

3/1/21

2021 Nursing Home Emergency Preparedness Plan Survey

For Year: 2021

Facility Name (Print):

St. Jude's Nursing Home

Name of Administrator (Print):

Courtney Broussard

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

Phone #: 504-895-3953

Cell Phone #: 504-655-2079

Administrator E-Mail: Cbroussard@st.margaretsno.org

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

Name: Courtney Broussard

Position: Administrator

Phone #: 504-895-3953

Cell Phone #: 504-655-2079

E-Mail: Cbroussard@st.margaretsno.org

Physical or Geographic address of Facility (Print):

1539 DELACHAISE St.

NEW ORLEANS, LA. 70115

Longitude: 29.55 '38" N

Latitude: 90.05 '32" W

2021 Nursing Home Emergency Preparedness Plan Survey

VERIFICATION of OHSEP SUBMITTAL for Year: 2021

Nursing Facility's Name: St. Jude's Nursing Home

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

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

Date submitted: 2/28/2021

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.

2021 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. 48 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. 72 Hours before the arrival of the hurricane.

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

TITLE/POSITION: SEO
NAME: LAWRENCE STANSBERRY

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. 48 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. 72 Hours before the arrival of the hurricane.

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

TITLE/POSITION: CEO

NAME: Lawrence Stansberry

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

A. Facility Description:

1. What year was the facility built? 1959

2. How many floors does facility have? 2

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.

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. Building is 100 year old with no drawing on specs

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 _____ feet above sea level.

b) Air conditioner (HVAC) is 2 feet above sea level.

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- c) Generator(s) is 2 feet above sea level.
- d) Lowest electrical service box(s) is 2 feet above sea level.
- e) Fuel storage tank(s), if applicable, is 2 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

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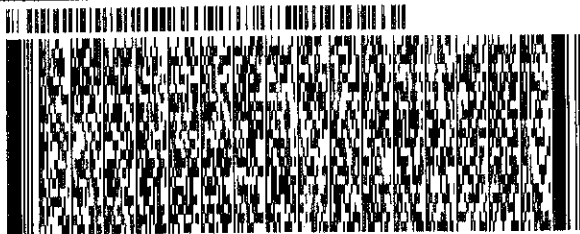
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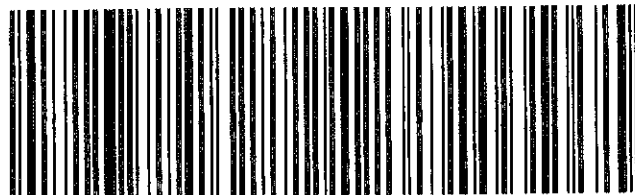


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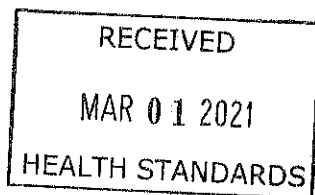
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d) Who is responsible for making the decision to evacuate?

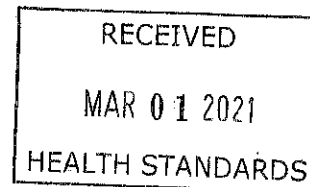
TITLE/POSITION: CEO

NAME: Larry Stansberry

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

A. Facility Description:

1. What year was the facility built? 1959
2. How many floors does facility have? 2
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.

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.

Building is 60+ years old with no drawings on specs.

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 _____ feet above sea level.

b) Air conditioner (HVAC) is 2 feet above sea level.

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- c) Generator(s) is 2 feet above sea level.
- d) Lowest electrical service box(s) is 2 feet above sea level.
- e) Fuel storage tank(s), if applicable, is 2 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**

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- 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 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: _____
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

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b) ☐ No

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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; 2014w 2nd generator; N/A 3rd generator; N/A

 - c) Mark which primary **fuel** each generator(s) uses?

i. <input type="checkbox"/> natural gas;	2nd generator; <input type="checkbox"/> natural gas;	3rd generator; <input type="checkbox"/> natural gas
ii. <input type="checkbox"/> propane;	2nd generator; <input type="checkbox"/> propane;	3rd generator; <input type="checkbox"/> propane
iii. <input type="checkbox"/> gasoline;	2nd generator; <input type="checkbox"/> gasoline;	3rd generator; <input type="checkbox"/> gasoline
iv. <input checked="" type="checkbox"/> diesel;	2nd generator; <input type="checkbox"/> diesel;	3rd generator; <input type="checkbox"/> diesel

 - d) How many **total hours** would generator(s) run on the fuel supply **always on hand**? (enter NG if Natural Gas)
 1st 36 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

 - g) Does generator provide for air conditioning?

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- 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 MSTATI)

- a) Who supplies electricity to the facility?

- i. Suppliers name: Entergy
ii. Account #: 98864846

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

- i. Suppliers name: New Orleans Sewerage and Water Board
ii. Account #: 167089-033

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

- i. Suppliers name: Entergy (Natural Gas)
ii. Account #: 98864846

- 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.
iii. Emergency power outlets: ☐ Yes. If No- identify on floor plan and mark Yes.

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- iv. Emergency communication area: ☒ Yes. If No- identify on floor plan and mark Yes.
- v. The location of emergency plan: ☒ Yes. If No- identify on floor plan and mark Yes.
- vi. Emergency command post: ☒ Yes. If No - identify 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: 116

- 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: 2

- 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: 6

- 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: _____

- 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.

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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?

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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 _____ hours?

☐ No. There is no need for a specified time or timeline for contacting transportation.

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- 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.**
- The complete name of the transportation provider?
☒ Yes. If No - obtain and mark Yes.
 - The number of vehicles and type (van, bus, car) of vehicles contracted for?
☒ Yes. If No - obtain and mark Yes.
 - The capacity (number of people) of each vehicle?
☒ Yes. If No - obtain and mark yes.
 - Statement of if each vehicle is air conditioned?
☒ Yes. If No - obtain and mark Yes.
 - 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!)*
- 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.
 - Provide the following information:(list all sites, if multiple sites **list each** - see extra pages)
 - What is the name of each **primary** site(s)?
First Baptist Church Bastrop
 - What is the physical address of each host site(s)?
620 E. Madison Ave
Bastrop, La. 71220
 - What is the distance to each host site(s)?
290 miles
 - Is the host site(s) located outside of the parishes identified as hurricane risk areas?
YES
 - Does plan include map of route to be taken and written directions to host site?

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☒ Yes. If No - obtain and mark Yes.

vi. Who is the contact person at **each primary** host site(s)?

Name: Richard Qamble

Phone: 318-281-6885 & 870-820-2416

Email: _____

Fax: _____

vii. What is the capacity (number of residents allowed) of **each primary** host site(s)?

➤ Capacity that will be allowed at each site:

300

➤ Total Capacity of all primary sites:

300

➤ 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?

Church Life Center

➤ What is host site currently being used for?

Church Life Center

➤ 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)?

unknown

➤ 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

x. Is the capacity of primary host site(s) adequate for staff?

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☒ 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? 6 hours

☐ 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)?

St. Margaret's Daughter Home

ii. What is the physical address of each alternate/secondary host site(s)?

3525 Bienville St.
NEW ORLEANS, LA 70119

iii. What is the distance, in miles, to each alternate/secondary host site(s)?

3.9 miles

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: Marianna Dion

Phone: 504-279-6414

Email: mdion@stmargaretsno.org

Fax: 504-812-7121

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:

50

➤ Total Capacity of all alternate/secondary sites:

116

➤ Is this adequate for all evacuating residents?

☐ Yes. If No - obtain and mark Yes.

viii. Is the alternate/secondary site a currently licensed nursing home(s)?

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- ☒ 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?
church and education
- What is host site currently being used for?

- 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)?

- 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?

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? _____
☐ 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.

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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.

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- 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.

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- 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? radio, television, internet

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

☒ Yes. Name equipment: walkie talkie devices

☐ No

- iii. Is the equipment tested?

☒ Yes

☐ No

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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 phone, text, email alerts

ii. Is there back up or alternate equipment used to send/receive and what is it?

- ☒ Yes. Name equipment: _____
☐ 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.

IV.

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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

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- 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

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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

c)

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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?

a) Is it a full facility evacuation, partial facility evacuation or shelter in place?

b) The date(s) and approximate time(s) of full or partial evacuation?

c) The names and locations of all host site(s)?

d) The emergency contact information for the person in charge of evacuated residents at each host site(s)?

e) The names of all residents being evacuated and the location each resident is going to?

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- 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

V. 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: Lanny Stansberry

Position: CEO

Emergency contact information:

Phone: 504-376-4492

Email: lstansberry@stmargaretsno.org

Fax: 504-395-3956

- B. Who is the backup/second in line responsible for decision to sheltering in place/evacuating?

Provide Name: Courtney Broussard

Position: Administrator

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Emergency contact information:

Phone: 504-655-2079

Email: cbroussard@stmargaretsno.org

Fax: 504-895-3956

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

Provide Name: Larry Stansberry

Position: CEO

Emergency contact information:

Phone: 504-376-4492

Email: lstansberry@stmargaretsno.org

Fax: 504-895-3956

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

Provide Name: Courtney Broussard

Position: Administrator

Emergency contact information:

Phone: 504-655-2079

Email: cbroussard@stmargaretsno.org

Fax: 504-895-3956

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

Provide Name: Larry Stansberry

Position: CEO

Emergency contact information:

Phone: 504-376-4492

Email: lstansberry@stmargaretsno.org

Fax: 504-895-3956

- 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 or Designee

- If facility is going to shelter in place or evacuate.
- The date and approximate time that the facility is evacuating.
- The name, address, and all contact information of the evacuation site.
- 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 or Designee

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 or Designee

- Resident's identification.

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- 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 or Designee
- 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 or Designee

VI. 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

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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.

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AUTHENTICATION

Facility Name (Print):

St. Jude's

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: 3/1/21

Facility Administrator Name (PRINT): Courtney Broussard

Facility Administrator Signature: C Broussard

Comments:

2021 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:

____ First Baptist Church Bastrop

Contact Person: ____ Pastor Richard Gamble

Phone # of Contact Person: ____ 318-281-6885 office

FAX#: ____ 318-281-6820

870-820-2416 cell

E-Mail Address: ____ richard@firstbastrop.org

Physical Address of evacuation site:

____ First Baptist Church Bastrop

____ 620 E. Madison Ave

____ Bastrop, LA 71220

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?

