LDH Emergency Preparedness (All Hazards Response) – Update

Louisiana Department of Health (LDH)	
Policy Number	65.2
Content	Policy on Responsibilities of LDH Offices in the Event of a Disaster/Emergency (All Hazards Response)
Effective Date	July 31, 2013
Inquiries to	Louisiana Department of Health LDH Emergency Preparedness Director P.O. Box 629 Baton Rouge, LA 70821-0629 (225) 342-3417

The Louisiana Department of Health values its workforce as its most important resource. The knowledge, experience, creativity, and unique talents each employee brings are fundamental to our ability to respond effectively to all hazards and fulfill our mission.

In the event of any conflict between an LDH policy and a Program Office or facility policy, the LDH policy shall take precedence and supersede the conflicting provisions. This ensures consistent and unified guidance across all levels of the Department during all-hazard response operations.

I. STATEMENT OF PURPOSE, SCOPE AND APPLICABILITY

The Louisiana Department of Health (hereafter "LDH") is committed to working collaboratively with the Governor's Office of Homeland Security and Emergency Preparedness (hereafter "GOHSEP") to protect the life, health, and property of Louisiana citizens in the event of an emergency or disaster. LDH recognizes the Louisiana State Emergency Operations Plan (hereafter "LEOP") as the official operational guide for emergency and disaster response.

This policy applies to all LDH employees, Offices, Bureaus, Programs, and Sections.

Note: Failure to comply with any part of this policy may result in disciplinary action, up to and including dismissal. All instances of employee non-compliance shall be reported promptly to the LDH Human Resources Director or their designee.

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

During emergency or disaster conditions, all LDH employees are required to be available and accept the responsibilities assigned to them, including any emergency/disaster operations duties. Failure to comply may result in disciplinary action, up to and including dismissal.

A. Employee Standby and Reporting Requirements

1. All LDH employees on standby must remain in their parish of residence for the duration of the emergency/disaster unless:

   a. The employee is reporting to their assigned regular duty location in another parish, or

   b. The employee is pre-assigned or activated to report for emergency/disaster duty in another parish, in which case they shall report as assigned.

2. Employees activated to pre-assigned roles during a disaster, such as at the Emergency Operations Center (EOC) or under the City Assisted Evacuation Plan, are required to remain on duty until their assigned responsibilities are complete or until they are officially released to evacuate safely. If evacuation is not possible, LDH will ensure that the employee is provided with appropriate housing.
3. If a voluntary or mandatory evacuation order is issued by local authorities in the employee's parish of residence, employees must follow those instructions regardless of standby status. Employees affected by evacuation orders who cannot report to their assigned duty stations must immediately notify their supervisors for further instructions on activation and deployment.
4. Any LDH employee assigned to support DCFS, ESF-6 operations, during a disaster will be under the operational management of DCFS Emergency Preparedness until they are officially released from disaster duty.

B. Emergency/Disaster Support Roles

All LDH staff, regardless of official titles or home locations, may be expected to provide support or care within their experience and current training at LDH-designated medical operations or other state emergency/disaster operations (e.g., Medical Needs Shelter (MNS), Critical Transportation Needs Shelter (CTNS), Strategic National Stockpile (SNS), Emergency Operations Center (EOC), Transportation Triage, Point of Dispensing). This includes employees assigned to ESF-6 operations where training will be provided through DCFS Emergency

Preparedness Team on an annual basis. The Surgeon General will determine the timing and extent of such involvement.

C. Work Hours

Employees assigned to emergency/disaster duty may be required to work shifts up to 12 hours during emergency or disaster events.

D. 24-Hour Response Capability

LDH will maintain a 24-hour response capability for emergency and disaster operations. To achieve this, LDH will establish, test, and maintain a recall system to ensure immediate communication with employees.

