

LOUISIANA MODEL NURSING HOME EMERGENCY PLAN

Facility Name (Print):

Name of Administrator (Print):

Physical or Geographic address of Facility (Print):

Longitude: _____ *Latitude:* _____

MAILING ADDRESS OF YOUR FACILITY (Print, Type)

Phone #: _____

Fax #: _____

E-mail address: (Print, Type)

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

EMERGENCY PREPAREDNESS PLAN FOR:

(Print, Type FACILITY NAME)

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

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

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

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

RECEIVED or REVIEWED or APPROVED.

Circle Yes or No

YES or NO -Did the Office of Homeland Security and Emergency Preparedness give any recommendations? **Include in Tab P**

YES or NO -Did the facility address these recommendations?

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

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

Administrators Signature

Print Name

STEPS TO FOLLOW TO COMPLETE THE LOUISIANA MODEL NURSING HOME EMERGENCY PLAN

1. A facility's plan shall conform to the current Nursing Facility Minimum Licensing Standards, Emergency Preparedness **LAC 48: I.9729** and the current Louisiana Model Nursing Home Emergency Plan. All information shall be current, valid, reliable, and shall adhere to all existing laws, standards, rules, or regulations.
2. All facilities shall have a plan that conforms to this format and meets the requirements of current minimum licensing standards.
3. **Items that are required for Act 540 Parish facilities only will be designated by an * before the item. This does not mean that they are not applicable to and useful by all facilities.**
4. Work in concert with the Local/ Parish Office of Homeland Security and Emergency Preparedness, OHSEP, to complete the Louisiana Model Nursing Home Emergency Plan. OHSEP may also be known as Office of Emergency Preparedness, OEP, or Office of Emergency Management, OEM.
5. A facility's plan shall be activated at least annually, either in response to an emergency or in a planned drill. All plan procedures shall be included in drill exercise. The facility's performance during the activation of the plan shall be evaluated and documented by the facility. The plan shall be revised if indicated by the nursing facility's performance during the emergency event or the planned drill. *Revisions shall be submitted to DHH and local or parish OHSEP.
6. Submit the completed plan to the Local/Parish Office of Homeland Security and Emergency Preparedness annually. Submit plan changes and revisions to the Parish OHSEP as they are made.
7. ***Act 540- Louisiana R.S.40:2009.25(B)** - has designated Nursing Homes in the following parishes to submit their Louisiana Model Nursing Home Emergency Plan to the Department of Health and Hospitals – Health Standards Section, Nursing Home Emergency Preparedness Manager: Acadia, Ascension, Assumption, Calcasieu, Cameron, Iberia, Jefferson, Jefferson Davis, Lafayette, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion. Nursing Homes in these parishes will need to submit their emergency preparedness plans or updates annually to the DHH. The reviewed and updated plans are due by March 1 of each year. If changes, modifications, or updates are made during the year, a summary of the amended section(s) of the plan shall be submitted to DHH-HSS, Emergency Preparedness Manager, within thirty (30) days of the modification.

**Nursing Home Emergency Preparedness Program Manager
La. Dept. Health and Hospitals
Health Standards Section**

mailing address:

**P.O. Box 3767
Baton Rouge, LA 70821**

physical address:

**500 Laurel St., Suite 100
Baton Rouge, LA 70802**

8. All emergency plans will be available upon request by DHH for review and shall include: a copy of the current plan, updates, amendments, modifications, or changes to the plan, number of operational beds, and current census information including transportation requirements for residents. (# Residents requiring ambulances- for advanced life support or basic life support; wheelchair accessible or Para-transit vehicle; regular transportation - bus, van, car; or other).
9. All plans will be individualized and site specific and shall be followed and executed during an emergency event. The plan shall address procedures and criteria for determining when the facility will evacuate or shelter in place. These determinations shall be stated in the plan.
10. All plans that are deemed not viable by DHH or that do not promote the health, safety, and welfare of their residents shall be amended with an acceptable plan of correction within ten (10) calendar days of notification from DHH.
11. **All facilities NOT covered by Act 540** may send a copy of their emergency operations plan to the appropriate Regional Office of DHH. DHH, Health Standards Section has no mandate to review the emergency plans **of facilities not covered by Act 540**. Survey protocol currently requires only on-site verification that the plan exists and contains up to date census and staffing roster; transportation and host sites agreements; transportation needs, verification of yearly submission to local/parish OHSEP, current census; review of employee training in emergency procedures; and interviews with staff members to determine readiness for implementation of the plan. The State Fire Marshal's Office will review specifics of the plan as it relates to the Life Safety Code and other fire laws.
12. **All Nursing Facility's** emergency plans shall be submitted yearly to the Local/Parish Office of Homeland Security and Emergency Preparedness. Any recommendations by the Parish/Local OHSEP regarding the facility's plan shall be documented and addressed by the facility. This shall be done prior to March 1 of each year.
13. **All Nursing Facilities** shall submit **all information requested** on the DHH-Health Standards Section, Emergency Preparedness Website and shall **update this information monthly or as required** by DHH. The Emergency Preparedness Website is found under featured services on the Health Standards web site.
<http://www.dhh.louisiana.gov/offices/?ID=112>

14. In copies of plans sent to DHH for review, **do not include actual names and contact information of residents/staff unless requested.** Updated copies of residents/staff and their contact information should be kept on hand and available upon request by DHH or OHSEP/OEP. **Facilities shall include copies of the forms, methods, and plans for what information will be kept and how this will be kept current.**
15. * All items, Act 540 and Non Act 540, shall be completed by facilities located in Act 540 parishes. Facilities outside of Act 540 Parishes may complete all Act 540 designated items.
16. *Facilities located in the parishes designated by Act 540 shall follow all procedures set forth in Nursing Facility Minimum Licensing Standards, Emergency Preparedness **LAC 48: I.9729.** This includes all notifications, procedures, and submissions before, during, and after a hurricane.

EMERGENCY OPERATIONS PLAN

I. PURPOSE OF THIS PLANNING GUIDE:

This model plan shall be used by all nursing facilities to aid in the identifying, describing and listing of the actions and timelines that will be taken and followed by the facility operator and facility staff in the event of an emergency or disaster that occurs or otherwise threatens the lives or safety of the occupants. This guide shall aid in the gathering and organization of the minimum criteria that is required for the development of these actions and timelines. Determinations shall be made using the parameters defined by limiting criteria and shall provide for the safety and welfare of the facility's residents, staff, and any persons included in the plan.

The key to effective emergency planning is flexibility, which is attained by contingency planning (i.e., consideration of all likely possibilities and development of options for action, which are effective under each possibility). The plan must compare disaster types and magnitudes, the integrity of shelter, and the potentially available resources and timelines for securing those resources in each given case. All available information and resources should be used to make determinations and present options for action.

