

EMERGENCY PLAN

EMERGENCY/OSHA PREPAREDNESS INSERVICE

EXPERT HOME CARE, INC.



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EMERGENCY MANAGEMENT PLAN

POLICY: Our Home Health Agency (HHA) will comply with all applicable Federal, State, and local emergency preparedness requirements. Our agency shall prepare and maintain a yearly written comprehensive emergency management plan (EMP) in compliance with State and Federal regulations, which will be annual reviewed (electronically submitted) by the local County Health Department or by the Department of Health if it required by the State Regulatory Agency. In the event of an emergency our agency shall implement the plan and comply with its orders, we will be aware of Emergency situation through the Media and Public alerts.

Our Home Health Agency (HHA) will comply with all applicable Federal, State, and local emergency preparedness requirements. Our HHA will establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

(a) Emergency plan. Our HHA will develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.

The plan must do all of the following:

- (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
- (2) Include strategies for addressing emergency events identified by the risk assessment.
- (3) Address patient population, including, but not limited to, the type of services the HHA has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
- (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the HHA's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

(b) Policies and procedures. Our HHA will develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures will be reviewed and updated at least annually.

At a minimum, the policies and procedures will address the following:

- (1) The plans for the HHA's patients during a natural or manmade disaster. Individual plans for each patient must be included as part of the comprehensive patient assessment, which must be conducted according to the provisions at §484.55.
- (2) The procedures to inform State and local emergency preparedness officials about HHA patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.
- (3) The procedures to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. Our HHA will inform State and local officials of any on-duty staff or patients that they are unable to contact.
- (4) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
- (5) The use of volunteers in an emergency or other emergency staffing strategies, including the

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process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.

(c) Communication plan. Our HHA will develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

(1) Names and contact information for the following:

- (i) Staff.
- (ii) Entities providing services under arrangement.
- (iii) Patients' physicians.
- (iv) Volunteers.

(2) Contact information for the following:

- (i) Federal, State, tribal, regional, or local emergency preparedness staff.
- (ii) Other sources of assistance.
- (3) Primary and alternate means for communicating with the HHA's staff, Federal, State, tribal, regional, and local emergency management agencies.
- (4) A method for sharing information and medical documentation for patients under the HHA's care, as necessary, with other health care providers to maintain the continuity of care.
- (5) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).
- (6) A means of providing information about the HHA's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

(d) Training and testing. The HHA must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.

(1) Training program. Our HHA will do all of the following:

- (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
- (ii) Provide emergency preparedness training at least annually.
- (iii) Maintain documentation of the training.
- (ii) Demonstrate staff knowledge of emergency procedures.

(2) Testing. Our HHA will conduct exercises to test the emergency plan at least annually. The HHA must do the following:

- (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.
- (ii) Conduct an additional exercise that may include, but is not limited to the following:
 - (A) A second full-scale exercise that is community-based or individual, facility based.
 - (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

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(iii) Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.

(e) Integrated healthcare systems. If our HHA become part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, our HHA may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:

- (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
- (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
- (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
- (4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include all of the following:
 - (i) A documented community-based risk assessment, utilizing an all-hazards approach.
 - (ii) A documented individual facility based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
- (5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

If the telephone service is not available during an emergency, our agency shall have a contingency plan to support communication, which include cell phones, two way communication radios, contact with a community based ham radio group, public announcements through radio or television stations, driving directly to the employee's or the patient's home, and, in medical emergency situations, contact with police or emergency rescue services.

PROCEDURES:

- On admission, our agency shall inform patients and patient's caregivers of the agency's procedures during and immediately following an emergency and inform patients of the special needs registry maintained by the county Emergency Management office. Our agency shall document in the patient's file if the patient plans to evacuate or remain home, if during emergency the patient's caregiver can take responsibility for services normally provided by the agency.
- Upon eminent threat of an emergency or disaster our agency will contact those patients needing ongoing services (in the patient's place of residence), and confirm each patient's plan during and immediately following an emergency.
- Our agency shall collect registration information for special needs patients who will need continuing care or services during a disaster or emergency. This registration information shall be submitted, when collected, to the county Emergency Management office, or on a periodic basis as determined by the agency's county Emergency Management office.
- Our staff shall educate patients registered with the special needs registry that special needs shelter are an option of last resort and that services will not be equal to what they have received in their homes.
- The prioritized list of registered special needs patients maintained by our agency shall be

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kept current and shall include information such as current medications, doses, frequency/duration, route, supplies and medical equipment required for continuing care and service should the patient be evacuated, also the list include, allergies, physician name and phone number, pharmacy name and number, and if the patient permits the list can also include the patient's diagnosis. This list will assist our staff during and immediately following an emergency which requires implementation of the emergency management plan, this list shall be furnished to local County Health Departments and to the county Emergency Management office, upon request.

