

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

What is the Name of your Facility?

West Jefferson HC center

For Sheltering:

Primary Contact Name: Lindsay Dubes, LNAFT

Mobile Phone: (504) 421-0145 Email: LDubes@westjccare.com

Secondary Contact Name: Nicholas Hebert, BN, DON

Mobile Phone: (504) 831-4345 Email: mhebert@westjccare.com

Do you have access to PPE for Sheltering? Yes, I have PPE No, I need PPE

Do you have adequate staffing? Yes, I have Staff No, I will not have staff.

For Evacuation. Print extra sheets if more than one site.

Do you have transportation for both Positive and Negative Residents? Yes No

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

Do you have isolation plans for Positive Residents at evacuation site? Yes No

DO you have access to PPE at host site? Yes, I will have PPE No, I will need PPE

Name of Host Site for COVID NEGATIVE: Plaquemine Plaza Holdings

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

Location of Host Site for Evacuation:

Address: 129 Calhoun St.
Independence, LA

Contact for this site: Name: Angie Carville

Phone: 225-343-9152 Email: angie.c@drancompanies.com

COVID POSITIVE Site: (put "SAME as Negative" if the Negative site is also accepting Positives)

Name of COVID POSITIVE Site Same as Above

Location of Host Site for Evacuation - Positives:

Address: Same as Above

Contact for this site: Name: _____

Phone: _____ Email: _____

2020 Nursing Home Emergency Preparedness Plan Survey

For Year: 2020

ALL Information in the Plan should match Information in the ESF-8 Portal.

Facility Name (Print):

West Jefferson Health Care Center

Name of Administrator (Print):

Lindsay Dukes

Administrator's Emergency Contact Information (should be reflected in MSTAT/ESF8):

Phone #: 504-362-2020

Cell Phone #: 504-421-0145

Administrator E-Mail: LDukes@westjeffcaring.com

Alternative (not administrator) Emergency Contact Information (should be reflected in MSTAT/ESF8):

Name: Meicholas Hebert

Position: Director of Nursing

Phone #: 504-362-2020

Cell Phone #: 504-231-4345

E-Mail: MHebert@westjeffcaring.com

Physical or Geographic address of Facility (Print):

1020 Manhattan Blvd.

Harvey, LA. 70058

Longitude: 90.064344

Latitude: 29.900354

2020 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2020

Nursing Facility's Name: West jefferson Health Care Center

The **EMERGENCY PREPAREDNESS PLAN** or a **SUMMARY of UDATES** to a previously submitted plan was submitted to the local parish **OFFICE OF HOMELAND SECURITY AND EMERGENCY PREPAREDNESS**.

Jefferson Parish Department of Emergency Management

(Name of the Local/Parish Office of Homeland Security and Emergency Preparedness)

Date submitted: Feb. 28, 2020

MARK the appropriate answer:

YES NO -Did the local parish Office of Homeland Security and Emergency Preparedness give any recommendations?

- I have included recommendations, or correspondence from OHSEP and facility's response with this review.

- There was **NO response** from the local/parish Office of Homeland Security and Emergency Preparedness; include **verification of delivery such as a mail receipt, a signed delivery receipt, or other proof that it was sent or delivered to their office for the current year**. Be sure to include the date plan was sent or delivered.

2020 Nursing Home Emergency Preparedness Plan Survey

I. **PURPOSE** – Complete the survey using information from the facility’s current emergency plan.

A. Are the facility’s goals, in regards to emergency planning, documented in plan?

YES

➤ NO, if goals are NOT in plan add the facility’s goals and indicate completion by marking YES.

B. Does the facility’s plan enable the achievement of those goals?

YES

➤ NO, if plan does NOT provide for the achievement of goals, correct the plan and indicate completion by marking YES.

C. **Determinations, by the facility, for sheltering in place or evacuation due to Hurricanes.**

1. Utilizing all current, available, and relevant information answer the following:

a) MARK the **strongest** category of hurricane the facility can safely shelter in place for?

i. Category 1- winds 74 to 95 mph

ii. Category 2- winds 96 to 110 mph

iii. Category 3- winds 111 to 130 mph

iv. Category 4- winds 131 to 155 mph

v. Category 5- winds 156 mph and greater

b) At what time, in hours before the hurricane’s arrival, will the decision to shelter in place have to be made by facility?

i. 72 Hours before the arrival of the hurricane.

c) What is the latest time, in hours before the hurricanes arrival, which preparations will need to start in order to safely shelter in place?

i. 60 Hours before the arrival of the hurricane.

d) Who is responsible for making the decision to shelter in place?

TITLE/POSITION: Owner

NAME: Bob Dean Jr.

2. Utilizing all current, available, and relevant information answer the following:

a) MARK the **weakest** category of hurricane the facility will have to evacuate for?

i. Category 1- winds 74 to 95 mph

ii. Category 2- winds 96 to 110 mph

iii. Category 3- winds 111 to 130 mph

iv. Category 4- winds 131 to 155 mph

v. Category 5- winds 156 mph and greater

b) At what time, in hours before the hurricanes arrival, will the decision to evacuate have to be made by facility?

i. 72 Hours before the arrival of the hurricane.

c) What is the latest time, in hours before the hurricane’s arrival, which preparations will need to start in order to safely evacuate?

i. 60 Hours before the arrival of the hurricane.

2020 Nursing Home Emergency Preparedness Plan Survey

d) Who is responsible for making the decision to evacuate?

TITLE/POSITION: Owner

NAME: Bob Dean Jr.

II. **SITUATION** - Complete the survey using information from the facility's current emergency plan.

A. Facility Description:

1. What year was the facility built? 1966

2. How many floors does facility have? 1

3. Is building constructed to withstand hurricanes or high winds?

Yes, answer 3.a, b, c, d

No/Unknown, answer 3.e

a) MARK the **highest category** of hurricane or wind speed that building can withstand?

i. Category 1- winds 74 to 95 mph

ii. Category 2- winds 96 to 110 mph

iii. Category 3- winds 111 to 130 mph

iv. Category 4- winds 131 to 155 mph

v. Category 5- winds 156 mph and greater

vi. Unable to determine : see A.3.e

b) MARK the **highest category** of hurricane or wind speed that facility roof can withstand?

i. Category 1- winds 74 to 95 mph

ii. Category 2- winds 96 to 110 mph

iii. Category 3- winds 111 to 130 mph

iv. Category 4- winds 131 to 155 mph

v. Category 5- winds 156 mph and greater

vi. Unable to determine : see A.3.e

c) MARK the source of information provided in a) and b) above? (**DO NOT give names or wind speeds of historical storms/hurricanes that facility withstood.**)

i. Based on professional/expert report,

ii. Based on building plans or records,

iii. Based on building codes from the year building was constructed

iv. Other non-subjective based source. Name and describe source.

LSU Survey

d) MARK if the windows are resistant to or are protected from wind and windblown debris?

i. Yes

ii. No

e) If plan does not have information on the facility's wind speed ratings (wind loads) explain why. Slosh Model Included

4. What are the elevations (**in feet above sea level, use NAVD 88 if available**) of the following:

a) Building's lowest living space is -1.3 NAVD 88 feet above sea level.

b) Air conditioner (HVAC) is .79 HAVD 88 feet above sea level.

2020 Nursing Home Emergency Preparedness Plan Survey

- c) Generator(s) is .79 NAVD 88 feet above sea level.
 - d) Lowest electrical service box(s) is .79 NAVD 88 feet above sea level.
 - e) Fuel storage tank(s), if applicable, is .79 NAVD 88 feet above sea level.
 - f) Private water well, if applicable, is N/A feet above sea level.
 - g) Private sewer system and motor, if applicable, is N/A feet above sea level.
5. Does plan contain a copy of the facility's Sea Lake Overland Surge from Hurricanes (SLOSH) model?
- Yes. Use SLOSH to answer A.5.a. and b.
 - If No. Obtain SLOSH, incorporate into planning, and then indicate that this has been done by marking yes.
- a) Is the building or any of its essential systems susceptible to flooding from storm surge as predicted by the SLOSH model?
 - i. Yes- answer A.5.b
 - ii. No, go to A. 6.
 - b) If yes, what is the **weakest** SLOSH predicted category of hurricane that will cause flooding?
 - i. Category 1- winds 74 to 95 mph
 - ii. Category 2- winds 96 to 110 mph
 - iii. Category 3- winds 111 to 130 mph
 - iv. Category 4- winds 131 to 155 mph
 - v. Category 5- winds 156 mph and greater
6. Mark the FEMA Flood Zone the building is located in?
- a) **B and X** – Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. B Zones are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile. **Moderate to Low Risk Area**
 - b) **C and X** – Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level. Zone C may have ponding and local drainage problems that don't warrant a detailed study or designation as base floodplain. Zone X is the area determined to be outside the 500-year flood and protected by levee from 100-year flood. **Moderate to Low Risk Area**
 - c) **A** – Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones. **High Risk Area**
 - d) **AE** – The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30 Zones. **High Risk Area**
 - e) **A1-30** – These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format). **High Risk Area**
 - f) **AH** – Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of