____ 6 hours

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

____ 4.5 hours

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

____ 1-6 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: ____ 300

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

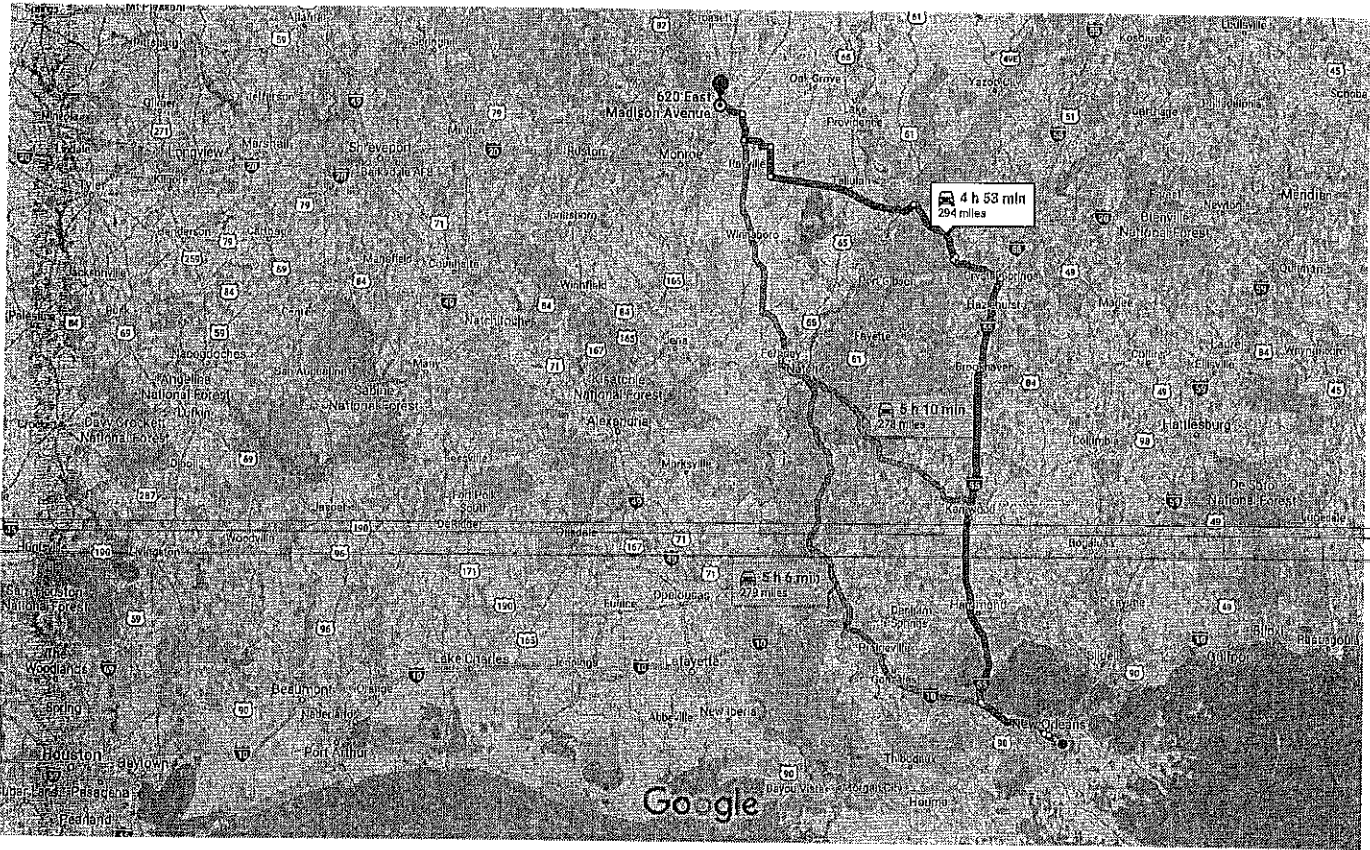
Date of agreement/contract/verification: ____ 2/11/2021

Date agreement/contract ends: ____ 11-10-2019 - ongoing

Google Maps

Your location to 620 E Madison Ave, Bastrop, LA 71220

Drive 294 miles, 4 h 53 min



Map data ©2020 Google, INEGI 20 mi



via I-55 N

4 h 53 min

Fastest route, the usual traffic

294 miles



via I-10 W, US-61 N and US-425 N

5 h 6 min

279 miles



via US-425 N

5 h 10 min

278 miles

Explore 620 E Madison Ave



Restaurants



Hotels



Gas stations



Parking Lots



More

Google Maps 29.9100547, -89.9943334 to 620 E Madison Ave, Drive 294 miles, 4 h 53 min
Bastrop, LA 71220

29.9100547, -89.9943334

Get on US-90 BUS E


- ↑ 1. Head south toward General De Gaulle Dr 8 min (3.3 mi)
- ↱ 2. Turn right onto General De Gaulle Dr 259 ft
- ↗ 3. Use the right 3 lanes to merge onto US-90 BUS E via the ramp to New Orleans 2.9 mi
- 0.3 mi

~~Take I-55 N to MS-27 N in Copiah County. Take exit 72 from I-55 N~~

- ↗ 4. Merge onto US-90 BUS E 2 h 22 min (165 mi)
- ↗ 5. Merge onto I-10 W 4.2 mi
- ↗ 6. Use the right 2 lanes to take exit 210 for Interstate 55 N toward Hammond 23.6 mi
- ↑ 7. Continue onto I-55 N 1.1 mi
- 📍 Entering Mississippi 1.86 mi
- ↘ 8. Take exit 72 for MS-27 N toward Crystal Springs/Utica 0.2 mi

Get on I-20 W/US-61 S/US-80 W in Vicksburg from MS-27 N


- ↙ 9. Turn left onto MS-27 N (signs for Utica) 47 min (42.2 mi)
- ↘ 10. Turn right onto MS-18 E/MS-27 N 17.4 mi
- ↙ 11. Turn left onto MS-27 N 1.4 mi
- ↙ 12. Turn left onto US-80/Clay St/Old U.S. 80 22.3 mi
- 📍 Continue to follow Clay St/Old U.S. 80 0.9 mi


-  13. Slight right to merge onto I-20 W/US-61 S/US-80 W


0.2 mi

Follow I-20 W to LA-183 N in 4. Take exit 145 from I-20 W


42 min (48.5 mi)

-  14. Merge onto I-20 W/US-61 S/US-80 W

 Continue to follow I-20 W

 Entering Louisiana

48.1 mi

-  15. Take exit 145 for LA-183 toward Holly Ridge

0.4 mi

Continue on LA-183 N. Take LA-134 W to US-165 S/US-425 N in Bastrop


42 min (35.4 mi)


-  16. Turn right onto LA-183 N

9.4 mi

-  17. Turn left onto LA-134 W

9.7 mi

-  18. Turn right onto US-425 N/N Oak St


 Continue to follow US-425 N


8.2 mi

-  19. Turn left onto LA-3051 W

6.1 mi

-  20. Turn left onto US-165 S/US-425 N

 Pass by McDonald's (on the right in 0.8 mi)

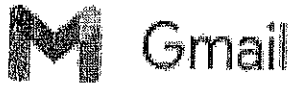
 Destination will be on the left

1.9 mi

620 E Madison Ave

Bastrop, LA 71220

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



John Wolfe <jwolfe@stmargaretsno.org>

RE: St Margaret's Daughters Home, St Luke's & St Jude's HurricanePreparedness 2021.

1 message

Richard Gambill <richard@firstbastrop.org>
To: John Wolfe <jwolfe@stmargaretsno.org>

Thu, Feb 11, 2021 at 3:14 PM

All good for 2021. Looking forward to seeing y'all next week.

Richard Gambill

Pastor

First Bastrop

Loving God, Loving One Another, Loving Our World

From: John Wolfe
Sent: Thursday, February 11, 2021 1:53 PM
To: Richard Gambill
Cc: Marianna Dion; Larry Stansberry
Subject: St Margaret's Daughters Home, St Luke's & St Jude's HurricanePreparedness 2021

Hi Pastor Gamble,

As per our conversation, I am confirming that our Host Facility Agreement with First Baptist Church Bastrop auto renewed and is good for 2021. We can not express in words our gratitude to you and your congregation for your willingness to extend help in the event of an emergency.

If you don't mind responding to confirm so we have it for our records.

Thank you,

John Wolfe
Executive Director

St. Margaret's Hospice

3525 Bienville Street

New Orleans, LA 70119

jwolfe@stmargaretsno.org
Ph # (504) 373-5923

Fax # (504) 504-304-9252

Cell # (504) 504-512-2777

2/12/2021

St. Margaret's Daughters Home Mail - RE: St Margaret's Daughters Home, St Luke's & St Jude's HurricanePreparedness 2021



John Wolfe <jwolfe@stmargaretsno.org>

RE: St Margaret's Daughters Home, St Luke's & St Jude's HurricanePreparedness 2021

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3525 Bienville Street

New Orleans, LA 70119

jwolfe@stmargaretsno.org

Ph # (504) 373-5923

Fax # (504) 504-304-9252

Cell # (504) 504-512-2777

HOST FACILITY AGREEMENT BETWEEN
ST. MARGARET'S DAUGHTERS HOME AND
FIRST BAPTIST CHURCH BASTROP

THE PARTIES TO THIS AGREEMENT ARE:

St. Margaret's Daughters Home, whose principal place of business is:
3525 Bienville St.
New Orleans, LA 70119

And:

FIRST BAPTIST CHURCH BASTROP
620 E. Madison Ave.
Bastrop, LA 71220

The purpose of this agreement is for FIRST BAPTIST CHURCH BASTROP to provide refuge and housing to residents of St. Margaret's Daughters Home in the case of an emergency evacuation, which is caused by an Act of God and/or the issuance of an official and mandatory governmental evacuation order from the Parish of New Orleans and the State of Louisiana.

FIRST BAPTIST CHURCH BASTROP agrees to participate in this agreement in order to assist its fellow man, namely, the residents and staff of St. Margaret's Daughters Home during this time of need.

Therefore, it is agreed between St. Margaret's Daughters Home and FIRST BAPTIST CHURCH BASTROP that the First Baptist Church Family Life Center facility, located at 560 E. Madison Ave. will be designated as the host facility in the event of an evacuation of St. Margaret's Daughters Home.

Nothing in this agreement shall prevent or prohibit FIRST BAPTIST CHURCH BASTROP from seeking or obtaining additional reimbursement from the federal government or any third party entity for providing housing and assistance to St. Margaret's Daughters Home residents and staff.

It is agreed between the parties that the maximum of St. Margaret's Daughters Home residents that can be accommodated at First Baptist Church Family Life Center facility is 300.

It is also agreed that the maximum number of days St. Margaret's Daughters Home's residents and staff are authorized to occupy First Baptist Church Family Life Center facility during any one evacuation event is 14 days. The 14 days commence the day St. Margaret's Daughters Home's residents and staff arrive at First Baptist Church Family Life Center facility. Parties agree the number of days can be extended based upon circumstances and the sole discretion of FIRST BAPTIST CHURCH BASTROP.

St. Margaret's Daughters Home acknowledges that it shall be solely responsible for all expenses associated and incurred by its residents or staff during the stay at First Baptist Church Family Life Center facility. Examples of expenses that are St. Margaret's Daughters Home's responsibility are food, toiletries, and medical supplies.

St. Margaret's Daughters Home will notify FIRST BAPTIST CHURCH BASTROP that it requires assistance within six (6) hours of receiving an evacuation order from the State of Louisiana or as soon as it is determined by Louisiana State officials or by St. Margaret's Daughters Home's staff that its residents may be in peril from a pending Act of God.

St. Margaret's Daughters Home further agrees to indemnify, defend, and hold harmless FIRST BAPTIST CHURCH BASTROP for any judgments, costs, attorney fees for lawsuits for injury or damage that occurs and/or is caused by St. Margaret's Daughters Home's staff and residents during their stay at First Baptist Church Family Life Center facility. Additionally, St. Margaret's Daughters Home agrees to maintain a policy of insurance, in the amount of no less than \$1,000,000, in order to protect, indemnify, defend, and hold harmless FIRST BAPTIST CHURCH BASTROP, its principles, agents, representatives and staff, for any damages or injury that occurs as a result of St. Margaret's Daughters Home's negligence that occurs during the use of the occupied facility.

