

**SURVEY CRITERIA FOR NURSING HOME
EMERGENCY PREPAREDNESS PLANS**

NAME OF FACILITY		PROVIDER NUMBER	DATE OF SURVEY
ADDRESS OF FACILITY		NAME OF SURVEYOR	
REQUEST TO VIEW THE EMERGENCY PREPAREDNESS PLAN:			
1. An emergency preparedness plan(s) for all potential emergencies and disasters reviewed & updated at least annually . (E-0006 & S-0091)	YES	NO	COMMENTS Date reviewed:
2. A labeled floor plan with <u>safe zones</u> for sheltering in place, <u>storage areas</u> , <u>emergency power outlets</u> , <u>emergency communication center</u> , <u>location of emergency plan</u> , and <u>pre-designated emergency command post (s)</u> . S-0107	YES	NO	
3. Procedures to notify the resident's family or RP of the facility's intent to either shelter in place or evacuate & procedures or methods used to directly attach identification to the nursing facility resident during an evacuation . S-0101	YES	NO	
4. A current list of staff contact information for recalling or alerting staff of emergency situations. E-0030 & S-0103	YES	NO	
5. A current signed or current verified agreement or contract for emergency evacuation transportation. (12 months) E-0020 & S-0099	YES	NO	Date signed/verified:
6. A current signed or current verified agreement(s) with emergency evacuation host facility(s) that is adequate for the current census . (12 months) E-0025 & S-0097	YES	NO	Date signed/verified:
7. List of resident's triaged for transportation needs with totals for each type. (# needing: ambulance w/ life support, ambulance, wheelchair vehicle, regular transport) E-0020 & S-0099	YES	NO	
8. Verification that the plan has been submitted to the local parish Office of Homeland Security and Emergency Preparedness (OHSEP) within the last 12 months (i.e., certified receipt, letter of confirmation) E-0009 & S-0111	YES	NO	Date submitted:
9. The flood zone of the facility. S-0103	YES	NO	
10. A statement of if the facility's generator is for sheltering in place or emergency standby only. S-0103	YES	NO	
INTERVIEW VARIOUS STAFF (nurse, CNA) :			
11. Is the staff knowledgeable of their role in emergency procedures and trained in the actions to be taken during emergencies such as sheltering in place and evacuation in case of a disaster? Documentation of training. E-0037	YES	NO	COMMENTS
REVIEW DOCUMENTATION OF FACILITY DISASTER DRILLS:			
12. Documentation that the facility's emergency plans were activated for 2 planned exercises within the past 12 months? An actual large scale emergency event which requires full facility response will count as required both exercises. Documentation of plan response evaluation. E-0039 & S-0109	YES	NO	Dates of activation for: 1 st exercise/or an event - 2 nd exercise (if applicable) - Date of plan evaluation:

HSS-NH-6 Survey Form Supplemental Updated 04/2021

License only facilities = State Tags

Hospital SNFs=Federal Tags

1. Does the facility have an emergency preparedness plan(s) for all potential emergencies and disasters and was it reviewed & updated **at least annually**.

Tag E-0006 / 483.73(a) The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated **at least annually**.

Tag S-0091 / LA 9767(A) The nursing facility shall have an emergency preparedness plan which conforms to the format and specifications of the Louisiana Model Nursing Home Emergency Plan and the licensing regulations promulgated herein. The plan shall be designed to manage the consequences of all hazards, declared disasters or other emergencies that either have the potential to disrupt and/or actually disrupt the nursing facility's ability to provide care and treatment or threatens the lives or safety of the residents. The nursing facility shall follow and execute its emergency preparedness plan in the event of the occurrence of a declared disaster or other emergency.

2. A clearly labeled and legible floor plan(s) with safe zones for sheltering in place, storage areas emergency for supplies, emergency power outlets, the emergency communication center, the location of the emergency plan, and the pre-designated emergency command post.

S-0107 / LA 9767 (C) 17. The facility's plan shall include clearly labeled and legible floor plan(s) of the nursing facility's building(s). The facility's plan shall include the following: **a.** the areas being used as shelter or safe zones; **b.** the supply and emergency supply storage areas; **c.** the emergency power outlets; **d.** the communications center; **e.** the location of the posted emergency plan; **f.** a pre-designated command post.