2020 Nursing Home Emergency Preparedness Plan Survey

flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones. **High Risk Area**

- g) **AO** – River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones. **High Risk Area**
- h) **AR** – Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations. **High Risk Area**
- i) **A99** – Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones. **High Risk Area**
- j) **V** – Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones. **High Risk – Coastal Areas**
- k) **VE, V1 – 30** – Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones. **High Risk – Coastal Areas**
- l) **D** – Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk. **Undetermined Risk Area**

7. What is the area's Base Flood Elevation (BFE) if given in flood mapping?

- ❖ See the **A** zones. Note: **AE** zones are now used on new format FIRMs instead of A1-A30 Zones. The BFE is a computed elevation to which floodwater is anticipated to rise. Base Flood Elevations (BFEs) are shown on Flood Insurance Rate Maps (FIRMs) and flood profiles.
- ❖ The facility's Base Flood Elevation(BFE) is: 3 FEET ABOVE HEAG

8. Does the facility flood during or after heavy rains?

- a) Yes
- b) No

9. Does the facility flood when the water levels rise in nearby lakes, ponds, rivers, streams, bayous, canals, drains, or similar?

- a) Yes
- b) No

10. Is facility protected from flooding by a levee or flood control or mitigation system (levee, canal, pump, etc)?

- a) Yes
- b) No

2020 Nursing Home Emergency Preparedness Plan Survey

11. Have the areas of the building that are to be used for safe zones/sheltering been identified?
a) Yes
b) No. Identify these areas then indicate that this has been completed by marking Yes.
12. Have the facility's internal and external environments been evaluated to identify potential chemical or biological hazards?
a) Yes
b) No. Evaluate and identify areas then indicate that this has been done by marking Yes.
13. Has the facility's external environment been evaluated to identify potential hazards that may fall or be blown onto or into the facility?
a) Yes
b) No. Evaluate and identify areas then indicate that this has been done by answering Yes.
14. Emergency Generator - **generator information should match MSTAT!**
- a) Is the generator(s) intended to be used to shelter in place during hurricanes (extended duration)?
i. Yes. The generator(s) will be used for Sheltering in place for Hurricanes.
ii. No. The generator(s) will **NOT** be used for Sheltering In Place for Hurricanes.
- b) What is the wattage(s) of the generator(s)? Give answer in **kilowatts (kW)**.
1st; 30KW 2nd generator; _____ 3rd generator; _____
- c) Mark which primary fuel each generator(s) uses?
i. natural gas; 2nd generator; natural gas; 3rd generator; natural gas
ii. propane; 2nd generator; propane; 3rd generator; propane
iii. gasoline; 2nd generator; gasoline; 3rd generator; gasoline
iv. diesel; 2nd generator; diesel; 3rd generator; diesel
- d) How many total hours would generator(s) run on the fuel supply always on hand? (enter NG if Natural Gas)
1st NG Hours 2nd _____ Hours 3rd _____ Hours
- e) If generator will be used for sheltering in place for a hurricane (extended duration), are there provisions for a seven day supply of fuel?
i. Not applicable. The facility will not use the generator for sheltering in place during hurricanes.
ii. Yes. Facility has a seven day supply on hand at all times or natural gas.
iii. Yes. Facility has signed current contract/agreement for getting a seven day fuel supply before hurricane.
iv. No supply or contract. Obtain either a contract or an onsite supply of fuel, OR make decision to not use generator for sheltering in place, then mark answer.
- f) Will life sustaining devices, that are dependent on electricity, be supplied by these generator(s) during outages?
i. Yes
ii. No

2020 Nursing Home Emergency Preparedness Plan Survey

g) Does generator provide for air conditioning?

i. Yes. Mark closest percentage of the building that is cooled?

100 % of the building cooled

76% or more of the building is cooled

51 to 75% of the building is cooled

26 to 50% of the building is cooled

Less than 25% of the building is cooled

No. The generator does not provide for any air conditioning.

ii. If air conditioning fails, for any reason, does the facility have procedures (specific actions) in place to prevent heat related medical conditions?

Yes

No

h) Does facility have in the plan, a current list of what equipment is supplied by each generator?

Yes

If No - Evaluate, identify then indicate that this has been done by answering Yes.

15. Utility information – answer all that apply (**should match what is in MSTAT!**)

a) Who supplies electricity to the facility?

i. Suppliers name: ENTERGY

ii. Account #: 23089857

b) Who supplies water to the facility? (supplier's name)

i. Suppliers name: JEFFERSON PARISH WATER AND SEWERAGE

ii. Account #: 305739

c) Who supplies fuels (natural gas, propane, gasoline, diesel, etc) to the facility? If applicable.

i. Suppliers name: GASPRO

ii. Account #: 504-362-2020

d) Does plan contain the emergency contact information for the utility providers? (Contact names, 24 hour emergency phone numbers)?

i. Yes

ii. No. Please obtain contact information for your utility providers.

16. Floor Plans

a) Does plan have current legible floor plans of the facility?

i. Yes

ii. No. Please obtain, then indicate that this has been done by answering Yes

b) Indicate if the following locations are marked, indicated or described on floor plan:

i. Safe areas for sheltering: Yes. If No- Please identify on floor plan and mark Yes.

ii. Storage areas for supplies: Yes. If No- indicate on floor plan and mark Yes.

2020 Nursing Home Emergency Preparedness Plan Survey

- iii. Emergency power outlets: Yes. If No- indentify on floor plan and mark Yes.
- iv. Emergency communication area: Yes. If No- indentify on floor plan and mark Yes.
- v. The location of emergency plan: Yes. If No- indentify on floor plan and mark Yes.
- vi. Emergency command post: Yes. If No - indentify on floor plan and mark Yes.

B. Operational Considerations - Complete using information from facility's current emergency plan.

1. Residents information

a) What is the facility's total number of state licensed beds?

Total Licensed Beds: 104

b) If the facility had to be evacuated today to the host facility(s) - answer the following using current resident census and their transportation requirements:

- i. How many high risk patients (RED) will need to be transported by **advanced life support ambulance** due to dependency on mechanical or electrical life sustaining devices or very critical medical condition? Give the total number of residents that meet these criteria the facility would need its named ambulance provider to transport.

RED: 3

- ii. How many residents (YELLOW) will need to be transported by a **basic ambulance** who are not dependent on mechanical or electrical life sustaining devices, but who cannot be transported using normal means (buses, vans, cars). For example, this category might include patients that cannot sit up, are medically unstable, or that may not fit into regular transportation? Give the total number of residents that meet these criteria the facility would need its named ambulance provider to transport.

YELLOW: 10

- iii. How many residents (GREEN) can only travel using **wheelchair accessible transportation**? Give the total number of residents that meet these criteria the facility would need its named transportation provider to transport.

GREEN WHEEL CHAIR: 45

- iv. How many residents (GREEN) need no specialized transportation could go **by car, van, or bus**? Give the total number of residents that meet these criteria the facility would need its named transportation provider to transport.

GREEN: 40

c) Is the following provided in the list(s) or roster(s) of current residents that is kept in or used for the facility emergency preparedness plan: **do not send in this list or roster.**

- i. Each resident's current and active diagnosis?

Yes. If No - Obtain and mark Yes.

- ii. Each resident's current list of medications including dosages and times?

Yes. If No - Obtain and mark Yes.

- iii. Each resident's allergies, if any?

Yes. If No - Obtain and mark Yes.

2020 Nursing Home Emergency Preparedness Plan Survey

- iv. Each resident's current dietary needs or restrictions?
 Yes. If No - Obtain and mark Yes.
- v. Each resident's next of kin or responsible party and their contact information?
 Yes. If No - Obtain and mark Yes.
- vi. Each resident's current transportation requirements? (advanced life support ambulance, basic ambulance, wheel chair accessible vehicle, car-van-bus)
 Yes. If No - Obtain and mark Yes.

2. Staff

- a) Is each of the following provided in the list(s) or roster(s) of all current staff that is kept in or used with the facility emergency preparedness plan: **do not send in this list or roster.**
 - i. Emergency contact information for all current staff?
 Yes. If No - Obtain and mark Yes.
 - ii. Acknowledgement of if they will work during emergency events like hurricanes or not?
 Yes. If No - Obtain and mark Yes.
- b) What is **total number** of planned **staff** and other **non residents** that will require facility transportation for an evacuation or need to be sheltered?

