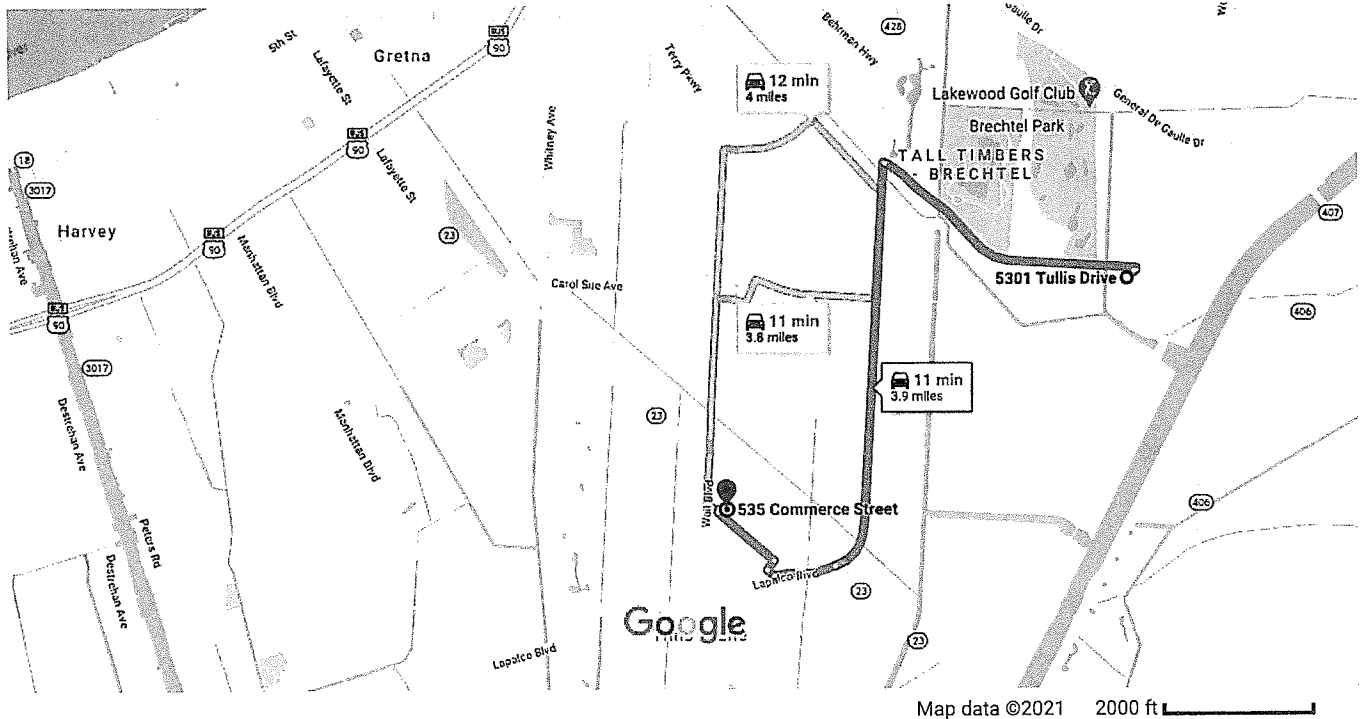
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5301 Tullis Drive, New Orleans, LA to 535  
Commerce St, Gretna, LA 70056

Drive 3.9 miles, 11 min



## 5301 Tullis Dr

New Orleans, LA 70131

### Follow Tullis Dr to LA-428 S

- ↑ 1. Head east toward Tullis Dr  
4 min (1.4 mi)
- ➡ 2. Turn right onto Tullis Dr  
220 ft
- ↺ 3. Make a U-turn at Timber Haven Dr  
56 ft
- ↺ 4. Make a U-turn at Timber Haven Dr  
1.3 mi

### Continue on LA-428 S to Timberlane

- ↺ 5. Use the left 2 lanes to turn left onto LA-428 S  
6 min (2.1 mi)
  - 📍 Pass by Waffle House (on the left in 0.3 mi)
- ↑ 6. Continue straight onto Lapalco Blvd  
1.9 mi
  - 📍 Pass by McDonald's (on the right)
- ↑ 7. Continue straight onto Lapalco Blvd  
0.3 mi

### Take Commerce St to your destination



- 2 min (0.5 mi)
- 6. Turn right onto Willowbrook Dr  
217 ft
  - 7. Turn right onto Ochsner Blvd  
276 ft
  - ⬅ 8. Turn left onto Commerce St  
0.3 mi
  - 9. Turn right  
92 ft
  - 10. Turn right  
Destination will be on the right  
82 ft

## 535 Commerce St

Gretna, LA 70056

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.

## RESIDENT EVACUATION CHECKLIST

River Palms Nursing & Rehab 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.

<b>Resource</b>	<b>Quantity</b>	<b>Location</b>
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.

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- 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	8 oz	Milk	17624	8 oz	Milk	17624
	4 oz	Beverage	11900	2 ea	Cookies	12292	1 pkt	Graham Crackers	22796
				4 oz	Beverage	11900	4 oz	Beverage	11900

# Facility Status Checklist – EOP

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

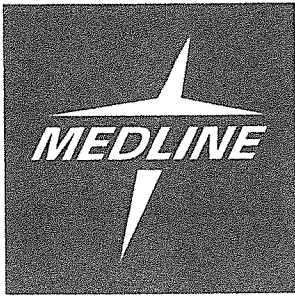
7. SYSTEM STATUS CHECKLIST (CONTINUED)		
INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
CAMPUS ROADWAYS	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL 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	

L<

OTHER _____	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NONFUNCTIONAL NA	
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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	





# 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

## PURPOSE AND SCOPE

Medline Industries, Inc. is committed to our customers' needs in time of crisis. Our substantial investment in specialized equipment, systems and other resources has allowed us to actively and immediately respond to a wide range of disasters over the past years, playing a key or leading role for our customers in many of them. This Disaster Preparedness and Response Plan contains general, but key, information pertaining to Medline's readiness, capabilities, and service parameters in the event and/or anticipation of a disaster including a pandemic epidemic. Medline maintains a proprietary, internal, detailed plan that is used during activation of the Disaster Response Team.

This Disaster Preparedness and Response Plan provides guidance for customers who are developing their own response plan. This information should be used in conjunction with your own Internal Supply Chain Team and your Director of Emergency Preparedness, along with any of your other internal (Infection Control, Legal, Occupational Health, etc.) and external (Governmental, Homeland Security, State Police, Other 3rd Parties, etc.). Medline is available to coordinate with these internal and external teams and resources for discussion and planning purposes, in addition to working with them in times of disaster.

A Disaster Preparedness checklist can be found on Page 6 of this document. The checklist was developed to help customers prepare for a catastrophic event and includes pre- and post-event recommendations.

There is a Medline Customer Service and Operations Key Contact List on page 7. This list identifies individuals within our organization who are dedicated to meeting your needs. Branch information on page 8 is included to reassure you that Medline is well positioned to protect continuity of service. Combined, this information should help your customer partner with Medline before, during, and after catastrophic events.

Medline Operations and Inventory Management encourage you to escalate calls whenever you experience a breakdown in communication. Our expert team is dedicated to serving your needs.

## 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.

# MEDLINE EMERGENCY ACTION PLAN

In the event of a disaster or other crisis, Medline will activate its Emergency Action Plan or EAP. The Corporate Disaster Response Team (DRT) is preapproved by the Medline Board of Directors to take whatever actions and commit whatever resources (financial and operational) are required to respond in a manner consistent with Medline's Mission, Vision, and Core Values.

### Medline's Disaster Response Team (DRT)

The DRT will meet in our Disaster Response Center to determine the nature and scope of the event and initiate an appropriate response.

The DRT consists of the following: President of Global Operations, CIO, Sales EVP, VPs' Operations, VP Inventory Management, VPs' Transportation, Director of Customer Service, and the Director Operations and Warehouse Manager of affected, distribution centers and their back-up centers.

The President Global Operations or Region VP Operations will lead the DRT and utilize the detailed internal disaster plan for the specific disaster and assign action items to each member of the DRT, who will then engage all internal and external resources that are part of their response plan.

The DRT or members of the team will be dispatched to the affected site by air, if it is determined that would be more effective.

The DRT will continue to meet twice daily to reassess the situation and redirect resources when and where appropriate. This will include communications discussed below.

### Customer Communications

1. Once the nature and scope of the event is determined, the VP of Operations and the local Distribution Center Director will contact Senior Sales person(s) for the geographical area. Please note that Medline Operations sends notifications to Customer Service and Field Sales in advance and tracks any disasters that can be anticipated.
2. The Senior Sales person and VP Operations will contact customers (contacts and methods of communication vary by Customer and Request) to determine short and long term critical needs.
3. Based on Customer requirements and intensity of event, plans will be developed to ensure the requested inventory is delivered as early as possible to ensure continuity of business. All members of the DRT will be utilized (Transportation, Inventory Management, IS, Customer Service.) Please note that before we even get customer orders (except for Standing Emergency Orders which we strongly encourage customers to consider), we have already begun redirecting additional inventory to the affected area.
4. If any portion of the plan changes for any reason, the Medline VP Operations is accountable to notify Medline Senior Sales and the customer to discuss cause of change and develop alternative actions. Most of these communications occur during the twice daily Internal Medline DRT Calls and pre or post calls can also be made to any Customers who so request.

## 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.

# Disaster Preparedness Checklist

- ☐ Identify your needs now. What are the special needs of your patient population? Will that population change in the event of a disaster (i.e. more long-term care needs vs. outpatient surgery)? What happens when the nursing home around the corner gets shut down or can no longer accommodate patients?
- ☐ Establish product formularies for multiple contingencies. Try to have alternates or pre-approved or "qualified" substitutes for the most critical items.
- ☐ Work with your Medline rep to prepare a pre-approved substitution list for any critical custom sterile or non-sterile kit.
- ☐ Prepare your emergency order(s) in advance. Your Medline rep can help you develop a par level of commonly ordered items or those most likely needed in responding to a particular disaster. Medline has systems in place to block, for review, orders that exceed historical usage for a customer, distribution center or geographic region. This mechanism is in place to prevent hoarding during the response phase of any disaster. Stockpiling in preparation of a disaster is encouraged and your Medline rep can help you with programs designed to mitigate the expense of carrying additional inventory. Many customers prefer the security of having additional inventory on-hand but lack the storage space to "stock-up". Medline can help arrange a trailer with supplies of your choosing and stage it at your facility. (Account will be responsible for trailer detention and appropriate return/restocking fees should the inventory not be utilized.)
- ☐ Place standing purchase orders. Medline will retain standing orders to release under a set of prior agreed to circumstances unless otherwise notified.
- ☐ Make copies! Keep hardcopies of all product formularies and their corresponding par levels, emergency orders ready to be placed and standing PO's you may have already placed. Make sure others that need to know will know where to find them and what needs to be done.
- ☐ If a disaster is imminent place your orders early - 96 hours in advance if possible, 72 hours at the latest. The closer we get to an impending disaster or a known danger the more difficult it becomes for us to do everything for everyone.
- ☐ Consolidate your orders. Multiple orders can potentially slow operations.
- ☐ Think about how supplies will get to you. Identify a back-up receiving area. Make sure other plans don't get in the way of your own. Are you prepared to handle alternate or flexible delivery times (after hours, weekends, etc.)?
- ☐ Designate a point person. Who in your facility is responsible for your disaster preparedness plan? Who is the person that will lead your facility's response? Who in your facility is responsible for coordinating with your suppliers for supply chain continuity? Your Medline rep will continue to be your primary contact for the coordination of all orders, deliveries, backorder relief as well as special needs just as they are today. Make sure your rep knows who to contact and how, and if that person isn't available, and that person, ...
- ☐ Provide a list of all facility emergency contact numbers to your Medline representative. This will ensure communication channels remain open.
- ☐ Know who to call at Medline. In addition to your Medline sales rep the only number you need is 1-800-MEDLINE.