II. SITUATION:

The situation section is made up of the physical location and characteristics of the facility and the people associated with it. All information should be collected first, and then used to make determinations and formulate plans. This information includes the location, the neighborhood infrastructure, the number and type of residents, the facility staffing, the operational practices, risk assessments, and the natural and man-made hazards that are present. The situation information shall be used in determining the actions that will be taken by a facility during an emergency. Situation information shall be placed in clearly labeled, indexed and tabbed sections. If information is not available or applicable to a facility a statement of explanation shall be included. Situation information includes, but is not limited to the following:

*All situational information shall be taken into consideration when determining if the facility will evacuate or if the facility will shelter in place. Other factors that shall also be considered when making these determinations are; predicted severity of storm or event, predicted direction of storm, timeline restrictions of plan as compared to timeline of approaching emergency event or storm, availability of emergency services- before, during, and after event or storm, state or local evacuation orders, and any other known relevant or related information.

A. Facility Description: (TAB A) includes labeled maps, labeled floor plans, labeled sketches, labeled graphs, labeled charts, and all required information. All copies of this material shall be legible, current, and accurate. Please clearly mark or label all information.

1. Number of buildings and floors.
2. Year building was built and type of construction, wind load determinations if available, if not available, state that it was not available and why.
3. Well or city water, sewer or septic tank and whether each is dependent or independent of public power.
4. Indicate location of smoke/fire alarms, if a sprinkler is system installed, and whether these are independent of public power.
5. Give the elevations of the following (1-8) relative to sea level. Provide floodplain, flood zone, level of flood risk and projected depth of flood water.

Is facility located in a floodplain? A floodplain is flat or nearly flat land adjacent to a stream or river that experiences occasional or periodic flooding. What flood zone is facility located in? Flood zones are land areas identified by the Federal Emergency Management Agency (FEMA). Each flood zone describes a land area in terms of its risk of flooding. (Floodsmart.gov or FEMA.gov). What is the facility's level of risk associated with flooding (Floodsmart.gov or FEMA.gov)? Being inland or above sea level does not prevent flooding. La. DOTD also has information at; <http://www8.dotd.la.gov/lafloods/>

Use this information to determine if a projected flood or surge level is higher than the elevation for a given system and at risk of flooding. This will help determine if or when all or parts of your facility are susceptible to flooding. These are general facility systems or locations and may not reflect all locations or systems that will be affected by flooding or storm surge.

1. Lowest floor living space,
2. Generator,
3. Regular and emergency electrical service junctions,
4. Heating Ventilation Air Conditioning-HVAC- system,
5. Fuel supplies (tanks) for generator, heating, cooking,
6. Storage areas for critical emergency medical supplies and medical equipment,
7. Storage areas for emergency supplies and equipment.
8. Facility water system backflow preventer(s)

A. Elevations OF EACH above sea level in feet and above ground level

B. Flood zone and predicted depths of flood or base flood elevations in feet.

C. Risk level of flooding. Can be found in State Hazard Mitigation Plan at <http://www.ohsep.louisiana.gov/hlsmitigation/hazmitigatpln.htm>

D. If in flood zones B, C, or X, is facility/area protected by a levee system or other mitigation? YES or NO, and give limits of protective measure if available.

E. * SLOSH MOM modeling predictions for Hurricane categories 1-5 at high tide (check with your local/parish OHSEP)

*E1= Cat. 1 hurricanes at high tide

*E2= Cat. 2 hurricanes at high tide

*E3= Cat. 3 hurricanes at high tide

*E4= Cat. 4 hurricanes at high tide

*E5= Cat. 5 hurricanes at high tide

F. Floods at - indicate the limiting factor or point (B, C, D, E1-E5; or none) at which flood or surge waters overtake a given system's elevation. This will help indicate at which point a facility may be compromised by water.

Please use the above information to determine the first compromise of your facility by water due to flood or surge. If it is determined that Flood or Surge is not a factor state that this determination was made.

The simple Elevation vs. Flood chart found in Tab S may help in this determination.

Example for using Tab S Chart: (A) if lowest living area is 5 ft above sea level and is 2 ft above ground level, (B) facility is in zone A, with 3 ft flood projection, (C) High Flood Risk area, (D) NO, (E1) 1ft, (E2) 3ft, (E3) 6ft, (E4) 10ft, (E5) 18ft

Using the given information this facility would be susceptible to the 1% chance of flooding (zone A w/ 3 ft flood) - building is 5ft above sea level but flood water will be 3ft above ground level, facility is only 2 ft above ground. The facility would also be susceptible to a category 2 or greater hurricane.

Example: ELEVATION vs. FLOOD CHART

Elevation vs. Flood	A	B	C	D	*E1	*E2	*E3	*E4	*E5	Floods at
1. lowest living floor	5ft	A, 3ft	High Risk	NO	1ft	3ft	6ft	10ft	18ft	B & E2 or greater

6. Geographical location, longitude and latitude, and the physical street address as well as a map or sketch of property with closest major street intersections. This information is used on the title page and placed in Tab A.

7. (Tab A) A labeled floor plan(s) of facility clearly indicating all of the following;

Offices,
Resident spaces,
Staff spaces,
Utility spaces,
*Storage and emergency supply storage areas,
Locations of hazardous materials storage,
Emergency exits,
*Emergency electrical supply outlets,
Regular and emergency electrical service junctions,
*Locations of Posted emergency information,
*Pre-designated Command Post,
*Communications center,
Show location(s) of simple attachment points to which external generators could be connected if provided for.

8. Does the facility have an auxiliary emergency power generator(s)? State if facility does or does not have a generator. If facility does have a generator please answer the following:(*see # A.11 or Tab K)
 - a. What is the output(s) of generator(s)?
 - b. What is the electrical demand of equipment to be run by (each) generator and state that demand, or provide a statement that the generator will provide sufficient power to operate this equipment?
 - c. Is all, part or none of the facility going to be air conditioned or heated?
 - d. List type of fuel used, your 48 hour fuel source and refueling plans for emergency generator.
 - i. State how much fuel generator will need to run for 48 hours.
 - ii. State how much fuel you have on hand and if it is sufficient for 48 hours.
9. State whether or not the facility has lightning rods or other lightning protection devices installed.
10. *(Tab K) Information needed for facilities risk assessment if located in parishes named in Act 540. This information along with all relevant information shall be used to determine the integrity of the facility and in determining when to shelter in place or when to evacuate. Place this information in Tab K
 - a. Elevation(s) of facility's Heating Ventilation Air Conditioning (HVAC) system(s).

- b. Elevation(s) of electrical service junction(s), sewer (motor) a water well systems if applicable
- c. Elevation(s) of generator(s) and connection(s)
- d. Elevation(s) of fuel supply, fuel storage tanks, and connection(s)
- e. Facility's roof type and wind load evaluation
- f. Window evaluation- can they be shuttered, will they be shuttered,
- g. Wind load determination for building- what is building able to withstand, if this information is not available explain why it is not available and what effect this has on plans for sheltering in place.
- h. Evaluation of fuel resources for generator(s).Type of fuel used. How much fuel do you have stored on site? How long will generator(s) run on stored fuel? If not on hand, how will fuel be supplied for seven day requirement?
- i. Generator output and needed power. How much power is needed to run the facility's emergency equipment - specify? What is the output of your generator? Or a statement from electrician stating that generator is capable of supplying needed power for named equipment or systems.
- j. Lay down hazard evaluation of property. Are there any objects- towers, trees, tanks, buildings, etc- that might fall or be blown onto or into your building causing damage?
- k. Hazardous materials evaluation. Is there any hazardous material stored in or around facility that should be secured or removed prior to hurricane? Chemicals, biologics, compressed gasses, flammables, etc.
- l. How will security be provided for persons and supplies after an emergency event? What if law enforcement personnel are unavailable?
- m. What are the Sea, Lake, and Overland Surge from Hurricanes (SLOSH) Model using Maximum Of MEOW's (MOM) predictions for the facility? List or include all five predictions at high tide for your facility.
- n. Floor plan(s) clearly showing interior safe zones and emergency supply storage areas.