If our agency at some point ceases operation, as defined in Section 400.492(3), F.S., we will inform those patients whose services will be discontinued during the emergency. Our agency will also notify assisted living facilities and adult family care homes where residents are served and make arrangements for nursing personnel to continue essential services, such as insulin and other injections, as ordered in treatment orders to residents. If the agency has assisted living facility, adult family care home or other patients in special needs shelters, then the agency will call the local emergency operation center as soon as possible after the disaster and report on the status of the agency's damage, if any, and the post-disaster availability to continue serving their patients in the special needs shelters and during discharge from the special needs shelters.

If our agency are unable to continue services to special needs patients registered under Section 252.355, F.S., that patient's record must contain documentation of the efforts made by our staff to comply with their emergency management plan in accordance with Section 400.492(3), F.S. Documentation includes, but is not limited to, contacts made to the patient's caregivers, if applicable; contacts made to the assisted living facility and adult family care home, if applicable; and contacts made to local emergency operation centers to obtain assistance in reaching patients and contacts made to other agencies which may be able to provide temporary services.

Our home health agency will collect registration information for special needs patients who will need continuing care or services during a disaster or emergency, pursuant to Section 252.355, F.S. This registration information shall be submitted, when collected, to the county Emergency Management office, or on a periodic basis as determined by our agency's county Emergency Management office.

The Agency EMP will include response procedure to follow when emergencies occur, and states to have operational process to organize and mobilize personnel adequate to secure resources needed to meet patient needs in the event of a disaster or crisis. Our EMP will also include response procedures that not only address the prioritized emergencies but can be adapted to other emergencies that the organization may experience to include in the event that the agency is unable to resume operations the Administrator/DON, Clinical Manager will contact the home health agency under written agreement for the EMP.

The administrator or the DON, Clinical Manager will be responsible for the initial and recovery phase of the EMP. The staff and operations would resume when county officials clear the emergency over and it is safe to resume operations.

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EMERGENCY/DISASTER PLAN

PURPOSE: To have an operational process to organize and mobilize personnel adequate to secure resources needed to meet patient needs in the event of a disaster or crisis. The process includes a system to identify alternative methods for contacting personnel and mobilizing resources to meet critical needs. The process includes alternative methods, resources, and travel options for the provision of care/service and safety of personnel and identified time frames for initiation of the plan.

The emergency/disaster plan provides an orderly procedure to be implemented in an emergency to assure that the health care needs of patients continue to be met. All employees shall be oriented to the plan and their responsibilities in carrying out the plan. Possible emergency or risk factors will be identified for each patient and appropriate emergency plans discussed with the patient and/or the responsible person at the time of admission as indicated. The name and telephone number of an emergency contact for our patients and staff will be obtained, and retained in the patient or staff records.

When our Agency is unable to continue services to special needs patients registered, that patient's record must contain documentation of the efforts made by our home health agency to comply with our emergency management plan. Documentation includes, but is not limited to, contacts made to the patient's caregivers, if applicable; contacts made to the assisted living facility and adult family care home, if applicable; and contacts made to local emergency operation centers to obtain assistance in reaching patients and contacts made to other agencies which may be able to provide temporary services.

Our home health agency will collect registration information for special needs patients who will need continuing care or services during a disaster or emergency. This registration information shall be submitted, when collected, to the county Emergency Management office, or on a periodic basis as determined by the home health agency's county Emergency Management office.

Our home health agency staff shall educate patients registered with the special needs registry that special needs shelters are an option of last resort and that services may not be equal to what they have received in their homes.

Our community is vulnerable to a wide range of emergencies, including natural, technological, and man-made disasters, all of which threaten the life, health and safety of its people, damage and destroy property; disrupt services and everyday business and recreational activities; and impede economic growth and development.

This vulnerability is exacerbated by the State's growth and population, especially the growth in the elderly population, in the number of seasonal vacationers, and in the number of persons of special needs.

State policy for responding to disasters is to support local emergency response efforts:

1. To reduce the vulnerability of the people and the property of this State to damage, injury, and loss of life and property;
2. To prepare for prompt and efficient rescue, care and treatment of threatened or affected persons;
3. To provide for the rapid and orderly rehabilitations of persons, and for the restoration of services and properties;
4. To provide for the coordination of activities relating to emergency preparedness with public and private Agencies in the community.