## 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

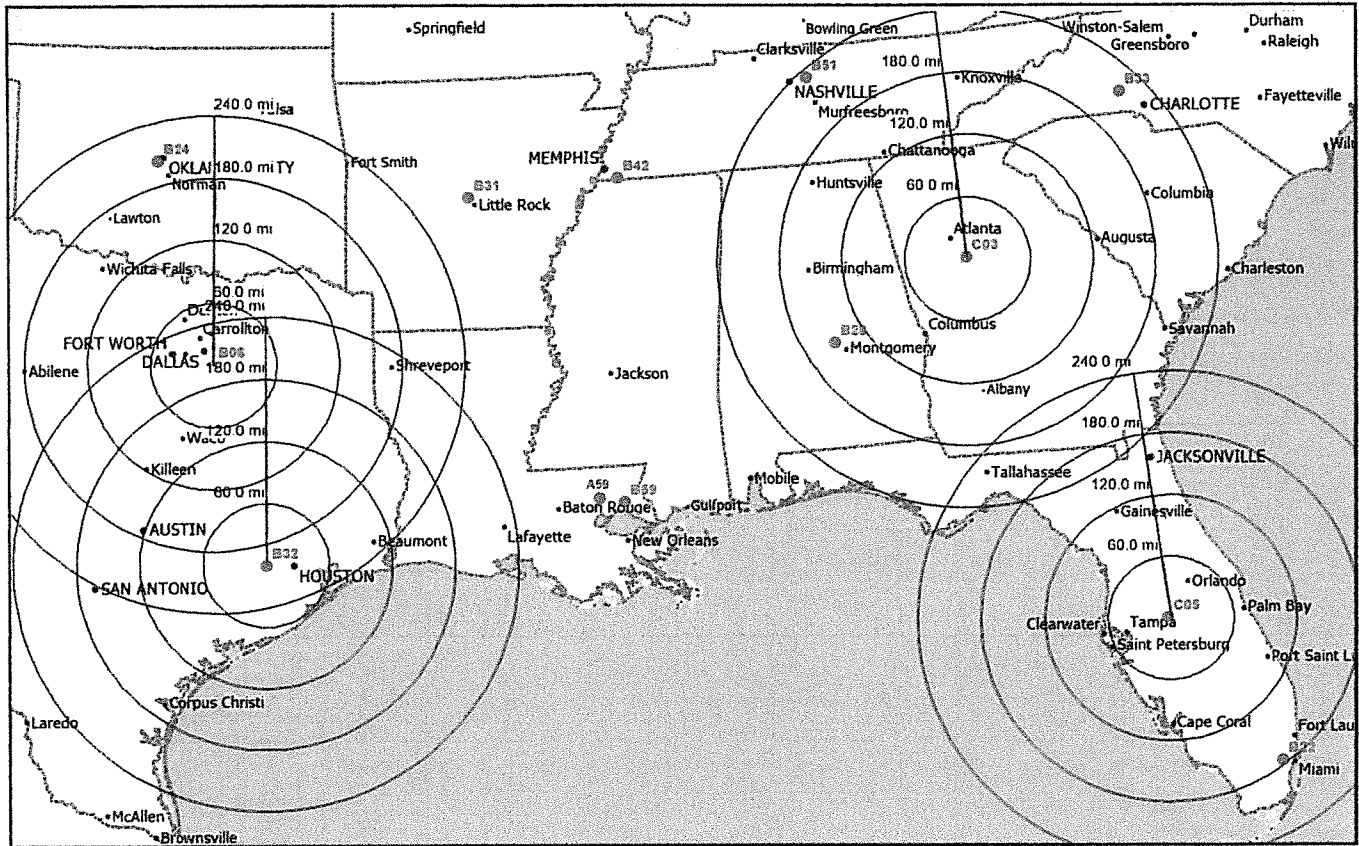
Medline's customer service department is available 24 hours a day, 365 days a year for assistance with emergency orders.

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).

# Disaster Preparedness and Response Plan

## GULF COAST DISTRIBUTION CENTERS



McDonough, GA – C03  
1500 Medline Drive  
McDonough, GA 30253

Auburndale, FL – C05  
1062 Old Dixie Highway  
Auburndale, FL 33823

Wilmer, TX – B06  
1 Medline Drive  
Wilmer, TX 75172

Medley, FL – B22  
9670 NW 112th Ave.  
Medley, FL 33178

Oklahoma City, OK – B24  
8001 SW 47th Street  
Oklahoma City, OK 73179

Prattville, AL – B28  
735 County Road 4 East  
Prattville, AL 36067

Maumelle, AR – B31  
500 Sharkey Dr  
Maumelle, AR 72113

Katy, TX – B32  
501 Commerce Parkway  
Katy, TX 77494

Memphis, TN – B42  
4500 Mendenhall Road  
Memphis, TN 38141

Hammond, LA – A59  
19230 Hipark Blvd  
Hammond, LA 70403

Covington, LA – B59  
149 New Camellia Blvd.  
Covington, LA 70433



# **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. Lefeaux, CEO

February 10, 2021

  
Signature

Plaza Holdings LLC.

CFO

Title

02/24/2021

Date

**WESTPORT LINEN SERVICES  
EMERGENCY LINEN ADDENDUM**

(Effective January 22, 2019 – February 28, 2021)

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:

South Lafourche Nursing and Rehab – previously Raceland Manor  
146 E 28th St  
Cut Off, LA 70345

Iberville Oaks Nursing and Rehab- previously Plaquemine Manor Nursing Home  
59355 River West Dr Plaquemine, LA 70764

Maison Deville Nursing Home  
107 S. Hollywood RD  
Houma, LA

West Jefferson Healthcare Center  
1020 Manhattan Blvd  
Harvey, LA 70058

Maison Deville of Harvey  
2233 8th St  
Harvey, LA 70058

Maison Orleans previously Uptown Healthcare  
1420 General Taylor  
New Orleans, LA 70115

If activated the Evacuation site addresses are as follows:

59355 River West Dr  
Plaquemine, LA 70764

24320 Ferdinand St  
Plaquemine LA 70769

129 Calhoun St  
Independence, LA 70764

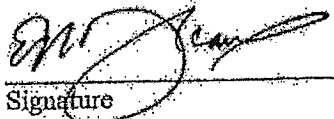
Prices are \$.60 per pound received by Westport.

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.

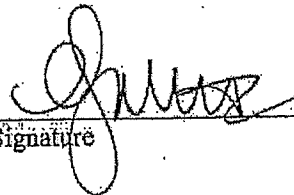
Invoice Billing is weekly and to be paid with a Credit Card submitted to Westport on first day of service.

  
Signature

Westport Linen Services, LLC.

COO  
Title

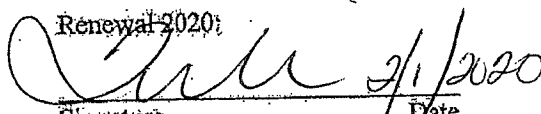
1/31/19  
Date

  
Signature

Plaza Holdings, LLC.

COO  
Title

1/31/2019  
Date

Renewal 2020:  
  
Signature Date  
Admin  
Title

Signature Date  
Title

Renewal 2021:

Signature Date

Title

Signature Date

Title

Emergency Medications Agreement

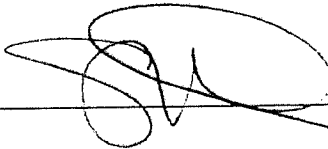
This agreement is entered into between River Palms and Peoples Drug Store. During emergency situations, Peoples Drug Store will provide medications to the facility to ensure that a 7-day supply of medication for each resident is on-hand at the facility. This agreement will remain in effect for a period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

\_\_\_\_\_  
River Palms

5301 Tullis Drive

New Orleans, LA 70131

Date: \_\_\_\_\_

  
\_\_\_\_\_  
Peoples Drug Store

7869 Main Street

Houma, LA 70360

Date: 2/2/2021

# **Peoples Drug Store**

**Phone 985-873-8003**

**Fax 985-873-8541**

Our driver leaves at 5:30PM. If you know you are getting an admission, please let us know and we can detain her to include your delivery.

## **After hours phone numbers**

\*\*\* For any refill or new order that can wait until the next morning, call the pharmacy number and leave a detailed message on the answering machine. Please let us know if you need the medication before our regular delivery.

## **For medication emergencies, call:**

Jarrold      Cell 985-438-0055

Ronnie      Cell 985-860-1316

Susan      cell 985-381-2995

## **Store Hours**

Mon-Thurs 8:00 AM to 6:30 PM

Fri 8:00 to 6:00 PM

Sat 8:00 to 5:00 PM

Sunday Closed



TERM SHEET FOR  
DIRECT BILL OPPORTUNITIES

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CLIENT INFORMATION

LEGAL NAME OF CLIENT: People's Drugs

TYPE OF CLIENT: Other

IF HEALTH SYSTEM: WALGREENS RELATIONSHIP WITH HEALTH SYSTEM:

IF OTHER: SPECIFY TYPE OF CLIENT: Pharmacy

GOVERNMENT FUNDED: ☐ YES ☒ NO IF YES: FUNDING ENTITY:

TAX EXEMPT: ☐ YES ☒ NO IF YES: ATTACH TAX FORM (REQUIRED TO IMPLEMENT TAX EXEMPTION).

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CLIENT CONTACT INFORMATION

CONTACT: Susan Brunet POSITION: Owner TELEPHONE: 985-873-8526 FAX: 985-873-8541 E-MAIL: jacesjaces@bellsouth.net  
NOTICE ADDRESS: 7869 Main Street CITY: Houma STATE: LA ZIP CODE: 70360

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BILLING INFORMATION

☒ SAME AS CLIENT CONTACT INFORMATION

BILLING CONTACT: TELEPHONE: FAX: E-MAIL:  
BILLING ADDRESS: CITY: STATE: ZIP CODE:

ELECTRONIC MONTHLY INVOICE: ☒ YES ☐ NO

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PLAN INFORMATION

Walgreens is NOT able to offer coordination of benefits, kits, or mail services.