B. Operational Considerations:

In an emergency, the facility may be without telephone, electric power, or public water and sewer service. Utility outages may last for several days. The facility must be able to exist on its own for at least 48 hours, without outside assistance. Plans must provide for adequate supplies of or alternative sources of water, lighting, temperature control for medicines and facility, waste disposal, etc. The information or data found in the corresponding Tabs shall be used in the development of plans.

1. Residents. Attach as Tab B a current roster of Residents including:
 - a. Specific room location and ambulatory condition.

- b. Indicate where the current official copy of the list will be kept.
- c. Indicate the transportation needs of the current Resident census. Give the total for each of the following types of transportation.
 - i. need ambulance with advanced life support = #
 - ii. need ambulance basic life support = #
 - iii. need wheelchair accessible or Para-transit vehicle = #
 - iv. need regular transportation (car, van, bus)= #
- d. Include contact information for next of kin or responsible party.
- e. Indicate the Residents that have arrangements to be recovered or transported by a responsible party, whenever called in an emergency.
- f. State plans for who, when and how the information will be kept and kept current.
- g. **All Nursing Homes** are required to update this information monthly and input this information on the DHH - Health Standards Section, Emergency Preparedness website.

****Do not include actual names, private information or contact information of residents/staff in copies of plans sent to DHH for review unless otherwise requested.***

Updated copies of residents/ staff and their contact information shall be kept current in the facility's plan on hand and available upon request by DHH or OHSEP/OEP.

****Do include in your plans sent to DHH for review the plans, forms or templates, and methods for keeping current record of this information.***

Do include current census number, number of licensed beds and transportation requirements.

- 2. Staff. Attach as Tab C a list of live-in and non live-in, full and part time staff.
 - a. Include name, title/position, address, and telephone/pager numbers of **all** personnel.
 - b. Indicate where the official copy of the list will be posted.
 - c. Indicate staff members who have agreed to help in emergency events.
 - d. Indicate staff members whose personal or family emergency preparedness plans include evacuating or sheltering in place with the nursing home.
 - e. Indicate the number of staff and staff family that will require transportation. Include this with transportation needs Tab D.
 - f. State plans for whom, when and how the information is kept current.

**Do not include actual names, private information or contact information of residents/staff in copies of plans sent to DHH for review unless otherwise requested.*

Updated copies of residents/staff and their contact information shall be kept current in the facility's plan on hand and available upon request by DHH or OHSEP/OEP.

Do include relevant staffing numbers and transportation requirements for staff.

**Do include in your plans sent for review by DHH, the plans, forms or templates, and methods for keeping current record of this staff information.*

3. Transportation. Attach as Tab D. Identify transport capabilities and resources. Give how many passengers of each type, each resource can carry. *Include all contact information for resources and current, signed (both parties) and dated agreements or contracts. *Act 540 facility contracts or agreements need to be continuous from May 1 of current year to December 31 of current year. Agreements will need to be verified annually and in plan by ***March 1** submission of plan or plan updates to DHH. Include the following:
- a. (Tab D) Facility owned, operated, or readily available transportation, capacities, and verification of ownership or accessibility. Or;
 - b. (Tab D) Facility contracted resources to provide emergency transportation and capacities. Or;
 - c. (Tab D) Staff owned transportation resources and capacities.

Four types of transportation needs:

- i. need ambulance with advanced life support = #
 - ii. need ambulance with basic life support = #
 - iii. need wheelchair accessible or Para-transit vehicle = #
 - iv. need regular transportation = #
- d. *Adequate Transportation: Do transportation resources provide adequate capacities to transport all residents and personnel?
- i. State the total capacity for each transportation resource type.
 - ii. State the capacities needed for each transportation type.
 - iii. State whether transportation is adequate or not adequate.
- e. Air Conditioning:
- i. State if the transportation resources are air conditioned or not?

- ii. If not air conditioned state in plan why it is not air-conditioned and state how you will provide hydration and prevent other heat related health problems during travel.
 - iii. Include who will carry out plan and supplies they will need. Have these supplies been included on the list of supplies to be placed in each non-air-conditioned vehicle?
- 4. Tab F. State how many days' worth of non-perishable meals is always kept on hand for residents and staff for emergencies. Include special diet requirements. *Include all agreements for drop shipments, if applicable, with suppliers (7 day supply). Agreements will need to be verified annually and in plan by March 1 submission of plan or plan updates to DHH.
 - a. * State the plans for providing a seven day supply of meals when sheltering in place?
 - i. *Is supply always on hand? Or;
 - ii. *Will supplies be delivered? Give delivery details of when order needs to be placed, who will place order, and when it will be delivered. Agreements shall be verified annually, signed by all parties and dated. Include agreements in Tab F
 - b. * State the plans for providing a seven day supply of drinking water or fluids when sheltering in place? One gallon of fluids per day per person is required.
 - i. Is supply always on hand?
 - ii. Will supplies be delivered? Give delivery details of when order needs to be placed, who will place order, and when it will be delivered. Agreements shall be verified annually, signed by all parties and dated. Include agreements in Tab F
- 5. Tab F. State how many days' supply of medications is required and what supply is always kept on hand for Clients? Identify any special temperature or security requirements and how those requirements will be met.
 - a. * State the plans for providing a seven day supply of medications when sheltering in place?
 - i. Is supply always on hand?
 - ii. Will supplies be delivered? Give delivery details of when order needs to be placed, who will place order, and when it will be delivered. Agreements shall be updated annually, signed by all parties and dated. Include agreements in Tab F
- 6. How will the following be alerted of emergency events; residents, staff, family of residents or staff, and emergency resources? Who will be responsible for this

alert? Do plans include evacuation information such as destination, date of and approximate departure time, reliable contact information?

7. Tab I. Indicate whether the facility has and uses a “weather alert radio” or similar, or relies on local radio and television news and weather predictions and announcements.

a. How will facility monitor weather warnings and watches?

- i. What equipment will be used and how is it powered?
- ii. Who will monitor?
- iii. Do you have a backup plan? What is back up plan?

b. How will facility monitor local and state warnings and evacuation notices?

- i. * What equipment will be used and how is it powered?
- ii. * Who will monitor it?
- iii. * Do you have a backup plan? What is back up plan?

C. Hazards Analysis: Tab J

It is vital to review the various types of disasters that are most likely to affect the facility. For example, a Gulf Coast facility may give primary emphasis to hurricane and flooding incidents, while a North Louisiana facility may plan primarily for tornadoes, flooding incidents, and winter storms. State if the hazards you have listed have been included in you emergency planning. The state hazard mitigation plan can be found on the Governor’s Office of Homeland Security and Emergency Preparedness website under mitigation. Link to the state hazard mitigation plan;
<http://www.ohsep.louisiana.gov/hlsmitigation/hazmitigatpln.htm>

Not all hazards for your facility may be shown on maps or plans. It may be necessary to consult local resources such as Fire Department, Law Enforcement, and Office of Homeland Security and Emergency Preparedness for detailed information.