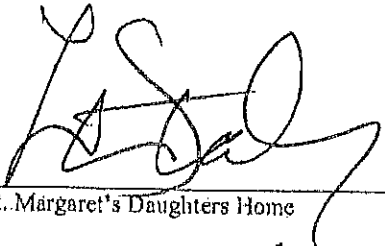
At the end of its stay at First Baptist Church Family Life Center facility, St. Margaret's Daughters Home, at its sole cost and expense, agrees to peaceably vacate the premises and to return the premises in

the same condition as found prior to its arrival and stay with all cost of cleanup and repairs to be the responsibility of St. Margaret's Daughters Home.

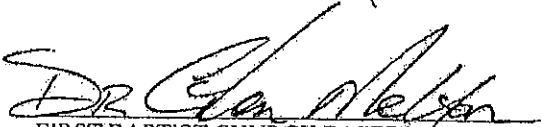
This agreement shall be enforced and interpreted under the Laws of the State of Louisiana. If any part of this agreement is found to be invalid under Louisiana, that part shall be severed and the remaining provisions shall not be affected in any manner.

This agreement shall be renewed annually and may be terminated by FIRST BAPTIST CHURCH BASTROP with 30 days notice to St. Margaret's Daughters Home.

By their signatures below, the parties signing this agreement acknowledge and confirm that they have the authority to bind their respective entities as stated above.


St. Margaret's Daughters Home

11-10-19
Date


FIRST BAPTIST CHURCH BASTROP
Representative

11-08-2019

2021 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:

ST MARGARETS at mercy

Contact Person: MARIANNA DION

Phone # of Contact Person: 504 812-7121

FAX#: 504 277-1834

E-Mail Address: mdion@stmargaretsno.org

Physical Address of evacuation site:

3525 Bienville ST
New Orleans, LA 70119

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?

24 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- hour

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: 120

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

Date of agreement/contract/verification: 1/15/21

Date agreement/contract ends: 1/15/21 - 12/31/2021

St Margaret's Daughters

3525 Bienville St.
New Orleans La 70119
504-279-6414

Emergency Agreement

As part of emergency preparedness, it is agreed that St Margaret's will supply St. Jude with shelter in the event of a local emergency.

St. Margaret's will provide at least 24 hour notice if services are needed.

This agreement is for calendar year 2021 and is valid until terminated by either party.

M. S. D. L. A.

St. Margaret's

1/15/21

Date

Broussard

St. Jude

1/15/21

Date

Contact person(s) and 24 hour phone number(s):

Marianna Diaz

504-812-7121

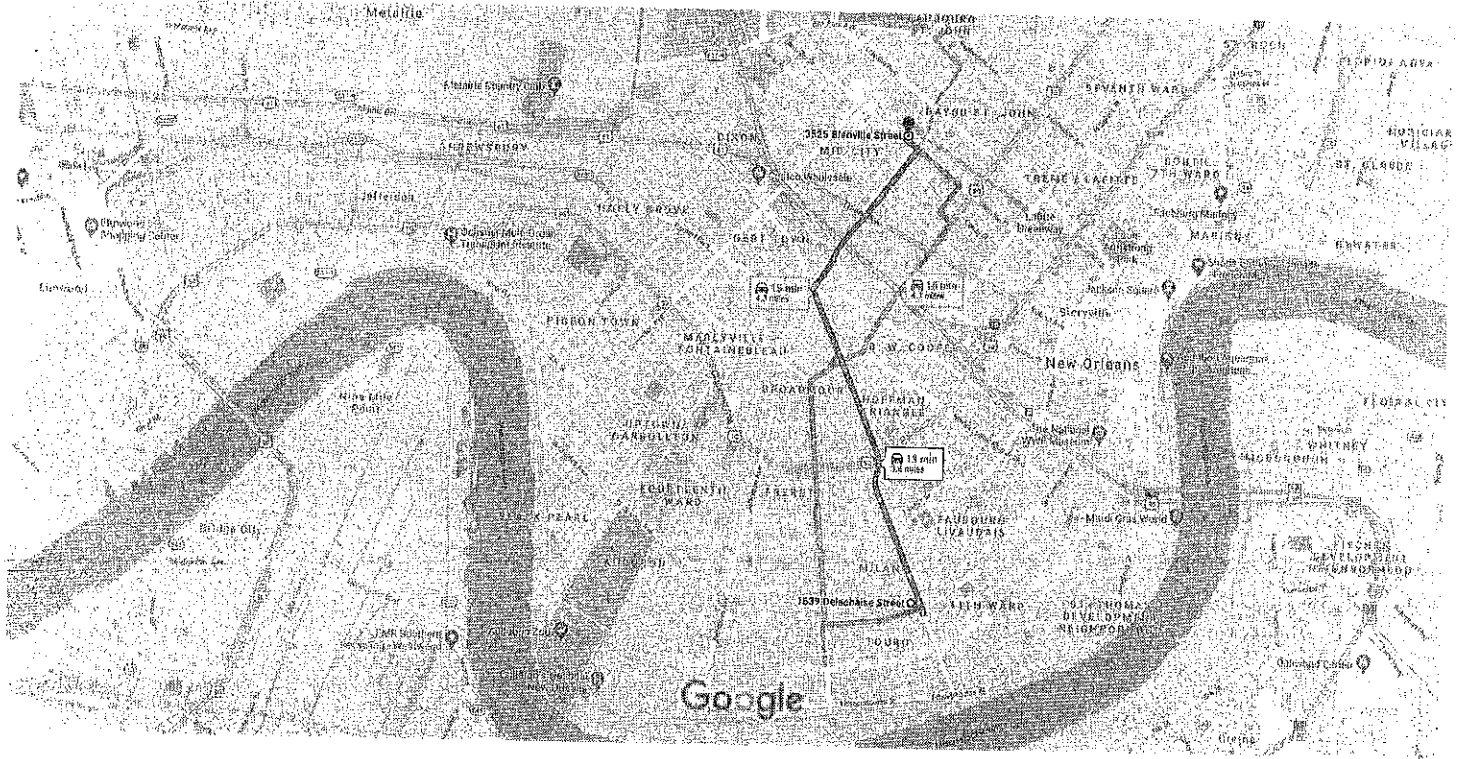
John Wolfe

504 512-2777

Google Maps

1539 Delachaise Street, New Orleans, LA to 3525
Bienville Street, New Orleans, LA

Drive 3.8 miles, 13 min



Map data ©2021 Google 2000 ft

via Louisiana Ave and S Norman C
Francis Parkway

13 min

3.8 miles

Fastest route, lighter traffic than usual

via Napoleon Ave and S Norman C
Francis Parkway

15 min

4.5 miles



via Napoleon Ave and S Broad Ave

16 min

4.7 miles

Explore 3525 Bienville St



Restaurants



Hotels



Gas stations



Parking Lots



More

2021 Nursing Home Emergency Preparedness Plan Survey

Multiple **Alternate/Secondary** Host Site(s) – print then complete the following two pages for each additional site.

A. Provide the following information:(list each alternate or secondary site)

i. What is the name of each **alternate/secondary** site(s)?

____ LACRANDE Healthcare

ii. What is the physical address of each **alternate/secondary** host site(s)?

____ 650 HAIT ST
____ BASTROP, LA 71220

iii. What is the distance, in miles, to each **alternate/secondary** host site(s)?

____ 288.7 MILES

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: SHELBY DUNN

Phone: 718 281 6322

Email: LQADMIN@PARAMONTHCLA.COM

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:

25 elders / 8 per facility

➤ Is this adequate for all evacuating residents?

☐ Yes. If No - obtain and mark Yes.

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?

➤ _____
What is host site currently being used for?

2021 Nursing Home Emergency Preparedness Plan Survey

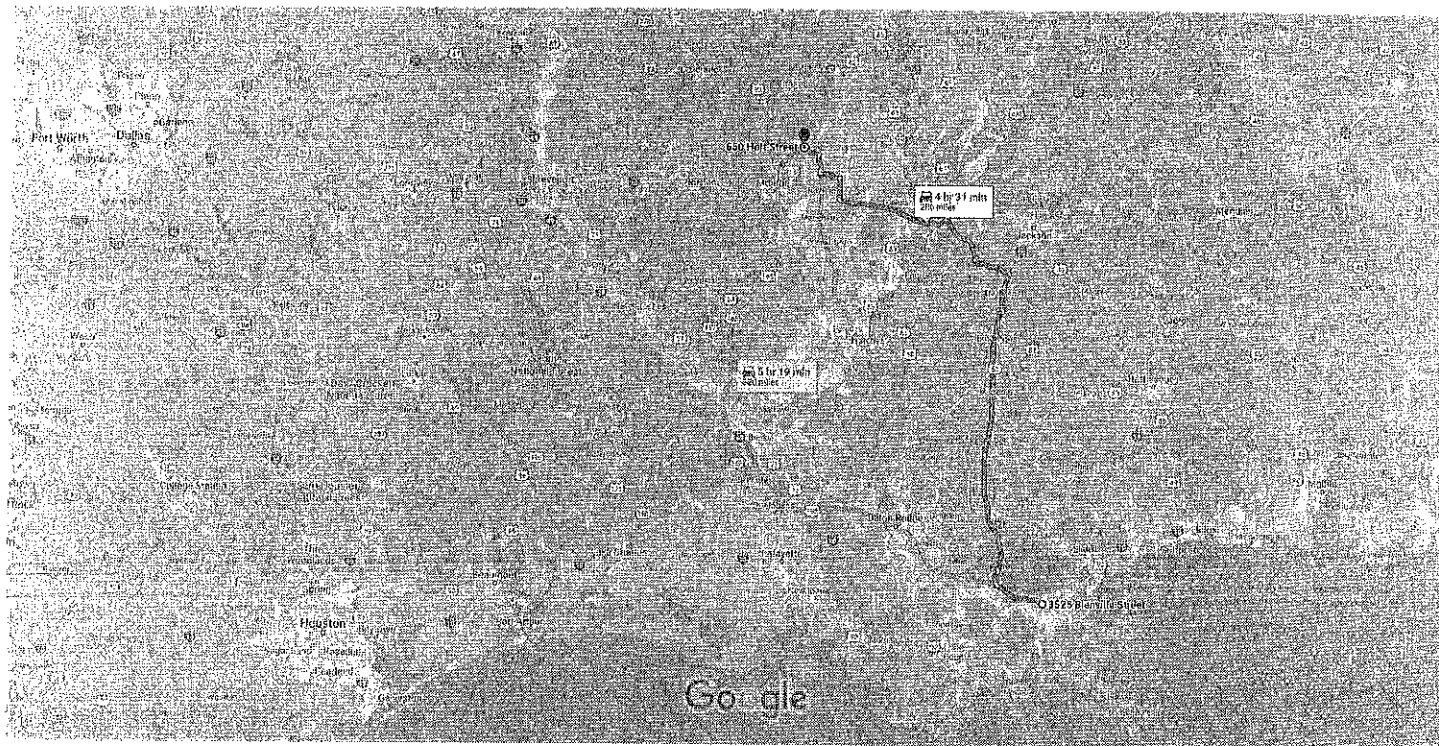
- Is the square footage/area of the space to be used adequate for the residents?
 - ☐ Yes
 - ☐ No
- What is the age of the host facility(s)?