A comprehensive emergency plan is prepared, reviewed annually, and revised as necessary.

Emergency: Any occurrence, or threat thereof which results or may result in substantial injury or

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harm to the population, or substantial damage to or loss of property.

NATURAL DISASTER

The specifics for adverse weather will be followed.

Physicians will be notified if any patients have been identified as being affected by the natural disaster

INTERNAL EMERGENCY

- Disruption of Telephone Service
The Managers will activate all available cellular phones.
The main switchboard will be switched to the agency's answering service.
Clinical staff will be notified that the answering service has been activated
The telephone equipment company will be contacted about the problem.
- Disruption of Electricity
If the telephone is involved, follow telephone procedures as above.
Notify President and/or building manager of power failure.
Turn off all electrical equipment except one light.
Use flashlight located in each office.
Assess whether emergency lighting system over doorways and in hall is meeting employee needs adequately
- Fire
Press "PAGE" on phone
Announce the location of the fire and evacuate the building
Call 911 and activate the fire alarm.
A previously identified person should take a cellular phone when exiting the building
Notify Fire Department of any staff unaccounted for and re-enter building only when given clearance by the Fire Department

Bomb Threat

1. The receptionist or person receiving the call should remain calm and not interrupt the caller, obtaining as much information as possible about the location of the bomb etc.
2. Notify senior management staff in the building
3. Call 911 and evacuate the building immediately

Staffing Shortage Guidelines

- Managers will contact all part-time or per-diem staff to determine staff availability for uncovered patient schedules.
- Patients are prioritized according to patient prioritization guidelines
- Managerial personnel will make home visits as necessary.
- Management staff will evaluate factors contributing to shortage and formulate long-term plans to prevent reoccurrence.

In the event of an emergency that disrupts the Agency's ability to provide care, needs will be prioritized to determine whose needs are the greatest. Patients will continue to receive care, if possible, with minimal disruption of schedule. Patients will be instructed on what to do in the event of an emergency situation if nursing availability is limited.

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If an emergency occurs, either within the Agency causing staffing limitation (such as labor disputes, staff illnesses) or within the environment (such as floods, hurricanes, fires or other natural disasters), the Director of Nursing, Clinical Manager, or her designee will be responsible for reviewing clients and prioritizing them according to the following classifications:

D1...Category I: Patients who cannot safely forgo care: Special needs clients of anyone who needs (Cpap mask, nebulizer, oxygen, etc.), anyone with mild to moderate cognitive impairment, highly unstable patients with high probability of inpatient admission if home care is not provided; IV therapy, highly skilled wound care, with no family/caregiver, life sustaining medication or equipment.

D2...Category II: Patient whose condition recently worsened: moderate level of skilled care. that should be provided that day, but could postpone visit until emergency situation improves. Pt with untrained families/caregivers who could provide basic care in an emergency.

D3...Category III: Patient who can safely forgo care or a scheduled visit including Home Health Aide visits, Pt receiving routine supervisory visit, evaluation visits. Pt with 1 or 2 visits/wk, or Pts who have a competent family/caregiver.

Patients classified in categories 1 and 2, the Agency will help to register with the county Emergency Department, in the "Evacuation Assistant Program", and in the use of Specialty Shelter if needed.

In the event evacuation of the patient is required, the local authority responsible for coordinating disaster preparedness and emergency response will be contacted.

In the event some patient visits can not be made and it is not a life threatening situation, contact will be maintained by phone if possible.

If office phone service is disrupted, phones will be turned over to the answering service, if possible. A staff member will be assigned to remain in contact with the answering service to receive and send messages.

In our Home Health Care software, the corresponding Disaster Plan is encoded, and a corresponding report can be printed as needed, for all Active Patients.

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POLICY AND PROCEDURE HURRICANE/TORNADO WARNINGS

When a patient is under the care of this agency in the his/her own home, and if the home situation is such that there are other responsible relatives in the household, the same general protection and precautions taken by members of that household shall apply to the patient. Our staff shall advise the members of the household to stockpile a "hurricane cupboard" with food and supplies in readiness for a hurricane.

In a situation where a patient is alone in a house, a "hurricane cupboard" shall likewise be kept (with food and supplies). In addition, our staff members shall make prearrangement to have the patient registered with the nearest Red Cross center or other similar center which caters for the elderly and in the even of a hurricane, the patient shall be transported by our County Transportation Services to the designated shelter, previously arranged by our staff member, and/or Patient, and/or Patient's family member, and/or Patient's Physician.

