

LOUISIANA MODEL NURSING HOME EMERGENCY PLAN

Facility Name (Print):

West Jefferson Health Care Center

Name of Administrator (Print):

Lindsay Dukes, LNFA

Physical or Geographic address of Facility (Print):

1020 Manhattan Blvd

Harvey, LA. 70058

Longitude: 90.64344

Latitude: 29.900354

MAILING ADDRESS OF YOUR FACILITY (Print, Type)

1020 MANHATTAN Blvd.

Harvey, LA. 70058

Phone #: 504-362-2020

Fax #: 504-367-9574

E-mail address: (Print, Type)

LDukes@WestJeffCaring.Com

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

EMERGENCY PREPAREDNESS PLAN FOR:

West Jefferson Health Care Center

(Print, Type FACILITY NAME)

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

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

Jefferson Parish Office of Emergency Management

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

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

RECEIVED or REVIEWED or APPROVED.

Circle Yes or No

YES or NO

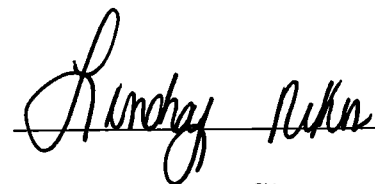
-Did the Office of Homeland Security and Emergency Preparedness give any recommendations? **Include in Tab P**

YES or NO

-Did the facility address these recommendations?

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

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



Administrators Signature

Lindsay Dukes, LNFA

Print Name



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

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

To:

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

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

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

Sincerely,


Bob G Dean
Man. Member



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

Year 2021 Hurricane Evacuation Plan

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

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

Facility	Address	Phone	Bed Availability
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 th 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

**TRANSPORTATION AGREEMENT
FOR
LA HEALTH CARE CONSULTANTS, LLC**

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

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

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

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

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

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

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

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

PURPOSE

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

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

MISCELLANEOUS

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

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

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

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

Signed this End day of February, 2021.

Nicoll's Limousine and Shuttle Service

By: Mike Nicoll

Mike Nicoll

LA Health Care Consultants, LLC (LHCC)

By: [Signature]

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

West Jefferson Health Care Center
c/o Administrator
1020 Manhattan Blvd.
Harvey, LA 70058

Re: Evacuation Agreement

Dear Administrator:

In response to a request for verification from West Jefferson Health Care Center (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

5245CEF7D680444...

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

DocuSigned by:

Jeff Demars

44B9677A8607463...

1/13/2021 | 4:47 AM PST



Reinhart Foodservice Louisiana, L.L.C.
918 Edwards Ave
Harahan, LA 70123
January 30, 2021

West Jefferson Health Care Center
1020 Manhattan
Harvey, LA 70058

Valued Customer:

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

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

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

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

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

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

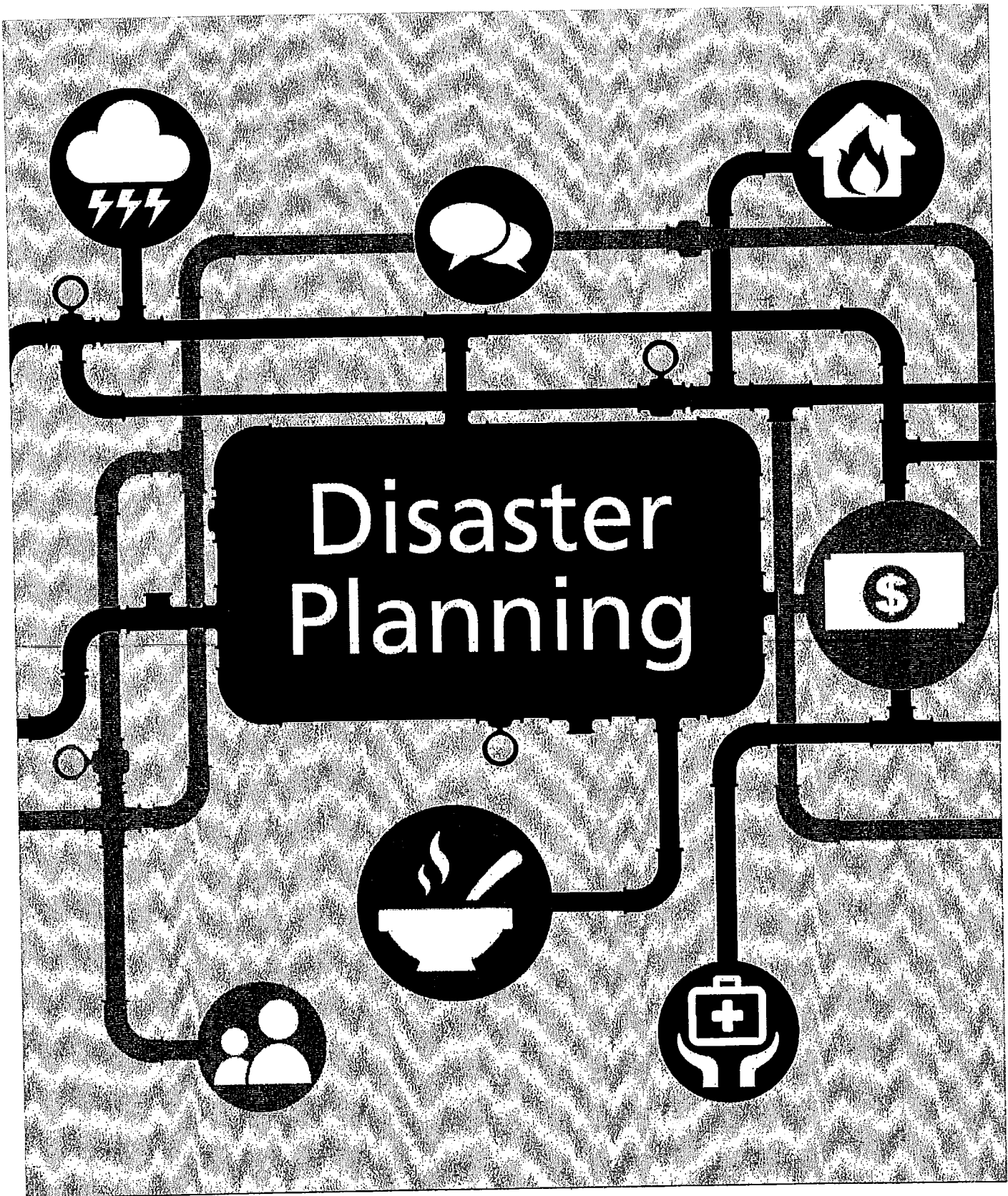
Should your facility undergo a disaster or emergency it is your responsibility to notify Reinhart as to stoppage of delivery or delivery to an alternate site. Should you have any questions regarding this policy, please contact your healthcare specialist at 1-800-488-3988.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to be 'P. D. ...', is written over a horizontal line.

Louisiana Market President



Dear Reinhart Foodservice Louisiana, L.L.C. Customer:

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

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

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

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

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

We strongly recommend you purchase and store your disaster food and paper supplies by June 1st 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 now with a local water supplier to source potable water before an emergency catches you 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 a storm passes. With a limited number of extras, the trailers need to 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 Reinhart healthcare specialist immediately.

Sincerely,

Healthcare Division
REINHART FOODSERVICE LOUISIANA, L.L.C.

Louisiana Market President
Reinhart – New Orleans
Reinhart – Shreveport

REINHART FOODSERVICE EMERGENCY CALL LIST

New Orleans Division			
Toll Free Phone Number	800-488-3988	Fax	504-734-5270
Local Phone Number	504-733-5200		
EXT	CELL PHONE		
HEALTHCARE SERVICES TEAM - NEW ORLEANS DIVISION			
Shannon Hayes, RD, EDN	Regional Manager Healthcare	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	527353	985-778-8449
Angel Schlotterbeck, CDM, CFP	Southwest/Central Louisiana	528319	318-230-1341
Customer Service Team - New Orleans Division			
Lori Nunez	Manager/Healthcare Customer Svc	527736	
Jeannette Lemoine	Inside Sales-Healthcare	527703	
Dawn Sisung	Inside Sales	527743	
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	Division President	527707	504-202-7276
Shreveport Division			
Toll Free Phone Number	800-256-1336	Fax	318-213-5105
Local Phone Number	318-869-3061		
EXT	CELL PHONE		
HEALTHCARE SERVICES TEAM - SHREVEPORT DIVISION			
Tiffany Wenzel, RD/LD	Regional Manager Healthcare	528322	817-320-4614
Mary Lively, RD, LDN	North Louisiana	528316	318-282-4471
Angel Schlotterbeck, CDM, CFP	Southwest/Central Louisiana	528319	318-230-1341
Jennifer Hoffman, RD/LD	Northeast Texas	528317	713-301-6360
Liz Doran	Central Texas	528320	210-269-8510
Lauren Benit	Southeast Texas		504-202-7669
Customer Service Team - Shreveport Division			
Tami Rutten, CDM, CFP	Healthcare Specialist/Inside Sales	528224	
Regina Ross	Healthcare Customer Service	528227	
Senior Management - Shreveport Division			
Ron Armstrong	Vice President of Sales	528202	903-728-5764
Ken Ellkins	Director of Operations	528209	318-393-7780
Ted Meyer	SHR General Manager	528200	318-990-1005
Steven Wood	Division President	527707	504-202-7276
Healthcare Sales LA			
	Vice President of Healthcare Sales LA		318-344-7358
	Healthcare Menu Systems Coordinator		528318

Revised: 1/3/2020

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 nsdept@rfsdelivers.com or call 888-711-4020.

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HEALTHCARE DISASTER PROCEDURE MANUAL

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

Disaster Procedures

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

BASIC PRINCIPLES OF FOODSERVICE WITHOUT UTILITIES OR WITH EQUIPMENT MALFUNCTION:

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

5. Meals are to be served on disposable ware until the ability to wash and sanitize dishes is restored.
6. If water is not available, save all liquids from canned fruits and vegetables. Ice made from potable water should be removed from the ice machine and stored in clean, covered, food-grade containers and placed in the refrigerator/freezer. An emergency back-up source for water needs to be identified. Consider having an agreement with a local water supply company. Check with your local jurisdiction to determine the required amount that must be allotted and stored per person. Vegetable juices from canned vegetables can provide fluids. Fruit juices may be used in place of drinking water. Juice and coffee from machines that contain potable water may also be used to provide liquid. In cases of disaster, community water systems may become contaminated and water from these systems might need to be disinfected prior to use for human consumption. Contact your local health department for information on the preferred method prior to disinfecting any water.
7. At least one flashlight with working batteries should be kept in the supervisor's desk.
8. Dietary personnel should be instructed in procedures and menus for emergency feeding initially when no emergency is present. An annual in-service should be provided on emergency feeding.
9. If electricity or gas is unavailable, use chafing dishes and sterno to heat ready-to-eat and/or canned food if the equipment is available. Any properly refrigerated leftovers must be heated to an internal temperature of 165°F. Alternate sources of heating can be used as long as proper ventilation is available.
10. It is recommended that bags of ice be kept in the freezer at all times 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 and 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 5 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 per gallon of water. If the water is extremely cold, murky or discolored add double the amount of chlorine. The bleach should contain 4 - 6 percent sodium hypo chlorine as its only active ingredient. Let the water stand for at least 30 minutes before using. Commercially prepared iodine tablets which are formulated for disinfecting water may also be used to chemically disinfect water. Contact your local health department for the preferred method in your area before attempting to disinfect any water.
12. Normal laundry procedures would be disrupted during a natural disaster.