TYPE OF AUTHORIZATION:

SERVICE AREA (Please provide all applicable State, City & State, County & State, or Store Number(s)): 6637 and 5040

EXPECTED PRESCRIPTION VOLUME: MAXIMUM DAYS' SUPPLY:

REFILLS ALLOWED: ☐ YES ☒ NO

COMPOUNDS INCLUDED: ☒ YES ☐ NO

OVER-THE-COUNTER DRUGS INCLUDED: ☒ YES ☐ NO

IF YES: SOFT DME INCLUDED: ☒ YES ☐ NO

IF YES: DIABETIC SUPPLIES: ☒ YES ☐ NO

PRICING: BRANDS: U&C + \$0

GENERIC: U&C + \$0

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COMMENTS

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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



# REINHART FOODSERVICE OF LOUISIANA EMERGENCY CALL LIST

New Orleans Division			
Toll Free Phone Number	800-488-3988	Fax	504-734-5270
Local Phone Number	504-733-5200		
HEALTHCARE SALES TEAM - NEW ORLEANS DIVISION			
		EXT	CELL PHONE
Shannon Hayes, RD, LDN	Healthcare Regional Manager	527339	225-288-1279
Adrienne Uffman, RD, LDN	Southeast Louisiana	527302	225-715-8227
Dawn Arceneaux, RD, LDN	South Central Louisiana	527320	337-344-9767
Candice Faler, RD, LDN	New Orleans/North Shore/Mississippi	527353	985-778-8449
Angel Schlotterbeck, CDM, CFPP	Southwest/Central Louisiana	528319	318-230-1341
Lydia Hampton, RD, LDN			
Dawn LeBlanc, RD, LDN			
Customer Service Team - New Orleans Division			
Lori Nunez	Manager/Healthcare Customer Svc	527736	
Dawn Sisung	Inside Sales	527743	
Jeannette Lemoine	Inside Sales - Healthcare	527703	
Senior Management - New Orleans Division			
Gil Tynes	Vice President of Sales	527336	228-861-9730
Steve Mills	Director of Operations	527794	602-616-6947
Steven Wood	Area President - RFS Louisiana	527707	504-202-7276

Shreveport Division			
Toll Free Phone Number	800-256-1336	HC Fax	318-213-5119
Local Phone Number	318-869-3061	Fax	318-213-5105
HEALTHCARE SALES TEAM - SHREVEPORT DIVISION			
		EXT	CELL PHONE
Tiffany Wenzel, RD/LD	Healthcare Regional Manager	528322	817-320-4614
Klm Branch, RD, LDN	North Louisiana	528316	318-518-3721
Angel Schlotterbeck, CDM, CFPP	Southwest/Central Louisiana	528319	318-230-1341
Jennifer Hoffman, RD/LD	Northeast Texas	528317	713-301-6360
Elsie Sielen	Central/South Texas	528320	214-507-9229
Vice President of Healthcare Sales - RFS of Louisiana			
Healthcare Menu Systems Coordinator - RFS of Louisiana			
Customer Service Team - Shreveport Division			
Tami Rutten, CDM, CFPP	Healthcare Specialist/Inside Sales	528224	
Regina Ross	Healthcare Customer Service	528227	
Senior Management - Shreveport Division			
Bret Dunnaway	Vice President of Sales	528202	601-209-6555
Ken Elkins	Director of Operations	528209	318-393-7780
Michael Buvid	General Manager	528200	573-202-9414

vised: 1/26/2015



**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

# 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).



# 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.

- 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.

## 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.

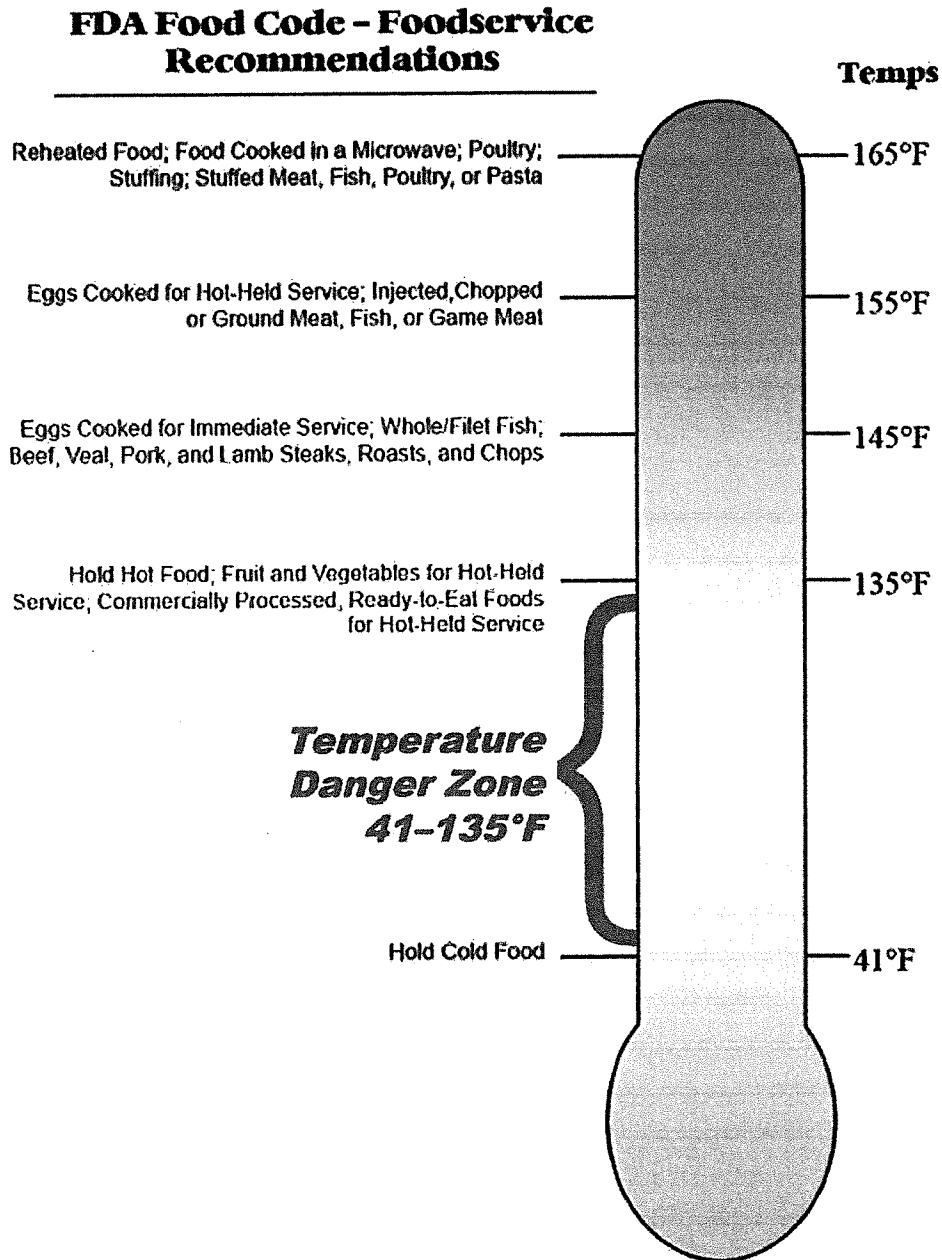
### Three Day Disaster Menu (Note: Item# will vary by Operating Center)

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.



# 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.

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

## 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:

## 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  $\geq 17$

## Emergency Supply Kit

### Food Preparation Supplies:

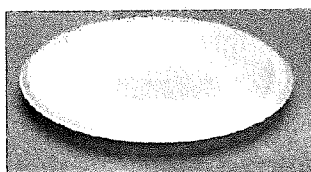
- ☐ Water: seven-day supply - 1 gallon of water per person per day\*  
(\*Note: This recommendation may vary so check with your local/state authorities)
- ☐ Food: seven-day supply of non-perishable food
- ☐ Manual can opener for food
- ☐ Extra supplements
- ☐ Paper cups, plates and plastic utensils, 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)



**Side Plates**

Plate Foam 6" Non Laminated White  
RFS# B1790

8/125Cnt



**Foam Cup**

Cup Foam 8 Ounce White  
RFS# 12996

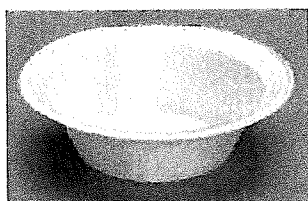
40/25Cnt



**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



performancefoodservice.com

# 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

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.



## Hazards Vulnerability Assessment Tool

EVENT	PROBABILITY				RISK				PREPAREDNESS			INSURANCE		TOTAL	
	HIGH	MEDIUM	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUPTION	MODERATE DISRUPTION	LOW DISRUPTION	POOR	FAIR	GOOD	COVERED	NOT COVERED	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	✓	✓	
NATURAL EVENTS															
Hurricane	3					4						1	+		
Tornado		2				4						1	+		
Severe thunderstorm	3					4						1	+		
Snowfall			1			4					2		+		
Blizzard			1			4					2		+		
Ice storm			1		5						2		+		
Earthquake				0	5						2			+	
Tidal wave/tsunami			1		5						2			+	
Temperature extremes	3				5							1	+		
Drought	3				5							1		+	
Flood, external	3					4						1	+		
Wildfire				0	5					3				+	
Landslide				0	5					3				+	
Volcano				0	5					3				+	
Epidemic/pandemic			1			4						1	+		
Dam failure				0		4				3				+	
Explosion/munitions			1		5					3			+		
Nuclear Power Plant Incident			1		5					3			+		
Insert Other															
HUMAN EVENTS															
Elopement		2					3					1		+	
Workplace violence		2				4						1		+	
Security threat/Cyber Attack	3					4						1	+		
Haz-Mat exposure, external			1			4					2			+	
Active Shooter	3				5							1	+		
Pandemic/COVID-19	3				5						2				

## Hazards Vulnerability Assessment Tool

EVENT	PROBABILITY				RISK					PREPAREDNESS			INSURANCE		TOTAL
	HIGH	MEDIUM	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUPTION	MODERATE DISRUPTION	LOW DISRUPTION	POOR	FAIR	GOOD	COVERED	NOT COVERED	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	✓	✓	
Terrorism, chemical			1		5					3	2	1		+	
Terrorism, biological			1		5						2			+	
Hostage situation			1			4					2			+	
Civil disturbance/ community violence		2					3					1		+	
Labor action			1				3			3				+	
Bomb threat			1				3				2			+	
Insert Other															
<b>TECHNOLOGICAL EVENTS</b>															
Electrical failure			1			4						1	+		
Generator failure			1			4						1	+		
Transportation failure			1									1	+		
Fuel shortage			1									1	+		
Natural gas failure			1									1	+		
Water failure			1									1	+		
Sewer failure			1									1	+		
Steam failure			1									1		+	
Fire alarm failure			1									1	+		
Communications failure			1									1	+		
Medical gas failure			1									1		+	
Medical vacuum failure			1									1		+	
HVAC failure		2										1	+		
Information systems failure		2										1	+		
Fire, internal			1									1	+		
Flood, internal			1									1	+		

