

Emergency Preparedness Handbook

HCLA
HOMECARE ASSOCIATION OF LOUISIANA



The HomeCare Association of Louisiana (HCLA) is offering this handbook with the goal of assisting home health agencies in educating and preparing themselves, their staff and families, and patients and their families in preparing for a disaster of any type. Please go to the Table of Contents to view the topics of information provided. Also included is Louisiana parish contact information to aid you in communicating with your local EP personnel along with a Q & A from Marian Tate at DHH.

Some of the materials may be used for staff, patient, and families. For example, the information on disasters may be used for staff as well as for your patients. You may also find the individual assessments for staff, patients and those with special needs helpful in preparing for a disaster. It is important to remember that if your staff does not prepare themselves then they will be unable to help anybody else during a disaster. These tools will help to get you thinking about many areas of your lives that might otherwise be forgotten until a disaster strikes.

In the Disaster Preparedness Plan narrative, the italicized wording is the title of a form/sample you may find useful in preparing your plan. If there is warning of a potential disaster, the information on specific disasters may be copied and distributed to patients and staff.

It is our hope that you will find the information contained in these pages helpful in assisting your agency, staff, and patients to be prepared as possible for a disaster. We hope you will never have to utilize your plan. But it is better to be prepared and never use the plan, than to have no plan and be in the midst of a disaster.

Good Luck,

The HCLA Team

NAME OF AGENCY

This Emergency Preparedness Plan has been reviewed and updated as necessary.

_____	_____
CEO	DATE
_____	_____
OPERATIONS MANAGER	DATE

DATE REVIEWED	SIGNATURE & TITLE

TABLE OF CONTENTS

Introduction	2
Disaster Plan Narrative	7
Disaster Preparedness Plan	8
HCLA Role in Event of a Disaster	10
HCLA/Agency Role in Event of a Disaster	11
Louisiana Parish Emergency Preparedness Managers and Parish Maps	12
Parish Homeland Security/EP Manager Contact Information	13
LEPC Emergency Release Notification Information	16
Community Emergency Response Team (CERT) Contact Info	18
Louisiana Parish Map	21
Emergency Management State Regions Map	22
EP Related Websites	24
FEMA and Historical Information on Louisiana Disasters	28
FEMA Mission	29
Major Disasters in Louisiana	30
HCLA At Risk Registry and Calls	31
At Risk Calls for Coastal Parishes During Hurricane Season	32
HCLA 2011 At Risk Registry	33
At Risk Registry Consent and Release	35
Differences in At Risk Registry and Calls	36
Disaster Information	37
Natural Disasters	38
Hurricanes	39
Thunderstorms	41
Tornadoes	44
Winter Storms	46
Extreme Heat	50
Flood	52
Water Emergencies	54
Man Made Disasters	57
Terrorism	58
Bomb Threat	59
Biological Threats	61
Chemical Threats	63
Nuclear Blasts	65
Community Assessment Resources	69
Community Assessment	70
Community Resources	71
Community Contact Data	72

Policy and Procedure	73
Sample One	74
Sample Two	76
Information from Louisiana HH Model Plan-Responsibilities	77
DHH Q&A by Marian Tate	78
Post Disaster Evaluation	81
Emergency Procedures for Specific Events	82
Hazard Vulnerability Assessments	85
Instructions for Completing Hazard Vulnerability	86
Hazard Vulnerability Analysis	87
Personal Assessment Forms	88
How Can You be Prepared	89
Complete Your Personal Individual Assessment	90
Prepare Your Individual Disaster Plan	96
Special Needs Assessment	100
Special Needs	101
Special Populations	102
Info for Patients, Families, and Staff	103
Master the Skill of Giving Quick Info	104
Safety Skills	106
Have a Support System in Place	107
My Shelter Plan	109
Emergency Shelter Information and Checkpoints	113
Medical Special Needs Shelters (MSNS)	114
Department of Health and Hospitals (DHH) Shelter Requirements	115
Medical Special Needs Shelters (MSNS)	117
Louisiana Volunteers in Action (LAVA)	119
Emergency Supply Kit List	120
Make a Kit of Emergency Supplies	121
Go Bag	125
First Aid Kit	126
Home Care Agency Disaster Checklist	127
Disaster Preparedness Checklist	128
Nurse and or Aide Checklist	129
Nurse Aide Module and Test	130
Information Module	131
Nurse Aide Test	137
Test Key	140

Personal Medical and Contact Information Forms	141
My Medications	142
My Medical Information	143
Emergency Contact Information	144
Disaster Preparedness Scenarios	146
Scenarios	147
Business Planning	148
Continuity of Operations Planning	149
Business Evacuation Form	150
Emergency Supplies	151
Business Emergency Plan Form	152
Shelter-in-Place for Businesses	156
Commonly Used Acronyms/Abbreviations	158

Disaster Plan Narrative

This narrative includes different parts of a disaster plan. The italicized words within the reading are forms/samples included in this book for your ease of reference. You may use these as you seem fit to write your disaster plan specific to your agency.

DISASTER PREPAREDNESS PLAN

A Disaster Preparedness Plan is a blueprint of what your agency plans to do in the event of a disaster. The plan, whether for natural or manmade events, will have some common components that should be well established. Some specific planning will be necessary for specific disasters in order to be ready to remain in place or to evacuate. Included in this book are sample forms to help you complete a Disaster Preparedness Plan. The italicized words found throughout this narrative are the titles of the respective forms. The first part of the handbook has information on both *Natural Disasters and Man-made Disasters* that has been prepared by the Federal Emergency Management Agency. This information may be used to help prepare your staff as well as your patients for disasters specific to your area.

A Disaster Plan may be divided into four phases. They are: mitigation, preparedness, response and recovery. (Ross & Bing, 2007) Mitigation is defined as the measures you may take to lessen the impact of damage to property. For example, if flooding was the anticipated event, the agency may move all records to a second floor or remove them to an area not expected to flood to prevent damage to them. Next, preparedness may include such activities as making sure you have communication information— telephone tree or e-mail addresses, training, policy and procedure and testing the plan. Response is actually implementing and carrying out the plan that you put together during the preparedness phase. Recovery occurs after the disaster response. It is the phase focused on getting back to normal operations. This is sometimes called the “healing phase.” Recovery may take a long time. It is determined by the amount of damage to your agency and your operations.

A *Hazard Vulnerability Assessment (HVA)* is one of the first steps in setting up a disaster plan. Once the HVA is completed, then the steps of the process for your plan may begin. This assessment will guide you in deciding where your agency is most vulnerable and for which events you would most likely need to prepare. When giving thought to this assessment tool, it is important to address those events that would or could cause disruption to your operations. Mitigation can be addressed upon completion of the HVA as well as the remaining three steps in the process.

Setting up a disaster preparedness task force for your agency will help you move forward and have the opportunity for input from various disciplines within your agency. You may also want to have community involvement from areas such as EMS/Fire, Public Health and others in your area to aid you in knowing what your agency’s role may be in disaster situations. They may also assist in setting up disaster drills allowing your staff to participate. You will find contact information for many sources in this handbook also.

You may find it helpful to have people from the community join your disaster preparedness task force. The *Disaster Preparedness Community Assessment/Resources* may be used to help you determine what your resources are and what level of assistance may be needed for residents such as those who live alone or those who may have special needs. This will also give you the opportunity to begin building relationships with those establishments in your community that may be able to assist you and that you may be able to assist during disaster. The *Community Resource Data* sheet is a tool to be utilized for gathering contact information for your ease of reference when needed.

Within your organization, it is important for each person to know their role and responsibility in a disaster situation. This may be done after assessing personnel and determining each person’s responsibilities. Once this is established, it should be practiced at least annually. If a person should leave your organization, the new person should be oriented to the responsibilities of the person they are replacing. This will prevent gaps in your plan.

Once the plan is in place, the *Home Care Agency Disaster Preparedness Checklist* should be reviewed periodically to ensure the plan is being kept up-to-date.

Pre-planning for disaster is a key component for your agency. It is also important that individual staff complete their own assessments and set their plans for their families. This important step will help ensure that the agency has more personnel to help during disaster because they will be able to expedite their plans, instead of having to make their plan in the midst of disaster. Also, it will be helpful for patients to complete the *Personal Individual Assessment* in order for them to be prepared for disaster. It has been suggested that new employees complete a personal disaster plan for themselves and their families during their orientation to your organization. This plan could then be updated at least annually during the staff member's performance evaluation.

Communication is another key component in preparing for disaster. First and foremost, be certain to have all necessary contact information for your staff, along with other important emergency telephone numbers you may need. Set up a telephone tree for ease of communication. It is also important to plan alternative ways for communicating, since telephones may not be working or cell phone circuits may be busy. Another component of communicating is designating someone from your agency as the spokesperson for the media. Once this is established, all staff should be briefed as to whom that person is and media should be referred to them. Also refer to *HCLA's Role in the Event of a Disaster* to see how HCLA will attempt to assist agencies.

It is very important to have an up-to-date patient census with contact information available. Not only do you need this information, but each patient should be classified according to their acuity and level of care necessary to maintain their health. The classification system should be included in your policy and procedure and staff should be familiar with the classification system.

Participating in the At Risk program implemented by HCLA for home care in 2010 is extremely important during hurricane season. With HCLA passing on this information to local parish managers, the information will be available at a glance in the event of a disaster. Refer to the 2011 At Risk Registry and At Risk Calls information in this handbook.

Your Infection Control Plan should become a part of your disaster preparedness plan, because of the risk of infection associated with various disaster situations.

Policy and Procedure should describe step by step activity for staff when disaster does occur. This policy should be reviewed with all new staff and then annually. There are *Policy and Procedure* samples in the handbook for your convenience. Procedures are included for specific disasters, because of the potential for office staff to be at work when disaster occurs.

Disaster drills should be done at your agency and then *Home Care Post Disaster Evaluation* should be completed. This activity will give you valuable information on ways to improve your process and also to aid your staff in being more confident about the appropriate action to take during this crisis situation.

Education of your staff and your patients is a major factor in the success of being prepared for disaster. You will find the *Nurse Aide Module* helpful in preparing the Nurse Aide for disaster. Once they are versed in the different types of disaster, how to prepare, what to do during the disaster, the components that make up a "Go Kit", then they will be able to help their patients in their readiness efforts for disaster. The patient will need an up-to-date *Medication List* of meds they regularly take, and a *Medical Information and Emergency Contact Information*. It is also important that this includes any special needs of the patient to aid the personnel at shelters to care for the patients. This information should be kept in a safe place, and easily accessible for sudden departure for shelter. The *Special Populations* assessment may help you in preparing special needs patients for disaster. *The Nurse/Aide Checklist* is another handy tool that may be used in making certain that patients are prepared.

It is our goal to aid you in being prepared for disaster, and to help minimize the disruption and damage to your agency and operations, by giving you the outline for developing a disaster preparedness plan. It is important to realize that disasters are going to happen. We just do not know when. Our best defense to any situation is to be prepared. Preparation includes assessment, planning, educating both staff and patients, communicating and collaborating with community resources and practicing.

Our best wishes to you as you move forward to prepare your agency and patients for the future.

HCLA'S Role in the Event of a Disaster

HCLA'S ROLE IN THE EVENT OF A DISASTER TO HOME HEALTH AGENCIES

- HCLA will maintain a database of all HCLA employee numbers and support people that could offer assistance to home care agencies in a disaster.
- This database will be kept in a paper file offsite and a paperless file.
- Every May HCLA will verify and ask for agency emergency contact names, phone numbers and emails needed in the event of a disaster to maintain a CONFIDENTIAL agency database through the HCLA At Risk Program.
- Home Care agencies can access up to date emergency information through the HCLA website, www.hclanet.org.
- HCLA will make every effort to contact agencies after a disaster as communication lines are opened. Agencies are encouraged to also contact HCLA to update their situation after a disaster. Information needed: how the agency was affected, location of agency or contact person, agency needs.
- HCLA will send updated information through email broadcasts as needed.
- If business cannot be conducted at 850 Kaliste Saloom, Suite 123, Lafayette, La. 70508, the business will continue at 16565 Alphonse Forbes Rd., Greenwell Springs, La.
- If needed the HCLA will attempt to provide physical space for home care agencies to bill and conduct any other functions needed for an agency to continue their business through a Recovery Center.
- HCLA will maintain frequent contact with the Department of Health and Hospitals, CMS, Palmetto, emergency support groups and any other agencies deemed necessary for the continued function of home care agencies. This information will be shared through frequent email broadcasts.
- Provide a section on the HCLA website for home care employees to maintain communication with their agencies and other employees.
- Maintain up to date recovery information on the website.
- Provide information on shelter needs.
- Provide information for home care employee housing, needs.
- Home care agencies are not expected to provide care to home care patients in disaster emergency situations that will potentially risk life and or limb of the employee.
- Agencies should document all "good faith" efforts in evacuating or caring for patients in need.
- Be available to review questions on evacuation plans, regulatory and business issues.
- Provide contact information to agencies that may assist home care agencies after a disaster.
- Conduct regional meetings in the recovery phase to assist home care agencies.
- Organize volunteer efforts and fund raising for assistance if appropriate.

HOME CARE AGENCIES ROLE TO HCLA

- All home care agencies are asked to update contact information (contact names, phone numbers, email addresses, agency addresses) with HCLA at least annually and when pertinent information changes.
- Agencies should notify HCLA by phone or email of any evacuation plans carried out before an impending disaster if possible and as soon as possible after an event.
- Employees should wear agency name badges when attempting to find or carry out patient visits or working in shelters.
- Agencies are asked to notify HCLA of any up to date information that may need to be shared with other agencies in the area.
- Agencies should implement individual emergency plans as appropriate. Each employee should be responsible for assisting with checking with patients. All employees should have full tanks of gas and wear name tag when out.

HLCA Contact Information
850 Kaliste Saloom, Suite 123
Lafayette, LA 70508

Phone Numbers
337-231-0080
800-283-4252

Louisiana Parish Emergency Preparedness Managers and Parish Maps

This directory was furnished for your convenience to aid you in locating your local parish EP Manager within your own community.

PARISH EMERGENCY PREPAREDNESS MANAGERS

13

Acadia

Lee Hebert
568 Northeast Court Circle
Crowley, LA 70526
lee@apso.org
P: 337.783.4357
F: 337.788.8852

Allen

John Richer
P. O. Drawer G
Oberlin, LA 70655
eltonfire@centurytel.net
P: 337.300.9032
F: 337.584.5156

Ascension

Rick Webre
828 South Irma Boulevard, Building 3
Gonzales, LA 70737
rwebre@apgov.us
P: 225.621.8360
F: 225.621.8362

Assumption

John Boudreaux
P. O. Box 520
Napoleonville, LA 70390
johnboudreaux@assumptionoep.com
P: 985.369.7351
F: 985.369.7341

Avoyelles

Anzell Jones
312 North Main Street
Marksville, LA 71351
aohsep@kriquet.net
P: 318.240.9160
F: 318.240.9162

Beauregard

Ken Harlow
412 Mayeaux Drive
DeRidder, LA 70638
bpoep@beau.org
P: 337.463.3282
F: 337.43.6347

Bienville

Rodney Warren
P. O. Box 479
Arcadia, LA 71001
rwarren@bienvilleparish.org
P: 318.263.2019
F: 318.263.7404

Caddo/Bossier

Sandy Davis
P. O. Box 192
Shreveport, LA 71161-0192
sdavis@cbohsep.org
P: 318.425.5351
F: 318.425.5940

Cameron

Clifton Hebert
P. O. Box 374
Cameron, LA 70631
cameron_oep@camtel.net
P: 337.775.7048
F: 337.775.7043

Catahoula

Ellis Boothe
P. O. Box 258
Harrisonburg, LA 71340
catahoulahsep@yahoo.com
P: 318.744.5697
F: 318.744.5697

Claiborne

Dennis Butcher
P. O. Box 450
Homer, LA 71040
oep_cppj@bellsouth.net
P: 318.927.9118
F: 318.927.2115

Concordia

Morris White
217 Persimmon Mill Road
Ferriday, LA 71334
conoep@bellsouth.net
P: 318.757.8248
F: 318.757.7200

DeSoto

Alan Bounds
205 Franklin Street
Mansfield, LA 71052
desotooep@bellsouth.net
P: 318.872.3956
F: 318.872.2304

East Baton Rouge

JoAnne Moreau
P. O. Box 1471
Baton Rouge, LA 70821
jmoreau@brgov.com
P: 225.389.2100
F: 225.389.2114

East Carroll

Laisca Franklin Dixon
400 First Street
Lake Providence, LA 71254
ecpjoep@bayou.com
P: 318.559.2256
F: 318.559.1502

East Feliciana

Bud Weigand
P. O. Box 640
Jackson, LA 70748
efoepdir@bellsouth.net
P: 225.683.1014
F: 225.244.0888

Evangeline

Liz Hill
200 Court Street, Suite 207
Ville Platte, LA 70586
vangy911@centurytel.net
P: 337.363.3267
F: 337.363.3308

Franklin

Mitch Reynolds
P.O. Box 741
Winnsboro, LA 71295
mitchreynolds@franklinparish.org
P: 318.435.6247
F: 318.435.9420

Grant

Robert Meeker
506 Main Street
Colfax, LA 71417
janssen12@aol.com
P: 318.627.3041
F: 318.627.5927

Iberia

James Anderson
300 Iberia Street, Suite B-130
New Iberia, LA 70560-4543
ipoep1@bellsouth.net
P: 337.369.4427
F: 337.369.9956

Iberville

Laurie Dorian
P. O. Box 324
Plaquemine, LA 70765-0324
ldoiron@ibervilleparish.com
P: 225.687.5140
F: 225.687.5146

Jackson

Paul Walsworth
500 East Court St., Room 301
Jonesboro, LA 71251
pwalsworth@
jacksonparishpolicejury.org
P: 318.259.2361
F: 318.259.5660

Jefferson

Deano Bonano and Kenneth Padgett
1887 Ames Boulevard
Marrero, LA 70072
dbonano@jeffparish.net
kpadgett@jeffparish.net
P: 504.736.6435
F: 504.349.5360, 504.349.5366

Jefferson Davis

Ricky Edwards
P. O. Box 1249
Jennings, LA 70546
sheriff@jeffdavis.net
P: 337.821.2100
F: 337.821.2105

Lafayette

William Vincent
P. O. Box 3286
Lafayette, LA 70502
eoc@lafayettegov.net
P: 337.291.5075
F: 337.291.5080

Lafourche

Chris Boudreaux
P. O. Box 1661
Raceland, LA 70394
chrish@lafourchegov.org
P: 985.537.7603
F: 985.537.7297

LaSalle

Joe P. Stevens
P. O. Box 874
Jena, LA 71342-0874
jpsoep@centurytel.net
P: 318.992.0673
F: 318.992.7390

Lincoln

Jerry Levann Lewis
P. O. Box 979
Ruston, LA 71273
jlewis@lincolnparish.org
P: 318.513.6200
F: 318.513.6209

Livingston

Mark Benton
P. O. Box 1060
Livingston, LA 70754-1060
mbenton@lpoep.org
P: 225.686.3066
F: 225.686-7280

Madison

Earl Pinkney
100 North Cedar Street
Tallulah, LA 71282
earl_pink_99@yahoo.com
P: 318.574.3451
F: 318.574.2773

Morehouse

James Mardis
P. O. Box 1463
Bastrop, LA 71221
mpsojmardis@bellsouth.net
P: 318.871.3907, 318.281.4141
F: 318.281.1773

Natchitoches

Victor Jones
P. O. Box 751
Natchitoches, LA 71458-0751
catherineh@nppj.org
P: 318.357.7802
F: 318.357.2208

Orleans

Jerry Sneed
1300 Perdido St., Suite 9E06
New Orleans, LA 70112
NOOEP@cityofno.com
P: 504.658.8700
F: 504.658.8701

Ouachita

Butch Beckham
1000 New Natchitoches
West Monroe, LA 71292
bbeckham@ohsep.net
P: 318.322.2641
F: 318.322.7356

Plaquemines

Michelle Tassin
208-C Avenue G
Belle Chasse, LA 70037
michelle_tassin@
plaqueminesparish.com
P: 504.274.2476
F: 504.297.5635

Pointe Coupee

Donald Ewing
P. O. Box 248
New Roads, LA 70760
daewing@pcpso.org
P: 225.694.3737
F: 225.694.5408

Rapides

Sonya Wiley
4216 Ellis Street
Alexandria, LA 71302
swiley@rapides911.org
rapides911oep@suddenlinkmail.com
P: 318.445.5141
F: 318.445.5605

Red River

Russell Adams
Route 3, Box 3125
Coushatta, LA 71019
ra1160@netzero.net
P: 318.932.5981
F: 318.932.6651

Richland

Sharron Gee
P. O. Box 668
Rayville, LA 71269
sgee@richland.k12.la
P: 318.728.5964
F: 318.728.7004

Sabine

David Davis
965 San Antonio Avenue
Many, LA 71449
spoep@hotmail.com
P: 318.256.2675
F: 318.256.9652

St. Bernard

David Dysart
8201 West Judge Perez Drive
Chalmette, LA 70043
ddysart@sbgp.net
P: 504.278.4267
F: 504.278.4493

St. Charles

Scott Whelchel
P. O. Box 302
Hahnville, LA 70057
swhelchel@scpeoc.org
P: 985.783.5050
F: 985.783.6375

St. Helena

Major Coleman
P.O. Box 399
Greensburg, LA 70441
majorcoleman04@yahoo.com
P: 225.222.4549
F: 225.222.3696

St. James

Eric Deroche
P. O. Box 106
Convent, LA 70723
eric.deroche@stjamesla.com
P: 225.562.2364
F: 225.562.2269

St. John the Baptist

Paul Oncale
1801 West Airline Highway
La Place, LA 70068
p.oncale@sjbparish.com
P: 985.652.2222
F: 985.652.2183

St. Landry

Lisa Vidrine
1065 Hwy. 749, Suite F
Opelousas, LA 70570
stlandryohsep@att.net
P: 337.948.7177
F: 337.948.9139

St. Martin

Sherriff Ronnie Theriot
P. O. Box 247
St. Martinville, LA 70582
ohsep@stmartinsheriff.org
P: 337.394.3071
F: 337.394.5705

St. Mary

Duval H. Arthur, Jr.
500 Main Street, Room 112
Franklin, LA 70538
darthur@stmaryparishla.gov
P: 337.828.4100
F: 337.828.4092

St. Tammany

Dexter Accardo
1870 US Hwy 190
Mandeville, LA 70448
daccardo@stpgov.org
P: 985.898.2359
F: 985.898.3030

Tangipahoa

Dawson Primes
206 East Mulberry
Amite, LA 70422
dawson.primes@tangipahoa.org
P: 985.748.3211
F: 985.748.7050

Tensas

William "Rick" Foster
P. O. Box 768
St. Joseph, LA 71366
tpoep1@bellsouth.net
P: 318.766.3992
F: 318.766.4391

Terrebone

Earl Eues
P. O. Box 2768
Houma, LA 70361
eeues@tpcg.org
P: 985.873.6357
F: 985.850.4643

Union

Brian Halley
100 E. Bayou Street, Suite 101
Farmerville, LA 71241
halley9679@aol.com
P: 318.386.3124
F: 318.368.0704

Vermillion

Rebecca Broussard
100 North State Street, Suite 211
Abbeville, LA 70510
vpoep@cox-internet.com
P: 337.898.4308
F: 337.898.4309

Vernon

Howard Hudgens
P. O. Box 649
Leesville, LA 71496
jhudgens@vpso.org
P: 337.238.0815
F: 337.238.9025

Washington

Tommy Thiebaud
803 Pearl Street
Franklinton, LA 70438
tthiebaud@wpgov.org
P: 985.839.0434
F: 985.839.0435

Webster

John Stanley
128 Stanley Road
Shongaloo, LA 71072
websterohsep@wildblue.net
P: 318.846.2454
F: 318.846.2446

West Baton Rouge

Deano Moran
P. O. Box 757
Port Allen, LA 70767
deano.moran@wbr council.org
P: 225.346.1577
F: 225.346.0284

West Carroll

Peggy Robinson
P. O. Drawer 630
Oak Grove, LA 71263
wcpoep@bellsouth.net
P: 318.428.8020
F: 318.428.8025

West Feliciana

Chief Tommy Boyett
P. O. Box 1190
St. Francisville, LA 70775
tboyett@wfpso.org
P: 225.635.6428
F: 225.635.6996

Winn

Harry Foster
P.O. Box 70
Winnfield, LA 71483
winnparishohsep@bellsouth.net
P: 318.628.1160
F: 318.628.7182

Other Contact

Governor's Office of Homeland Security
& Emergency Preparedness
7667 Independence Blvd.
Baton Rouge, LA 70806
(225) 925-7500