3. Procedures to notify the resident's family or RP of the facility's intent to either shelter in place or evacuate **& procedures or methods used to directly attach identification to the nursing facility resident during an evacuation.**

Resident list with RP can be electronic or paper. The list should be current and is required for both identification purposes and notification. Residents that have been discharged should be marked as no longer being housed in the facility. Can be the list in Mstat or other electronic database.

S-0101 / LA 9767(C.9,10): 9. the procedures to notify the resident's family or responsible representative of the facility's intent to either shelter in place or evacuate. The facility shall have a designee(s) who will be responsible for this notification. If the facility evacuates, notification shall include;

10. the procedures or methods that will be used to attach identification to the nursing facility resident. The facility shall designate a staff person to be responsible for this identification procedure. This identification shall remain attached to the resident during all phases of an evacuation and shall include the following minimum information: **a.** current and active diagnosis; **b.** medications, including dosage and times administered; **c.** allergies; **d.** special dietary needs or restrictions; and **e.** next of kin, including contact information;

4. A current list of staff names & contact information for recalling or alerting staff of emergency situations.

A current list of the staff and contact information for that staff is required. Can be electronic or paper.

E-0030 / 483.73(c)1: The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include following: (1) Names and contact information for (i) Staff.

S-0103 / LA 9767 (C)13: Staffing patterns for sheltering in place and for evacuation, including contact information for such staff.

5. A current signed or current verified agreement(s) or contract(s) for adequate emergency evacuation transportation.

A current agreement or contract for adequate transportation is required. The agreement or contract should be signed by all parties and dated within the last twelve months. If agreement or contract is ongoing or self-renewing it needs to be verified by the nursing home and a signed and dated statement of verification is needed. Verification statement shall be signed by the current administrator or responsible party.

E-0020/ 483.73(b)3: Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

S-0099 / LA 9767 (C) 8. an executable plan for coordinating transportation services that are sufficient for the resident census and staff. The vehicles required for evacuating residents to another location that are equipped with temperature controls shall be used when available...

6. A current signed or current verified agreement(s) with an emergency evacuation host facility(s) that is adequate for the current census.

An agreement or contract with emergency evacuation host facility(s) is required. The agreement(s) shall be adequate for current census. Agreements signed or verified by all parties and dated within the last twelve months. If agreement or contract is ongoing or self renewing it needs to be verified by the nursing home and a signed and dated statement of verification is needed. Verification statement shall be signed by current administrator or responsible party.

E-0025 / 483.73(b)7. The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to LTC residents.
S-0097 / LA 9767 (C) 3. A primary sheltering host site(s) and alternative sheltering host site(s) outside the area of risk. These host sites must be verified by written agreements or contracts that have been signed and dated by all parties. These agreements or contracts shall be verified annually.

7. A list of resident's triaged for transportation needs with totals for each type. (# needing: ambulance w/ life support, ambulance, wheelchair vehicle, regular transport)

This information should be current and the totals for all transportation needs should equal the current census.

E-0020/ 483.73(b)3: Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

S-0099 / LA 9767 (C) 8. an executable plan for coordinating transportation services that are sufficient for the resident census and staff. The vehicles required for evacuating residents to another location that are equipped with temperature controls shall be used when available. The plan shall include the following information:

- a. a triage system to identify residents who require specialized transportation and medical needs including the number of residents who need: i. red-high risk patients-require transportation by advanced life support ambulance due to dependency on mechanical or electrical life sustaining devices or very critical medical condition; ii. Yellow-residents who are not dependent on mechanical or electrical life sustaining devices but cannot be transported using normal means (buses, vans, cars)-may need to be transported by ambulance with buses/vans/cars used only as last resort; iii. Green – residents who need no specialized transportation may be transported by car, van, bus or wheelchair accessible transportation.

8. Verification that the plan has been submitted to the local parish Office of Homeland Security and Emergency Preparedness (OHSEP) within the past 12 months. (i.e. certified receipt, letter of confirmation, etc.)

Proof is required that the plan, or its annual summary and modifications, was sent to their Local or Parish Office of Homeland Security and Emergency Preparedness.

E-0009 / 483.73(a)4 Include a process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

S-0111 / LA 9767(E) The nursing facility's plan shall be submitted to the parish or local OHSEP annually. Any recommendations by the parish or local OHSEP regarding the nursing facility's plan shall be documented and addressed by the facility.