RESIDENT MEAL SERVICE

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

Supplies

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

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

Sanitation

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

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

Work Assignments

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

NAME OF FACILITY

SAMPLE LETTER

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

Signature
Staff Physician

Note: Customize for your facility.



Get it right from us.

3 Day Disaster Menu - Cold Food Only

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



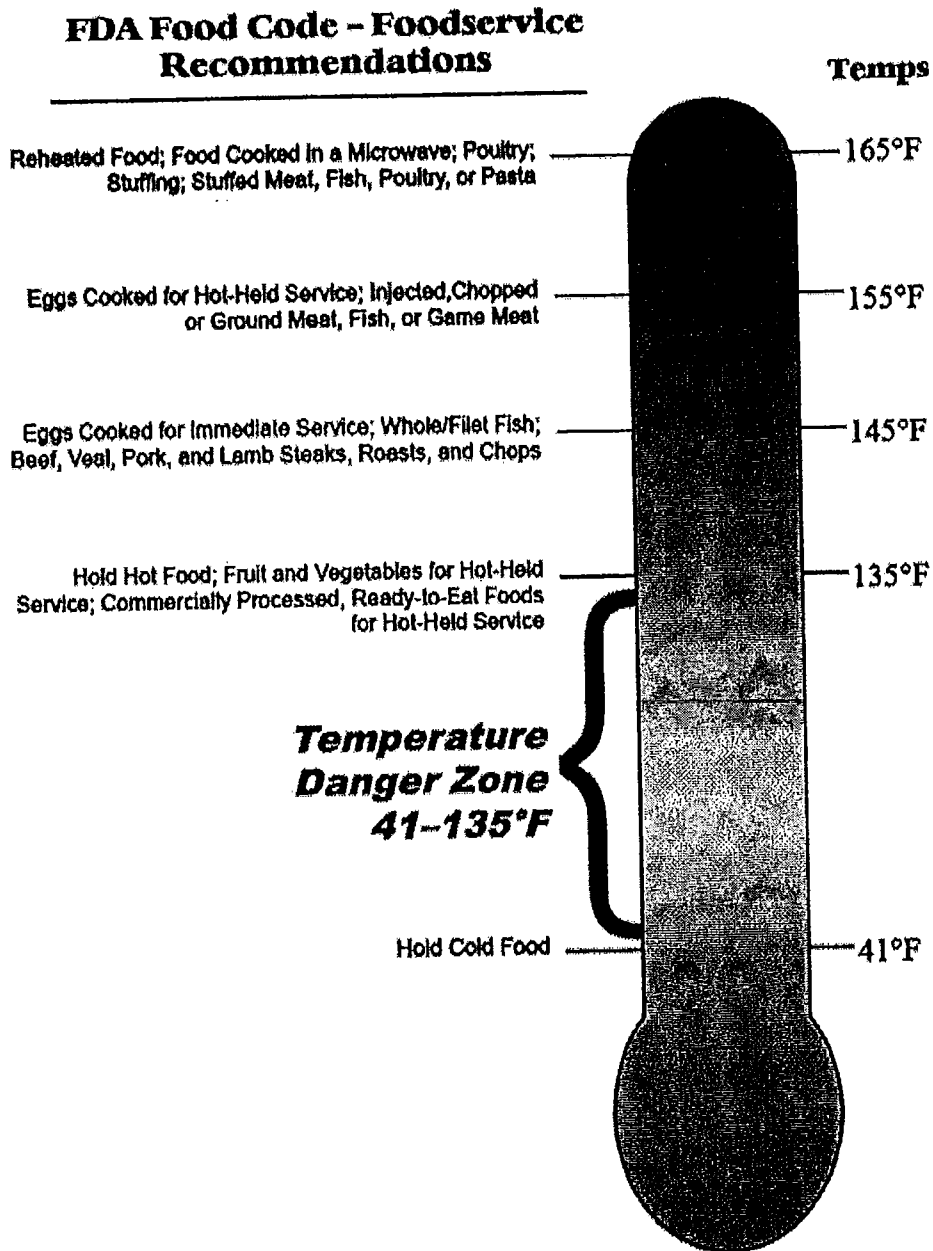
Get it right from us.

THREE 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	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	6 oz	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
HS SNACK	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 made accessible in menuMATRIX, if requested, and an order guide, based on census, can be generated. Please contact your Healthcare 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.

Emergency Food Service Phone Numbers

☐ Workforce:

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

☐ Utilities:

- Gas: _____
- Water: _____
- Phone: _____
- Electricity: _____
- Sewage: _____
- Waste Disposal: _____

☐ Repair:

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

☐ Local Health Department: _____

☐ City Building Inspector: _____

☐ Property Insurance Company: _____

☐ Food Service Suppliers: _____

☐ Ice/Dry Ice Vendor: _____

☐ Media Contacts: _____

☐ Portable Toilet Rental: _____

☐ Outside Facility Assistance: _____

- Kitchen Use: _____
- Extra Workers: _____
- Cooler Space: _____

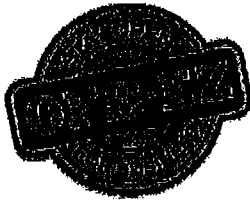
Disaster Type: _____



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 particular 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 ≥ 17

MAKE COPIES
OF THIS FORM



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

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

OFB-EZ® is a program of the Insurance Institute for Business & Home Safety
Download this document at DisasterSafety.org/open-for-business


5

Emergency Supply Kit

Food Preparation Supplies:

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

Safety Equipment Supplies:

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

Food Safety and Sanitation Supplies:

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

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

Other Supplies:

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



Bottled water

Water Spring Bottled RFS # A2580

24/16.9



Can opener

Can Opener Portable Hand Firm Grip Black RFS # 92950

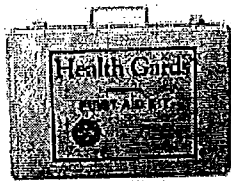
1/Cnt



Ensure

Supplement Drink Ensure Vanilla Original Ready To Serve RFS # 14208

24/8oz



First aid kit

Kit First Aid 25 Person RFS # G4864

1/Cnt



Food thermometer

Thermometer Digital Pocket -68 To +302 F RFS # P9388

1/Cnt



Sanitizer test strips

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

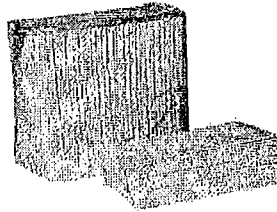
2/Cnt



Bleach

Bleach Liquid Germicidal Concentrate
RFS # F7046

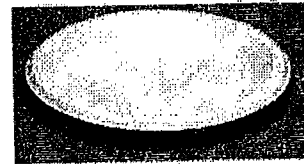
3/121oz



Napkins

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

12/250Cnt



Meal Plate

Plate Foam 3 Compartment 9" Laminated White
RFS # B4300

500/Cnt



Dessert Plate

Plate Foam 6" Non Laminated White
RFS # B1790

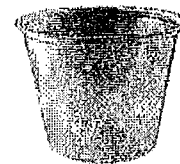
8/125Cnt



Foam Cup

Cup Foam 8 Ounce White
RFS # 12996

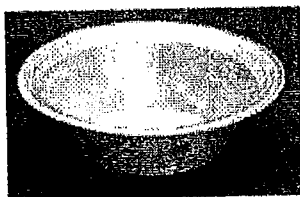
40/25Cnt



Drinking Cup

Cup Plastic 9 Ounce Clear
RFS # N6366

20/50 Cnt



Foam Bowl

Bowl Foam 12 Ounce Non Laminated White
RFS # B1796

8/125 Cnt



Cutlery Kit

Cutlery Kit Med Wt Knife, Fork, Spoon, Salt &
Pepper, Napkin, Individually Wrapped
RFS# CA124

250/Cnt



Portable Burner

Stove Butane Single Burner, 9000 BTU
RFS # MH780

1/Cnt



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Power Outage Food Safety

Dietary Employee Training Program

Objective: The participant will be able to:

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

Course Outline:

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

Course Information:

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

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

II. Storing and Using Food Supplies Appropriately

A. Be Prepared

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

B. What To Do When the Power Goes Out

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

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

C. What To Do When Power Returns

When your facility regains power, be sure to check the safety of all food in the freezer and cooler. If an appliance thermometer was kept in your freezer or refrigerator, check the temperature when the power comes back on. If foods in the freezer are below 40°F and ice crystals are present, the foods can be refrozen for future use or immediately cooked. If there is not a thermometer in the freezer, check each package of food to determine its safety. Discard any perishable food left at 40°F for 4 hours or longer. If the power outage lasted long enough that refrigerated and frozen food needed to be discarded, clean and sanitize the storage units before adding new food to remove any possible cross contamination or odors from spoiled foods. Be sure to remove the shelves and trays and wash with hot water and baking soda. Follow with a rinse and then sanitize. If an odor persists, allow the storage unit to air out for several days or use equal parts of vinegar and water to absorb the odor.

III. Conclusion/ Discussion

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

The information provided in this in-service is not meant to be all-inclusive. Reinhart values the safety and well-being of their customers and therefore strongly recommends contacting your local jurisdiction disaster planning. For more information regarding Reinhart's Dietary Employee Training Program or other nutrition services, please refer to our website at <http://www.rfsdelivers.com> or contact NSDept@RFSDelivers.com. 1. T, 2. F, 3. F, 4. F, 5. T

IV. Pre Test / Post Test (Circle One)

Name: _____

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

Recovering from Natural Disasters

Dietary Employee Training Program

Objective: The participant will be able to:

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

Course Outline:

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

Course Information:

I. Introduction: Natural Disasters

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

II. Preparing and Reacting to a Natural Disaster

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

o Preparing for a Disaster

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

o After any Disaster

- Wear protective clothing which includes long pants, long-sleeved shirt, closed-toed rubber soled shoes or boots, work gloves and depending on the situation, a dust mask, safety glasses, and a hard hat.
- Watch for hidden damage. In most disaster sites, damage is not always visible.
- Avoid leaning or pushing on damaged material, it could be supporting the structure.
- If you smell natural or propane gas or hear a hissing noise, leave the property immediately. Call the fire department, or if you have a propane tank system, contact a propane supplier.
- Avoid walking across areas of the floor that sag or have weak spots. If the area needs to be traveled, place a thick plywood panel across the damaged area, extending 8-12 inches on each side of the weak area.
- If the power is out, use battery operated flashlights. Do not use candles or any type of open flame because there could be faulty electrical equipment, down lines, or gas leaks.

- When making temporary repairs save all of 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 rubber gloves.
 - 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 of 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.