LEPC Emergency Release Notification Information

Updated as of February 07, 2011

	Parish	Day Contact		Night Contact	
		Agency	Phone	Agency	Phone
1	Acadia	911 Dispatch	337-788-8772	911 Dispatch	337-788-8772
2	Allen	Oakdale Fire Dept	318-335-1155	Oakdale Fire Dept	318-335-2820
3	Ascension	Office of Emergency Preparedness	225-621-8360	Sheriff's Office	225-621-8300
4	Assumption	Sheriff's Office	985-369-2912	Sheriff's Office	985-369-2912
5	Avoyelles	Sheriff's Office	318-253-4000	Sheriff's Office	318-253-4000
6	Beauregard	Sheriff's Office	337-463-3281	Sheriff's Office	337-463-3281
7	Bienville	Sheriff's Office	318-263-2215	Sheriff's Office	318-263-2302
8	Bossier	Fire Department	318-741-8711	LEPC	318-425-5351
9	Caddo	Shreveport Fire Dept	318-675-2137	Office of Homeland Security & Emergency Preparedness	318-425-5351
10	Calcasieu	Office of Homeland Security & Emergency Preparedness	337-439-9911	911 Dispatch	337-439-9911
11	Caldwell	Sheriff's Office	318-649-2345	Sheriff's Office	318-649-2345
12	Cameron	Office of Emergency Preparedness	337-775-5111	Sheriff's Office	337-775-5111
13	Catahoula	Office of Emergency Preparedness	318-729-7401	Office of Emergency Preparedness	318-729-7401
14	Claiborne	Sheriff's Office	318-927-2011	Sheriff's Office	318-927-2011
15	Concordia	Police Jury	318-336-7151	Sheriff's Office	318-757-3162
16	De Soto	Sheriff's Office	318-872-3956	Sheriff's Office	318-872-3956
17	E Baton Rouge	FD Communications	225-389-2050	FD Communications	225-389-2050
18	E Carroll	Sheriff's Office	318-559-2800	Sheriff's Office	318-559-2800
19	E Feliciana	Sheriff's Office	225-683-5459	Sheriff's Office	225-683-5459
20	Evangeline	Sheriff's Office	337-363-3345	911 Dispatch	337-363-3345
21	Franklin	Office of Homeland Security & Emergency Preparedness	318-435-6247	Sheriff's Office	318-435-4505
22	Grant	Office of Homeland Security & Emergency Preparedness	318-627-3041	Sheriff's Office	318-627-3261
23	Iberia	Sheriff's Office	337-369-3711	Sheriff's Office	337-369-3711
24	Iberville	911 Dispatch	225-687-5140	Sheriff's Office	225-687-5140
25	Jackson	Sheriff's Office	318-259-9021	Sheriff's Office	318-259-9021
26	Jefferson	Office of Homeland Security & Emergency Preparedness	504-736-6211	Office of Homeland Security & Emergency Preparedness	504-736-6211
27	Jeff Davis	Jennings Fire Dept	337-821-5508	Sheriff's Office	337-821-2100
28	Lafayette	Office of Homeland Security & Emergency Preparedness	337-291-5075	Office of Homeland Security & Emergency Preparedness	337-291-5075
29	Lafourche	Office of Homeland Security & Emergency Preparedness	985-446-8427	Parish Government	985-446-8427
30	La Salle	Sheriff's Office	318-992-2151	Sheriff's Office	318-992-2151
31	Lincoln	Sheriff's Office	318-251-5111	Sheriff's Office	318-251-5111
32	Livingston	Office of Emergency Preparedness	225-686-3066	Sheriff's Office	225-686-2241
33	Madison	Office of Homeland Security & Emergency Preparedness	318-574-6911	Sheriff's Office	318-341-1697
34	Morehouse	Sheriff's Office	318-874-3907	Sheriff's Office	318-281-4141
35	Natchitoches	Sheriff's Office	318-352-6432	Sheriff's Office	318-352-6432
36	Orleans	911 Dispatch	504-671-3939	911 Dispatch	504-671-3939
37	Ouachita	Fire Department	318-343-1122	Fire Department	318-343-1122
38	Plaquemines	911 Dispatch	504-394-3541	Belle Chasse Fire Dept	504-394-3541
39	Pointe Coupee	Sheriff's Office	225-694-3737	Sheriff's Office	225-694-3737
40	Rapides	Office of Homeland Security & Emergency Preparedness	318-445-1418	911 Dispatch	318-445-1418
41	Red River	Sheriff's Office	318-932-5753	Sheriff's Office	318-932-4221
42	Richland	Sheriff's Office	318-728-2071	Sheriff's Office	318-728-2071

	Parish	Day Contact		Night Contact	
		Agency	Phone	Agency	Phone
43	Sabine	EOC	318-256-2675	Sheriff's Office	318-256-9241
44	St Bernard	Fire Department	504-278-4275	Fire Dispatch	504-279-1200
45	St Charles	Emergency Ops	985-783-5050	Emergency Ops	985-783-5050
46	St Helena	Sheriff's Office	225-222-4413	Sheriff's Office	225-222-4413
47	St James	Sheriff's Office	225-562-2200	Emergency Operator	225-562-2364
48	St John	Office of Homeland Security & Emergency Preparedness	985-652-2222	911 Dispatch	985-652-6338
49	St Landry	Office of Homeland Security & Emergency Preparedness	337-948-7177	911 Dispatch	337-948-9088
50	St Martin	Sheriff's Office	337-394-2800	Sheriff's Office	337-394-2800
51	St Mary	Sheriff's Office	337-828-1960	Sheriff's Office	337-828-1960
52	St Tammany	Emergency Ops	985-898-2359	Emergency Ops	985-898-2338
53	Tangipahoa	911 Dispatch	985-748-8977	911 Dispatch	985-748-8959
54	Tensas	Sheriff's Office	318-766-3961	Sheriff's Office	318-766-3961
55	Terrebonne	Houma Police Dept	985-879-3568	Office of Emergency Preparedness	985-580-0911
56	Union	Sheriff's Office	318-368-3124	Sheriff's Office	318-368-3124
57	Vermilion	OHSEP	337-898-4308	911 Communications	337-898-4364
58	Vernon	Sheriff's Office	337-238-1311	Sheriff's Office	337-238-1311
59	Washington	Office of Homeland Security & Emergency Preparedness	985-732-5200	Fire Department	985-732-5200
60	Webster	Sheriff's Office	318-377-1515	Sheriff's Office	318-377-1515
61	W B Rouge	Sheriff's Office	225-346-1577	Sheriff's Office	225-490-8599
62	W Carroll	Office of Homeland Security & Emergency Preparedness	318-428-8020	Sheriff's Office	318-428-2331
63	W Feliciana	Fire District # 1	225-635-4312	911 Dispatch	225-784-3136
64	Winn	Fire District # 3	318-628-1230	Sheriff's Office	318-628-4611

COMMUNITY EMERGENCY RESPONSE TEAM (CERT) LOUISIANA CERT's

18

Claiborne Parish CERT

Point of Contact: Wayne Hatfield
Phone Number: 3189272961
E-mail address: kd5jjo@hotmail.com

Jefferson Parish CERT

Point of Contact: Timothy Gautreau Jr.
Phone Number: 5043495360
E-mail address: tgautreau@jeffparish.net
Website address: <http://www.jeffparish.net/downloads/3598/7217-CERTInformation2010.pdf>
Brief Description: Jefferson Parish CERT offers Basic Training quarterly; once an individual completes the training they can join the Parish Team. The team meets on the third Saturday of each month for a Meeting/Training Session where we further our training in a variety of different topics. Our team competed in the 2010 State CERT Rodeo and won three ribbons in two different categories. The team recently assisted in an environmental project by placing recycled Christmas trees into the marsh to protect them.

Livingston Parish CERT

Point of Contact: Darrick Hesson
Phone Number: 2256863066
E-mail address: cert@lpoep.org
Website address: <http://www.preparelivingston.org>
Brief Description: The Livingston Parish CERT provides volunteer opportunities to all it's citizens; no matter their age or physical ability.

Caldwell Parish CERT

Point of Contact: Dale Powell
Phone Number: 3186493764
E-mail address: caldwellohsep@bellsouth.net
Brief Description: The Caldwell CERT program has developed a skilled and capable search and rescue team that included land and water searches. Our team has been outfitted and maintains emergency equipment to accomplish this mission.

St. Bernard Parish CERT

Point of Contact: John Rahaim, Jr.
Phone Number: 5042784267
E-mail address: jrahaim@sbgp.net
Brief Description: Our goal is to train our residents in all hazard incident(s) to better our community. In an effort to train as many members as possible we conduct our training on Saturdays for those who work during the week. Our objective is to utilize our members in the evacuation/re-entry, USAR, First Aid and CPR, EOC and shelter operations.

Tangipahoa Parish CERT

Point of Contact: Vicki Travis
Phone Number: 9857483211
E-mail address: vtravis@tangipahoa.org
Brief Description: Please contact your local Citizen Corps Program if you have any questions at 985-748-3211 or email at ccp@tangipahoa.org

Plaquemines Parish CERT

Point of Contact: Joe Almerico
Phone Number: 5043912004
E-mail address: jalmerico@ppso.net
Brief Description: The Plaquemines Parish Citizens Corps program is a very progressive and tested program. The disciplines consist of Community Emergency Response Team (C.E.R.T.), Medical Reserve Corps (MRC), Volunteers in Police

Winn Parish CERT

Point of Contact: Harry Foster

Phone Number: 3186281160

E-mail address: winnparishohsep@bellsouth.net

Brief Description: Winn Parish CERT meets on the second Monday of each month at 6 pm. Contact 318 628 1160 for meeting location.

East Baton Rouge Parish CERT

Point of Contact: William White

Phone Number: 2253892100

E-mail address: oeptraining@brgov.com

Website address: <http://www.brgov.com/dept/oep/cert/certhome.htm>

Brief Description: The Community Emergency Response Team (CERT) Program helps train people to be better prepared to respond to emergency situations in their communities. When emergencies happen, CERT members can give critical support to first responders, provide immediate assistance to victims, and organize spontaneous volunteers at a disaster site. CERT members can also help with non-emergency projects that help improve the safety of the community.

New Orleans CERT

Point of Contact: Eric Pickering

Phone Number: 5046588700

E-mail address: nolacert1@gmail.com

Union Parish CERT

Point of Contact: Susan Edwards

Phone Number: 3183680469

E-mail address: susan0514@att.net

Brief Description: The Union Parish CERT team meets on a monthly basis with an average of 20 members attending. Our team is unusual in that we are a mounted Search and Rescue. We also use ATVs and ground personal. We are directly involved with the local Sheriff's Department and are called out during emergency situations by the department.

West Carroll CERT

Point of Contact: Theodore Pearson

Phone Number: 3186696501

E-mail address: pearsontla@yahoo.com

Brief Description: The goal of West Carroll CERT is to train the public to be prepared for disasters both natural and man-made. The program's goal is to provide a group of trained citizens to assist the parish's implementation of its Emergency Operations Plan during a disaster, and to encourage emergency preparedness in the community.

Terrebonne Parish CERT

Point of Contact: Benjamin Walker

Phone Number: 9858736357

E-mail address: bwalker@tpcg.org

Brief Description: Our program is just now getting off the ground. We have lots of enthusiasm and many worthwhile goals that will be accomplished in the near future.

Ouachita Parish CERT

Point of Contact: Tracy Hilburn

Phone Number: 3183222641

E-mail address: thilburn@ohsep.net

Iberia Parish CERT

Point of Contact: Prescott Marshall

Phone Number: 3373694427

E-mail address: lbentley@iberiagov.net

Caddo-Bossier Parish CERT

Point of Contact: Gene Barattini

Phone Number: 3184255351

E-mail address: gbarattini@cbohsep.org

Website address: <http://www.cbohsep.org>

Brief Description: Caddo-Bossier has a very active program to assist citizens, community partners and campuses. Citizen CERT courses assist individual and families to be better prepared to handle NW threats (tornados/winter weather). CERT graduates are encouraged to join deployment elements...American Red Cross, local volunteer fire departments and aux/reserve programs with local law enforcement. CBOHSEP CERT also provides training to university/large facility staffs in emergency procedures and unified command.

Morehouse Parish CERT

Point of Contact: John Lewis

Phone Number: 3188743907

E-mail address: mpsojmardis@bellsouth.net

Jefferson Davis Parish CERT

Point of Contact: Sonja McCoy

Phone Number: 3378243850

E-mail address: sonja.mccoy@laccie.net

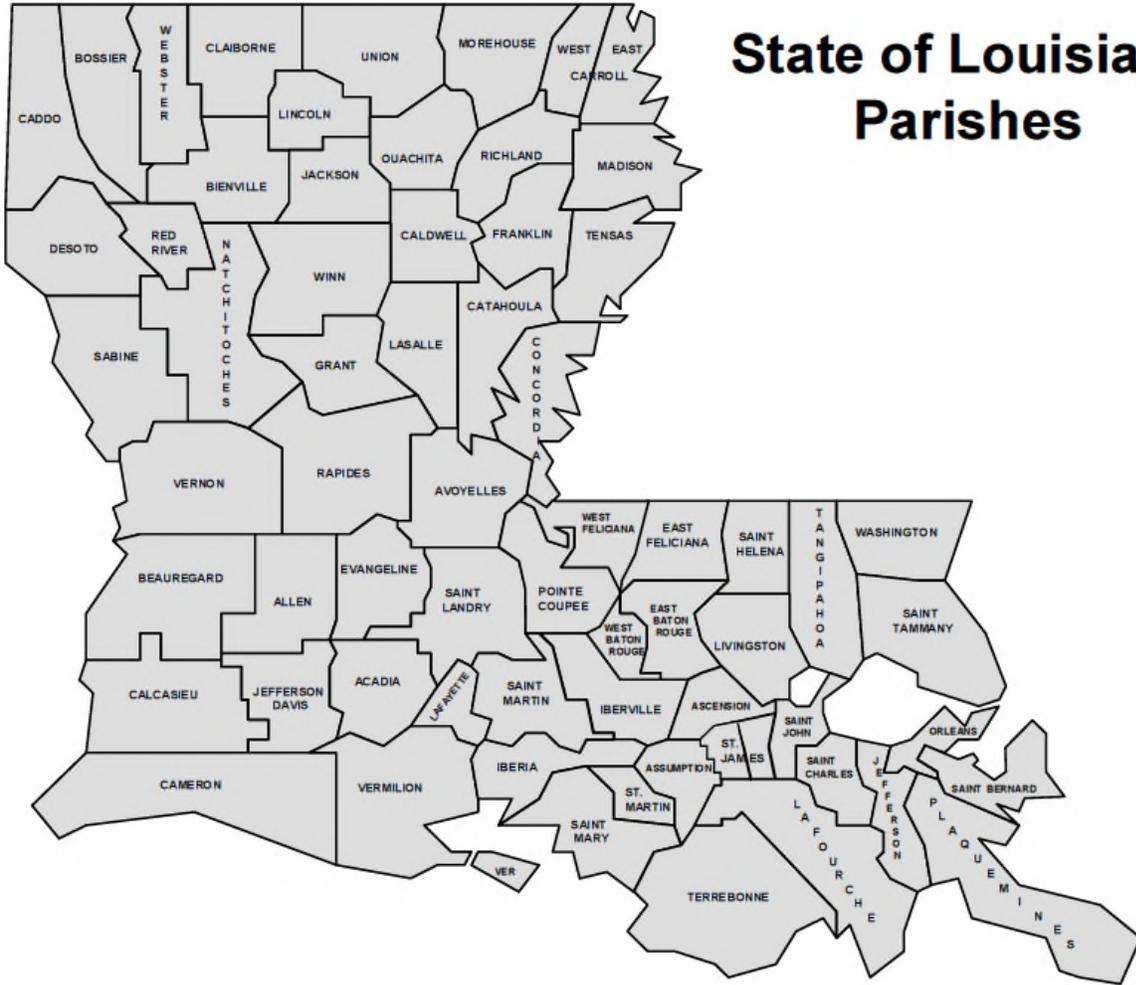
Brief Description: The goal is to train members of Jefferson Davis Parish neighborhoods, community organizations, or workplaces in basic response skills. If a disastrous event overwhelms or delays professional response, CERT members can assist themselves, their family, and their neighbors by applying the basic response and organizational skills they learn during CERT training. These skills can help save and sustain lives following a disaster until help arrives. CERT skills also apply to daily emergencies.

Natchitoches Parish CERT

Point of Contact: Jennifer Perkins

Phone Number: 3182387555

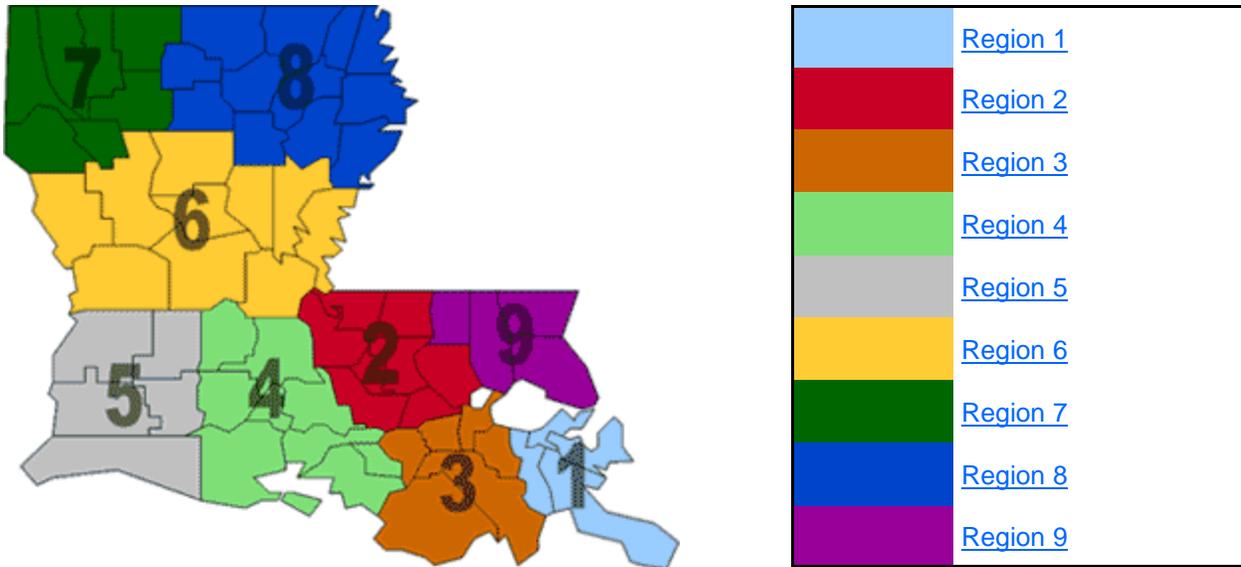
E-mail address: jperkins@npsheriff.net



State of Louisiana Parishes

EMERGENCY MANAGEMENT STATE REGIONS

Each of the State's 64 parishes have an emergency management program. Louisiana is divided into nine emergency management and homeland security planning districts which GOHSEP uses in conjunction with its Regional Support program. The map below will assist you in determining who the [Regional Director](#) (Parish) is for a particular area and how to contact them. In addition, each district has a state [Regional Coordinator](#) (a GOSHEP employee) whom acts as a liaison between the parish emergency operations center (EOC) for their region and the state EOC.



Regions

Louisiana's nine Homeland Security and Emergency Management regions include:

- Region 1** Orleans, Saint Bernard, Plaquemines and Jefferson Parishes
- Region 2** East Baton Rouge, West Baton Rouge, Livingston, Ascension Iberville, Pointe Coupee, East Feliciana
- Region 3** Lafourche, Saint John, Saint Charles, Saint James, Assumption and Terrebonne Parishes
- Region 4** Lafayette, Evangeline, Saint Landry, Acadia, St. Martin, Iberia, Vermilion and Saint Mary Parishes
- Region 5** Beauregard, Allen, Calcasieu, Jefferson Davis and Cameron Parishes
- Region 6** Vernon, Sabine, Natchitoches, Winn, Grant, Rapides, LaSalle, Catahoula, Concordia and Avoyelles
- Region 7** Caddo, Bossier, Webster, Claiborne, Bienville, Red River and DeSoto Parishes
- Region 8** Ouachita, Union, Lincoln, Jackson, Caldwell, Richland, Morehouse, Franklin, West Carroll, East Carroll, Madison and Tensas Parishes
- Region 9** Washington, Saint Tammany, Saint Helena and Tangipahoa Parishes

Emergency Preparedness/Disaster Related Websites

EMERGENCY PREPAREDNESS/DISASTER RELATED WEBSITES

WEATHER

NOAA-National Hurricane Center

<http://www.nhc.noaa.gov/>

National Weather Service

<http://www.weather.gov/>

EVACUATION ROUTES AND ROAD CLOSURES

Road Closures/Travel Info

<http://www.511la.org/>

<http://gohsep.la.gov/rdclosure.aspx>

Evacuation Routes

<http://gohsep.la.gov/stateevacrtes.aspx>

State and Federal Highway Road Closures

<http://www.lsp.org/roadandincident.nsf>

State Police Road Closure Hotline

1-800-469-4828

Evacuations and Road Closures-State Police

<http://www.lsp.org/emergency.html>

Evacuation Information

<http://www.lsp.org/lcadeg.html>

GENERAL WEBSITES

Governor's Office of Homeland Security and Emergency Preparedness

<http://gohsep.la.gov/hurricane.aspx>

Office of Governor

<http://www.gov.louisiana.gov/>

Homeland Security and Emergency Preparedness

<http://www.gohsep.la.gov/>

National Guard

<http://www.la.ngb.army.mil/>

FEMA Region VI

Telephone Number:

Main Number: 1 (940) 898-5399

Mailing Address:

Federal Emergency Management Agency

FRC 800 North Loop 288

Denton, TX 76209-3698

Serving: Arkansas, Louisiana, New Mexico, Oklahoma, Texas

<http://www.fema.gov/about/contact/regionvi.shtm#1>

Dept of Health and Human Services-Emergency Preparedness
<http://www.hhs.gov/disasters/emergency/naturaldisasters/hurricanes/index.htm>

Get a Game Plan-EP Information

www.getagameplan.org

FEMA - National Integration Center (NIC) Incident Management Systems Integration
Division

<http://www.fema.gov/emergency/nims/index.shtm>

The Yale New Haven Center for Emergency Preparedness and Disaster Response Online
Education and Training

<http://ynhhs.emergencyeducation.org/>

NIMS online

<http://www.nimsonline.com/>

Basic Incident Command for Medical and Public Health Professionals

<http://www.mcph.org/BT/BT%202.19.03/ICS%20for%20Maine%20PH.ppt#1>

The Centers for Disease Control and Prevention: Emergency Preparedness

<http://emergency.cdc.gov/>

Public Alert Sign Up

<http://louisiana.mystateusa.com/alertSignup.htm?region=20949>

PARISH INFORMATION

Emergency Information per Parish

<http://www.emergency.louisiana.gov/>

Parish Emergency Management Websites

<http://gohsep.la.gov/parishpa.aspx>

RED CROSS/UNITED WAY

Red Cross

<http://www.redcross.org/>

American Red Cross

Southeast Louisiana Chapter

Greater New Orleans Area

www.arcno.org

United Way for the Greater New Orleans Area

www.unitedwaynola.org

United Way for South Louisiana

Houma Area

www.uwsla.com

American Red Cross
Acadiana Chapter
www.acadianaredcross.org

St. Landry-Evangeline United Way
Opelousas Area
www.uwsle.org

American Red Cross
Southwest Louisiana Chapter
Lake Charles Area
www.swla-redcross.org

United Way of Acadiana
Lafayette Area
www.unitedwayofacadiana.org

United Way of Southwest Louisiana, Inc.
Lake Charles Area
www.unitedwayswla.org

HH PLANS

Louisiana HH Model Plan
<http://gohsep.la.gov/modelhmlthpln.aspx>

Crosswalk of Home Health Plan
<http://brgov.com/dept/oep/pdf/Home%20Health%20Emergency%20Plan%20Crosswalk.pdf>

Emergency Plan for Home Health
http://www.nahc.org/regulatory/EP_Binder.pdf

SPECIAL INTERESTS

Hurricane Safety for the Elderly
<http://brgov.com/dept/oep/hurricaneprep.htm#Elderly>

Disaster Preparedness for People with Disabilities
<http://gohsep.la.gov/preparepeoplewithdisabilities.aspx>

EVACUATION INFORMATION

Registry for Evacuees
<http://www.redcross.org/safeandwell>

Volunteer Site
Lava.dhh.louisiana.gov

FAMILY PLANS

Family Plan-Emergency Kit

<http://www.getagameplan.org/planFamily.htm>

Family Plan-Making Preparations

<http://www.getagameplan.org/planFamilyStp02.htm>

OTHER WEBSITES

Power Outages, Food Safety, Generator Safety, Water Treatment

www.Redcross.org

Before and After a Hurricane

<http://gohsep.la.gov/avoiddamage.aspx>

BUSINESS PREPARATION

Protect your Business

<http://www.getagameplan.org/planBusiness.htm>

Write a Crisis Plan for your Business

<http://www.ready.gov/business/talk/crisisplan.html>

Plan to Stay in Business Plan

<http://www.ready.gov/business/plan/index.html>

Disaster Assistance and Emergency Relief for Individuals and Businesses

<http://www.irs.gov/businesses/small/article/0,,id=156138,00.html>

Hurricane Preparedness for Business Plans

<http://www.harriscountycitizencorps.com/newsletters/hurricaneplanforbusinesses.pdf>

Find a Safe Place Video

http://www.dhh.louisiana.gov/offices/medialibrary/media105/Find%20A%20Safe%20Place_Captioned.htm

FEMA and Historical Information on Disasters in Louisiana

This is a brief and simple definition of FEMA and its mission and the major events that have been declared disasters in Louisiana.

What is FEMA?



Here is the explanation of the purpose of FEMA.



FEMA MISSION

DISASTER: It strikes anytime, anywhere. It takes many forms -- a hurricane, an earthquake, a tornado, a flood, a fire or a hazardous spill, an act of nature or an act of terrorism. It builds over days or weeks, or hits suddenly, without warning. Every year, millions of Americans face disaster, and it's terrifying consequences.

On March 1, 2003, the **Federal Emergency Management Agency (FEMA)** became part of the U.S. Department of Homeland Security (DHS). FEMA's continuing mission within the new department is **to lead the effort to prepare the nation for all hazards** and effectively manage federal response and recovery efforts following any national incident. FEMA also initiates proactive mitigation activities, trains first responders, and manages the National Flood Insurance Program.

The first part of this booklet, explaining different types of disasters we see in LA, is made up of information found on the FEMA website. For additional information, go to <http://www.fema.gov/index.shtm> .

MAJOR DISASTER DECLARATIONS OF LOUISIANA



Year	Disaster
1992	Hurricane Andrew
2001	Hurricane Allison
2002	Hurricane Isadore
2002	Hurricane Lilli
2004	Hurricane Ivan
2005	Hurricane Katrina
2005	Hurricane Rita
2005	Hurricane Cindy
2006	Severe Storms/Flooding
2007	Severe Storms/Tornadoes
2008	Hurricane Gustav
2009	Severe Storms/Flooding

As you can see from this chart, hurricanes, severe storms, tornadoes, and flooding are all natural disaster concerns in our state. FEMA has defined these as disasters and makes suggestions as to how to keep yourself and your family safe in these situations as well as how to prepare for heat and manmade disasters.