25

3. Transportation - **should match what is in MSTAT!**

- a) Does facility have transportation, or have current or currently verified contracts or agreements for emergency evacuation transportation?
 Yes. If No - Obtain transportation and mark Yes.
 - i. Is the capacity of planned emergency transportation adequate for the transport of all residents, planned staff and supplies to the evacuation host site(s)?
 Yes. If No - Obtain adequate transport and mark Yes.
 - ii. Is all transportation air conditioned?
 Yes. go to B. 3. a) iv.
 No, go to B. 3. a) iii.
 - iii. If not air conditioned are there provisions (specific actions and supplies) in plan to prevent and treat heat related medical conditions?
 Yes. If No - make plans (specific actions and supplies) and mark Yes.
 - iv. Is there a specified time or timeline (H-Hour) that transportation supplier will need to be notified by?
 Yes. What is that time 72 hours?
 No. There is no need for a specified time or timeline for contacting transportation.

2020 Nursing Home Emergency Preparedness Plan Survey

- b) Does each contract or agreement for **-NON-AMBULANCE-** transportation contain the following information? **NOTE: Vehicles that are not owned by but at the disposal of the facility shall have written usage agreements (with all required information) that are signed and dated. Vehicles that are owned by the facility will need to verify ownership.**
- i. The complete name of the transportation provider?
 Yes. If No - obtain and mark Yes.
 - ii. The number of vehicles and type (van, bus, car) of vehicles contracted for?
 Yes. If No - obtain and mark Yes.
 - iii. The capacity (number of people) of each vehicle?
 Yes. If No - obtain and mark yes.
 - iv. Statement of if each vehicle is air conditioned?
 Yes. If No - obtain and mark Yes.
 - v. Verification of facility ownership, if applicable; copy of vehicle's title or registration?
 Yes. If No - obtain and mark Yes.
- c) Have copies of each **signed and dated contract/agreement** been included for submitting?
 Yes. If no, obtain and mark Yes.
- d) Has a cover page been completed and attached for each contract/agreement. **(blank form provided)**
 Yes. If No - complete and mark Yes.
4. Host Site(s)-**extra pages for multiple sites have been included with forms near end of survey. (should match what is in MSTAT!)**
- a) Does the facility have current contracts or verified agreements for a **primary** evacuation host site(s) outside of the primary area of risk?
 Yes. If No - obtain and mark Yes.
 - b) Provide the following information:(list all sites, if multiple sites list each - see extra pages)
 - i. What is the name of each **primary** site(s)?
PLAQUEMINE PLAZA HOLDINGS LLC
 - ii. What is the physical address of each host site(s)?
129 CALHOUN STREET
INDEPENDENCE, LA.
70769
 - iii. What is the distance to each host site(s)?
73 MILES
 - iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
YES

2020 Nursing Home Emergency Preparedness Plan Survey

- v. Does plan include map of route to be taken and written directions to host site?
 Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at **each primary** host site(s)?
Name: ANGIE COURVILLE
Phone: 225-343-9152
Email: ACOURVILLE@DEANCOMPANIES.COM
Fax: 225-343-9152
- vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?
➤ Capacity that will be allowed at each site:
104
➤ Total Capacity of all primary sites:
➤ 350
➤ Is this adequate for all evacuating residents?
 Yes. If No - obtain and mark Yes.
- viii. Is the **primary** site a currently licensed nursing home(s)?
 Yes, go to- B.4.b) x.
 No, go to- B.4.b) ix.
- ix. If **primary** host site is **not a licensed nursing home** provide a description of host site(s) including;
➤ What type of facility it is?
WAREHOUSE CONVERTED INTO EVAC SHELTER
➤ What is host site currently being used for?
EVACUATION SITE FOR NURSING FACILITIES
➤ Is the square footage of the space to be used adequate for the residents?
 Yes
 No
➤ What is the age of the host facility(s)?
N/A
➤ Is host facility(s) air conditioned?
 Yes
 No
➤ What is the current physical condition of facility?
 Good
 Fair
 Poor
➤ Are there adequate provisions for food preparation and service?
 Yes
 No
➤ Are there adequate provisions for bathing and toilet accommodations?
 Yes
 No
➤ Are any other facilities contracted to use this site?
 Yes
 No

2020 Nursing Home Emergency Preparedness Plan Survey

- x. Is the capacity of primary host site(s) adequate for staff?
 Yes
 No. If No - where will staff be housed?

- xi. Is there a specified time or timeline (H-Hour) that primary host site will need to be notified by?
 Yes. If Yes - what is that time? 48 HRS
 No.
- c) Does the facility have current contracts or verified agreements for an alternate or secondary host site(s)?
 Yes. If No - obtain and mark Yes.
- d) Provide the following information:(list all sites, if multiple sites list each - see extra pages)
- i. What is the name of each alternate/secondary site(s)?
SOUTH LAFOURCHE NURSING & REHAB; MAISON ORLEANS; RIVER PALMS
- ii. What is the physical address of each alternate/secondary host site(s)?
SOUTH LAFOURCHE NURSING & REHAB 146 EAST 28TH ST. CUT OFF, LA. 70345
MAISON ORLEANS- 1420 GENERAL TAYLOR STREET NEW ORLEANS, LA. 70115
RIVER PALMS-5301 TULLIS DR. NEW ORLEANS, LA. 70115
- iii. What is the distance, in miles, to each alternate/secondary host site(s)?
8.9
- iv. Is the host site(s) located outside of the parishes identified as hurricane risk areas?
 Yes
 No
- v. Does plan include map of route to be taken and written directions to host site?
 Yes. If No - obtain and mark Yes.
- vi. Who is the contact person at each alternate/secondary host site(s)?
Name: SEE ATTACHED
Phone: _____
Email: _____
Fax: _____
- vii. What is the capacity (number of residents allowed) of each alternate/secondary host site(s)?
- Capacity that will be allowed at each alternate/secondary site:
20
 - Total Capacity of all alternate/secondary sites:
120
 - Is this adequate for all evacuating residents?
 Yes. If No - obtain and mark Yes.

2020 Nursing Home Emergency Preparedness Plan Survey

- viii. Is the **alternate/secondary** site a currently licensed nursing home(s)?
 Yes, go to - B.4.d) x.
 No, go to - B.4.d) ix.
- ix. If **alternate/secondary** host site is **not** a licensed nursing home provide a description of host site(s) including;
- What type of facility it is?
N/A
 - What is host site currently being used for?
N/A
 - Is the square footage of the space to be used adequate for the residents?
 Yes
 No
 - What is the age of the host facility(s)?
N/A
 - Is host facility(s) air conditioned?
 Yes
 No
 - What is the current physical condition of facility?
 Good
 Fair
 Poor
 - Are there provisions for food preparation and service?
 Yes
 No
 - What are the provisions for bathing and toilet accommodations?
 Yes
 No
 - Are any other facilities contracted to use this site?
 Yes
 No
- x. Is the capacity of **alternate/secondary** host site(s) adequate for staff?
 Yes
 No. If No - where will staff be housed?
NEARBY HOST
- xi. Is there a specified time or timeline (H-Hour) that **alternate/secondary** host site will need to be notified by?
 Yes. If yes what is that time? 48 HR
 No.
- e) Have copies of each **signed and dated contract/agreement** been included for submitting?
 Yes. If No - obtain and mark Yes.
- f) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
 Yes. If No - complete and mark Yes.

2020 Nursing Home Emergency Preparedness Plan Survey

5. **Non-perishable food or nourishment** – for sheltering in place or for host site(s)
- a) For Sheltering In Place, does facility have – **on site** - a seven day supply of non-perishable food/nourishment that meets all resident's needs?
- Yes. If yes go to - B. 5. c)
 No. If no go to - B. 5. b)
- b) Provide the following if no onsite supply:
- i. Does facility have a current or currently verified contract to have a seven day supply of non-perishable food that meets all resident's needs delivered prior to a foreseeable emergency event?
- Yes, go to - B. 5.b). ii, iii, iv
If No - obtain supply or contract then mark appropriate answer.
- ii. Does each contract contain all of the following?
- name of supplier?
 - specified time or timeline (H-Hour) that supplier will need to be notified
 - contact information of supplier
- Yes. If No - obtain information then mark Yes.
- iii. Have copies of each **signed and dated contract/agreement** been included for submitting?
- Yes. If No - obtain and mark Yes.
- iv. Has a cover page been completed and attached for each contract/agreement.
(blank form provided)
- Yes. If No - complete and mark Yes.
- c) For evacuations, does facility have provisions for **food/nourishment supplies at host site(s)**?
- Yes. If No - make necessary arrangements then mark Yes.
- d) Is there a means to prepare and serve food/nourishment at host site(s)?
- Yes. If No - make necessary arrangements then mark Yes.
6. **Drinking Water or fluids** – for sheltering in place – one gallon per day per resident.
- a) Does facility have – **on site** - a seven day supply of **drinking water or fluids** for all resident's needs?
- Yes. Go to B. 6. c)
 No. If No See B. 6.b)
- b) If no, provide the following:
- i. Does facility have a current contract for a seven day supply of drinking water or fluids to be delivered prior to a foreseeable emergency event?
- Yes, see B. 6.b). ii, iii, iv,
If No - please obtain supply or contract.