State or list the hazards to which the facility may be subject (Tab J). The following are some examples of hazards. Your facility may be exposed to others that are not listed, and may not be exposed to some of the hazards that are listed.

1. Fire, external
2. Severe thunderstorms and lightning
3. Tornadoes
4. Hurricanes and tropical storms
5. Flooding, Storm Surge
6. Hazardous substances, including both fixed facilities and transported. Is facility near a railway or road that allows transport of hazardous materials, is there an industrial site nearby that may release hazardous materials?
7. Winter storms
8. Bomb threats

9. Terrorist incidents
10. Nuclear power plant incidents
11. Earthquakes
12. Civil disturbances

D. Assumptions: (TAB E) **Assumptions are accepted as facts.** As such, they will help govern this plan and be considered in the concept of operations. The following are considered to be generally necessary assumptions. The facility may have to do some work to make good on them. Facility operators are responsible for their Residents at all times in all emergencies and evacuations, government-ordered or otherwise. The following are some generally accepted assumptions. List any other assumptions that are specific to your facility.

1. The facility operator will continually update this plan to insure that it reflects current operating circumstances, Resident characteristics, staffing, relevant hazards, and facility emergency resources.
2. Emergency Plans will be followed to ensure the health and safety of the residents and staff.
3. Determinations for evacuating or sheltering in place will be based on information included in emergency preparedness plan and all other available relevant information.
4. Facility staff will perform as described in this plan.
5. Facilities shall develop mutual aid or other agreements as appropriate for care of evacuated residents and staff. Those agreements will be documented, verified annually, and kept in plan.
6. In an emergency situation, hospitals may be able to admit only those who need life-saving treatment.
7. In an emergency situation, usual utilities and services could be unavailable for 48 hours or more.
8. The time required to obtain a response from emergency services will increase in proportion to the severity, magnitude, and nature of the emergency.
9. Local radio and TV stations will broadcast watches and warnings, and emergency public information provided to them by government authorities. The facility will monitor this information.
10. When the facility evacuates to a host shelter location outside the immediate area, adequate facility staff will accompany residents to the host location.

11. Provisions have been made for the management of staff at the facility or at an off-site location to include adequate and qualified staff and the assignment and distribution of responsibilities and functions
12. Evacuation of the facility may require special prearranged transportation agreements between the facility and contractors. Contracts shall be signed and updated or verified annually.
13. Quantity and type of transportation resources shall be adequate for transporting all evacuating clients, staff, and families of staff. Transportation resources shall meet the needs determined by transportation triage plan.
14. Adequate dietary and medical provisions for all residents, staff, and families of residents or staff included in plan will be provided for, or planned for whether evacuating or sheltering in place.
15. Mandatory evacuation orders from state or local Office of Homeland Security and Emergency Preparedness shall be followed.
16. All information in the emergency plan is correct and current. Information in plan is understood by facility administrators.

III. CONCEPT OF OPERATIONS:

This portion of the model is where actual plans will be written or developed. All other information will be utilized in planning and in making critical determinations. Plans shall describe in detail what will be done, when it will be done, who will do it, and how it will be accomplished in the event that an emergency occurs.

The following is only a guide and pattern to be used in creating a facility's individual emergency plan.

- A. Preservation of life and safety is dependent upon timely and full accomplishment of protective measures undertaken before, during, and after an emergency.
 1. In preparation for the hazards a facility may face, precautionary actions are prudently required. A facility's Emergency Plan shall include, but not be limited to:
 - a. Development and maintenance of an emergency operations plan. Updating it annually or more frequently as circumstances change. Insuring that all staff personnel are trained and tested in its use. Conducting fire drills as required and conducting separate tornado or hazardous materials in-place sheltering exercises and hurricane or flooding evacuation/sheltering exercises at least once each year. Methods for loading and unloading supplies and residents should also be practiced during drills. *Sending advance notice of annual practice exercises to the

Parish Office Homeland Security of Emergency Preparedness. The Parish Office may be holding an exercise that would provide a scenario for the facility exercise.

- i. (Tab P) Records that Local/Parish OHSEP/OEP were notified of planned drills.
 - ii. * (Tab P) Records of a yearly hurricane emergency drill or the actual implementation of emergency plan.
 - iii. (Tab P) The evaluation of plan and if revisions were needed.
- b. Outfitting the facility with sufficient emergency equipment and supplies to provide for at least 48 hours survival without outside assistance, *a 7 day supply for sheltering in place during a hurricane, either on hand or to be delivered prior to emergency event. Listing the equipment and supplies to be stocked, such as emergency lighting, batteries, tools, water storage containers, canned food(non perishable food), can openers, cooking and meal service supplies, sanitary supplies, personal hygiene supplies, first aid and medical treatment supplies, debris clearance and repair tools and supplies, drinking water-one gallon per person per day, water for sanitation, etc. (Tab F: dietary and medical emergency supplies, Tab L: non-dietary or non-medical emergency supplies)
- c. Since evacuation may be necessary, arrangements shall be made to relocate facility residents and staff to a host shelter facility(s) or location(s). Describe how facility staff will coordinate operations with staff at the host location to provide adequate and qualified staffing. Find a host shelter facility(s) within the Parish or surrounding parishes to take care of evacuations due to a fire at the facility or in the aftermath of a tornado, etc. (localized incidents). Evacuations caused by the threat of a catastrophic emergency, such as a hurricane, will require relocation to a host shelter facility(s) outside of the risk area prior to onset of threat. See *Tab E for signed agreements with host shelter facility(s).
- i. *Checklist of what supplies will be needed for transport to and stay at host facility. (Tab G)
 - ii. * Who, how and when will the supplies needed for transport to host facility and the stay at host facility be loaded and supplied?
 - iii. *Staffing plans for providing- essential care, nourishment, and medications for transport to and stay at host facility. Who will and how will this be accomplished?
 - *What are the plans for staffing each vehicle?
 - *What are the plans for communication between vehicles and staff?