HCLA At Risk Registry and Calls

HCLA AT RISK CALLS FOR COASTAL PARISHES DURING HURRICANE SEASON

The **Louisiana-Mississippi Hospice and Palliative Care Organization (LMHPCO)** and the **Homecare Association of Louisiana (HCLA)**, in conjunction with DHH and MSDH Offices of Emergency Preparedness, are collaborating again this hurricane season to gather critical data that will assist state emergency planners to better understand the particular needs of hospice and home health patients. These reports are used by emergency managers and planners to access and allocate resources available to parishes, as well as regions within each state in the event of an actual emergency evacuation of the coastline. LMHPCO and HCLA are jointly covering the cost of an At-Risk Specialist to continue gathering census and At Risk patient counts through the end of the 2011 Hurricane Season (November 30, 2011).

As in 2010, LMHPCO and HCLA have hired Suzanne Ritchie [pictures and bios below] to gather this critical information during hurricane season. Suzanne will be contacting home health agencies in area codes 225, 337, 504, and 985 every other week to gather census and At Risk patient counts. No specific patient information is recorded. HCLA asks for your cooperation and support in this effort to provide a greater level of safety for home health patients living along the most vulnerable regions of the state during this hurricane season. Data collected is held in strict confidence and only released in an aggregate form. Weekly reports as seen below are sent to the Homeland Security and the Office of Emergency Preparedness in Baton Rouge.

LMHPCO and HCLA are committed to improving the safety of home health and hospice patients this hurricane season. We ask your cooperation and assistance in making this commitment a reality.



Suzanne graduated from the University of Missouri in 2000 with a degree in Sociology. Suzanne most recently worked for the Muscular Dystrophy Association as a Program Coordinator in Lafayette, LA. Suzanne now works at home so she can be home with her son Cole.

Area Code	Total Census (6/20/2011)	*At Risk Patients (6/20/2011)
225 (21 agencies)	3869	379
337 (35 agencies)	5542	309
504 (20 agencies)	3792	341
985 (25 agencies)	5582	431
	18785	1460

Example of report generated by Suzanne for HCLA and DHH/LA. Emergency Planners.

HCLA 2011 AT RISK REGISTRY

With the encouragement of emergency managers in Louisiana and the cooperation of **Secure Computing Systems** (*the makers of MUMMS Software*), HCLA has joined the **Louisiana-Mississippi Hospice and Palliative Care Organization (LMHPCO)** in an effort to track vulnerable patients in Louisiana and Mississippi (for LMHPCO). HCLA appreciates LMHPCO's offer to HCLA to partner in this much needed effort.

The **At-Risk Registry** covers **all parishes** in Louisiana providing home health agencies with a **year-round All Hazards Registry** for the most vulnerable homebound patients. **The Registry offers a secure online website that agency users can manage from any computer simply by logging on to <https://atrisk.mumms.com/hospice>**

Home health agencies throughout Louisiana can now use the **Registry** to keep local emergency managers updated as to who, where and what **At-Risk** home health patients need in terms of assistance, in the event of an emergency evacuation of their parish. While the **Registry** does not ensure transportation assistance to anyone in the event of an actual emergency, it does provides parish emergency mangers and state planners with critical and accurate information as to who and where these our most vulnerable patients reside, as well as what kind of assistance they will need in the event of an actual emergency.

At-Risk patients are defined as:

- **Home health patient living alone, unable to evacuate self**
- **Home health patient living with caregiver (either mentally or physically) unable to evacuate patient and self.**
- **Home health patient/family without financial means to evacuate.**

The **Registry** allows provider agencies to input basic patient information (*i.e., name, location and particular transportation needs*) into a secured database which produces weekly reports for local parish Emergency Managers, alerting them as to who and where these **At-Risk patients** reside within their jurisdiction. The **Registry** keep patients certified as **At-Risk** for **7 days** at a time. The provider agency only has to renew the patient's At Risk status once a week in order to keep the patient on the weekly report sent to the local parish emergency manager.

The **Registry** is easy to use and only requires an agency to register in order establish its individual username and password. Agencies that registered in the last hurricane season can use their same user name and password this year. Agencies that did not previously register can now do so by calling Jamey Boudreaux at 888-546-1500.

Steps to Using the At-Risk Patient Registry

- 1.** Using the **At-Risk patient criteria** (defined above), identify **At-Risk patients** currently enrolled into their home health agency.
 - 2.** Secure the patient's signed **Consent/Release** to be included in the **Registry** and file the signed document into the patient's chart. Consent/Releases forms are found at: http://www.lmhpc.org/blahdocs/uploads/at_risk_registry_consent_release_2008_8924.doc
- Please note: Patients cannot be included in the Registry without a signed Release**
- 3.** If you registered your agency in 2010, use your user name and password to Login to the Registry. If you're not registered or need to change your Login codes contact Jamey Boudreaux at 888-546-1500.
 - 4.** Login into the **Registry** at <https://atrisk.mumms.com/> using your agency's individual username and password.
 - 5. Enter all of the required patient information.**
 - 6. Re-certify** the patient's **At-Risk** status **every 7 days**; **Login and check the update box next to the patient's name**

The **Registry** sends out weekly reports to parish and state emergency managers and planners, alerting them as to the existence and location of **At-Risk** home health patients on a continuous basis.

During the 2011 Spring Mississippi River Flooding experience, LMHPCO programmed the Registry to provide Emergency Managers with daily, rather than weekly updates, resulting (between May 10 - June 2, 2011) in over 390 individual At Risk reports being sent out, alerting emergency manager as to the identity and location of At Risk patients along the Mississippi River.

HCLA is grateful to **Secure Computing Systems** (the makers of **MUMMS Software**) for their commitment developing this new resource for provider agencies throughout Louisiana. State emergency planners have recognized this system as a valuable tool for our respective states' Emergency Preparedness plan for vulnerable patient populations across various healthcare sectors.

AT RISK REGISTRY



CONSENT AND RELEASE

I, _____, am a home health patient

with _____ (agency). My address

is _____.

With my signature below, I grant the agency above to include my name, address, phone number, medical conditions (including physician contact information), and living situation (including caregiver contacts and transportation/evacuation needs) in the HCLA At Risk Home Health Registry. This registry is designed to keep Emergency Managers aware of my location and special needs in the event of an emergency in my parish. This information will be updated by the home health agency on an "as needed basis" (via telephone/email). Although inclusion in the At Risk Registry does not guarantee that my transportation needs will be met in an actual emergency, my inclusion in the Registry allows Emergency Managers in my parish the awareness of my current health and living situation, as well as the opportunity to more accurately prepare for emergency situations in the parish.

I hereby release the home health agency listed above, its agents and employees, the HomeCare Association of Louisiana, Secure Computing Systems, Inc. (doing business as "MUMMS"), and Emergency Managers from all liability under any and all state and federal health care information privacy laws, including, but not limited to, the federal Health Insurance Portability and Accountability Act, as well as state and federal health care privacy rules and regulations. I further hereby expressly release the home health agency named above, its agents and employees, the HomeCare Association of Louisiana, Secure Computing Systems (MUMMS), and Emergency Managers, of and from any and all liability for any injury or harm to me or my property that may be or may have been caused by any negligence or carelessness committed by or on the part of any of those parties.

Patient Signature _____ Date _____

Print Patient Name _____

Print Home Health Agency's Name _____

Signature of Home Health Representative _____

Print Name _____

DIFFERENCES IN AT RISK REGISTRY AND AT RISK CALLS

At Risk Registry

Year round reporting
State of LA/MS
Report online
Requires a patient consent
Patients registered by name
Individual patient info is tracked

At Risk Calls

Hurricane season reporting
Coastal regions
Report by email/phone calls asking for total numbers
No consent
No individual info
Total census and # of potential "at risk" patients tracked thru email/call

Disaster Information

The information in this section on disasters may be used in several different ways.

Some of them are:

Teaching material for staff

Education information for patients

You may also find it helpful, if there is time to prepare for an event, to give this information to the patient as a reminder.

Natural Disasters

Hurricanes

Thunderstorms & Lightning

Tornadoes

Winter Storms and Extreme Cold

Extreme Heat

Floods

WHAT IS A HURRICANE?

A hurricane is a **type of tropical cyclone**. A typical cyclone is accompanied by thunderstorms, and, in the Northern Hemisphere, a counterclockwise circulation of winds near the earth's surface. Hurricanes can cause catastrophic damage to coastlines and several hundred miles inland. Winds can exceed 155 miles per hour. Hurricanes and tropical storms can also spawn tornadoes, create storm surges along the coast, and cause extensive damage from heavy rainfall.

All **Atlantic and Gulf of Mexico coastal areas are subject to hurricanes**. The hurricane season lasts from June to November, with the peak season from mid-August to late October.

Hurricanes are classified into five categories. **Category Three and higher hurricanes are considered major hurricanes**, though Categories One and Two are still extremely dangerous and warrant your full attention.

Before a Hurricane	During a Hurricane
Make plans to secure your property. Permanent storm shutters are the best protection for windows , or board up windows with 5/8" marine plywood, cut to fit and ready to install. <i>Tape does not prevent windows from breaking.</i>	Listen to the radio or TV for information.
Install straps or additional clips to securely fasten your roof to the frame structure. This will reduce roof damage.	Secure your home , close storm shutters, and secure outdoor objects or bring them indoors.
Be sure trees and shrubs around your home are well trimmed .	Turn off utilities if instructed to do so. Otherwise, turn the refrigerator thermostat to its coldest setting and keep its doors closed.
Clear loose and clogged rain gutters and downspouts.	Turn off propane tanks. · Avoid using the phone , except for serious emergencies.
Consider building a safe room .	Ensure a supply of water for sanitary purposes such as cleaning and flushing toilets. Fill the bathtub and other large containers with water.
Determine how and where to secure your boat .	Moor your boat if time permits.

EVACUATION DURING A HURRICANE

When you should evacuate	If you are unable to evacuate
<ol style="list-style-type: none">1. If you are directed by local authorities to do so. Be sure to follow their instructions.2. If you live in a mobile home or temporary structure—such shelters are particularly hazardous during hurricanes no matter how well fastened to the ground.3. If you live in a high-rise building— hurricane winds are stronger at higher elevations.4. If you live on the coast, on a floodplain, near a river, or on an inland waterway.5. If you feel you are in danger.	<ol style="list-style-type: none">1. Stay indoors during the hurricane and away from windows and glass doors.2. Close all interior doors—secure and brace external doors.3. Keep curtains and blinds closed. Do not be fooled if there is a lull; it could be the eye of the storm - winds will pick up again.4. Take refuge in a small interior room, closet, or hallway on the lowest level.5. Lie on the floor under a table or another sturdy object.

If you EVACUATE, don't forget your "To Go" kits!!

THUNDERSTORMS/LIGHTNING

All thunderstorms are dangerous. Every thunderstorm **produces lightning**. In the United States, an average of 300 people are injured, and 80 people are killed each year by lightning. Although most lightning victims survive, people struck by lightning often report a variety of long-term, debilitating symptoms. Other associated dangers of thunderstorms include tornadoes, strong winds, hail, and flash flooding.

Facts about Thunderstorms	Facts about Lightning
They may occur singly, in clusters, or in lines.	Lightning often strikes outside of heavy rain and may occur as far as 10 miles away from any rainfall.
Some of the most severe occur when a single thunderstorm affects one location for an extended time.	Lightning's unpredictability increases the risk to individuals and property.
Thunderstorms typically produce heavy rain for a brief period, anywhere from 30 minutes to an hour.	"Heat lightning" is actually lightning from a thunderstorm too far away for thunder to be heard. The storm may be moving in your direction!
Warm, humid conditions are highly favorable for thunderstorm development.	Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening.
About 10 percent of thunderstorms are classified as severe— with hail at least three-quarters of an inch in diameter, winds of 58 miles per hour or higher, or produces a tornado.	Your chances of being struck by lightning are estimated to be 1 in 600,000, but could be reduced even further by following safety precautions.

Lightning strike victims carry no electrical charge. Attend to them immediately!

BEFORE A THUNDERSTORM

- **Remove** dead or rotting **trees and branches** that could fall and cause damage.
- **Postpone outdoor activities.**
- **Get inside** a home, building, or hard top automobile (not a convertible). Although you may be injured if lightning strikes your car, you are much safer.
- **Secure outdoor objects** that could blow away or cause damage.
- **Shutter windows** and secure outside **doors**. If shutters are not available, close window blinds, shades, or curtains.
- **Unplug appliances** and electrical items such as computers and turn off air conditioners. Power surges from lightning can cause serious damage.
- **Cordless and cellular telephones are safe** to use.
- Use your **battery-operated NOAA Weather Radio** for updates from local officials.

AVOID

- Avoid showering or bathing. **Plumbing and bathroom fixtures can conduct electricity.**
- Natural lightning rods such as a **tall, isolated tree** in an open area.
- **Hilltops, open fields, the beach, or a boat** on the water.
- Isolated sheds or other ***small structures in open areas***.
- **Anything metal**—tractors, farm equipment, motorcycles, golf carts, golf clubs, and bicycles. Inside a car is better than outside.



WHAT TO DO DURING A THUNDERSTORM

Remember the 30/30 lightning safety rule:

Go indoors if, after seeing lightning, you cannot count to 30 before hearing thunder.

Stay indoors for 30 minutes after hearing the last clap of thunder.

If you are:	Then:
In a forest	Seek shelter in a low area under a thick growth of small trees.
In an open area	Go to a low place such as a ravine or valley. Be alert for flash floods.
On open water	Get to land and find shelter immediately.
Anywhere you feel your hair stand on end (which indicates that lightning is about to strike)	Squat low to the ground on the balls of your feet. Place your hands over your ears and your head between your knees. Make yourself the smallest target possible and minimize your contact to the ground. DO NOT lie flat on the ground.

***Remember: rubber-soled shoes
and rubber tires
provide NO protection from lightning!***

After a Thunderstorm

If needed call 9-1-1 for medical assistance as soon as possible.

TORNADOES

Tornadoes are **nature's most violent storms**. Spawned from powerful thunderstorms, tornadoes can cause fatalities and devastate a neighborhood in seconds. A tornado appears as a rotating, funnel-shaped cloud that extends from a thunderstorm to the ground with **whirling winds** that **can reach 300 miles per hour**. Damage paths can be in excess of one mile wide and 50 miles long. **Every state is at some risk from this hazard.**



Some tornadoes are clearly visible, while rain or nearby low-hanging clouds obscure others. Occasionally, tornadoes develop so rapidly that little, if any, advance warning is possible.

Before a tornado hits, the wind may die down and the air may become very still. A cloud of debris can mark the location of a tornado even if a funnel is not visible. Tornadoes generally occur near the trailing edge of a thunderstorm. It is not uncommon to see clear, sunlit skies behind a tornado.

Facts about tornadoes:

They may **strike quickly**, with little or no warning.

They may appear nearly transparent until dust and debris are picked up or a forms in the funnel.

The average tornado moves **Southwest to Northeast**, but tornadoes have been known to move in any direction.

The average forward speed of a tornado is **30 MPH**, but may vary from stationary to 70 MPH.

Tornadoes can **accompany tropical storms and hurricanes** as they move onto land.

Waterspouts are tornadoes that form **over water**.

Tornadoes are most frequently reported east of the Rocky Mountains during **spring and summer months**.

Peak tornado season in the southern states is **March through May**.

Tornadoes are most likely to occur **between 3 p.m. and 9 p.m.**, but can occur at any time.

Do Before a Tornado

Be alert to changing weather conditions.

Listen to NOAA Weather Radio or to commercial radio or television

newscasts for the latest information.

Look for approaching storms.

Look for danger signs: **Dark, often greenish sky; Large hail; A large, dark, low-lying cloud** (particularly if rotating); **Loud roar, similar to a freight train.**

If you see approaching storms or any of the danger signs, be prepared to take shelter immediately.

During a Tornado

If you are under a tornado WARNING, seek shelter immediately!

If you are in:	Then:
A structure (e.g. residence , small building, school, nursing home, hospital, factory, shopping center, high-rise building)	Go to a shelter area such as a safe room , basement, storm cellar, or the lowest building level. If there is no basement, go to the center of an interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls. Put as many walls as possible between you and the outside. Get under a sturdy table and use your arms to protect your head and neck. Do not open windows.
A vehicle, trailer, or mobile home	Get out immediately and go to the lowest floor of a sturdy, nearby building or a storm shelter. Mobile homes, even if tied down, offer little protection from tornadoes.
The outside with no shelter	Lie flat in a nearby ditch or depression and cover your head with your hands. Be aware of the potential for flooding. Do not get under an overpass or bridge. You are safer in a low, flat location. Never try to outrun a tornado in urban or congested areas in a car or truck. Instead, leave the vehicle immediately for safe shelter. Watch out for flying debris. Flying debris from tornadoes causes most fatalities and injuries.

	<h2 style="color: red;">WINTER STORMS AND EXTREME COLD</h2> <p>Snowfall and extreme cold can immobilize an entire region. Even areas that normally experience mild winters can be hit with a snowstorm or extreme cold. Winter storms can result in flooding, storm surge, closed highways, blocked roads, downed power lines and hypothermia.</p>
---	--

Before winter storms:

Prepare your home and family for cold weather	Done!
<p>Prepare for possible isolation in your home by having sufficient heating fuel; regular fuel sources may be cut off. For example, store a good supply of dry, seasoned wood for your fireplace or wood-burning stove.</p>	
<p>Winterize your home to extend the life of your fuel supply by insulating walls and attics, caulking and weather-stripping doors and windows, and installing storm windows or covering windows with plastic.</p>	
<p>Winterize your house, barn, shed or any other structure that may provide shelter for your family, neighbors, livestock or equipment. Clear rain gutters; repair roof leaks and cut away tree branches that could fall on a house or other structure during a storm.</p>	
<p>Insulate pipes with insulation or newspapers and plastic and allow faucets to drip a little during cold weather to avoid freezing.</p>	
<p>Keep fire extinguishers on hand, and make sure everyone in your house knows how to use them. House fires pose an additional risk, as more people turn to alternate heating sources without taking the necessary safety precautions.</p>	
<p>Learn how to shut off water valves (in case a pipe bursts).</p>	
<p>Know ahead of time what you should do to help elderly or disabled friends, neighbors or employees.</p>	
<p>Hire a contractor to check the structural ability of the roof to sustain unusually heavy weight from the accumulation of snow - or water, if drains on flat roofs do not work.</p>	

During a Winter Storm

Listen to your radio, television, or NOAA Weather Radio for weather reports and emergency information.

Eat regularly and drink ample fluids, but avoid caffeine and alcohol.

Conserve fuel, if necessary, by keeping your residence cooler than normal. Temporarily close off heat to some rooms.

Maintain ventilation when using kerosene heaters to avoid build-up of toxic fumes. Refuel kerosene heaters outside and keep them at least three feet from flammable objects.

If You are Outdoors

Wear several layers of loose fitting, light weight, and warm clothing rather than one layer of heavy clothing. The outer garments should be water repellent.

Wear mittens, which are warmer than gloves. **Wear a hat.**

Avoid overexertion when shoveling snow. Stretch before you shovel.

Cover your mouth. Protect your lungs from extremely cold air by covering your mouth when outdoors. Try not to speak unless absolutely necessary.

Keep dry. Change wet clothing frequently to prevent a loss of body heat.

Watch for signs of frostbite: loss of feeling and white or pale appearance in extremities such as fingers, toes, ear lobes, and the tip of the nose. If symptoms are detected, get medical help immediately.

Watch for signs of hypothermia. These include uncontrollable shivering, memory loss, disorientation, incoherence, slurred speech, drowsiness, and apparent exhaustion.

If symptoms of hypothermia are detected, get medical help as soon as possible, meanwhile:

- o get the victim to a warm location
- o remove wet clothing
- o put the person in dry clothing and wrap their entire body in a blanket; warm the center of the body first
- o give warm, non-alcoholic or non-caffeinated beverages if the victim is conscious

Prepare your car for cold weather	Done!
Check or have a mechanic check the following items on your car:	
Antifreeze levels - ensure they are sufficient to avoid freezing.	
Battery and ignition system - should be in top condition and battery terminals should be clean.	
Brakes - check for wear and fluid levels.	
Exhaust system - check for leaks and crimped pipes and repair or replace as necessary. <i>Carbon monoxide is deadly and usually gives no warning.</i>	
Fuel and air filters - replace and keep water out of the system by using additives and maintaining a full tank of gas.	
Heater and defroster - ensure they work properly.	
Lights and flashing hazard lights - check for serviceability.	
Oil - check for level and weight. Heavier oils congeal more at low temperatures and do not lubricate as well.	
Thermostat - ensure it works properly.	
Windshield wiper equipment - repair any problems and maintain proper washer fluid level.	
Install good winter tires. Make sure the tires have adequate tread. All-weather radials are usually adequate for most winter conditions.	
Maintain at least a half tank of gas during the winter season.	
Place a winter emergency kit in each car.	

During a winter storm drive only if it is absolutely necessary. If you must drive, consider the following:

- o Travel in the day, don't travel alone, and keep others informed of your schedule.
- o Stay on main roads; avoid back road shortcuts.

Winter Car Kit Checklist	Done!		Done!
A shovel		First aid kit with pocket knife	
Windshield scraper and small broom		Necessary medications	
Flashlight		Blankets	
Battery powered radio		Tow chain or rope	
Extra batteries		Road salt and sand	
Water		Booster cables	
Snack food		Emergency flares	
Matches		Fluorescent distress flag	
Extra hats, socks and mittens			

If a winter storm traps you in the car...	
Pull off the highway. Turn on hazard lights and hang a distress flag from the radio antenna or window.	Take turns sleeping. One person should be awake at all times to look for rescue crews.
Remain in your vehicle where rescuers are most likely to find you.	Drink fluids to avoid dehydration.
Run the engine and heater about 10 minutes each hour to keep warm. When the engine is running, open a downwind window slightly for ventilation and periodically clear snow from the exhaust pipe. <i>This will protect you from possible carbon monoxide poisoning.</i>	Be careful not to waste battery power. Balance electrical energy needs - the use of lights, heat, and radio - with supply. Turn on the inside light at night so work crews or rescuers can see you.
Exercise to maintain body heat, but avoid overexertion. Use road maps, seat covers, and floor mats for insulation. Huddle with passengers and use your coat for a blanket.	If stranded in a remote area, stomp large block letters in an open area spelling out HELP or SOS and line with rocks or tree limbs to attract the attention of rescue personnel who may be surveying the area by airplane.

EXTREME HEAT

Heat kills by pushing the human body beyond its limits. In extreme heat and high humidity, evaporation is slowed and the body must work extra hard to maintain a normal temperature.

Most heat disorders occur because the victim has been overexposed to heat or has overexerted for his or her age and physical condition. Older adults, young children, and those who are sick or overweight are more likely to succumb to extreme heat.

Prepare for the Heat

- **Stay indoors** as much as possible and limit exposure to the sun.
- Stay **on the lowest floor** out of the sunshine if air conditioning is not available.
- Consider **spending the warmest part of the day in public buildings** such as libraries, schools, movie theaters, shopping malls, and other community facilities. Circulating air can cool the body by increasing the perspiration rate of evaporation.
- Eat well-balanced, **light, and regular meals**. Avoid using salt tablets unless directed to do so by a physician.
- **Drink plenty of water**. Persons who have epilepsy or heart, kidney, or liver disease; are on fluid-restricted diets; or have a problem with fluid retention should consult a doctor before increasing liquid intake.
- **Limit intake of alcoholic beverages**.
- Dress in **loose-fitting, lightweight, and light-colored clothes** that cover as much skin as possible.
- Protect face and head by wearing a wide-brimmed **hat**.
- **Check on family, friends**, and neighbors who do not have air conditioning and who spend much of their time alone.
- **Never leave children or pets alone in closed vehicles**.
- **Avoid strenuous work** during the warmest part of the day. Use a buddy system when working in extreme heat, and take frequent breaks.

Do you know the difference between heat exhaustion and heat stroke?

Heat Exhaustion:

Heavy sweating but skin may be cool, pale, or flushed.

Weak pulse.

Normal body temperature is possible, but temperature will likely rise.

Fainting or dizziness, nausea, vomiting, exhaustion, and headaches are possible.

What to do?

1. Get victim to lie down in a cool place.
2. Loosen or remove clothing. Apply cool, wet cloths.
3. Fan or move victim to air-conditioned place.
4. Give sips of water if victim is conscious. Be sure water is consumed slowly. Give half glass of cool water every 15 minutes. Discontinue water if victim is nauseated.
5. Seek immediate medical attention if vomiting occurs.

Heat Stroke (a severe medical emergency):

High body temperature (105+); hot, red, dry skin; rapid, weak pulse; and rapid shallow breathing.

Victim will probably not sweat unless victim was sweating from recent strenuous activity. Possible unconsciousness.

What to do?

1. Call 9-1-1 or emergency medical services, or get the victim to a hospital immediately. Delay can be fatal.
2. Move victim to a cooler environment. Use fans and air conditioners.
3. Try a cool bath, sponging, or wet sheet to reduce body temperature.
4. Remove clothing.
5. Watch for breathing problems.
6. Use extreme caution.



FLOODS

Floods are one of the most common hazards in the United States. Flood effects can be local, impacting a neighborhood or community, or very large, affecting entire river basins and multiple states.

However, all floods are not alike. Some floods develop slowly, sometimes over a period of days. But flash floods can develop quickly, sometimes in just a few minutes and without any visible signs of rain. Flash floods often have a dangerous wall of roaring water that carries rocks, mud, and other debris and can sweep away most things in its path. Overland flooding occurs outside a defined river or stream, such as when a levee is breached, but still can be destructive. Flooding can also occur when a dam breaks, producing effects similar to flash floods.

Be aware of flood hazards no matter where you live, but especially if you live in a low-lying area, near water or downstream from a dam. Even very small streams, gullies, creeks, culverts, dry streambeds, or low-lying ground that appears harmless in dry weather can flood. **Every state is at risk from this hazard.**

During a Flood

1. Listen to the radio or television for information.
2. Be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.
3. Be aware of streams, drainage channels, canyons, and other areas known to flood suddenly. Flash floods can occur in these areas with or without such typical warnings as rain clouds or heavy rain.

Before a Flood, you should:

Avoid building in a floodplain unless you elevate and reinforce your home.

Elevate the furnace, water heater, and electric panel if susceptible to flooding.

Construct barriers (levees, beams, floodwalls) to stop floodwater from entering the building. **Seal walls** in basements with waterproofing compounds to avoid seepage. Install "**check valves**" in sewer traps to prevent flood water from backing up into the drains of your home.

