

SHARON WESTON BROOME
MAYOR-PRESIDENT



CLAY RIVES
DIRECTOR

East Baton Rouge Parish
**MAYOR'S OFFICE OF HOMELAND SECURITY
AND EMERGENCY PREPAREDNESS**

NURSING HOME EMERGENCY PLAN CROSSWALK

2022-2023

Every nursing home facility that operates in the State of Louisiana is required to have an emergency plan and shall submit their plan to the Parish Office of Homeland Security & Emergency Preparedness for review annually. Please note this review is statutory and in no way endorses any plan nor does it place any expectation of liability or assistance on the City of Baton Rouge/Parish of East Baton Rouge or any of its offices, departments, or staff. Other than any local laws or ordinances that supplement state law, the official regulatory body and responsible agency for nursing facility rules, regulations and inspections in the State of Louisiana is the Louisiana Department of Health, specifically the Health Standards Section, Nursing Home Emergency Preparedness.

Each nursing home facility located in East Baton Rouge Parish or any nursing home facility possibly evacuating to the Parish will provide a copy of its plan for review to the East Baton Rouge Parish Mayor's Office of Homeland Security & Emergency Preparedness (MOHSEP), along with a completed copy of this Crosswalk. Louisiana Act 522, HB 933 from the 2022 regular session from the LA Legislature amends LA R.S. 40:2009.25 and Louisiana Administrative Code (LAC) 48:I.9767 identify the requirements that must be listed in each nursing home facility's plan. **This Crosswalk must be completed by each nursing home facility and will include the page number where every item can be found in the nursing home's emergency plan.** If this crosswalk is not complete then MOHSEP will not review the nursing home emergency plan. Upon completion of this crosswalk, MOHSEP will review the nursing home emergency plan and return it for any corrections if needed. This Crosswalk is current as of October 24, 2022.

NURSING HOME NAME _____

NURSING HOME ADMINISTRATOR NAME _____

ADDRESS _____

Phone _____ Fax _____ Email _____

3773 Harding Boulevard · Baton Rouge, LA 70807 · (225) 389-2100 · Fax (225) 389-2114
www.brla.gov/MOHSEP · www.redstickready.com



Page Number and Date of Written Agreements or Contracts (indicate below)	Primary Sheltering Site (Indicate below name, address, point of contact name, telephone number, and email)	Licensed OR Non-Licensed Facility (indicate below)
Page # Agreement or Contract Date:	Facility Name: Facility Address: Facility Point of Contact Name: Facility Telephone Number: Facility Email Address:	

Page Number and Date of Written Agreements or Contracts (indicate below)	Secondary Sheltering Site (Indicate below name, address, point of contact name, telephone number, and email)	Licensed OR Non-Licensed Facility (indicate below)
Page # Agreement or Contract Date:	Facility Name: Facility Address: Facility Point of Contact Name: Facility Telephone Number: Facility Email Address:	



Page Number and Date of Written Agreements or Contracts (indicate below)	Transportation Provider(s) (Indicate below name, address, point of contact name, telephone number, and email)
<p>Page #</p> <p>Agreement or Contract Date:</p> <p>Page #</p> <p>Agreement or Contract Date:</p>	<p>Transportation Provider Name:</p> <p>Transportation Provider Address:</p> <p>Transportation Point of Contact Name:</p> <p>Transportation Provider Telephone Number:</p> <p>Transportation Provider Email Address:</p> <p>Transportation Provider Name:</p> <p>Transportation Provider Address:</p> <p>Transportation Point of Contact Name:</p> <p>Transportation Provider Telephone Number:</p> <p>Transportation Provider Email Address:</p>

Page Number and Date of Written Agreements or Contracts (indicate below)	Emergency Supply Provider(s) (Indicate below name, address, point of contact name, telephone number, and email)
<p>Page #</p> <p>Agreement or Contract Date:</p>	<p>Emergency Supply Provider Name:</p> <p>Emergency Supply Provider Address:</p> <p>Emergency Supply Point of Contact Name:</p> <p>Emergency Supply Provider Telephone Number:</p> <p>Emergency Supply Provider Email Address:</p>