2020 Nursing Home Emergency Preparedness Plan Survey

- ii. Does each contract for **Drinking Water or fluids** contain all of the following?
- name of supplier?
 - specified time or timeline (H-Hour) that supplier will need to be notified
 - contact information of supplier
- Yes. If No - obtain information then mark Yes.

- iii. Have copies of each **signed and dated contract/agreement** been included for submitting?
- Yes. If no - obtain and mark Yes

- iv. Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
- Yes. If no - complete and mark Yes

- c) Does facility have a supply of water for needs other than drinking?
- Yes
If No - make necessary provisions for water for non drinking needs then mark Yes.
- d) For **evacuations**, does host site(s) have an adequate supply of water for all needs?
- Yes
If No - make necessary provisions for water for non drinking needs then mark Yes

7. Medications- for sheltering in place or for host site(s)

- a) Does facility have – **on site** - a seven day supply of **medications for all resident's needs**?
- Yes. go to - B. 7. c)
 No. go to - B. 7.b) i,ii,iii,iv

- b) If no, provide the following:
- i. Does facility have a current or currently verified contract to have a seven day supply of **medications** delivered prior to a foreseeable emergency event?
- Yes, see B. 7.b). ii, iii, iv
If No - please obtain supply or contract then mark Yes.

- ii. Does contract for **medications** contain the following?
- Name of supplier?
 - Specified time or timeline (H-Hour) that supplier will need to be notified
 - Contact information of supplier
- Yes. If No - obtain information then mark Yes.

- iii. Have copies of each **signed and dated contract/agreement** been included for submitting?
- Yes. If no - obtain and mark Yes.

- iv. Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
- Yes. If no - complete and mark Yes.

2020 Nursing Home Emergency Preparedness Plan Survey

c) For **evacuation**, does facility have provisions for **medications at host site(s)**?

Yes

If No - make necessary provisions for medications then mark Yes.

8. **Medical, Personal Hygiene, and Sanitary Supplies – for sheltering in place or for host site(s)**

a) Does facility have **–on site–** medical, personal hygiene, and sanitary supplies to last seven days for all resident's needs?

Yes. go to - B. 8. c)

No. go to - B. 8. b) i,ii,iii,iv

b) If no, provide the following:

i. Does facility have a current or currently verified contract to have a seven day supply of medical, personal hygiene, and sanitary goods delivered prior to a foreseeable emergency event?

Yes, see B. 7.b). ii, iii, iv

If No - please obtain supply or contract then mark Yes.

ii. Does contract for medical, hygiene, and sanitary goods contain the following?

– Name of supplier?

– Specified time or timeline (H-Hour) that supplier will need to be notified

– Contact information of supplier

Yes. If No, obtain information then mark Yes.

iii. Have copies of each **signed and dated contract/agreement** been included for submitting?

Yes. If no, obtain and mark Yes.

iv. Has a cover page been completed and attached for each contract/agreement. **(blank form provided)**

Yes. If no, complete and mark Yes

c) For **evacuation**, does facility have provisions for medical, personal hygiene, and sanitary supplies at host site(s)?

Yes

If No - make necessary provisions for medications then mark Yes

9. **Communications/Monitoring - all hazards**

a) **Monitoring Alerts.** Provide the following:

i. What equipment/system does facility use to **monitor** emergency broadcasts or alerts? TV; SMART PHONE; LAPTOP W/INTERNET

ii. Is there back up or alternate equipment and what is it?

Yes. Name equipment: WEATHER ALERT CRANK RADIO

No

iii. Is the equipment tested?

Yes

No

2020 Nursing Home Emergency Preparedness Plan Survey

- iv. Is the **monitoring** equipment powered and operable during utility outages?
 Yes.
 No.
- v. Are there provisions/plans for facility to **monitor** emergency broadcasts and alerts at **evacuation site**?
 Yes
 No

b) **Communicating- send and receive-** with emergency services and authorities. Provide the following:

- i. What equipment does facility have to **communicate** during emergencies?
CELLULAR DEVICES
- ii. Is there back up or alternate equipment used to send/receive and what is it?
 Yes. Name equipment: Laptop
 No
- iii. Is the equipment tested?
 Yes
 No
- iv. Is the **communication** equipment powered and operable during utility outages?
 Yes.
 No
- v. Are there provisions/plans for facility to send and receive **communications** at evacuation site?
 Yes
 No

C. All Hazard Analysis

1. Has the facility identified potential emergencies and disasters that facility may be affected by, such as fire, severe weather, missing residents, utility (water/electrical) outages, flooding, and chemical or biological releases?

Yes

If No - identify, and then mark Yes to signify that this has been completed.

2020 Nursing Home Emergency Preparedness Plan Survey

III. **CONCEPT OF OPERATIONS** – Answer the following or Provide the requested information. Any areas of planning that have not been provided for in the facility's emergency preparedness plan will need to be addressed.

A. **Plans for sheltering in place**

1. Does facility have written viable plans for sheltering in place during emergencies?

Yes

If No - Planning is needed for compliance. Complete then mark Yes.

a) Does the plan for sheltering in place take into account all known limitations of the facility to withstand flooding and wind? (This includes if limits were undetermined as well)

Yes

If No - Planning is needed for compliance. Complete then mark Yes

b) Does the plan for sheltering in place take into account all requirements (if any) by the local Office of Homeland Security and Emergency Preparedness?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

2. Does facility have written viable plans for adequate staffing when sheltering in place?

Yes

If No - Planning is needed for compliance. Complete then mark Yes.

3. Does facility have written viable plans for sufficient supplies to be on site prior to an emergency event which will enable it to be totally self-sufficient for seven days? (potable and non-potable water, food, fuel, medications, medical, personal hygiene, sanitary, repair, etc)

Yes

If No - Planning is needed for compliance. Complete then mark Yes

4. Does facility have communication plans for sheltering in place?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

a) Does facility have written viable plans for contacting staff pre event?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

b) Does facility have written viable plans for notifying resident's responsible party before emergency event?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

c) Does facility have written viable plans for monitoring emergency alerts and broadcasts before, during, and after event?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

2020 Nursing Home Emergency Preparedness Plan Survey

- d) Does facility have written viable plans for receiving information from emergency services and authorities before, during, and after event?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

- e) Does facility have written viable plans for contacting emergency services and authorities before, during, and after event?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

5. Does facility have written viable plans for providing emergency medical care if needed while sheltering in place?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

6. Does facility have written viable plans for the preparation and service of meals while sheltering?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

7. Does facility have written viable plans for repairing damages to the facility incurred during the emergency?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

B. Plans for Evacuation

1. Does facility have written viable plans for adequate transportation for transporting all residents to the evacuation host site(s)?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

- a) Does facility have written viable plans for adequate staffing for the loading of residents and supplies for travel to evacuation host site(s)?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

- b) Does facility have written viable plans for adequate staffing to ensure that all residents have access to licensed nursing staff and appropriate nursing services during all phases of the evacuation?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

- c) Does facility have written viable plans for adequate staffing for the unloading of residents and supplies at evacuation host site(s)?

Yes

If No - Planning is needed for compliance. Complete then mark Yes

2020 Nursing Home Emergency Preparedness Plan Survey

2. Does facility have written viable plans for adequate transportation for the return of all residents to the facility?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
- a) Does facility have written viable plans for staffing to load residents and supplies at the shelter site for the return to facility?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
- b) Does facility have written viable plans for staffing to ensure that all residents have access to licensed nursing staff and appropriate nursing services provided during the return to facility?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
- c) Does facility have written viable plans for staffing for the unloading of residents and supplies after return to facility?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
3. Does facility have written viable plans for the management of staff, including provisions for adequate qualified staffing and the distribution and assignment of responsibilities and functions at the evacuation host site(s)?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
4. Does facility have written viable plans to have sufficient supplies – to be totally self sufficient - at or delivered to the evacuation host site(s) prior to or to coincide with arrival of residents? (potable and non-potable water, food, fuel, medications, medical goods, personal hygiene, sanitary, clothes, bedding, linens, etc)
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
5. Does facility have written viable plans for communication during evacuation?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
- a) Does facility have written viable plans for contacting host site prior to evacuation?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
- b) Does facility have written viable plans for contacting staff before an emergency event?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes

2020 Nursing Home Emergency Preparedness Plan Survey

- c) Does facility have written viable plans for notifying resident's responsible party - pre event- of intentions to evacuate?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
- d) Does facility have written viable plans for monitoring emergency alerts and broadcasts - while at host site- before, during, and after event?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
- e) Does facility have written viable plans for receiving information from and contacting emergency services and authorities -while at host site- before, during and after event?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
- f) Does facility have written viable plans for the need to remain at an unlicensed evacuation shelter site for more than five days, if evacuating to an unlicensed site?
 Yes Evacuating to a licensed site
If No - Planning is needed for compliance. Complete then mark Yes
6. Does facility have written viable plans to provide emergency medical care if needed while at evacuation site(s)?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
- C. Does facility have written viable plans for all identified potential hazards?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
- D. Does facility have written viable plans for communicating during all emergencies?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
1. Does facility have written viable plans for immediately providing **written** notification by hand delivery, facsimile, email or other acceptable method of the nursing home's decision to either shelter in place or evacuate due to any emergency to the Health Standards Section of the Department of Health and Hospitals?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
2. Does plan include providing the following information to Health Standards Section of the Department of Health and Hospitals?
- Is it a full facility evacuation, partial facility evacuation or shelter in place?
 - The date(s) and approximate time(s) of full or partial evacuation?
 - The names and locations of all host site(s)?
 - The emergency contact information for the person in charge of evacuated residents at each host site(s)?
 - The names of all residents being evacuated and the location each resident is going to?