If you must prepare to evacuate, you should do the following:

Secure your home. If you have time, bring in outdoor furniture. Move essential items to an upper floor.

Turn off utilities at the main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water.

Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. *Use a stick to check the firmness of the ground in front of you.*

Do not drive into flooded areas. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely.

Six inches of water will reach the bottom of most passenger cars causing loss of control and possible stalling. **A foot of water will float many vehicles.**

Two feet of rushing water can carry away most vehicles including sport utility vehicles!

After a Flood

- Return home only when authorities indicate it is safe.
- Stay out of any building if it is surrounded by floodwaters.
- Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations.
- Listen for news reports to learn whether the community's water supply is safe to drink.
- Clean and disinfect everything that got wet. Mud left from floodwater can contain sewage and chemicals. Stay away from downed power lines, and report them to the power company.
- Avoid moving water. Avoid floodwaters; water may be contaminated by oil, gasoline, or raw sewage. Water may be electrically charged from underground or downed power lines.
- Be aware of areas where floodwaters have receded. Roads may be weak and collapse.
- Service damaged septic tanks, cesspools, pits, and leaching systems as soon as possible. Damaged sewage systems are serious health hazards.
- Clean and service vehicles (SUV's) and pick-ups that got wet.

WATER EMERGENCIES

An **emergency water shortage** can be caused by prolonged **drought, poor water supply management, or contamination** of a surface water supply source or aquifer.

Drought can affect vast territorial regions and large population numbers. Drought also creates environmental conditions that increase the risk of other hazards such as fires, flash floods, and possible landslides and debris flow.

Conserving water means more water available for critical needs for everyone. Look at the following suggestions for conserving water both indoors and outdoors. Make these practices a part of your daily life and help preserve this essential resource.

Indoor Water Conservation Tips

- Never pour water down the drain. Use it to water your indoor plants or garden.
- Repair dripping faucets by replacing washers. **One drop per second wastes 2,700 gallons of water per year!**
- Check all plumbing for leaks. **Have leaks repaired.**
- **Install aerators** with flow restrictors in faucets.
- Install an **instant hot water** heater on your sink.
- **Insulate your water pipes** to reduce heat loss and prevent bursting.
- **Turn the softener off while on vacation.**
- Choose **appliances that are more energy and water efficient.**



Consider purchasing a **low-volume toilet**.

Install a **toilet displacement device** to cut down on the amount of water needed to flush. Place a one-gallon plastic jug of water into the tank to displace toilet flow (do not use a brick, it may dissolve and loose pieces may cause damage to the internal parts). Be sure installation does not interfere with the operating parts.

- Replace your **showerhead** with an ultra-low-flow version.
- Place a bucket in the shower to catch excess water for watering plants.
- **Avoid flushing the toilet unnecessarily.** Dispose of tissues, insects, and other similar waste in the trash rather than the toilet.
- Avoid taking baths - **take short showers** - turn on water only to get wet and lather and then again to rinse off.
- **Avoid letting the water run** while brushing your teeth, washing your face, or shaving.

- Operate automatic **dishwashers only when they are fully loaded**.
- Hand wash dishes by filling two containers - one with soapy water and the other with rinse water containing a small amount of chlorine bleach.
- Clean vegetables in a pan filled with water rather than under running water.
- Start a **compost pile** as an alternate method of disposing of food waste or simply **dispose of food in the garbage**. (Kitchen sink disposals require a lot of water to operate properly).
- **Store drinking water in the refrigerator** to keep it cool.
- Avoid wasting water waiting for it to get hot or cold. Capture it for other uses.
- **Avoid rinsing dishes before placing them in the dishwasher**; just remove large particles of food. (Most dishwashers can clean soiled dishes very well, so dishes do not have to be rinsed before washing)
- Avoid using running water to thaw meat or other frozen foods.
- Operate automatic clothes **washers only when they are fully loaded** or set the water level for the size of your load.

Outdoor Water Conservation Tips

- Check your **well pump** periodically. If the automatic pump turns on and off while water is not being used, you have a leak.
- Plant native and/or drought-tolerant grasses, ground covers, shrubs, and trees. Once established, they do not need water as frequently and usually will survive a dry period without watering. Small plants require less water to become established. Group **plants** together based on similar water needs.
- Install irrigation devices that are the most water efficient for each use.
- Use mulch to retain moisture in the soil.
- Avoid purchasing water toys that require a constant stream of water.
- Avoid installing ornamental water features (such as fountains) unless they use recycled water.
- Avoid over **watering your lawn**. Water in several short sessions rather than one long one, in order for your lawn to better absorb moisture **A heavy rain eliminates the need for watering for up to two weeks**. Most of the year, lawns only need one inch of water per week.
- Position sprinklers so water lands on the lawn and shrubs and not on paved areas. Avoid sprinklers that spray a fine mist. Mist can evaporate before it reaches the lawn. Check sprinkler systems and timing devices regularly to be sure they operate properly. Avoid leaving sprinklers or hoses unattended. A garden hose can pour out 600 gallons or more in only a few hours.



- Raise the lawn mower blade to at least three inches or to its highest level. A higher cut encourages grass roots to grow deeper, shades the root system, and holds soil moisture.
- Plant drought-resistant lawn seed.
- Avoid over-fertilizing your lawn. Applying fertilizer increases the need for water. Apply fertilizers that contain slow-release, water-insoluble forms of nitrogen.
- Use a broom or blower instead of a hose to clean leaves and other debris from your driveway or sidewalk.



Use a commercial **car wash** that recycles water. If you wash your own car, park on the grass so that you will be watering it at the same time. Use a shut-off nozzle that can be adjusted down to a fine spray on your hose.

Pool

Install a new water-saving pool filter. A single back flushing with a traditional filter uses 180 to 250 gallons of water.

Cover pools and spas to reduce evaporation of water.

Man-Made Disasters

Explosions/Bomb Threat
Biological Threats
Chemical Threats
Nuclear Blast



Remember When?

TERRORISM

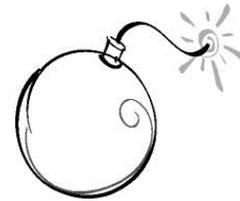
Throughout human history, there have been many **threats to the security of nations**. These threats have brought about large-scale losses of life, the destruction of property, widespread illness and injury, the displacement of large numbers of people, and devastating economic loss. Recent technological advances and ongoing international political unrest are components of the increased risk to national security.

EXPLOSIONS

Terrorists have **frequently used explosive devices as one of their most common weapons**. Terrorists do not have to look far to find out how to make explosive devices; the information is readily available in books and other information sources. The materials needed for an explosive device can be found in many places including variety, hardware, and auto supply stores. Explosive devices are highly portable using vehicles and humans as a means of transport. They are easily detonated from remote locations or by suicide bombers.

BOMB THREAT

Conventional bombs have been used to damage and destroy financial, political, social, and religious institutions. Attacks have occurred in public places and on city streets with thousands of people around the world injured and killed.



If you receive a telephoned bomb threat, you should do the following:

Get as much information from the caller as possible. Try to ask the following questions:

- When** is the bomb going to explode?
- Where** is it right now?
- What** does it look like?
- What** kind of bomb is it?
- What** will cause it to explode?
- Did** you place the bomb?
- Why?**
- What** is your address?
- What** is your name?

Keep the caller on the line and record everything that is said.

Notify the police and building management.

During an Explosion :

Get under a sturdy table or desk if things are falling around you. When they stop falling, **leave quickly**, watching for obviously weakened floors and stairways. As you exit from the building, **be especially watchful of falling debris.**

Leave the building as quickly as possible. **Do not stop to retrieve personal possessions or make phone calls.**

Do not use elevators.

Once you are out:

Do not stand in front of windows, glass doors, or other potentially **hazardous areas.**

Clear the way for emergency officials or others still exiting the building.

If you are trapped in debris:

If possible, use a **flashlight to signal** your location to rescuers.

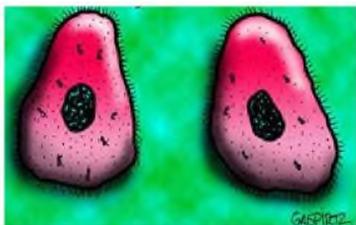
Avoid unnecessary movement so you don't kick up dust.

Cover your nose and mouth with anything you have on hand. (Dense-weave cotton material can act as a good filter. Try to breathe through the material.)

Tap on a pipe or wall so rescuers can hear where you are.

If possible, **use a whistle** to signal rescuers.

Shout only as a last resort. Shouting can cause a person to inhale dangerous amounts of dust.



BIOLOGICAL THREATS

Biological agents **are organisms or toxins** that can kill or incapacitate people, livestock, and crops. The three basic groups of biological agents that would likely be used as weapons are **bacteria, viruses, and toxins**. Most biological agents are difficult to grow and maintain. Many break down quickly when exposed to sunlight and other environmental factors, while others, such as anthrax spores, are very long lived. Biological agents can be dispersed by spraying them into the air, by infecting animals that carry the disease to humans and by contaminating food and water. Delivery methods include:

Aerosols - biological agents are dispersed into the air, forming a fine mist that may drift for miles. Inhaling the agent may cause disease in people or animals.

Animals - some diseases are spread by insects and animals, such as fleas, mice, flies, mosquitoes, and livestock.

Food and water contamination - some pathogenic organisms and toxins may persist in food and water supplies. Most microbes can be killed, and toxins deactivated, by cooking food and boiling water. Most microbes are killed by boiling water for one minute, but some require longer. Follow official instructions.

Person-to-person - spread of a few infectious agents is also possible. Humans have been the source of infection for smallpox, plague, and the Lassa viruses.

Before a Biological Attack you should:

Check with your doctor to ensure all required or suggested **immunizations are up to date**. Children and older adults are particularly vulnerable to biological agents.

Consider installing a High Efficiency Particulate Air (**HEPA**) **filter in your furnace** return duct. These filters remove particles in the 0.3 to 10 micron range and will filter out most biological agents that may enter your house. If you do not have a central heating or cooling system, a stand-alone portable HEPA filter can be used. HEPA filters are useful in biological attacks. HEPA filters will not filter chemical agents.

During a Biological Attack

In the event of a biological attack, **public health officials may not immediately be able to provide information** on what you should do. It will take time to determine what the illness is, how it should be treated, and who is in danger.

Watch television, listen to radio, or check the Internet for official news and information including signs and symptoms of the disease, areas in danger, if medications or vaccinations are being distributed, and where you should seek medical attention if you become ill.

The first evidence of an attack may be when you notice symptoms of the disease caused by exposure to an agent. **Be suspicious of any symptoms** you notice, but do not assume that any illness is a result of the attack. Use common sense and practice good hygiene.

If you become aware of an unusual and suspicious substance nearby:

Move away quickly.

Wash with soap and water.

Contact authorities.

Listen to the media for official instructions.

Seek medical attention if you become sick.

If you are exposed to a biological agent:

Remove and bag your clothes and personal items. Follow official instructions for disposal of contaminated items.

Wash yourself with soap and water and put on clean clothes.

Seek medical assistance. You may be advised to stay away from others or even quarantined.

After a Biological Attack

In some situations, people may be alerted to potential exposure. If this is the case, **pay close attention to all official warnings and instructions on how to proceed.** The delivery of medical services for a biological event may be handled differently to respond to increased demand. The basic public health procedures and medical protocols for handling exposure to biological agents are the same as for any infectious disease. It is important for you to pay attention to official instructions **via radio, television, and emergency alert systems.**



CHEMICAL THREATS

Chemical agents are poisonous vapors, aerosols, liquids, and solids that have toxic effects on people, animals, or plants. They can be released by bombs or sprayed from aircraft, boats, and vehicles. They can be used as a liquid to create a hazard to people and the environment. Some chemical agents **may be odorless and tasteless**. They can have an immediate effect (a few seconds to a few minutes) or a delayed effect (2 to 48 hours). While potentially lethal, chemical agents are difficult to deliver in lethal concentrations. Outdoors, the agents often dissipate rapidly. Chemical agents also are difficult to produce.

A chemical attack could come without warning. **Signs of a chemical release include people having difficulty breathing; experiencing eye irritation; losing coordination; becoming nauseated; or having a burning sensation in the nose, throat, and lungs.** Also, the **presence of many dead insects or birds** may indicate a chemical agent release.

Before a Chemical Attack

Check your **disaster supplies kit** to make sure it includes:

- o A **roll of duct tape** and **scissors**.
- o **Plastic** for doors, windows, and vents for the room in which you will shelter in place. To save critical time during an emergency, pre-measure and cut the plastic sheeting for each opening.

Choose an **internal room** to shelter, preferably one without windows and on the highest level.

During a Chemical Attack

If you are instructed to remain in your home or office building, you should:

Close doors and windows and **turn off all ventilation**, including furnaces, air conditioners, vents, and fans.

Seek shelter in an **internal room** and take your disaster supplies kit.

Seal the room with duct tape and plastic sheeting.

Listen to your **radio** for instructions from authorities.

If you are caught in or near a contaminated area, you should:

Move away immediately in a direction upwind of the source.

Find shelter as quickly as possible.

After a Chemical Attack

Decontamination is needed within minutes of exposure to minimize health consequences. Do not leave the safety of a shelter to go outdoors to help others until authorities announce it is safe to do so.

A person affected by a chemical agent requires immediate medical attention from a professional. If medical help is not immediately available, decontaminate yourself and assist in decontaminating others.

Decontamination guidelines are as follows:

Use extreme caution when helping others who have been exposed to chemical agents.

Remove all clothing and other items in contact with the body. Contaminated clothing normally removed over the head should be cut off to avoid contact with the eyes, nose, and mouth. Put contaminated clothing and items into a plastic bag and seal it. Decontaminate hands using soap and water. Remove eyeglasses or contact lenses. Put glasses in a pan of household bleach to decontaminate them and then rinse and dry.

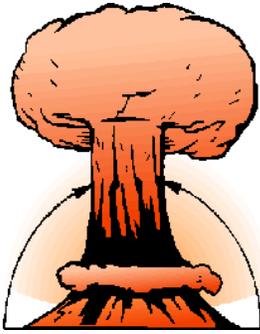
Flush eyes with water.

Gently **wash face and hair with soap** and water before thoroughly rinsing with water.

Decontaminate other body areas likely to have been contaminated. Blot (do not swab or scrape) with a cloth soaked in soapy water and rinse with clean water.

Change into uncontaminated clothes. Clothing stored in drawers or closets is likely to be uncontaminated.

Proceed to a medical facility for screening and professional treatment.



NUCLEAR BLAST

A nuclear blast is an explosion with intense light and heat, a damaging pressure wave, and widespread radioactive material that can contaminate the air, water, and ground surfaces for miles around. A nuclear device can range from a weapon carried by an intercontinental missile launched by a hostile nation or terrorist organization, to a small portable nuclear device transported by an individual. **All nuclear devices cause deadly**

effects when exploded, including blinding light, intense heat (thermal radiation), initial nuclear radiation, blast, fires started by the heat pulse, and secondary fires caused by the destruction.

Hazards of Nuclear Devices

The extent, nature, and arrival time of these hazards are difficult to predict. How far effects will travel and the hazard of the effects will be defined by the following:

Size of the device. A more powerful bomb will produce more distant effects.

Height above the ground the device was detonated. This will determine the extent of blast effects.

Nature of the surface beneath the explosion. Some materials are more likely to become radioactive and airborne than others. Flat areas are more susceptible to blast effects.

Existing meteorological conditions. Wind speed and direction will affect arrival time of fallout; precipitation may wash fallout from the atmosphere.

Radioactive Fallout

Even if individuals are not close enough to the nuclear blast to be affected by the direct impacts, they may be affected by radioactive fallout. Any nuclear blast results in some fallout. Blasts that occur near the earth's surface create much greater amounts of fallout than blasts that occur at higher altitudes. This is because the tremendous heat produced from a nuclear blast causes an up-draft of air that forms the familiar **mushroom cloud**. When a blast occurs near the earth's surface, millions of vaporized dirt particles also are drawn into the cloud. As the heat diminishes, radioactive materials that have vaporized condense on

the **particles and fall back to Earth. This is called radioactive fallout.** This fallout material decays over a long period of time, and is the main source of residual nuclear radiation. **Fallout from a nuclear explosion may be carried by wind currents for hundreds of miles if the right conditions exist.**

Nuclear **radiation cannot be seen, smelled, or otherwise detected by normal senses.** Radiation can only be detected by radiation monitoring devices. This makes radiological emergencies different from other types of emergencies, such as floods or hurricanes. Monitoring can project the fallout arrival times, which will be announced through official warning channels. However, **any increase in surface build-up of gritty dust and dirt should be a warning for taking protective measures.**

In addition to other effects, a nuclear weapon detonated in or above the earth's atmosphere can create **an electromagnetic pulse (EMP),** a high-density electrical field. An EMP acts like a stroke of lightning but is stronger, faster, and shorter. **An EMP can seriously damage electronic devices** connected to power sources or antennas. This includes communication systems, computers, electrical appliances, and automobile or aircraft ignition systems. The damage could range from a minor interruption to actual burnout of components. **Most electronic equipment within 1,000 miles of a high-altitude nuclear detonation could be affected.** Battery-powered radios with short antennas generally would not be affected. Although an EMP is unlikely to harm most people, **it could harm those with pacemakers or other implanted electronic devices.**

Protection from a Nuclear Blast

The danger of a massive strategic nuclear attack on the United States is predicted by experts to be less likely today. However, terrorism, by nature, is unpredictable. If there was the threat of an attack, people living near potential targets could be advised to evacuate. Protection from radioactive fallout would require taking shelter in an underground area or in the middle of a large building.

In general, potential targets include:

- Strategic missile sites and military bases.
- Centers of government such as Washington, DC, and state capitals.
- Important transportation and communication centers.
- Manufacturing, industrial, technology, and financial centers.
- Petroleum refineries, electrical power plants, and chemical plants.
- Major ports and airfields.

Before a Nuclear Blast



Find out from officials if any public buildings in your community have been designated as fallout shelters. If you live in an apartment building or high-rise, talk to the manager about the safest place in the building for sheltering and about providing for building occupants until it is safe to go out.

During periods of increased threat increase your disaster supplies to be adequate for up to two weeks.

The three factors for protecting oneself from radiation and fallout are distance, shielding, and time.

Distance— the more distance between you and the fallout particles, the better.

An underground area such as a home or office building basement offers more protection than the first floor of a building. A floor near the middle of a high-rise may be better, depending on what is nearby at that level on which significant fallout particles would collect. Flat roofs collect fallout particles so the top floor is not a good choice, nor is a floor adjacent to a neighboring flat roof.

Shielding - the heavier and denser the materials - **thick walls, concrete, bricks, books and earth** - between you and the fallout particles, the better.



Time - fallout radiation loses its intensity fairly rapidly. In time, you will be able to leave the fallout shelter. Radioactive fallout poses **the greatest threat to people during the first two weeks**, by which time it has declined to about 1 percent of its initial radiation level.

Remember that any protection, however temporary, is better than none at all, and the more shielding, distance, and time you can take advantage of, the better.

During a Nuclear Blast

If an attack warning is issued:

Take cover as quickly as you can, below ground if possible, and stay there until instructed to do otherwise.

Listen for official information and follow instructions.

If you are caught outside and unable to get inside immediately:

Do not look at the flash or fireball - it can blind you.

Take cover behind anything that might offer protection.

Lie flat on the ground and cover your head. If the explosion is some distance away, it could take 30 seconds or more for the blast wave to hit.

Take shelter as soon as you can, even if you are many miles from ground zero where the attack occurred - radioactive fallout can be carried by the winds for hundreds of miles. **Remember** the three protective factors: Distance, shielding, and time.

After a Nuclear Blast

Remember the following when returning home:

Keep listening to the **radio and television** for news about what to do, where to go, and places to avoid.

Stay away from damaged areas. **Stay away from areas marked “radiation hazard” or “HAZMAT.”** Remember that radiation cannot be seen, smelled, or otherwise detected by human senses.

Community Assessment and Resources

The Disaster Preparedness Community Assessment tool may be used by the community to get a quick look at what the strengths and weaknesses are of any community. The Community Resources is a list to get you thinking about what is in your area. Now is the time to begin building relationships with them. Knowing who your neighbors are can be helpful during a disaster. The Resource Contact Information Sheet is an easy way to have the contact information at your fingertips when you really need it.



DISASTER PREPAREDNESS COMMUNITY ASSESSMENT

It is a distressing thought to think about disaster striking anywhere. The best defense we have is to have made some preparations for such a time and hope we never have to use it.

We have put together a simple set of questions for you and your neighbors to discuss to help you begin to plan for disaster.

1. Has your community ever been struck by any sort of disaster? If so what?
2. What are the potential risk factors within your community:

Flood plains		Hurricanes	
		Tornadoes	
Fires		Snow Storms	
Fault-lines		Winter Ice Storms	
Chemical plants		Severe hot weather	

3. Assess your neighborhood for those who live alone, those who may have special medical needs, etc.
4. Assess resources in your community/county:
 - Red Cross shelters
 - EOC (Emergency Operations Center)
 - RACES (ham radio operators)
 - Medical services
 - Transportation availability
5. Other agencies that may be helpful during disaster:
 - Churches
 - Civic groups
 - Salvation Army
 - Food Banks
 - Humane Society
 - Designated shelters
6. Find out who is in charge in your community/county during disaster.
7. What radio/TV station will broadcast pertinent information for you?

COMMUNITY RESOURCES

There is no time like the present to prepare for disaster. One important step in the process is knowing who and what your community resources are.

Not only is it important to know who they are, but also to build relationships with them so that in disaster you have some knowledge of how you may help each other. In order to do this, we have listed some entities, organizations, etc. that may be in your community. If they are, network with them to be better prepared for disaster.

- Schools
- Churches
- Hospitals
- Clinics
- County facilities
- Assisted living/ nursing homes
- Businesses
- Transportation services
- Grocery Stores
- Pharmacies
- DME
- Red Cross
- Salvation Army
- Colleges
- Daycare
- Resort areas
- Motels/Bed & Breakfast
- EMS/Rescue Station
- Fire Station
- Municipal facilities
- Public works facilities

You may use the following form to list your community resources' contact information.

COMMUNITY CONTACT DATA

Organization: _____ Contact Person:

Address: _____ Telephone:

Policy and Procedure

These are sample policies that you may find helpful in developing your own policies and procedures. After the sample policies are some specific procedures for different disasters.

HOME HEALTH POLICY AND PROCEDURE SAMPLE 1

Emergency Preparedness Policy

Emergencies/disasters may be defined as any unannounced event that results in large amounts of property damage, fatalities and/or injury that may be due to any of the following happenings:

- Fire
- Flood
- Chemical spills/fire
- Inclement Weather
- Mud Slide
- Tornadoes
- Hurricane
- Earthquake Bio-
terrorism

Purpose: To have in place a plan for staff and patients that may be quickly implemented in the event of an emergency or disaster.

Quickly identify patients affected.

Provide assistance to EMS personnel

Coordinate staff members to make necessary patient visits

Coordinate staff members to assist patients with temporary placement to safety.

Pre-planning:

All staff names, telephone numbers and addresses shall remain updated.

Telephone tree for quick communication of emergency information.

All pager and cell phone numbers shall remain updated.

Patient classification shall be current related to severity of condition.

Power company notification of patients who have need for priority power.

Transportation resources identified for inclement weather.

Knowledge of Emergency/Disaster Procedures for City/Parish.

List of active patient census with telephone numbers.

Emergency kits for office supplies, patient care supplies and staff supplies

Updated list of patients with case managers.

Extra cell phones/batteries

Radio access

If potential bad weather expected, prepare patients, ie; extra supplies, call family members

Plan:

Once Emergency/Disaster is declared the following plan will be implemented:

Calling tree/ calling chain will be implemented by Administrator/CEO or designee.

Only necessary patient visits will be made. (Supervisors will prioritize) based on classification.

All patients will be called to assess safety and immediate needs.

Staff will see patients in close proximity to their residence, regardless of who the case manager is.

The clinical staff does not have to report to office, phone contact with supervisor is sufficient.

Post Disaster:

After each disaster there will be an evaluation done to identify strengths and weaknesses.

The weaknesses will be utilized as opportunities for improvement.

(See sample Evaluation Form)

HOME CARE POLICY AND PROCEDURE SAMPLE 2

Emergency Preparedness

Policy: To ensure that patient needs are met to the greatest possible extent, in the event of a disaster.

Purpose: To provide the home care staff with guidelines so that disruption of patient care is kept to a minimum and that coordination of care may be continued for patients served in our area.

Procedure:

The agency provides ongoing education for staff related to disasters and disaster preparedness. Each staff member receives initial training during orientation and at least annually thereafter.

The agency participates with other appropriate agencies in mock disaster drills as a part of the community preparedness if offered.

During natural or manmade disasters, administrative staff review safety conditions based on reliable information from local law enforcement, talking with staff in different areas of service area, and listening to news/weather stations.

Staff are also made aware of radio station/TV stations to watch for information regarding status of closings for agency.

Staff will also be called, utilizing a pre-organized telephone chain/telephone tree or may use e-mail to communicate intent of the agency related to closing/late openings.

The administrative staff will then coordinate care of patients based on the need classification of patients.

All patients will be called. Visits will be limited to only necessary visits.

Arrangements will be made for clients whose condition warrants immediate care—i.e., ventilator, oxygen, no caregiver, etc. to be transported to a higher level of care.

I. On-call nursing will be provided by the nurse who lives closest to the patient in need of care during the disaster.

Post-Disaster Critique:

After each disaster the staff will critique their activity to find ways to improve their disaster preparedness plan.

INFORMATION FROM LOUISIANA HOME HEALTH MODEL PLAN 2000

ORGANIZATION AND RESPONSIBILITIES

A. ORGANIZATIONAL CHART

The home health agency shall develop and document an organization and staffing chart and staff roster. The chart will show the names of staff with job titles, the functional responsibilities of staff, and the chain of command and communication which is to be followed during an emergency. The chart will include staff telephone/pager numbers, and will be kept current.

The Agency Emergency Coordinator is responsible for insuring that all provisions of this plan are carried out.

