



**RED ST/CK**  
**READY**

**East Baton Rouge Parish  
Mayor's Office of Homeland Security and  
Emergency Preparedness**

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Director



**LOUISIANA NURSING HOME EMERGENCY PLAN CROSSWALK 2009**

NURSING HOME NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Every nursing home facility that operates in the State of Louisiana is required to have an emergency plan. The Louisiana Model Nursing Home Plan format will be used as the basis for every facility's plan. Each facility will provide a copy of its plan for review by the Parish Office of Emergency Preparedness in which the facility is operated, along with a completed copy of this Crosswalk. The Crosswalk will include the page number and paragraph where every item can be found in the plan. The Parish Office of Emergency Preparedness will review the plan and return it to the agency for any corrections needed. This Crosswalk is current as of September 1, 2009.

- 1) Cover page (page 1 of model) completed \_\_\_\_\_
- 2) OHSEP verification page (page 2) completed \_\_\_\_\_
- 3) Facility's purpose paragraph \_\_\_\_\_
- 4) Situation Section includes the following description of the facility:
  - A. Number of buildings and floors \_\_\_\_\_
  - B. Year buildings were built and type of construction \_\_\_\_\_
  - C. Facility's water, sewer, and power suppliers \_\_\_\_\_
  - D. Locations of smoke/fire alarms and if sprinkled \_\_\_\_\_
  - E. Given the elevations for the following, feet above sea level, above grade:
    - Lowest living floor space \_\_\_\_\_
    - Generator \_\_\_\_\_
    - Electrical service junctions (regular and emergency) \_\_\_\_\_
    - Heating, ventilation, Air Conditioner System (HVAC) \_\_\_\_\_
    - All fuel supply storage tanks – Diesel, Propane, etc \_\_\_\_\_
    - Storage areas for emergency medical equipment, supplies \_\_\_\_\_

- Storage areas for non-medical emergency equipment, supplies \_\_\_\_\_
- Water supply systems (well, backflow preventers, etc) \_\_\_\_\_

F. Flood zones and Base Flood Elevations (BFE) \_\_\_\_\_

G. Risk level of flooding \_\_\_\_\_

H. Is area protected by levees or flood mitigation and limits of those \_\_\_\_\_

I. \* SLOSH MOM model data for Hurricane Categories 1-5 \_\_\_\_\_

J. Will or when the facility may be compromised by flood or surge waters \_\_\_\_\_

5) Has the following geographical information:

A. Longitude and latitude \_\_\_\_\_

B. Sketch map or map of facility with major streets \_\_\_\_\_

C. Physical address of facility \_\_\_\_\_

6) Labeled, legible floor plan(s) included showing locations of the following:

A. Offices \_\_\_\_\_

B. Resident Spaces \_\_\_\_\_

C. Staff Spaces \_\_\_\_\_

D. Utility Spaces- electrical, mechanical, etc \_\_\_\_\_

E. Storage areas of emergency, non-emergency, medical, and non-medical supplies and equipment \_\_\_\_\_

F. Hazardous materials storage \_\_\_\_\_

G. Emergency Exits and exits \_\_\_\_\_

H. \* Emergency electrical outlets fed by emergency power supply \_\_\_\_\_

I. Electrical service junctions (regular and emergency generator) \_\_\_\_\_

J. \*Posted accessible emergency information \_\_\_\_\_

K. \*Pre-designated Emergency Command Post \_\_\_\_\_

L. \*Pre-designated Emergency Communications Center \_\_\_\_\_

M. If available, show attachment points for portable generators \_\_\_\_\_

7) Information on the facility's generator:

A. Does the facility have a generator(s)? \_\_\_\_\_

B. Output of the generator(s) \_\_\_\_\_

C. Does generator(s) supply have adequate power for the equipment you intend it to power? \_\_\_\_\_

D. Does the generator supply power to all, or part of HVAC system? \_\_\_\_\_

E. What is generator's fuel source? \_\_\_\_\_

- Type of fuel used \_\_\_\_\_
- Fueling and refueling plans \_\_\_\_\_
- Fuel consumption rate or needed supply for 48 hours \_\_\_\_\_