9. The flood zone of the facility.

S-0103 / LA 9767 (C) 14.d. an assessment of the integrity of the facility's building to include, but not be limited to: ii. flood zone and flood plain information;

10. A statement of if the facility's generator is for sheltering in place or emergency standby only.

S-0103 / LA 9729 (C) 14.c the facility's plan must include a statement indicating whether the facility has a generator for sheltering in place.

11. Is the staff knowledgeable of emergency procedures and trained in the actions to be taken during emergencies such as sheltering in place and evacuation in case of a disaster?

Facilities are required to provide initial training in emergency preparedness policies and procedures that are consistent with their roles in an emergency to all new and existing staff.....

E-0037 / 483.73(d)1 *Training program.* The LTC facility must do all of the following:

(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures.

12. Documentation that the facility's emergency plans were activated for 2 planned exercises within the past 12 months? An actual large scale emergency event which requires full facility response will count as both required exercises for 1 year. Need written documentation of participation in drills, exercises or actual events as well as the review of plan and its evaluation.

A full scale drill testing the emergency plans is required as well as a 2nd full scale drill or tabletop exercise. Any real event requiring a full scale implantation of the emergency plan is an acceptable activation of the plan and counts as both required exercises for 1 year (Requires documentation). Drills & Exercises are directed at the responsiveness of staff and care should be taken not to disturb or excite residents. Dated documentation of plan evaluation? Routine emergency drills for fire and tornado do not count as Full Scale disaster drills for this requirement.

E-0039 / 483.73(d)2 The LTC facility must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures. The LTC facility must do the following:

(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event. (ii) Conduct an additional exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based. (B) A mock disaster drill; or (C) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions

designed to challenge an emergency plan. (iii) Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.

S-0109 / LA 9767(D)1 The nursing facility's shelter in place and evacuation plan(s) shall be activated at least annually, either in response to an emergency or in a planned drill. The facility's performance during the activation of the plan shall be evaluated and documented. The plan shall be revised if a need is indicated by the nursing facility's performance during the emergency event or the planned drill.

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2. A labeled floor plan with <u>safe zones</u> for sheltering in place, <u>storage areas</u> , <u>emergency power outlets</u> , <u>emergency communication center</u> , <u>location of emergency plan</u> , and <u>pre-designated emergency command post</u> (s). S-0107	YES	NO	
3. A current resident list with next of kin or responsible party's contact information for notification of emergency situations. S-0101	YES	NO	
4. A current list of staff contact information for recalling or alerting staff of emergency situations. F-0030 & S-0103	YES	NO	
5. A current signed or current verified agreement or contract for emergency evacuation transportation. (12 months) F-0020 & S-0099	YES	NO	Date signed/verified:
6. A current signed or current verified agreement(s) with a emergency evacuation host facility(s) that is <u>adequate for the current census</u> . (12 months) F-0025 & S-0097	YES	NO	Date signed/verified:
7. List of resident's triaged for transportation needs with totals for each type. (# needing: ambulance w/ life support, ambulance, wheelchair vehicle, regular transport) F-0020 & S-0099	YES	NO	
8. Verification that the plan has been submitted to the local parish Office of Homeland Security and Emergency Preparedness (OHSEP) within the last 12 months (i.e., certified receipt, letter of confirmation) F-0009 & S-0111	YES	NO	Date submitted:
9. The flood zone of the facility. S-0103	YES	NO	
10. A statement of if the facility's generator is for sheltering in place or emergency standby only. S-0103	YES	NO	
INTERVIEW VARIOUS STAFF (nurse, CNA) :			
11. Is the staff knowledgeable of their role in emergency procedures and trained in the actions to be taken during emergencies such as sheltering in place and evacuation in case of a disaster? Documentation of training. F-0037	YES	NO	COMMENTS
REVIEW DOCUMENTATION OF FACILITY DISASTER DRILLS:			
12. Documentation that the facility's emergency plans were activated for 2 planned exercises within the past 12 months? An actual large scale emergency event which requires full facility response will count as required both exercises. Documentation of plan response evaluation. F-0039 & S-0109	YES	NO	Dates of activation for: 1 st exercise/or an event - 2 nd exercise - Date of plan evaluation:

HSS-NH-6 Survey Form Supplemental Updated 11/2017

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- 1. Does the facility have an emergency preparedness plan(s) for all potential emergencies and disasters and was it reviewed & updated within the last 12 months?**

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- 2. A clearly labeled and legible floor plan(s) with safe zones for sheltering in place, storage areas emergency for supplies, emergency power outlets, the emergency communication center, the location of the emergency plan, and the pre-designated emergency command post.**

The facility's floor plan included with or in the emergency preparedness plan, should have the areas clearly marked or described on the plans area(s); safe zones for sheltering in place, storage areas for emergency supplies, emergency power outlets, the emergency communication center, the location of the emergency plan, and the pre-designated emergency command post.