B. RESPONSIBILITIES

1. Agency Emergency Coordinator:
 Shall be a member of the executive staff or the Director of Nursing or their designee.
 Shall keep the plan and the tabs updated, train employees in its provisions and conduct and critique the annual emergency preparedness training exercise.
 Shall maintain contact with Parish Offices of Emergency Preparedness in all the parishes in which the agency furnishes care, and coordinate emergency activities as appropriate.
2. Director of Nursing:
 Shall insure that all employees are briefed and trained in their emergency roles.
 Shall insure that a Disaster Plan Identification Form (Tab C) is initiated for each patient and updated every 60 days and as needed.
 Shall promptly alert all staff and patients when emergencies occur.
3. Nursing Staff:
 Shall prepare patients and caregivers for possible emergencies. Educate patients and caregivers on the steps to be taken in the event that an emergency occurs. Insure that patients are evaluated for evacuation assistance needs and that consent forms are signed.
 Shall assist the Director of Nursing to coordinate the provision of care throughout the emergency.
 Shall develop technical plans and procedures to implement the plan.

C. ADMINISTRATION AND LOGISTICS

The plan shall be maintained and updated by the Agency Emergency Coordinator, who will review it after each annual emergency preparedness training exercise, and after each actual emergency.

The plan and its updates will be signed by the Agency Chief Administrative Officer, and Director of Nursing. Copies will be forwarded to the Parish Office of Emergency Preparedness in the parishes in which the agency provides care.

All changes that affect outside organizations will be coordinated with those organizations.

DEPARTMENT OF HEALTH AND HOSPITALS EMERGENCY PREPAREDNESS Q&A

Thanks to **Marian Tate, RN, BSN, Department of Health and Hospitals, Medical Certification Program Manager Home Health and Hospice**, for providing us with the information below on Louisiana Emergency Preparedness.

1. Are state surveyors looking for a special type of Disaster or Emergency preparedness Plan? Any special key features required?

Yes. The minimum licensing standards require home health agencies to have an emergency preparedness plan which conforms to the current Office of Emergency Preparedness model plan and is designed to manage the consequences of natural disasters or other emergencies that disrupt the HHA's ability to provide care and treatment or threaten the lives or safety of its clients. At a minimum, the written emergency preparedness plan for a home health agency should describe: the evacuation procedures for the patients who require community assistance as well as for those that have caregivers available to assist in relocation; the delivery of essential care and services to their patients whether they are in a shelter or other locations; the provisions for the management of staff, a plan for coordinating transportation services required for evacuating patients to another location; and assurance that the agency will notify the patient's family if he/she is evacuated to another location. The plan must be activated annually and an evaluation of performance during the activation of the plan must be conducted. Annually, the plan shall be forwarded to the local parish OEP's in each parish that the agency provides services. When an emergency is declared, the local OEP's should be notified of specific individuals and their contact information for those patients that will require community assistance.

2. What type of patient/family education are you expecting to see?

Patient education should begin upon admit and should be an ongoing process. Patients should be informed of the home health agency's role and responsibilities as well as the patient or family responsibility. They should be informed of the potential danger from the impending disaster. Patients should be encouraged to evacuate with family in the event of a disaster. Patients should be informed that the home health agency also has a responsibility to their staff and therefore will not be able to put staff in danger to rescue the patient who chooses not to evacuate when the need arises. HHA's should give patients an alternate means of communication in the event that telephone land lines are not available. In the event of a disaster, HHA's should ask for alternate number for the patient and/or family and ask what their plans are. It should be stressed that using a Medical Special Needs Shelter should be the last resort rather than what is planned for the patients. There are limited resources, limited space, and rather primitive conditions in these shelters. Patients would be much better off if they have their own plan and attempt to follow it rather than simply thinking "shelter".

3. In the event of hurricane or other disaster, what is the home health agency's

responsibility related to transportation during an evacuation? Who is financially responsible for this transportation? The Home Health Agency is not allowed to transport patients and certainly not responsible for the cost of transportation. The home health should assist patients in getting the transportation that they need. They should be communicating with patients/families, etc to ensure everyone is aware of where patients are going (so they don't simply get lost and no one know where they are). Home health agencies should have determined prior to a disaster which patients will require transportation assistance and which have caregivers that will accept the responsibility.

4. What about continuing services during a mandatory or other evacuation? Does the HHA have to stay if an evacuation is called? Can the HHA provide services outside the 50-mile radius if they are evacuated and patients/families have also evacuated to the same area? DHH does not expect HHA's to break the law (by remaining when there is a mandatory evacuation) or to put their staff in danger. Patients should be made aware that if they choose to remain in their home, there will be no one from the HHA available to provide services due to the evacuation of the agency. Agencies should return to business as usual as soon as possible after the emergency. Agencies are allowed in these circumstances, to provide service outside their service area but only to those patients that were their patients prior to the emergency. They should not be admitting patients outside of their service area. They should simply continue to provide care to the existing patients of the agency. If their patients are in a shelter, they should be sending staff to that shelter to provide services there. The shelters welcome volunteers. The HHA nurses should be checking in with the management of the shelter to inform them that they are there and let them know which patients they are caring for. HHA's should be encouraged to make every effort to follow their patients and continue services within reason.

5. How long can you keep a patient on service during evacuation? What documentation is necessary? Could telephone assistance and referral if necessary be sufficient or until return to area is announced if it does not exceed 2 weeks? There is no set time frame as to how long a patient can be kept on service during an evacuation. However, if the patient is due for recertification, you must be able to conduct that comprehensive assessment and develop the Plan of Care. If the patient relocates outside your service area and you do not have staff in the area they relocated to, you may need to transfer them to an agency that is within the service area so they can get the necessary care. If you choose not to transfer the patient, you can contract with that local HHA for them to provide the services and bill you and you would continue billing Medicare as usual. However, you must remember, that you are responsible for that patient. All communications regarding a patient should be documented. Any phone calls with the patient or family, as well as communication with any other providers about a patient should be documented. It doesn't matter if you don't have your normal computer system; a handwritten case conference will suffice.

6. What if when you return to your area there is a curfew i.e. no one allowed out of their homes between 6 pm and 6 am? Can you tell returning patients that you can only provide services between those hours to ensure safety of your staff and comply with local authorities? Yes. You can inform patients that if they choose

to return to the area when there is a curfew, your staff will be available for telephone assistance only during times of a city imposed curfew. They would be expected to make home visits only during the time that they are allowed on the streets.

7. How many hours of oxygen must you supply for evacuation and backup in the event of loss of electricity? You must make every effort to coordinate with the DME companies that supply your patients with oxygen. We cannot specify how much oxygen, but suggest that you and the patients plan ahead for emergencies.

8. In the event of a major disaster with disruption of essential services in the service area of the agency, do all services have to be provided to resume care? Example, nurses and aides are available but the social worker is not in the area. All services should be provided, however, there is nothing to prevent a Registered Nurse from providing some of the services that a social worker would typically provide. If your therapists have not returned to the area, you should not accept a referral for a new patient requiring therapy. You may need to transfer patients to other HHA's if you are not able to provide whatever discipline they need.

9. What can the HHA do when a patient/family refuses to evacuate the area, than at the last minute when it is too late for the HHA to assist they decide they need help? Would referral to the local OEP or agency responsible for assistance be sufficient? Yes. The HHA should be informing the patient/family of the need to evacuate and trying to educate and encourage them to evacuate. Then, in the event that they refuse, let them know that the HHA will be evacuating and therefore unavailable to assist them. If it is safe to assist, then please assist them in evacuating. But, if it is unsafe, or your staff have evacuated as they should have, then please notify the local authorities of the situation.

10. What is the HHA's responsibility during a death of a patient in the event of evacuation? If the HHA had been advised to evacuate, then they should have done so. The HHA should have informed the patients/families that they will not be available due to the mandatory evacuation. In the event of a death, (or other emergency), the HHA should notify the local authorities to deal with the death or other emergency.

11. Other issues related to emergency preparedness: Make sure the patient and their family know which HHA is providing services and has information as to how to find them. The patients should be prepared to evacuate with adequate amount of supplies and medications necessary to remain away from home for several weeks. A copy of their plan of care along with contact information would be handy to have available for the patient to take along with them. Agencies should also be in contact with the Department of Health and Hospitals to update the program desk as to the status of the agency. If the agency evacuates, care should continue as much as possible. Upon return, office hours should be resumed. I would encourage HHA's to take advantage of the At Risk Registry that has been established to assist emergency managers in determining the number of patients and assistance that may be required. This will enable the emergency managers to get a better picture of the magnitude of assistance required on a state wide basis. This should be done in addition to the communication required for your local OEP's .

HOME CARE POST DISASTER EVALUATION

Answer Yes or No		
Was the telephone tree utilized effectively?	Yes	No
Were telephone numbers of staff correct?	Yes	No
Were telephone numbers of patients correct?	Yes	No
Were patient classifications current?	Yes	No
Were all patients needing visits seen timely?	Yes	No
Did you have adequate supplies to make visits?	Yes	No
Did you have radio access for current news?	Yes	No
Were patients not visited called?	Yes	No
Were any prioritized patients canceled?	Yes	No
Were patients prepared by staff for event?	Yes	No
Was staff adequately prepared for the event?	Yes	No
Communication systems were effective.	Yes	No

EMERGENCY PROCEDURES RELATED TO SPECIFIC EVENT

These procedures are taken from the information provided about specific events in the Disaster Section of this book. You may find them helpful in developing procedures for your office staff.

Natural Disasters

Hurricane

Evacuate if ordered to do so.

If unable to evacuate, stay indoors, away from windows or glass doors. Close all interior doors.

Keep curtains and blinds closed.

Take refuge in a small interior room, closet, or hallway on the lowest level. Lie on the floor under a table or another sturdy object.

Listen to the radio or TV for current news.

Tornadoes

If tornado warning, seek shelter immediately!

Listen to radio or TV.

Look for approaching storms

Go to a safe room, center of an interior room on the lowest floor. **Put as many walls as possible between you and outside.**

Get under a sturdy object. Use arms to protect head and neck. Do not open windows.

Winter Storms & Extreme Cold

Prepare for possible isolation-shelter in place kit.

Keep fire extinguishers current and everybody knows how to use. Listen to the radio or TV

Conserve fuel

Eat regularly and drink fluids (not caffeine)

Drive only if necessary

Have winter care kit in car

Flood

Prepare to shelter in place or evacuate if ordered.
Listen to radio or TV.
Be aware of flash flooding-move to higher ground.
Move records and equipment off floor or to area not expected to flood.

Man Made Disasters

Biological Attack

If a suspicious package or substance is found or received notify your Director immediately.
Do not tamper with the package or envelope.
Move away from it quickly.
Call 911.
Leave room/close door.
Wash hands.
Keep list of all people in room and give to public health officials. Seek medical attention.
Listen to radio/TV for current information.

Chemical

Shelter in place.
Choose internal room, preferably without windows. Close doors, windows and turn off all ventilation. Seal the room with duct tape and plastic sheeting. Listen to radio/TV for instruction from authorities.
If exposed: Decontaminate immediately.
Remove clothing. Put clothes in plastic bag and seal it.
Flush eyes with water.

Nuclear

Take cover immediately.
Listen for official information via radio/TV and follow instructions. If caught outside: Do not look at flash-will blind you.
Take cover behind anything.
Lie flat on ground and cover head. Take shelter as soon as you can. Stay away from damaged areas.

Bomb Threats

If you receive a telephone bomb threat:

Get as much information as possible.

Keep the caller on the line and record everything that is said. Notify police and building management.

See section on Bomb Threats for specific questions to ask.

Get under a sturdy table or desk if things are falling around you. When they stop falling, leave the building quickly.

Do not use elevators.

If trapped in debris:

Use flashlight to signal location for rescuers if possible. Avoid unnecessary movement.

Cover your nose and mouth with anything you have on hand. Tap on a pipe or wall.

Use a whistle to signal rescuers.

Shout only as a last resort.

Hazard Vulnerability Assessment

This assessment is very important in writing your disaster preparedness plan. When contemplating your plan, the main question to ask yourself is: “What event(s) would have the highest potential for disrupting our agency’s operation?” Completing this assessment will help you determine the answer to this question.

INSTRUCTIONS FOR COMPLETING THE HAZARD VULNERABILITY ANALYSIS

Each event listed should be rated in terms of probability, risk and preparedness.

Probability: The potential for the event to occur.

Consider the following:

Historical information

Any known risk

Proximity to major highways, chemical/nuclear plants

Risk: The impact the event will have on your operations should be analyzed when considering risk. Consider the following:

Service interruption

Life threatening

Health hazard

Financials

Legal/ethical issues

Preparedness: How prepared is your agency for the event. Consider the following:

Current plan

Defined individual staff member's role

Adequate back up

Insurance coverage

Emergency shelter in place/to go kits

Adequate education for staff

Up to date inventory of equipment

Consider these among other factors to help you determine how to rate your agency in these three areas. Total your score. Prioritize your plan based on the highest score getting the highest priority for emergency planning.

Personal Assessment Forms

HOW CAN YOU BE PREPARED

The reality of a disaster situation is that you will likely not have access to everyday conveniences. To plan in advance, think through the details of your everyday life. If there are people who assist you on a daily basis, list who they are, and how you will contact them in an emergency. Create your own personal support network by identifying others who will help you in an emergency. Think about what modes of transportation you use and what alternative modes could serve as back-ups. If you require handicap accessible transportation be sure your alternatives are also accessible. For every aspect of your daily routine, plan an alternative procedure. Make a plan and write it down. Keep a copy of your plan in your emergency supply kits and a list of important information and contacts in your wallet. Share your plan with your family, friends, care providers and others in your personal support network.

You will want to do these things:

- Put together your individual disaster plan.
- Complete your personal individual assessment.
- Have a support system in place.
- Make an emergency supply kit
- Gather the supplies you will need before, during, and after a disaster. Make sure the supplies are specific to your needs.
- Plan to make it on your own, at least for a period of time. It's possible that you will not have access to a medical facility or even a drug-store.
- Identify what things you use on a daily basis and what you might do if they are limited or not available.
- Make sure your residence is as safe as possible in the event of an emergency.
- Plan in advance for shelter alternatives that will work for both you and your pets; consider loved ones or friends outside of your immediate area who would be willing to host you and your pets in an emergency.
- If you must evacuate, take your pets with you, if possible. However, if you are going to a public shelter, it is important to understand that animals may not be allowed inside.

COMPLETE YOUR PERSONAL INDIVIDUAL ASSESSMENT

Each person's needs and abilities are unique, but every individual can take important steps to prepare for all kinds of emergencies and put plans in place. By thinking about your own personal needs and making an emergency plan, you can be better prepared for any situation. A commitment to planning today will help you prepare for any emergency situation. Preparing makes sense. Get ready now.

Instructions

Evaluate your capabilities, limitations and needs, as well as your surroundings, to determine what type of help you will need in an emergency (home, work, etc.)

Abilities/Preparedness

Yes	No	Do you need assistance with activities of daily living such as bathing and grooming?
Yes	No	Do you use adaptive equipment to help you get dressed?
Yes	No	Do you know the location of all fire alarms and extinguishers?
Yes	No	Are you able to activate the fire alarms?
Yes	No	Can you operate a fire extinguisher?
Yes	No	Have you practiced?
Yes	No	Do you know the location of ALL exits?
Yes	No	Have you evaluated your ability to use them?
Yes	No	Do you use a shower chair, tub-transfer bench or other similar equipment?
Yes	No	Do you use special utensils that help you prepare or eat food independently?
Yes	No	What will you do if there is no water for several days?
Yes	No	What will you do if you are unable to heat water?
Yes	No	What equipment do you have that runs on electricity and how will you operate it if electrical service is disrupted?
Yes	No	Who will get groceries, medication, and medical supplies? How will this be accomplished if the roads are blocked because of the disaster?
Yes	No	Do you need a specially equipped vehicle or accessible transportation?
Yes	No	Can you help others during an emergency? (i.e. guiding people to and through darkened spaces and exits if you have no or low vision, offering calming and

		emotional support, etc.)
Yes	No	How will you function if your service animal becomes confused, panicked, frightened or disoriented? A harness leash, pad protectors (for hot asphalt, hot metal stairs, broken glass) are important items for managing a nervous or upset animal. Be prepared to use alternative ways to negotiate your environment (i.e. sighted guides, members of your personal support network who can offer emotional support).
Yes	No	Do you keep critical carry-with-you supplies?
Yes	No	Essential medication?
Yes	No	Small flashlight?
Yes	No	Fully charged portable devices (and extra batteries) such as a cell phone. Many people used cell phones and two-way pagers on 9/11/01 to alert authorities or to call loved ones.
Yes	No	Paper and pencil?
Yes	No	Customized, pre-printed message?
Yes	No	Emergency Health Information? It should communicate to rescuers what they need to know if they find you unconscious or incoherent or if they need to quickly help evacuate you (list of current medications, allergies, special equipment, names, addresses, and telephone numbers of doctors, pharmacies, family members, friends, and any other important information).

Sight

Yes	No	Will you be able to evacuate independently without relying on the usual auditory cues? (Such as the hum of the refrigerator. These cues will be absent, if the electricity goes off or alarms are blaring).
Yes	No	Can you read the emergency signage in print or Braille?
Yes	No	Are there raised and Braille characters on signs that designate exits, direction to exits, information on exit routes, and floors designated by numbers or letters, including floor level designations provided in stairwells?
Yes	No	Is there emergency lighting along the escape route that will automatically light, if electrical service is interrupted?
Yes	No	If you wear contact lenses, what will you do if and when smoke, dust or fumes become painful or dangerous? Do you keep glasses with you?
Yes	No	Can you use the two-way communication devices installed in the elevators and areas of refuge/ rescue assistance?
Yes	No	Have you instructed your personal support network how to act as a "sighted guide" if needed?

Hearing

Yes	No	Have you practiced having people communicate emergency information to you?
Yes	No	Does the building have two-way communication devices installed in the elevators and areas of refuge/rescue assistance?
Yes	No	Have you practiced using them in a non-emergency to make sure the system works?
Yes	No	Do you know the locations of text telephones or phones that have amplification?
Yes	No	Do emergency alarm systems have audible and visible features (visual strobes)?
Yes	No	If you are hard of hearing, will you be able to hear over the sound of very loud emergency alarms? How will you understand emergency information and directions that are typically given verbally? (Hearing aids amplify background noise, so the sound of the alarms may interfere or drown out voice announcements). Instruct your support network to speak looking at you and to repeat critical announcements.
Yes	No	Will your hearing aids work if they get wet, for example from sprinklers?
Yes	No	Are the newer displays (television monitors or scrolling text signs) available throughout your work site? Will they work if the power goes out?
Yes	No	Do you know all their locations?
Yes	No	Are portable devices (tactile/vibrating pagers) available for you to use?
Yes	No	Do you keep with you a small flashlight handy to aid in seeing visual cues during an emergency?
Yes	No	Have you determined how you will communicate with colleagues and emergency personnel if there is no interpreter or if your hearing aid(s) is not working?
Yes	No	Do you carry paper and pens with you?
Yes	No	Do you carry a pre-printed copy of key phrase messages with you such as "I use American Sign Language (ASL)" "I do not write or read English well." "If you make announcements, I will need to have them written simply or signed."

Deaf-Blind

Yes	No	Do you have a personal support network? Since the usual alarms of flashlights won't work, it is critical that you have a large personal support network.
-----	----	--

Speech

Yes	No	Have you determined how you will communicate with colleagues and emergency personnel, if you do not have your usual communication devices (augmentative communication device, word board, artificial larynx)?
Yes	No	Do you store copies of a word or letter board, paper and writing materials, pre-printed messages and key phrases specific to an anticipated emergency, in your wallet, backpack or purse?
Yes	No	Does your Emergency Health Information Card explain the best method to communicate with you (written notes, pointing to letters/words/pictures)?

Memory, Judgment, Learning and Related Information Processing

Yes	No	Have you determined how you will communicate with colleagues and emergency personnel, if you do not have your usual communication devices (augmentative communication device, word board, artificial larynx)?
Yes	No	Do you store copies of a word or letter board, paper and writing materials, pre-printed messages and key phrases specific to an anticipated emergency, in your wallet, backpack or purse?
Yes	No	Does your Emergency Health Information Card explain the best method to communicate with you (written notes, pointing to letters/words/pictures)?

Assistive Device Users

Yes	No	What will it take to get your wheelchair or other important assistive devices out of the building?
Yes	No	Have you informed your personal support network how to operate and safely move your equipment if necessary?
Yes	No	Have you labeled equipment, added simple instruction cards (laminated instruction cards for added durability) and attached them to equipment regarding how to operate and safely move?
Yes	No	Do you keep a copy of these instructions with you and have you shared copies with your personal support network?
Yes	No	If you are a manual wheelchair user, do you carry heavy gloves with you to protect hands from debris while pushing?
Yes	No	Have you thought through all your options if you are not able to be evacuated in your chair or other assistive device?

Physical/Mobility

Yes	No	Who will you call if you need help exiting your residence?
Yes	No	What available alternate exits are in your residence?
Yes	No	Can you operate a fire extinguisher?
Yes	No	Have you practiced?
Yes	No	Will extended handles make them usable for you?
Yes	No	Do you know the location of all exits and your ability to navigate them?
Yes	No	Do you know where all evacuation chairs are stored?
Yes	No	Have you practiced using them?
Yes	No	Do you know where all, if any, rescue areas are located?
Yes	No	Can you reach and activate an alarm?
Yes	No	Will you be able to independently evacuate from your home? (What will it take?)
Yes	No	How long will it take?
Yes	No	Will you need someone to help with your balance and help you to walk down steps more quickly?
Yes	No	Would it be faster if you used an evacuation chair or were carried?
Yes	No	If you absolutely had to, could you bump down the stairs on your butt, crawl, etc? Will you need something to strap on to protect your butt? Gloves to protect your hands? Etc.
Yes	No	Have you tested this method?
Yes	No	Can you transfer in and out of evacuation devices independently, or with assistance?
Yes	No	Can you give quick instructions regarding how to safely transport you if you need to be carried?
Yes	No	Have you included any areas of vulnerability regarding how to safely remove you from your chair?
Yes	No	If you want to be lifted in your chair, make sure this is realistic (How much does your chair weigh with you in it?)
Yes	No	Do you know where all the areas of refuge/rescue assistance are located? (See Areas of Refuge/Rescue Assistance)
Yes	No	Do you know if your site has "evacuation elevators" and where they are located?

Allergies, Multiple Chemical Sensitivities (MCS)

Yes	No	Do you carry supplies with you based on your worse days:
		Industrial respirator with gas-mist filters?
		Gloves?

Make sure the emergency health information clearly explains sensitivities and reactions, helpful treatments, and treatments that have been harmful. Be specific as to conditions (disorientation, aphasia, panic) that may be diagnosed and treated as something other than a chemical sensitivity when you cannot describe needs verbally.



YOU DID IT!

Where to Meet

Establish a place to meet in the event of an emergency such as a fire. Record the locations below:

	Where to meet...
Near the home	For example, the next door neighbor's telephone pole
Outside the immediate area	For example, the neighborhood grocery store parking lot

Utility Shut-off and Safety

In the event of a disaster, you may be instructed to shut off the utility service at your home.

Below are some general guidelines for shutting off utility service:

Modify the information provided to reflect your shut off requirements as directed by your utility company(ies).

Natural Gas

Natural gas leaks and explosions are responsible for a significant number of fires following disasters. It is vital that all household members know how to shut off natural gas.

Because there are different gas shut-off procedures for different gas meter configurations, it is important to contact your local gas company for guidance on preparation and response regarding gas appliances and gas service to your home.

When you learn the proper shut-off procedure for your meter, share the information with everyone in your household. Be sure not to actually turn off the gas when practicing the proper gas shut-off procedure.

If you smell gas or hear a blowing or hissing noise, open a window and get everyone out quickly. Turn off the gas using the outside main valve if you can, and call the gas company from a neighbor's home.

CAUTION - If you turn off the gas for any reason, a qualified professional must turn it back on. NEVER attempt to turn the gas back on yourself.

Water

Water quickly becomes a precious resource following many disasters. It is vital that all household members learn how to shut off the water at the main house valve.

Cracked lines may pollute the water supply to your house. It is wise to shut off your water until you hear from authorities that it is safe for drinking.

The effects of gravity may drain the water in your hot water heater and toilet tanks unless you trap it in your house by shutting off the main house valve (not the street valve in the cement box at the curb—this valve is extremely difficult to turn and requires a special tool).

Preparing to Shut Off Water

Locate the shut-off valve for the water line that enters your house. It may look like the sample pictured here.

Make sure this valve can be completely shut off. Your valve may be rusted open, or it may only partially close. Replace it if necessary.

Label this valve with a tag for easy identification, and make sure all household members know where it is located.

Electricity

Electrical sparks have the potential of igniting natural gas if it is leaking. It is wise to teach all responsible household members where and how to shut off the electricity.

Preparing to Shut Off Electricity

Locate your electricity circuit box.

Teach all responsible household members how to shut off the electricity to the entire house.



FOR YOUR SAFETY: Always shut off all the individual circuits before shutting off the main circuit breaker.

Insurance and Vital Records

Obtain property, health, and life insurance if you do not have them. Review existing policies for the amount and extent of coverage to ensure that what you have in place is what is required for you and your family for all possible hazards.

Inventory Home Possessions

Make a record of your personal property for insurance purposes. **Take photos or a video** of the interior and exterior of your home. Include personal belongings in your inventory.

You may also want to download the free Household and Personal Property Inventory Book from the University of Illinois at www.ag.uiuc.edu/~vista/abstracts/ahouseinv.html to help you record your possessions.

Important Documents

Store important documents such as insurance policies, deeds, property records, and other important papers in a safe place, such as a safety deposit box away from your home. Make copies of important documents for your disaster supplies kit. (Information about the disaster supplies kit is covered later.)



Money

Consider saving money in an emergency savings account that could be used in any crisis. It is advisable to keep a small amount of cash or traveler's checks at home in a safe place where you can quickly access them in case of evacuation.

Special Needs Assessment

SPECIAL NEEDS

If you or someone close to you has a disability or a special need, you may have to take additional steps to protect yourself and your family in an emergency.