○ **Flood Disaster**

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

III. Conclusion/ Discussion

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

The information provided in this in-service should not be used to replace policies set by your facility or local jurisdiction. Reinhart values the safety and well-being of their customers and therefore strongly recommends consulting your local jurisdiction for more information on kitchen decontamination and salvaging inventory. For more information regarding Reinhart's Dietary Employee Training Program or other nutrition services, please refer to our website at <http://www.rfsdelivers.com> or contact NSDept@RFSDelivers.com. 1. F, 2. T, 3. F, 4. T, 5.F

IV. Pre/ Post Test (Circle One)

Name: _____

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

Disaster Planning – Pandemic

Dietary Employee Training Program

Objective: The participant will be able to:

- ◆ Explain the impact pandemics can have on society
- ◆ Understand work place 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 have the ability to 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 work place illness
- c. Employees should be reminded that getting the flu shot cannot give you the flu because the virus has been deactivated.
- d. Managers may provide cross training among employees so that essential functions can be performed if staffing levels are disrupted during a pandemic
- e. Managers may include a pandemic scenario during disaster drill trainings
- f. Healthy habits such as not smoking, eating healthy, exercising, & getting adequate sleep will reduce the chances of contracting an infectious disease

B. Work Place Policies and Operating Procedures Once a Pandemic Hits

- a. Stay home if you have a fever or symptoms of a fever (chills, sweating, aches, weakness / fatigue) to stay home until at least 24 hours after symptoms have resolved without medication
- b. See a doctor before returning to work
- c. Talk with your manager if you need flexibility on sick leave policies during the pandemic
- d. Decrease face time with other employees by using web or tele meetings and trainings
- e. Talk with your manager if you need tissues, soap, and no touch garbage cans

C. Employee Behavior During a Pandemic

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

III. Conclusion / Discussion

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

For more information regarding Reinhart's Dietary Employee Training Program or other nutrition services, please refer to our website at <http://www.rfsdelivers.com> or contact NSDept@RFSDelivers.com. 1 F, 2 T, 3.T, 4.F, 5 T

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. Employees who have a pandemic illness should stay home until 24 hours after their symptoms resolve.
- T F 5. Cleaning and sanitizing work spaces has no impact on the spread of infectious diseases.

Case Study One: Thunderstorm

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

1. What do you do next?

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

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

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

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

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

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

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

Case Study Two: Tornado

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

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

Case Study Three: Water Contamination

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

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

Case Study Four: Pandemic

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

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

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SLOSH Model Data for West Jefferson Health Care

Surge heights at a given point for all available MEOWS

Basin = msk

SLOSH grid reference (I,J) = (78,56)

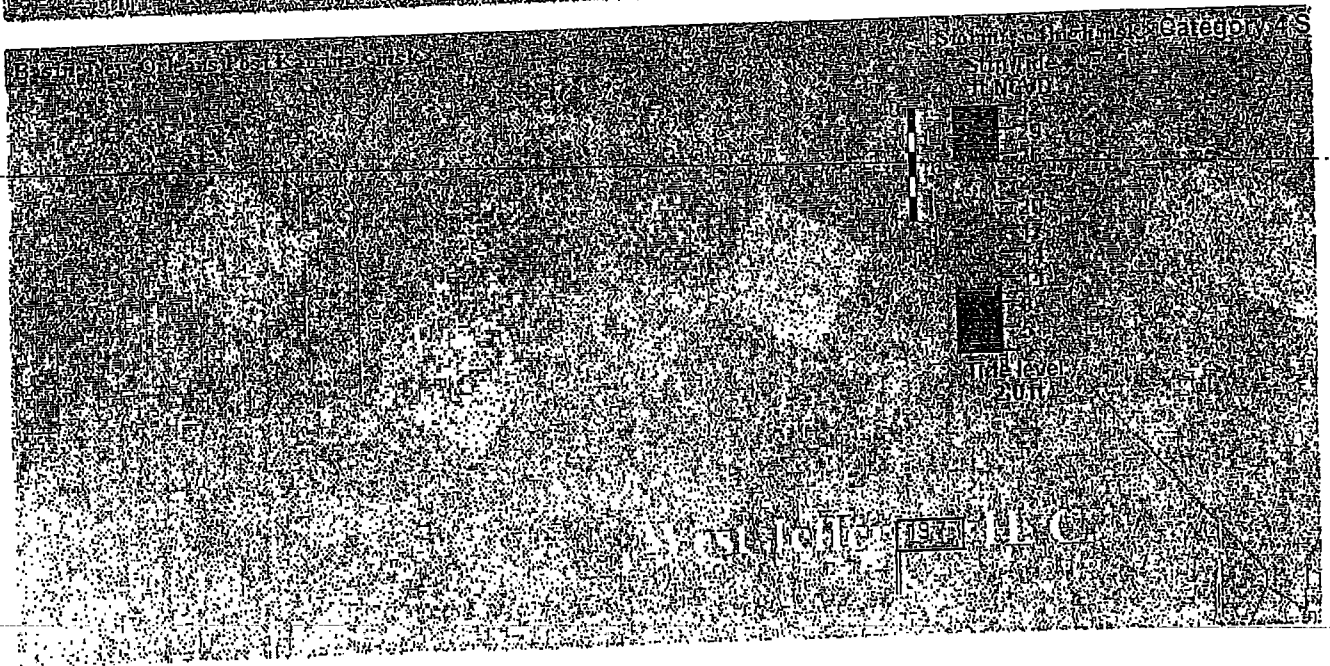
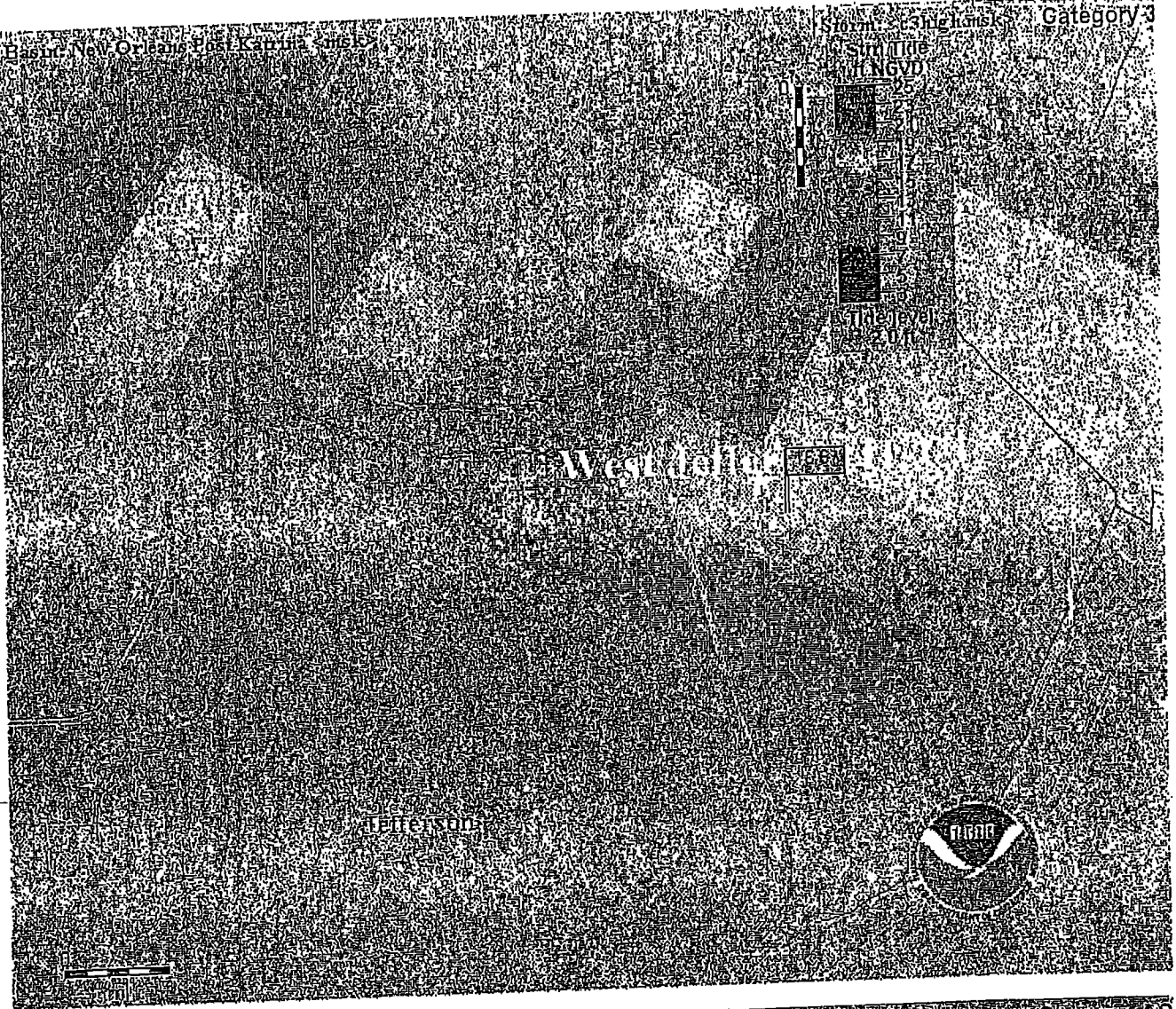
Approximate Lat= 29.900354 Long = 90.064344

dir - Direction of wind
sp - Speed of storm

Iide - Norm (I0) or High(+2feet)(I2)

surge - maximum potential storm surge

Category 1				Category 2				Category 3				Category 4				Category 5			
dir	sp	tide	surge	dir	sp	tide	surge	dir	sp	tide	surge	dir	sp	tide	surge	dir	sp	tide	surge
w	5	10	DRY	w	5	10	DRY	w	5	10	DRY	w	5	10	10.4	w	5	12	16.2
w	5	12	DRY	w	5	12	DRY	w	5	12	DRY	w	5	10	3.3	w	5	10	12.2
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nne	15	10	DRY	nne	15	10	DRY	nne	15	12	10.9	nne	15	12	16.8	nne	15	12	21
nne	15	12	DRY	nne	15	12	DRY	nne	15	10	DRY	nne	15	10	12.7	nne	15	10	19.4
nne	25	10	DRY	nne	25	10	DRY	nne	25	12	4.4	nne	25	12	14.5	nne	25	12	19.5
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e	15	12	DRY	e	15	12	DRY	e	15	10	DRY	e	15	10	DRY	e	15	10	6.8
e	25	10	DRY	e	25	10	DRY	e	25	12	DRY	e	25	12	DRY	e	25	12	2.2
e	25	12	DRY	e	25	12	DRY	e	25	10	DRY	e	25	10	DRY	e	25	10	DRY



I. Emergency Operations Plan Overview

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

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

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

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

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

II. Purpose and Scope

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

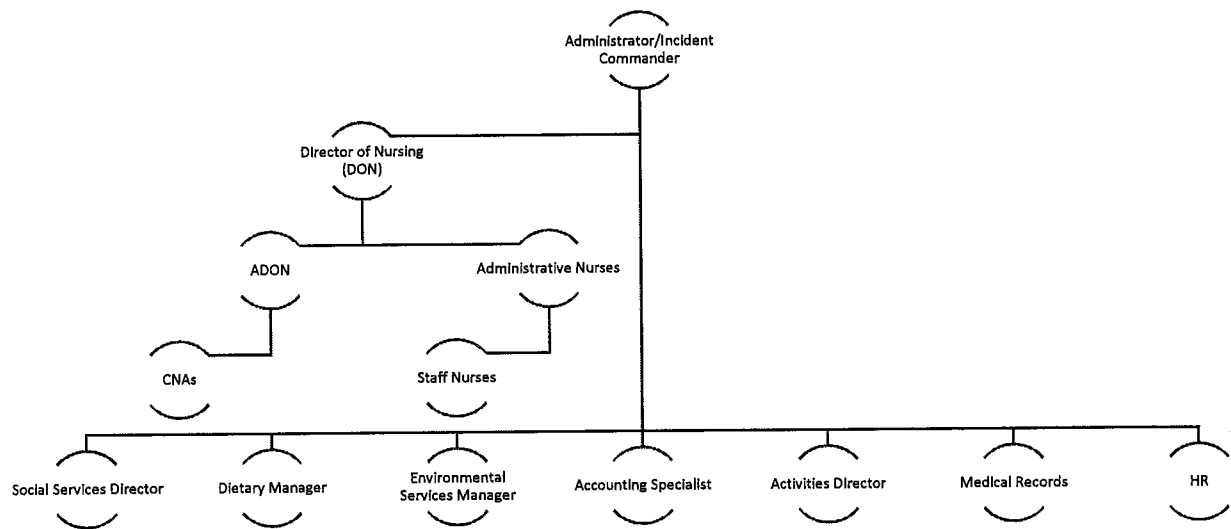
- Maintain a safe and secure environment for residents, staff and visitors;
- Sustain our organization's functionality, including our usual day-to-day business operations
- Integrate into the community's emergency response system as necessary.