- iv. Plan for ensuring that each resident has; personal identification, identification of responsible party, and medical information to include; current and active diagnosis, medications-time given and dosage, allergies, and special dietary needs with them at all times during evacuation. Who will and how will this be accomplished?
 - v. *Plan for providing licensed staff to accompany residents throughout travel during evacuation. Include in plan titles/positions, duties and responsibilities of both licensed and non licensed staff.
 - vi. Plans for getting residents on and off of transportation. Include this in drills and give time requirements and staffing needed to accomplish this. Who will and how will this be accomplished?
 - vii. *Plans for loading unloading supplies needed. Plans shall ensure that residents required medical supplies accompany them during evacuation. Who will and how will this be accomplished?
 - viii. *Plans for communication between transportation vehicles during evacuation. Who will and how will this be accomplished?
- d. The administrator will compile a list of evacuation host facilities for two types of events Tab E; local emergencies, and *catastrophic emergencies (hurricanes). A local emergency is an emergency such as a hazardous materials incident, a fire in the facility, or localized flooding, in which the nursing home's clients can be moved within the parish or to an adjoining parish. A catastrophic emergency is an emergency such as a hurricane or a parish-wide flood that is so wide spread that the entire parish must be evacuated outside the probable danger, or risk area.
- i. *Agreements for catastrophic emergencies with a primary host site(s) signed by both parties, dated, remaining in effect from May 1 to December 31 of current year to include:
 - *Name, location, and contact information
 - *Distance to host site
 - *Route to host site
 - ii. *Agreements for catastrophic emergencies with an alternate host site(s) signed by both parties, dated, remaining in effect from May 1 to December 31 of current year to include:
 - *Name, location, and contact information
 - *Distance to host site
 - *Route to host site
- e. Examples of host sites for Local Emergencies: Look for facilities in which clients can be kept for a short period and in which their condition can be

maintained at as high a level as possible according to the following priority:

i. Nursing homes owned by the same company: An inter-nursing home agreement must be signed with a corporate representative and or the administrator of the accepting host home, and must be updated annually or when changes occur. Copies must be sent to the Parish OHSEP.

ii. Other nursing homes: An inter-nursing home agreement must be signed with the administrator of the accepting host home, and must be updated annually or when changes occur. Copies must be sent to the Parish OHSEP.

iii. Other types of congregate care facilities: An agreement must be signed with the administrator of the facility, and must be updated annually or when changes occur. Copies must be sent to the Parish OHSEP.

iv. Hospitals: to be used only for Residents who require extensive care to maintain their current health status. An admit agreement must be prearranged and signed with the hospital, and must be updated annually for all Hospital Admit Clients.

v. Business facilities: A nursing home may be affiliated with a company that has facilities that could be converted into shelters in an emergency. If that option is to be used the company must have the designated facility inspected by the Parish OHSEP or American Red Cross to determine what must be done to make it acceptable as a shelter. The company would get emergency power generators, cots, supplies, and other necessary provisions to outfit the contingency shelter, and make sure that everything that is needed is stored on site. Company personnel must be trained as shelter managers in approved shelter manager courses. Plans to accomplish this must be drawn up and sent to the Parish OHSEP. The facility must be inspected annually or when changes occur.

vi. Schools, churches, and other institutions: Facilities can be used for evacuees only in cases in which they are not already committed to being an emergency public shelter. An agreement must be signed with the person responsible for the facility, and must be updated annually or when changes occur. A copy of the agreement must be sent to the Parish OHSEP.

vii. Hotels, motels, and apartment buildings: An agreement must be signed with the owner. The agreement must specify the conditions under which the nursing home can move its clients in, and must specify what will happen to any current lodgers when that happens. The agreement must be updated annually or when changes occur. Copies must be sent to the Parish OHSEP.

f. Examples of host sites for Catastrophic Emergencies:

Many parishes in Louisiana are subject to catastrophic emergencies, such as hurricanes or widespread flooding that will require the evacuation of the entire parish and relocation of the parish population to a safe area for several days or longer. In South Louisiana, the safe area would be generally north of the I-10/I-12 interstate highway. Nursing homes located in parishes that are subject to catastrophic emergencies will make arrangements to move out of the danger or risk area, to safety for an extended period of time. Criteria used to select local host facilities listed above should be used in selecting host sites due to catastrophes. Nursing home administrators who are unsure about whether they are in a risk area shall consult their Parish OHSEP for a determination of how far they would need to move their clients to be safe.

2. The facility alert system will be activated when warning is received that a specific hazardous event is expected, staff briefings are to be held, updated information obtained, external support services put on alert, and residents and their support requirements prepared. Resident's records need to be checked to make sure that their individual information is up-to-date. All employees will be alerted to the higher levels of preparedness as threatening weather or other potential hazards develop, and will review their functions and responsibilities for the hazard that is approaching. The following groups shall be put on the notification list:
 - a. Internal Alert and Notification, including both on-duty and off-duty personnel.
 - b. External notification of evacuation host shelter sites, including hospitals.
 - c. Families/responsible parties of Clients.
 - d. External support services, including vendors, contractors, etc.
 - e. Other organizations and individuals as appropriate.
 - f. *What are the plans and procedures in place for alerting and notifying 2. a-e above? If evacuating, include date and approximate time of departure, and place, location, contact information of host facility. When will external and internal briefings and notifications or alerts be started? Who will carry out these tasks? What information will be included?
3. During an unexpected event such as a tornado, plans and procedures must be specific to protect and monitor Client condition throughout the emergency to the extent possible. How will this be done?
4. After the event has ended, recovery of public and on-site utilities and restoration of routine client services will be the first priority. The recovery period may be lengthy and require a large measure of self-reliance. What plans have been made to determine and improve self-reliance after an emergency?

- B. * Determinations for Sheltering In Place during tropical weather hazards:
1. Under what conditions will facility shelter in place?
 2. When will this decision be made in regards to storm time line?
 3. Who will make this decision?
- C. * Determinations for Evacuation of facility before tropical weather hazards:
1. Under what conditions will facility evacuate?
 2. When will this decision be made in regards to storm timeline?
 3. Who will make this decision?
- D. Establish a command post (CP) at a pre-designated location in the facility suitable for the hazard, as severe weather or other hazards approach. Account for the location of all staff and residents and establish condition status according to preset procedures. Clearly mark and label on floor plans.
- E. In the event of a fast moving emergency, such as a tornado, a flash flood, or a hazardous materials incident, it may not be advisable to evacuate the facility. In that case, Shelter In-Place will be used. Since hazardous materials incidents, tornadoes, and other, like events can occur at any time of the day or night, the facility personnel shall be trained in the actions needed for in-place sheltering. The following considerations will apply:
1. Shelter-In-Place, General:
 - a. Make sure all residents and staffs are inside. Monitor residents' condition. Assign at least one person per wing to insure that it is done.
 - b. Make sure all doors and windows are closed. Assign at least one person per wing to insure it is done.
 - c. Close all air intake vents and units in bathrooms, kitchen, laundry, and other rooms (hazardous materials units). Turn off heating, cooling, and ventilation systems that take in outside air, both central and individual room units. Units that only re-circulate inside air may have to be kept running during very cold or very hot weather to avoid harm to clients. Locations of these should be included in Tab A – facility floor plans.
 - d. Cover and protect food, water, and medications from airborne contamination and from contact with waste materials, including infectious waste.
 - e. Maintain contact with fire authorities regarding the hazard and internal conditions. Remain inside until notification of an “All Clear”.