Disability/Special Need	Additional Steps
Hearing impaired	May need to make special arrangements to receive warnings.
Mobility impaired	May need special assistance to get to a shelter.
Single working parent	May need help to plan for disasters and emergencies.
Non-English speaking persons	May need assistance planning for and responding to emergencies. Community and cultural groups may be able to help keep people informed.
People without vehicles	May need to make arrangements for transportation.
People with special dietary needs	Should take special precautions to have an adequate emergency food supply.

Planning for Special Needs

If you have special needs; find out about special assistance that may be available in your community. Register with the office of emergency services or the local fire department for assistance so needed help can be provided.

Create a network of neighbors, relatives, friends, and coworkers to aid you in an emergency. Discuss your needs and make sure everyone knows how to operate necessary equipment.

Discuss your needs with your employer.

If you are mobility impaired and live or work in a high-rise building, have an escape chair.

If you live in an apartment building, ask the management to mark accessible exits clearly and to make arrangements to help you leave the building.

Keep specialized items ready, including extra wheelchair batteries, oxygen, catheters, medication, food for service animals, and any other items you might need.

Be sure to make provisions for medications that require refrigeration.

Keep a list of the type and model numbers of the medical devices you require.

SPECIAL POPULATIONS

No matter what laws and public policies say, it's up to us as people with disabilities to individually and collectively prepare for disasters. If we just rely on employers, building managers, or fire inspectors to make sure things are in place, it may or may not happen. It is not safe to assume that people with disabilities have been included in evacuation plans. People with disabilities must be assertive to ensure that our safety needs are included in all emergency planning.

We need to be proactive, and rely as much as possible on ourselves (and not to count on others), to find the exits and to make decisions about our safety. Hopefully this can be done in conjunction with, but possibly without the cooperation of the management of the places where we spend a great deal of our time (school, work, volunteer work, home). (Kailes, 1996)

For people with disabilities, the message is clear. We need to be keenly aware of the risks we face and our need to take responsibility for our safety.

Will you need assistance in an emergency evacuation?		
Do you experience any of the following conditions that could interfere with your ability to quickly evacuate a building?		
Yes	No	Limitations that interfere with walking or using stairs (joint pain, mobility device user - wheelchair, canes, crutches, walker).
Yes	No	Reduced stamina, fatigue or tire easily (due to a variety of temporary or permanent conditions not limited to those on this list).
Yes	No	Respiratory (cardiac [heart] conditions, asthma, emphysema, or other symptoms triggered by stress, exertion, or exposure to small amounts of dust or smoke etc.).
Yes	No	Emotional, cognitive, thinking, or learning difficulties (may become confused when dealing with unfamiliar and unusual activity during an emergency, lose sense of direction, or may need emergency directions explained in simple steps or basic concepts).
Yes	No	Vision loss (may require assistance in learning the emergency evacuation routes or assistance in moving down stairs).
Yes	No	Hearing loss (may require modification to the standard way emergency announcements, notifications and instructions are provided).
Yes	No	Temporary limitations resulting from, but not limited to: surgery, accidents and injuries (sprain, broken bones), pregnancy
Yes	No	Do you rely on technology or medication which may not work in an emergency (hearing aids, wheelchair, gas mask, elevator, lighting, sounds)?

Information for Patients, Families, and Staff

MASTER THE SKILL OF GIVING QUICK INFORMATION ON HOW BEST TO ASSIST YOU

Be prepared to quickly give emergency responders critical information on how they can assist you without causing injury. Take charge and practice how to quickly explain to people how best to assist you. Be prepared to give clear, specific and concise instructions and directions to rescue personnel. Determine how much detail is needed. Be prepared with additional instructions if more details are needed. You know your abilities and limitations and the best way that someone can assist you or ways in which you can assist them. Practice giving these instructions clearly and quickly, not in four paragraphs but a few quick phrases, using the least amount of words possible, for example:

INSTRUCTIONS	
Clear, concise:	Take my oxygen tank.
Additional information (if needed):	Right side of green bookcase I can breathe without it for 15 minutes

- Take medication from top drawer of desk by window.
- Take my communication device from that table. I am hard of hearing.
- Take my manual wheelchair.
- The traditional "fire fighter's carry" is hazardous for me because of my respiratory condition. Carry me by
- I can manage steps independently, carry my other crutch and walk in front of me.
- I'm blind, let me take your left arm above the elbow and I'll follow you out.
- I need to hang on to you, I have poor balance, but I can walk steps.
- You have to carry me out, wheelchair user evacuation chairs are hung at the top of "stairway two, north end" and "stairway three, south end."

Consider using a carry-with-you preprinted message. Customize a message for yourself, for example:

I'm deaf, do not speak, I use American Sign Language (ASL). Use gestures or write instructions using simple words.

I cannot speak, but I do hear and understand. I communicate using an augmentative communication device. I can point to simple pictures or key words, you will find a communication sheet in my wallet.

I may have difficulty understanding what you are telling me, so speak slowly and use simple words.

I have a psychiatric disability. In an emergency I may become confused.
Help me find a quiet corner and I should be fine in about 10 minutes.

I have a panic condition. If I panic and appear very anxious, speak to me calmly and slowly.
Be patient. Ask me if I need my medication and I will direct you. You may need to ask me more than once. Please stay with me until I calm down.

Diesel exhaust can kill me. Do not put me in or near idling emergency vehicles.

Contact Your Local Emergency Information Management Office:

http://www.getagameplan.org/fctsheet_prepdisbil.htm

Contact your local emergency management agency to see what services exist. Visit www.ready.gov to find links to government offices in your area.

SAFETY SKILLS

It is important that family members know how to administer first aid and CPR and how to use a fire extinguisher.

	<p>Learn First Aid and CPR</p> <p>Take a first aid and CPR class. Local American Red Cross chapters can provide information about this type of training. Official certification by the American Red Cross provides, under the “good Samaritan” law, protection for those giving first aid.</p>
---	---

In Case of Fire Remember:

R – rescue your patient; get them to a safe place

A – alert fire department

C – contain the fire

E – extinguish the fire

Learn How to Use a Fire Extinguisher

Be sure everyone knows how to use your fire extinguisher(s) and where it is kept. You should have, at a minimum, an ABC type.

Remember:

P – pull the pin

A – aim the nozzle

S – squeeze

S - spray

HAVE A SUPPORT SYSTEM IN PLACE

Create your own personal support network by identifying others who will help you in an emergency. Think about what modes of transportation you use and what alternative modes could serve as back-ups. If you require handicap accessible transportation, be sure your alternatives are also accessible. Share your plan with your family, friends, care providers and others in your personal support network.



A support system, sometimes called the "buddy system," can help you prepare for a disaster as well as during and after a disaster. Members of your support system, or "buddies," can be roommates, relatives, neighbors, friends and co-workers. They should be people you trust to determine if you need assistance. Your support system members should know your capabilities and needs and be able to help in a matter of minutes.



Have your "buddies" assist you in preparing a written personal assessment.

Give your support system copies of your emergency information list, medical information list, disability related supplies and special equipment list, evacuation plans, any emergency documents and your personal disaster plan.

Arrange for your support system to check on you immediately if local officials announce a recommendation to evacuate or if a disaster occurs.

Agree on the methods of communication to be used during a disaster.

Give your "buddies" any keys they need for your place of residence or vehicle.

Make sure your support system knows how to operate and transport any equipment specific to your disability. Make sure it is labeled and laminated instruction cards are attached.

If you have a service animal, ensure that the animal is familiar with your support system members and have written instructions on any care the animal may require.

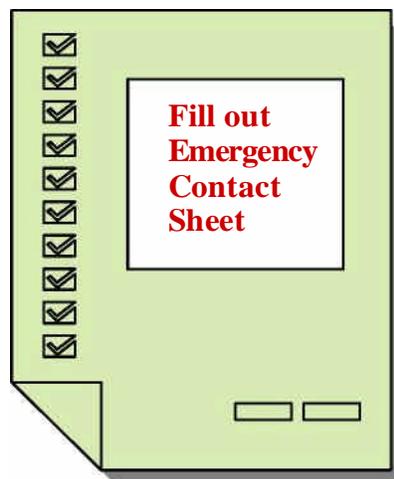
Review and update your personal assessment and disaster plan with your support system on a regular basis.



Develop a Family Communications Plan

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations. Consider a plan where each family member calls, or e-mails, the same friend or relative in the event of an emergency. It may be easier to make a long-distance phone call than to call across town, so an out-of-town contact, not in the impacted area, may be in a better position to communicate

among separated family members. You may have trouble getting through, or the phone system may be down altogether, but be patient.



MY SHELTER PLAN

Deciding to Stay or Go

Depending on your circumstances and the nature of the emergency, the first important decision is whether you stay or go. You should understand and plan for both possibilities. Use commonsense and available information to determine if there is immediate danger. In any emergency, local authorities may or may not immediately be able to provide information on what is happening and what you should do. However, you should monitor television or radio news reports for information or official instructions as they become available. If you're specifically told to evacuate or seek medical treatment, do so immediately. If you require additional travel time or need transportation assistance, make these arrangements in advance.

Staying Put

Whether you are at home or elsewhere, there may be situations when it's simply best to stay where you are and avoid any uncertainty outside. As the plan is developed, remember no one should work alone in a disaster. A good household plan should also include an evacuation plan. For example, keeping gas tanks as full as possible overcomes the problem of gas stations needing electricity to operate. Pay-phones sometimes work when other phones are not operating. Store important documents and cash (ATM's need electricity, too!) for easy accessibility. Have a property plot plan showing house floor plan with locations of exits, fire extinguishers, supplies, utilities - natural gas, valve/propane tank, electrical panel, water meter and outside meeting place. Although utilities shouldn't be turned off without good reason, it is important to know how to if necessary. Consider what you can do to safely shelter-in-place alone or with friends, family or neighbors. Also consider how a shelter designated or the public would meet your needs. There could be times when you need to stay put and create a barrier between yourself and potentially contaminated air outside. This process is known as "sealing the room." Use available information to assess the situation. If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, you may want to take this kind of action. For more information about "sealing the room," visit www.ready.gov.

Evacuation

There may be conditions in which you will decide to get away, or there may be situations when you may be ordered to leave. Plan how you will get away and anticipate where you will go. Choose several destinations in different directions so you have options in an emergency. Ask about evacuation plans at the places where you spend time including work, community organizations and other places you frequent. If you typically rely on elevators, have a back-up plan in case they are not working.

Immediate risk

If you smell gas, smoke or see fire or otherwise fear for your safety, evacuate household occupants immediately. From a safe location, call 9-1-1 and report the incident.

General evacuation orders

If local officials issue evacuation orders, use the evacuation routes and methods specified; carpool whenever possible. If time allows:

Wear sturdy shoes, long-sleeve shirts and pants.

Bring car keys, credit cards, road maps, cell phone, charger and important phone numbers.

Bring your [Go-bag](#).

If you have a pet, make sure it is wearing a collar, bring it in a pet carrier labeled with your name and the pet's name. Bring your pet's Go-bag.

Lock your home and shut off the water and electricity, but leave gas on unless instructed otherwise.

Leave a note or tell a neighbor where you are going.

Once you arrive at a safe location, call your out-of-area emergency contact.

Disaster Shelters

Immediately following a large disaster, suitable shelter sites will be selected from a list based on areas of need and estimated numbers of displaced persons. Each site must be inspected for safety prior to being opened to the public. Therefore, it is not possible to say with advance certainty which sites will actually operate as disaster shelters. As soon as disaster sites have been formally designated, this list will be announced to the public through local media. If it is unsafe to shelter in-place, and you do not have an alternative, evacuate to a designated emergency shelter.

Tell your out-of area-contact where you are going.

Take your Go-bag with you to the shelter.

Initially, emergency shelters may not be able to provide basic supplies and materials.

Consider bringing extra items (e.g. blanket, pillow, air mattress, towel, washcloth, diapers, food and supplies for infants.)

Provide for your [pet](#): only service animals are allowed in "human" shelters. If you cannot make other plans for your pets, Animal Care and Control staff will be available at "human" shelters to help with pet sheltering needs.

Consider Your Pets

Whether you decide to stay put in an emergency or evacuate to a safer location, you will need to make plans in advance for your pets and service animals. Keep in mind that what's best for you is typically what's best for your animals. If you

must evacuate, take your pets with you, if possible. However, if you are going to a public shelter, it is important to understand that only service animals may be allowed inside. Plan in advance for shelter alternatives that will work for both you and your pets; consider loved ones or friends outside of your immediate area, pet-friendly shelters and veterinarians who would be willing to take in you and your pets in an emergency. For more information about pet preparedness, visit www.ready.gov.

Caring for Animals

Animals also are affected by disasters. Use the guidelines below to prepare a plan for caring for pets and large animals.

Guidelines for Pets

Plan for pet disaster needs by:



Identifying shelter.
 Gathering pet supplies.
 Ensuring your pet has proper ID and up-to-date veterinarian records.
 Providing a pet carrier and leash.

Take the following steps to prepare to shelter your pet:

Call your local emergency management office, animal shelter, or animal control office to get advice and information.

Keep veterinary records to prove vaccinations are current.

Find out which local hotels and motels allow pets and where pet boarding facilities are located. Be sure to research some outside your local area in case local facilities close.

Know that, with the exception of service animals, pets are not typically permitted in emergency shelters as they may affect the health and safety of other occupants.

Guidelines for Large Animals

If you have large animals such as horses, cattle, sheep, goats, or pigs on your property, be sure to prepare before a disaster.

Use the following guidelines:

Ensure all animals have some form of identification.

Evacuate animals whenever possible. Map out primary and secondary routes in advance.

Make available vehicles and trailers needed for transporting and supporting each type of animal. Also make available experienced handlers and drivers. (Note: It is best to allow animals a chance to become accustomed to vehicular travel so they are less frightened and easier to move.)

Ensure destinations have food, water, veterinary care, and handling equipment.

If evacuation is not possible, animal owners must decide whether to move large animals to shelter or turn them outside.

FOR EVACUATION INFORMATION GO TO:

<http://www.lsp.org/lcadeg.html>

EMERGENCY SHELTER INFORMATION AND CHECKPOINTS

Because of the fluid nature of shelter occupancy, citizens are encouraged to obtain information about shelter openings and locations at shelter information points along the evacuation route. Information about shelter evacuation points will be posted on the [Department of Social Services website](http://www.dss.state.la.us/), <http://www.dss.state.la.us/> and the [Louisiana State Police website](http://www.lsp.org/), <http://www.lsp.org/>

or the [American Red Cross](http://www.americanredcross.org/), (866) 438-4636

Shelter information points include:

Vidalia Tourist Welcome Center | U.S. I-65 and U.S. 84/1401 Carter Street

Tallulah TA Truck Stop | Exit 171 - U.S. I-20 and U.S. I-65

Marksville Paragon Casino Resort

Bunkie Sammy's Truck Stop | Exit 53 – I-49/3601 LA 115 W

Alexandria Med Express Office | 7525 U.S. 71

Shreveport P.E. Gym at LSU-Shreveport | One University Place

Leesville Pickering High School | 180 Lebleu Rd.

Oberlin Tourist Information Center | 8904 U.S. I-65

Simmesport Maddie's Truck Plaza | 15972 LA 1

MEDICAL SPECIAL NEEDS SHELTER REQUIREMENTS (MSNS)

DHH SHELTER GUIDELINES

In the event of a dangerous storm striking the state this Hurricane Season, the Louisiana Department of Health and Hospitals (DHH) and the Department of Social Services (DSS) are prepared to open Special Needs Shelters, or **shelters of last resort for those with special medical needs who have no other options** for care. Because Special Needs Shelters can accommodate only a limited number of residents, DHH has established **specific guidelines** for determining who will be admitted to these facilities.

As part of the Stay Healthy Louisiana campaign to ensure Louisiana residents are prepared for natural disasters and other emergencies, DHH has posted these guidelines, along with other critical Special Needs Shelter information, on the Stay Healthy Louisiana Web site at www.stayhealthyla.org. These guidelines and other information, including important phone numbers and what to bring when sheltering in a Special Needs facility, are listed below:

Where will the Special Needs Shelters be located?

The initial locations are scheduled to be in Baton Rouge and Alexandria. Other subsequent locations are Shreveport, Monroe and, depending on the direction of the storm, Lafayette.

When will these shelters open?

The State Health Officer makes the decision to open Special Needs Shelters based on information received from the State Office of Emergency Preparedness as communities prepare to evacuate.

Who qualifies for a Special Needs Shelter?

Evacuees with any of the following could possibly qualify for a Special Needs Shelter:

- * Physical or mental handicaps that limits their ability to function on their own
 - * Requirements for special equipment or medication to sustain life
- * A chronic, debilitating medical condition that requires intermittent assistance

Individuals will be triaged, or interviewed about their special medical needs and conditions, in order to determine eligibility for Special Needs Shelters. **Those who think they may qualify for Special Needs sheltering will need to call one of the nine toll-free shelter hotline numbers listed below prior to an evacuation in order to be interviewed and find out their eligibility status.** These toll-free shelter hotlines are **NOT currently activated**, but will be activated immediately before a storm. The shelter hotline numbers will be published or broadcast through local media when they are activated and will be posted on the Stay Healthy Louisiana Web site, www.stayhealthyla.org

Those who do not meet eligibility requirements will be referred to general shelters. Acutely ill individuals will be referred to local hospitals.

Special Needs Shelter Hotline Numbers

New Orleans: 1-866-280-2068
Baton Rouge: 1-800-349-1372
Thibodaux: 1-800-228-9409
Lafayette: 1-800-901-3210
Alexandria: 1-800-841-5778
Shreveport: 1-800-841-5776
Monroe: 1-866-280-7287
Mandeville: 1-866-280-7724

All medications and important paperwork should be placed in a water-proof container such as a zip lock bag or plastic container. Home Health and Hospice patients should bring their folders. Due to limited space at the shelters, **oxygen patients should make arrangements ahead of time** with their suppliers to obtain oxygen concentrators.

One caregiver must stay with the patient within the shelter and only service animals are allowed to accompany the patient and caregiver. Since space is extremely limited and **the caregiver will share a space with the patient, alternative arrangements should be made for other family members and pets.**

For more information on Special Needs Shelters and emergency preparedness, visit the Stay Healthy Louisiana Web site at www.stayhealthyla.org . For more on the Stay Healthy Louisiana campaign, contact Rob Anderson, Stay Healthy Louisiana Communications & Media Manager, at 504-301-9854.

INFORMATION ON MEDICAL SPECIAL NEEDS SHELTERS

What you can do

- Educate your clients concerning expectations of MSNS
- Ensure client medical records are with your client
- Discuss alternative evacuation plans with your client and client's family. Complete and continue to update the At Risk Registry and or At risk Calls for those clients who are considered most vulnerable. If a home health agency does not enroll in the At Risk Registry Program encourage the clients who will need evacuation assistance to contact their local Office of Emergency Preparedness.
- Promote personal preparedness to get a game plan before hurricane season (www.getagameplan.org)
- Educate your clients to prepare for all types of emergencies (flooding, oil spills, pandemic influenza viruses, disease outbreaks, tornadoes, explosives)

Meeting Criteria for MSNS Admittance

- Evacuees having no means of evacuation who have any of the following conditions may qualify:
 - Physical or mental conditions that limit mobility and/or ability to function and are dependent on others for assistance
 - Requirements for special equipment or medication to sustain life
 - Chronic, debilitating medical condition that requires intermittent assistance and are medically stable

Those Who May Qualify for MSNS Admittance

- Those who think they may qualify for MSNS may call a toll-free shelter hotline number prior to their evacuation in order to be interviewed and find out their eligibility status.
- Stay tuned to local radio/TV stations for shelter hotline numbers and evacuation information.
- Individuals will be triaged at the MSNS location to determine the eligibility for admittance.
- For Non Emergency Information and referrals call 211.

What Home Health Patients Need to Bring to the MSNS:

- Medical folders
- Do Not Resuscitate (DNR) orders if applicable
- Oxygen tank- if possible, make arrangements ahead of time with suppliers to resupply oxygen
- One caregiver and/or service animal
- Make other arrangements for family members
- Medications in prescription bottles and any over-the-counter medications
- If possible, a pharmacy printed list of medications
- Written medical instructions regarding medical care
- Required medical supplies and equipment –walker, wheelchair, cane, wound care supplies,

hearing aids

- Special, non-perishable dietary foods (Ensure)
- Personal Clothes- 7 days
- Personal hygiene items such as toothbrush, toothpaste, deodorant, comb
- Identification, medical insurance, social security cards and emergency contact information
- Extra eyeglasses
- Means to carry personal items
- Flash light/batteries
- If applicable, food for service animal
- Non-essential valuables should not be brought to shelter

Evacuee/Caregiver Requirements:

- Evacuees/caregivers are responsible for all activities of daily living (ADLS) and for storage of medications that do not require refrigeration and administration of medications
- Evacuees/caregivers must register and log in/out when entering or leaving the shelter.

The MSNS is not a provider of long term care; accordingly, planning for discharge begins at admission.

Any evacuee or caregiver under the influence/possession of alcohol, illegal substances, or weapons will be requested to leave shelter.



Volunteer to Help Save Lives

Louisiana Volunteers in Action is a registry of people who are willing to help in times of emergency

Sign up today...to help save lives tomorrow!

Register at: www.LAVA.dhh.louisiana.gov

Please help supplement the staffing of the Medical Special Needs Shelters (MSNS)

Who knows and understands your patient's needs better than you!

We need:

- Nurses
- Nursing Assistants
- Social workers
- Non medical personnel

We Also Request Your Help to:

- Educate your clients concerning expectations of MSNS
- Ensure client medical records are with your client
- Discuss alternative evacuation plans with your client and client's family. Complete and continue to update the At Risk Registry for those clients who are considered most vulnerable. If a home health agency does not enroll in the At Risk Registry Program encourage the clients who will need evacuation assistance to contact their local Office of Emergency Preparedness.
- Promote personal preparedness to get a game plan before hurricane season (www.getagameplan.org)
- Educate your clients to prepare for all types of emergencies (flooding, oil spills, pandemic influenza viruses, disease outbreaks, tornadoes, explosives)

Emergency Supply Kit List

This section gives a list of supplies you will need for a 72 hour period. You may use this list for your staff and patients. It also has the all important “Go-Bag” items that will be needed for survival.

The first step is to consider how an emergency might affect your individual needs. Plan to make it on your own for at least three days. It's possible that you will not have access to a medical facility or even a drugstore. It is crucial that you and your family think about what kinds of resources you use on a daily basis and what you might do if those resources are limited or not available.

Basic Supplies:

Think first about the basics for survival - food, water, clean air and any life sustaining items you require.

Water

In a disaster, water supplies may be cut off or contaminated. Store enough water for everyone in your family to last for **at least 3 days** – 72 hours.

Store one gallon of water, per person, per day. This amount will be adequate for general drinking purposes.

Three gallons per person per day will give you enough to cook and for limited personal hygiene. Do not forget to plan for your pets.

Children, nursing mothers, and sick people may need more water.

If you live in a warm weather climate more water may be necessary.

If you store tap water:

Store water in food grade plastic containers, such as clean 2-liter soft drink bottles.

Heavy duty, reusable plastic water containers are also available at sporting goods stores.

Replace water at least once every six months.

If you buy commercially bottled “spring” or “drinking” water:

Keep water in its original container, and don't re-store a bottle once it's been opened.

Label bottles with their replacement date, and store in a cool, dark place.

Replace water at least once each year.

Treating water after the disaster:

If you run out of stored drinking water, strain and treat water from your water heater or the toilet reservoir tank (except if you use toilet tank cleaners.) You cannot drink swimming pool or spa water, but you can use it for flushing toilets or washing.

Begin by straining any large particles of dirt by pouring the water through a

couple of layers of paper towels or clean cloth. Next, purify the water one of two ways:

Boil – bring to a rolling boil and maintain for 3-5 minutes. To improve the taste, pour it back and forth between two clean containers to add oxygen back.

Disinfect – If the water is clear, add 8 drops of bleach per gallon. If it is cloudy, add 16. Shake or stir, then let stand 30 minutes. A slight chlorine taste and smell is normal.

Food

When a disaster occurs, you might not have access to food, water and electricity for days, or even weeks. Store enough emergency food to provide for your family for at least 3 days (72 hours).

Store food items that are familiar, rather than buying special emergency food. Consider any dietary restrictions and preferences you may have.

Ideal foods are: Shelf-stable (no refrigeration required), low in salt, and do not require cooking (e.g. canned fruit, vegetables, peanut butter, jam, low-salt crackers, cookies, cereals, nuts, dried fruit, canned soup or meats, juices and non-fat dry milk).

Don't forget Ensure if you use it.

Mark a rotation date on any food container that does not already have an expiration date on the package.

Include baby food and formula or other diet items for infants or seniors.

Store the food in airtight, pest-resistant containers in a cool, dark place.

Most canned foods can safely be stored for at least 18 months.

Pack a manual can opener and eating utensils.

Low acid foods like meat products, fruits or vegetables will normally last at least 2 years.

Use dry products, like boxed cereal, crackers, cookies, dried milk or dried fruit within six months.

After a power outage, refrigerated food will stay cold longer if you keep the door closed.

- o Food should generally be consumed within 4 hours.

- o Food in the freezer will normally remain safe for 2 days.

Consider two kits. In one kit put everything you will need to stay where you are and make it on your own for a period of time. The other kit should be a lightweight, smaller version you can take with you if you have to leave your home.

RECOMMENDED BASIC EMERGENCY SUPPLIES INCLUDE

DONE	SUPPLY
	Water, one gallon of water per person per day. Plan for at least three days, for drinking and sanitation.
	Food, at least a three-day supply of non-perishable food and a can opener if your kit contains canned food.
	Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert. Extra batteries for both
	Flashlight and extra batteries
	First aid kit
	Whistle to signal for help
	Dust mask to help filter contaminated air.
	Plastic sheeting and duct tape to shelter-in-place
	Moist towelettes, toilet paper, garbage bags and plastic ties for personal sanitation
	Wrench or pliers to turn off utilities
	Local maps
	Pet food, extra water and supplies for your pet or service animal

Storing supplies

Purchasing a small amount of supplies each week is easy on the budget. Choose an appropriate and accessible place to store supplies - many people use either a large plastic garbage can or a number of small ones. Rotate food and water every six months.