S-0107 / LA 9767 (C) 16-17. The facility's plan shall include clearly labeled and legible floor plan(s) of the nursing facility's building(s). The facility's plan shall include the following: **a.** the areas being used as shelter or safe zones; **b.** the supply and emergency supply storage areas; **c.** the emergency power outlets; **d.** the communications center; **e.** the location of the posted emergency plan; **f.** a pre-designated command post.

- 3. A current resident list with next of kin or responsible party's contact information for notification of emergency situations.**

It can be electronic or paper. The list should be current and is required for both identification purposes and notification. Residents that have been discharged should be marked as no longer being housed in the facility. Can be the list in Mstat or other electronic database.

S-0101 / LA 9767(C.9, C.10.e): 9. the procedures to notify the resident's family or responsible representative of the facility's intent to either shelter in place or evacuate. The facility shall have a designee(s) who will be responsible for this notification. If the facility evacuates, notification shall include;

10. e. the procedures or methods that will be used to attach identification to the nursing facility resident. The facility shall designate a staff person to be responsible for this identification procedure. This identification shall remain attached to the resident during all phases of an evacuation and shall include the following minimum information:

- 4. A current list of staff & contact information for recalling or alerting staff of emergency situations.**

A current list of the staff and contact information for that staff is required. Can be electronic or paper.

F-0030 / 483.73(c)1: The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include following: (1) Names and contact information for the following:
(i) Staff.

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5. A current signed or current verified agreement(s) or contract(s) for adequate emergency evacuation transportation.

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F-0020/ 483.73(b)3: Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

S-0099 / LA 9767 (C) 8. an executable plan for coordinating transportation services that are sufficient for the resident census and staff. The vehicles required for evacuating residents to another location that are equipped with temperature controls shall be used when available. The plan shall include the following information:

6. A current signed or current verified agreement(s) with an emergency evacuation host facility(s) that is adequate for the current census.

An agreement or contract with emergency evacuation host facility(s) is required. The agreement(s) shall be adequate for current census. Agreements signed or verified by all parties and dated within the last twelve months. If agreement or contract is ongoing or self-renewing it needs to be verified by the nursing home and a signed and dated statement of verification is needed. Verification statement shall be signed by **current** administrator or responsible party.

F-0025 / 483.73(b)7. The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to LTC residents.

S-0097 / LA 9767 (C) 3. A primary sheltering host site(s) and alternative sheltering host site(s) outside the area of risk. These host sites must be verified by written agreements or contracts that have been signed and dated by all parties. These agreements or contracts shall be verified annually.

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F-0009 / 483.73(a)4 Include a process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

S-0170 / LA 9767(E) The nursing facility's plan shall be submitted to the parish or local OHSEP annually. Any recommendations by the parish or local OHSEP regarding the nursing facility's plan shall be documented and addressed by the facility.

9. The flood zone of the facility.

S-0103 / LA 9767 (C) 14.d. an assessment of the integrity of the facility's building to include, but not be limited to:
ii. flood zone and flood plain information;

10. A statement of if the facility's generator is for sheltering in place or emergency standby only.

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S-0109 / LA 9767(D)1 The nursing facility's shelter in place and evacuation plan(s) shall be activated at least annually, either in response to an emergency or in a planned drill. The facility's performance during the activation of the plan shall be evaluated and documented. The plan shall be revised if a need is indicated by the nursing facility's performance during the emergency event or the planned drill.