## Hazards Vulnerability Assessment Tool

EVENT		PROBABILITY				RISK				PREPAREDNESS			INSURANCE		TOTAL
	HIGH	MEDIUM	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUPTION	MODERATE DISRUPTION	LOW DISRUPTION	POOR	FAIR	GOOD	COVERED	NOT COVERED	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	✓	✓	
Haz-Mat exposure, internal			1			4						1	+		
Unavailability of supplies	3					4					2			+	
Structural damage			1				3					1	+		
Insert Other															

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# HAZARD AND VULNERABILITY ASSESSMENT TOOL

## NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	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%
Tornado	2	2	2	2	3	3	3	52%
Severe Thunderstorm	3	1	2	1	2	2	2	61%
Snow Fall	1	1	1	1	3	3	3	22%
Blizzard	0	0	0	0	0	0	0	0%
Hurricane	3	2	2	2	1	1	1	50%
Earthquake	0	0	0	0	0	0	0	0%
Heat/Humidity	3	1	1	1	3	3	3	67%
Drought	0	0	0	0	0	0	0	0%
Flood, External	3	1	1	1	2	3	3	61%
Wild Fire	0	0	0	0	0	0	0	0%
Landslide	0	0	0	0	0	0	0	0%
Epidemic	3	3	1	3	2	2	2	72%
<b>AVERAGE SCORE</b>								
	1.13	0.69	0.63	0.69	1.00	1.06	0.88	11%

\*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.11	0.38	0.28

- 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.

# 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.

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.  |

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 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?

## 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>.



Products & Services Agreement  
**River Palms Nursing & Rhb-BDE**

Ben Krejcarek  
Senior Account Manager  
(877) 553-5868  
bkrejcarek@directs.com

# Products & Services Agreement

## River Palms Nursing & Rhb-BDE

Direct Supply Equipment & Furnishings  
A Division of Direct Supply, Inc.  
6767 North Industrial Road  
Milwaukee, WI 53223  
DirectSupply.com

February 12, 2021

Project: 10206615 - River Palms Nursing and Rehab Rental Conversion

Paul DuPlessis  
River Palms Nursing & Rhb-BDE  
5301 Tullis Dr  
New Orleans, LA 70131-8805

Dear Paul:

We're pleased to submit the following Products & Services Agreement to River Palms Nursing & Rhb-BDE. Please find attached the following information about your project:

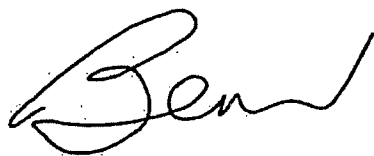
- Signature Page
- Why You Should Buy from Direct Supply
- Cost Summary & Payment Terms
- Product & Service Details

Please review all of this information carefully and call me with any questions. If everything is acceptable, please sign on the following page and return it to me by:

- Fax: 877-450-3764; or
- Email: PS@Directs.com

Thank you for your business. Your satisfaction is our #1 priority.

Sincerely,



**Ben Krejcarek**  
Senior Account Manager  
(877) 553-5868  
bkrejcarek@directs.com

## Products & Services Agreement

# River Palms Nursing & Rhb-BDE

## Signature Page

February 12, 2021

Project: 10206615

Quote Number: 10464297

Total Quote: \$28,640.31

### Terms & Conditions

Our Standard Terms and Conditions (<https://www.directsupply.com/legal/products-services-agreement/>) are incorporated into this Agreement and apply to your purchase from Direct Supply.

By signing below, the above-named Customer acknowledges and agrees that:


- Customer has reviewed, understands, and agrees to the entire document ("Agreement"), including our Standard Terms and Conditions linked above, which apply to Customer's purchase.
- Customer has read and confirmed the products, quantities, model numbers, colors, prices, specifications, warranties, services, fabrics, freight, logistics and all other terms and conditions.
- No handwritten or other changes by Customer will apply to the prices, payment terms, extension of credit, or any other terms and conditions unless pre-approved in writing by our Vice President.
- This Agreement will become the full, final and binding contract between us with respect to the subject matter described herein once this document is signed or acknowledged (e.g. email) by customer or once we ship products or perform services, whichever comes first.

Each person signing below represents that they have the authority to bind the entity named below.

#### Direct Supply Equipment & Furnishings

A Division of Direct Supply, Inc.

By:



Ben Krejcarek

Senior Account Manager

(877) 553-5868

bkrejcarek@directs.com

Accepted by: River Palms Nursing & Rhb-BDE

By:

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

(Please Print)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

EIN: \_\_\_\_\_

☐ Please check this box if you (customer) do not own the property on which this project will be performed. If you are not the owner, please list the name and address of the owner below.

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

Once you have signed above, you may return just this page by:

Fax: 877-450-3764; or Email: PS@DirectSupply.com

## The Direct Supply® Difference

Direct Supply genuinely appreciates this opportunity to present our proposal to River Palms Nursing & Rhb-BDE. We believe that the products and services outlined in the following pages will best meet your needs for an efficient and cost-effective completion of your project. Our proposal incorporates a number of key features designed to ensure your complete satisfaction, including the following:

<b>Dedicated Account Team</b>	<b>Support that saves you time and money.</b> When you partner with Direct Supply, you not only get a dedicated account manager for each of your communities, but also a complete team of professionals dedicated to ensuring total satisfaction at every level of your organization. In addition to assisting with all day-to-day ordering needs and product questions, we work proactively with our vendors to ensure customer service issues are tracked and resolved in a timely manner, saving you time and money along the way.
<b>Expertise</b>	<b>Choose the right products for you.</b> Well-versed in the changing regulatory landscape, our dedicated staff is available to help you identify regulatory requirements for your products, address equipment questions, and gather product documentation. We also carefully evaluate the products we sell to make sure they meet our rigorous standards for quality, durability and value. We stay on top of critical industry standard trends and survey requirements so you can focus on providing residents the best care.
<b>Purchasing Power</b>	<b>Leverage our buying power for increased savings.</b> As the nation's largest supplier of goods and services to the senior care profession, Direct Supply is your single source for the highest quality products at an amazing value. That's because we combine the purchasing power of customers like you and work closely with our respected manufacturing partners to take the cost out of healthcare.
<b>Manufacturer-Direct Shipping</b>	<b>Get your products faster and for less.</b> Almost all of our products ship directly from manufacturers and their warehouses to ensure quick delivery. Because we arrange drop shipping direct from the manufacturer, you can expect shorter delivery times and low freight.
<b>Lifetime Support</b>	<b>Reduce your total cost of ownership.</b> Direct Supply provides lifetime support for every piece of furniture or equipment you purchase from us. Through our support with everything from selection, delivery and installation to warranty tracking, maintenance and ultimately retirement, we can reduce your total cost of ownership by ensuring you get the most out of your products for as long as you own them.
<b>Industry Advocacy</b>	<b>Invest in your future.</b> At Direct Supply, we know that when you succeed, we succeed. That's why we invest in your future by being a persistent and passionate advocate in our nation's capital, leading and supporting the most important efforts that are shaping national policy in senior care. When you buy from us, you invest in the future of the profession.
<b>Customer Satisfaction</b>	<b>Guaranteed.</b> With Direct Supply, you can rest assured that your complete satisfaction is our #1 priority. We want to make sure you always have a great customer experience, so you'll come back to us again and again. You have our word on it.

## Cost Summary & Payment Terms

<b>Products &amp; Services:</b>	<b>Total (est.):</b>	<b>\$25,718.00</b>
<b>Freight &amp; Delivery Services:</b>	<b>Total (est.):</b>	<b>\$491.96</b>
	<b>Tax (est.):</b>	<b>\$2,430.35</b>
	<b>Grand Total:</b>	<b>\$28,640.31</b>

### Payment Terms

Payment terms and any extension of credit will depend on a final credit review by us. Please note that the dollar amount above reflects package pricing and may include estimates for freight and tax. Additional costs or charges may apply if you change the scope of the project, request additional products or services, the delivery or service dates are delayed, tariffs are imposed on the products after the date of this Agreement, or as provided in the attached Standard Terms & Conditions. \* Please note that this pricing is valid for the earlier of 30 days or December 31 of this year, and any shipping charges are estimates and may be subject to change.

### Freight

Common carrier shipment from manufacturer to your facility. Facility will be responsible for accepting and inspecting all products signed under this Agreement. Upon delivery, please count all packages to confirm that the proper number has arrived as per the Bill of Lading. Note any shortages and/or damages on the delivery receipt, and contact us regarding any shortages and/or damages within 48 hours of the delivery date.

### Liftgate

A liftgate is required to remove the products off the truck to the ground, and may be an additional charge, unless the facility is equipped with a truck height loading dock. Please specify if your facility has a truck height loading dock at the time of order, if not a liftgate will be required.

### Payment Options

Get the equipment you need now, and pay over time! Low monthly payments may be available with financing options from Direct Supply's financing partners. Contact your account manager for details.

Products & Services Agreement

# River Palms Nursing & Rhb-BDE

## Product Details

Quote: 10464297

Item #: 33790	Panacea® Original Foam Mattress Bariatric, 48"W x 84"L x 7"H	Qty: 3 Each	Price: \$420.00	Ext. Price: \$1,260.00
Item #: 58625	Panacea® 6300 Bariatric Bed, Quick Ship, 3 Function, Laminate Panels, Assist Devices, 39-48iWx80-88iL, 750lb Capacity	Qty: 1 Each	Price: \$2,689.00	Ext. Price: \$2,689.00
Item #: 92731	Alternating Pressure Pump For Panacea® Convertible and Panacea® SoftTurn	Qty: 20 Each	Price: \$144.00	Ext. Price: \$2,880.00
Item #: C4856	Panacea® Convertible 9 Cell Air Mattress with Heel Slope, 48"W x 84"L x 7"H	Qty: 3 Each	Price: \$1,287.00	Ext. Price: \$3,861.00
Item #: E1584	Panacea® Convertible 9 Cell Air Mattress with Heel Slope, 35"W x 80"L x 6"H	Qty: 17 Each	Price: \$884.00	Ext. Price: \$15,028.00



## **Transfer Agreement**

This agreement is made and entered into by and between River Palms Nursing & Rehab, L.L.C., New Orleans, La, a limited liability company (hereinafter called "River Palms"), and Ochsner West Bank Hospital, Gretna, La (hereinafter called OWB).

Whereas, both River Palms and OWB desire, by both means of this agreement, to assist and the parties hereto in the treatment of trauma patients (e.g., burn, traumatic brain injuries, spinal cord injuries, and other emergent acute situations); and whereas the parties specifically wish to facilitate: (a) the timely transfer of patients and information necessary or useful in the care and treatment of trauma or emergent patients transferred, (b) the continuity of the care and treatment appropriate to the needs of trauma and/or emergent patients, and (c) the utilization of knowledge and other resources of both facilities in a coordinated and cooperative manner to improve the professional health care trauma patients.