<p>Page #</p> <p>Agreement or Contract Date:</p>	<p>Emergency Supply Provider Name:</p> <p>Emergency Supply Provider Address:</p> <p>Emergency Supply Point of Contact Name:</p> <p>Emergency Supply Provider Telephone Number:</p> <p>Emergency Supply Provider Email Address:</p>
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Page Number (indicate below)	Generator Stated Specifications (Indicate below generator type, fuel type, and abilities)
<p>Page #</p>	<p>Generator Type:</p> <p>Fuel Type and Quantity on hand:</p> <p>Ability to provide cooling or heating for all or designated areas in nursing facility – YES OR NO</p> <p>Ability to power an OPH approved sewerage system – YES OR NO</p> <p>Ability to power an OPH approved water system – YES OR NO</p> <p>Ability to power medical equipment – YES OR NO</p> <p>Ability to power refrigeration – YES OR NO</p> <p>Ability to power lights – YES OR NO</p> <p>Ability to power communications – YES OR NO</p>



List Page Number(s) Below**1) Evacuation Procedures (LAC 48:I.9729, C.1,11,12):****Page(s) # _____**

- Must include the criteria used for determining when the nursing facility will evacuate including a listing of specific evacuation determinations.
- Must include designation of staff to ensure there is a sufficient supply of the following items to accompany residents on buses or other transportation during all phases of evacuation (water, food, nutritional supplies and supplements; medications, and other necessary supplies).
- Must include procedures for ensuring all residents have access to licensed nursing staff and that appropriate nursing services are provided during all phases of evacuation.

2) Shelter in Place Procedures (LAC 48:I.9729, C.2,14):**Page(s) # _____**

- Must include the procedures and criteria used for determining when the nursing facility will shelter in place, including a listing of specific sheltering in place determinations for those procedures and criteria.
- Must identify that seven days of necessary supplies are on hand or have written agreements, including timelines to have supplies delivered prior to the emergency event. Supplies should include but are not limited to; drinking water or fluids, a minimum of 1 gallon per day per person sheltering at the nursing facility, water for sanitation, non-perishable food, including special diets; medications; medical supplies; personal hygiene supplies; and sanitary supplies.
- Must include a communication plan for contacting emergency services and monitoring emergency broadcasts. The communications plan shall include; type of equipment to be used, back-up equipment to be used if available, the equipment's testing schedule, the power supply for the equipment to be used.
- Must include a generator plan that identifies seven day fuel supply either on hand or delivered prior to the emergency event. Also, must provide a list of the generators capabilities including its ability to provide cooling or heating for all or designated areas in the nursing facility; the ability to power an OPD approved sewerage system; OPH approved water system; medical equipment; refrigeration; lights, and communications.

- Must include an assessment of the integrity of the nursing facility's building to include, but not limited to; wind load or ability to withstand wind, flood zone and flood plain information, power failure, age of the building and type of construction, determinations of and locations of interior safe zones.
- Must include plans for preventing and treating heat related medical illnesses due to failure of or the lack of air conditioning while sheltering in place.
- Must include instructions to notify MOHSEP and LDH of the nursing facility's plan to shelter in place.

3) Monitoring Plan (LAC 48:I.9729, C.5):

Page(s) # _____

- Must address the emergency alerts or notifications including weather warnings and watches as well as evacuation orders from local and state emergency preparedness officials.
- Must identify who will perform the monitoring.
- Must identify what equipment will be used for monitoring.
- Must identify who should be contacted if needed.
- Must have plans for monitoring during normal daily operations, when sheltering in place or during evacuations.

4) Delivery of essential care and services to residents (LAC 48:I.9729, C.6):

Page(s) # _____

- Must include the delivery of essential care and services to residents, whether the residents are housed in the nursing facility, at an off-site location, or when additional residents are housed in the nursing facility during an emergency.