1. Each office, bureau, program, and section must maintain a current personnel roster to facilitate immediate communication. This roster will be maintained through the Emergency Employee Database (EED). (Refer to LDH Policy #115 – LDH Emergency Employee Database (EED) Policy for details.)
2. All LDH employees are responsible for keeping their supervisors informed of their current office, home, cellular, , and personal email addresses. If unavailable through these means, employees must notify their supervisors of their whereabouts and alternative contact information.
3. Employees contacted through the recall system—via phone, text, email, or other methods—will be informed whether they are placed on standby or directed to report to their emergency/disaster duty stations.
4. For planning and deployment, emergency/disaster teams (e.g., Team A through Team D) will be pre-identified prior to hurricane season. Rosters and functions will be established and updated annually using the Emergency Employee Database (EED).

III. AUTHORITY

A. Legal Authority and Role of GOHSEP

1. Under Louisiana Revised Statutes 29:721–736, the Governor has delegated to the Director of the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) the responsibility for implementing the Louisiana State Emergency Operations Plan (LEOP) when a state of emergency is declared. These statutes and the LEOP establish the executive branch's responsibilities for delivering emergency services.
2. The GOHSEP Director has the authority to activate and deactivate the State Emergency Operations Center (SEOC)—the central location where key state officials gather during emergencies—and to exercise overall direction and control of emergency/disaster operations throughout the State of Louisiana.
3. GOHSEP is responsible for the development, implementation, and oversight of the LEOP, which prescribes rules, regulations, and procedures for operations during emergencies or disasters impacting Louisiana.

4. The LEOP is binding on all local governments and political subdivisions authorized or directed to conduct emergency management operations, as well as on all state departments and agencies.
5. The GOHSEP Director, or their designee, coordinates all emergency management activities across the state and performs other duties as specified in La. R.S. 29:721–736.
6. The Louisiana Department of Health (LDH) is the primary agency responsible for Emergency Support Function 8 (ESF-8), which covers public health and medical services. All LDH entities support medical operations activated for emergency responses. Examples include Medical Needs Shelters (MNS), Points of Dispensing (POD), Emergency Operations Center (EOC), and Receiving, Staging, and Storing (RSS) sites.
7. **Incident Management:** LDH shall adopt the National Incident Management System (NIMS). To coordinate health resources efficiently and effectively, the **Surgeon General** or their designee is designated as the official representative of LDH, with responsibility for general control of the department and its offices during emergencies/disasters. The **Surgeon General** serves as the Incident Commander of LDH's response operations. LDH Offices shall coordinate disaster response activities with and through the **Surgeon General** and the LDH Emergency Preparedness Director. This will also be done in accordance with the National Response Plan and with the other Louisiana Emergency Support Functions.

B. LDH Leadership and Coordination

1. To ensure an efficient and effective emergency/disaster response, the **Surgeon General** is designated as the official representative of LDH, who holds general control of the department and its offices during emergencies/disasters. The **Surgeon General**, in consultation with the Secretary, will make decisions and allocate resources (personnel, materials, supplies, equipment, facilities, and funds) to support operational and technical needs.
2. The **Surgeon General** and the LDH Emergency Preparedness Director will work directly with the GOHSEP Director or designee at the State Emergency Operations Center during trainings, exercises, and actual emergencies/disasters as needed.
3. The LDH Emergency Preparedness Director will report directly to the **Surgeon General** to execute and coordinate the LDH agency response plan(s).
4. Additional LDH representatives may be appointed to the State Emergency Operations Center by the **Surgeon General** and/or LDH Emergency Preparedness Director.
5. Under the direction of the **Surgeon General** and the LDH Emergency Preparedness Director, the LDH Emergency Operations Center (EOC) is responsible for coordinating the emergency response activities of LDH agencies. The LDH EOC also coordinates with overall state emergency response activities through the State EOC under ESF-8 (Public Health and Medical).
6. The regional ESF-8 Unified Command includes representatives from Public Health, Hospitals, EMS, and other agencies such as OBH, OCDD, MVA, OWH, and OAAS. Composition may vary by geographic area (e.g., Capital Area Human Services District in Region 2).