It is, therefore, agreed by and between the parties as follows:

1. Patient transfer: The need for transfer of a patient from River Palms to OWB shall be determined and recommended by the patient's attending physician in such physician's own medical judgment. When a transfer is recommended as medically appropriate, trauma or emergent patient at River Palms shall be transferred and admitted to OWB as promptly as possible under the circumstances, provided that beds and other appropriate resources are available. Acceptance of the patient by OWB will be pursuant to admission policies and procedures of OWB.

2. River Palms agrees that it shall:

- a. Notify OWB as far in advance as possible of transfer of a trauma and/or emergent patient.
- b. Transfer to OWB the personal effects, including money and valuables and information relating to the same.
- c. Make every effort within its resources to stabilize the patient to avoid all immediate threats to life, limbs, or acute distress. If stabilization is not possible, River Palms shall either establish that the transfer is the result of an informed written request of the patient or his/her surrogate or shall have obtained a written certification from a physician that the medical benefits expected from the transfer outweigh the increased risk of transfer.
- d. Affect the transfer to OWB through qualified personnel and appropriate transportation equipment, including the use of necessary and medically appropriate life support measures.

3. River Palms agrees to transmit with each patient at the time of transfer, or in the case of emergency, as promptly as possible thereafter, pertinent medical information and records necessary to continue the patient's treatment and to provide identifying and other information.

4. OWB agrees to state where the patient is to be delivered and agrees to provide information about the type of resources it has available.

5. Bills incurred with respect to services performed by either party to the Agreement shall be collected by the party rendering such services directly from the patient, third party, and neither party shall have any liability to the other for such charges.

6. This agreement shall be effective from the date of execution and shall continue in effect indefinitely. Either party may terminate the agreement on the thirty (30) days in writing to the other party. If either party shall have its license to operate revoked by state, this Agreement shall terminate on the date such revocation becomes effective.

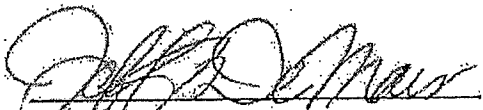
7. Each party to the agreement shall be responsible for its own acts and omissions and those employees and contractors and shall not be responsible for the acts and omissions of the other Institutions.

8. Nothing in this agreement shall be construed as limiting the right of either to affiliate or contract with any hospital or nursing home on either limited or general basis while this agreement is in effect.

9. Neither party shall use the name of the other in any professional or advertising material unless review and written approval of the intended use shall first be obtained from the party whose name is to be used.

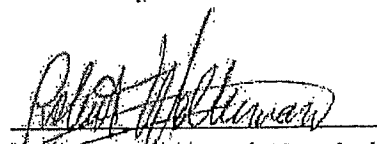
10. This agreement shall be governed by the laws of the state of Louisiana. Both parties agree to comply with the Emergency Medical Treatment and Active Labor Act of 1986, and the Health Insurance Portability and Accountability Act of 1996 and the rules now and hereafter promulgated thereunder.

11. This agreement may be modified or amended from time to time by mutual agreement of the parties, and any such modification or amendment shall be attached to and become part of the Agreement.

  
River Palms Nursing & Rehab, L.L.C.

Printed Name : Jeff DeMars, LNFA

03-01-2019

  
Ochsner West Bank Hospital

Printed Name: Robert Wolterman, CEO

03-01-2019

# IN-SERVICE TRAINING RECORD

RETAIN FOR THREE YEARS

Date: February 26, 2021

Presented By: Paul DaPlessis

Subject:

Infection Control (See Attachments)

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## PERSONS ATTENDING

Print Name	Signature

## IN-SERVICE TRAINING RECORD

**RETAIN FOR THREE YEARS**

**Date: February 26, 2021**

**Presented By:** \_\_\_\_\_

**Subject:**

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PERSONS ATTENDING

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

ings we are doing to help stop COVID-19 from entering and spreading in the facility:

1. Limited Visitation – see current policy
2. Screening everyone who enters – anyone with symptoms of COVID-19 or a temperature >100.0 must leave. If you are not feeling well, call before coming to work - we are following LDH/CDC guidance regarding continue to work and returning to work.
3. Everyone must wear a mask while in the building. Staff can not wear cloth masks as PPE, KN95 are recommended when within 6 feet of residents.
  - a. Residents should wear masks when out of their room (cloth mask okay if there is a limited supply of surgical masks). If the residents refuse, nursing needs to continue to encourage mask use, document and care plan refusal.
4. Everyone (staff and residents) encouraged to remain 6 feet apart
5. Group dining and scheduled group activities – only with strict infection control practices (masks & social distancing). May be canceled if covid activity has increased in the building.
6. Assure all residents have hand hygiene prior to eating. Assure staff uses hand sanitizer between assisting residents with feeding.
7. NO eating at nurses' stations.
8. Increased monitoring for all residents: twice daily temperatures and oxygen saturation levels, every shift check for COVID-19 signs and symptoms
  - a. Symptoms (last updated by CDC 5/13/2020):
    - i. Cough
    - ii. Shortness of breath or difficulty breathing
    - iii. Fever or chills
    - iv. Fatigue
    - v. Muscle or body aches
    - vi. Headache
    - vii. Sore throat
    - viii. New loss of taste or smell
    - ix. Congestion or runny nose
    - x. Nausea or vomiting
    - xi. Diarrhea
    - xii. Emergency warning signs: trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face
9. Assure hand hygiene upon entry into building, before and after contact with residents. Assure residents complete hand hygiene prior to eating and at any time returning to the building.
10. Residents who have identified symptoms are to be isolated and tested asap. If positive – alternate housing will be arranged. To return to the building resident must meet criteria to discontinue transmission-based precautions per CDC (at least 10 days from positive test or symptom onset AND at least 1 day without fever AND symptoms are improving)
11. New Admits and/or Re-admits (not previous positive) or 90 days post infection – Increased monitoring and quarantine x 14 days: Full set of vital signs daily, temps twice daily, oxygen saturation twice daily. (this does not apply to routine appointments. This does apply to ER visits and hospital/rehab returns)
12. Any resident with suspected symptoms and/or roommates of a resident who tests positive will be placed on isolation – contact and droplet – recommend N95 or higher, gown and face shield.
13. All resident clothing being laundered in-house
14. Increase general housekeeping to high touch areas twice daily.
  - a. Complete disinfection to any empty or unoccupied resident rooms.
15. Staff and resident COVID-19 surveillance testing will be conducted at least weekly and as needed
16. When available, COVID-19 vaccine will be offered to staff and residents

For COVID-19 facility updates, please  
call : 504 323 5845 24/7

# Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

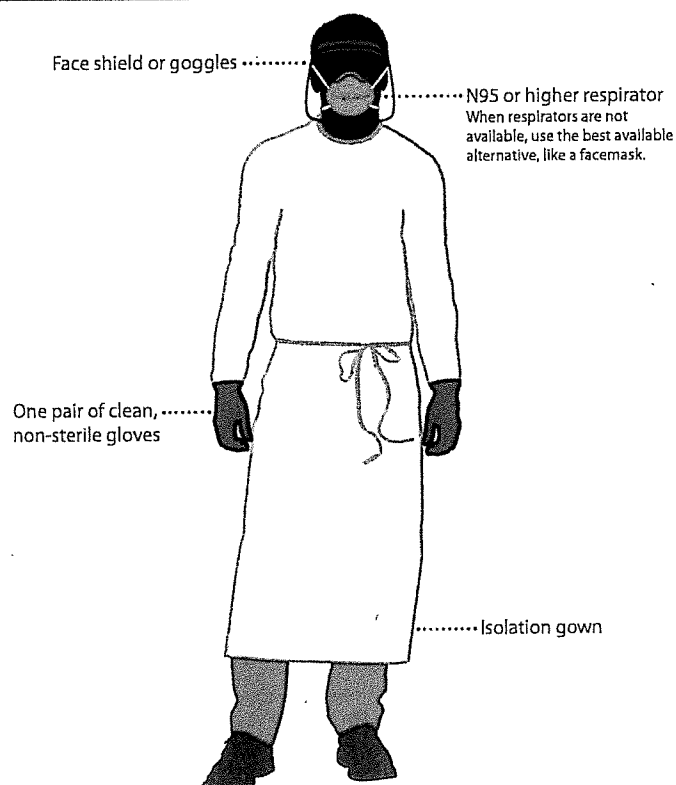
## Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

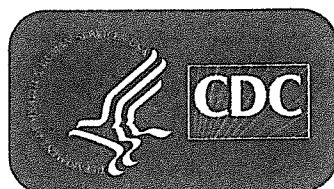
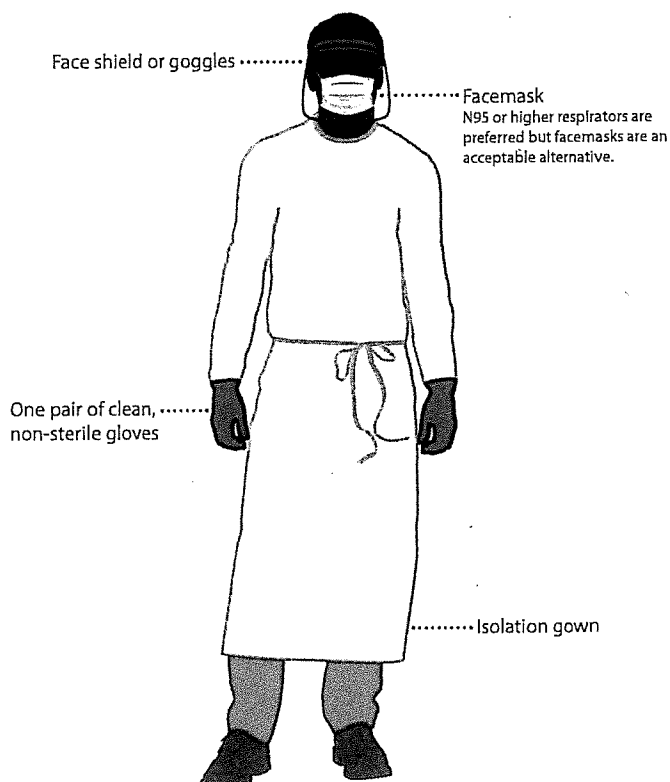
## Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

### Preferred PPE – Use N95 or Higher Respirator



### Acceptable Alternative PPE – Use Facemask



[www.cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

## Donning (putting on the gear):

*More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.*

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.\*
  - » **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
  - » **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **HCP may now enter patient room.**

## Doffing (taking off the gear):

*More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.*

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.\*
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).\*** Do not touch the front of the respirator or facemask.
  - » **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
  - » **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

*\*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.*

# Facemask Do's and Don'ts

For Healthcare Personnel

## When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.

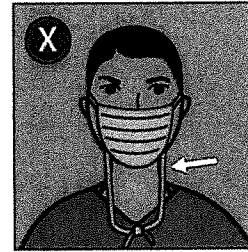
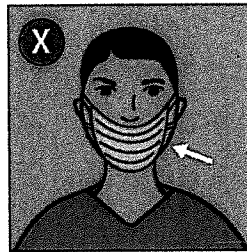


DO secure the ties at the middle of your head and the base of your head.