8) Does facility have lightning protection devices? \_\_\_\_\_

9) \*(Tab K) Act 540 Risk Assessment

A. \*Elevations of the following:

- \*Electrical service junctions \_\_\_\_\_
- \*Sewer system motor \_\_\_\_\_
- \*Water well system \_\_\_\_\_
- \*Generator and connections \_\_\_\_\_
- \*Fuel supply- storage tanks \_\_\_\_\_

B. \*Roof type and wind load \_\_\_\_\_

C. \*Evaluation of windows and measures to protect them \_\_\_\_\_

D. \*Building’s wind load rating or determination \_\_\_\_\_

E. \*Fuel resources for generator

- \*Type of fuel used \_\_\_\_\_
- \*Amount of fuel stored onsite \_\_\_\_\_
- \*How long can generator run on stored supply \_\_\_\_\_
- \*How fuel will be supplied for a seven day period \_\_\_\_\_

F. \*Generator evaluation

- \*Amount of power needed for equipment to be supplied \_\_\_\_\_
- \*Amount of power supplied by generator compared to need \_\_\_\_\_
- \*OR a statement from qualified professional of adequacy \_\_\_\_\_

G. \*Lay down hazard evaluation of surroundings \_\_\_\_\_

H. \*Hazardous materials evaluation \_\_\_\_\_

I. \*Plan for securing persons, buildings and supplies after event \_\_\_\_\_

J. \*SLOSH MOMs for categories 1-5 \_\_\_\_\_

K. \*Floor plans showing safe areas or zones and emergency storage \_\_\_\_\_

5) Operational Considerations section completed

A. Roster of current residents that include the following:

- Room location \_\_\_\_\_
- Ambulatory condition \_\_\_\_\_

- Where current official roster is kept \_\_\_\_\_
- Transportation requirements of residents and totals of all 4 types \_\_\_\_\_
- Contact information for responsible party \_\_\_\_\_
- Indicated residents that have arrangements to be recovered and cared for by responsible party \_\_\_\_\_
- Plans for the upkeep of resident roster- who, when, and how \_\_\_\_\_
- Plans for the input of required census information into DHH-HSS Emergency preparedness web site- who and when \_\_\_\_\_

B. Roster of current staff that includes:

- Name \_\_\_\_\_
- Title or position \_\_\_\_\_
- Telephone or Cellular Phone or Pager numbers \_\_\_\_\_
- Where current official roster is kept \_\_\_\_\_
- Indicate staff with arrangements to work in emergencies \_\_\_\_\_
- Indicate if any staff have included family in emergency plans of facility evacuating or sheltering \_\_\_\_\_
- Number of staff and their family to be included in transportation \_\_\_\_\_
- Plans for the upkeep of Staff roster- who, when, and how \_\_\_\_\_

C. Transportation (Tab D)

- Types of transportation, the capabilities of, and supplier of \_\_\_\_\_
- Is transportation adequate for residents and staff? \_\_\_\_\_
- \*Act 540 facilities need to include the following:
  - 1) \*All contact information for transportation resources \_\_\_\_\_
  - 2) \*Current, signed (all parties), and dated contracts \_\_\_\_\_
  - 3) \*Type and total capacity of each vehicle \_\_\_\_\_
  - 4) \*Capacity needed for each category of transportation \_\_\_\_\_
  - 5) \*Are transportation resources adequate for needs? \_\_\_\_\_
- Is the transportation air conditioned? \_\_\_\_\_
  - 1) If not air conditioned, have plans been included for care and supplies to prevent heat related health issues? \_\_\_\_\_
  - 2) Does above heat issue plan tell who, how, and what? \_\_\_\_\_

D. List day's supply of non-perishable meals (for the clients/staff) kept in facility. Are special diets included? Drinking water? \_\_\_\_\_