NH Summary

Facility Name	
State ID	
Parish	
Reg	
Admin. Emerg. Contact phone	
Admin. Emerg. Contact CELL phone	
Admin. Emerg. Contact email	
Alternate Emerg. Contact Name	
Alternate Emerg. Contact Position	
Alternate Emerg. Contact phone	
Alternate Emerg. Contact CELL phone	
Alternate Emerg. Contact email	
Facility Longitude:	
Facility Latitude:	
OEP was provided information	
SIP-EVAC	
I. C. 1. a. Strongest category hurricane can safely SIP	
I. C. 1. b. In hours before arrival, decision will be made to SIP	
I. C. 1. c. Latest time before arrival, preparations will start for SIP	
I. C. 1. d. Who will make Hurricane SIP decision	
I. C. 2. a. Weakest category hurricane facility will EVAC	
I. C. 2. b. In hours before arrival, decision will be made to EVAC	
I. C. 2. c. Latest time before arrival, preparations will start for EVAC	
I. C. 2. d. Who will make decision to EVAC	
SITUATIONAL INFORMATION	
II.A.1. Year built	
II.A.2. # of floors	
II.A.3. Building constructed to withstand hurricane winds	
II.A.3.a. Building highest category of hurricane can withstand	
II.A.3.b. Roof highest category of hurricane can withstand	
II.A.3.c. Source for info provided	
II.A.3.d. Are windows protected from wind and wind blown debris	
If facility does not have wind ratings, explain	
II.A.4.a. elevation of lowest level	
II.A.4.b. elevation of HVAC	
II.A.4.c. elevation of generator	
II.A.4.d. elevation of Electrical service	
II.A.4.e. elevation of Fuel tanks	
II.A.4.f. elevation of Water well	
II.A.4.g. elevation of Sewer	
II.A.5. S L O S H	
II.A.5.a. SLOSH is building susceptible to flooding from surge	
II.A.5.b. SLOSH predicted category for flooding	
II.A.6. Flood zone	
II.A.7. Base Flood Elevation	
II.A.8. Does facility flood during or after heavy rains	

NH Summary

Facility Name	
State ID	
Parish	
Reg	
II.A.9. Does facility flood when waters from rivers, lakes,ect... rise?	
II.A.10. Is facility protected by levee or flood control system?	
II.A.11. Floor plans Safe areas/zones	
II.A.12. Evaluation of hazardous material done	
II.A.13. Evaluation of laydown hazards done	
II.A.14.a. Is Generator for SIP	
II.A.14.b. Generator Output	
II.A.14.c.Fuel used	
II.A.14.d. Total hours of fuel on hand to run generator	
II.A.14.e. For SIP provisions for 7 days of fuel	
II.A.14.f. Will life sustaining devices that are elec. dependent supplied by gen	
II.A.14.g.i. Generator supply HVAC?	
II.A.14.g.ii. If a/c fails measures in place to prevent heat related injuries?	
II.A.14.h. Does facility have list of what equipment is supplied from gen?	
II.A.15.a.i. Electricity supplier	
II.A.15.a.ii. Account Number	
II.A.15.b.i. water supplier	
II.A.15.b.ii. Account Number	
II.A.15.c.i. Fuel Supplier	
II.A.15.c.ii.Account Number	
II.A.15.d. Does plan have emergency contact information for providers?	
II.A.16.a. Floor plans	
II.A.16.b.i. Floor plan safe zones	
II.A.16.b.ii. Floor plans storage	
II.A.16.b.iii. Floor plans emer. Elect outlets	
II.A.16.b.iv. Floor plans Communications center	
II.A.16.b.v. Floor plans Posted Emer. Info	
II.A.16.b.vi. Floor plans Command Post	
OPERATIONAL CONSIDERATIONS -Staff & Residents	
II.B.1.a. TOTAL LIC BEDS	
II.B.1.b.i. # of RED patients needing ambulance transport	
II.B.1.b.ii. # of BLS YELLOW patients	
II.B.1.b.iii. # of GREEN wheelchair dependant patients	
II.B.1.b.iv. # of GREEN / routine transportation	
II.B.1.c.i. Resident diagnosis	
II.B.1.c.ii. Resident list of meds dosages and times	
II.B.1.c.iii. Residents allergies	
II.B.1.c.iv. Dietary needs and restrictions	
II.B.1.c.v. Next of kin contact info	