HURRICANE PROCEDURE

When a hurricane is approaching, procrastination and indecision can be hazardous. It is essential that plans be made in advance. If the County Office of Emergency calls for the evacuation of any area, it must be done immediately.

1. HURRICANE PREPARATION CHECKLIST

- a. Battery operated radio
- b. Flashlights and bulbs
- c. Extra batteries
- d. Emergency cooking facilities
- e. Lantern, fuel and candles
- f. Matches and can opener
- g. Canned food
- h. Extra medications, specially diabetic patient on insulin. Advise patient to purchase extra insulin and syringes. Patients should purchase extra cardiac medication such as Nitro Glycerine for emergency use. The registered nurse will provide extra surgical supplies, such as material for changing dressing, N.G. tub or Foley supplies, etc., if required.
- i. First - aid kit
- j. Boarding or tape for windows
- k. Bleach
- l. Fire extinguisher
- m. Car should be full of gas prior to storm
- n. Emergency evacuation plan

2. PLAN A COURSE OF ACTION EITHER

- a. Relocate outside of the area
- b. Stay with local friends and relatives
- c. Stay home
- d. Go to a Red Cross shelter (Pets are not allowed in shelters).

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3. WHEN A HURRICANE THREATENS

- a. Pay attention to official announcements on radio and/or television
- b. If you are in a vulnerable area, be prepared to evacuate.
- c. Clear your property of all outdoor debris, such as lawn chairs, trash and garbage cans, and other possible project able items

4. DURING THE STORM

- a. Stay indoors
- b. If the power goes, flashlights are safer than candles or kerosene lamps.
- c. Use your telephone for emergencies only.
- d. Continue to monitor your radio.
- e. Remain indoors until an official "All Clear" is given

5. AFTER THE HURRICANE

- a. Respond to instructions given by police and media announcements by County Emergency Management and the Red Cross.
- b. Avoid low-hanging wires
- c. Beware of weakened roads, bridges and tree limbs
- d. Use the telephone for emergencies only. Report hazards.
- e. Avoid the temptation to sightsee. Think "Safety First."

There are many "How to Prepare for a Hurricane" booklets available and the patient should be advised to obtain one for their particular area in order to be appraised of the emergency procedures available to them.

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POLICY AND PROCEDURE BOMB THREAT

POLICY: Agency response in the event of a bomb threat

Whether the threat is by phone or by a physically present individual--ALL BOMB THREATS WILL BE TAKEN SERIOUSLY and the following rules shall apply:

If by phone, the employee receiving the threat shall do the following:

1. Prolong the phone conversation with the caller as much as possible and try to identify voice characteristics, background noises (e.g.-waves from an ocean, music and type" of music, voices, church bells, etc.), urgency in voice of caller, where and when the bomb will explode.
2. Quickly notify the Administrator or (in his/her absence) the Nursing Director, or (in his/her absence) the next high ranking staff member.
3. Notify the building Administrator.
4. Call 911 and make a report.
5. Depending on the location of the bomb, evacuate the office/building as quickly as possible.
6. Stay calm.
7. If the threat is from a person who is physically present, ask him/her where the bomb is and when it will explode.
8. Get the name and address of the informer, if possible.

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EMERGENCY MEASURES TO HANDLE BELLIGERENT CLIENTS

Procedures to handle unruly, disruptive, abusive, or belligerent clients receiving services.

1. Stay with patient.
2. Never fight back with the patient, be creative and patience.
3. Protect patient from becoming more unstable, try persuasion/supportive techniques.
4. Observe, report and record the following information:
 - a. Where the alteration started. (Before or after services provided)
 - b. The involved party. (It may be just him self, or the entire family)
 - c. Whether the patient lost control during the belligerent episode.
 - d. Health signs (Increased B/P, changes in skin color, language.)
 - e. Respirations (character and rate).
 - f. The belligerent episode and relation to service or employee.
 - g. Self appearance (Dressing/Personal Care).
 - h. How long the belligerent episode lasted.
 - i. Any injury that occurred during the episode, such as a falls, self injury.

(Notify physician immediately)

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HANDLING BARRIERS TO COMMUNICATION POLICY AND PROCEDURE

POLICY: Provision of care/service to patients and families with communication or language barriers

Accessibility:

Information will be provided to patients in plain language and in a manner that is accessible and timely to:

- 1) Persons with disabilities, including accessible web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
- 2) Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and/or written translations. The Agency will help the provision of care/service to patients and families from various cultural backgrounds, beliefs, and languages. Communicate to patient and families of different nationalities.