- f. Obtain advice from public health authorities regarding the need for decontamination, and the means for doing it.
 - g. Evaluate all Clients, particularly those with respiratory problems, and provide oxygen or suitable assistance.
2. Shelter In Place - Tornado:
- a. Move Clients and staff to designated tornado shelter areas, or to small interior rooms and hallways, away from windows. Mattresses and blankets may be used to reduce injury from flying debris.
 - b. Remain in protective posture until declared safe by public authorities.
 - c. Assess injuries and damages suffered by Clients, the facility, and utilities as soon as the tornado danger has passed. Compile injury and damage reports at the command post.
- F. In the event a facility chooses to Shelter In Place during a Hurricane, at a minimum all procedures outlined in the Nursing Facility Minimum Licensing Standards, Emergency Preparedness **LAC 48: I.9729** shall be followed. This includes all notifications, procedures, and submissions before during and after a hurricane.
- G. Evacuation: Time line restrictions set by any agreements and local or state authorities shall be followed. The following are examples and are in no particular time order.
- 1. Review and update resident Emergency Transportation Categories to ensure they are correct. Give notice of the impending evacuation to next of kin who have previously stated that they would recover the resident and assume responsibility for their care in the event of an evacuation. Update the DHH-HSS emergency Preparedness website. Who will do this? How? When?
 - 2. *Review hurricane evacuation checklist, if applicable (see Tab P). Who will do this? How? When?
 - 3. Summon transportation resources or equipment and prepare instructions and maps for drivers. Assign any needed attendants for boarding residents. Check with support organizations or other assistance planned for in loading residents, equipment, and supplies. State who will be assisting the residents into transportation. State any special equipment to be used. Who will do this? How? When?
 - 4. Prepare the following; Prepare resident's identification, medical records, special diets, special equipment or supplies, Describe arrangements for dispatching resident medical records with each evacuated residents. Prepare special foods and medications, in original containers, and other required support materials to send along with each resident. Review checklists (Tab G,O,L) of what equipment and supplies are to accompany residents.
 - 5. Advise host shelter sites and clients' families/responsible parties of estimated time, and date of departure and arrival. Include in notification to clients'

families/responsible parties the name, address, and telephone number of host site along with a telephone number that can be used to get further evacuation information and updates. Who will be assigned these tasks?

6. Advise the Parish Office Homeland Security of Emergency Preparedness of departure and destination in order to facilitate locator activities.
- H. Roads will be congested and traffic may move very slowly. State how residents will be fed and/or medicated en-route, should that become necessary. Specify methods or plans for ensuring resident records; to include current active diagnoses, medications, medication time and dosages, allergies, special dietary needs or restrictions, and contact information for next of kin or responsible party will accompany resident during all phases of evacuation. State plans for ensuring licensed nursing staff, food, and water will accompany resident during all phases of evacuation
 - a. Who is responsible for each task?
 - b. How will resident specific supplies, foods and medications follow resident?
 - c. When will this be started? Approximately how long will it take to accomplish this?
- I. In the event a facility chooses to Evacuate prior to a Hurricane, at a minimum all procedures outlined in the Nursing Facility Minimum Licensing Standards, Emergency Preparedness **LAC 48: I.9729** shall be followed. This includes all notifications and submissions before, during, and after a hurricane.
- J. Return To The Facility: All licensing regulations shall be followed for return.
 1. When returning to a facility whose normal operation was affected by a Hurricane, at a minimum all procedures outlined in the Nursing Facility Minimum Licensing Standards, Emergency Preparedness **LAC 48: I.9729** shall be followed. This includes all notifications, procedures and submissions before, during, and after returning.
 2. Contact the Parish Office Homeland Security of Emergency Preparedness to see if an "All Clear" has been issued for re-entry into the area, and all utilities have been restored.
 3. Pre-determined staff personnel will be sent to the facility site to determine whether it is possible to return, and will prepare for the return.

IV. ORGANIZATION AND RESPONSIBILITIES:

A. Organization And Staffing:

*Attach as Tab H an organization and staffing chart that depicts functional responsibilities, organizational structure, and job titles, along with telephone numbers of the personnel that fill those positions. Date the chart and keep information current. Include the following; Who is in charge of whom? Who will do what? Contact information for staff? Use titles or

positions and their duties or responsibilities when making permanent chart, as names of staff may change. Use a separate page or pages to list titles or positions and the names and contact information of those staff.

1. Responsibilities of staff for implementation of the actions outlined in “III Concept of Operations” are as follows: Someone, by job or position title, must have primary responsibility for every action covered in the “Concept of Operations”. Others may be given assistance roles. Some examples of responsibilities are provided as follows. Other positions, if applicable, should be added.

The Following are Examples; these may or may not be applicable to your Emergency Plan or your individual facility. Use titles, positions, and terms that are familiar to you and your staff. Use the duties that are listed in your plan.

a. Administrator:

- (1) Brief all staff on their responsibilities in an emergency and maintain records of their briefings.
- (2) Implement the plan and supervise its execution.
- (3) Contract with and notify supporting agencies, evacuation hosts, and transport, food, and other service and material suppliers.
- (4) Notify the public officials of evacuation decisions, destinations, and arrival, as facility official spokesperson.

b. Charge Nurse:

- (1) Develop and maintain client and staff status reports.
- (2) Prepare Clients for the hazard concerned, whether in-place shelter or evacuation.
- (3) Supervise loading of clients, support staff, and any accompanying staff families into evacuation vehicles. Prepare vehicle manifests, and supervise provision of care en-route.
- (4) Coordinate with dietary staff.

c. Food Service Supervisor:

- (1) Arrange to have on hand foods that do not require refrigeration or cooking, for use in evacuation or in-place sheltering situations.
- (2) Supervise the packing for transport of foods, water, and service supplies for use at host locations.
- (3) Provide ice and containers to preserve perishable foods and medicines in an evacuation.

d. Maintenance Person:

- (1) Develop procedures and provide for their implementation to secure the facility.

- (2) Procure emergency fuel supply.
 - (3) Check generator and other emergency equipment.
 - (4) Secure facility.
- e. On a different page or form, list the Titles or positions and who fills that position. As personnel change this list can be easily changed.
- Administrator = Tom Toms, address, phone, etc
 - Food Service Supervisor = Otto Mobile, address, phone, etc.
 - Maintenance Supervisor = AnnSo On, address, phone, etc.

V. ADMINISTRATION AND LOGISTICS

Each section shall have a cover or title page or tab identifying that section and contents. All sections shall be identified in an index or in a table of contents. All outdated material should be removed from plan to avoid confusion.

- A. Tab A: Labeled facility floor plans, labeled charts, labeled map or sketch map of area.
- B. Tab B: Client roster with room location and ambulatory condition and transportation requirements. Include names of and contact information for next of kin or responsible party. Indicate clients who have relatives or other persons who have agreed to recover them, when called, in an emergency. DHH-HSS does not need a copy of the **names** on the lists or rosters. ***Please do not include names or other private patient information when sending in your plan to DHH-HSS but do send a blank copy of forms or templates that will be used. Please have this list updated according to your plans and on file within your facility's copy of the plan at all times. Please include only TAB B cover sheet, forms or templates, census, licensed beds and transportation requirements when submitting this tab of your plan to DHH-HSS. Include the following:**
 - a. Specify room location and ambulatory condition.
 - b. Indicate where the official copy of the list will be posted.
 - c. Indicate the transportation needs of the current Resident census and give total for each type of transportation needed.
 - i. need ambulance with life support = #
 - ii. need ambulance for physical condition = #
 - iii. need wheelchair accessible vehicle = #
 - iv. need regular transportation = #
 - d. Include contact information for next of kin or responsible party.
 - e. Indicate the Residents that have arrangements to be recovered or transported by a responsible party, whenever called in an emergency.
- C. Tab C: Staff roster, including live-in and non live-in, full and part time. Indicate staff that has agreed to work during emergencies. Include name, address, and telephone number. Who will keep information current? When will it be

updated? *Please do not include private individual information when sending in your plan to DHH-HSS but do send a blank copy of forms or templates that will be used. Please have this list updated and on file within your facility's copy at all times.