NH Summary

Facility Name	
State ID	
Parish	
Reg	
II.B.1.c.vi. Resident transportation requirements	
II.B.2.a.i. Staff emergency contact info	
II.B.2.a.ii. Staff to work in emergency	
II.B.2.b. Total # of staff & non residents for trans or SIP	
OPERATIONAL CONSIDERATIONS -Transportation	
II.B.3.a. Does facility have current or verified trans agreements	
II.B.3.a.i. Is the capacity adequate	
II.B.3.a.ii. Is trans air conditioned	
II.B.3.a.iii. If not, plans to prevent heat related medical conditions	
II.B.3.a.iv. Specify time supplier has to be notified	
II.B.3.b.i. Name of Non-ambulance supplier of Coach, Van, Bus	
B.3.b.ii. Number and Type of vehicles	
B.3.b.iii. Capacity of each vehicle	
B.3.b.v.Verification of ownership, if applicable	
Agreement start date (contract)	
Agreement end date (contract)	
Verification (letter, email, etc)	
Transportation notes	
Ambulance Service Provider (if provided)	
Agreement start date (contract)	
Agreement end date (contract)	
Verification (email, letter, etc.)	
Ambulance Capacity Needed	
OPERATIONAL CONSIDERATIONS -Host Site	
II.B.4.a. Valid contracts for host sites	
II.B.4.a. Primary or II.B.4.c. Alternate	
II.B.4.b.i. Host Site	
II.B.4.b.ii. Address of host site	
II.B.4.b.iii. Distance to Host Site	
II.B.4.b.iv. Is site outside of 22 hurricane parishes?	
How long to reach host facility (cover contract)	
II.B.4.b.vi. Who is contact person at host site?	
II.B.4.b.vi. Contact Number	
II.B.4.b.vii. Capacity	
II.B.4.b.viii. Is facility licensed Nursing Home	
II.B.4.b.ix. If not, what type facility is it?	
II.B.4.b.ix. If not, what is it currently being used for?	
II.B.4.b.ix. Is the square footage adequate?	
II.B.4.b.ix. If not, what is the age of facility?	
II.B.4.b.ix. If not, is the facility air conditioned?	
II.B.4.b.ix. If not, what is the facility physical condition?	

NH Summary

Facility Name	
State ID	
Parish	
Reg	
II.B.4.b.ix. If not, are there provisions for food preparation and services?	
II.B.4.b.ix. If not, are there provisions for bathing and toileting?	
II.B.4.b.ix. If not, are other facilities contracted with this site?	
II.B.4.b.x. Is capacity adequate for staff, if not where will they be housed?	
II.B.4.b.xi. Specified time host site has to be notified	
Does facility have current contract with host site? (contract)	
Contract Start Date (contract)	
Contract End Date(contract)	
Verified (email, letter, etc)	
OPERATIONAL CONSIDERATIONS - Food; Medical; Water	
II.B.5.a. Does facility have on site 7 days supply of food	
Food supplier (contract)	
Food Contract Start Date	
Food Contract End Date	
Contact Person (food)	
Contact Number (food)	
II.B.5.c. Provisions for food/nourishment at host site	
II.B.5.d. Is there means to prepare food at host site	
II.B.6.a. Does facility have 7 days of drinking water on site	
II.B.6.a. Does facility have a contract for drinking water?	
Contract Start Date (water)	
Contract End Date (water)	
Water supplier	
Contact Person (water)	
Contact Number (water)	
II.B.6.c. Does facility have water for other than drinking	
II.B.7.a. Medicine 7 Day supply On Hand	
Medicine supplier (contract)	
Contact person for medications? (contract)	
Medicine contract start date (contract)	
Medicine contract end date (contract)	
II.B.7.c. Does facility have provisions at host site	
II.B.8.a. Does facility have medical, personal hygiene, ect for 7 days	
II.B.8.b. contract for medical, personal hygiene ect for 7 days delivered prior to emergency event	
Name of hygiene, med, personal supplier (contract)	
Contract start date (hygiene, med, personal)	
Contract end date (hygiene, med, personal)	
Supplier contact information	
II.B.8.c. Does facility have provisions for medical, personal hygiene, and sanitary supplies at host site	