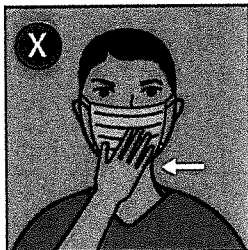
## When wearing a facemask, don't do the following:



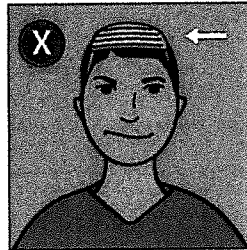
DON'T wear your facemask under your nose or mouth.



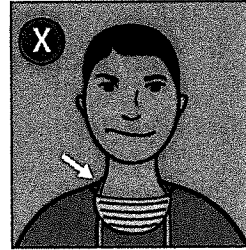
DON'T allow a strap to hang down. DON'T cross the straps.



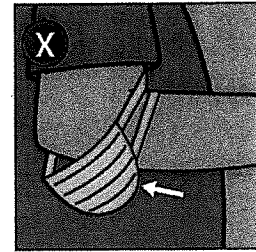
DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



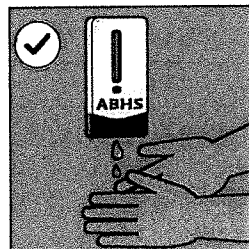
DON'T wear your facemask around your neck.



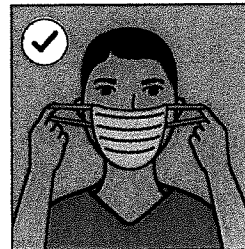
DON'T wear your facemask around your arm.

## When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.

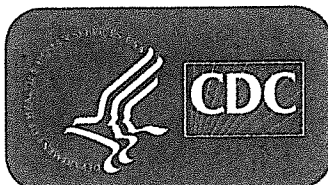


DO remove your facemask touching ONLY the straps or ties, throw it away\*, and clean your hands again.

\*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)



## CONTINUE TO WORK CRITERIA

Has employee had prolonged contact with a person with suspected or known COVID-19?

YES

NO

Continue to work and continue to be screened upon reporting for shift

Is the employee asymptomatic?

NO

YES

Continue to work, wear a mask throughout shift, self-monitor their temperature twice daily, remain alert for respiratory symptoms, and immediately report respiratory symptoms to supervisor

Restriction from work until return to work criteria met, report to OPH

Has employee reported respiratory symptoms or failed screening upon reporting to work?

YES

NO

Restriction from work until return to work criteria met, report to OPH

Continue to work and continue to be screened upon reporting for shift

## RETURN TO WORK CRITERIA

1. Have at least 10 days passed since onset of symptoms?

YES

NO

Restriction from work until return to work criteria met

2. Have at least 1 day (24 hours) passed since last fever without the use of fever-reducing medications and improvement in symptoms?

YES

NO

Return to work and continue to be screened upon reporting for shift

Restriction from work until return to work criteria met

3. If tested positive with no symptoms, have 10 days passed since first date of positive test **WITHOUT** developing symptoms?

YES

NO

Return to work and continue to be screened upon reporting for shift

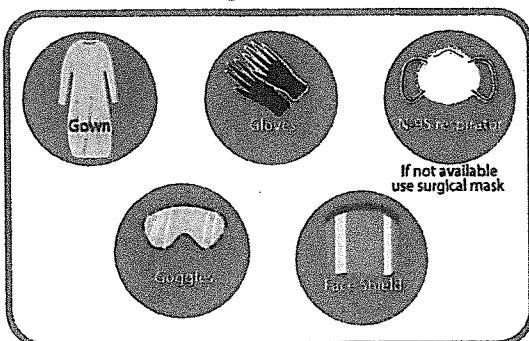
Restriction from work until return to work criteria met

# NASAL MID-TURBINATE (NMT) SPECIMEN COLLECTION STEPS

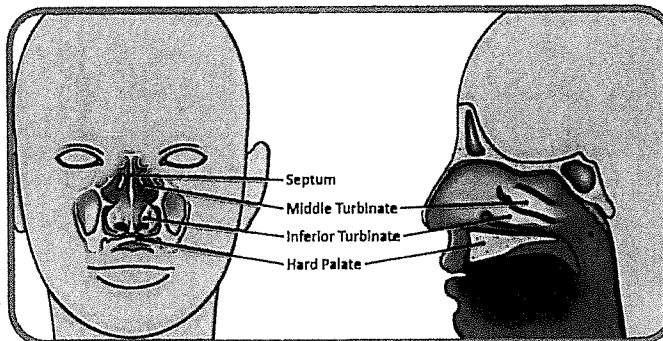


## GENERAL GUIDANCE:

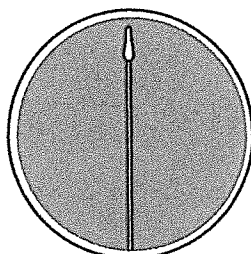
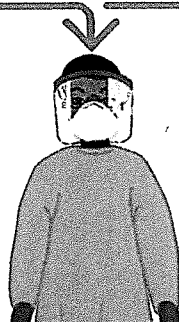
- Ensure that recommended personal protective equipment (PPE) is worn when collecting specimens. This includes gloves, a gown, eye protection (face shield or goggles), and an N-95 or higher-level respirator (or surgical mask if a respirator is not available).
- Gloves must be changed to a new pair for each patient; properly remove old pair and discard into a biohazard waste container.



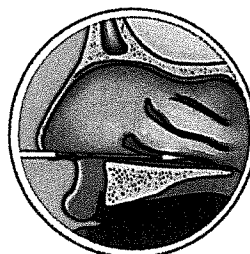
PROPER PPE



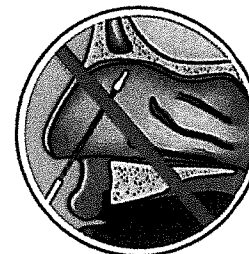
ANATOMICAL REFERENCE



NMT SWAB

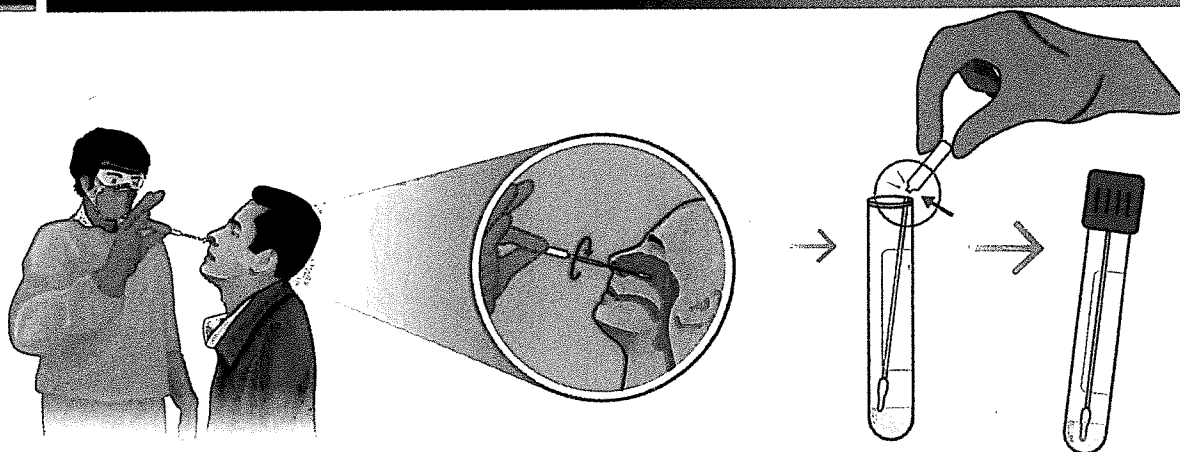


PROPER SWAB PLACEMENT



IMPROPER SWAB PLACEMENT

Find additional testing guidance, resources and training by visiting [www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html](http://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html)



## Nasal mid-turbinate (NMT) swab specimen collection

### STEP 1

Tilt patient's head back 70 degrees.

Use a flocked tapered swab.

Some swabs come with a stopper, which indicates proper nasal insertion depth.

### STEP 2

While gently rotating the swab, insert it less than one inch (about 2 cm) into nostril parallel to the palate until resistance is met at turbinates.

### STEP 3

Rotate the swab several times against nasal wall.

Remove swab, insert it into the other nostril and repeat the process.

### STEP 4

Place swab, tip first, into the transport tube provided.

Once the tip is near the bottom, break the swab handle at the swab breakpoint by bending back and forth or cut it off with sterile scissors.

The swab should fit in the tube comfortably so that the cap can be screwed on tightly to prevent leakage and contamination.

Find additional testing guidance, resources and training by visiting [www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html](http://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html)

# RECORD OF IN-SERVICE

an Facility: <b>River Palms</b>	Date: <b>2/5/21</b>	Time: <b>2:00</b> to <b>3:00</b>
Facilitator's Name: <b>Paul Duplessis</b>	In-Service Title <b>Transmission-Based Precaution</b>	

## Objectives of the In-Service:

- PPE Competency Validation (see attached competency sheet)
- All shared equipment must be wiped down with MICRO-KILL Wipes after each usage (blood pressure cuffs, thermometer, pulse Ox, blood glucose monitor equipment)
- All staff must wear mask while in a building and remain 6 feet apart
- Reduce the amount of traffic at nursing stations and med rooms

Brief evaluation of the participants' responses to the In-Service: *(Attach course evaluations)*

Print Name	Signature	Title	Department
[Redacted]			

# RECORD OF IN-SERVICE

In-service topic: \_\_\_\_\_

Print Name	Signature	Title	Department
[Redacted Content]			

# Medical Waste – Segregating and Separating

## Policy Statement

Medical waste generated by this facility will be segregated from general waste in accordance with current federal and state guidelines.

## Policy Interpretation and Implementation

1. Medical waste may not be discarded with general trash.
2. General trash that is placed in containers with medical waste will be handled as regulated medical waste.
3. Designated individuals will be responsible for separating (to the extent practical) medical waste generated by this facility into the following groups:
  - a. Sharps (e.g., needles, scalpels, glassware, and syringes);
  - b. Other regulated medical waste (e.g., blood-soaked bandages, tubing, gauze pads, swabs, etc.); and
  - c. Other items per state-specific regulation.
4. Everyone who generates or handles medical waste will be responsible for discarding it into appropriate receptacles.
5. Medical waste will be discarded into designated containers (e.g., red bag or container marked with the "biohazard" symbol).

References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at:  <a href="http://www.osha.gov/">www.osha.gov/</a></p> <p>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at:  <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p> <p>CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) at:  <a href="http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf">http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf</a></p>
<b>Related Documents</b>	Medical Waste Policies
<b>Version</b>	1.1 (H5MAPL0501)

# Medical Waste Storage

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## Policy Statement

Medical waste stored for treatment, disposal, or pickup shall be protected in accordance with established policies and procedures.