C. System Activation and Notification

1. The **Surgeon General** is notified by GOHSEP of an imminent or declared state emergency/disaster.
2. The **Surgeon General** notifies the LDH Secretary and activates the LDH Emergency Preparedness Director, who shall notify the LDH Task Force and/or Assistant Secretaries of the state resource activation.
3. The LDH Emergency Preparedness Director, under the direction of the **Surgeon General** and Secretary, shall coordinate the response plan and deploy resources to address the emergency/disaster.
4. The Emergency Preparedness Director shall notify the Office of Public Health (OPH)/Bureau for Community Preparedness (BCP) Director to activate the LDH EOC for readiness and potential resource deployment by contacting OPH lead contacts and partners.
5. The OPH Regional Medical Director will serve as Regional Commander for LDH regional resources and notify LDH Regional Office contacts for activation in respective regions.
6. The LDH Emergency Operations Center, managed by the Bureau for Community Preparedness, shall serve as a conduit for ongoing coordination, communication, and reporting once activation has occurred.
7. Under the provisions of state law (La. R.S. 29:735), LDH agencies and employees, except in cases of willful misconduct, shall not be liable for injury, death, or property damage resulting from emergency preparedness activities conducted in good faith while complying with or attempting to comply with the LEOP.
8. During a disaster, each program office, division, or bureau shall maintain necessary logs, records, and reporting systems. Detailed documentation is essential to support reimbursement from FEMA (Federal Emergency Management Agency).

IV. LDH EMERGENCY PLANNING (ALL HAZARDS RESPONSE)

A. Each LDH office or bureau shall designate a coordinator to serve as a member of the LDH Disaster Task Force. This task force is responsible for integrating emergency preparedness planning across LDH and ensuring a coordinated and unified approach.

B. Each office, division, or bureau shall develop and implement emergency preparedness plans in compliance with this policy. Coordination and communication among all LDH entities, the **Surgeon General**, and the Emergency Preparedness (EP) Director are essential to ensure that all plans are integrated and synchronized. The LDH Disaster Task Force will determine the scope and timeline of these emergency preparedness plans. At a minimum, each office and bureau must develop plans addressing:

- All-Hazards
- Hurricanes

- Continuity of Operations (COOP)

Additional emergency preparedness plans may be required as determined by the LDH Disaster Task Force and the **Surgeon General**.

C. All LDH emergency/disaster plans must outline specific office procedures, including coordination with State and Federal supplemental relief services and programs, as applicable. These plans must be kept current and must include the following elements:

1. **Participation in Exercises:** LDH agencies, facilities, and regional offices must actively participate in exercises to test and improve their emergency plans.
2. **Training:** LDH staff must participate in and conduct training necessary to effectively carry out emergency and disaster response services.
3. **Regional Emergency Preparedness Roster:** Each LDH Regional Office must complete and submit its Emergency Preparedness Roster by **April 30th**, ahead of the annual hurricane season. The roster, including the names and credentials of staff, must be submitted to the appropriate OPH Regional Office.
4. **Annual Plan Review:** Each LDH office, division, bureau, or facility shall conduct an annual review to update their emergency preparedness implementation procedures. Any necessary modifications must be reported to the **Surgeon General** and the EP Director.
5. **Policy Distribution and Acknowledgment:** To ensure all staff are informed, LDH shall:
    - Make this policy accessible via the LDH website.
    - Distribute the policy to all new employees during the orientation process.
    - Document that each new employee has received the policy.

    Upon receiving the policy, each employee shall sign an acknowledgment form stating:

    > "I hereby acknowledge that I have received a copy of the Louisiana Department of Health (LDH) Emergency Preparedness Policy #65. As an LDH employee, I understand and accept my responsibility to comply fully with the provisions of this policy."