Include Medications and Medical Supplies

If you take medicine or use a medical treatment on a daily basis, be sure you have what you need on hand to make it on your own for at least a week. You should also keep a copy of your prescriptions as well as dosage or treatment information. If it is not possible to have a week-long supply of medicines and supplies, keep as much as possible on hand and talk to your pharmacist or doctor about what else you should do to prepare.

If you undergo routine treatments administered by a clinic or hospital or if you receive regular services such as home health care, treatment or transportation, talk to your service provider about their emergency plans. Work with them to identify back-up service providers within your area and the areas you might evacuate to. If you use medical equipment in your home that requires electricity to operate, talk to your health care provider about what you can do to prepare for its use during a power outage.

Additional Items

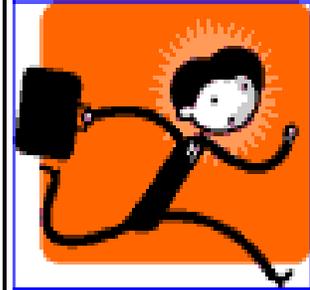
In addition, there may be other things specific to your personal needs that you should also have on hand. If you use eyeglasses, hearing aids and hearing aid batteries, wheelchair batteries, and oxygen, be sure you always have extras in your home. Also have copies of your medical insurance, Medicare and Medicaid cards readily available.

Include Emergency Documents

Include copies of important documents in your emergency supply kits such as family records, medical records, wills, deeds, social security number, charge and bank accounts information, and tax records. It is best to keep these documents in a waterproof container. If there is any information related to operating equipment or life-saving devices that you rely on, include those in your emergency kit as well, and also make sure that a trusted friend or family member has copies of these documents. Include the names and numbers of everyone in your personal support network, as well as your medical providers. If you have a communication disability, make sure your emergency information list notes the best way to communicate with you. Also be sure you have cash or travelers checks in your kits in case you need to purchase supplies.

GO-BAG

A component of your disaster kit is your Go-bag. Put the following items together in a backpack or another easy to carry container in case you must evacuate quickly. Prepare one Go-bag for each family member and make sure each has an I.D. tag. You may not be at home when an emergency strikes so keep some additional supplies in your car and at work, considering what you would need for your immediate safety.



DONE	SUPPLY
	Flashlight
	Radio – battery operated
	Batteries
	Whistle
	Dust mask
	Pocket knife
	Emergency cash in small denominations and quarters for phone calls
	Sturdy shoes, a change of clothes, and a warm hat
	Local map
	Some water and food
	Permanent marker, paper and tape
	Photos of family members and pets for re-identification purposes
	List of emergency point-of -contact phone numbers
	List of allergies to any drug (especially antibiotics) or food
	Copy of health insurance and identification cards
	Extra prescription eye glasses, hearing aid or other vital personal items
	Prescription medications and first aid supplies
	Toothbrush and toothpaste
	Extra keys to your house and vehicle
	Any special-needs items for children, seniors or people with disabilities.
	Don't forget to make a Go-bag for your pet.

FIRST AID KIT

In any emergency a family member or you yourself may be cut, burned or suffer other injuries. If you have these basic supplies, you are better prepared to help your loved ones when they are hurt. Remember, many injuries are not life threatening and do not require immediate medical attention. Knowing how to treat minor injuries can make a difference in an emergency. Consider taking a first aid class, but simply having the following things can help you stop bleeding, prevent infection and assist in decontamination.

DONE	Things you should have:
	Two pairs of Latex, or other sterile gloves (if you are allergic to Latex).
	Sterile dressings to stop bleeding.
	Cleansing agent /soap and antibiotic towelettes to disinfect.
	Antibiotic ointment to prevent infection.
	Burn ointment to prevent infection.
	Adhesive bandages in a variety of sizes.
	Eye wash solution to flush the eyes or as general decontaminant.
	Thermometer (Read more: Biological Threat)
	Prescription medications you take every day such as insulin, heart medicine and asthma inhalers. You should periodically rotate medicines to account for expiration dates.
	Prescribed medical supplies such as glucose and blood pressure monitoring equipment and supplies.
	Things it may be good to have:
	Cell Phone
	Scissors
	Tweezers
	Tube of petroleum jelly or other lubricant
	Non-prescription drugs:
	Aspirin or non-aspirin pain reliever
	Anti-diarrhea medication
	Antacid (for upset stomach)
	Laxative

Home Care Agency Disaster Checklist

HOME CARE AGENCY DISASTER PREPAREDNESS CHECKLIST

These questions will help you determine your agency's preparedness for disaster. Remember that disasters often occur without warning. Our best defense is to be ready for such an incident.

1. Do you have an up to date patient census? Yes No
2. Do you have patients classified according to their medical condition? Yes No
3. Do you have current contact information for all staff members? Yes No
4. Do you know the EMS contact person in your community/county? Yes No
5. Have you educated all staff on how to respond to different types of disaster? Yes No
6. Do you have a planning team with a written plan? Yes No
7. Do you have policies and procedures to guide staff in taking care of patients during disaster? Yes No
8. Do you have a plan for securing supplies required to take care of patients during disaster? Yes No
9. Are you involved in a community coordinated plan for partnership during disaster? Yes No
10. Do you have printed information for staff to share with patients that helps prepare patients for disaster? Yes No
11. Has your staff participated in any mock disaster drills? Yes No

This short questionnaire was prepared for your agency to help you determine your readiness for disaster. If you answered No to any of these questions, then you are encouraged to take this opportunity to take the measures needed to get ready. Our best strategy for dealing with any disaster is to have staff and patients prepared for such an event.

NURSE AND AIDE CHECKLIST TO HELP DETERMINE PATIENT'S DISASTER PREPAREDNESS

This is a "to do" checklist to assist the Certified Nursing Assistant or the Nurse as they assist their patients in preparing for a disaster. Remember our best strategy for any disaster is to be prepared.

PATIENT NAME _____ **DATE** _____

- ___ Make a medication list of all medicines including over the counter medicines.
- ___ Have a list of telephone numbers for emergency. Be sure at least one of them is in another area. This should include; family, doctor, neighbors, etc.
- ___ Have a list of medical conditions, along with any medical treatments required by the patient.
- ___ Assist in putting together a "go kit" for situations where one has to leave home for safety. A "go kit" should include a change of clothes, medicines, medical equipment and supplies, food, water, toilet paper, flashlight, cash and coins, house keys.
- ___ Label medical equipment with name on it.
- ___ Have extra batteries for flashlight.
- ___ Have supplies necessary if forced to stay home due to disaster. (Food, water, flashlight, batteries, first aid kit, medications, extra medical supplies if needed, manual can opener,)
- ___ Notify your utility company of priority need for utilities if special medical equipment being utilized by patients such as ventilator, oxygen, dialysis, etc.
- ___ All lists and "go kit" should be easily accessible for leaving in a hurry.
- ___ Locate nearest emergency shelter for patient.
- ___ Have important identification and insurance information easily accessible. (May have copies made and keep with other lists in plastic bag).
- ___ Make sign that reads, "Evacuated" to leave on door in case of evacuation.

Nurse Aide Module and Test

This Nurse Aide Module may be used as a group learning activity or an independent study for Nurse Aides. There is a test in the appendix for this module that may be used as a pre and post test along with the test key.

ARE YOU PREPARED FOR A DISASTER?

What You Will Learn:

After studying this material, you should:

- Be able to describe ways to prepare for hurricanes.
- Be able to describe dangers of thunderstorms and lightning, name numerous facts about them.
- Name safety precautions to take before and during a flood, describe how to prepare for evacuation and describe the danger of rushing and rising water.
- Name items that should be in a “go kit,” and items to have on hand for sheltering in place.

Sheltering In Place: What You Need to Know

Whether you are at home or elsewhere, there may be situations when it’s simply best to stay where you are and avoid any uncertainty outside. Make sure to have a good household plan for what to do during a disaster.

For example, keep gas tanks full, store important documents and cash for easy accessibility, and have a property plot plan showing house floor plan with locations of exits, fire extinguishers, supplies and an outside meeting place. Consider what you can do to safely shelter in-place alone or with friends, family or neighbors.

If you are with a patient when disaster strikes:

- Stay calm and do not panic.
- Get the patient to a safe place—an interior room of the house is safest.
- Stay away from windows and doors.
- Listen to the radio or TV for information.
- Do not leave the patient until it is safe to do so.

First Decide If... You will be able to shelter at home or if you will have to leave home or evacuate.

Items to Include in Your First Aid Kit

In any emergency a family member or you may be injured. If you have these basic supplies you are better prepared to help yourself and your loved ones—not all injuries are life threatening, so knowing how to treat minor injuries can make a difference in an emergency.

- Two pairs Latex gloves, or other sterile gloves
- Sterile dressings to stop bleeding
- Cleansing agent/soap and antibiotic towelettes to disinfect
- Antibiotic ointment to prevent infection
- Burn ointment to prevent infection
- Adhesive bandages in a variety of sizes
- Eye wash solution to flush the eyes or as general decontamination
- Thermometer
- Prescription medications
- Prescribed medical supplies ---Cell phone
- Scissors
- Tweezers
- Tube of petroleum jelly or other lubricant
- Aspirin or non-aspirin pain reliever
- Anti-diarrhea med
- Antacid

What to Have in Your Go-Bag

Put the following items together in a backpack or another easy to carry container in case you must evacuate quickly. Prepare one Go-bag for each family member and make sure each has an I.D. tag.

Medicine; Flashlight; Radio: battery operated; Batteries; Whistle; Dust Mask; Pocket knife; Emergency cash in small denominations and quarters for phone calls; Sturdy shoes, a change of clothes, and a warm hat; Local map; Some water and food; Permanent marker, paper and tape; Photos of family members and pets for re-identification ; List of emergency point-of-contact phone numbers; List of allergies to any drug (especially antibiotics) or food; Copy of health insurance and I.D. cards; Extra prescription eye glasses, hearing aid or other vital personal items; Toothbrush and toothpaste; Extra keys to your house and vehicle; Any special-needs items for children, seniors and/or people with disabilities; Don't forget to make a Go-bag for your pet.

Five Ways to Prepare for a Hurricane

1. Make plans to secure your property. Permanent storm shutters are the best protection for windows, or board up windows with 5/8" marine plywood, cut to fit and ready to install. Tape does not prevent windows from breaking.
2. Install straps or clips to secure your roof to the structure.
3. Be sure trees and shrubs around your home are well trimmed.
4. Clear loose and clogged rain gutters and downspouts.
5. Consider building a safe room.

THE “NUTS AND BOLTS” OF LIGHTNING JOLTS: Things You Should Know About Lightning and Thunderstorms

Most of us have been taught to count “one- 1,000, two- 1,000, three- 1,000...” when we hear thunder, and depending on how many seconds we count determines how many miles the storm is away from us. Well, although that allows us to guess how far away the rain is, it doesn’t specify how far away the lightning is—which may often strike outside of heavy rain and can actually occur as far as 10 miles away from any rainfall.

Due to lightning’s unpredictable nature, the risk of lightning strikes to individuals and property increases, but don’t lose sleep over it. Your chances of being struck by lightning are estimated to be one in 600,000, and could be reduced even further by following safety precautions—Make sure you are aware of your surroundings and the weather forecast, and plan accordingly. Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening, so if you enjoy the outdoors, keep that in mind.

Also remember that warm, humid conditions are highly favorable for thunderstorms, which typically produce heavy rain for a brief period of time—anywhere from 30 minutes to an hour or so. Just keep in mind these simple facts and don’t get caught “wet-handed!”

Remember:

Lightning strike victims carry no electrical charge. Attend to them immediately!

DO'S AND DON'TS FOR THUNDERSTORMS

DO'S

- Get inside a home, building, or hard top automobile (not a convertible). Although you may be injured if lightning strikes your car, you are much safer inside a vehicle than outside. The steel frame of a hard-topped vehicle provides increased protection if you are not touching metal.
- Shutter windows and secure outside doors. If shutters are not available, close window blinds, shades, or curtains.
- Unplug appliances and electrical items such as computers and turn off air conditioners. Power surges from lightning can cause serious damage

DON'T

- Shower or bathe during a storm. Plumbing and bathroom fixtures can conduct electricity.

EVACUATION DURING A HURRICANE

WHEN YOU SHOULD EVACUATE:

1. If you are directed by local authorities. Be sure to follow their instructions.
2. If you live in a mobile home or temporary structure.
3. If you live in a high rise
4. If you live on the coast, on a floodplain, near a river, or on an island waterway
5. If you feel you are in danger.

IF YOU ARE UNABLE TO EVACUATE:

1. Stay indoors and away from windows and glass doors.
2. Close all interior doors and brace external doors
3. Take refuge in a small interior room, closet, or hallway
4. Lie on the floor under a table or sturdy object

TOPSY TURVY TORNADOES: WHY THESE TWIRLING TOWERS OF TERROR ARE TREACHEROUS

Tornadoes may strike quickly, with little or no warning and are nature's most violent storms, which can cause fatalities and devastate a neighborhood in seconds.

A tornado, which appears as a rotating, funnel-shaped cloud, extends from a thunderstorm to the ground with whirling winds that can reach 300 miles per hour, but the average forward speed of a tornado is 30 miles per hour, and could vary from stationary (staying in one place) to 70 miles per hour.

Damage paths of tornadoes can be in excess of one mile wide and 50 miles long. Every state is at some risk from this hazard.

Before a tornado hits, the wind may die down and the air may become very still. A cloud of debris can mark the location of a tornado even if a funnel is not visible. Tornadoes generally occur near the trailing edge of a thunderstorm. It is not uncommon to see clear, sunlit skies behind a tornado.

Thing to do before a tornado...

Be alert to changing weather conditions

Look for danger signs: Dark, often greenish sky; Large hail; A large, dark, low-lying cloud (particularly if rotating); Loud roar, similar to a freight train

If you see approaching storms or any of the danger signs, be prepared to take shelter immediately.

If you are inside a building...

Go to a shelter such as a safe room, basement, storm cellar, or the lowest building level. If there is no basement, go to the center of an interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls.

If you are outside with no shelter...

Lie flat in a nearby ditch or depression and cover your head with your hands. Be aware of the potential for flooding.

Do not get under an overpass or bridge. You are safer in a low, flat location.

Never try to outrun a tornado in urban or congested areas in a car or truck. Instead, leave the vehicle immediately for safe shelter.

Watch out for flying debris. Flying debris from tornadoes causes most fatalities and injuries.

Peak tornado season in the southern states is March through May.

Tornadoes are most likely to occur between 3 p.m. and 9 p.m., but can occur at any time

FLOODS

Floods are one of the most common hazards in the United States and can impact a neighborhood or community, or affect entire river basins and multiple states.

Two feet of rushing water can carry away most vehicles including sport utility vehicles!

However, all floods are not alike. Some floods develop slowly, sometimes over a period of days. But flash floods can develop quickly, sometimes in just a few minutes and without any visible signs of rain. Flash floods often have a dangerous wall of roaring water that carries rocks, mud, and other debris and can sweep away most things in its path.

Be aware of flood hazards no matter where you live, but especially if you live in a low-lying area, near water or downstream from a dam. Even very small streams, gullies, creeks, culverts, dry streambeds, or low-lying ground that appears harmless in dry weather can flood. Every state is at risk from this hazard.

During a Flood

Listen to the radio or television for information.

Be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.

Be aware of streams, drainage channels, canyons, and other areas known to flood suddenly. Flash floods can occur in these areas with or without such typical warnings as rain clouds or heavy rain.

After a Flood

- Return home only when authorities indicate it is safe.
- Listen for news reports to learn whether the community's water supply is safe to drink.
- Stay out of any building if it is surrounded by floodwaters. - Clean and disinfect everything that got wet. Mud left from floodwater can contain sewage and chemicals.
- Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations.
- Stay away from downed power lines, and report them to the power company.
- Avoid moving water. Avoid floodwaters; water may be contaminated by oil, gasoline, or raw sewage. Water may be electrically charged from underground or downed power lines.
- Service damaged septic tanks, cesspools, pits and leaching systems as possible. Damaged sewage systems are serious health hazards.
- Be aware of areas where floodwaters have receded. Roads may be weak and collapse.
- Clean and service vehicles (SUV's) and pick-ups that got wet.

If you must prepare to evacuate, you should do the following:

Secure your home. If you have time, bring in outdoor furniture. Move essential items to an upper floor.

Turn off utilities at the main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water.

Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.

Do not drive into flooded areas. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely.

EMERGENCY PREPAREDNESS CNA TEST

Name _____

Date _____

1. Tornadoes may strike quickly, with little or no warning.

True

False

2. The following are items that could be useful in a First Aid Kit: (Circle all that are correct)

Antibiotic ointment

Adhesive bandages

Toothbrush

Tweezers

Eye wash solution

3. During a hurricane you don't need to worry about having a supply of water because hurricanes come with rain.

True

False

4. The best place to shelter during lightning is under a tall tree.

True

False

5. If a person is struck by lightning and you touch them, you will be electrocuted.

True

False

6. Tornadoes are nature's most violent storms.

True

False

7. Every state is at some risk for tornadoes.

True

False

8. A Go-Bag is very important to have for each member of the family.

True

False

9. If you are with a patient when disaster strikes stay calm and don't panic.

True

False

10. A Go-Bag should be easy to grab in case of evacuation.

True

False

11. Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening.

True

False

12. Two feet of rushing water can carry away most vehicles including sport utility vehicle.

True

False

13. You should have a disaster plan that is as specific as possible for your individual needs.

True

False

14. You should have an emergency supply kit in your home with supplies that would last you for 72 hrs.

True

False

15. All emergency shelters are the same and take the place of a hotel.

True

False

TEST ANSWERS

1. A
2. All
3. B
4. B
5. B
6. A
7. A
8. A
9. A
- 10.A
- 11.A
- 12.A
- 13.A
- 14.A
- 15.B

Personal Medical and Contact Information Forms

These forms may be used to help your staff prepare your patients for disaster and quick evacuation. Once they are completed, they should be put in a secure place, but a place that is easily accessible.

My Medical Information

Name: _____ Social Security #: _____

Address:

Phone Number: _____ Age: _____ Birth Date: _____

Health Plan: _____ Blood Type; _____

(Circle one) I have a DNR: YES NO

Medical Conditions:

Allergies:

Special Equipment I Need:

My DME Supplier is: _____ Phone Number: _____

Communication/Cognitive Difficulties:

My Doctor: _____ Phone Number: _____

Address: _____

My Doctor: _____ Phone Number: _____

Address: _____

Pharmacy: _____ Phone Number: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Information	Date:	Updated:	
Name			
Address		City	State Zip
CONTACT METHOD	HOME	WORK	
Phone:			
Cell:			
Fax:			
E-mail:			
Emergency Contact:			
Address		City	State Zip
CONTACT METHOD	HOME	WORK	
Phone:			
Cell:			
Fax:			
E-mail:			
Emergency Contact			
Address			
City		State	Zip
Phone:		Fax:	E-mail
E-mail:			
Emergency Contact			
Address			

City:		State:		Zip:	
Phone:		Fax:		E-mail:	
Emergency Contact out of town:					
Address:				Zip:	
City:		State:			
Phone:		Fax:		E-mail:	
E-mail:					

Other Important Phone Numbers & Information:


Family Communications Plan

Contact Name: _____
 Telephone: _____

Out-of-State Contact Name: _____
 Telephone: _____

Neighborhood Meeting Place: _____
 Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!

Other Important Phone Numbers & Information:


Family Communications Plan

Contact Name: _____
 Telephone: _____

Out-of-State Contact Name: _____
 Telephone: _____

Neighborhood Meeting Place: _____
 Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!

Disaster Preparedness Scenarios

These are scenarios that may be used as a learning exercise for staff to determine their level of comprehension about disaster.

They may be used in a variety of ways such as:

- Group activity
- Individual activity
- Independent activity for Aide to review and tell you what they would do.

DISASTER PREPAREDNESS SCENARIOS

These scenarios may be used to help participants use the knowledge they have learned about disaster preparedness.

Suggestions for effectiveness: Allow participants to divide up equally in groups and give them a scenario. After giving approximately 5 minutes to discuss, bring class back together and discuss each scenario, allowing group to report their intervention.

1. You have arrived at the home to assist with ADL's. The patient, Ms. Smith is 85 with dementia and a large wound on buttocks. She ambulates with assistance. Her husband is present, but lends little help to the care of his wife. Her daughter works but is there evening and night. You have started AM care when you hear on the news a weather warning, tornado spotted 1/2 mile from where you are. What is the safest action for you to take at this time?
2. On your way to Ms. Floyd's house you see some billowing smoke and the air is also cloudy with smoke. You arrive at the home to start your work with Ms. Floyd, when there is breaking news that a chemical fire is out of control. People are warned not to leave their homes. What action should you take?
3. You awaken this AM to the ground covered with snow and the trees glistening with ice. You have no electricity, but your telephone land line works. What should you do about work today?
4. After 2 days of heavy rains there are warnings for flash floods. You notice the river you just crossed going to care for Mr. Johnson as being very close to the road and the waters just rolling with great force. When arriving at the home of Mr. Johnson and hearing the weather alert on the radio that says, the waters are continuing to rise and flash floods are expected. Before you leave you see the waters rising in Mr. Johnson's yard. What action should you take?
5. is now severely cold outside and the forecast is for snow and ice—6 inches of snow and ice. You are seeing as many patients today as you can, just in case the forecast is accurate. What type of questions do you need to ask the patient to make sure they are going to be safe if the storm does come?
6. You are working for a Home Care agency that provides CAP services. Your shift is for 8 hours. You know there are severe thunderstorm warnings for the area you are in. What type precautions should be taken when thunderstorms are underway to keep you and your patient safe?
7. After several days of rain, you are traveling to your patient's house. You come to a place in the road where you can see nothing but water as you approach the area. What should you do?
8. Your HH patient Mr. Jimbo is 87 years old and lives in the Senior Citizens Apartments. He walks with a walker, but because of his breathing problems can only walk short distances. The building next to his building is on fire when you arrive for your morning visit. When you enter the hallway, you find him lying in the floor with an open compound fracture of the right leg. What will you do?

Business Planning

CONTINUITY OF OPERATIONS PLANNING

How quickly your company can get back to business after a hurricane, terrorist attack, tornado, fire or flood often depends on emergency planning done today. Start planning now to improve the likelihood that your company will survive and recover.

Carefully assess **how your company functions**, both internally and externally, to determine which staff, materials, procedures and equipment are absolutely necessary to keep the business operating.

- Review your **business process flow chart** if one exists.
- Identify **operations critical to survival** and recovery.
- Include **emergency payroll, expedited financial decision-making and accounting systems** to track and document costs in the event of a disaster.
- Establish procedures for **succession of management**. Include at least one person who is not at the company headquarters, if applicable.
- Identify your **suppliers, shippers, resources and other businesses** you must interact with on a daily basis.
- Develop **professional relationships** with **more than one** company to use in case your primary contractor cannot service your needs. A disaster that shuts down a key supplier can be devastating to your business.
- **Create a contact list** for existing critical business contractors and others you plan to use in an emergency. Keep this list with other important documents on file, in your [emergency supply kit](#) and at an off-site location.
- Plan what you will do if your **building, is not accessible**. This type of planning is often referred to as a continuity of operations plan, or COOP, and includes all facets of your business.
- Consider if you can run the business from a different location or from your home.
- Develop relationships with other companies to use their facilities in case a disaster makes your location unusable.
- **Plan for payroll continuity.**
- Decide **who should participate** in putting together your emergency plan.
- Include co-workers from all levels in planning and as **active members** of the emergency management team.
- Consider a **broad cross-section** of people from throughout your organization, but focus on those with expertise vital to daily **business functions**. These will likely include people with technical skills as well as managers and executives.
- Define **crisis management procedures** and **individual responsibilities** in advance.
- Make sure those involved know what they are supposed to do.
- Train others in case you need back-up help.
- Coordinate with others.
- Meet with **other businesses in your building.**
- Talk with first responders, emergency managers, community organizations and utility providers.
- Plan with your suppliers, shippers and others you regularly do business with.
- Share your plans and encourage other businesses to set in motion their own continuity planning and offer to help others.

Review your emergency plans annually. Just as your business changes over time, so do your preparedness needs. When you hire new employees or when there are changes in how your company functions, you should update your plans.

BUSINESS EVACUATION PLAN

150

Some disasters will require employees to leave the workplace quickly. The ability to evacuate workers, customers and visitors effectively can save lives. People who plan and practice how they will get out of the building in an emergency are better prepared than those who do not have an exit strategy.

1. If feasible, develop a system for **knowing who is in your building, including customers and visitors**, in case there is an emergency.
2. **Decide in advance who has the authority to order an evacuation.** Create a chain of command so that others are authorized to act in case your designated person is not available. If local officials tell you to evacuate, do so immediately.
3. Identify **who will shut down critical operations and lock the doors**, if possible, during an evacuation.
4. Choose employees most able to make decisions that emphasize personal safety first.
5. Train others who can serve as a back-up if the designated person is unavailable.
6. Write down, distribute and practice evacuation procedures.
7. Locate and make copies of **building and site maps** with critical utility and emergency routes clearly marked.
8. **Identify and clearly mark entry-exit points** both on the maps and throughout the building.
9. **Post maps** for quick reference by employees.
10. Keep copies of building and site maps with your crisis management plan and other important documents in your emergency supply kit and also at an off-site location.
11. Make copies available to first responders or other emergency personnel.
12. **Plan two ways out** of the building from different locations throughout your facility.
13. Consider the feasibility of installing **emergency lighting** or plan to use flashlights in case the power goes out.
14. Establish a **warning system**.
15. **Test systems** frequently.
16. Plan to communicate with **people who are hearing-impaired or have other disabilities** and those who do **not speak English**.
17. Designate an **assembly site**.
18. Pick one location near your facility and another in the general area in case you have to move farther away.
19. Talk to your people in advance about the importance of letting someone know if you cannot get to the assembly site or if you must leave it.
20. Be sure the assembly site is away from traffic lanes and is safe for pedestrians.
21. Try to **account for all workers, visitors and customers** as people arrive at the assembly site.
22. Take a head count.
23. Use a prepared roster or checklist.
24. Ask everyone to let others know if they are leaving the assembly site.
25. Determine **who is responsible for providing an all-clear** or return-to-work notification. Plan to cooperate with local authorities responding in an emergency.
26. Conduct employee [training, exercises and drills](#) including procedures for evacuating [high-rise buildings](#) on a regular basis.
27. Plan for [people with disabilities](#) who may need help getting out in an emergency.
28. If your business operates out of more than one location or has more than one place where people work, establish **evacuation procedures for each individual building**.
29. If your company is in a high-rise building, an industrial park, or even a small strip mall, it is important to **coordinate and practice with other tenants or businesses** to avoid confusion and potential gridlock.
30. If you **rent, lease or share space with other businesses** make sure the **building owner** and other companies are committed to coordinating and practicing evacuation procedures together.
31. Make a [Shelter-In-Place Plan](#).