- 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?
_____ **AT FIRST BAPTIST CHURCH BASTROP**
- 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? _____
 - ☒ No.
- g) Have copies of each **signed and dated contract/agreement** been included for submitting?
 - ☒ Yes. If No - obtain and mark Yes.
- h) Has a cover page been completed and attached for each contract/agreement. (**blank form provided**)
 - ☒ Yes. If No - complete and mark Yes.

Google Maps

3525 Bienville Street, New Orleans, LA to 650 Holt Street, Bastrop, LA

Drive 286 miles, 4 hr 31 min



Map data ©2021 Google, INEGI 20 mi



via I-55 N

4 hr 31 min

Fastest route, the usual traffic

286 miles



via I-10 W, US-61 N and US-425 N 4 hr 46 min

271 miles



via I-10 W and US-165 N

5 hr 19 min

320 miles

Explore 650 Holt St



Restaurants



Hotels



Gas stations



Parking Lots



More

HOST FACILITY AGREEMENT BETWEEN
ST. MARGARET'S DAUGHTERS HOME AND

Le Grand Healthcare

THE PARTIES TO THIS AGREEMENT ARE:

St. Margaret's Daughters Home, whose principle place of business is:
3525 Blenville St.
New Orleans, LA 70119

And:

Le Grand Healthcare

650 Holt St.

Bustop, LA 71220

The purpose of this agreement is for Le Grand Healthcare provide refuge and housing to residents of St. Margaret's Daughters Home in the case of an emergency evacuation, which is caused by an Act of God and/or the issuance of an official and mandatory governmental evacuation order from the Parish of Orleans or the State of Louisiana.

Le Grand Healthcare agrees to participate in this agreement in order to assist its fellow man, namely, the residents and staff of St. Margaret's Daughters Home during its time of need.

Therefore, it is agreed between St. Margaret's Daughters Home and Le Grand Healthcare that the Host facility, located at 650 Holt St Bustop, LA will be designated as the host facility in the event of an evacuation of St. Margaret's Daughters Home.

Nothing in this agreement shall prevent or prohibit Le Grand Healthcare from seeing or obtaining additional reimbursement from the federal government or any other third party entity for providing housing and assistance to St. Margaret's Daughters Home residents and staff.

It is agreed between the parties that the maximum of St. Margaret's Daughters Home's residents that can be accommodated at Le Grand Healthcare is 25

It is also agreed that the maximum number of days St. Margaret's Daughters Home's residents are authorized to occupy Le Grand Healthcare during any one evacuation event is Open days. The Open days commence the day St. Margaret's Daughters Home's residents arrive at

Le Grand Health Parties agree the number of days can be extended based upon circumstances and at the sole discretion of host.

St. Margaret's Daughters Home acknowledges that it shall be solely responsible for all expenses associated and incurred by its residents during the stay at Le Grand unless other wise discussed.

The negotiated daily rate per person per day will be \$175.00.

St. Margaret's Daughters Home will notify Le Grand Health that it requires assistance within six (6) hours of receiving an evacuation order from the State of Louisiana or as soon as it is determined by Louisiana State officials or by St. Margaret's Daughters Home's staff that its residents may be in peril from a pending Act of God.

St. Margaret's Daughters Home further agrees to indemnify, defend, and hold harmless Le Grand Health for any injury or damage that occurs and/or is caused by St. Margaret's Daughters Home's staff and residents during their stay at Le Grand Health. Additionally, St. Margaret's Daughters Home agrees to maintain a policy of insurance, in the amount of no less than \$500,000, in order to protect, indemnify, defend, and hold harmless Le Grand Health its principles, agents, representatives and staff, for any damages or injury that occurs as a result of St. Margaret's Daughters Home's negligence that occurs during the use of the occupied facility.

At the end of its stay at Le Grand Health St. Margaret's Daughters Home, at its sole cost and expense, agrees to peaceably vacate the premises and to return the premises in the same condition as found prior to its arrival and stay.

This agreement shall be enforced and interpreted under the Laws of the State of Louisiana. If any part of this agreement is found invalid under Louisiana law, that part shall be severed and the remaining provisions shall not be affected in any manner.

This agreement shall be renewed annually and may be terminated by Le Grand Health with 60 days notice to St. Margaret's Daughters Home.

By their signatures below, the parties signing this agreement acknowledge and confirm that they have the authority to bind their respective entities as stated above.


St. Margaret's Daughters Home


Date

Shirley A. NEA
Host Facility Representative

9/16/20
Date

2021 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):

____ AMED

Contact Person: Sharlene Macera

Phone # of Contact Person: 504 - 228 - 9857

Physical Address of transportation provider:

____ 1800 Monroe Street
____ Gretna LA 70053

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?

____ 72 hours

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

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

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

____ Ambulance

Total number of transport vehicles to be provided: AS Many AS needed

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

____ 3 per Ambulance

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 1/25/21

Date agreement/ contract ends: NO END DATE / contract is for 2021

A-MMED AMBULANCE, INC.

MANDATORY EVACUATION AGREEMENT

This Mandatory Evacuation Agreement (the "Agreement") is entered into on the Date **January 1 2021**, by and between:

A-MMED AMBULANCE, INC., a Louisiana corporation authorized to do and doing business in the State of Louisiana (hereinafter referred to as "A-MMED"); and

St Jude Nursing and Rehab, a corporation/limited liability company organized under the laws of the State of **Louisiana**, and authorized to do and doing business in the State of Louisiana; and hereby agree as follows:

WHEREAS, the parties recognize the threat of hurricanes and tropical storms to Louisiana and the necessity of evacuating Facility's patients in advance of storms when a mandatory evacuation order has been issued by the appropriate governing authority;

WHEREAS, the parties acknowledge that Act 540 of 2006, enacted as LSA-R.S. 40:2009.25, charged nursing homes such as Facility with the duty to develop an Emergency Preparedness Plan for submission to DHH for the evacuation of patients pursuant to a mandatory evacuation order;

WHEREAS, Facility further acknowledges the Emergency Preparedness Plan must include, as part of its submission to DHH, a written contract or agreement for a private company such as A-MMED to provide emergency evacuation transportation services;

WHEREAS, in compliance with all laws, Facility wishes to have A-MMED provide emergency evacuation services under the following terms and conditions;

NOW, THEREFORE, the parties do hereby agree as follows:

DEFINITIONS

For purposes of the Agreement, the following definitions shall apply:

Act 254 of 2006 - LSA-R.S. 40:9002.25.

DHH – Louisiana Department of Health and Hospitals.

DHH/HSS - Louisiana Department of Health and Hospitals Health Standards Section.

Emergency Preparedness Plan – The plan Facility must submit to DHH in accordance with all laws pertaining to emergency preparedness for nursing homes in Louisiana, including, but not limited to, LSA-R.S. 40:9002.25.

ESF Plan – The Louisiana/Federal Joint ESF #8 Operations Plan.

Facility – The nursing home party entering into the Agreement with A-MMED herein for mandatory evacuation services.

Nursing Facility Minimum Licensing Standards, Emergency Preparedness - DHH's rules and regulations governing nursing homes in mandatory evacuations, and also known or referred to as LAC 48:I.9729; attached herein as Exhibit "1" to the Agreement.

OHSEP – The federal, state, or local/parish Office of Homeland Security and Emergency Preparedness.

Nursing Home – Defined in LSA-R.S. 40:2009.2(1).

The Model Plan – The Louisiana Model Nursing Home Emergency Plan, attached herein as Exhibit "2" to the Agreement.

Services – The mandatory evacuation services to be provided pursuant to the Agreement by A-MMED.

GENERAL TERMS AND CONDITIONS

1. Applicable Laws - This Agreement shall be governed by all applicable federal, state, and local laws, including to Titles 29, 36, 40, and 49 of the Louisiana Revised Statutes, *et seq.*, the Louisiana Administrative Code; the Louisiana Administrative Procedure Act; and all other applicable federal, state, and local laws, rules, and regulations governing emergency preparedness and mandatory evacuations for nursing homes (collectively referred to herein as "all laws" or "laws").
2. Incorporation by Reference - All laws governing the Agreement are deemed to be incorporated herein by reference and shall be read and enforced as if said laws, statutes, rules and regulations are incorporated herein *in extenso*.
3. When Agreement Applies - The parties agree that the terms and conditions of the Agreement shall only apply in the event of an issuance of a mandatory evacuation order by the appropriate federal, state, or local authority governing the parish in which the Facility is located and which mandatory evacuation order directly affects the Facility, its patients, employees and other personnel.
4. Compliance with Laws - By entering into the Agreement, Facility represents to AMMED that it has complied with all laws regarding its duties and obligations for emergency preparedness, including but not limited to all laws referred to in the Agreement.
5. HIPPA Considerations - The parties acknowledge that in the event a mandatory evacuation order is issued, the provisions of The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") may be temporarily waived by the Secretary of the Department of Health and Human Services pursuant to 42 U.S.C.

§1320b-5(b)(3), so that the appropriate patient information can be provided to A-MMED on an as-needed basis. The parties agree that in releasing patient information, Facility will abide by the waiver and not release any prohibited patient information to A-MMED. In the event of the release of unauthorized patient information by Facility, the parties agree that A-MMED will not be responsible for same.

6. Facility's Compliance with DHH - Facility specifically acknowledges that by entering into the Agreement it has:

- Submitted on an annual basis since 2006, an Emergency Preparedness Plan to the Louisiana Office of Homeland Security and Emergency Preparedness and any other local or parish governing authority, which Emergency Preparedness Plan shall conform to the current Nursing Facility Minimum Licensing Standards, Emergency Preparedness, as outlined in the Louisiana Model Nursing Home Emergency Plan; and the Louisiana/Federal Joint ESF #8 Operations Plan;
- Submitted an acceptable plan of correction to amend its Emergency Preparedness Plan to DHH within 10 days of notification in the event of a request for same by DHH; and
- Reviewed and updated its Emergency Preparedness Plan on at least an annual basis, and submitted any changes, corrections, and/or modifications of its Emergency Preparedness Plan to DHH.

7. Insurance - Facility is responsible for purchasing and paying for all insurance for the Agreement and A-MMED shall be named as an additional insured on the insurance policy(s). At A-MMED's request, the Facility shall furnish A-MMED Certificates of

Insurance which will be in full force and effect during the term of the Agreement, and which reflect A-MMED as an additional insured.