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

LDH's primary role in ESF-8 operations is to coordinate public health, sanitation, medical, and behavioral health assistance during All Hazards incidents. These may include, but are not limited to, Medical Needs Shelters (MNS), Points of Dispensing (POD), and crisis counseling. The **Surgeon General**, in consultation with the Secretary of LDH, will coordinate these services with regional offices, local health departments, hospitals, medical associations, and other departmental resources. The **Surgeon General** shall ensure medical and non-medical staff are made available. All LDH offices, divisions, and bureaus will participate in coordination efforts at the state, regional, and local levels.

A. Medical Needs Shelters (MNS)

1. The Department of Children and Family Services (DCFS) is responsible for the operation and management of shelters in response to All Hazards events. LDH supports this role by coordinating the medical operations and staffing of MNS and by deploying medical support (e.g., strike teams) to Critical Transportation Needs Shelters (CTNS), which serve individuals who require government-assisted evacuation and sheltering. In addition, LDH will provide personnel to directly support DCFS ESF-6 operations at CTNS, further enhancing coordination and ensuring a more comprehensive response during shelter activation.
2. MNS provide temporary shelter to individuals who are homebound, chronically ill, or disabled and in need of medical or nursing care, but who do not require hospital admission and must evacuate due to an emergency/disaster.
3. LDH will assess medical needs and coordinate medical operations and staffing for MNS that have been pre-identified and for which the **Surgeon General** and/or Emergency Preparedness Director confirm resource availability. LDH is not responsible for MNS operations not run by the state.
4. Decisions to activate the MNS plan will be based on the severity of the event, geographic impact, and anticipated recovery time. The decision to activate will be jointly made by LDH and DCFS.
5. LDH offices/divisions/bureaus will collaborate with public and private entities to support care within MNS; however, the **Surgeon General** or their designee retains ultimate responsibility for MNS direction and oversight.
6. Organizations that have agreed to assist in MNS operations include:
    - Louisiana Hospital Association affiliates
    - Louisiana State Medical Society affiliates
    - Louisiana Nurses' Association affiliates
    - American Red Cross
    - Louisiana Nursing Home Association
    - Home Care Association of Louisiana
    - Community and Residential Services Association
    - Louisiana Association of Homes and Services for the Aging
    - State Emergency Preparedness and local area counterparts
    - U.S. Department of Health and Human Services
    - Louisiana State University Medical Center – Health Care Services Division
7. The level of care provided at MNS will depend on available expertise. Patients requiring care beyond the shelter's capabilities will be referred to an appropriate facility.
8. Local GOHSEP officers or their authorized representatives, in conjunction with DCFS, are responsible for reporting shelter status to the GOHSEP Director, including notifying the **Surgeon General** when MNS activation is needed.

B. Additional Medical Services

1. The **Surgeon General** or their designee, along with the Emergency Preparedness Director and LDH executive leadership, will coordinate the mobilization of LDH's internal resources for delivery of medical services.
2. LDH will coordinate the provision of crisis counseling through the **Surgeon General** and Emergency Preparedness Director, in collaboration with the Office of Behavioral Health (OBH).
3. The **Surgeon General** will also coordinate with agencies identified in La. R.S. 29:721 to support LDH medical operations.

C. Sanitation Services

1. The Office of Public Health (OPH) will deploy sanitarians to inspect general sanitation in all shelters, including MNS. OPH will also inspect and monitor food handling practices.
2. OPH will implement and oversee disease and vector control programs at the local level.
3. OPH will provide guidance on the disposal of food and beverages rendered unsafe due to emergencies/disasters and may coordinate with the FDA where necessary.
4. Regional GOHSEP officers and shelter managers will coordinate with parish sanitarians to ensure disposal of potentially infectious waste ("medical waste") is in accordance with the State Sanitary Code.
5. Parish coroners retain legal authority over matters related to the deceased and burial practices. LDH will assist as needed.