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

III. Structure and Leadership

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

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



IV. Risk Assessment

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

A. Hazard Vulnerability Analysis (HVA)

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

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

Hazard Vulnerability Analysis (HVA)

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

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

See Section 13 for HVA.

SLOSH Model Data for West Jefferson Health Care

Surge heights at a given point for all available MEOWS

Basin = msk

SLOSH grid reference (I,J) = (78,56)

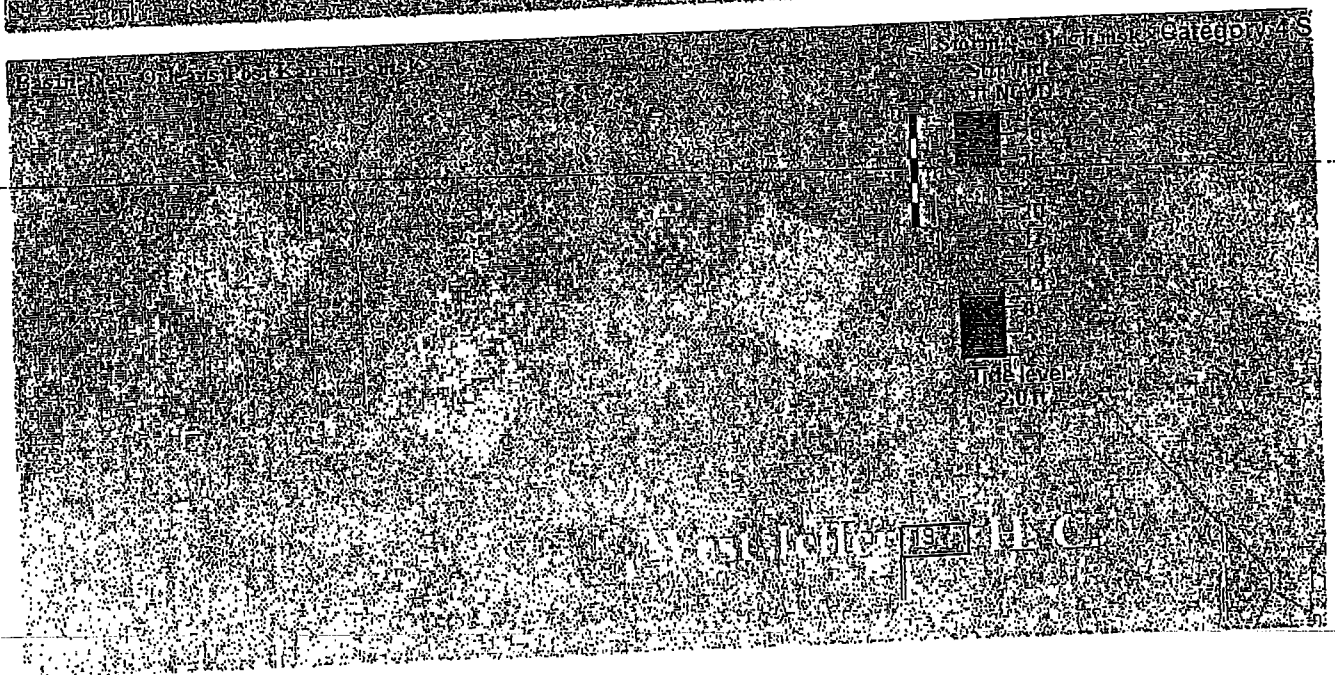
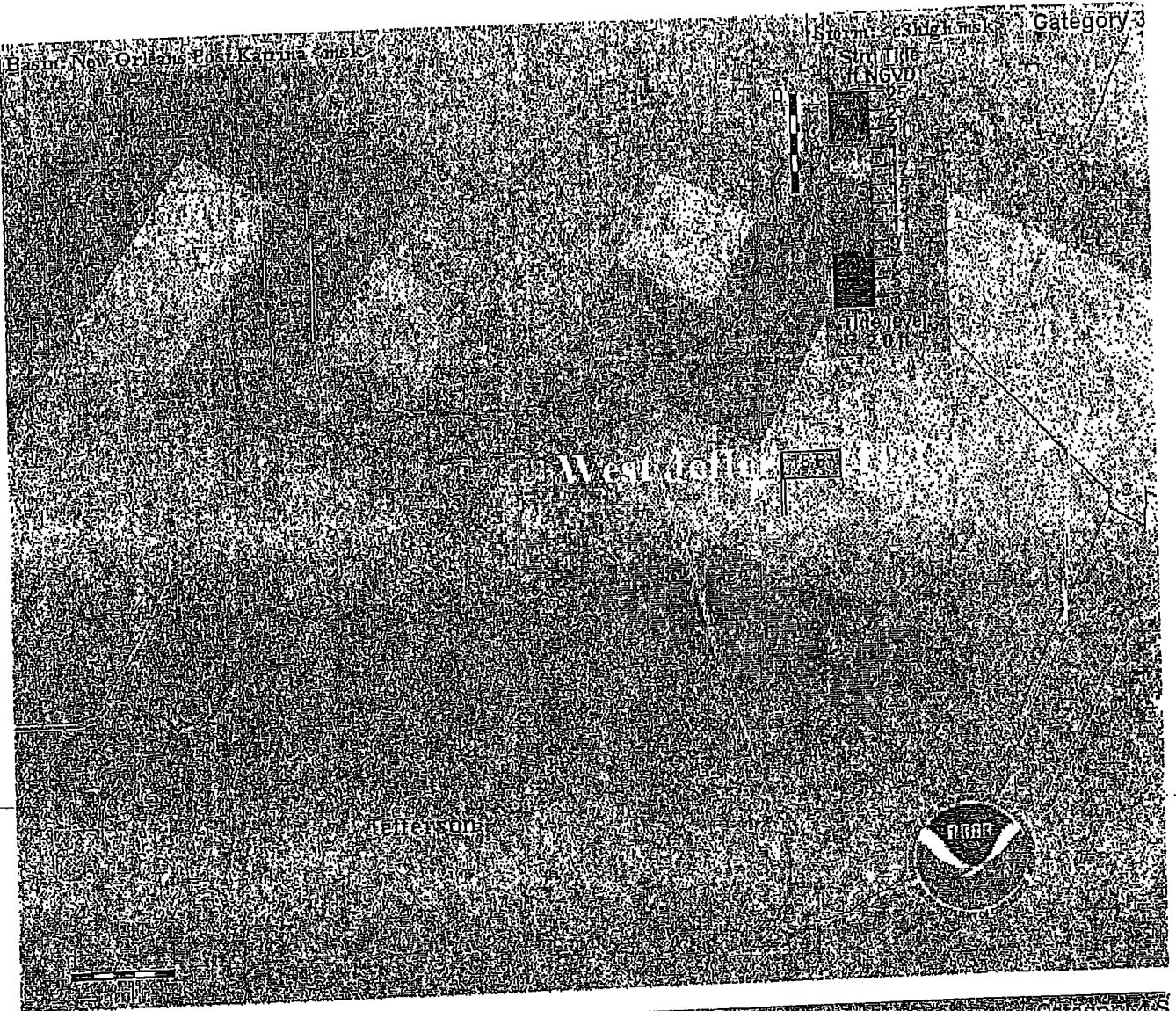
Approximate Lat= 29.900354 Long = 90.064344

dir - Direction of wind
sp - Speed of storm

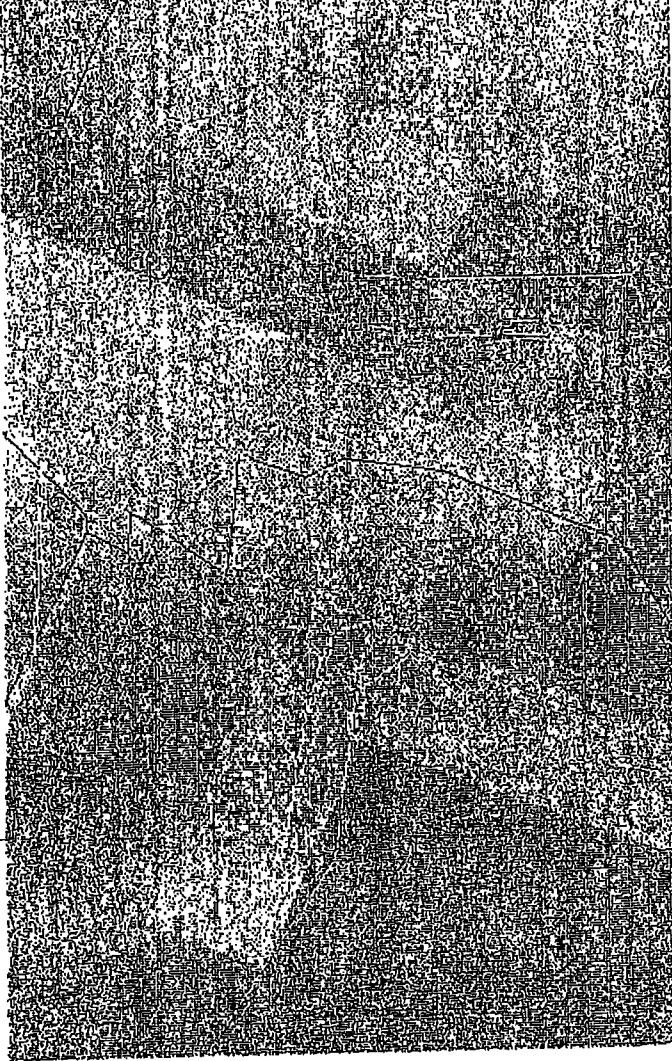
tide - Norm (10) or High(+2feet)(12)

surge - maximum potential storm surge

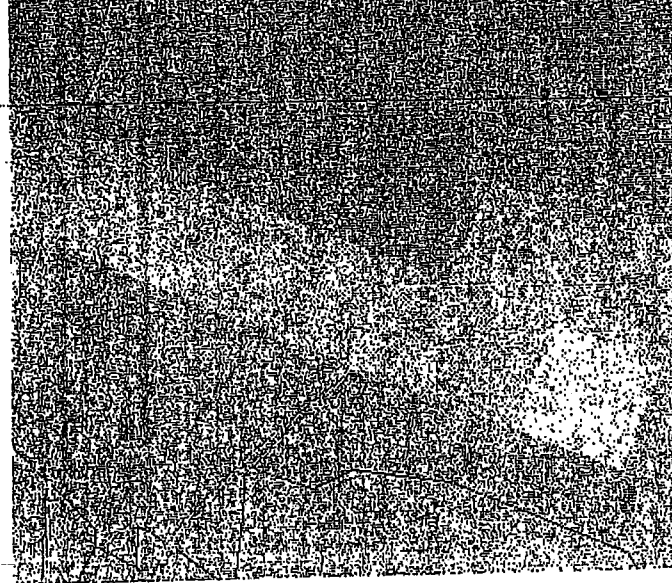
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w	25	10	DRY	w	25	10	DRY	w	25	12	DRY	w	25	12	DRY	w	25	12	10.2
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ene	15	10	DRY	ene	15	12	DRY	ene	15	12	DRY	ene	15	12	13.1	ene	15	12	13.7
ene	15	12	DRY	ene	15	10	DRY	ene	15	10	DRY	ene	15	10	DRY	ene	15	10	14.5
ene	25	10	DRY	ene	25	12	DRY	ene	25	12	DRY	ene	25	12	DRY	ene	25	12	1
ene	25	12	DRY	ene	25	10	DRY	ene	25	10	DRY	ene	25	10	DRY	e	5	12	21.2
e	5	10	DRY	e	5	12	DRY	e	5	12	14.1	e	5	12	19.5	e	5	10	20.2
e	5	12	DRY	e	5	10	DRY	e	5	10	-0.3	e	5	10	17	e	5	10	15.3
e	15	10	DRY	e	15	12	DRY	e	15	12	DRY	e	15	12	6.4	e	15	12	6.8
e	15	12	DRY	e	15	10	DRY	e	15	10	DRY	e	15	10	DRY	e	15	10	2.2
e	25	10	DRY	e	25	12	DRY	e	25	12	DRY	e	25	12	DRY	e	25	12	DRY
e	25	12	DRY	e	25	10	DRY	e	25	10	DRY	e	25	10	DRY	e	25	10	DRY