8. Facility's Request for Services – Facility agrees that once the mandatory evacuation order is issued, it will:

- Provide A-MMED notice to transport within 72 hours, if the patients to be evacuated will be taken to a host facility less than 100 miles in distance from Facility;
- Provide A-MMED notice to transport within 96 hours, if the patients will be evacuated a distance of more than 100 miles from Facility;
- Provide written notice by facsimile to A-MMED no later than three (3) hours after telephone notification that Facility's patients will be evacuated. The parties agree that although the notice may initially be provided by telephone, the notice must be confirmed in writing and received by A-MMED in order for A-MMED to begin scheduling the emergency evacuation process;
- Provide in the notice described herein written confirmation from the host or receiving facility with whom the Facility has contracted that it is prepared and able to receive Facility's patients; specifically, that it will have trained and adequately staffed personnel to assist with the loading and unloading of patients, including all medications and adequate supplies of same, pillows, bedding, diapers, pajamas and robes, and the like; and all equipment necessary for the evacuation and the care of the patient; and the patients' personal belongings;

- Include in the notice confirmation of the number of patients Facility is requesting that A-MMED transport for mandatory evacuation;
- The notice Facility agrees to submit to A-MMED must be transmitted by facsimile to the following A-MMED facsimile number: (504) 362-9431;
- A-MMED will begin to schedule patients for evacuation from Facility as soon as it receives written confirmation of notice from the Facility. The parties understand and agree that scheduling can only be accomplished on a first-come, first-serve basis, meaning that the priority of evacuation of nursing homes will be governed by the order in which written confirmation of the request for Services pursuant to the Agreement is received by A-MMED; and
- Agree to and abide by A-MMED's policy that once A-MMED receives written confirmation from Facility of request for mandatory evacuation, and Facility subsequently makes any changes of any kind whatsoever to the written confirmation, including by example only, but not limited to, changes in time for evacuation from Facility, changes in number of patients to be evacuated, or evacuation destination, said changes may result in A-MMED not being able to guarantee compliance with the Agreement in any respect whatsoever. Nonetheless, in the event Facility requests changes or amendments to its written confirmation to A-MMED, A-MMED agrees to exert its best efforts to evacuate Facility patients, but the parties agree A-MMED will not be liable for any damage, injury, or incident of any kind whatsoever that may result as a result of Facility's changes or amendments to the written confirmation provided to A-MMED pursuant to the Agreement.

9. Implementation of Services – The parties agree:
- When A-MMED arrives at the Facility, the patients will be prepared and ready to be loaded into the ambulances for emergency evacuation. In the event Facility does not have the patients prepared and ready, A-MMED is free to depart the Facility to fulfill its obligations to other nursing homes for Services;
 - The actual loading of the patients into the ambulances will be accomplished within the safest and most reasonable time frame given the circumstances then and there existing;
 - Facility patients will be limited to one small bag of personal effects, plus all medicine necessary for medical care, due to limited space;
 - A-MMED is not responsible for the personal belongings of any Facility patient; and
 - No family member(s) of Facility patients will be allowed on A-MMED ambulances, either upon evacuation or return from evacuation;
10. Type of Transportation - The parties acknowledge that the Emergency Preparedness Plan and the ESF Plan specify the type of transportation Facility must provide to its patients, and that by entering into the Agreement with A-MMED, Facility is fulfilling all of its legal duties and obligations pursuant to the laws in this regard and A-MMED is acting solely pursuant to Facility's instructions regarding type of transportation for Facility patients.
11. Transportation Matched to Patient - The parties agree that the patient's medical condition and needs must correspond to the type of ambulance that can best accommodate the patient during the evacuation process and return, and Facility hereby represents and

guarantees that it will specifically provide for this in the Emergency Preparedness Plan and ESF Plan Facility submits to DHH. The parties further agree that A-MMED has no legal duty, obligation, or liability in this regard if Facility fails to fulfill its legal duties and obligations herein.

12. Limitation on Number of Non-Ambulatory Patients -- In no event will A-MMED be obligated pursuant to the Agreement to accept no more than _____ non-ambulatory Facility patients;
13. Needs of Patient - Facility will comply with all laws requiring it to provide for the needs of its patients while being evacuated, including by example, but not limited to, air conditioned ambulances to the extent it is reasonably feasible, adequate supplies of food, water, and medicine, including acknowledgment of special dietary needs of a patient, along with adequate and trained staff during every part of the evacuation and return of Facility's patients.
14. Adequate Personnel - Facility agrees that it will have trained and adequately staffed personnel to assist with the loading and unloading of its patients at all points during the emergency evacuation process and completion of the emergency evacuation process;
15. Process for Return of Patients - The parties further agree:
 - A-MMED's sole obligation with respect to return of patients to the Facility is to implement the return of Facility's patients at Facility's directions and instructions, once the mandatory evacuation order has been lifted by the appropriate governing authority;
 - Facility will comply with all laws regarding the return, reoccupying and/or reopening of Facility for the patients;

- The process for requesting return of patients to Facility will be the same as the process for requesting evacuation of patients. For example, and without limitation, telephone requests for return of patients must be confirmed in writing no more than three (3) hours from the time A-MMED receives an initial telephone request from Facility to return patients to Facility;
- The written confirmation requesting return of patients to Facility must be received at A-MMED's facsimile number, (504) 362-9431;
- Once A-MMED receives written request from Facility to return patients to Facility, the return scheduling will only be accomplished on a first-come, first-serve basis, meaning that the priority of return of Facility patients will be governed by the order in which written confirmation of the request for Services pursuant to the Agreement is received by A-MMED; and
- All other provisions, terms, and conditions contained in the Agreement that apply to the evacuation of Facility patients apply equally to Facility's requests for return of patients to Facility.

16. A-MMED's Obligations - The parties acknowledge that A-MMED's obligations pursuant to the Agreement are:

- To transport Facility's patients in accordance with Facility's request when a mandatory evacuation order has been issued by the appropriate government authority;
- To return the patients from the evacuation location when and it has been deemed appropriate by federal, state, or local authority for the safe return of Facility's patients, to the parish in which the nursing home is located; and

- To have all ambulances used in the evacuation process in compliance with applicable federal, state, and local laws, including city or parish inspection standards.

17. Supplemental Transportation Assistance - The Parties hereby agree and acknowledge that given the number of patients in nursing homes in Louisiana, and recognizing that A-MMED has agreed in good faith to exert its best efforts to carry out the terms and conditions of this Agreement, both federal and state law recognize and provide for supplemental transportation services in a mandatory evacuation situation. As an example, LSA-R.S. 29:766 *et seq.* in general, and 29:766 (G)(4) in particular, provide:

(G)(4) If a nursing home determines that it should evacuate and encounters problems with obtaining transportation from its transportation service provider required under R.S. 40:2009.25, the nursing home shall notify its local or parish office of homeland security and emergency preparedness & ask for assistance with transportation. If they are not able to assist, the local or parish office must notify the Gov's Office of Homeland Security and Emergency Preparedness; if unable, essentially FEMA is the last resort.

18. Supplemental Transportation Assistance – No Liability - The Parties recognize and agree that while A-MMED has agreed to comply with its terms and obligations of the Agreement in all respects, that given the uncertain nature of a natural disaster such as a tropical storm or hurricane and the exigent circumstances that may arise therefrom, that it will not be responsible for any and all harm and/or injury that may occur in the process of, or result from, the providing of said supplemental assistance by the state or federal government.
19. Existing Service Agreement - A-MMED and Facility acknowledge they have previously entered into an exclusive Service Agreement for A-MMED to provide emergency

ambulance services on an ongoing basis, the terms and conditions of which are incorporated herein. In the event any provisions of the Service Agreement and this Mandatory Evacuation Agreement conflict at the time a mandatory evacuation order is in effect, the provisions of this Mandatory Evacuation Agreement shall apply.

20. Billing Rates - All current billing rates as set forth in the Service Agreement or any addendum existing between A-MMED and the Facility shall apply to the provisions of the Agreement.
21. Term - This Agreement shall be for a term of one (1) year from its effective date unless renewed or extended by both parties in writing. Otherwise, the Agreement may be terminated by either party, with or without cause, provided the terminating party issues written notice to the other party at least 30 days prior to the effective date of terminations of the Agreement. The Agreement will automatically terminate in the event the Service Agreement existing between the parties terminates for any reason.
22. Notice - The notice required for termination of the Agreement, in addition to being in writing, shall be considered delivered and the service thereof completed, when the notice is posted, by registered mail, to A-MMED at A-MMED's address as stated in the Agreement. The written notice of termination of the Agreement must be sent by Facility by certified mail to A-MMED at the following address:

Ms. Sharlene Macera
A-MMED Ambulance, Inc.
1800 Monroe Street
Gretna, Louisiana 70053.

23. Indemnity - To the fullest extent permitted by law, Facility agrees to protect, defend, indemnify, and hold harmless A-MMED and its agents, officials, employees, or any firm, company, organization, or individual, or their contractors or subcontractors for whom A-

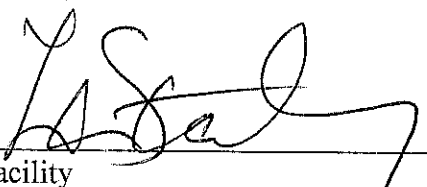
MMED may be contracted to, from any and against any and all claims, demands, actions, and causes of action of every kind and character including but not limited to claims based on negligence, strict liability, and absolute liability which may arise in favor of any person or persons on account of illness, disease, loss of property of any kind including personal property, services, wages, death or personal injuries arising from any and all services provided by A-MMED pursuant to the Agreement, regardless of whether A-MMED may be wholly, concurrently, partially, or solely negligent, or strictly liable, or absolutely liable or otherwise at fault.

Further, Facility hereby agrees to indemnify A-MMED for all reasonable expense and attorneys' fees incurred by or imposed upon A-MMED in connection therewith for any loss, damage, injury or other casualty. Facility further agrees to pay all reasonable expenses and attorneys' fees incurred by A-MMED in establishing the right to indemnify pursuant to the provisions of this Section.

24. Modification of Agreement - This Agreement may only be modified by the written agreement of the parties hereto. The parties agree that no alteration or variation of the terms and conditions of the Agreement will be valid unless they are made in writing and signed by all parties. Every amendment, alteration, or variation of the terms and condition of the Agreement must state the date on which its provisions shall become effective.
25. Severability - If any provision of the Agreement is determined by a court of competent jurisdiction to be invalid or unenforceable to any extent, the remainder of the Agreement shall not be affected and shall be enforced to the fullest extent permitted by law.

26. Jurisdiction - Facility agrees that by entering into the Agreement, it hereby waives jurisdiction and venue and submits to the jurisdiction of the district courts for the Parish of Jefferson, regardless of Facility's residence, domicile or principal place of business.
27. Good Faith - The parties acknowledge that they have entered into the Agreement in good faith and will exert their best efforts in order to discharge their respective obligations and duties pursuant to the Agreement.

A-MMED AMBULANCE, INC.



Facility

By: Sharlene J. Maer

By: LAWRENCE STANSBERRY

Title: Resident

Title: CEO

2021 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):

Contact Person: HOTARD COACHES

Phone # of Contact Person: 504 - 274-1751

Physical Address of transportation provider:

2838 TAURO ST.
NEW ORLEANS, LA 70122

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 HOURS

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

1 Hour

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

1 Hour

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

BUS

Total number of transport vehicles to be provided: 3 BUSES

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

55 per Seated bus

Is the transportation air conditioned? ☒ YES ☐ NO

IF transportation is facility owned attach verification of ownership.

Date of agreement/contract/verification: 2/25/21

Date agreement/ contract ends: 11/30/21

Client ID	STJUNH	Charter ID	25871
Client	Torrel Bridges	Movement ID	60490
Company	St. Jude's Nursing Home	Status	Firm
Client Ref 1	Contingency Bus	Passengers	
Client Ref 2			

First Pick-up	St. Jude's Nursing Home	Destination	St. Jude's Nursing Home
Pick-up Date	Tue 6/1/2021 Time 08:00	Arrival Date	Tue 6/1/2021 Time
Single Journey	No	Leave Date	Tue 6/1/2021 Time
Vehicle To Stay	No	Back Date	Tue 11/30/2021 Time 20:00

First Pick-up Instructions

1539 Delachaise Street, New Orleans, LA 70115
 A \$2500.00 non-refundable retainer fee will be required to have one 55 passenger bus on standby from June 1 through

November 30 2021

In the event the bus is needed to transport residents to Bastrop a 48 hour notice is required. At that point a rate of \$2,500.00 per day will be in effect, until the driver is released. If the driver is released upon arriving in Bastrop, a 48 notice is required to return residents to New Orleans.