2020 Nursing Home Emergency Preparedness Plan Survey

- f) A plan to notify Health Standards Section within 48 hours of any deviations or changes from original notification?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
3. Does facility have written viable plans for receiving and sending emergency information during emergencies?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
4. Does facility have written viable plans for monitoring emergency alerts and broadcasts at all times?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
5. Does facility have written viable plans for notifying authorities of decision to shelter in place or evacuate?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
6. Does facility have written viable plans for notifying authorities and responsible parties of the locations of all residents and any changes of those locations?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
- E. Does facility have written viable plans for entering all required information into the Health Standards Section's (HSS) emergency preparedness webpage?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes
- F. Does facility have written viable plans for triaging residents according to their transportation needs?
 Yes
If No - Planning is needed for compliance. Complete then mark Yes

IV. ORGANIZATION AND RESPONSIBILITIES - The following should be determined and kept current in the facility's plan:

- A. Who is responsible for the decision to shelter in place or evacuate?
Provide Name: Bob Dean Jr.
Position: Owner
Emergency contact information:
Phone: 225-343-9152
Email: 1@deancompanies.com
Fax: 225-343-9154
- B. Who is the backup/second in line responsible for decision to sheltering in place/evacuating?
Provide Name: Lindsay M. Dukas
Position: Administrator

2020 Nursing Home Emergency Preparedness Plan Survey

Emergency contact information:

Phone: 504-421-0145

Email: ldukes@westjeffcaring.com

Fax: 504-367-9574

C. Who will be in charge when sheltering in place?

Provide Name: Lindsay M. Dukes

Position: Administrator

Emergency contact information:

Phone: 504-421-0145

Email: ldukes@westjeffcaring.com

Fax: 504-367-9574

D. Who will be the backup/second in line when sheltering in place?

Provide Name: Meicholas Hebert, RN

Position: Director of Nursing

Emergency contact information:

Phone: 504-231-4345

Email: MHebert@westjeffcaring.com

Fax: 504-367-9574

E. Who will be in charge at each evacuation host site(s)?

Provide Name: Lindsay Dukes, NFA

Position: Administrator

Emergency contact information:

Phone: 504-421-0145

Email: ldukes@westjeffcaring.com

Fax: 504-367-9574

F. Who has been (by position or title) designated or assigned in the facility's plan to the following required duties?

1. Title or position of person(s) assigned to notify the responsible party of each resident of the following information within 24 hours of the decision:

SOCIAL SERVICES DESIGNEE

- a) If facility is going to shelter in place or evacuate.
- b) The date and approximate time that the facility is evacuating.
- c) The name, address, and all contact information of the evacuation site.
- d) An emergency telephone number for responsible party to call for information.

2. Title or position of person(s) assigned to notify the Department of Health and Hospitals- Health Standards Section and the local Office of Homeland Security and Emergency Preparedness of the facility's decision to shelter in place or evacuate:

ADMINISTRATOR

3. Title or position of person(s) assigned to securely attach the following information to each resident during an emergency so that it remains with the resident at all times?

DIRECTOR OF NURSING; ASSISTANT DIRECTOR OF NURSING

- a) Resident's identification.

2020 Nursing Home Emergency Preparedness Plan Survey

- b) Resident's current or active diagnoses.
 - c) Resident's medications, including dosage and times administered.
 - d) Resident's allergies.
 - e) Resident's special dietary needs or restrictions.
 - f) Resident's next of kin, including contact information.
4. Title or position of person(s) assigned to ensure that an adequate supply of the following items accompany residents on buses or other transportation during all phases of evacuation?
Dietary Manager; DIRECTOR OF NURSING
- a) Water
 - b) Food
 - c) Nutritional supplies and supplements
 - d) All other necessary supplies for the resident.
5. Title(s) or position(s) of person(s) assigned for contacting emergency services and monitoring emergency broadcasts and alerts?
Administrator & DIRECTOR OF NURSING

V. Administration & Logistics

Annexes or tabbed sections that contain only current information pertinent to planning and the plan but are too cumbersome for the body of the plan; maps, forms, agreements or contracts, rosters, lists, floor plans, contact information, etc. These items can be placed here.

These blank forms are provided for your use and are to be completed:

- Page 1 - the Cover page of this document complete prior to submitting
- Page 2 - OHSEP Verification complete prior to submitting
- Transportation contract or agreement cover page, to be attached to each
- Evacuation host site contract or agreement cover page, to be attached to each
- Supply Cover sheets are to be used for each:
 - Non-perishable food/nourishment contract or agreement cover page, to be attached to each
 - Drinking water contract or agreement cover page, to be attached to each
 - Medication contract or agreement cover page, to be attached to each
 - Miscellaneous contract or agreement for supplies or resources that do not have a specific cover page, to be attached to each
- Multiple Host Site pages
- Authentication page, last page of document to be complete prior to submitting

VI. Plan Development and Maintenance

- A. Has the plan been developed in cooperation with the local Office of Homeland Security and Emergency Preparedness?
- Yes
 No
- B. If not, was there an attempt by facility to work with the local Office of Homeland Security and Emergency Preparedness?
- Yes
 No

2020 Nursing Home Emergency Preparedness Plan Survey

C. During the review of the facility's emergency preparedness plan were the following steps taken?

1. Were all out dated or non essential information and material removed?

Yes

No - Complete this step then mark Yes

2. Were all contracts or agreements updated, renewed or verified?

Yes

No - Complete this step then mark Yes

3. Was all emergency contact information for suppliers, services, and resources updated?

Yes

No - Complete this step then mark Yes

4. Was all missing information obtained added to plan and the planning revised to reflect new information?

Yes

No - Complete this step then mark Yes

5. Were all updates, amendments, modifications or changes to the nursing facility's emergency preparedness plan submitted to the Health Standards Section along with this survey?

Yes

No - Complete this step then mark Yes

VII. Authentication

The plan should be signed and dated by the responsible party(s) each year or as changes, modifications, or updates are made. A copy of that **Authentication page** shall be signed, dated and included with this survey. ***(Blank form provided near end of document)***

If there is a change of responsible party(s) (administrator, etc) plan needs to be updated to reflect this change page resigned/dated and copy submitted to Health Standards Section.

2020 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each transportation resource agreement, transportation contract, or verification of facility's ownership of transportation.

Example: If there are 5 transportation providers there should be 5 coversheets, one attached to the front of each signed and dated agreement, verification or contract.

If transportation is facility-owned, state that it is facility owned and provide verification of ownership and all applicable information. A photocopy of a vehicle's title or registration will be sufficient for verification of ownership. Ongoing contracts will need to be verified annually and signed by all parties.

Name of transportation resource provider (print):

ACADIAN AMBULANCE

Contact Person: KEVIN SPANSEL

Phone # of Contact Person: (504) 451 -2610

Physical Address of transportation provider:

200 WRIGHT AVENUE
GRETNA, LA. 70056

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that transportation resource can be contacted according to agreement?

48 HRS

How long will it take the transportation to reach the facility after being contacted?

1-2HRS

How long will the facility need to load residents and supplies onto the transportation?

2-3 HOURS

Type (bus, van, car, ambulance, wheelchair) transport vehicle to be provided:

AMBULANCE & VAN

Total number of transport vehicles to be provided: BASED ON CENSUS

Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate:

1 STRETCHER; 2 WHEELCHAIRS

Is the transportation air conditioned? YES NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: FEB. 2020

Date agreement/ contract ends: FEB 2021

Acadian
AMBULANCE SERVICE
of NEW ORLEANS, L.L.C.