V. RESOURCES

A. The appointing authority of each LDH office, division, or bureau shall provide the **Surgeon General** and the LDH Emergency Preparedness Director with a summary statement of the number of staff available for resource allocation during emergencies/disasters. This summary must include the number of medically trained staff and any other information as requested. An electronic Emergency Employee Database will be used for this purpose. ("Appointing authority" refers to an officer or employee legally authorized to make appointments to positions within the State Service.)

B. All LDH offices, divisions, and bureaus must be ready to deploy personnel to their assigned duty stations and remain available for further instructions from the **Surgeon General**, their designees, or the LDH Emergency Operations Center (EOC).

C. LDH offices, divisions, and bureaus must prepare equipment and supplies and be ready to transport materials and/or personnel as needed under emergency/disaster conditions.

D. If any program office, division, or bureau identifies volunteers (i.e., individuals not employed by LDH) to assist with disaster response efforts, a **Volunteer Agreement** shall be completed to formalize and support their participation. Refer to the Volunteer Agreement Form. These individuals will be referred to the OPH BCP Louisiana Volunteers in Action (LAVA) program.

E. LDH facilities are expected to cooperate with the **Surgeon General** in providing housing for LDH employees engaged in emergency/disaster operations when no other appropriate housing is available.

F. LDH may enter into contractual agreements to fulfill its emergency preparedness responsibilities. The department may also pursue funding from the Interim Emergency Board or FEMA when such funding is not available in the existing LDH budget. A catalog of contingency contracts will be maintained to help estimate the potential range of financial needs.

VI. SPECIFIC RESPONSIBILITIES OF LDH ENTITIES RELATIVE TO ESF- 8

A. Office of Public Health (OPH)

1. OPH performs the functions that relate to the general health of the people of the State. During and after an emergency/disaster, OPH is responsible for the coordination of medical and sanitarian services in the State.
2. The primary emergency/disaster response functions of OPH are assessment and control of disease-carrying vectors, maintenance of environmental standards, maintenance of proper sanitation, and the deployment of standing damage survey teams to assess contaminated food, sewage facilities, and water treatment facilities. In cases of disasters, the OPH plan for natural and man-made disasters will be implemented through BCP, who manages the LDH EOC and provides the Surgeon General and the Emergency Preparedness Director with a central location where information relative to an emergency is received and analyzed. Plans, reports, and tasks relative to ESF-8 operations will be the focal point for responsive, coordinated communications among LDH agencies and all parish health units and regional OPH offices.

B. Bureau of EMS (BEMS)

1. BEMS performs a critical function related to the surge planning of ambulances. During an emergency event, additional ambulances may be required to assist with evacuations and/or transport to more definitive care.
2. BEMS is responsible for developing, facilitating, and implementing plans relative to the EMS industry and disasters.

C. Office of Behavioral Health (OBH)

1. OBH is responsible for coordinating behavioral health care for the citizens of the State of Louisiana under normal or emergency/disaster conditions. The standard behavioral health programs will not change under most emergency/disaster conditions.
2. In a presidentially declared disaster requiring emergency behavioral health relief to workers and victims during or in the aftermath of such an event, OBH may request supplemental federal short-term crisis counseling services under the Crisis Counseling and Training Program as authorized under Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

3. Residential facilities within OBH are responsible for the care of clients during emergencies/disasters. Each facility shall have an Emergency Preparedness Plan on file designed to care for clients in time of emergency/disaster.
4. OBH staff will coordinate stress counseling to rescue workers, firemen, police, volunteers, and the LDH workforce upon request of local governing entities, and will be prepared to do so immediately upon learning the gravity of any emergency/disaster. During an emergency/disaster and afterward, OBH will coordinate personnel to provide counseling at shelters in the communities involved.