Category 3 Storm High Tide



Category 4 Storm High Tide



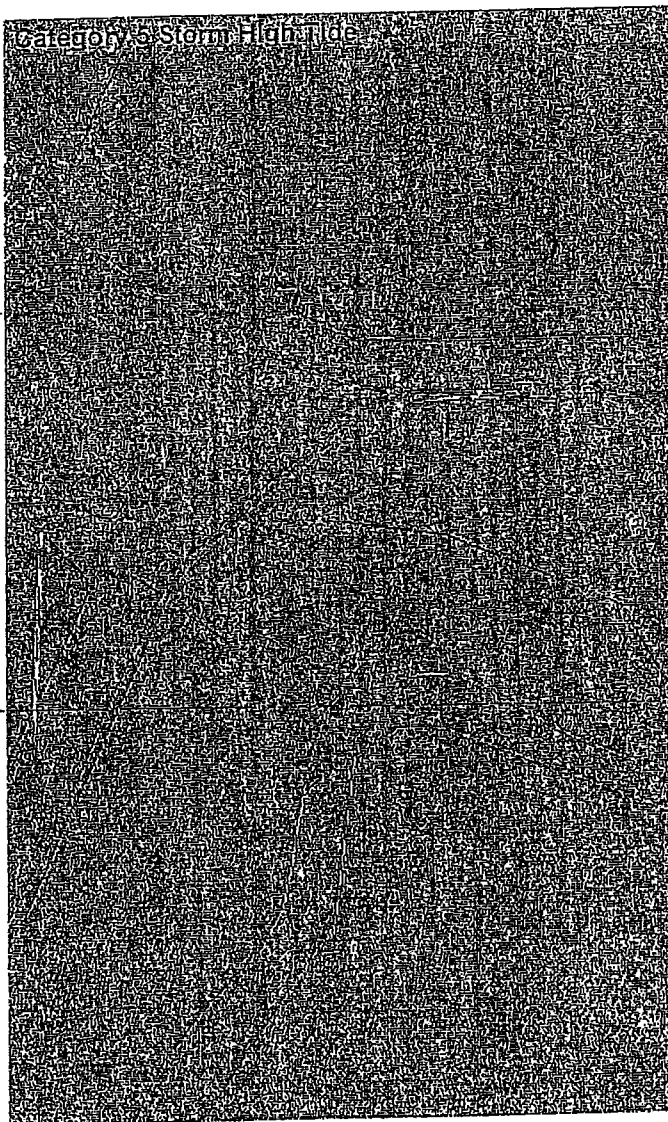
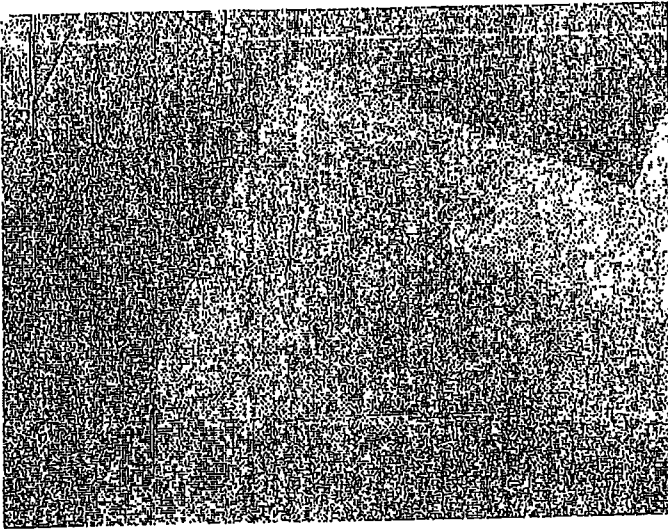


Tide-level

West Jefferson H.C.

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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 West Jefferson Healthcare Center 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 and/or www.redcross.org/prepare/location/home-family/plan for guidance and templates for personal disaster plans.

A. Staffing During an Emergency - Staff Recall

West Jefferson Healthcare Center 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.

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.

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.

[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

West Jefferson Healthcare Center 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 ₂ , 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):

TULSA SHERIFF-PATRIOTIC MISSION STATEMENT POLICY 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					
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 WATER SUPPLIES

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

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

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

Water Treatment Methods

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

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

Boiling

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

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

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

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

SPECIAL NOTE: RESIDENT HYDRATION DURING EVACUATION

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

Disaster Menu

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

3 Day Disaster Menu

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

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE PREPARED:	4. TIME PREPARED:	5. OPERATIONAL PERIOD:	
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		

SYSTEM STATUS CHECKLIST (CONTINUED)

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

OTHER _____	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	

XI. Emergency Procedure – Shelter-in-Place

Policy Statement

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

Policy Interpretation and Implementation

1. The facility identifies and assesses the length of time it can realistically support SIP before a decision is made to fully evacuate.

2. The following potential situations have been identified, in which sheltering in place might be necessary:

- Hurricane
- Tornado

3. The following areas within the facility have been identified as suitable spaces that are structurally sound and away from potential exposure areas for residents, staff, and visitors to seek shelter:

- **TV rooms 1&2; Shower rooms 1&2; Employee break room; dining room**

A. Emergency Procedure – Shelter-In-Place

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

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

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

Shelter in Place - Tornado

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

1. Shelter-In-Place, General:

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

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

XII. Additional Hazards Facility may be subjected to

A. Emergency Procedure – Terrorism/Bomb Threat

This facility is prepared to respond to a bomb threat.

Policy Interpretation and Implementation

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

Emergency Procedure – Bomb Threat

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

Telephone Procedure – Bomb Threat

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

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

Emergency Job Tasks – Bomb Threat

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

1. Administrator/Incident Commander

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

2. Management Staff of All Departments

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

3. Staff Members of All Departments

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

- c. Be prepared to activate evacuation procedures.

B. Emergency Procedure – Terrorism/Chemical Attack

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

Policy Interpretation and Implementation

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

Emergency Procedure – Terrorism/Chemical Attack

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

After a Chemical Attack

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

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

Decontamination Procedures

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

Emergency Job Tasks – Terrorism/Chemical Attack

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

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

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

C. Emergency Procedure – Terrorism/Nuclear Blast Attack

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

Policy Interpretation and Implementation

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

Radioactive Fallout

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

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

back to earth. The phenomenon is called radioactive fallout.

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

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

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

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

Electromagnetic Pulse (EMP)

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

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

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

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

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

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

Protection from a Nuclear Blast

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

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

- a. Strategic missile sites and military bases.
- b. Centers of government such as Washington, DC, and state capitals.
- c. Important transportation and communication centers.
- d. Manufacturing, industrial, technology, and financial centers.
- e. Petroleum refineries, electrical power plants, and chemical plants.

f. Major ports and airfields.

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

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

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

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

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

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

Before a Nuclear Blast

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

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

Emergency Procedure – Terrorism/Nuclear Blast Attack

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

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

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

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

5. Residents, visitors, and staff close blinds and drapes and move away from windows and doors. Close and lock doors and windows. Initiate shelter-in-place procedures.

6. Instruct staff, residents, and visitors to remain in the facility until further notice from the local authorities.

7. Listen to battery-operated radio for information regarding the incident and specific instructions.

8. If staff members, residents, and visitors are caught outside and are unable to get inside immediately, instruct them to do the following:

- a. Do not look at the flash or fireball—it can blind you.
- b. Take cover behind anything that might offer protection.
- c. Lie flat on the ground and cover your head. If the explosion is some distance away, it could take 30 seconds or more for the blast wave to hit.
- d. Take shelter as soon as you can, even if you are many miles from where the attack occurred.

Radioactive fallout can be carried by the wind for hundreds of miles. Remember the three protective factors—distance, shielding, and time.

9. Continue to monitor radio announcements for further instruction. The situation is only deemed “under control” and safe by local and state authorities. At that point, the Incident Commander declares the situation “safe” and back to normal operations.

10. Account for all staff members and residents.

After a Nuclear Blast

1. Decay rates of the radioactive fallout are the same for any sized nuclear device. However, the amount of fallout will vary based on the size of the device and its proximity to the ground. Therefore, it might be necessary for those in the areas with highest radiation levels to shelter for up to a month.
2. The heaviest fallout would be limited to the area at or downwind from the explosion, and 80 percent of the fallout would occur during the first 24 hours.
3. People in most of the areas that would be affected could be allowed to come out of shelter within a few days and, if necessary, evacuate to unaffected areas.
4. Keep listening to the radio and television for news about what to do, where to go, and places to avoid.
5. Stay away from damaged areas. Stay away from areas marked “Radiation Hazard” or “HAZMAT.”

Remember that radiation cannot be seen, smelled, or otherwise detected by human senses.

Emergency Job Tasks – Terrorism/Nuclear Blast

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

1. Administrator/Incident Commander

- a. Listen to battery-operated radio for information regarding the incident and for specific instructions.
- b. Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
- c. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.

- d. Activate the shelter-in-place procedures until further notice from local and state authorities.
- e. Ensure staff members and residents are accounted for and safe.
- f. Continuously remind all staff to remain calm and in control so as to not upset the residents.

2. Management Staff of All Departments

- a. Report to the Incident Command Post.
- b. Instruct staff members, residents, and visitors to remain in the facility.
- c. Close blinds and drapes, close and lock doors and windows, and move away from windows.
- d. Initiate shelter-in-place procedures until further notice from the local authorities.
- e. Remain calm so as to not upset the residents.

3. Maintenance

- a. Report to the Incident Command Post.
- b. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
- c. Instruct staff members to close blinds and drapes, close and lock doors and windows, and move away from windows.
- d. Initiate shelter-in-place procedures until further notice from the local authorities.
- e. Remain calm so as to not upset the residents.