## Policy Interpretation and Implementation

1. Containers of untreated medical waste will be labeled with a "biohazard" or "infectious medical waste" water-resistant label affixed to the outside of the container.
2. Warning labels must be large enough to ensure that they are clearly visible and readable from a distance of at least five (5) feet.
3. Containers of medical waste will be stored in the following location(s):

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4. **Note:** Containers must be protected from the wind, rain, and water.
5. Medical waste that is likely to decay or rot before being treated, disposed of, or picked up, will be refrigerated or kept in a manner that prevents the waste from decaying or rotting until it has been properly disposed of. Medical wastes meeting this criteria will be maintained at the following location(s):

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6. Medical wastes must be stored so that it is protected from animals and does not provide a food source for insects and rodents.
7. Containers or buildings that are used to store medical wastes and sharps outdoors (e.g., dumpsters, sheds, etc.), will be locked at all times to prevent unauthorized access.
8. Access to medical wastes storage areas are limited to the following personnel:

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9. Anyone who discovers violations of these policies must report such incidents to the Infection Preventionist (or designee) immediately or as soon as practical.

*continues on next page*

10. Medical waste will not be stored on premises for more than \_\_\_\_\_ days.
11. Should our medical waste storage area become full or the maximum number of storage days be exceeded, the Infection Preventionist (or designee) will notify appropriate personnel/agencies and request that the waste be removed promptly.
12. The Infection Preventionist (or designee), with the assistance of administrative staff, shall monitor the medical waste storage areas to assure that medical waste is treated, disposed of, or picked up by the authorized vendor on a timely basis.

References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at:  <a href="http://www.osha.gov/">www.osha.gov/</a></p> <p>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at:  <a href="http://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf">www.cdc.gov/mmwr/PDF/rr/rr5210.pdf</a></p>
<b>Related Documents</b>	Medical Waste Policies
<b>Version</b>	1.2 (H5MAPL0505)

# Medical Waste Tracking

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## Policy Statement

A medical waste tracking form (or manifest) will be used to maintain a record (log) of infectious waste generated by and transported from this facility.

## Policy Interpretation and Implementation

1. Should our facility generate more than fifty (50) pounds of regulated medical waste (or the state-designated limit) monthly, we will prepare and maintain approved medical waste tracking forms of all waste transported from our premises.
2. Should our facility generate less than fifty (50) pounds a month of regulated waste (or the state-designated limit), we will prepare and maintain a shipment log of all waste transported from our premises.
3. All medical waste generated by this facility, including waste treated, destroyed, and disposed of on site, must be stored in accordance with medical waste storage policies.
4. Our tracking form (manifest) will contain at least:
  - a. The date of the pickup or shipment;
  - b. The weight of the shipment;
  - c. The type of medical waste shipped (e.g., cultures and stocks of infectious agents/biologicals, pathological waste, human blood, blood products, contaminated sharps, etc.);
  - d. Whether or not shipment contains treated or untreated medical waste;
  - e. Any special handling instructions;
  - f. Appropriate permit or identification numbers (e.g., state permit/ID number; EPA medical waste ID number, etc.);
  - g. Name and address of facility;
  - h. Name, address, telephone number, and permit/ID numbers of waste hauler; and
  - i. Signatures of facility representative, waste hauler, and employee accepting containers for shipment.
5. If a shipment log is maintained, it shall include at least:
  - a. The name, address, and telephone number of the transporter;
  - b. The transporter's state permit or ID number;
  - c. The quantity and category of waste transported (e.g., treated or untreated);
  - d. The number of containers transported;
  - e. The weight of the shipment;
  - f. The date of shipment; and
  - g. The signature of the person accepting the waste for transport.
6. Within thirty-five (35) days of the removal of medical waste from our premises, the destination facility's owner/operator must provide this facility with a completed copy of the tracking form, which includes the following:
  - a. The method of treatment of the medical waste received from this facility;
  - b. The location of the landfill used to deposit our medical waste; and
  - c. The date and signature of the destination facility's owner/operator.

*continues on next page*



7. If, after thirty-five (35) days, our facility has not received the signed and dated tracking form, the Infection Preventionist (or designee) will try to determine the location of the medical waste. Documentation will be maintained of such attempts and filed in the business office.
8. If, after forty-five (45) days, a signed and dated tracking form has not been received, the Administrator will file an Exception Report with the state and the EPA Regional Administrator the next day.
9. Exception Reports shall include at least:
  - a. A letter explaining our efforts to locate the waste and the results of such efforts; and
  - b. A legible copy of the original tracking form.
10. The administration shall maintain copies of all tracking forms, shipping logs, exception reports, etc., for at least three (3) years from the date of receipt or as required by current federal, state, or local statutes.

References	
<b>OBRA Regulatory Reference Numbers</b>	
<b>Survey Tag Numbers</b>	
<b>Other References</b>	<p>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at:  <a href="http://www.osha.gov/">www.osha.gov/</a></p> <p>CDC's Guidelines for Environmental Infection Control in Healthcare Facilities at:  <a href="http://www.cdc.gov/mmwr/PDF/tr/tr5210.pdf">www.cdc.gov/mmwr/PDF/tr/tr5210.pdf</a></p>
<b>Related Documents</b>	<p>Medical Waste Policies</p> <p>Medical Waste Tracking Form</p>
<b>Version</b>	1.1 (H5MAPL0506)

# Waste Disposal

## Policy Statement

All infectious and regulated waste shall be handled and disposed of in a safe and appropriate manner.

## Policy Interpretation and Implementation

1. All infectious and regulated waste destined for disposal shall be placed in closable leak-proof containers or bags that are color-coded or labeled as herein described. The Infection Preventionist and Environmental Services Director will ensure that waste is properly disposed of and the following rules are observed:
  - a. If outside contamination of the container or bag is likely to occur, a second leak-proof container or bag which is closable and labeled (or color-coded) shall be placed over the outside of the first container or bag and closed to prevent leakage during handling, storage, and transport.
  - b. Disposal of all infectious and regulated waste shall be in accordance with applicable federal, state, and local regulations.
  - c. Immediately after use, sharps shall be disposed of in closable, puncture resistant, disposable containers that are leak-proof on the sides and bottom and are labeled or color-coded.
    - (1) These containers shall be easily accessible to personnel and located in the immediate area of use; and
    - (2) These containers shall be replaced routinely and not allowed to overfill.
2. The facility has established procedures governing infectious and regulated waste disposal. Copies of such policies are available from the Infection Preventionist and Environmental Services Director.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.75(b) Compliance With Federal, State, and Local Laws and Professional Standards
<b>Survey Tag Numbers</b>	F492
<b>Other References</b>	OSHA's Bloodborne Pathogens Standard and Enforcement Procedures at: <a href="http://www.osha.gov">www.osha.gov</a>
<b>Related Documents</b>	Medical Waste Policies
<b>Version</b>	1.3 (H5MAPL0945)



# IN-SERVICE TRAINING RECORD

RETAIN FOR THREE YEARS

Date: February 5, 2021

Presented By: Paul DuPlessis

**Subject:**

Resident rights, specifically dignity & respect (Be nice & listen)

No cell phone use in the building (HIPPA)

Uniforms must be worn in the facility unless otherwise instructed by your direct supervisor

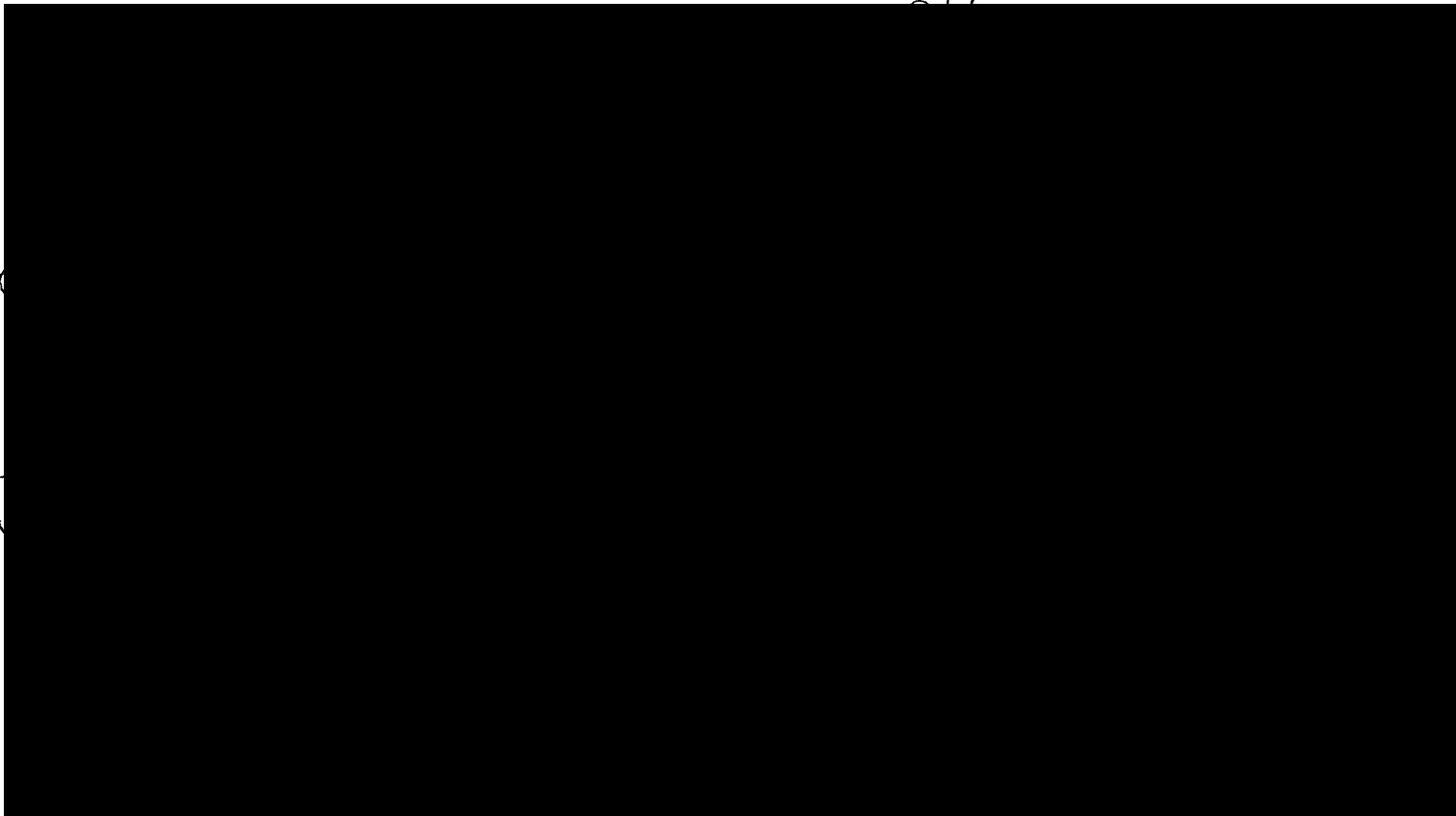
*Do not purchase items for residents*

## PERSONS ATTENDING

Print Name

Signature

WEN



## INSERVICE/EDUCATION RECORD

DEPARTMENT: All

DATE: 11/7/21

TIME/SHIFT: Proper PPE

SUBJECT: proper communication with Residents, Cell phone usage in residents rooms or while communicating to Resident