NH Summary

Facility Name	
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OPERATIONAL CONSIDERATIONS - Alerts & Monitoring	
II.B.9.a.i. Equipment to monitor emergency broadcasts and alerts	
II.B.9.a.ii. Is there Back up for monitoring emergency broadcasts and alerts	
II.B.9.a.iii. Is equipment tested?	
II.B.9.a.iv. Is equipment powered during outages?	
II.B.9.a.v. Are there plans to monitor at evac site?	
II.B.9.b.i. Communications - send/receive- with emergency services	
II.B.9.b.ii. Back up communications with emergency services	
II.B.9.b.iii. Is equipment tested?	
II.B.9.b.iv. Is comm. equipment powered during outages?	
II.B.9.b.v. Are there plans for comm send/receive at evac site	
II.C.1. Hazard Analysis of Facility	
OPERATIONAL CONSIDERATIONS - SIP Determination	
III.A.1. Does facility have written viable plans for SIP?	
III.A.1.a. If so, does SIP plan take in account limitation to withstand flood and wind?	
III.A.1.b. Does plan for SIP take in account all requirements by OEP?	
III.A.2. Written plan for for Adequate staffing for SIP	
III.A.3. plans for supplies for SIP	
III.A.4. Communication plans for SIP	
III.A.4.a. Written plans for Alerting Staff	
III.A.4.b. Written plans for Alerting Resident Responsible Party/Family	
III.A.4.c. Written plans for moniorting emergency broadcasts	
III.A.4.d. Written plans for receiving information from emergency services	
A.4.e. Written plans for contacting emergency services and authorities	
III.A.5. Written plans for providing emergency care while SIP	
III.A.6. Wriitten plans for preparation and service of meals while SIP	
III.A.7. Written plans for repairing damages to facility incurred during the emergency	
OPERATIONAL CONSIDERATIONS - EVAC Determination	
III.B.1. Written plan for adequate transportation for residents to host site	
III.B.1.a. Written plans for staff to Load Residents and Supplies to travel to host site	
III.B.1.b. Written plans for licensed nursing staff and nursing services while evac to host site	
III.B.1.c. Written plans for staff Unloading Residents and Supplies at host site	
III.B.2. Written plans for adequate transportation to return residents to facility	

NH Summary

Facility Name	
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III.B.2.a. Written plans for staff to Load Residents & Supplies to return to facility	
III.B.2.b. Written plans for licensed nursing staff and nursing services for return to facility	
III.B.2.c. Written plans for staff Unloading Residents and Supplies after return to facility	
III.B.3. Written plans for management of staff	
III.B.4. Written plan to have sufficient supplies at host site	
III.B.5. Written plans for communication during evacuation	
III.B.5.a. Written plans for contacting host site prior to evacuation	
III.B.5.b. Written plans contacting staff before emergency	
III.B.5.c. Written plan for notifying resident's responsible party before emergency	
III.B.5.d. Written plans for monitoring emergency alerts and broadcasts at host site	
III.B.5.e. Written plan for sending/receiving information to/from emergency services and authorities at host site	
III.B.5.f. Written plans to remain at an unlicensed evac site for more than 5 days	
III.B.6. Written plans to provide emergency medical care if needed at evacuation site	
III.C. Written plans for all identified potential hazards	
III.D. Written plans for communication during all emergencies	
III.D.1. Written plans for notifying HSS of EVAC or SIP	
III.D.2. Written plans to notify DHH/ HSS of SIP/EVAC details	
III.D.3. Written plan for receiving/sending emergency information during emergency	
III.D.4. Written plan for monitoring emergency alerts and broadcast at all times	
III.D.5. Written plan to notify authorities of decision to SIP or evac	
III.D.6. Written plan to notify authorities/respon. parties of locations of residents and changes	
III.E. Written plans for entering required information on DHH website	
III.F. Written plans for triaging residents according to their transportation needs	
ORGANIZATION RESPONSIBILITY	
IV.A. Name of who is responsible for the decision to SIP or evac	
IV.A. Position	
IV.A. Contact Information	
IV.B. Name of back up responsible for the decision to SIP or evac	
IV.B. Position	
IV.B. Contact Information	
IV.C. Name of who is responsible when SIP	
IV.C. Position	

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Facility Name	
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IV.C. Contact information	
IV.D. Name of back up responsible when SIP	
IV.D. Position	
IV.D. Contact information	
IV.E. Name of who is in charge at host site	
IV.E. Position	
IV.E. Contact Information	
IV.F.1. Position or title who will notify responsible party	
IV.F.2. Position or title who will notify DHH and OEP of decision	
IV.F.3. Position or title who will be assigned to attach ID and medical information to resident	
IV.F.4. Position or title who will be assigned to ensure adequate water, food, supplements and supplies	
IV.F.5. who will contact emergency services/monitor emergency broadcasts and alerts	
VI.A. Has plan been developed in cooperation of local OEP	
VI.B. If not, was there an attempt by facility to work with local OEP	
VI.C.1. Were outdated information and materials removed	
VI.C.2. Were all contracts or agreements updated, renewed or verified	
VI.C.3. Were all emergency contact information for supplies, services and resources updated	
VI.C.4. Was all missing information added to plan and planning revised to reflect changes	
VI.C.5. Were all changes and modification submitted to HHS with this survey	