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

AMBULANCE
DISPATCH
511
800-259-1111

ADMINISTRATION
337-291-3333
800-259-3333

BILLING
800-259-2222

January 1, 2020

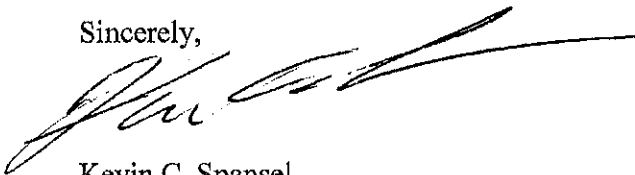
West Jefferson Health Care Center
c/o Administrator
1020 Manhattan Blvd.
Harvey, LA 70058

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,



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

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 1, 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 Gonsalves

Title: ~~Regional Vice President~~ CRS

Date: 7/1/18

FACILITY:

West Jefferson Health Care

By: 

Name: Jace DeMars

Title: SVP Admin. Services

Date: 7/1/18

2020 Nursing Home Emergency Preparedness Plan Survey

TRANSPORTATION COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each transportation resource agreement, transportation contract, or verification of facility's ownership of transportation.

Example: If there are 5 transportation providers there should be 5 coversheets, one attached to the front of each signed and dated agreement, verification or contract.

If transportation is facility-owned, state that it is facility owned and provide verification of ownership and all applicable information. A photocopy of a vehicle's title or registration will be sufficient for verification of ownership. Ongoing contracts will need to be verified annually and signed by all parties.

Name of transportation resource provider (print):

Nicholl Transportation

Contact Person: MIKE NICHOLL

Phone # of Contact Person: 504-21-8340 OR 800-783-9944

Physical Address of transportation provider:

717 S. CLAIBORNE AVENUE
GRETNA, LA. 70056

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that transportation resource can be contacted according to agreement?

48 HRS

How long will it take the transportation to reach the facility after being contacted?

1-2HRS

How long will the facility need to load residents and supplies onto the transportation?

2-3 HOURS

Type (bus, van, car, ambulance, wheelchair) transport vehicle to be provided:

BUS

Total number of transport vehicles to be provided: BASED ON CENSUS

Total number and type (wheelchair, stretcher, seated) of passengers each vehicle will accommodate:

47 PASSENGER EACH

Is the transportation air conditioned? YES NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: MARCH 2, 2020

Date agreement/ contract ends: MARCH 2, 2021

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

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

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

NAME: West Jefferson Health Care
1020 Manhattan Blvd.
Harvey, LA 70058
(504) 362-2020

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

NAME: Raceland Manor
4302 Highway 1
Raceland, LA 70394
(985) 537-3569

NAME: Uptown Healthcare Center
1420 General Taylor Street
New Orleans, LA 70115
(504) 895-7755

NAME: Plaquemine Manor
59355 River West Drive
Plaquemine, LA 70764
(225) 387-1345

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.

MISCELLANEOUS

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

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 2, 2020, and end on March 02, 2021, unless extended by mutual written agreement by the parties hereto.

Signed this 5th day of February

Nicoll's Limousine and Shuttle Service

By: Mike Nicoll
Mike Nicoll

LA Health Care Consultants, LLC (LHCC)

By: [Signature]



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

Year 2020 Hurricane Evacuation

Plan Effective Date 2/1/2020

To:

- Maison Deville Nursing Home Inc.
- Maison Deville Nursing Home of Harvey LLC
- Raceland Manor Nursing Home Inc.
- River Palms Nursing & Rehab, LLC
- Plaquemine Manor Nursing Home, Inc.
- Maison Orleans Healthcare of New Orleans, LLC
- West Jefferson Healthcare Center

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 three different sites in which we will deploy services and residents through fiscal year 2019.

Evacuation sites are below:

	<u>Evacuation Site Address:</u>
1	24320 Ferdinand Street, Plaquemine, LA70769
2	129 Calhoun Street Independence, LA 70443
3	59355 Riverwest Dr. Plaquemine, LA 70764

The nursing facilities listed above will pay Plaquemine Plaza Holdings, LLC \$20,000.00 a month for this service. This fee will be paid every month on the 5th. 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

2020 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

MAISON ORLEANS HEALTHCARE

Contact Person: KIM RUSSELL, LNFA

Phone # of Contact Person: 504-895-7755

FAX#: _____

E-Mail Address: KRUSSELL@MAISONORLEANSNOLA.COM

Physical Address of evacuation site:

1420 GENERAL TAYLOR STREET

NEW ORLEANS, LA

70115

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that evacuation host site can be contacted according to agreement?

48 HOURS

How long will it take to reach the evacuation host site facility?

30 MINUTES

How long will it take to unload residents and supplies from the transportation?

1-2 HOURS

Type of evacuation host site:

Is it the PRIMARY or ALTERNATE site?

Is it a LICENSED Nursing Home or NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: BASED ON BED AVAILABILITY

Is the evacuation host site air conditioned? Yes, air conditioned Not air conditioned

Date of agreement/contract/verification: 01-27-2020

Date agreement/contract ends: 02-01-2021



Maison Orleans Healthcare

NURSING HOME & REHABILITATION

1420 GENERAL TAYLOR STREET
NEW ORLEANS, LA 70115

A tradition of caring

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

January 27, 2020

Re: Emergency Evacuation for 2020

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

To Whom It May Concern:

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

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

Sincerely,

Kim Russell RN, LNFA

Kim N Russell, RN, LNFA

"Family Owned and Operated"

2020 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

RIVER PALMS NURSING & REHAB

Contact Person: TAMARA WHITE, LNFA

Phone # of Contact Person: 504-394-5807

FAX#: _____

E-Mail Address: TWHITE@RIVERPALMSNR.COM

Physical Address of evacuation site:

5301 TULLIS DR.
NEW ORLEANS, LA
70131

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that evacuation host site can be contacted according to agreement?

48 HOURS

How long will it take to reach the evacuation host site facility?

20 MINUTES

How long will it take to unload residents and supplies from the transportation?

1-2 HOURS

Type of evacuation host site:

Is it the PRIMARY or ALTERNATE site?

Is it a LICENSED Nursing Home or NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: BASED ON BED AVAILABILITY

Is the evacuation host site air conditioned? Yes, air conditioned Not air conditioned

Date of agreement/contract/verification: 01-01-2020

Date agreement/contract ends: 02-01-2021



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

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

January 1, 2020

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

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

Feel free to utilize the following contact information as needed:
Facility: (504)394-5807
E-Fax: (504)394-5980
24 hour After Hours Contact: (504) 377-8999

Thanks.

Tamara White, LNFA, MBA, RN
Administrator

2020 Nursing Home Emergency Preparedness Plan Survey

EVACUATION HOST SITE COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each evacuation host site agreement, evacuation host site contract, or verification of evacuation host site. Complete this cover page for each facility named in the document.

Example: If there are 5 evacuation host site(s) contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 evacuation host sites named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing evacuation host site contracts will need to be verified annually and signed by all parties.

Name of EVACUATION HOST SITE:

SOUTH LAFOURCHE NURSING & REHAB

Contact Person: BOB J. DUET

Phone # of Contact Person: 985-693-1045

FAX#: 985-693-1011

E-Mail Address: BDUET@SOUTHLANR.COM

Physical Address of evacuation site:

146 East 28th Street

Cut Off, LA 70345

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that evacuation host site can be contacted according to agreement?

48 HOURS

How long will it take to reach the evacuation host site facility?

1Hour, 20 MINUTES

How long will it take to unload residents and supplies from the transportation?

1-2 HOURS

Type of evacuation host site:

Is it the PRIMARY or ALTERNATE site?

Is it a LICENSED Nursing Home or NON-LICENSED FACILITY?

Total number of residents and staff that facility is willing to host: BASED ON BED AVAILABILITY

Is the evacuation host site air conditioned? Yes, air conditioned Not air conditioned

Date of agreement/contract/verification: 01-01-2020

Date agreement/contract ends: 02-01-2021

South Lafourche Nursing & Rehab
146 E 28th St Cut Off, LA 70345

Phone#: (985) 693-1047
Fax#: (985) 693-1011

January 1, 2020

To: Maison De'Ville of Harvey
Maison De'Ville of Houma
Maison Orleans
Iberville Oaks
River Palms Nursing & Rehab
Rehab
West Jefferson Healthcare Center

In the event of an emergency, South Lafourche Nursing & Rehab located at 146 E 28th St. Cut Off LA 70345 will work to accommodate your evacuation needs. The ESF-8 Portal will be updated to reflect census and open beds.

Feel free to utilize the following contact information as needed:

Facility: (985) 693-1045

Fax: (985) 693-1011

24 hour After Hours Contact: (985) 856-8005

Thanks.



Bob J. Diet LNFA
Administrator

2020 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each type of supply agreement or of supply contract. Complete this cover page for each supplier named in the facility plan.

Example: If there are 5 supply contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 suppliers named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing supply contracts will need to be verified annually and signed by all parties.