This rate is based on the current Department of Transportation Rules and Regulations listed below. If the bus is required to travel more than 600 miles or 10 hours without an Eight Hour break an additional driver will be required at a rate of \$500 per day.

Destination Instructions

Per DOT (Department of Transportation) Regulations, your driver is only allowed to drive a total of 10 hours but no more than 600 miles. He/She will need at least 8 hours off before driving again. He/She is allowed to be on duty for up to 15 hours. If known in advance a relief driver can be arranged for an additional cost.

Drivers are not allowed to carry any passengers onto the motorcoach.

Seats	Vehicle Description	Vehicle No
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56	Coach	1
56	Coach	2

Movement Totals

\$5,000.00

Driver Description	Vehicle No	Driver Description	Vehicle No
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CDL Driver	1	CDL Driver	2
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C. Broussard

I understand the Charter is not confirmed until a signed copy of this confirmation has been returned. I understand full payment is due based on the timeline listed in the Terms & Conditions. I agree to the cancellation policy as listed in the Terms & Conditions. I confirm the above information is correct and agree to the Terms & Conditions attached.

Signature		Print Name		Date	
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2021 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: Medicine / Pharmacy

Name of Supplier:

Partners Pharmacy of Texas

Contact Person: Michelle Lafo

Phone # of Contact Person: _____

FAX#: _____

E-Mail Address: _____

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?

24 hours

How long will it take to receive the delivery?

24 hours

Date of agreement/contract/verification: 2/22/21

Date agreement/contract ends: until terminated

Partners Pharmacy of Texas
12503 Exchange Dr, Suite # 536
Stafford, TX
Ph. # 800-378-9020
Fax # 888-391-2210

February 22, 2021

Courtney Broussard
Administrator
St Jude
1539 Delachaise St.
New Orleans, La 70115

Dear Mrs. Broussard,

Partners Pharmacy will implement the emergency preparedness plan, in the event of Hurricane, severe weather, disaster, communication and information failures, and environmental emergencies. The following plan describes the actions of the pharmacy organization for emergencies that occur at the pharmacy site and/or at the long term care facility site before, during and after a serious weather event during the 2021 calendar year.

- ❖ A command structure will be established and available for responding to and recovering from emergencies.
- ❖ Advanced Pharmacy Houston will Contact and communicate with nursing home upon learning of any hurricane and storm in the area.
- ❖ Facility will be notified, if emergency/disaster management plan is activated.
- ❖ Pharmacy will ask facility to go through med carts and reorder medicines, which will be needed in next 7 days. Pharmacy will provide all new orders and refills for at least 14 days.
- ❖ Advanced Pharmacy Houston will provide all medicines in advance before the storm hits the area.
- ❖ If your facility plans to evacuate, then Advanced Pharmacy will confirm the location and will provide medicines to the new site. Pharmacy will make every effort of providing medicines in timely manner but based on the area and nature of disaster 24 hrs. turn around can be expected.

- ❖ In an event where Advanced Pharmacy Houston cannot provide the medicines, the Advanced Pharmacy Dallas will be instructed to provide services.

Advanced Pharmacy Dallas
2360 Crist Road Suite # 1400
Garland, TX, 75040
Ph. # 1-800-378-9020

- ❖ Partners Pharmacy is dedicated to the protection of its employees, facilities, and resources and to ensure that our company can continue all aspects of its core business processes; securely protect the confidentiality integrity and availability of patient information; and safely resume normal operations as quickly as possible after any natural, weather-related, man-made, or technological disaster affecting our pharmacy.
- ❖ At the end of each day while the emergency is in progress, the Director of the pharmacy or their designee will evaluate how the plan worked to date and make recommendations and plans for the next day's activities.
- ❖ After the disaster or emergency, the pharmacy must evaluate their current emergency preparedness plan to assess the effectiveness, appropriateness and adequacy in meeting patients and staff needs. Recommendations to modify the plan should be based on this evaluation and review. Any information gathered during a disaster drill or actual emergency should be reduced to writing and filed with the emergency preparedness plan information.
- ❖ Our goal is always to deliver optimal service to our patients and clients in the event of any emergency situation.

Please feel free to contact us with any questions or comments you may have regarding this plan.

Sincerely

Erum Naqvi

Erum Naqvi Pharm D, RPH
Regional Director
Partners Pharmacy of Texas

2021 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: Medical Supplies

Name of Supplier: Medline

Contact Person: Todd Romig & Brad Richoux
Phone # of Contact Person: 504-957-5034 / 504-908-5641
FAX#: 504-914-2730
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?

2 hours prior

How long will it take to receive the delivery?

24 hours

Date of agreement/contract/verification: 1/1/21

Date agreement/contract ends: until terminated



Medline Industries, Inc.

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

Gulf Coast Disaster Plan
Updated January 2021

PURPOSE AND SCOPE

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

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

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

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

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

Medline Capabilities

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

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

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

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

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

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

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

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

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

MEDLINE EMERGENCY ACTION PLAN

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

Medline's Disaster Response Team (DRT)

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

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

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

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

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

Customer Communications

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

Disaster Preparedness and Response Plan

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

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

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

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

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

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

Disaster Preparedness Checklist

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

Key Contacts

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

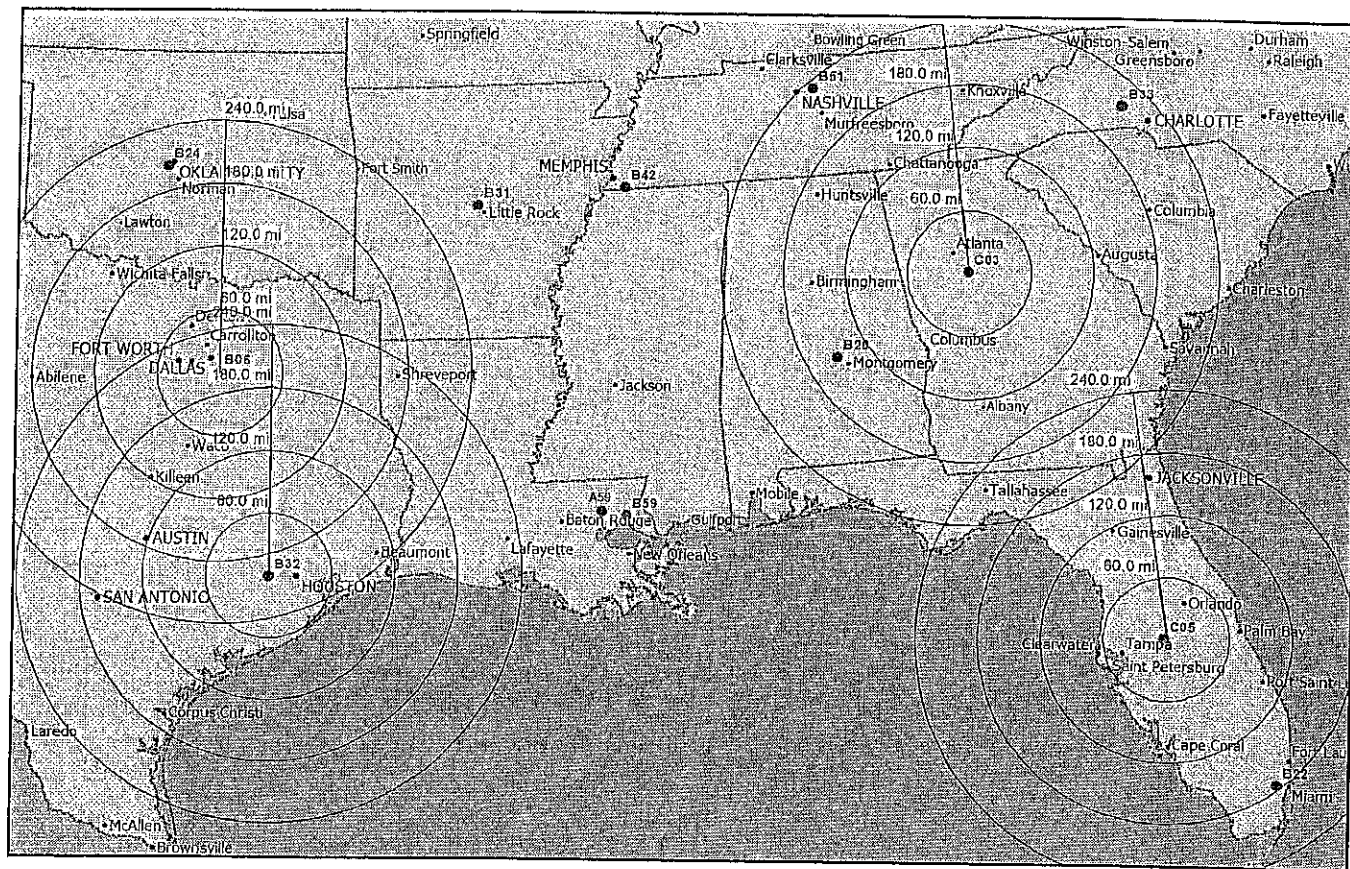
Medline Customer Service

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

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

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

GULF COAST DISTRIBUTION CENTERS



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

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

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

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

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

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

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

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

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

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

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

2021 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: Reinhart

Contact Person: Mon White

Phone # of Contact Person: 1-800-433-3425

FAX#: 1-800-547-1241

E-Mail Address: Cj.Faler@nfsdelivers.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 hrs

How long will it take to receive the delivery?

48 hrs

Date of agreement/contract/verification: 3/1/2021

Date agreement/contract ends: 3/1/2021



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

February 16, 2021

Valued Customer:

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

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

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

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

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

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

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

Sincerely,

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

Steve Wood

Area President New Orleans and Shreveport Opcos



Dear Performance Foodservice Customer:

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

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

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

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

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

We strongly recommend you purchase and store your disaster food and paper supplies by June 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 with a local water supplier to source potable water before an emergency catches your facility unprepared.