D. Office for Citizens with Developmental Disabilities (OCDD)

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

E. Office of Aging and Adult Services (OAAS)

1. OAAS is responsible for the provision of long-term care and supportive services to the elderly and persons with adult-onset disabilities served by the Department, under normal or emergency conditions. OAAS provides community-based services and operates a residential facility, Villa Feliciana Medical Complex.
2. The majority of medically trained staff employed by OAAS are assigned to Villa and are responsible for the care of residents during emergencies/disasters. Villa may also serve as a receiving facility during emergencies/disasters, including serving as a receiving facility for the John J. Hainkel Home pursuant to the lease of that facility.
3. OAAS regional and headquarters staff will provide services to its regular clients who are affected by natural disasters and, as appropriate, to families of clients and other community members. OAAS regional and headquarters staff will also provide support for other LDH emergency functions as resources permit. These functions include but are not limited to caregiver shelter support, nursing home admission/repatriation, and medical needs shelters.

F. Bureau of Media and Communications (BMAC)

1. BMAC is responsible for maintaining all LDH news media relations in the state under either normal or emergency/disaster conditions.
2. BMAC provides the public relations expertise in keeping media representatives apprised during emergency/disaster conditions so that there is a clear understanding of the

conditions, the dangers posed, and the proper actions that must be taken to preserve the lives and health of Louisiana's citizens.

3. BMAC has responsibility for issuing all approved public announcements that represent the official policy of LDH. All emergency/disaster media releases must be coordinated through LDH representatives located in the LDH/State EOC and State Joint Information Center (JIC) before release. It is the responsibility of BMAC staff to remain in touch with the LDH/State EOC and the State JIC during such situations.
4. During an emergency situation, all LDH staff should forward all media inquiries to BMAC staff located at the State JIC. In addition, these staff members should work with BMAC staff to develop appropriate communication advisory responses. (Reference LDH Public Information Policy #72, Protocols for News Media, Public Information, Emergencies and Reportable Incidents).

G. Medical Vendor Administration (MVA)

1. MVA is responsible for providing financial assistance through the medical assistance program to qualified recipients who need assistance with medical and pharmaceutical reimbursement under normal and emergency/disaster conditions.
2. The eligibility requirements for the medical assistance program are found at 42 Code of Federal Regulations (CFR), Part 435.
3. In emergencies and disasters, the employees that work in the Economic Stability (ES) Section will be assigned to locations as needed to support ESF-6 operations. In addition, this office provides special services during and following emergencies and disasters including the dispensing of federal and state financial assistance and administering an amplified SNAP, known as the Disaster Supplemental Nutrition Program (DSNAP). Administering of DSNAP will be based on approval method from our Federal Partner (Virtual, Hybrid (Site and Virtual) or site only).

H. Health Standards Section (HSS)

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

I. Other LDH Entities

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

J. Local Governing Entities (LGE) are considered an extension of LDH and participate in LDH's emergency operations as outlined in each LGE's Memorandum of Understanding with LDH.

VII. LDH RECOVERY SERVICES

After any state or federally declared emergency or disaster, LDH will be responsible for resuming all LDH services that may have been suspended due to the event. When criteria are met for LDH to provide post-emergency or post-disaster services—such as behavioral health services, public health services, and others—LDH will assign staff to ensure these services are provided in the impacted areas. These post-emergency/disaster services will be coordinated with GOHSEP.

LDH/OBH will coordinate access to behavioral health services as needed at the Disaster Recovery Centers established by FEMA in coordination with GOHSEP. These centers will be located in or near the affected emergency/disaster areas to provide necessary services to victims.

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

Employees performing emergency/disaster operations work may be eligible for overtime in accordance with **LDH Policy #45 – Overtime Policy (Section V – Overtime for Emergency/Disaster Operations Work).**

IX. DISCIPLINARY ACTIONS

Any employee who violates this policy may be subject to disciplinary action, up to and including dismissal from employment, in accordance with applicable civil service rules and LDH Human Resources policies and procedures.