5) Provisions for the management of staff (LAC 48:I.9729, C.7):

Page(s) # _____

- Must include the provisions for the management of staff, including provisions for sufficient qualified staff as well as for distribution and assignment of responsibilities and functions, either within the nursing facility or at another location.

6) Transportation Plan (LAC 48:I.9729, C.8): **Page(s) #** _____

- Must include a triage system to identify residents who require specialized transportation and medical needs (red, yellow, and green).
- Must include a written transportation contract.
- Must include written usage agreements that are signed, dated, and include verification of ownership (number and type of vehicles, capacity of each vehicle, and a statement indicating the vehicle is equipped with temperature controls). Copies of vehicles title or registration will be sufficient for verification of ownership.
- Must include plans to prevent and treat heat related medical illnesses due to failure of, or the lack of, temperature controls during transport.

7) Responsible Party Notification Procedures (LAC 48:I.9729, C.9): **Page(s) #** _____

- Must include procedures to notify the resident's family or responsible representative of the nursing facility's intent to either shelter in place or evacuate.

8) Resident Identification Procedures (LAC 48:I.9729, C.10): **Page(s) #** _____

- Must include the procedures or methods that will be used to directly attach identification to the nursing facility resident.

9) Staffing Patterns for sheltering in place and evacuation (LAC 48:I.9729, C.13): **Page(s) #** _____

- Must include staffing patterns for sheltering in place and for evacuation, including contact information for such staff.

10) Security Plan (LAC 48:I.9729, C.16): **Page(s) #** _____

- Must include an evaluation of security risks and corresponding security precautions that will be taken for protecting residents, staff and supplies during and after an emergency event.

11) Building Floor Plans (LAC 48:I.9729, C.17):

Page(s) # _____

- Must include clearly labeled and legible floor plan(s) of the nursing facility's building(s).
- Must include areas being used as shelter or safe zones, the supply and emergency supply storage areas, emergency power outlets, communications center, location of the posted emergency plan, the posted location shall be easily accessible to staff, and a pre-designated command post.

12) Drill Documentation (LAC 48:I.9729, D.1):

Page(s) # _____

- The nursing facility's shelter in place plan and evacuation plan shall each be activated at least annually, either in response to an emergency or in a planned drill.
- The nursing facility's performance during the activation of the plan shall be evaluated and documented.

13) Risk Assessment (LAC 48:I.9729, C.15):

Page(s) # _____

- *Applicable only to those nursing facilities subject to provisions of R.S. 40:2009.25(A) – Acadia, Ascension, Assumption, Calcasieu, Cameron, Iberia, Jefferson, Jefferson Davis, Lafayette, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Mary, St. Martin, St. Tammany, Tangipahoa, Terrebonne, and Vermilion.*
- Must include the nursing facility's latitude and longitude.
- Must include flood zone determination for the nursing facility and base flood elevation if available.
- Must include elevations of the building(s), heating ventilation and air conditioning (HVAC) system(s), generator(s), fuel storage, electrical service, water system, and sewer motor.
- Must include an evaluation of the building to determine its ability to withstand wind and flood hazards to include: construction type and age, roof type and wind load, windows, shutters, and wind load, wind load of shelter building, and location of interior safe zones.
- Must include an evaluation of each generators fuel source(s), including refueling plans, fuel consumption rate, and a statement that the output of the generator(s) will meet the electrical load or demand of the required (or designated) emergency equipment.

- Must include the determinations of an evaluation of surroundings, including lay-down hazards or objects that could fall on the building and hazardous materials, such as, trees, towers, storage tanks, other buildings, pipe lines, chemical and biological hazards, and fuels.
- Must include SLOSH modeling using the maximums of the maximum envelope of waters (MOM) for the nursing facility's specific location and the findings for all categories of hurricanes.