- \*Plans for seven day supply of non perishable food \_\_\_\_\_

- \*Is this food supply on hand? \_\_\_\_\_
- \*If food supply is not on hand, provide the following information:
  - 1) \*When does order need to be placed for this delivery? \_\_\_\_\_
  - 2) \*Who will place order? \_\_\_\_\_
  - 3) \*When will order be placed? \_\_\_\_\_
  - 4) \*Current signed agreements with supplier \_\_\_\_\_
- \*Plans for supplying seven day supply of drinking water
  - 1) \*Is supply always on site, or \_\_\_\_\_
  - 2) \*When does order need to be placed for this delivery? \_\_\_\_\_
  - 3) \*Who will place order? \_\_\_\_\_
  - 4) \*When will order be placed? \_\_\_\_\_
  - 5) \*Current signed agreements with supplier \_\_\_\_\_

- E. Does plan identify how many days supply of medicines is stored at facility? \_\_\_\_\_
- \*Is supply always on hand? \_\_\_\_\_
  - \*When does order need to be placed for this delivery? \_\_\_\_\_
  - \*Who will place order? \_\_\_\_\_
  - \*Current signed agreements with supplier \_\_\_\_\_

- F. Plans for alerting the following of any emergency event:
- Residents \_\_\_\_\_
  - Staff \_\_\_\_\_
  - Responsible party of resident \_\_\_\_\_
  - Emergency services and resources \_\_\_\_\_
  - Do plans include
    - 1) Who will start the alert? \_\_\_\_\_
    - 2) Evacuation information- destination, dates, contacts \_\_\_\_\_

- G. Has indicated type of emergency weather monitoring system the facility uses. \_\_\_\_\_
- How will facility monitor weather warnings?
    - 1) Equipment used and power supply \_\_\_\_\_
    - 2) Who will monitor? \_\_\_\_\_
    - 3) What is back up for equipment? \_\_\_\_\_
  - How will facility monitor state and local evacuation notices?
    - 1) \*Equipment used and power supply \_\_\_\_\_

2) \*Who will monitor? \_\_\_\_\_

3) \*What is back up for equipment? \_\_\_\_\_

6) Is Hazards Analysis Section completed and included? (Tab J) \_\_\_\_\_

7) Assumptions of Facility Listing completed? (Tab E) \_\_\_\_\_

8) Concept of Operations Section Completed? \_\_\_\_\_

A. Records or verification that local OHSEP were notified of drills \_\_\_\_\_

B. Records of emergency drills, fire, hurricane sheltering, and evacuation drills \_\_\_\_\_

C. Evaluation of plan and summary of needed plan revisions \_\_\_\_\_

D. Equipment and supplies to last at least two days without outside resupply? \_\_\_\_\_

- List of supplies to be stocked (Tabs F & L) \_\_\_\_\_

- \*Seven day supply for Act 540 facilities including contracts if supplies will be delivered prior to event \_\_\_\_\_

E. Is Plan for Evacuation included? \_\_\_\_\_

- \*Checklist of supplies needed during transport to and stay at host \_\_\_\_\_

- \*Plan for who, how, and when these supplies will be loaded and supplied \_\_\_\_\_

- Plan to provide or relocate qualified staff at/to host facility \_\_\_\_\_

- Plan for each resident to have the following during evacuation: \_\_\_\_\_

- 1) Personal Identification \_\_\_\_\_

- 2) Responsible party contact information \_\_\_\_\_

- 3) Medical information to include current diagnosis, medications needed with dosage and times given, allergies, dietary needs \_\_\_\_\_

- 4) Who will ensure this and how will it be done? \_\_\_\_\_

- \*Plan to provide Licensed staff to accompany residents in transport \_\_\_\_\_

- 1) \*Staffing for each vehicle \_\_\_\_\_

- 2) \*Communication between vehicles during transport \_\_\_\_\_

- Plan for getting residents on and off of transportation, who, and how \_\_\_\_\_

- \*Plan for loading/unloading needed supplies, who and how \_\_\_\_\_

F. List of host sites for both local and \*catastrophic evacuations \_\_\_\_\_

- Local host sites - primary and alternate \_\_\_\_\_

- \*Catastrophic sites outside area of danger that include name of facility, location, contact information, distance to, and route to be taken \_\_\_\_\_