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

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

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

Sincerely,

Healthcare Division

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

Steve Wood

Area President

Performance Foodservice—New Orleans

Ted Meyer

OPCO President

Performance Foodservice— Shreveport

REINHART FOODSERVICE LOUISIANA, LLC
PERFORMANCE FOODSERVICE NEW ORLEANS AND SHREVEPORT
EMERGENCY CALL LIST

New Orleans OPCO			Shreveport OPCO		
Phone Numbers	800-488-3988	(504) 733-5200	Toll Free Phone Number	800-256-1336	(318) 869-3061
Fax Number	504-734-5270		Fax Number	318-213-5119	
Performance Foodservice Healthcare Team					
Lydia Brossette-Roberts, RD, LDN, Vice President Healthcare Sales			(318) 344-7358		
Dawn LeBlanc, RD, LDN, Healthcare Menu Systems Coordinator			(337) 772-9078		
HEALTHCARE SALES TEAM - NEW ORLEANS OPCO			HEALTHCARE SALES TEAM - SHREVEPORT OPCO		
		Phone			Phone
Shannon Hayes, RD, LDN	Regional Manager Healthcare	(225) 288-1279	Tiffany Wenzel, RD/LD	Regional Manager Healthcare	(817) 320-4614
Adrienne Uffman, RD, LDN	Southeast Louisiana	(225) 715-8227	Mary Lively, RD, LDN	North Louisiana	(318) 282-4471
Dawn Arceneaux, RD, LDN	South Central Louisiana	(337) 344-9767	Angel Schlotterbeck, COM, CFP	SW/Central Louisiana	(318) 452-8675
Candice Faler, RD, LDN	New Orleans/North Shore	(985) 778-8449	Jennifer Hoffman, RD/LD	Northeast Texas	(713) 301-6360
Angel Schlotterbeck, COM, CFP	SW/Central Louisiana	(318) 452-8675	Liz Doran, RD/LD	Central Texas	(210) 269-8510
			Lauren Liberto	SE Texas	(504) 202-7669
			Shelby Adams, MS, RDN, LDN	Inside Healthcare Specialist	(318) 655-8278
Customer Service Team - New Orleans OPCO			Customer Service Team - Shreveport OPCO		
Lori Nunez	Customer Service Manager	(504) 206-3756	El Howard	Customer Service Manager	(318) 626-6033
	Cell	(504) 270-8719		Cell	(318) 393-1302
Jeannette Lemoine	Inside Sales-Healthcare	(504) 206-3754	Regina Ross	Healthcare Customer Service	(318) 869-3061 x00110
Dawn Sisung	Inside Sales	(504) 206-3753	Sherry Golia	Customer Service	(318) 869-3061 x00114
			Michelle Causey	Customer Service	(318) 869-3061 x00109
Senior Management - New Orleans OPCO			Senior Management - Shreveport OPCO		
Steven Wood	OPCO President	(504) 206-3790	Ted Meyer	OPCO President	(318) 990-1005
Travis Nuccio	Vice President of Sales	(504) 206-3794	Ron Armstrong	Vice President of Sales	(903) 748-5764
Jerry Urlick	Vice President of Operations	(504) 206-3770	Ken Elkins	Vice President of Operations	(318) 393-7780
Troy Korbe	District Manager-North MS	(601) 466-8543	Scotty Lee	District Manager	(318) 564-9081
Dean Murray,	District Manager-South MS	(228) 235-4241	Christi Robertson	District Manager	(662) 832-2005
Scott Gosnell	District Manager-Baton Rouge	(225) 252-2142			
Mark Leger	District Manager-SW Louisiana	(337) 739-7938			
Alton Adams	District Manager-New Orleans	(504) 329-8031			

Revised: 1/11/2021

Introduction to Disaster Preparedness

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

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

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

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

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HEALTHCARE DISASTER PROCEDURE MANUAL

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

Disaster Procedures

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

BASIC PRINCIPLES OF FOODSERVICE WITHOUT UTILITIES OR WITH EQUIPMENT MALFUNCTION:

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

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

RESIDENT MEAL SERVICE

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

Supplies

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

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

Sanitation

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

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

Work Assignments

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

NAME OF FACILITY

SAMPLE LETTER

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

Signature
Staff Physician

Note: Customize for your facility.

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

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

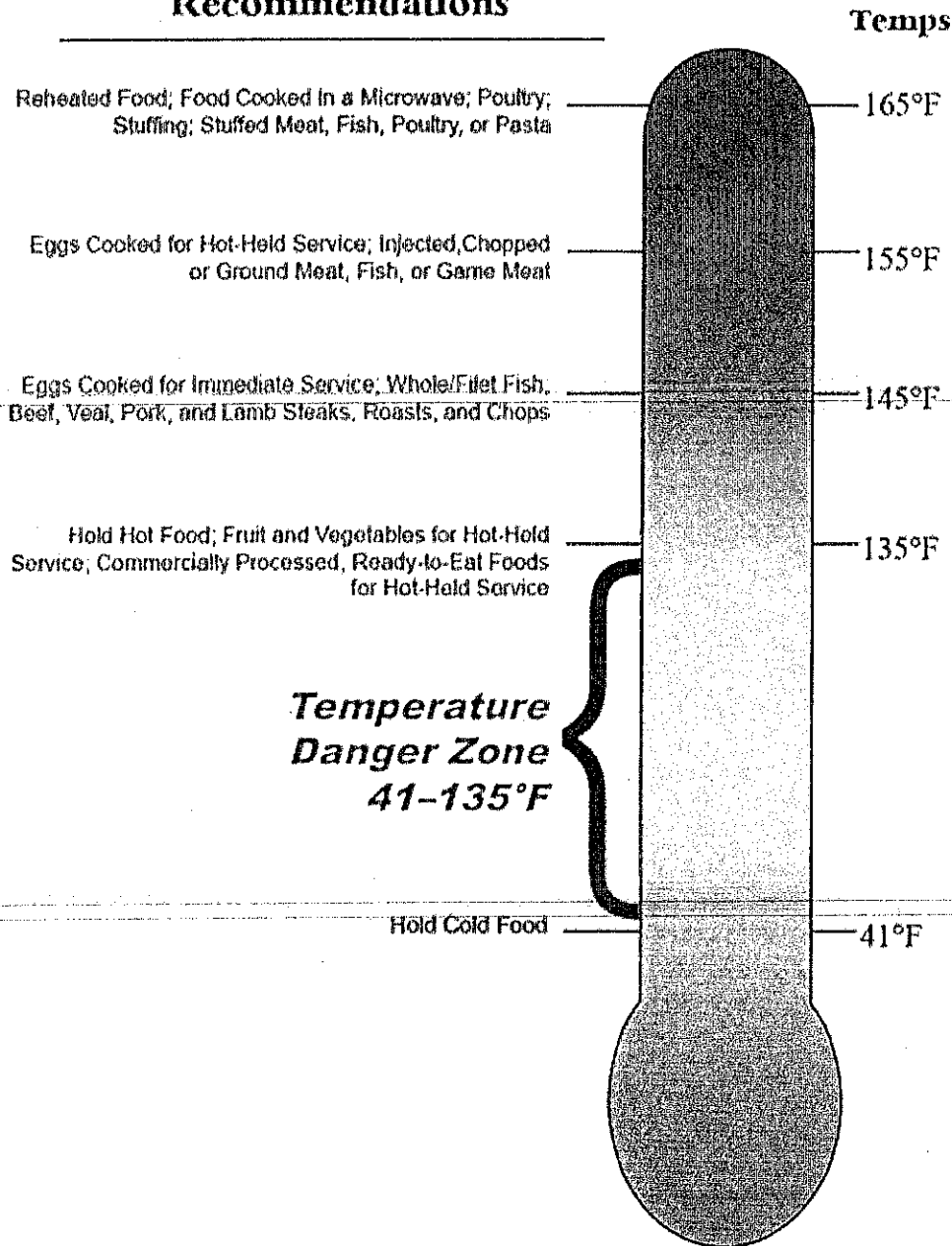
NOTE: This menu was designed to be produced with little or no preparation, only heating is required. The disaster menu can be entered in menuMATRIX, if requested, and an order guide, based on census, can be generated. Please contact your Healthcare Sales Specialist about information on accessing this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

3 Day Disaster Menu - Cold Food Only

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

Temperature Chart

FDA Food Code – Foodservice Recommendations



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

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

Emergency Food Service Phone Numbers

☐ Workforce:

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

☐ Utilities:

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

☐ Repair:

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

☐ Local Health Department: _____

☐ City Building Inspector: _____

☐ Property Insurance Company: _____

☐ Food Service Suppliers: _____

☐ Ice/Dry Ice Vendor: _____

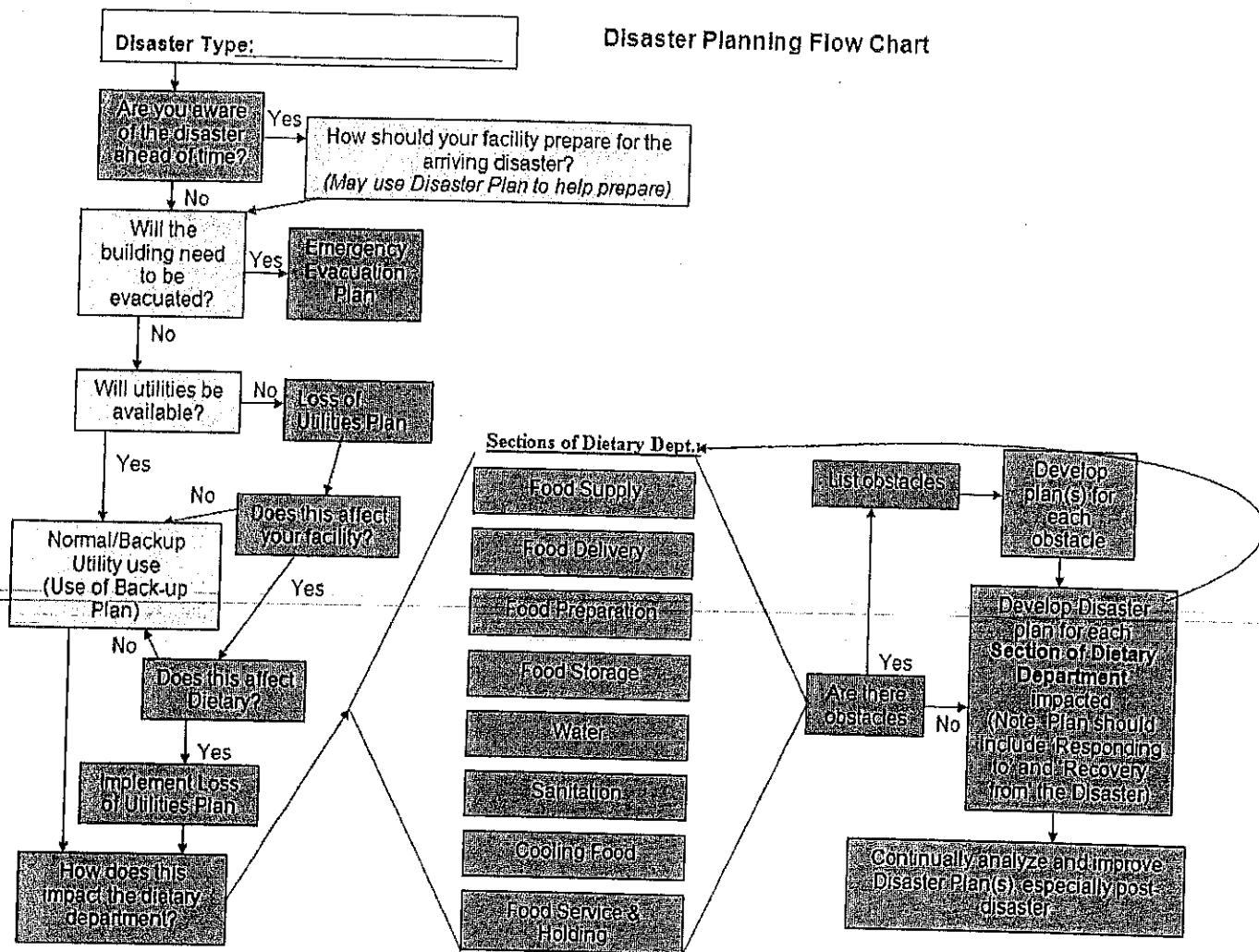
☐ Media Contacts: _____

☐ Portable Toilet Rental: _____

☐ Outside Facility Assistance: _____

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

Disaster Planning Flow Chart



Emergency and Disaster Index

☐ Standard Forms

- ☐ Chain of Command Flow Chart
- ☐ Emergency Contact List
- ☐ Emergency Supply List
- ☐ Communication Policy
- ☐ Finance Policy
- ☐ Security Policy
- ☐ Power Outage Food Policy