Type of Supply: NURSING, LINEN, FORMULA, WOUND CARE

Name of Supplier:

MEDLINE

Contact Person: TODD ROMIG

Phone # of Contact Person: 504-256-1798

FAX#: 866-914-2730

E-Mail Address: TROMIG@MEDLINE.COM

Indicate where the supplies are to be delivered to;

- Evacuation host site
 Nursing home's licensed facility
 determined upon decision of sheltering or evacuating

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that supplier can be contacted according to agreement?

72 HOURS

How long will it take to receive the delivery?

DEPENDS UPON SHELTERING IN PLACE OR EVACUATING

Date of agreement/contract/verification: 2-1-2020

Date agreement/contract ends: 2-1-2021



Medline Industries, Inc.

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

Gulf Coast Plan

Updated January 2020

Disaster Preparedness and Response Plan

PURPOSE AND SCOPE

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

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

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

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

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

Disaster Preparedness and Response Plan

Medline Capabilities

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

- Our greatest strengths include our network of 40+ distribution centers with 14+ million SF, thousands of dedicated Team Members, 550+ power units in our owned fleet, \$1.8+ billion in domestic inventory, critical disaster response equipment, and our detailed internal disaster response plan. This is in addition to strategic contractual agreements with third party transportation providers and world class emergency preparedness and response partners that we train and work with.

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

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

\$1,800,000,000 of inventory into a targeted geographic area. For the Gulf Coast, our distribution centers in Orlando, FL; Medley, FL; Oklahoma City, OK; Prattville, AL; Maumelle, AR; Katy, TX; Memphis, TN; and Covington, LA; combined with the Wilmer, TX and McDonough, GA distribution centers (two of our largest central stocking locations or "Hubs"), offer a logistical advantage in times of crisis. As situations occur, inventory is immediately re-directed to the areas with the most critical need.

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

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

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

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

Disaster Preparedness and Response Plan

MEDLINE EMERGENCY ACTION PLAN

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

Medline's Disaster Response Team (DRT)

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

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

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

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

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

Customer Communications

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

Disaster Preparedness and Response Plan

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

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

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

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

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

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

Disaster Preparedness and Response Plan

Disaster Preparedness Checklist

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

Disaster Preparedness and Response Plan

Key Contacts

Name	Organization/Position	Primary	Secondary
Customer Service	Monday – Friday 8:00 AM – 8:00 PM (EST)	800-633-5463	563-589-7977
Customer Service Extended Hours	Monday – Friday 8:00 PM – 8:00 AM (EST) & 24 Hours Sat. – Sun.	563-543-0558	
Bill Abington	President, Global Operations	847-949-2002	847-922-3882
Brian Bevers	VP, Operations	847-643-4830	847-708-7676
Jeff Brennan	VP, Transportation – Outbound	847-643-4147	847-372-7352
Larry Corrigan	SVP, Operations	847-643-4251	847-903-9661
Nick Dow	AVP, Operations	847-643-4852	773-392-1704
Brandon Reeder	VP, Operations	847-643-3093	206-290-5802
Wes Swearingin	SVP, Operations	847-643-4255	847-445-7120

Medline Customer Service

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

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

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

Disaster Preparedness and Response Plan

GULF COAST DISTRIBUTION CENTERS



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

Orlando, FL - B05
10601 Southport Drive
Orlando, FL 32824

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

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

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

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

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

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

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

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

2020 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each type of supply agreement or of supply contract. Complete this cover page for each supplier named in the facility plan.

Example: If there are 5 supply contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 suppliers named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing supply contracts will need to be verified annually and signed by all parties.

Type of Supply: Medications

Name of Supplier:

Peoples Drug Store

Contact Person: SUSAN BRUNET

Phone # of Contact Person: 985-873-8003

FAX#: 985-873-8003

E-Mail Address: JACEJACES@BELLSOUT.NET

Indicate where the supplies are to be delivered to;

- Evacuation host site
 Nursing home's licensed facility
 determined upon decision of sheltering or evacuating

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that supplier can be contacted according to agreement?

72 HOURS

How long will it take to receive the delivery?

DEPENDS UPON SHELTERING IN PLACE OR EVACUATING

Date of agreement/contract/verification: 1-15-2020

Date agreement/contract ends: 1-15-20

Peoples DRUG STORE, INC.

Emergency Medications Agreement

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

Linda J. Baker, MSW, LICSW Susan Brenet

West Jefferson Healthcare
1020 Manhattan Blvd.
Harvey, LA 70058
Date 1/13/2020

People's Drug Store
7869 Main Street
Houma, LA 70360
Date 1/15/2020

2020 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

TYPE or CLEARLY PRINT and attach a cover page to each type of supply agreement or of supply contract. Complete this cover page for each supplier named in the facility plan.

Example: If there are 5 supply contracts there should be 5 coversheets, one attached to the front of each signed and dated contract. If there are 5 suppliers named in one agreement there should be 5 coversheets attached to that agreement.

Ongoing supply contracts will need to be verified annually and signed by all parties.

Type of Supply: Food and Water

Name of Supplier:

RHEINHARDT FOOD SERVICE

Contact Person: CANDICE FALER

Phone # of Contact Person: 985-778-8449

FAX#: _____

E-Mail Address: CJFALER@RF DELIVERY.COM

Indicate where the supplies are to be delivered to;

- Evacuation host site
 Nursing home's licensed facility
 determined upon decision of sheltering or evacuating

Time Lines or Restrictions: H-Hour or the number of hours needed.

What is the latest time that supplier can be contacted according to agreement?

72 HOURS

How long will it take to receive the delivery?

DEPENDS UPON SHELTERING IN PLACE OR EVACUATING

Date of agreement/contract/verification: 1-15-2020

Date agreement/contract ends: 1-15-20



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

West Jefferson Health Care Center
1020 Manhattan Blvd.
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 "John D. [unclear]", 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		
HEALTHCARE SALES TEAM - NEW ORLEANS DIVISION			
Name	Title	EXT	CELL PHONE
Shannon Hayes, RD, LDN	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	337-944-9767
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 Nunes	Manager/Healthcare Customer Svc	527736	
Jeanette Lemoine	Inside Sales-Healthcare	527703	
Dawn Sisung	Inside Sales	527743	
Senior Management - New Orleans Division			
Gil Lynes	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
Healthcare Customer Service Coordinator - Healthcare Team			
Lydia Hampton, RD, LDN	Vice President of Healthcare Sales LA		
Dawn LeBlanc, RD, LDN	Healthcare Menu Systems Coordinator		
Revised: 1/3/2020			

Shreveport Division			
Toll Free Phone Number	800-256-1336	Fax	318-213-5105
Local Phone Number	318-869-3061		
HEALTHCARE SALES TEAM - SHREVEPORT DIVISION			
Name	Title	EXT	CELL PHONE
Tiffany Wenzel, RD, LD	Regional Manager Healthcare	528322	817-320-4614
Mary Liveky, RD, LDN	North Louisiana	528316	318-287-4471
Angel Schlotterbeck, CDM, CFP	Southwest/Central Louisiana	528319	318-230-1341
Jennifer Hoffman, RD, LD	Northeast Texas	528317	713-801-6360
Liz Doran	Central Texas	528320	210-269-9510
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	905-728-5764
Ken Elkins	Director of Operations	528209	318-893-7780
Ted Meyer	SHR General Manager	528200	318-990-1005
Steven Wood	Division President	527707	504-202-7276
Healthcare Customer Service Coordinator - Healthcare Team			
			318-944-7358
			528318

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.