- 1) \*Primary host agreements completed \_\_\_\_\_

- 2) \*Alternative host agreements completed \_\_\_\_\_

3) \*Number of residents host site is willing to accommodate \_\_\_\_\_

G. When will facility alert be activated? \_\_\_\_\_

▪ What steps will be taken after notification? \_\_\_\_\_

▪ When the following will be notified: \_\_\_\_\_

1) Facility staff- on and off duty \_\_\_\_\_

2) Host sites and hospitals \_\_\_\_\_

3) Families or responsible parties \_\_\_\_\_

4) External support services \_\_\_\_\_

5) \*Who and how will alert be carried out? \_\_\_\_\_

H. Plans and procedures for monitoring residents' conditions during unexpected emergencies \_\_\_\_\_

I. Plans for self reliance during recovery period after an emergency event \_\_\_\_\_

J. \*Determinations for Sheltering In Place \_\_\_\_\_

▪ \*Conditions of when the facility will shelter in place \_\_\_\_\_

▪ \*When will decision be made? \_\_\_\_\_

▪ \*Who will make this decision? \_\_\_\_\_

K. \*Determinations for Evacuation \_\_\_\_\_

▪ \*Conditions that will trigger evacuation \_\_\_\_\_

▪ \*When will decision be made? \_\_\_\_\_

▪ \*Who will make this decision? \_\_\_\_\_

L. Does the facility have a designated emergency command post? \_\_\_\_\_

M. Plans for Sheltering In Place \_\_\_\_\_

▪ General sheltering plans for air borne hazards include the following: \_\_\_\_\_

1) Plan to account for residents and staff \_\_\_\_\_

2) Staff assigned to monitoring of residents' conditions and care for heat-related health conditions \_\_\_\_\_

3) Staff assigned to close doors and windows \_\_\_\_\_

4) Staff assigned to turn off and close all HVAC systems \_\_\_\_\_

5) Staff assigned to cover and protect food, water, and medications \_\_\_\_\_

6) Plans for maintaining communication with authorities until all clear given \_\_\_\_\_

7) Plans for communicating with public health authorities for issues such as decontamination \_\_\_\_\_

8) Plans for evaluation of residents and staff after event \_\_\_\_\_

▪ General sheltering plans for tornados include the following: \_\_\_\_\_

- 1) Plans to move residents to safe areas \_\_\_\_\_
- 2) Plans to remain in safe posture until given all clear \_\_\_\_\_
- 3) Plans for evaluation of residents and staff after event \_\_\_\_\_
- 4) Plans for evaluation of facility damage after event \_\_\_\_\_

N. \*Sheltering in place for hurricanes

- \*Requirements of state minimum licensing standards
  - 1) \*Plans for the delivery of essential care and services to residents housed by the facility \_\_\_\_\_
  - 2) \*Plans for adequate qualified staff, and the management of that staff, including assignment of duties \_\_\_\_\_
  - 3) \*Procedures for the notification of responsible parties that facility will be sheltering in place \_\_\_\_\_
  - 4) \*Procedures for ensuring the attachment of identification to each resident \_\_\_\_\_
  - 5) \*Plans for providing seven day supply of these items: drinking water, water for sanitation, non-perishable food, medications, medical supplies, personal hygiene supplies, and sanitary supplies \_\_\_\_\_
  - 6) \*Communications plan that includes the following: equipment used, back up equipment, testing schedule of equipment, power supply \_\_\_\_\_
  - 7) \*A list of the equipment and systems that generator(s) will power \_\_\_\_\_
  - 8) \*Plans and methods for treating heat related health issues if HVAC is Non-operational or fails \_\_\_\_\_
  - 9) \*The facility’s risk assessment has been completed and was used in the determination when to shelter \_\_\_\_\_
- List of the Nursing Facility Minimum Licensing Standards, Emergency Preparedness procedures, notifications, and submissions to be followed for sheltering in place \_\_\_\_\_