☐ Contaminated Water Policy

- ☐ Food Emergency Plan/Agreement
- ☐ Water Emergency Plan/Agreement
- ☐ Food/Water Distribution Policy
- ☐ Personal Hygiene Policy
- ☐ Sanitation Policy

☐ Specific Disaster: *Example – Deliberate Contamination*

☐ Policy:

☐ Policy:

☐ Policy:

☐ Specific Disaster: *Example – Power Outage*

☐ Policy:

☐ Policy:

☐ Policy:

☐ Specific Disaster: *Example - Flood*

☐ Policy:

☐ Policy:

☐ Policy:

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

☐ Policy:

☐ Policy:

☐ Policy:

☐ **Emergency Procedures**

☐ Create Emergency Phone List

☐ Determine Critical Operations

☐ Operations

☐ Staff in Charge

☐ Action Plan

☐ **In-services:**

☐ Water Safety

☐ Power Outage Food Safety

☐ Hand Washing

☐ Ice Safety

☐ Controlling Pests

☐ HACCP

☐ Recovering from Natural Disasters

☐ **SDS**

☐ Fire Safety

☐ **Additional Resources:**

☐ FEMA Resources

Know Your Risks Assessment Form Directions

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



Know Your Risks

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

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


OFF-EZ® is a program of the Insurance Institute for Business & Home Safety
Download this document at RiskwaterSafety.com/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
 - ☐ Face masks

Other Supplies:

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



Side Plates

Plate Foam 6" Non Laminated White
RFS# B1790

8/125Cnt

Foam Cup

Cup Foam 8 Ounce White
RFS# 12996

40/25Cnt

Juice Cups

Cup Plastic 9 oz Clear
RFS# N6366

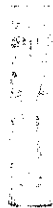
20/50Cnt



Foam Bowl

Bowl Foam 12 Ounce Non Laminated White
RFS# B1796

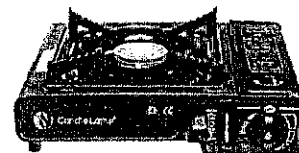
8/125Cnt



Disposable Silverware

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

250/Cnt



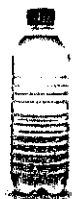
Portable Burner

Stove Butane Single Burner RFS # MH780

6/CNT

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Bottled Water

Water Bottled Spring RFS# D9230

24/16.9 fl oz



Can Opener

Can Opener Portable Hand Firm Grip Black
RFS# 92950

1/Cnt



Ensure

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

24/8 oz



First Aid Kit

Kit First Aid 25 Person RFS# CT050

1/Cnt



Food Thermometer

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

1/Cnt



Sanitizer Test Strips

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

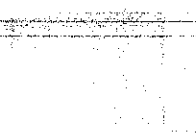
2/Cnt



Bleach

Bleach Liquid Germicidal Concentrate
RFS# F7046

3/121 oz



Napkins

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

12/250Cnt



Meal Plates

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

4/125Cnt



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Power Outage Food Safety

Dietary Employee Training Program

Objective: The participant will be able to:

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

Course Outline:

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

Course Information:

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

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

II. Storing and Using Food Supplies Appropriately

A. Be Prepared

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

B. What to Do When the Power Goes Out

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

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

C. What to Do When Power Returns

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

III. Conclusion/ Discussion

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

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

IV. Pre Test / Post Test (Circle One)

Name: _____

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

Recovering from Natural Disasters

Dietary Employee Training Program

Objective: The participant will be able to:

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

Course Outline:

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

Course Information:

I. Introduction: Natural Disasters

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

II. Preparing and Reacting to a Natural Disaster

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

o Preparing for a Disaster

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

o After any Disaster

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

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

○ **Cleaning Up After a Disaster**

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

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

○ **Fire Disaster**

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

o **Flood Disaster**

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

III. Conclusion/ Discussion

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

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

IV. Pre/ Post Test (Circle One)

Name: _____

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

Disaster Planning – Pandemic

Dietary Employee Training Program

Objective: The participant will be able to:

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

Course Outline:

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

Course Information:

I. Introduction: Pandemics

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

II. Dealing with Pandemics

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

A. Before a Pandemic Hits

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

B. Workplace Policies and Operating Procedures Once a Pandemic Hits

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

C. Employee Behavior During a Pandemic

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

III. Conclusion / Discussion

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

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

Pre-Test / Post-Test (Circle One)

Name: _____

- T F 1. Cross training employees helps businesses continue to function during a pandemic.
- T F 2. Getting vaccinated is not effective in preventing the spread of infectious diseases.
- T F 3. Proper hand washing helps prevent the spread of pandemic diseases.
- T F 4. The CDC provides guidelines on how long employees who have contracted the pandemic illness must stay home after symptoms have resolved.

-
- T F 5. Cleaning and sanitizing workspaces has no impact on the spread of infectious diseases.

Case Study One: Thunderstorm

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

1. What do you do next?

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

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

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

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

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

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

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

Case Study Two: Tornado

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

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

Case Study Three: Water Contamination

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

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

Case Study Four: Pandemic

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

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

SOURCES

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

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

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

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

2021 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: Fuel & Additional generator

Name of Supplier:

Aggreko

Contact Person: Eric Crawford

Phone # of Contact Person: 504-330-8404

FAX#: 1-800-853-6066

E-Mail Address: Eric.Crawford@aggreko.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?

48

How long will it take to receive the delivery?

24-48 hrs

Date of agreement/contract/verification: 3/1/21

Date agreement/contract ends: 3/1/21



Proposal #: P-227282-1
Date: 19 Feb 2021

Expected Rental Start: 1 Jun 2021
Expected Rental End: 1 Nov 2021

Rental Duration: 154 Days
Minimum Rental: 154 Days

Recurring Charges: Rates Reflect Quantities

Qty	Description	Monthly Rate
1	200kW diesel generator, trailer & cables	
	TOTAL	3,059.35

For additional information on how to reconcile your invoice with your proposal, refer to the Invoice Reconciliation section.

Variable Charges:

Description	Charge Method	Charge
Freight - (Cost Plus %/Per Transaction)	Per Transaction	30%
Fuel - Fuel Service (Cost Plus %/Per Gallon)	Per Gallon	30%
Fuel - Fuel Drop (Cost Plus %/Per Transaction)	Per Transaction	30%
Fuel - Fuel Unreturned (Fixed Rate/Per Gallon)	Per Gallon	5.75
Labor - Service (Fixed Rate/Per Hour)	Per Hour	Straight Time Rate : 134.00 Over Time Rate : 201.00 Double Time Rate : 268.00
Labor - Per Diem (Fixed Rate/Per Day)	Per Day	85.00
Labor - Travel (Fixed Rate/Per Mile)	Per Mile	1.65
Labor - After Hours - Call Out Fee (Fixed Rate/Per Transaction)	Per Transaction	500.00

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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Type of Supply: Truck, Trailer & Labor

Name of Supplier: KASS Bros, Inc

Contact Person: Rusty Clement

Phone # of Contact Person: 504 251-0361

FAX#: 504 340-0339

E-Mail Address: RClement@kassbros.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?

48 hours

How long will it take to receive the delivery?

30 min - 4.5 hours

Date of agreement/contract/verification: 2/18/21

Date agreement/contract ends: 2/18/21 - 12/31/21

PO Box 487
Westwego, LA 70096
PHONE: (504) 348-9018
FAX: (504) 340-0339

**KASS
BROS., INC**
PROPOSAL

PROPOSAL NO: 12-0190
WORK ORDER NO:
CREATION DATE: 2-18-2021

PROPOSAL SUBMITTED TO:

JOB LOCATION:

St. Jude
1539 Delachaise St.
New Orleans, La 70115

Emergency Transportation

WE HEREBY PROPOSE TO FURNISH LABOR, MATERIALS, EQUIPMENT & INSURANCE NECESSARY
TO PERFORM THE WORK AS FOLLOWS:

ITEM	QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1	0	HR	Truck and 48' trailer by the hour.	\$125.00	
2	0	HR	Stand by rate for truck and 48' trailer by hour.	\$65.00	
3	0	HR	Labor by the hour for loading and unloading.	\$50.00	
48 hour notice required. Rooming will be provided for Kass Bros., employees by St. Jude. Rates are for the 2021 calendar year. Contacts: Rusty Clement 504-251-0361 Tony Boudreaux 504-234-8784					

TERMS 30 Days

TOTAL PROPOSED PRICE

KASS BROS., INC.

RESPECTFULLY SUBMITTED

Rusty Clement

2-18-2021

CONTRACTOR

AUTHORIZED REPRESENTATIVE

DATE

NOTE: THIS PROPOSAL MAY BE WITHDRAWN BY KASS BROS., INC. IF NOT ACCEPTED WITHIN THIRTY DAYS

ACCEPTANCE OF PROPOSAL

THE ABOVE PRICES, SPECIFICATIONS AND CONDITIONS ARE SATISFACTORY AND ARE
HEREBY ACCEPTED. PAYMENT WILL BE MADE AS INDICATED ABOVE.

St. Like's Living Center

CLIENT

OWNER'S AUTHORIZED REPRESENTATIVE

DATE:

***** FOR OFFICE USE ONLY *****

YES

NO

CREDIT APPROVED

BUDGET ESTIMATE SUBMITTED

JOB NO

2021 Nursing Home Emergency Preparedness Plan Survey

SUPPLY CONTRACTS COVER SHEET

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Type of Supply: FUEL SUPPLIER

Name of Supplier:

GAUBERT OIL

Contact Person:

Ben Guillot

Phone # of Contact Person:

905-637-2031

FAX#:

905-447-1614

E-Mail Address:

BENJAMIN.GUILLOT@gaubertoil.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?

3-5 days

How long will it take to receive the delivery?

Date of agreement/contract/verification:

2/25/2021

Date agreement/contract ends:

on going

GAUBERT OIL COMPANY, INC.



1201 ST. PATRICK HWY.
P.O. BOX 310
THIBODAUX, LA 70302
PHONE (985) 447-3811
TOLL FREE (800) 256-1250
FAX (985) 447-1614

February 25, 2021

Saint Jude Nursing Home
1539 Delachaise St.
New Orleans, LA 70115

This letter is a follow-up as to how Gaubert Oil Company, Inc. can be of assistance in your Emergency preparedness planning for Saint Jude Nursing Home at 1539 Delachaise St., New Orleans.

Gaubert Oil Co. will provide diesel fuel at market value of that time. Although Gaubert Oil Company has multiple locations to work from and large storage tanks, we also have many obstacles in emergency situations, such as down refineries, employee evacuations and fuel allocations. It is strongly advised that you top off your tanks three to five days prior to any treating emergency.

If you have any questions, please give me a call at 985-447-3811.

Sincerely,

Ben Guillot
Gaubert Oil Company, Inc.
Sales