- D. Tab D: Transport agreements with staff members, commercial or independent resources and or facility owned or company owned transportation resources and services. *Agreements with evacuation transport services shall be signed, dated and renewed or verified annually. Include in the agreements the types of vehicles, number of and type of passengers that each can carry and state the number residents and number of staff assigned to each vehicle. These agreements will need to be signed by the responsible party from the transportation provider at least annually (before March 1). The Tab D coversheet should be completed and attached to each individual transportation agreement. All out dated agreements should be removed from the plan as to eliminate confusion.
- E. Tab E: Agreements with evacuation host shelter facilities and alternates dated, signed, and renewed annually. These agreements will need to be signed by the responsible party from the receiving host site at least annually (before March 1). The Tab E coversheet should be completed and attached to each individual host site(s) agreement. All out dated agreements shall be removed from the plan as to eliminate confusion.
- F. Tab F: How many days of non-perishable meals/food always kept on hand? Include special diet requirements. How many days of medications stored at the facility, note any special temperature requirements or security requirements. *Include plans (who, where, how, when, what) for 7 day supply of food and medication if applicable.
- G. Tab G: Checklist of items to accompany residents during travel, including medications and special foods. Include in your plan loading arrangements and state how these items will follow residents in each vehicle.
- H. Tab H: Organization and staffing chart, with responsibilities, job titles, and phone numbers of staff personnel. This is a list of who will do what in an emergency event. Please only list titles/positions and the responsibilities of those titles/positions. Please do not include names of staff and staff contact information with plans sent to DHH-HSS.
- I. Tab I: Posted Communication Plan. Telephone numbers of the emergency point of contact at your facility and the parent headquarters if any List of emergency telephone numbers, such as law enforcement, fire, EMS, public works, utilities, fuel(s) supplier, evacuation host facility point of contact, Parish Office Of Home Land Security and Emergency Preparedness, Red Cross, your Designated Regional Coordinator, etc. List of 24-hour telephone numbers for nursing supplies, dietary supplies, and pharmacy supplies. If available include other contact information for previously listed emergency contacts such as email, cellular phone, and fax.

Indicate whether the facility has and uses a “weather alert radio”, internet alert system or relies on local radio and television for news weather predictions and emergency announcements. Also include in Tab I types of communications systems or equipment used to monitor emergency broadcast and contact emergency services, power sources, testing schedule, and backup systems or back up plans. This part of your emergency preparedness plan shall be clearly marked and labeled in a manner that is immediately recognizable. Copies of the Posted Communication Plan shall be posted or placed where it is accessible by all staff at all times.

- J. Tab J: Indicate those hazards to which the facility may be subject: include a list of the disasters that are most likely to affect your facility and briefly explain any that are non weather related in Tab J.
<http://www.ohsep.louisiana.gov/hlsmitigation/hazmitigatpln.htm>
- K. Tab K *Nursing facilities subject to the provisions of Louisiana R.S. 40:2009.25(A) shall have a conducted a risk assessment of their facility to determine the facility’s integrity. This assessment will be included in the determination by the facility of its ability to shelter in place during a hurricane event. The assessment will include all of the statewide required situational information.
- L. Tab L: List the equipment and supplies to be stocked, such as emergency lighting, water storage containers, canned food(non perishable food), can openers, cooking and meal service supplies, sanitary supplies, personal hygiene supplies, first aid and medical treatment supplies, debris clearance and repair tools and supplies, drinking water-one gallon per person per day, water for sanitation, etc. These supplies might be for sheltering in place or evacuation.
- M. Tab M: Maps with evacuation routes highlighted, driving instructions, mileage, approximate travel time in congested traffic conditions and written driving directions.
- N. Tab N: Transfer form authorizing admission of nursing facility Category I Hospital Admit (HA), Clients into a hospital in time of emergency.
- O. Tab O: Hurricane evacuation checklist.
- P. Tab P: Schedule and records of emergency preparedness exercises
- Q. Tab Q: Plans and resources for emergency power supply
- R. Tab R: Include in your plan a copy of the current Nursing Facility Minimum Licensing Standards, Emergency Preparedness requirements **LAC 48: I.9729**. Nursing Home licensing standards can be found on the following links:
<http://doa.louisiana.gov/osr/reg/register.htm> or
<http://www.dhh.louisiana.gov/offices/publications.asp?ID=112>

S. Tab S: Elevation vs. Flood Chart

T. Tab T: Time Line Restrictions

VI. PLAN DEVELOPMENT AND MAINTENANCE

- A. Development and maintenance of this plan in coordination with the Parish Office of Homeland Security and Emergency Preparedness is the responsibility of the facility.
 - 1. State the person who is responsible for the development of plan.
 - 2. State the person who is responsible for maintaining the plan.

- B. The supervisor of each functional area (e.g. administration, dietary, nursing, maintenance) should be responsible for timely contributions to this plan and included in the development of any Standard Operating Procedures needed in his or her functional area to insure the effectiveness of this plan.
 - 1. Are the supervisors of each functional area involved with the development of the plan and Standard Operating Procedures?
 - 2. Are the supervisors of each functional area informed of their planned responsibilities?
 - 3. If functional supervisors are not included who is responsible for those areas?

- C. The plan shall be reviewed for possible shortcomings by the facility manager and supervisory personnel following every emergency and every emergency exercise. This will take place at least annually or as required by DHH.
 - 1. State the persons responsible for reviewing the plan.
 - 2. State the persons responsible for submitting updates to OHSEP and DHH.

- D. All changes that affect external organizations will be coordinated with them, to mutual satisfaction, and documented in plan.

- E. This plan and any revisions and changes shall be submitted to the Parish Office of Homeland Security and Emergency Preparedness upon promulgation. Verification of delivery will be needed. The Parish Office of Homeland Security and Emergency Preparedness may review the plan or any changes and advise the facility whether the plan has at least the minimum elements contained in the Louisiana Model Nursing Home Emergency Plan.

VII. AUTHENTICATION

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

Facility Name

Effective Date

Facility Administrator's Signature

Facility Administrator PRINT Name

TAB B:

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

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

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

Provide the following;

Total Licensed Beds: _____

Current Census: _____

Number of available beds: _____

Transportation requirements for census:

need ambulance with/for advanced life support = _____

need ambulance with/for basic life support = _____

need wheelchair accessible or Para-transit vehicle = _____

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

Total #= _____

Date completed _____

TAB C

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

UPDATED as of: _____

UPDATED by (print): _____

TAB D

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

Name of transportation resource provider:

Contact person: _____

Phone # of transportation Provider: _____

Physical Address or location of transportation provider:

Time restrictions: _____

Type and quantity of transport provided:

Number and type of passengers accommodated:

Date of agreement:

Date agreement ends:

TAB E

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

Name of host facility: _____

Contact person at host facility: _____

Phone # of host facility: _____

Physical Address/location of host facility:

Number of residents host facility will house: _____

Distance to host facility: _____

Estimated time of travel: _____

Date of agreement: _____

Date agreement ends: _____

Time restrictions: _____

Tab F:

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

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

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

of day's supply of medication always on hand: _____

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

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

Time restrictions: _____

Tab G:

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

Time restrictions: _____

Tab H:

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

Tab I:

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

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

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

Tab J:

Indicate those hazards to which the facility may be subject: include a list of the disasters that are most likely to affect your facility and briefly explain any that are non weather related in Tab J. Information about general hazards can be found on the Governor's Office of Homeland Security and Emergency Preparedness website:

<http://www.ohsep.louisiana.gov/hlsmitigation/hazmitigatpln.htm>

It is advised that facilities consult their local emergency management services as well such as Fire and Law Enforcement Departments, local or parish OHSEP, etc.

TAB K:

*Risk assessment coversheet. Decisions to evacuate or shelter in place shall take into consideration the facilities risk assessment. Information included in this plan shall be current, valid, and reliable.

1. Elevation(s) of facility's Heating Ventilation Air Conditioning (HVAC) system(s).
2. Elevation(s) of electrical service junction(s).
3. Elevation(s) of generator(s) and connection(s).
4. Elevation(s) of fuel supply, fuel storage tanks, and connection(s).
5. Facility's roof type and wind load evaluation.
6. Window evaluation- can they be shuttered, will they be shuttered, wind load determination.
7. Wind load determination for building- what is building able to withstand?
8. Evaluation of fuel resources for generator(s). How much fuel do you have stored on site? How long will generator(s) run on fuel? If not on hand how will fuel be supplied for seven day requirement?
9. Generator output and needed power. How much power is needed to run listed emergency equipment? What is the output of your generator?
10. Lay down hazard evaluation of property. Are there any objects- towers, trees, tanks, buildings, etc- that might be blown onto or into your building causing damage?
11. Hazardous materials evaluation. Is there any hazardous material stored in or around facility that should be secured or removed prior to hurricane? Chemicals, biologics, compressed gasses, flammables, etc
12. How will security for persons and supplies be provided after an emergency event?
13. What is the Sea, Lake, and Overland Surge from Hurricanes (SLOSH) Model using Maximum Of MEOW's (MOM) predictions for the facility? Include categories 1 through 5 at high tide.
14. Floor plan(s)-(Tab A) clearly showing interior safe zones and emergency supply storage areas.
15. Elevation(s) of water system back flow preventers.

TAB N:

TRANSFER FORM

In the event of an emergency which necessitates the evacuation of

_____ (name of nursing facility)

I, _____ (name of Resident/Patient's Physician),

hereby authorize the Medical Director or his designee at the receiving/host

hospital the right to order the continuation of care for

(Name of patient),

provided the host hospital has the physical and staffing capability to admit the evacuated nursing home patient.

Resident/Patient's Physician

Date

Medical Director of Nursing Facility

Date

Resident/Patient or Legal Representative
or Responsible Party

Date

TAB O

HURRICANE EVACUATION CHECKLIST **TAKE THE FOLLOWING ACTIONS IN PLANNED SEQUENCE** **Please Note that each facility will have an individualized checklist and** **sequence that matches their plan and specific needs**

WHEN A HURRICANE ENTERS INTO OR FORMS IN THE GULF:

Contact vendors with whom you have contracted to provide assistance in emergencies:

Transportation provider; Labor provider for loading and unloading; Medical suppliers; Water suppliers

Food suppliers: Evacuation host shelter sites.

Review and update Client Transportation Categories on all Clients in accordance with Tab M, resident census and conditions. Check Transportation arrangements to verify they are adequate for your current needs.

Update and issue ID bracelets or other means of personal identification.

WHEN EVACUATION IS IMMINENT (example)

Contact evacuation host site(s); Contact Nursing Home Designated Regional Coordinator. Contact Parish Office of Homeland Security and Emergency Preparedness; Order emergency medical supplies. Order emergency water supply; Order emergency food supply; Contact transportation providers and confirm arrangements; Contact labor providers and confirm arrangements.

THINGS YOU WILL NEED FOR/PRIOR TO EVACUATION (example)

Ramp(s) to load residents on buses; Medicine carts; MAR (whole chart if possible); Clothing with Clients' name on their bag; Water supply for trip; Crash cart; Emergency drug kit; Bingo and/or other games; Communications devices: cell phones, walkie-talkie, Weather radio, CB (bring all you have); Cigarettes; Air mattresses or bedding. Facility checkbook; Cash, including quarters for vending machines, Laundry machines, etc; important papers: insurance policies, titles to land and Vehicles, etc; Computer backup tape; List of important phone numbers/rolodex; Emergency prep box: baggies, yarn, batteries, flashlights, duct tape, string, wire, knife, hammer and nails, pliers, screwdrivers, fix-a-flat, etc. Non perishable food items; Dietary supplies; Disposable plates and utensils; Diet cards; Additional items as needed

TAB S: ELEVATION vs. FLOOD CHART

Elevation vs. Flood	A	B	C	D	*E1	*E2	*E3	*E4	*E5	Floods at
Lowest living floor										
Generator(s)										
Electrical junctions										
Emergency electrical junctions										
HVAC system(s)										
Fuel storage IF APPLICABLE										
Emergency medical equipment, supplies										
Emergency supplies storage areas										
Water well IF APPLICABLE										
Sewerage system IF APPLICABLE										
Lowest water system backflow preventer										

TAB T

*Time Lines: A listing of all time restrictions may be helpful in making critical determinations. Timelines are time restrictions or guides that shall be followed in their chronological order. Some timeline restrictions are fixed, others will have to be determined based on both external and internal factors.

Examples:

-Transportation contractor sets their notification at 48 hours in advance. This is a fixed timeline restriction.

- You determined it best to evacuate 40 hours before storm hits, and it will take 8 hours to prepare and load the transportation once it arrives. The transportation company will need to be called 96 (48+40+8) hours before the storm hits. This timeline example is based on internal and fixed external time guides or restrictions.

- A. What are the timelines or restrictions for the following, if none, state that. Use these timelines in your planning.
1. Transportation;
 - i. When is notification of resource(s) required?
 - ii. Loading supplies, equipment takes how long?
 - iii. Boarding of Residents and staff takes how long?
 - iv. Determined evacuation time.
 2. Food;
 - i. When is notification of resource(s) required?
 - ii. Delivery time,
 - iii. Load or unload supplies takes how long?
 3. Water;
 - i. When is notification of resource(s) required?
 - ii. Delivery time,
 - iii. Load or unload supplies takes how long?
 4. Medical Supplies;
 - i. Gathering information on what is needed takes how long?
 - ii. When is notification of resource(s) required?
 - iii. Delivery time
 - iv. Load or unload supplies takes how long?
 5. Medications;
 - i. Gathering information on what is needed takes how long?
 - ii. When is notification of resource(s) required?
 - iii. Delivery time
 - iv. Distribution of supplies takes how long?
 6. List all other factors that will need to be considered such as; census, local/parish OHSEP mandates, travel time, host site restrictions, traffic conditions, and any other given or determined time line restrictions.