EMERGENCY SUPPLIES

Talk to your co-workers about what emergency supplies the company can feasibly provide, if any, and which ones individuals should consider keeping on hand. Recommended emergency supplies include the following:

- **Water**, amounts for portable kits will vary. Individuals should determine what amount they are able to both store comfortably and to transport to other locations. If it is feasible, store one gallon of water per person per day, for drinking and sanitation
- **Food**, at least a three-day supply of non-perishable food
- **Battery-powered radio** and **extra batteries**
- **Flashlight** and **extra batteries**
- **First Aid kit**
- **Whistle** to signal for help
- **Dust or filter masks**, readily available in hardware stores, which are rated based on how small a particle they filter
- **Moist towelettes** for sanitation
- **Wrench** or **pliers** to turn off utilities
- **Can opener** for food (if kit contains canned food)
- **Plastic sheeting** and **duct tape** to "seal the room"
- **Garbage bags** and **plastic ties** for personal sanitation

Business Emergency Plan

Business Continuity and Disaster Preparedness Plan

Business Name

Address

City, State, Zip Code

Telephone Number

If this location is not accessible we will operate from location below:

Business Name

Address

City, State, Zip Code

Telephone Number

EMERGENCY CONTACT INFORMATION

The following person is our primary crisis manager and will serve as the company spokesperson in an emergency.

Primary Emergency Contact

Telephone Number

Alternative Number

E-mail

If the person is unable to manage the crisis, the person below will succeed in management:

Secondary Emergency Contact

Telephone Number

Alternative Number

E-mail

Dial 9-1-1 in an Emergency

Non-Emergency Police/Fire

Insurance Provider

The following natural and man-made disasters could impact our business:

- _____
- _____
- _____
- _____

EMERGENCY PLANNING TEAM

The following people will participate in emergency planning and crisis management.

- _____
- _____
- _____
- _____
- _____

COORDINATE WITH OTHERS

The following people from neighboring businesses and our building management will participate on our emergency planning team.

- _____
- _____
- _____
- _____
- _____

CRITICAL OPERATIONS

The following is a prioritized list of our critical operations, staff and procedures we need to recover from a disaster. Name staff and action plan:

SUPPLIERS AND CONTRACTORS

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Name: _____ Account Number: _____

Materials / Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Name: _____ Account Number: _____

Materials / Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Name: _____ Account Number: _____

Materials / Service Provided: _____

- We have developed these plans in collaboration with neighboring businesses and building owners to avoid confusion or gridlock
- We have located, copied and posted building and site maps.
- Exits are clearly marked.
- We will practice evacuation procedures ____ times a year.

EVACUATION PLAN FOR _____ LOCATION _____

Address _____

If we must leave the workplace quickly:

1. Warning System: _____

We will test the warning system and record results ____ times a year.

2. Assembly Site: _____

3. Assembly Site Manager & Alternate: _____

a. Responsibilities Include:

4. Shut Down Manager & Alternate: _____

a. Responsibilities Include:

5. _____ is responsible for issuing all clear.

SHELTER IN PLACE FOR _____ LOCATION _____

We have talked to co-workers about which emergency supplies, if any, the company will provide in the shelter location and which supplies individuals might consider keeping in a portable kit personalized for individual needs. ○ We have located, copied and posted building and site maps.

○ We will practice shelter procedures ____ times a year.

Address _____

If we must take shelter quickly:

1. Warning System: _____

We will test the warning system and record results ____ times a year.

2. Storm Shelter Location: _____

3. "Seal the Room" Shelter Location: _____

4. Shelter Location & Alternate : _____

a. Responsibilities Include:

5. Shut Down Manager & Alternate: _____

a. Responsibilities Include:

6. _____ is responsible for issuing all clear.

COMMUNICATION

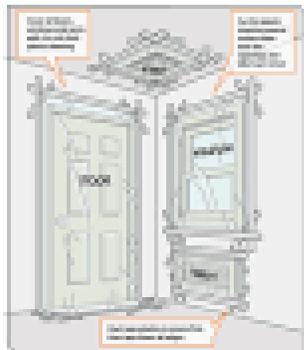
We will communicate our emergency plans with co-workers in the following way:

In the event of a disaster we will communicate with employees in the following way:

MAKE A SHELTER-IN-PLACE PLAN

There may be situations when it's best to stay where you are to avoid any uncertainty outside. There are other circumstances, such as during a tornado or a chemical incident when specifically **how** and **where** you take shelter is **a matter of survival**. You should understand the different threats and **plan for all possibilities**.

If you are instructed by local authorities to take shelter, do so immediately.



Seal The Room diagram

If feasible, develop a system for knowing **who is in your building** in case there is an emergency.

Establish a warning system.

- **Test systems** frequently.
- Plan to communicate with **people with hearing impairments or other disabilities** or who do **not speak English**.
- **Account for all workers, visitors and customers** as people arrive in the shelter.
- Take a head count.
- Use a prepared roster or checklist.
- In general, **employees cannot be forced to shelter**, however there are circumstances when local officials will order that everyone stay put. It is important to **speak with your co-workers** in advance about sheltering to avoid confusion and **allow for cooperation** in the event you need to shelter-in-place.
- **Assign specific duties** to employees in advance; **create checklists** for each specific responsibility. Designate and train employee alternates in case the assigned person is not there or is injured.
- Get emergency supply kits and keep them in your shelter locations.

Practice your shelter-in-place plan on a regular basis.

- Determine where you will take shelter in case of a [Tornado Warning](#).
- Storm cellars or basements provide the best protection.
- If underground shelter is not available, go into an interior room or hallway on the lowest floor possible.
- In a high-rise building, go to a small interior room or hallway on the lowest floor possible.
- Stay away from windows, doors and outside walls. Go to the center of the room. Stay away from corners because they attract debris.

Stay in the shelter location until the danger has passed.

- **"Seal the Room"**. If local authorities believe the air is badly contaminated with a chemical, you may be instructed to take shelter and "seal the room."
- The process used to seal the room is considered a temporary protective measure to create a barrier between your people and potentially contaminated air outside. It is a type of sheltering that requires preplanning.
- **Identify a location to "seal the room" in advance.**
- If feasible, **choose an interior room**, such as a break room or conference room, with as **few windows and doors** as possible.
- If your business is located on more than one floor or in more than one building, **identify multiple shelter locations**.
- To **"seal the room" effectively**:

- **Close** the business and bring **everyone inside**.
- **Lock** doors, **close** windows, air vents and fireplace dampers.
- **Turn off** fans, air conditioning and forced air heating systems.
- **Take your emergency supply kit** unless you have reason to believe it has been contaminated.
- **Go into an interior room**, such as a break room or conference room, with few windows, if possible.
- **Seal** all windows, doors and air vents with plastic sheeting and duct tape. Measure and cut the sheeting in advance to save time.
- Be prepared to **improvise** and use what you have on hand to **seal gaps** so that you create a barrier between yourself and any contamination.

Local authorities may not immediately be able to provide information on what is happening and what you should do. However, you should **watch TV, listen to the radio or check the Internet often for official news** and instructions as they become available.

If you are in the process of expanding, changing locations or building new facilities you may want to consider constructing a special shelter-in-place room. For more information see <http://www.fema.gov/plan/prevent/saferoom/index.shtm>.

Last Updated: April 26, 2011

Commonly Used Acronyms/ Abbreviations

The following list of commonly used acronyms and abbreviations will be helpful when talking or working with personnel from the Emergency Management Services. They use these acronyms frequently in conversation.

COMMONLY USED

159

ACRONYMS AND ABBREVIATIONS

@	At
↑	Increase
↓	Decrease
♀	Female
♂	Male
<	Less than
>	Greater than
=	Equal
≠	Not equal to
≡	Identical to
+	Positive
-	Negative
↑	Upper; Increased
↓	Lower; Decreased
?	Questionable
≈	Approximately
ā	Before
£	Pound sign
©	Copyright sign
®	Registered sign
TM	Trademark
△	House
☺	Smiling Face
1°	1 degree
ACAP	“As clean as possible”
ACF	Alternate Care Facility
ACIP	Advisory Committee on Infection Practices
ACLS	Advanced Cardiac Life Support
Act	Active
AED	Automatic External Defibrillator

AG	Agriculture
AHEC	Area Health Education Center
AIDS	Acquired Immune Deficiency Syndrome
aka	Also known as
AL	Area Liaison
ALE	Alcohol Law Enforcement
ALS	Advanced Life Support
Amt.	Amount
AOC	Army Operations Center; Administrative Office of Courts
APIC	Association of Professional Infection Control
Approx.	Approximately
Appt.	Appointment
ARC	American Red Cross
ARES	American Radio Emergency Services
ARRL	American Radio Relay League
ASAP	"As soon as possible"
Assoc.	Associated
Asst	Assisted/assist
AST	Above Ground Storage Tanks
ATC	Alcohol treatment center
BCLS	Basic Cardiac Life Support
BLS	Basic Life Support
BOO	Base of Operations
BORCC	Branch Office Regional Coordination Center
BSL	Bio Safety Level (laboratories)
BT	Bioterrorism
C	Centigrade
Ca++	Calcium
CAP	Civil Air Patrol
CAR	Congressional Affairs Representative
CART	County Animal Rescue Team
CAT	Crisis Action Team
CBM	Critical Bench Marks
Cc	Carbon copy; cubic centimeter
CCP	FEMA's Crisis Counseling Program
CCPS	Crime Control and Public Safety

CDC	Center for Disease Control and Prevention
CDL	FEMA's Community Disaster Loan Program
CDRG	Catastrophic Disaster Response Group
CEMP	Committee on Environmental Monitoring Program
CEPPO	Chemical Emergency Preparedness and Prevention Office
CERP	Chemical Emergency Response Program
CFDA	Catalog of Federal Domestic Assistance
CFR	Code of Federal Regulations
CGRCC	Coast Guard Rescue Coordination Center
CHEMTREC	Chemical Transportation Emergency Center
CINC	Commander in Chief
CIP	Critical Infrastructure Protection
CIPHER	Collaboration and Integrated Public Health, Hospital and Emergency Response
Cir	circumference
CIS	Credentialing Information System
CISD	Critical Incident Stress Debriefing
cl	Clear; chloride
CMC	Central Continuing Care
CMT	Crisis Management Team
cm	Centimeter
CNA	Certified Nursing Assistant
CNS	Central Nervous System
CO	Custodial Officer; Carbon Monoxide
CO2	Carbon Dioxide
Coag	Coagulation
Conf.	Conference
Comp	compound
Consult	consultation
Cont.	Continue; Continued
COSA	Child of substance abuser
COTA	Certified occupational therapist assistant
CPR	Cardiopulmonary Resuscitation
CRAC	Central Regional Advisory Committee (Trauma)
CRO	Central Region Office
CRC	Crisis Resource Call
CRM	Crisis Resource Manager

CST	NC National Guard Civil Support Team
	162
DA	Damage Assessment
DAC	Disaster Application Center
DAE	Disaster Assistance Employee
Dc/DC	Discontinue; discharge
DCC	Donations Coordination Center
DCT	Donations Coordination Team
Decal	deceleration
DECON	Decontamination
Demo	demonstration
DENR	Department of Environmental and Natural Resources
Dep	dependant
DFO	Disaster Field Office
DFS	Division of Facility Services
DFSG	Disaster Financial Services Group
DHHS	Department of Health and Human Services
Diff.	Difficulty; Differential
Dir	director
DISC	Disaster Information Systems Clearinghouse
Dist. H2O	Distilled Water
DMAT	Disaster Medical Assistance Teams
DMORT	Disaster Mortuary Operational Response Teams
DMV	Division of Motor Vehicles
DNR	Do Not Resuscitate
DOA	Dead on Arrival; Department of Administration
DOB	Date of Birth
DOC	Department of Corrections
DOD	Department of Defense
DOE	Department of Energy
DOed	Department of Education
DOI	Department of Insurance(state); Department of Interior(federal)
DOJ	Department of Justice
DOL	Department of Labor
DOMS	Department of Military Support, Department of Defense
DOS	Department of State
DOT	Department of Transportation
DPAO	Deputy Public Affairs Officer

DPC	Disaster Preparedness Committee	163
DPI	Department of Public Instruction	
Dr	dram	
DRAP	USDA's Disaster Reserve Assistance Program	
DRF	Disaster Relief Fund	
DROC	Disaster Recovery Operations Center	
DSR	Damage Survey Report	
DSS	Department of Social Services	
DTMF	Dual Tone, Multi-Frequency	
DUA	DOL's Disaster Unemployment Assistance	
DUI	Driving Under the Influence	
DVA	Department of Veteran's Affairs	
DWI	Disaster Welfare Inquiry; Driving While Intoxicated	
Dx	Diagnosis	
Ea	each	
EAS	Emergency Alerting System	
EBS	Emergency Broadcast System	
EC	Emergency Coordinator	
ECG	Electrocardiogram	
ECS	Emergency Communications Staff	
ED	Emergency Department	
EEG	Electroencephalogram	
EENT	Eyes, Ears, Nose and Throat	
eg	example	
EICC	Emergency Information and Coordination Center	
EKG	Electrocardiogram	
EM	Emergency Management	
EMA	Emergency Management Agency	
EMAC	Emergency Management Assistance Center	
EMS	Emergency Medical Services; Emergency Medical Support	
EMS-NP	Emergency Medical Services – Nurse Practitioner	
EMS-PA	Emergency Medical Services – Physician's Assistant	
EMSPIC	EMS Performance Improvement Center	
EMT	Emergency Medical Technician	
EMT-D	Emergency Medical Technician – Defibrillator	
EMT-I	Emergency Medical Technician – Intermediate	
EMT-P	Emergency Medical Technician – Paramedic	
EO	Executive Order	

FHWA	DOT's Federal Highway Administration
Fl	fluid
Fl dr	Fluid dram
Fl oz	Fluid ounce
FNF	Fixed Nuclear Facility
FOG	Field Operations Guide
FRERP	Federal Radiological Emergency Response Plan
Ft	Feet/foot
FTS	Federal Telecommunications Systems
Fx	Fracture
f/u	Follow up
GAR	Governor's Authorized Representative
GAYEST	FEMA's Geographic Information System
gen.	General
Ghz	Gigahertz
GI	Gastrointestinal
GIS	Geographic Information System
gm/g	Gram
GPS	Global Positioning Satellite
GS	General Statute
GSA	General Services Administration
GSW	Gun Shot Wound
GYN	Gynecology
H ² O	Water
HAN	Health Alert Network
HAZMAT	Hazardous Materials
HAZMIT	Hazard Mitigation
HEICS	Hospital Emergency Incident Command System
HERC	Healthcare Emergency Response Center
HES	Hurricane Evacuation Study
HF	High Frequency
HHS	US Dept of Health and Human Services
HICPAC	Hospital Infection Control Practitioners Advisory Committee
HIPAA	Health Insurance Portability and Accountability Act
HOH	Hard of Hearing

Hosp	Hospital
HP	Hospital Preparedness
HQ	Headquarters
HQDA	Headquarters, Department of the Army
HQUSACE	Headquarters, US Army Corps of Engineers
h/hr	Hour
HP	Hospital Preparedness
HRSA	Hospital Response System; Health Resources and Services Administration
HS	Homeland Security
ht	height
HUD	Department of Housing and Urban Development
Ht	height
Hx	History; Hertz
I&P	Information and Planning
IA	Individual Assistance
IAP	Incident Action Plan
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
ICU	Intensive Care Unit
IRMS	Information Resources Management Services
Irreg	irregular
IS	Information Systems
IST	Incident Support Team
IT	Information Technology
IV	Intravenous
JCAHO	Joint Committee on Accreditation of Healthcare Organizations
JCS	Joint Chief of Staff
JIC	Joint Information Center
JIS	Joint Information System
JMMO	Joint Medical Mobilization Office
JOC	Joint Operations Center
JTF	Joint Task Force
K+	Potassium
KCL	Potassium Chloride

kg	Kilogram
kHz	Kilohertz
km	Kilometer
KO	Knocked out; keep out
LAT	Lateral
lb	pound
LEMC	Local Emergency Management Coordinator
LEPC	Local Emergency Planning Committee
LIDO	Lidocaine
LOA	Leave of Absence
LOL	Laugh out loud, lots of laughs
LOC	Logistics Operation Center; Letter of Credit
LOS	Length of stay
LOSA	Logistical Operational Support Area
lt	left
MAA	Mutual Aid Agreement
MASF	Mobile Aeromedical Staging Facility
MAST	Military anti-shock trousers
MATRAC	Mountain Area Trauma Advisory Committee
MATTS	Mobil Air Transportable System
Max	Maximum
MB	Meal Break
MC	Mobilization Center
MCC	Medical Care Commission
mcg	microgram
MD	Medical Director
MED/meds	Medicine/medication
MERS	Mobile Emergency Response System; Mobile Emergency Response Support
METTA	Medical Evacuation Triage and treatment Assessment
Mg	Magnesium
mg	Milligram
mHz	Megahertz
min	Minute/minimum
ml	Milliliter
mm	Millimeter
misc.	Miscellaneous

MMR	Mumps, measles and Rubella
MMRS	Metropolitan Medical Response System
Mo	month
MOA	Memorandum of Agreement
Mod	moderate
Mos	months
MOU	Memorandum of Understanding
MPH	Miles per hour
MR	Medical record; mental retardation
MRE	Meals Ready to Eat
MS	Mental status; multiple sclerosis; medical student
MSO4	Morphine
MVA	Motor vehicle accident
MVC	Motor Vehicle Collision
NaCl+	Sodium Chloride
NA	Not Applicable
NaHCO ₃	Sodium bicarbonate
NASA	National Aeronautics and Space Administration
NAWAS	National Warning System
NCS	National Communications System
NCSA	National Center for Statistics and Analysis
NDMS	National Disaster Medical System

NECC	National Emergency Coordination Center
NEDSS	National Electronic Disease Surveillance System
neg	Negative
NEMIS	National EMS Information System
NGB	National Guard Bureau
NH	Nursing Home
NHC	National Hurricane Center
NIH	National Institute of Health
NIIMS	National Interagency Incident Management System
NIMS	National Incident Management System
NKDA	No known drug allergies
NMRT	National Medical Response Teams
NP	National Preparedness
NRT	National Response Team
NSF	National Strike Force
NTG	Nitroglycerin
NWS	National Weather Service
O2	Oxygen
OAH	Office of Administrative Hearings
OB	Obstetrics
OD	Overdose
ODI	Office of defects investigation
ODP	Office of Domestic Preparedness
OEMS	Office of Emergency Medical Services
OEP	Office of Emergency Preparedness
OET	Office of Emergency Transportation
OFA	Other Federal Agency
OFDA	Office of US Foreign Disaster Assistance
OIG	Office of Inspector General (FEMA)
OJ	Orange Juice
OJCS	Office of the Joint Chief of Staffs, Department of Defense
OPS	Operations Center
OR	Operation Room
OSC	On-scene Coordinator
OSHA	Occupational Safety and Health Administration
OTC	Over the Counter

oz	ounce	170
PA	FEMA's Public Assistance Program	
PALS	Pediatric Advanced Life Support	
PAO	Public Affairs Officer	
PAE	Public Assistant Engineer	
PD	Police Department	
PDA	Preliminary Damage Assessment	
PE	Physical Exam	
Peds	Pediatrics	
Perm.	Permanent	
PHA	HUD's Public Housing Authority	
PHRST	Public Health Regional Surveillance Teams	
PHS	US Public Health Service	
PL	Public Law	
PMCS	Preventative Maintenance Checks and Services	
PMO	Property Management Officer	
POA	Point of Arrival	
POD	Point of Departure	
Pos	Positive	
PPE	Personal Protective Equipment	
PRA	Patient Reporting Activity	
Prep	Preparation; prepare for	
PSR	Personal Service Radio	
Psych	Psychiatry	
PREMIS	Prehospital Medical Information System	
Pt	Patient; physical therapy	
PTA	Prior to arrival	
PT&E	FEMA's Preparedness, Training and Directorate	
Qd	Everyday	
RAC	Regional Advisory Committee	
RCC	Regional Coordination Center	
RD	Regional Director	
REACT	Radio Emergency Associated Citizens Team	
REC	Regional Emergency Coordinator	
RECC	Regional Emergency Communications Coordinator	
RECP	Regional Emergency Communications Plan	

reg.	Regular
Rehab.	Rehabilitation
REP	Regional Evacuation Point
REV	Revenue
Req.	Request; Requisition
RERRC	Regional Emergency Response and Recovery Coordinator
RET	Regional Emergency Transportation
RETCO	Regional Emergency Transportation Coordinator
RFP	Request for Proposal
RHA	Regional Health Administrator
RISC	Regional Inter-Agency Steering Committee
r/o	Rule Out
rm	room
RM	Risk management
RN	Registered Nurse
ROC	Regional Operations Center
ROST	Regional Operations Support Team
RPET	Radiation Protection Emergency Team
RR	Regional and Recovery Directorate (FEMA)
RR-OP-SA	Situation Assessment Branch, Operations Division, Response & Recovery Directorate, FEMA HQ
RRT	Regional Response Teams
Rt	Right
Rx	Medicine
Rxn	Reaction
s/o	Significant other
s/w	somewhat
SA	Staging Area
SAR	Search and Rescue
SCTP	Specialty Care Transport
SBI	State Bureau of Investigation
SEO	State Executive Officer
SCO	State Coordinating Officer
SERC	State Emergency Response Commission
SERT	State Emergency Response Team
SF	Standard Form; Square Foot

SHP	State Highway Patrol
SIDS	Sudden Infant Death Syndrome
SITREP	Situation Report
SLOSH	Sea, Lake, and Overland Surges for Hurricanes
SMARTT	State Medical Asset and Recovery Tracker Tool
SMAT I	State Medical Assistance Team (State Level)
SMAT II	State Medical Assistance Team (Hospital Level)
SMAT III	State Medical Assistance Team (County Level)
SMOT	State mortuary operations team
SMC	Search Mission Coordinator
SMRS	State Medical Response Team
SNS	Strategic National Stockpile
SOP	Standard Operating Procedures
SORT	Special Operations Response Team
SPCA	Society for the Prevention of Cruelty to Animals
SPEED	State Prepared Emergency Evacuation Deployment
Stat	At once
STD	Sexually transmitted disease
STG	Short term goal
STM	Short term memory
Surg	surgery
SW	Social worker
SWP	State Warning Point
Sx	Symptom
Sz	Seizure
T	temperature
Tac	Technical assistance center
TARN	Technical Advisory Response Unit
TBA	To be announced
Tbsp	Tablespoon
TCL	Target capabilities list
TD	Tropical Depression
TED	Training and Education Dispersed
Temp	Temperature
TKO	To keep open
TMI	Too much information
TO	Telephone Order

TRAC	Triad Regional Advisory Committee	173
TS	Tropical Storm	
Tsp	Teaspoon	
Tx	Treatment	
U	Unit	
Uhf	Ultra High Frequency	
UOA	Upon our arrival	
UPC	Unified planning coalition	
UPS	Un-interrupted Power Source	
USACE	United States Army Corps of Engineers	
USAF	United States Air Force	
USAR	Urban Search and Rescue	
USCG	United States Coast Guard	
USDA	United States Department of Agriculture	
USFA	United States Fire Administration	
USN	United States Navy	
USPHS	United States Public Health Service	
USPS	United States Postal Service	
US&R	Urban Search and Rescue	
VA	Department of Veteran Affairs	
VACINNA	Smallpox Vaccine	
VFD	Volunteer Fire Department	
VHA	Veterans Health Administration, Department of Veterans Affairs	
Vhf	Very High Frequency	
Via	By way of	
VMAT	Veterinarian Medical Assistance Team	
VOAD	Voluntary Organizations Active in Disaster	
VOLAG	Volunteer Agency	
VS	Vital Signs	
WMD	Weapons of Mass Destruction	
WFO	Weather Forecast Office	
WRO	Western Region Office	
wt	Weight	
Yr	year	

Credits

Resources and References

Department of Homeland Security Federal Emergency Management Agency. Are You Ready?. Accessed on 3/1/2007 at <http://www.fema.gov/index.shtm> .

.Houston Office of emergency Management. Emergency Preparedness. Accessed on 3/12/2007 at <http://www.houstontx.gov/oem/english.html>

Kailes, June Isaacson. 1996. Be a health Care Consumer, Your Life May Depend on It! For information on this Guide [contact jik@pacbell.net](mailto:jik@pacbell.net) or visit <http://www.jik.com/resource.html>. Accessed 3/3/2007 at <http://www.westernu.edu/xp/edu/cdihp/home.xml>

Ross, Kevin L. & Bing, Caryn M. "Emergency Management." Home Health Care Nurse. June, 2007, Volume 25, No. 6. pp. 370-373, 376- 377.

San Francisco Office of emergency Services [WWW.72hours.org](http://www.72hours.org) Are You Prepared? Accessed on 3/2/2007 <http://www.72hours.org/>

US Department of Homeland Security. Ready America Federal Emergency Management Agency, Preparing Makes Sense for Older Americans Accessed on 3/2/2007 at <http://www.ready.gov/america/index.html>

Western University Center for Disability Issues and Health Professions. Emergency Preparedness. Accessed on 3/13/2007

North Carolina Home Care Association

Governor's Office of Homeland Security and Emergency Preparedness <http://gohsep.la.gov/hurricane.aspx>

Get a Game Plan
www.getagameplan.org

PLEASE REMEMBER:

THE INFORMATION INCLUDED IN THIS HANDBOOK IS SUBJECT TO CHANGE AT ANY TIME. YOUR AGENCY SHOULD UPDATE YOUR EP HANDBOOK AS NEEDED.