Table of Contents

Healthcare disaster procedure manual	7-11
Diet liberalization sample letter	12
Three day disaster menu cold food only	13
Three day disaster menu heating required	14
Temperature chart	15
Emergency food service phone numbers	16-17
Disaster planning flow chart	18
Risks assessment	19-20
Emergency supply kit	21-22
Emergency supply brochure	23-24
Employee disaster preparedness in-services	25-33
Disaster case studies	34-38
Sources	39



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

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



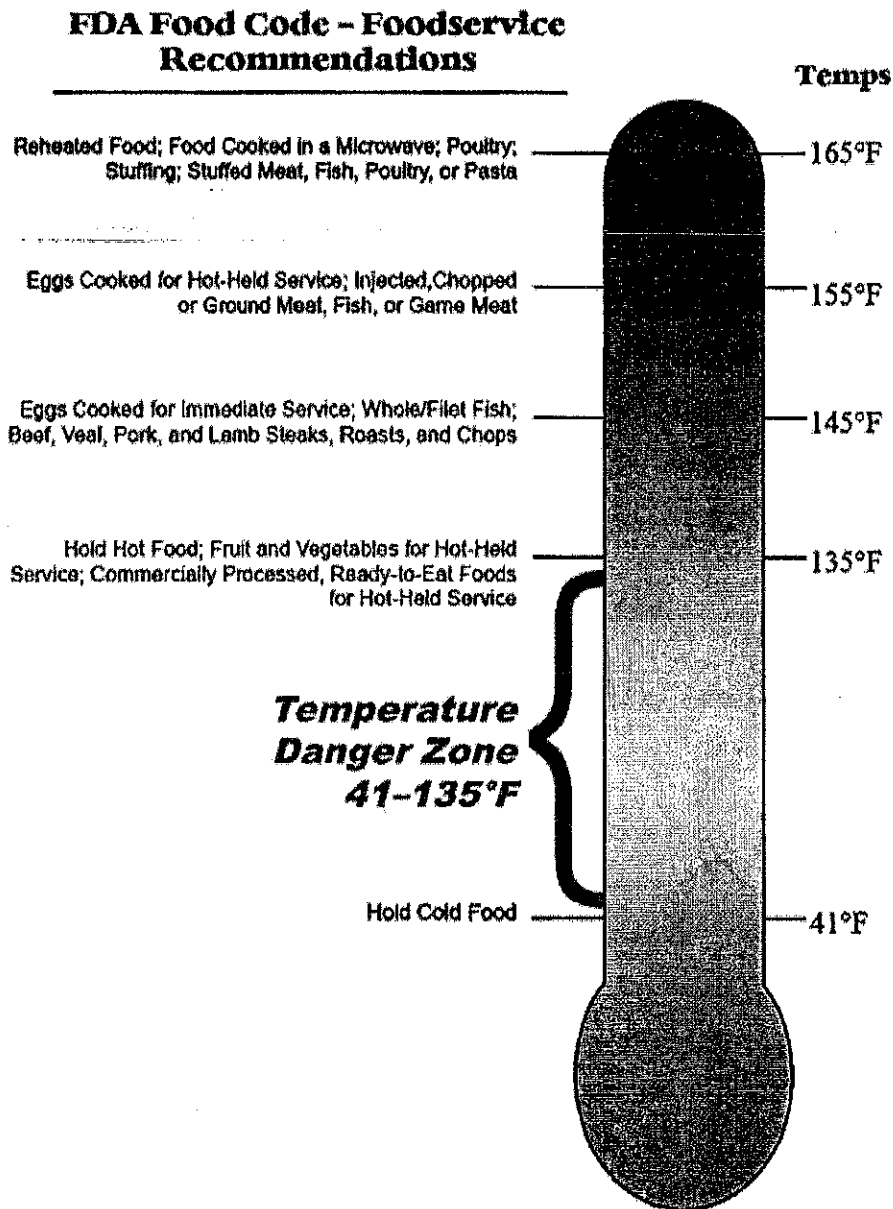
Get it right from us.

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/Se 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: _____

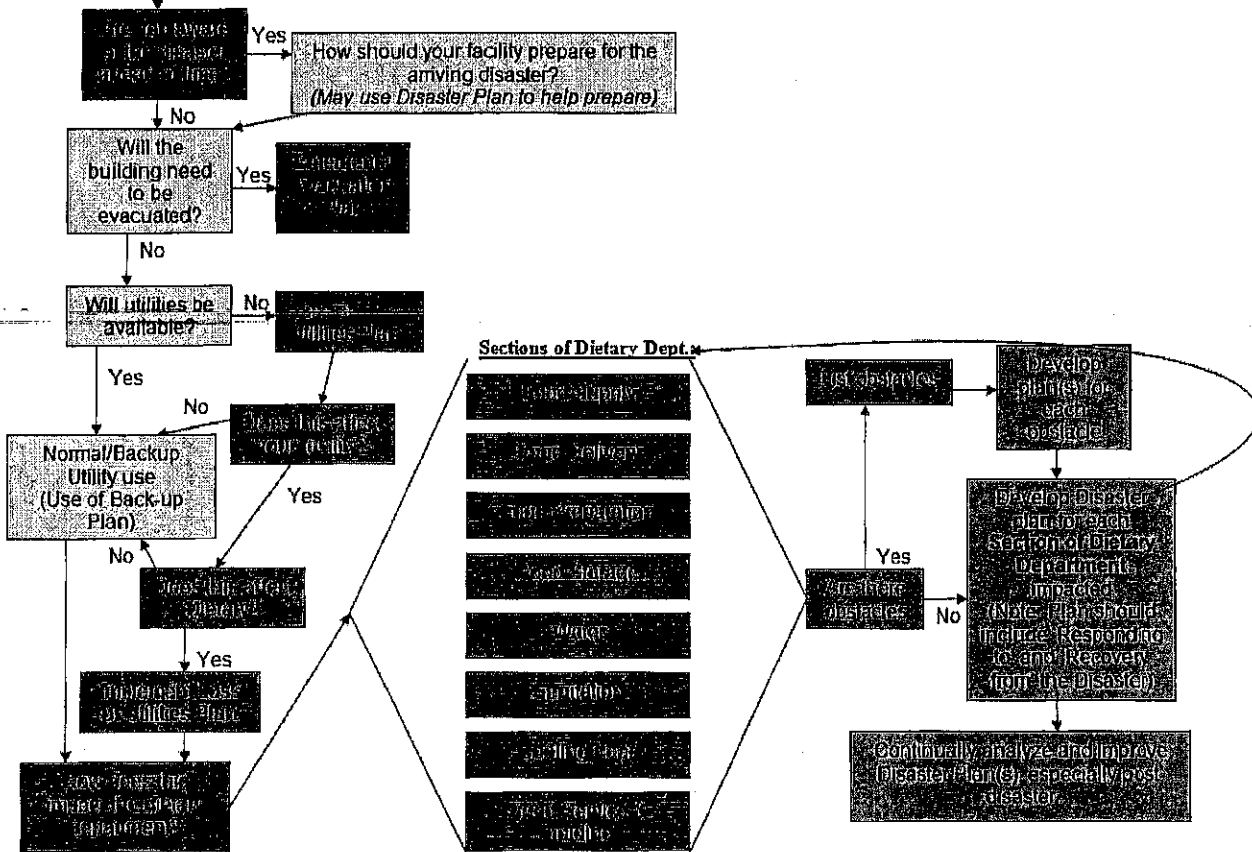
Portable Toilet Rental: _____

Outside Facility Assistance: _____

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

Disaster Type: _____

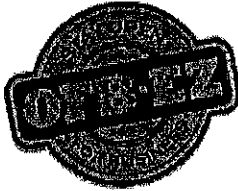
Disaster Planning Flow Chart



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



Know Your Risks

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

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


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

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

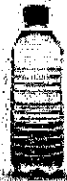
Food Safety and Sanitation Supplies:

- 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 # 82850

1/Cnt



Ensure
Supplement Drink Ensure Vanilla Original Ready
To Serve RFS # 14208

24/Boz




First aid kit
Kit First Aid 25 Person RFS # G4864

1/Cnt



Food thermometer
Thermometer Digital Pocket -58 To +302°F
RFS # P6368

1/Cnt



Sanitizer test strips
Test Paper Chlorine 15" Cnt-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

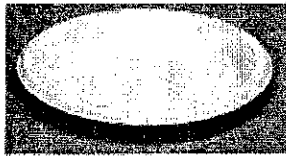
12/250Cnt



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

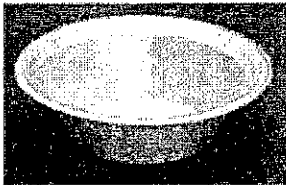
40/25Cnt



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 W/ Knife, Fork, Spoon, Salt &
Pepper, Napkin, Individually Wrapped
RFS# CA124

250/Cnt



Portable Burner

Stove Butane Single Burner, 9000 BTU
RFS # MH760

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.
- 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.

o **Flood Disaster**

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

III. Conclusion/ Discussion

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

The information provided in this in-service should not be used to replace policies set by your facility or local jurisdiction. 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.

SOURCES

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Vaccaro M. Food protection connection: food safety during emergencies. *Dietary Manager*. October 2011. Available at http://www.anfonline.org/CE/food_protection/2011_10.shtml.

2020 Nursing Home Emergency Preparedness Plan Survey

AUTHENTICATION

Facility Name (Print):

West Jefferson Healthcare Center

The Emergency Preparedness Plan for the above named facility provides the emergency operational plans and procedures that this facility will follow during emergency events. The current plan supersedes any previous emergency preparedness plans promulgated by this facility for this purpose. This plan was developed to provide for the health, safety, and wellbeing of all residents. I (current/acting administrator) have read and agree that the information used and included in the facility's emergency preparedness plan is current, valid, and reliable.

Date: Feb 28, 2020

Facility Administrator Name (PRINT): Lindsay Dukes, LNFA

Facility Administrator Signature: _____

Lindsay Dukes, LNFA

Comments:
