


LDH Emergency Preparedness (All Hazards Response)

	Louisiana Department of Health (LDH)	
	Policy Number	65.2
	Content	Policy on Responsibilities of LDH Offices in the Event of a Disaster/Emergency (All Hazards Response)
	Effective Date	July 31, 2013
	Inquiries to	LDH Emergency Preparedness Director 628 North 4 th Street Baton Rouge, LA 70821 (225) 342-3417

I. STATEMENT OF PURPOSE, SCOPE AND APPLICABILITY

The Louisiana Department of Health (hereafter “LDH”) is committed to working in concert with the Governor’s Office of Homeland Security and Emergency Preparedness (hereafter “GOHSEP”) to protect the life, health and property of Louisiana citizens in the case of emergency/disaster. LDH acknowledges the Louisiana State Emergency Operations Plan (hereafter “LEOP”) as the official operational guide for responding to emergencies/disasters. This policy is applicable to all LDH employees, Offices, Bureaus, Programs and Sections.

Note: Failure to comply with any part of this policy may result in disciplinary action up to and including dismissal.

II. LDH EMPLOYEE RESPONSIBILITIES DURING AN EMERGENCY/ DISASTER (ALL HAZARDS RESPONSE)

In emergency/disaster conditions all LDH employees shall be available and accept the following responsibilities and all other assigned emergency/disaster operations duties. Failure to do so may result in disciplinary action up to and including dismissal.

- A. **In the event of an emergency/disaster, all LDH employees are hereby directed to remain in their parish of residence for the duration of the event unless they are domiciled in another parish and required to report for regular duty in their domicile or they are pre-assigned to report for emergency/disaster duty in another parish (in which case they shall report for emergency/disaster duty as assigned). Should there be**

an evacuation order proclaimed by the parish, employees residing or domiciled in that parish must immediately contact their supervisors for instructions regarding activation and deployment.

- B. All LDH Staff, regardless of official domiciles and titles, will be expected to provide support/care within their experience and current training in a LDH designated medical operation (MSNS, EOC, Transportation Triage, etc.) or other state emergency/disaster operation. The timing and extent of involvement will be determined by the State Health Officer.
- C. Employees assigned to emergency/disaster duty may be required to work up to and including 12-hour shifts during an emergency/disaster.
- D. 24-hour Response Capability
LDH will maintain 24-hour response capability for emergency/disaster operations. In order to accomplish this, LDH will establish, test and maintain a recall system for assuring immediate communications with LDH employees.
 - 1. Each office, bureau, program and section will maintain a current personnel roster in order to establish immediate communications.
 - 2. All LDH employees are responsible for keeping current their office number, home number, cellular number, pager number and personal e-mail addresses with their supervisors. Should employees be unavailable through these communication modes, they must notify their supervisor of their whereabouts and how they can be contacted.
 - 3. All LDH employees contacted through the recall system will be notified whether they must be available to report to their duty stations or elsewhere.
 - 4. For planning and deployment purposes, team development specific to emergency/disaster planning shall be implemented (e.g. Team A through D). Emergency/disaster duty functions and rosters shall be pre-identified prior to hurricane season. This shall be completed on an annual basis. An electronic Emergency Employee Database is provided for this purpose.

III. AUTHORITY

- A. Through La. Revised Statutes 29:721-736 the Governor delegated to the Director of GOHSEP responsibility for implementing the LEOP when a state of emergency has been declared. The Statute and the LEOP establish the responsibilities of the executive branch for delivering emergency services. Overall authority is delineated in La. R. S. 29:721-736.
 - 1. The GOHSEP Director has the authority to activate and deactivate the State Emergency Operations Center (a central location where the necessary state government officials

gather during an emergency) and to exercise overall direction and control of emergency/disaster operations for the State of Louisiana.

2. The GOHSEP is charged with the development, implementation and oversight of the LEOP. The plan prescribes the rules, regulations and procedures for operations which may be implemented should an emergency/disaster strike the State of Louisiana or an area within the state.
 3. The LEOP is binding on all local governments or political subdivisions of the state authorized or directed to conduct emergency management operations, and on all departments and agencies of the State of Louisiana.
 4. The GOHSEP Director, or his/her designee, shall coordinate the activities of all organizations involved in emergency management in the State of Louisiana and perform other duties as provided for in La. R. S. 29:721-736.
 5. The Louisiana Department of Health is the primary agency in Louisiana for ESF-8 (public health and medical services). All LDH agencies will support the medical operations that are activated for the response. For an all hazard response, some examples may include, but **are not** limited to the following medical operations: Medical Special Needs Shelters (MSNS); Points of Dispensing (POD); Emergency Operations Center (EOC); Receiving, Staging and Storing (RSS) sites.
 6. Incident Management: LDH shall adopt the National Incident Management System (NIMS). In order to coordinate health resources efficiently and effectively, the State Health Officer or his/her designee is designated as the official representative of the Secretary of LDH, who has responsibility for the general control of the department and its offices during emergencies/disasters. The State Health Officer serves as the Incident Commander of the agency's response operations. LDH Offices shall coordinate disaster response activities with and through the State Health Officer and the LDH Emergency Preparedness Director. This will also be done in accordance with the National Response Plan and with the other Louisiana Emergency Support Functions.
- B. In order for LDH to respond efficiently and effectively in times of emergency/disaster, the State Health is designated as the official representative of the Secretary of LDH, who has responsibility for the general control of the department and its offices during emergencies/disasters. The State Health Officer, in consultation with and under the direction of the Secretary, will make decisions and utilize resources (personnel, materials, supplies, equipment, facilities and funds) in providing operational and technical support during emergencies/disasters.
1. The State Health Officer and the LDH Emergency Preparedness Director will work directly with the GOHSEP Director and/or his designee in the State Emergency Operations Center during trainings, exercises and actual emergencies/disasters as requested by GOHSEP.

2. The LDH Emergency Preparedness Director will work directly for the State Health Officer to execute and coordinate the LDH agency response plan(s).
3. Additional LH representatives may be appointed to the State Emergency Operations Center by the State Health Officer and/or LDH Emergency Preparedness Director.
4. Under the direction of the State Health Officer and the LDH Emergency Preparedness Director, the LDH EOC is responsible for coordination of the emergency response activities of LDH agencies. The LDH EOC also coordinates with the overall state emergency response activities through the State EOC as part of the Emergency Support Function 8 (ESF 8) Public Health and Medical.
5. Regional Structure – ESF-8 Unified Command is composed of Public Health, Hospitals, EMS and other representatives: OBH, OCDD, MVA and OAAS. This composition may change depending on geographic area – i.e. Capital Area Human Services District in Region 2.

C. System Activation and Notification

1. The State Health Officer is notified by the GOHSEP of an imminent or actual state declared emergency/disaster.
2. The State Health Officer notifies the Secretary of the LDH and activates the LDH Emergency Preparedness Director who shall notify the LDH Task Force and/or Assistant Secretaries of the notification/activation of state resources.
3. The LDH Emergency Preparedness Director under the direction of the State Health Officer and Secretary shall coordinate the response plan and resources to prevent an emergency/disaster.
4. The LDH Emergency Preparedness Director shall notify the OPH/Center for Community Preparedness to activate the LDH EOC for readiness and potential resource deployment/activation by contacting the OPH Lead contacts and other partners.
5. The OPH Lead Medical Director shall serve as Regional Commander for LDH regional resources and shall notify the LDH Regional Office contacts for notification/activation of regional resources.
6. The LDH Emergency Operations Center for Community Preparedness shall serve as a conduit for ongoing maintenance, communications and reporting once activation has occurred.

7. Under the provisions of state law (La. R. S. 29:735) neither LDH agencies nor its employees, except in cases of willful misconduct, shall be liable for the death of or injury to persons, or damage to property in the execution of emergency preparedness activities while complying with or attempting to comply with the LEOP.
8. During a disaster each program office, division or bureau shall maintain any required logs, records and reporting systems. In particular, each LDH office, division, bureau or facility must make every effort to provide detailed documentation necessary for reimbursement from FEMA (the Federal Emergency Management Agency).

IV. LDH EMERGENCY PLANNING (ALL HAZARDS RESPONSE)

- A. Each office or bureau shall designate a coordinator for membership on the LDH Disaster Task Force. The task force shall integrate planning at the LDH level and ensure a coordinated effort.
- B. Each office, division or bureau shall develop and implement emergency preparedness plans in compliance with this policy. Each office, division or bureau shall work closely with each other, the State Health Officer and the EP Director to ensure that all plans are integrated and synchronized. The scope and timeline of EP Plans will be determined by the LDH Disaster Task Force. At a minimum All Hazards, hurricanes and COOP plans shall be developed by each office and bureau. All other EP plans will be determined by the LDH Disaster Task Force and the State Health Officer.
- C. All LDH emergency/disaster plans must delineate specific office operating procedures to include State and Federal supplemental relief assistance services and programs as applicable. These plans shall be maintained and kept current. LDH agencies, facilities and regional offices shall:
 1. Participate in exercises of the plan.
 2. Participate in and conduct training essential to implementation of emergency/disaster services.
 3. Complete the Regional EP Roster by April 30th – prior to the start of each hurricane season. Each LDH Regional Office shall submit the names and credentials to OPH Regional Office so as to complete the Regional EP Roster.
 4. Conduct an annual review to update and detail the implementation procedures and advise the State Health Officer and EP Director of needed modifications.
 5. As part of emergency planning, LDH shall make this policy available to all personnel via website and to new employees via the orientation process. LDH

shall document receipt of the policy by each new employee. Upon receipt, each new employee will be asked to sign the following statement: "I hereby acknowledge that I have received a copy of the LDH Emergency Preparedness Policy #65 and that as a LDH employee I am responsible for complying with it." Refer to Acknowledgement Form.

V. EMERGENCY SUPPORT FUNCTION (ESF) 8- PUBLIC HEALTH AND MEDICAL SERVICES

LDH's primary role with respect to ESF 8 operation is the coordination of public health, sanitation, medical and public health assistance in All Hazards operations such as, but not limited to the Medical Special Needs Shelters (MSNS), Points of Dispensing (PODS) and behavioral health and crisis counseling. The State Health Officer, in consultation with and under the direction of the Secretary of LDH, will coordinate such services with regional offices, local health departments, hospitals, medical associations and departmental resources. The State Health Officer shall make medical and non-medical staff available. All LDH offices/divisions/bureaus will participate in coordination efforts at the state, regional and local levels.

A. Medical Special Needs Shelters (MSNS)

1. The Department of Children and Family Services (DCFS) is charged with the operation and management of shelters and responding to All Hazards events. LDH plays a significant supporting role in that it is charged with coordinating the medical operation and staffing of Medical Special Needs Shelters (MSNS). LDH is also responsible for coordinating medical support to the Critical Transportation Needs Shelter (CTNS). CTNS are shelters reserved for citizens who require government supported transportation and sheltering assistance.
2. MSNS are shelters pre-designated to provide temporary shelter for individuals who are homebound, chronically ill or who have disabilities and are in need of medical or nursing care, but must evacuate their homes in times of emergency/disaster and have no other place to receive care. The intent of the MSNS is to provide, to the extent practical, an environment in which the current level of health of evacuees with special needs can be sustained and hospital care is not required.
3. LDH will assess the scope of medical needs and coordinate the medical operation and staffing in those MSNS that have been identified prior to the time of an emergency/disaster and for which the State Health Officer and/or Emergency Preparedness Director has agreed that resources are available. LDH is not responsible for coordinating services at MSNS that are not State operated.

4. Decisions to activate the MSNS plan will be based on the severity of the emergency/disaster, area of devastation and estimated recovery period. The decision to activate an MSNS shall be made by LDH and DCFS.
5. LDH offices/divisions/bureaus will work cooperatively with other public and private entities to coordinate care in MSNS, but are ultimately responsible to the State Health Officer or his/her designee for direction.
6. Other entities that have agreed to assist in MSNS operations include:
 - Louisiana Hospital Association affiliates
 - Louisiana State Medical Society affiliates
 - Louisiana Nurses' Association affiliates
 - American Red Cross
 - Louisiana Nursing Home Association
 - Home Care Association of Louisiana
 - Community and Residential Services Association
 - Louisiana Association of Homes and Services for the Aging
 - State Emergency Preparedness (and local area counterparts)
 - U. S. Department of Health and Human Services
 - Louisiana State University Medical Center – Health Care Services Division
7. The level of care available at shelters will be determined by the availability of the necessary expertise. Patients requiring more expertise than that available will be referred to more appropriate facilities.
8. Local GOHSEP officers or their authorized representatives in conjunction with DCFS are responsible for reporting data to the GOHSEP Director, including notifying the State Health Officer when MSNS are to be activated.

B. Additional Medical Services

1. The State Health Officer or his/her designee and Emergency Preparedness Director, in concert with LDH executive management, will draw upon resources available through LDH to coordinate medical services.
2. LDH shall coordinate the delivery of crisis counseling through the State Health Officer/Emergency Preparedness Director with the assistance of the OBH.
3. The State Health Officer will coordinate resources available from other agencies named to support LDH in La. R. S. 29:721.

C. Sanitation Services

1. OPH provides sanitarians to inspect general sanitation in all shelters, including MSNS. OPH shall provide sanitarians to inspect food handling.
2. OPH implements and assesses disease and vector control programs on a local basis.
3. OPH provides guidance to local areas regarding disposal of foods and beverages not fit for consumption as a result of emergencies/disasters. OPH often operates in conjunction with the Federal Food and Drug Administration in such matters.
4. The Regional GOHSEP officer and shelter managers will coordinate with the parish sanitarian the disposal of potentially infectious wastes (“medical waste”) in accordance with the State Sanitary Code.
5. The coroner in each parish has legal authority in all matters pertaining to maintenance of the dead and burial procedures. LDH will assist in such matters where possible.

V. RESOURCES

- A. The appointing authority of each LDH office/division/bureau will provide the State Health Officer and LDH Emergency Preparedness Director with a summary statement of the number of staff available for his use in allocating resources in times of emergency/disaster. The summary must also indicate the number of medically trained staff available and provide other information as requested. An electronic Emergency Employee Database is provided for this purpose.
- B. All LDH offices/divisions/bureaus shall be ready to deploy their personnel to their duty stations and be available for further guidance from the State Health Officer or his/her representatives or the LDH EOC.
- C. LDH offices/divisions/bureaus should make ready equipment and supplies and be prepared to transport these materials and/or personnel under emergency/disaster conditions.
- D. Should any program office, division or bureau identify volunteers (personnel not employed by LDH) to assist in disaster duties of the department, the Volunteer Agreement shall be used to facilitate readiness by accepting necessary external assistance. Refer to Volunteer Agreement Form.

- E. LDH facilities are expected to cooperate with the State Health Officer in providing housing for LDH employees who are involved in emergency/disaster operations when other alternatives are not available or appropriate.
- F. LDH may enter into contractual agreements to carry out its emergency preparedness functions. LDH may seek sources of funding from the Interim Emergency Board or FEMA, especially if funding is not available in LDH's budget. A catalog of contingency contracts will be maintained so as to determine the possible range of funds that may be needed.

VI. SPECIFIC RESPONSIBILITIES OF LDH ENTITIES RELATIVE TO ESF 8

- A. Office of Public Health (OPH)
 - 1. OPH performs the functions that relate to the general health of the people of the State. During and after an emergency/disaster, OPH is responsible for the coordination of medical and sanitarian services in the State.
 - 2. The primary emergency/disaster response functions of OPH are assessment and control of disease-carrying vectors, maintenance of environmental standards, maintenance of proper sanitation, and the deployment of standing damage survey teams to assess contaminated food, sewage facilities and water treatment facilities. (In cases of disasters, the OPH plan for natural and man-made disasters will be implemented through CCP, who manages the LDH EOC, and provides the State Health Officer and the Emergency Preparedness Director with a central location where information relative to an emergency is received and analyzed. Plans, reports and tasks relative to ESF 8 operations will be the focal point for responsive, coordinated communications among LDH agencies and all parish health units and regional OPH offices).
- B. Bureau of EMS – BEMS performs a critical function related to the surge planning of ambulances. During an emergency event, additional ambulances may be required to assist with evacuations and/or transport to more definitive care. BEMS is responsible for developing, facilitating, and implementing plans relative to EMS industry and disasters.
- C. Office of Behavioral Health (OBH)
 - 1. OBH is responsible for coordinating behavioral health care for the citizens of the State of Louisiana under normal or emergency/disaster conditions. The standard

behavioral health programs will not change under most emergency/disaster conditions.

2. In a presidentially declared disaster requiring emergency behavioral health relief to workers and victims during or in the aftermath of such an event, OBH may request supplemental federal short-term crisis counseling services under the Crisis Counseling and Training Program as authorized under Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.
3. Residential facilities within OBH are responsible for the care of clients during emergencies/disasters. Each facility shall have an Emergency Preparedness Plan on file designed to care for clients in time of emergency/disaster.
4. OBH staff will coordinate stress counseling to rescue workers, firemen, police, volunteers and the LDH workforce upon request of local governing entities, and will be prepared to do so immediately upon learning the gravity of any emergency/disaster. During an emergency/disaster and afterwards, OBH will coordinate personnel to provide counseling at shelters in the communities involved.

D. Office of Citizens with Developmental Disabilities (OCDD)

1. The provision of services to Louisiana's citizens with special needs/developmental disabilities is, under normal or emergency/disaster conditions, the responsibility of OCDD. OCDD provides community-based services and operates residential facilities (Supports and Service Centers).
2. The large majority of medically-trained staff within OCDD are assigned to the Supports and Service Center and are responsible for the care of residents during emergencies/disasters. Pinecrest Supports and Services Center can be used on a pre-planned basis as an evacuation/shelter site in cases of emergency/disaster.
3. OCDD regional and headquarters staff will provide special services to its regular clients who are affected by natural disaster and, as appropriate, to the families of clients and other community members.

E. Office of Aging and Adult Services (OAAS)

1. OAAS is responsible for the provision of long term care and supportive services to the elderly and persons with adult-onset disabilities served by the Department, under normal or emergency conditions. OAAS provides community-

based services and operates a residential facility, Villa Feliciano Medical Complex.

2. The majority of medically-trained staff employed by OAAS are assigned to Villa and are responsible for the care of residents during emergencies/disasters. Villa may also serve as a receiving facility during emergencies/disasters, including serving as a receiving facility for the John J. Hainkel Home pursuant to the lease of that facility.
3. OAAS regional and headquarters staff will provide services to its regular clients who are affected by natural disaster and, as appropriate, to families of clients and other community members. OAAS regional and headquarters staff will also provide support for other LDH emergency functions as resources permit. These functions include but are not limited to caregiver shelter support, nursing home admission/repatriation, and medical special needs shelters.

F. Bureau of Media and Communications (BMAC)

1. BMAC is responsible for maintaining all LDH news media relations in the state under either normal or emergency/disaster conditions.
2. BMAC provides the public relations expertise in keeping media representatives apprised during emergency/disaster conditions so that there is a clear understanding of the conditions, the dangers posed, and the proper actions that must be taken to preserve the lives and health of Louisiana's citizens.
3. BMAC has responsibility for issuing all approved public announcements that represent the official policy of the Secretary of LDH. All emergency/disaster media releases must be coordinated through LDH representatives located in the LDH/State EOC and State Joint Information Center (JIC) before release. It is the responsibility of BMAC staff to remain in touch with the LDH/State EOC and the State JIC during such situations.
4. During an emergency situation, all LDH staff should forward all media inquiries to BMAC staff located at the State JIC. In addition, these staff members should work with BMAC staff to develop appropriate communication advisory responses. (Reference LDH Public Information Policy # 72, Protocols for News Media, Public Information, Emergencies and Reportable Incidents).

G. Medical Vendor Administration (MVA)

1. MVA is responsible for providing financial assistance through the medical assistance program to qualified recipients who need assistance with medical and pharmaceutical reimbursement under normal and emergency/disaster conditions.
2. The eligibility requirements for the medical assistance program are found at 42 Code of Federal Regulations (CFR), Part 435.

H. Health Standards Section (HSS)

1. HSS is responsible for assisting nursing homes with their emergency plans.
2. HSS reviews Medicaid Provider/Contractors Continuity of Operations Plans to assure that all requirements are met.

I. Other LDH Entities

All other LDH entities' employees are pre-scheduled or placed on standby and act as a ready reserve of personnel to help support the overall operation of emergency preparedness by LDH.

J. Local Governing Entities (LGE)

LGE's are considered an extension of LDH and participate in LDH's emergency operations as outlined in each LGE's Memorandum of Understanding with LDH.

VII. LDH RECOVERY SERVICES

After any state or federally declared emergency/disaster, LDH will be responsible for resuming all LDH services that may have been suspended due to the emergency/disaster. When criteria are met for LDH to provide post-emergency/disaster services such as behavioral health services, public health services, etc. LDH will assign staff to assure these services are provided in the impacted area(s). These post-emergency/disaster services will be coordinated with GOHSEP. LDH/OBH will coordinate access to behavioral health services as necessary in each of the Disaster Recovery Centers that are set up by FEMA in coordination with GOHSEP. These Centers will be set up in or close to the emergency/disaster area(s) so necessary services can be provided to the emergency/disaster victims.

VIII. HOURS OF WORK AND OVERTIME COMPENSATION DURING AN EMERGENCY/DISASTER

Please refer to LDH Policy #27 – Overtime Compensation for Disaster Operations Work

IX. DISCIPLINARY ACTIONS

Any employee who violates this policy may be subject to disciplinary action up to and including dismissal from employment.

X. REVISION HISTORY

Date	Revision
August 1, 1983	Policy created
July 5, 1989	Policy revised
November 1, 1995	Policy revised
July 19, 1999	Policy revised
February 24, 2003	Policy revised
April 11, 2005	Policy revised
July 31, 2013	Policy revised
	Policy revised

**Louisiana Department of Health
Emergency Preparedness Policy:
Acknowledgement Form**

I hereby acknowledge that I have received a copy of LDH Emergency Preparedness Policy #65.2

Signature

Personnel Number

Printed Name

Date

On _____ at _____ at _____
(date) (time) (place)

_____ was given a copy of LDH
(employee name)

Emergency Preparedness Policy #65.2. This employee refused to sign an acknowledgement of receipt in the presence of _____.

AGREEMENT TO VOLUNTEER SERVICES (Revised 7/2/2013)

This agreement is between the State of Louisiana through the Louisiana Department of Health (hereafter referred to as "LDH") and _____ (hereafter referred to as "Volunteer").

Volunteer agrees to provide services to the State of Louisiana through LDH during the _____. Volunteer agrees and understands that he/she will not receive monetary compensation from LDH for his/her services.

LDH agrees to accept the services of Volunteer. Volunteer agrees to serve under the supervision and direction of LDH, and to abide by all LDH policies, rules, and regulations, including policies concerning the HIPAA Privacy Rule. Volunteer acknowledges review of LDH HIPAA Privacy Policy numbers 1-3, and agrees that s/he has read and will abide by said policies.

Volunteer expressly affirms that, to the best of Volunteer's knowledge, s/he does not have any communicable diseases.

If the Volunteer is providing services within his/her given health care professional discipline and scope of practice, then by signing this agreement the Volunteer acknowledges that s/he has current credentials and/or professional licenses. In accordance with L.R.S. 40:1299.39, and subject to the conditions, stipulations and exceptions contained therein, professional health care providers volunteering their services on behalf of the State of Louisiana are generally held harmless and indemnified by the State for any malpractice claims arising from their service on behalf thereof.

If the Volunteer is providing nonmedical services, then by signing this agreement the Volunteer acknowledges that s/he shall not provide care, assistance, goods, or services for which a medical license is required. In accordance with L.R.S. 29:735.3.1 and subject to the conditions, stipulations and exceptions contained therein, any natural or juridical person, who gratuitously and voluntarily renders any disaster relief or recovery services in coordination with the state shall not be liable to the recipient thereof for any injury or death to a person or any damage to property resulting therefrom.

LDH and Volunteer further agree that the Volunteer's service may be immediately terminated at any time by either LDH or Volunteer.

VOLUNTEER:

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

If Volunteer is under 18 years of age, the Parent/Guardian of Volunteer must consent:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

LDH REPRESENTATIVE:

Name: _____

Signature: _____ Date: _____