4. Staff Members of All Departments

- a. Close blinds and drapes, close and lock doors and windows, and move away from windows.
- b. Initiate shelter-in-place procedures.
- c. Remain calm so as to not upset the residents.

Radiological Dispersion Device (RDD)

- 1. Terrorist use of an RDD, often called “dirty nuke” or “dirty bomb,” is considered far more likely than use of a nuclear explosive device.
- 2. An RDD combines a conventional explosive device, such as a bomb, with radioactive material. It is designed to scatter dangerous and sub-lethal amounts of radioactive material over a general area.
- 3. RDDs appeal to terrorists because they require limited technical knowledge to build and deploy compared to a nuclear device. Also, the radioactive materials in RDDs are widely used in medicine, agriculture, industry, and research, and are easier to obtain than weapons grade uranium or plutonium.
- 4. The primary purpose of terrorist use of an RDD is to cause psychological fear and economic disruption.
- 5. Some devices could cause fatalities from exposure to radioactive materials. Depending on the speed at which the area of the RDD detonation was evacuated or how successful people were at

sheltering-in-place, the number of deaths and injuries from an RDD might not be substantially greater than from a conventional bomb explosion.

6. The size of the affected area and the level of destruction caused by an RDD would depend on the sophistication and size of the conventional bomb, the type of radioactive material used, the quality and quantity of the radioactive material, and the local meteorological conditions—primarily wind and precipitation.

7. The area affected could be placed off-limits to the public for several months during cleanup efforts.

Before a Radiological Dispersion Device (RDD)

1. There is no way of knowing how much warning time there will be before an attack by terrorists using an RDD, so being prepared in advance and knowing what to do and when is important.

2. To prepare for an RDD event, you should do the following:

a. Find out from officials if any public buildings in your community have been designated as fallout shelters.

b. If none have been designated, make your own list of potential shelters. These places would include basements or the windowless center area of middle floors in high-rise buildings, as well as subways and tunnels.

c. During periods of increased threat, increase your disaster supplies to be adequate for up to two weeks.

3. Taking shelter during an RDD event is absolutely necessary. There are two kinds of shelters—blast and fallout. The following describes the two kinds of shelters:

a. Blast shelters are specifically constructed to offer some protection against blast pressure, initial radiation, heat, and fire. But even a blast shelter cannot withstand a direct hit from a nuclear explosion.

b. Fallout shelters do not need to be specially constructed for protecting against fallout. They can be any protected space, provided that the walls and roof are thick and dense enough to absorb the radiation given off by fallout particles.

During a Radiological Dispersion Device (RDD)

1. While the explosive blast is immediately obvious, the presence of radiation is not known until trained personnel with specialized equipment are on the scene.

2. Whether you are indoors or outdoors, at home or at work, be extra cautious. It would be safer to assume radiological contamination has occurred, particularly in an urban setting or near other likely terrorist targets and take the proper precautions.

3. As with any radiation, avoid or limit exposure. This is particularly true of inhaling radioactive dust that results from the explosion. As you seek shelter from any location (indoors or outdoors) and there is visual dust or other contaminants in the air, breathe through the cloth of your shirt or coat to limit your exposure.

4. If you manage to avoid breathing radioactive dust, your proximity to the radioactive particles may still result in some radiation exposure.

5. If the explosion or radiological release occurs inside, get out immediately and seek safe shelter. Otherwise, if you are:

a. Outdoors

- (1) Seek shelter indoors immediately in the nearest undamaged building.
- (2) If appropriate shelter is not available, move as rapidly as is safe upwind and away from the location of the explosive blast. Then, seek appropriate shelter as soon as possible.
- (3) Listen for official instructions and follow directions.

b. Indoors

- (1) If you have time, turn off ventilation and heating systems, close windows, vents, fireplace dampers, exhaust fans, and clothes dryer vents. Retrieve your disaster supplies kit and a battery powered radio and take them to your shelter room.
- (2) Seek shelter immediately, preferably underground or in an interior room of a building, placing as much distance and dense shielding as possible between you and the outdoors where the radioactive material may be.
- (3) Seal windows and external doors that do not fit snugly with duct tape to reduce infiltration of radioactive particles. Plastic sheeting does not provide shielding either from radioactivity or from blast effects of a nearby explosion.
- (4) Listen for official instructions and follow directions.

After a Radiological Dispersion Device (RDD)

1. After finding safe shelter, those who may have been exposed to radioactive material should decontaminate themselves.
2. To do this, remove and bag your clothing (isolating the bag away from you and others), and shower thoroughly with soap and water.
3. Seek medical attention after officials indicate it is safe to leave shelter.
4. Contamination from an RDD event could affect a wide area, depending on the number of conventional explosives used, the quantity and type of radioactive material released, and meteorological conditions.
5. Radiation dissipation rates vary, but radiation from an RDD will likely take longer to dissipate due to a potentially larger localized concentration of radioactive material.
6. Continue listening to your radio or watch the television for instructions from local officials, whether you have evacuated or sheltered-in-place.
7. Do not return to or visit an RDD incident location for any reason.

D. Emergency Procedure – Terrorism/Biological Attack

Policy Statement

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

Policy Interpretation and Implementation

1. Biological agents are organisms or toxins that can kill or incapacitate people, livestock, and crops.
2. The three basic groups of biological agents that would likely be used as weapons are bacteria, viruses, and toxins.
3. Most biological agents are difficult to grow and maintain. Many break down quickly when exposed to sunlight and other environmental factors, while others, such as anthrax spores, are long-lived.
4. Biological agents can be dispersed by spraying them into the air, by infecting animals that carry the disease to humans, and by contaminating food and water. Delivery methods include:
 - a. Aerosols – Biological agents are dispersed into the air, forming a fine mist that may drift for miles. Inhaling the agent may cause disease in people or animals;
 - b. Animals – Some diseases are spread by insects and animals, such as fleas, mice, flies, mosquitoes, and livestock;
 - c. Food and water contamination – Some pathogenic organisms and toxins may persist in food and water supplies. Most microbes can be killed, and toxins deactivated, by cooking food and boiling water. Most microbes are killed by boiling water for one minute, but some require longer. Follow official instructions; and
 - d. Person-to-person spread of a few infectious agents is also possible. Humans have been the source of infection for smallpox, plague, and the Lassa viruses.
5. Children and older adults are particularly vulnerable to biological agents.

Planning Considerations for Biological Attack

1. Determine the type and level of filtration in the facility and the level of protection it provides against biological agents.
2. The National Institute of Occupational Safety and Health (NIOSH) provides technical guidance on this topic in their publication *Guidance for Filtration and Air-Cleaning Systems to Protect Building Environments from Airborne Chemical, Biological, or Radiological Attacks*. To obtain a copy, call 1 (800) 35NIOSH or visit the National Institute for Occupational Safety and Health Web site, <http://www.cdc.gov/NIOSH/>, and request or download NIOSH Publication 2003-136.
3. Consider installing a high efficiency particulate air (HEPA) filter in your furnace return duct. These filters remove particles in the 0.3 to 10-micron range and will filter out most biological agents that may enter the facility.
4. HEPA filters are useful in some biological attacks. HEPA filters do not filter chemical agents.

5. If you have a central heating and cooling system with a HEPA filter, leave it on if it is running or turn the fan on if it is not running. Moving the air in the facility through the filter helps to remove the agents from the air.
6. If you do not have a central heating or cooling system, a stand-alone portable HEPA filter can be used.
7. If you have a portable HEPA filter, take it with you to the internal room where you are seeking shelter and turn it on.
8. If you are in a facility that has a modern, central heating and cooling system, the system's filtration should provide a relatively safe level of protection from outside biological contaminants.

Emergency Procedure – Terrorism/Biological Attack

1. Make the following announcement on the facility's overhead pager: "CODE WHITE, A BIOLOGICAL ATTACK HAS OCCURRED. ALL STAFF MEMBERS, RESIDENTS, AND VISITORS PLEASE REMAIN IN THE FACILITY UNTIL FURTHER NOTICE."
2. Activate the Incident Command System. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
3. Facility management staff report to the Incident Command Post for a briefing and instructions.
4. Notify the Administrator and Director of Nursing that a biological attack has occurred, if they are not aware of the situation, or they are not on the premises. The Recall Roster is activated if warranted.
5. In the event of a biological attack, public health officials may not immediately be able to provide information on what you should do. It takes time to determine what the illness is, how it should be treated, and who is in danger. Watch television, listen to the radio, or check the Internet for official news and information including signs and symptoms of the disease, areas in danger, if medications or vaccinations are being distributed, and where you should seek medical attention if needed.
6. The first evidence of an attack may be when symptoms of the disease caused by exposure to an agent are noticed. Be suspicious of any symptoms you notice, but do not assume that any illness is a result of the attack. Use common sense and practice good hygiene.
7. If exposure to a biological agent occurs:
 - a. Remove and bag your clothes and personal items. Follow official instructions for disposal of contaminated items;
 - b. Wash yourself with soap and water and put on clean clothes; and
 - c. Seek medical assistance as soon as possible when it is announced by the local authorities where to go to receive medical care. You may be advised to stay away from others or even be quarantined.
8. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
9. Continue to listen for official instructions via radio, television, and emergency alert systems for further instructions.
10. Account for all staff members and residents.

After a Biological Attack

1. The delivery of medical services for a biological event may be handled differently to respond to increased demand. The basic public health procedures and medical protocols for handling exposure to biological agents are the same as for any infectious disease.
2. It is important for you to pay attention to official instructions via radio, television, and emergency alert systems.

Protocol for Suspicious Packages

1. Be wary of suspicious packages and letters. They can contain explosives or chemical or biological agents.
 2. Be particularly cautious in the mail handling area and refrain from eating or drinking in that area.
 3. Characteristics that should trigger suspicion, include parcels that:
 - a. Are unexpected or from someone unfamiliar to you;
 - b. Have no return address, or have one that can't be verified as legitimate;
 - c. Have protruding wires or aluminum foil, strange odors, or stains;
 - d. Show a city or state in the postmark that doesn't match the return address;
 - e. Are of unusual weight given their size, or are lopsided or oddly shaped;
 - f. Are marked with threatening language;
 - g. Have inappropriate or unusual labeling;
 - h. Have excessive postage or packaging material, such as masking tape and string;
 - i. Have misspellings of common words;
 - j. Are addressed to someone no longer with your organization or otherwise outdated;
 - k. Have incorrect titles or titles without a name;
 - l. Are not addressed to a specific person; or
 - m. Have handwritten or poorly typed addresses.
 4. If suspicious envelopes and packages are found (other than those that might contain explosives), take these additional steps against possible biological and chemical agents:
 - a. Notify the Administrator or highest-ranking individual in the facility;
 - b. Contact 911 and Emergency Services immediately. Do not disturb the package;
 - c. Leave the room and close the door, or section off the area to prevent others from entering;
 - d. Wash your hands with soap and water; and
 - e. List all people who were in the room or area when this suspicious letter or package was recognized. Give a copy of this list to both the local public health authorities and law enforcement officials for follow-up investigations and advice.
-

Emergency Job Tasks – Terrorism/Biological Attack

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

1. Administrator/Incident Commander

a. Contact 911 and Emergency Management Services if necessary. Upon arrival of authorities, establish contact with the officer in charge and relay all relevant information regarding the situation.

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

c. Instruct all staff members to remain in the facility.

d. Listen for official instructions via radio, television, and emergency alert systems for further instructions.

e. Ensure staff members and residents are accounted for and safe.

f. Continuously remind all staff to remain calm and in control so as to not upset the residents.