O. Evacuation Timelines to be followed in time sequence order \_\_\_\_\_

P. Plans, procedures and staffing for the following:

- Providing food and medication en-route \_\_\_\_\_
- Plans for resident medical records to follow resident \_\_\_\_\_
- Plans for loading food, medication, and records to follow resident. Who, How, When? \_\_\_\_\_

Q. List of Nursing Facility Minimum Licensing Standards, Emergency Preparedness procedures, notifications, and submissions to be followed before, during, and after evacuation. \_\_\_\_\_

R. List of the Nursing Facility Minimum Licensing Standards, Emergency Preparedness procedures, notifications, and submissions to be followed for the return to a facility \_\_\_\_\_

9) Organization and Responsibility Section

A. Organization and Staffing Chart for emergencies that includes the following:

- Functional areas and responsibilities \_\_\_\_\_
- Organizational structure \_\_\_\_\_
- Job titles or positions with duties \_\_\_\_\_
- A listing of who is currently in those positions \_\_\_\_\_
- Contact information for those persons \_\_\_\_\_
- Do responsibilities and duties match those assigned  
in previous sections of plan, Concept of Operations, et al \_\_\_\_\_

10) Administration and Logistics

A. Does each planning section have a title page to identify it? \_\_\_\_\_

B. Are sections and tabs in an index or table of content? \_\_\_\_\_

C. Has outdated material been removed? \_\_\_\_\_

D. Are Tabbed sections labeled and indexed in accordance with model? \_\_\_\_\_

- Tab A: Labeled facility floor plans, charts, and map or sketch map of area. \_\_\_\_\_

- Tab B: Client roster

1) Specify room location and ambulatory condition. \_\_\_\_\_

2) Where the official copy of the list will be posted. \_\_\_\_\_

3) Transportation needs of the current resident census and total for each type of transportation needed.

(a) need ambulance with life support = # \_\_\_\_\_

(b) need ambulance for physical condition = # \_\_\_\_\_

(c) need wheelchair accessible vehicle = # \_\_\_\_\_

(d) need regular transportation = # \_\_\_\_\_

4) Contact information for next of kin or responsible party. \_\_\_\_\_

5) Residents that have arrangements to be recovered or transported by a responsible party, whenever called in an emergency. \_\_\_\_\_

**\*Do not include names or other private patient information** when sending in your plan to DHH-HHS but do send a blank copy of forms or templates that will be used. Have this list updated according to your plans and on file within your facility's copy of the plan at all times. Include only TAB B cover sheet, forms or templates, census, licensed beds and transportation requirements when submitting this tab of your plan to DHH-HSS.

- Tab C:  
Staff roster, including live-in and non live-in, full and part time. \_\_\_\_\_

Staff that has agreed to work during emergencies (name, address, and telephone number. \_\_\_\_\_

Who will keep information current? When will it be updated? \_\_\_\_\_

▪ Tab D:

- 1) Transport agreements with staff members, commercial or independent, and/or facility-owned or company-owned transportation resources and services. Agreements signed, dated, and renewed or verified annually. \_\_\_\_\_
- 2) Types of vehicles, number of and type of passengers that each can carry, and the number of residents and staff assigned to each vehicle. \_\_\_\_\_
- 3) Agreements signed by the responsible party from the transportation provider at least annually (before March 1). \_\_\_\_\_
- 4) Tab D coversheet completed and attached to each individual transportation agreement. \_\_\_\_\_
- 5) Out-dated agreements removed from the plan. \_\_\_\_\_

▪ Tab E:

- 1) Agreements with evacuation host shelter facilities and alternates dated, signed, and renewed annually; signed by responsible party from the receiving host site at least annually (before March 1). \_\_\_\_\_
- 2) Tab E coversheet completed and attached to each individual host site(s) agreement. \_\_\_\_\_
- 3) Out-dated agreements removed from the plan. \_\_\_\_\_

▪ Tab F:

- 1) How many days of non-perishable meals/food are always kept on hand? Include special diet requirements. \_\_\_\_\_
- 2) How many days of medications stored at the facility, note any special temperature or security requirements. \*Include plans (who, where, how, when, what) for seven day supply of food and medication. \_\_\_\_\_

▪ Tab G:

- 1) Checklist of items to accompany residents during travel, including medications and special foods. \_\_\_\_\_
- 2) Loading arrangements and how these items will follow residents in each vehicle. \_\_\_\_\_

▪ Tab H: Organization and staffing chart with responsibilities, job titles, and phone numbers of staff personnel. This is a list of who will do what in an emergency event. \_\_\_\_\_

\*Only list titles/positions and the responsibilities of those titles/positions. Do not include names of staff and staff contact information with plans sent to DHH-HSS.

- Tab I:
  - 1) Posted Communication Plan:
    - a. Telephone numbers of the emergency point of contact at facility and parent headquarters, law enforcement, fire, EMS, public works, utilities, fuel(s) supplier, evacuation host facility, Parish Office of Homeland Security and Emergency Preparedness, American Red Cross, Designated Regional Coordinator, etc. \_\_\_\_\_
    - b. List of 24-hour telephone numbers for nursing supplies, dietary supplies, and pharmacy supplies. Include other contact information for previously listed emergency contacts such as email, cellular phone, and fax. \_\_\_\_\_
    - c. Does facility have and use a “weather alert radio” or internet alert system or does it rely on local radio and television for news weather predictions and emergency announcements? \_\_\_\_\_
    - d. Types of communications systems or equipment used to monitor emergency broadcast and contact emergency services, power sources, testing schedule, and backup systems or back up plans. \_\_\_\_\_

\*Copies of the Posted Communication Plan shall be posted or placed where it is accessible by all staff at all times.
- Tab J: Hazards which facility may be subject and brief explanation of any that are non-weather related. \_\_\_\_\_
- Tab K: Conducted a risk assessment of facility to determine the facility’s integrity and includes all of the statewide required situational information. \_\_\_\_\_
- Tab L: Equipment and supplies to be stocked such as emergency lighting, water storage containers, canned food(non perishable food), can openers, cooking and meal service supplies, sanitary supplies, personal hygiene supplies, first aid, medical treatment supplies, debris clearance and repair tools and supplies, drinking water-one gallon per person per day, water for sanitation, etc. \_\_\_\_\_
- Tab M: Maps with evacuation routes highlighted, driving instructions, mileage, approximate travel time in congested traffic conditions, and written driving directions. \_\_\_\_\_
- Tab N: Transfer form authorizing admission of nursing facility Category I hospital Admit (HA), Clients into a hospital in time of emergency. \_\_\_\_\_
- Tab O: Hurricane evacuation checklist. \_\_\_\_\_
- Tab P: Schedule and records of emergency preparedness exercises \_\_\_\_\_
- Tab Q: Plans and resources for emergency power supply \_\_\_\_\_
- Tab R: Copy of current Nursing Facility Minimum Licensing Standards, Emergency Preparedness requirements **LAC 48: I.9729**. \_\_\_\_\_
- Tab S: Elevation vs. Flood Chart \_\_\_\_\_

- Tab T: Time Line Restrictions

\_\_\_\_\_

11) Does the plan have a Plan Development and Maintenance Section

A. Plan Development and Maintenance

- Who is responsible for the development of the plan?
- Who is responsible for maintaining the plan?

\_\_\_\_\_

\_\_\_\_\_

B. Are supervisors of each function area involved in planning

- How are they involved?
- Are they informed of their planned responsibilities?
- If not included, who is responsible for that area?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Review of plan

- Who will review plan?
- Who is responsible for submitting updates to plan?

\_\_\_\_\_

\_\_\_\_\_

D. Notified external organizations involved in plan of updates or changes to plan.

\_\_\_\_\_

E. Have plan and revisions been submitted to Local or Parish Office of Homeland Security and Emergency Preparedness?

\_\_\_\_\_

12) Authentication Section completed

\_\_\_\_\_