X. REFERENCES

- National Incident Management System (NIMS)
- Louisiana State Emergency Operations Plan (LOEP)
- Louisiana Revised Statutes 29:721 – 736
- LDH Policy #115 – LDH Emergency Employee Database (EED) Policy
- LDH Policy #45 – Overtime Policy (Section V – Overtime for Emergency/Disaster Operations Work)

- LDH Policy #72 – Public Information

X. REVISION HISTORY

Date	Revision
August 1, 1983	Policy created
July 5, 1989	Policy revised
November 1, 1995	Policy revised
July 19, 1999	Policy revised
February 24, 2003	Policy revised
April 11, 2005	Policy revised
July 31, 2013	Policy revised
September 17, 2019	Housekeeping change – Page 2
June 14, 2021	Housekeeping change – Pages 13 & 14
September 21, 2023	Policy reviewed
July 15, 2025	Policy reviewed
July 18, 2025	Policy revised
October 9, 2025	Housekeeping change – Pages 2 - 14

LOUISIANA DEPARTMENT OF HEALTH (LDH)

Emergency Preparedness Policy: Acknowledgement Form

I hereby acknowledge that I have received a copy of the Louisiana Department of Health (LDH) Emergency Preparedness Policy #65. As an LDH employee, I understand and accept my responsibility to comply fully with the provisions of this policy.

Signature	Personnel Number
Printed Name	Date

On _____ at _____ at _____

(date) (time) (place)

_____ was given a copy of LDH

(employee name)

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

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH (LDH)

AGREEMENT TO VOLUNTEER SERVICES

(Revised: June 2025)

This Volunteer Services Agreement ("Agreement") is entered into by and between the State of Louisiana, through the Louisiana Department of Health (“LDH”), and:

Volunteer Name: _____

(Hereafter referred to as “Volunteer”)

1. Purpose

The purpose of this Agreement is to formalize the relationship between LDH and the Volunteer during participation in emergency preparedness, response, or recovery operations in connection with the following event or period:

Event/Operation Name: _____

2. Terms of Volunteer Engagement

- The Volunteer agrees to render services to LDH without expectation of compensation, benefits, or future employment.

- LDH agrees to accept such services and to provide appropriate supervision and support to the Volunteer.

3. Supervision and Compliance

The Volunteer agrees to:

- - Perform duties under the direction and supervision of LDH.

- Abide by all applicable LDH policies and procedures, including:

  - - LDH HIPAA Privacy Policies #1-3, which have been reviewed and acknowledged by the Volunteer.

4. Health Status and Licensure

- The Volunteer affirms they are not knowingly carrying any communicable disease that may endanger others.

- If performing services within a licensed healthcare discipline, the Volunteer certifies that:

  - - They possess current credentials and licensure in good standing.
  - - They will act within the scope of their professional practice.

5. Liability and Legal Protections

- For medical volunteers: Pursuant to La. R.S. 40:1299.39, volunteers providing health care services on behalf of the State of Louisiana may be entitled to legal indemnification for malpractice claims arising from their volunteer activities, subject to the provisions therein.

- For non-medical volunteers: In accordance with La. R.S. 29:735.3.1, individuals who gratuitously and voluntarily provide disaster relief or recovery services in coordination with the State are generally not liable for personal injury, death, or property damage resulting from those services, except as otherwise provided by law.

6. Termination

Either LDH or the Volunteer may terminate this Agreement at any time, with or without cause, by providing written or verbal notice.

7. Acknowledgment and Acceptance

By signing below, the Volunteer (and parent/guardian, if under 18) acknowledges understanding and acceptance of the terms outlined in this Agreement.

SIGNATURES

VOLUNTEER

Name (Print): _____

Signature: _____

Date: _____

IF VOLUNTEER IS A MINOR (Under 18 Years of Age)

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

LDH REPRESENTATIVE

LDH Representative Name (Print): _____

Signature: _____

Date: _____