2. Management Staff of All Departments

a. Report to the Incident Command Post.

b. Instruct staff members to remain in the facility with windows and doors closed.

c. Follow instructions if exposure occurs.

d. Listen for official instructions via radio, television, and emergency alert systems for further instructions.

e. Remain calm so as to not upset the residents.

f. Assist the Incident Commander as needed.

3. Maintenance

a. Report to the Incident Command Post.

b. Instruct staff members to keep windows and doors closed.

c. Follow instructions if exposure occurs.

d. Listen for official instructions via radio, television, and emergency alert systems for further instructions.

e. Remain calm so as to not upset the residents.

f. Assist the Incident Commander as needed.

4. Staff Members of All Departments

a. Keep windows and doors shut.

b. Ensure residents and visitors remain in the facility until further notice from the local authorities.

- c. Follow procedures if exposure occurs.
- d. Remain calm to not upset the residents.
- e. Assist the Incident Commander as needed.

E. Emergency Procedure – Hazardous Materials Incident

This facility has completed training exercises in preparation for a hazardous materials incident on or near the property. The following procedures will be utilized in response to such an event.

- 1. Hazardous materials are substances that are flammable (combustible), explosive, toxic, noxious, corrosive, oxidizable, irritants, or radioactive. A hazardous material spill or release can pose a risk to life, health, or property.
- 2. Federal laws that regulate hazardous materials include the:
 - a. Superfund Amendments and Reauthorization Act of 1986 (SARA);
 - b. Resource Conservation and Recovery Act of 1976 (RCRA);
 - c. Hazardous Materials Transportation Act (HMTA);
 - d. Occupational Safety and Health Act (OSHA);
 - e. Toxic Substances Control Act (TSCA); and
 - f. Clean Air Act.
- 3. Title III of SARA regulates the packaging, labeling, handling, storage, and transportation of hazardous materials. The law requires facilities to furnish information about the quantities and health effects of materials used at the facility, and to promptly notify local and state officials whenever a significant release of hazardous materials occurs.

Planning considerations regarding hazardous materials:

- 1. Identify and label all hazardous materials stored, handled, produced, and disposed of by the facility.
 - a. Follow government regulations that apply to the facility.
 - b. Obtain Safety Data Sheets (SDS) for all hazardous materials at the location.
- 2. Train employees to recognize and report hazardous material spills and releases. Train employees in proper handling and storage.
- 3. Identify any hazardous materials used in facility processes and in the construction of the physical plant.
 - a. Identify other facilities in the area that use hazardous materials. Determine whether an incident could affect this facility.
- 4. Identify potential for an off-site incident affecting operation.
 - a. Identify highways, railroads, and waterways near the facility used for the transportation of hazardous

materials. Determine how a transportation accident near the facility could affect operations.

5. Detailed definitions as well as lists of hazardous materials can be obtained from the Environmental Protection Agency (EPA) and the Occupational Safety and Health Administration (OSHA).

Emergency Procedure – Hazardous Materials Incident

The following procedure is utilized in the event of a hazardous materials incident in or near this facility.

1. Make the following announcement in the facility overhead paging system: "CODE ORANGE IN _____ (location). DESIGNATED PERSONNEL, PLEASE REPORT TO THE ICS IMMEDIATELY."

2. Notify 911 to alert the emergency response system that a hazardous materials incident is in progress.

Provide the 911 dispatcher with as much relevant information as possible.

3. Local authorities and the Emergency Management Office will typically warn the facility of such an accident, if it occurs within the community.

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

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

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

7. Determine if a hazardous chemical or gas leak might endanger the residents.

8. Based on the magnitude of the incident/accident, evacuation may be necessary. The Fire Department, Police, and Emergency Management will assist in determining if evacuation is necessary.

9. If evacuation is necessary, evacuation procedures are followed.

10. It is essential that all internal emergency operations are coordinated with the local authorities. They will be able to quickly assist in controlling the situation provided that a good line of communication is established with the Incident Commander.

11. The situation is only deemed "under control" after the local authorities have concluded emergency operations and the Incident Commander has declared the situation "safe." At that point an "All Clear" can be announced.

12. Account for all staff members and residents.

Emergency Job Tasks – Hazardous Materials Incident

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

1. Administrator/Incident Commander

- a. Contact 911 and Emergency Management Director.
- b. Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position. If severity of the incident warrants, then appoint other positions of the ICS structure.
- c. Instruct all staff members.
- d. Upon arrival of authorities, establish contact with the officer in charge and relay all relevant information regarding the situation.
- e. Make the decision regarding evacuation, which would be activated via emergency evacuation procedures.
- f. Ensure all staff members are accounted for and safe.
- g. Continuously remind all staff to remain calm and in control so as not to upset the residents.

2. Management Staff of All Departments

- a. Report to the Incident Command Post.
- b. Instruct staff members to keep windows and doors closed.
- c. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities. Keep doors closed.
- d. Remain calm so as to not upset the residents.
- e. Be prepared to activate evacuation procedures.

3. Maintenance

- a. Report to the Incident Command Post.
- b. Shut off all air conditioning and other air intake processes.
- c. Instruct staff members to keep windows and doors closed.
- d. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities. Keep doors closed.
- e. Remain calm so as to not upset the residents.
- f. Be prepared to activate evacuation procedures.

4. Staff Members of All Departments

- a. Shut windows and doors.
- b. Ensure residents and visitors remain in the facility until further notice from the local authorities. Keep doors closed.

- c. Remain calm so as to not upset the residents.
- d. Be prepared to activate evacuation procedures

XIII. EMERGENCY SHUTDOWN

There are several instances where deactivation of facility systems may be required during a disaster/crisis. Examples include:

- Severe weather
- Earthquake
- Civil disturbance
- Terrorism attack
- Accidental event (power spike, outage, gas leak, over-pressurization, etc.)

Specific steps need to be taken to ensure safe shutdown of a system. Mechanical equipment that may be shutdown includes:

- Water
- Natural Gas
- Electric
- Heating, Ventilating and Air Conditioning (HVAC) Equipment
- Boilers
- Computer Equipment

These procedures should only be completed with the approval of the Incident Commander (IC) at the time of the crisis. Shutdown should only be employed during the most extreme of situations, if time permits call in an expert. See NHICS 258: Facility Resource Directory (Appendix M) or Vendor List (Appendix U) for detailed contact information for vendors; otherwise, 24-hour emergency numbers are in the checklist below.

Vendors will be notified when their service is shut down by the facility. In addition, all staff members will be notified when services are shut down temporarily. A site map with the location of shutoffs, emergency exits, in-facility evacuation routes, fire extinguishers, fire doors is included in Appendix S – Site Map with Shutoffs, Fire Suppression and Emergency Supply locations; this is in addition to the checklist below which has a physical description of the location of various pieces of operational equipment (i.e., shutoffs, electrical breakers, switches, etc.)

IMPORTANT PRECAUTIONS

These procedures should be tested with key staff prior to being performed to ensure mechanical items are shutdown securely and safely. The following precautions must be followed:

- Never stand in water or any fluids when shutting down equipment!
- If you see smoke, fire, gas, or electrical voltage near the area, do not attempt a mechanical shutdown.

For ease of shutdown, our facility has created a checklist of items to be used while shutting down specific systems.

EMERGENCY SHUTDOWN CHECKLIST	
NATURAL GAS	
Vendor:	24-hr Phone:
Account #:	
Description of Location	
<ul style="list-style-type: none"> • Meter: • Shutoff valves: 	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1: <
<input type="checkbox"/>	Action 2:
<input type="checkbox"/>	Action 3:
	Comments:
ELECTRIC	
Vendor:	24-hr Phone:
Account #:	
Description of Location	
<ul style="list-style-type: none"> • Main electrical panel: • Outside meter: • Main breaker: • Sub-breakers and sub-panels: 	
Action Steps for Shutdown	
<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:
COMPUTER/INFORMATION TECHNOLOGY SERVICES	
Vendor:	24-hr Phone:
Account #:	
Description of Location	
<ul style="list-style-type: none"> • Main controls: • Electrical breakers: • Media used as backup: 	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1:
<input type="checkbox"/>	Action 2:
<input type="checkbox"/>	Action 3:
	Comments:
<Insert NAME of other systems>	
Vendor:	24-hr Phone:
Account #:	
Description of Location	
<input type="checkbox"/>	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1:
<input type="checkbox"/>	Action 2:
<input type="checkbox"/>	Action 3:
	Comments:

XIV. Facility Demographics:

1. West Jefferson Healthcare Center, located at 1020 Manhattan Blvd., 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 104 beds.
2. This facility was erected in 1966. The facility is a one story, brick structure. The facility's identified wind load is approximately 150mph.
3. The facility utilizes sewerage & water provided by the city, through the parish of Jefferson.
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 **1020 Manhattan Blvd., Harvey, LA.**, at the intersection of Apache Dr. The following are the coordinates for the facility: Longitude: **-90.0652245**; Latitude: **29.9004025**
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 **30kw MTU 4R0063 GS30** 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.

VII. AUTHENTICATION

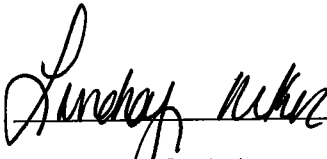
This Emergency Operations Plan provides the operational procedures that this facility will follow during emergency events. This plan supersedes any previous emergency operations plans promulgated for this purpose. The information and data used and included in this plan is current, valid, and reliable. This plan was developed to provide for the health, safety, and welfare of all residents and staff.

Lindsay Dukes

Feb 24, 2021

Facility Name

Effective Date


Facility Administrator's Signature

Lindsay Dukes, LNFA

Facility Administrator PRINT Name

TAB B:

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

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

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

Provide the following;

Total Licensed Beds: 104

Current Census: 101

Number of available beds: 3

Transportation requirements for census:

need ambulance with /for advanced life support = 0

need ambulance with /for basic life support = 8

need wheelchair accessible or Para-transit vehicle = 45

need regular transportation i.e. car, van, bus etc. = 50

Total # = 103

Date completed 02/1/2021

TAB C

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

UPDATED as of: 02/01/2021

UPDATED by (print): Lindsay Dukes

TAB D

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

Name of transportation resource provider:

Acadian Ambulance Services of New Orleans, LLC.

Contact person: Kevin Spansel

Phone # of transportation Provider: 504-451-2610

Physical Address or location of transportation provider:

200 Wright Ave

Gretna, LA 70056

Time restrictions: 48 hours

Type and quantity of transport provided:

Ambulance and Wheelchair Van

Number and type of passengers accommodated:

TBD

Date of agreement: 01/01/2021

Date agreement ends: 01/01/2022

SERVICE PROVIDER AGREEMENT

This Agreement is made and entered into on the 30 day of June, 2017, by and between **Acadian Ambulance Service of New Orleans, LLC**. ("Provider") and **West Jefferson Health Care** ("Facility"), effective July 2, 2017 ("the Effective Day").

WHEREAS, Facility desires to obtain professional wheelchair van assistance, on behalf of itself, as well as access to the Services to ensure quality and safe transportation, effective utilization of Services through the sole dedication of resource(s), effective and enhanced administration of the Services;

WHEREAS, Provider is established and experienced in providing quality medical transportation to health care providers and is a provider of ground patient transportation services including wheelchair van assistance, which possesses the necessary equipment, training, expertise, professional certifications and licensures to provide such services to patients of the Facility.