CONDUCTED BY: \_\_\_\_\_

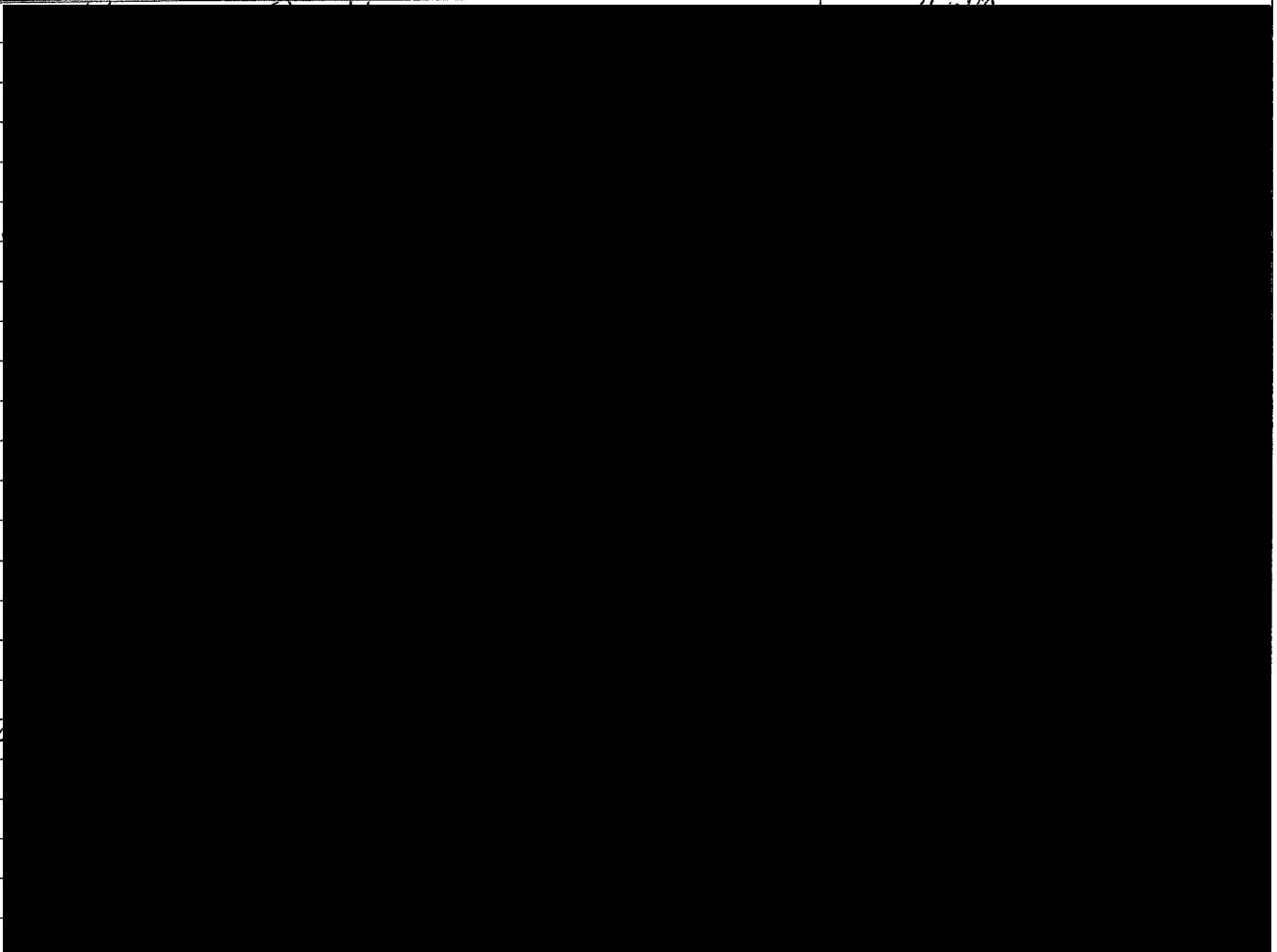
DURATION: \_\_\_\_\_

INSTRUCTIONAL AIDS: \_\_\_\_\_

SUMMARY OF CONTENT: All Residents should be talked to with respect and dignity. NO Staff member is to be on phone while in resident's room while caring for or communicating with residents. And All Staff should wear proper PPE when caring for residents at all times.

EMPLOYEE ATTENDING  
Please PRINT Your Name

JOB TITLE/DEPARTMENT



## INSERVICE/EDUCATION RECORD

[illegible]

## IN-SERVICE TRAINING RECORD

**RETAIN FOR THREE YEARS**

**Date: January 8, 2021**

**Presented By: Paul DuPlessis**

**Subject:**

Residents are to be treated with dignity and respect and given whatever meal preferences they ask for.

[illegible]



# INSERVICE/EDUCATION RECORD

DEPARTMENT: NSG

DATE: 8/19/2015 TIME/SHIFT: WMLD

SUBJECT: Code Green - Shelter In Place - Staffing, Shelter In Place Designated Areas, Emergency Operations Plan for Shelter In Place

CONDUCTED BY: T. White, Admin

DURATION: \_\_\_\_\_

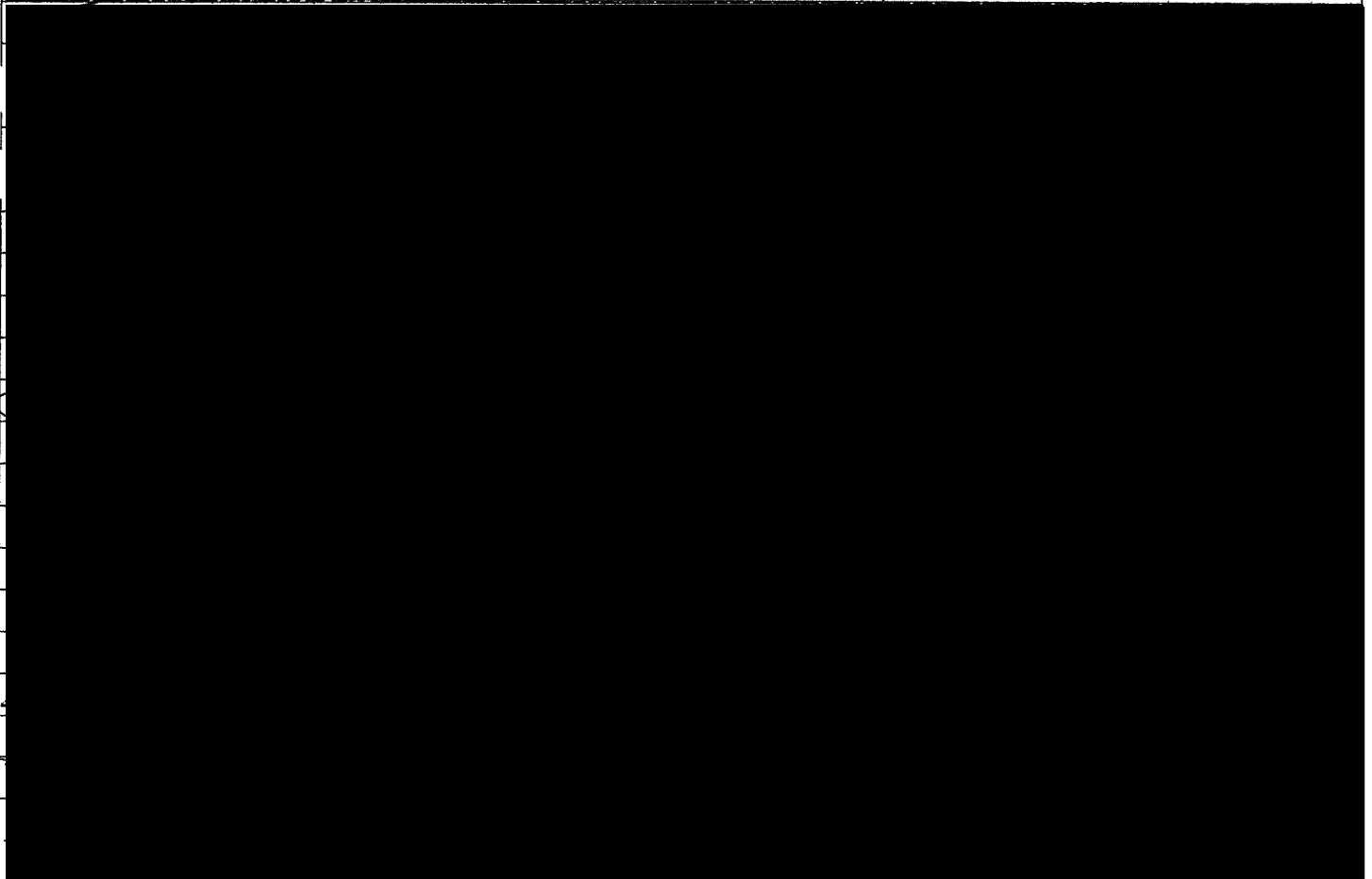
INSTRUCTIONAL AIDS: Floor Plan, Policy on SIP

SUMMARY OF CONTENT: See attached

- o Review of floor plan to identify safe shelter zones (yellow); supply closets (blue); emergency operations plan location of command center/Admin office (brown)
- o dept manager contact info
- o dept staffing
- o dept supplies

EMPLOYEE ATTENDING  
Please **PRINT** Your Name

JOB TITLE/DEPARTMENT




## INSERVICE/EDUCATION RECORD

[illegible]

## INSERVICE/EDUCATION RECORD

[illegible]

# INSERVICE/EDUCATION RECORD

DEPARTMENT: AM  
DATE: 10/7/2020 TIME/SHIFT: AM  
SUBJECT: Code Green - Shelter In Place - Staffing, Shelter In Place Designated Areas, Emergency Operations Plan for Shelter In Place  
CONDUCTED BY: T. White, Admin DURATION: \_\_\_\_\_  
INSTRUCTIONAL AIDS: Floor Plan, Policy on SIP  
SUMMARY OF CONTENT: See attached  
o Review of floor plan to identify safe shelter zones (yellow);  
supply closets (blue); emergency operations plan location of  
command center/Admin office (brown)  
o dept manager contact info  
o dept staffing  
o dept supplies

EMPLOYEE ATTENDING  
Please **PRINT** Your Name

JOB TITLE/DEPARTMENT

EMPLOYEE ATTENDING Please PRINT Your Name	JOB TITLE/DEPARTMENT