NOW, THEREFORE, for and in consideration of the foregoing recitals, mutual covenants and provisions, set forth herein and for good and valuable consideration, the receipt and sufficiency of the parties hereby acknowledge, Facility and Provider agree as follows:

1. **SCOPE**: Upon request and acceptance, Provider shall provide safe, essential, GPS equipped, wheelchair van services, door to door, for physically challenged individuals who require transportation to medical appointments, dialysis treatments, and other outpatient medical care as deemed necessary by Facility administration.
2. **Dedicated Resource**: Provider shall provide one (1) dedicated wheelchair van, with driver, stationed at Facility for use at the sole discretion of Facility administration as described below:
 - a. **Operations**: Dedicated resources shall operate for at least 48 hours/week at FACILITY. Facility may request to add additional dedicated resources if it finds it needs more than one dedicated resource on a continual basis. Facility must provide Provider with a 14 day notice for additional dedicated resources.
 - b. **Scheduling**: Scheduling of resource shall be determined at the sole discretion of Facility administration and shared with Provider weekly. Each van transport must be requested by FACILITY five (5) days in advance by one of the following methods: phone-800-259-1111, fax 337-291-4440 or email comcenter@acadian.com. Additional requests outside of the advance notice may be requested and Provider shall handle request based upon availability.
 - c. **Response Area**: Operation of dedicated resource shall be within Orleans Parish and Jefferson Parish, Louisiana.
 - e. **Re-Evaluation**: Utilization and financial considerations of this Agreement shall be evaluated upon initial 60 days, and re-evaluated quarterly thereafter.
 - f. **Additional Services**: Dedicated Resource may be used to transport supplies with a maximum limit of 25 pounds and must be requested as described in Section "b" above.
 - g. **Excluded Services**: Dedicated Resource will not be permitted to transport psychiatric patients to psychiatric facilities.

3. **Compensation:** Facility shall pay a rate of FIVE THOUSAND NINE HUNDRED DOLLARS and NO CENTS (\$5,900.00) per month for the sole use of each dedicated resource. After the initial sixty (60) days, dedicated resources of greater than 48 hours per week shall be invoiced at an hourly rate of \$50/per hr.
4. **Terms of Payment.** All invoices shall be due net thirty days from receipt. All invoices not paid in full within 61 days from date of invoice will be considered past due. Once an invoice becomes past due, PROVIDER 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 PROVIDER'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, and FACILITY will be obligated to pay for the unpaid services on the delinquent invoice at PROVIDER's usual and customary rates along with 12% interest per annum from the date the invoice became delinquent. PROVIDER shall be entitled to file suit against FACILITY if it fails to pay delinquent invoices within thirty (30) day of PROVIDER mailing to FACILITY, by certified mail, a Delinquent Notice consisting of the invoice number and amount due on said invoice.

Upon filing suit, PROVIDER shall be entitled to recover from FACILITY all amounts to which it is entitled to recover under the terms of this contract along with attorney fees, court costs and all other amounts to which it is legally entitled.

5. **Term:** Except as otherwise provided herein, this Agreement shall have a term of one (1) year commencing on the Effective date. The parties agree that upon completion of the annual utilization review and satisfaction by both parties that all terms comply with local, State, and Federal laws, the parties shall have the option to renew this Agreement for additional one (1) year term in the form of a letter agreement signed by both parties at any time prior to the expiration of the then current term.

However, if the parties wish to renew the Agreement under the same terms with the exception of rates, then the parties may effectuate such renewal in the same manner as stated above except that the proposed new rates shall be contained in such letter agreement and such agreement shall serve as an amendment executed by both parties and delivered to Provider.

6. **Termination:** Either party may terminate this Agreement at any time, with or without cause, by providing at least thirty (30) days advanced written notice of the termination date to the other party. All notices of termination must be in writing and delivered or sent registered mail to the following address listed below:

If to PROVIDER:
Acadian Ambulance Service
of New Orleans, LLC.
c/o David L Kelly, Executive Vice President
Post Office Box 98000
Lafayette, LA 70509-8000

If to FACILITY:

West Jefferson Health Care
Attn: Administrator
1020 Manhattan Blvd
Harvey, LA 70058

Material breach of this Agreement upon thirty (30) days' prior written notice to terminate to the breaching Party for a breach of any material term or condition; provided the breaching Party shall not have cured such breach within the thirty (30) day period.

Provider may terminate this agreement in whole or in part with respect to a particular FACILITY should an entity acquire all or substantially all of the business or assets of FACILITY or any particular FACILITY to which this Agreement pertains, whether by merger, reorganization, acquisition, sale, or otherwise.

Repeated failure by FACILITY to pay timely shall be grounds for termination of this Agreement at the option of SUPPLIER without further notice.

This Agreement shall automatically terminate for any of the following reasons:

- 1) Cessation of business or insolvency of SUPPLIER or FACILITY.
 - 2) If legislation is enacted or a court of competent jurisdiction interprets a law so as to prohibit the continuance of this Agreement; or
 - 3) If SUPPLIER: (1) suffers revocation, termination or suspension of any license required; (2) is found guilty of any felony criminal offense or a misdemeanor in the scope of SUPPLIER'S services; or (3) is found guilty of gross misconduct in providing supplies or services.
7. **Miscellaneous:** Provider employees assigned to wheelchair van services are required to participate in a standardized orientation program to ensure that every patient receives safe, caring, quality service. Drivers are CPR certified, have completed Provider New Employee Orientation Program (NEOP), and hold a valid Louisiana driver's license with no negative impressions and shall meet all requirements to be included on our vehicle liability insurance.
8. **Independent Contractor.** Provider agrees that at all times, it and its employees shall be independent contractors, and not agents or employees of FACILITY. No act of commission or omission by either party shall make the other a principal, agent, or employee of the other. PROVIDER shall maintain at its expense, policies of comprehensive liability, medical/professional liability, and motor vehicle insurance against all claims for damages or loss of property, and for bodily injury, including death, resulting from Provider or its employees' negligence, with minimum limits of \$1,000,000. Provider agrees to maintain insurance coverage with carriers admitted in Louisiana, in limits mandated by law, for worker's compensation, occupational disease, or employer liability.
9. **Payment Guarantor.** FACILITY's parent company or affiliate hereby agrees that should facility become delinquent on payment of any outstanding amounts owed hereunder, then such Parent or Affiliate company shall make payment on FACILITY's behalf. For purposes of this Agreement "affiliate" shall be defined as any person or entity owning a majority share of Facility or which through a contractual arrangement or otherwise has the ability to control the operations or activities or financial outcomes of FACILITY
10. **Force Majeure.** The performance by Ambulance Provider shall be excused in the event and during an event of Force Majeure. For purposes of this Agreement an Event of Force Majeure shall be defined as an event such that performance is rendered unsafe or prevented by the following: acts of God; acts of war, riot, accident, flood or sabotage; unavailability of adequate fuel, labor, power or materials; judicial or governmental laws, regulations, requirements, orders or actions; injunctions or restraining orders which are ultimately determined to have been wrongfully granted.

11. **Entire Agreement.** This Agreement supersedes all previous contracts 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.
12. **Legal Fees.** In the event either party brings any action for any relief, declaratory or otherwise, arising out of this Agreement or on account of any breach or default hereof, the prevailing party shall be entitled to receive from the other party, reasonable attorneys' fees, costs, and expenses related to such action.
13. **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.
14. **Assignment.** No right or obligation hereunder may in any way whatsoever be assigned or delegated to a third party without the express prior written consent of the other party hereto, and any attempted assignment without such consent shall be considered null and void. Notwithstanding the above, this Agreement, or any or all of the services required herein, may be assigned, or subcontracted to any of Provider's affiliates.
16. **Governing Law.** This Agreement shall be subject to and governed according to the laws of the State of Louisiana, irrespective of the fact that either party is or may become a resident of another state.
17. **Binding Effect.** This Agreement shall be binding upon and shall inure to the benefit of the parties hereto, their respective successors, assigns or other legal representatives.
18. **Severability.** If any portion or portions of this Agreement shall be for any reason invalid or unenforceable, the remaining portion(s) shall be valid and enforceable and carried into effect unless to do so would clearly violate the present legal and valid intention of the parties hereto.
19. **Independent Entities.** The relationship of PROVIDER to FACILITY and any Payor shall continue to be as independent entities, and no such party is an employee, agent or representative of any other party by virtue of this Agreement, nor shall any such party have any expressed or implied right or authority to assume or create any obligation or responsibility on behalf of or in the name of any other party by virtue of this Agreement.

[Signatures to follow.]

IN WITNESS WHERE OF, the parties hereto have caused the Agreement to be executed by each party's duly authorized representative on the day and year written below.

PROVIDER

Acadian Ambulance Service
of New Orleans, LLC

By: 

Name: Kevin C Sanson

Title: Regional Vice President CRS

Date: 7/1/18

FACILITY:

West Jefferson Health Care

By: 

Name: Jeff DeMars

Title: SVP Admin Services

Date: 7/1/18

TAB D

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

Name of transportation resource provider:

Nicholls Transportation

Contact person: Mike Nicholl

Phone # of transportation Provider: 504-451-2610

Physical Address or location of transportation provider:

717 S Claiborne Ave

New Orleans, LA

Time restrictions: 48 hours

Type and quantity of transport provided:

Ambulance and Wheelchair Van

Number and type of passengers accommodated:

TBD

Date of agreement: 02/01/2021

Date agreement ends: 02/01/2022

TAB E

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

Name of host facility: Plaquemine Plaza Holdings, LLC.

Contact person at host facility: Bob G. Dean

Phone # of host facility: 1-225-343-9152

Physical Address/location of host facility:
129 Calhoun St

Independence, LA. 70443

Number of residents host facility will house: 104

Distance to host facility _____

Estimated time of travel: 1 hour and 30 min

Date of agreement: 1/01/2021

Date agreement ends: Annually

Time restrictions: 72 hours

TAB E

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

Name of host facility: _____

Contact person at host facility: _____

Phone # of host facility: _____

Physical Address/location of host facility:

Number of residents host facility will house: _____

Distance to host facility _____

Estimated time of travel: _____

Date of agreement: 1/01/2021

Date agreement ends: Annually

Time restrictions: 72 hours

TAB E

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

Name of host facility: _____

Contact person at host facility: _____

Phone # of host facility: _____

Physical Address/location of host facility:

Number of residents host facility will house: _____

Distance to host facility _____

Estimated time of travel: _____

Date of agreement: 1/01/2021

Date agreement ends: Annually

Time restrictions: 72 hours

TAB E

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

Name of host facility: _____

Contact person at host facility: _____

Phone # of host facility: _____

Physical Address/location of host facility:

Number of residents host facility will house: _____

Distance to host facility _____

Estimated time of travel: _____

Date of agreement: 1/01/2021

Date agreement ends: Annually

Time restrictions: 72 hours

TAB E

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

Name of host facility: _____

Contact person at host facility: _____

Phone # of host facility: _____

Physical Address/location of host facility:

Number of residents host facility will house: _____

Distance to host facility _____

Estimated time of travel: _____

Date of agreement: 1/01/2021

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Date agreement ends: Annually

Time restrictions: 72 hours

Tab F:

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

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

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

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

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

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

Tab G:

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

Time restrictions: _____

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

Tab H:

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

NAME	POSITION	RESPONSE (coming in, not home, left message, etc.)	EXPECTED ARRIVAL TIME

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.

Tab I:

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

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

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

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