Definition: Communication is the passing of information from one person to another.

Our Agency accepts patients for care and services regardless of race, religion, sex, national origin, sexual orientation, or disability. Cultural and ethnic considerations and personal preferences of all patients shall be respected. Our Agency utilizes resources from within and when necessary from outside the Agency to communicate clearly and effectively with patients with special communication needs.

To assure the goals to improve the help to clients/family with language barriers:

1. Staff communicates with the patient in a language or form understandable to the patient (we will employ bilingual staff if possible) , our Agency facilitates communication by interpreters, form translations and other communication aids when communication barriers are present.
2. It is the intent of our Agency to fully inform all patients of benefits, rights, and consent to treatment. Therefore, our Agency has established special procedures to ensure that patients who have either visual or hearing impairment, or who do not speak English, are informed of their rights and consent to treatment.

Purpose: To ensure that patients who speak a non-English language or those with visual or hearing impairments receive full service.

Procedure:

Patient who do not speak English:

1. Our Agency will attempt to assign a staff member who speaks the patient's language to the care of the patient.
2. If the staff member do not speak the patient's language, they schedule visits, if at all possible, when a family member or friend will be present to interpret for the patient and the staff member.
3. The Director of Nursing, Clinical Manager maintains a list of qualified language interpreters for the languages most frequently spoken in the coverage area of the Agency.

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4. The assigned professional makes arrangements for the specific interpreter needed by the patient from this list or other community resources, when possible.
5. Admission documents are provided translated in Spanish (in the back or in the same form, all bilingual) for Spanish-only speaking patients.

Visually Impaired Patients:

1. The assigned professional will read aloud all documents normally provided to the patient and ascertain that the person has heard and understand what was read. The professional documents this on the patient record.
2. The assigned professional will make all necessary effort to have available for the patient's use any large printed patient information that may be available applicable to his/her disease process.

Hearing Impaired Patients:

1. The assigned professional interviewing the patient ascertains the patient's preferred method of communication, e.g, paper and pencil, lip reading, or sign language.
2. If the preferred method is sign language, the professional contacts the community resource providing a sign language interpreter and set up a plan.
3. The professional makes use of other resources, if available.
4. The patient will be requested to sign the Agreement/Consent/Authorization / Information form. The original of both is kept in the patient's clinical record in the Agency office. A copy is given to the patient. Patient refusal to sign will be document in the clinical record, including reason for refusal.
5. The admitting employee will document that the patient has received the copy.
6. When the patient's representative signs the Service Agreement (Including list of documents provided and Bill of Rights), and explanation of his/her relationship to the patient is documented on file in the clinical record.
7. If the patient is unable to understand his/her responsibilities, documentation in the clinical note is made.
8. In the event that a communication barrier exists, special devices or interpreters shall be made available, if possible.

AUXILIARY AIDS AND PERSONS WITH DISABILITIES

Our Agency shall make our maximum effort to provide appropriate auxiliary aids to persons with impaired sensory, manual, or speaking skills, where necessary to afford such person an equal opportunity to benefit from the service that we provide.

Auxiliary aids may include, if possible, brailled and taped material, interpreters, and other aids for persons with impaired hearing or vision.

In the event that a communication barrier exists, special devices or interpreters shall be made available, if possible.

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EMERGENCY PREPAREDNESS INSERVICE OUTLINE

1- Agency Emergency Plan: discuss and present the emergency plan as adopted by our agency.

A. Forms used by the agency for emergency preparation.

2- Hurricane: "Biggest treat to our area"

- A. Family disaster plan
- B. Hurricane basic
- C. Be prepared
- D. Secure your home
- E. Residential checklist
- F. Home inventory tips
- G. Have a place to go
- H. Disaster supply list
- I. Pet plan

3- Other types of emergency: (may or may not be associated with hurricane)

- A- Terrorism
- B- Tornados
- C- Severe thunderstorm
- D- High winds
- E- Inland flooding
- F- Storm serge
- G- Nuclear power plant

4- NOAA Radio

5- Dialysis advice

6- Emergency contacts

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FAMILY DISASTER PLAN (Educate your patients)

- Discuss the type of hazards that could affect your family. Know your home's vulnerability to **storm surge, flooding and wind.**
- Locate a safe room or the safest areas in your home for each hurricane hazard. In certain circumstances the safest areas may not be your home but within your community.
- Determine escape routes from your home and places to meet. These should be measured in tens of miles rather than hundreds of miles.
- Have an out-of-state friends as a family contact, so all your family members have a single point of contact.
- Make a plan now for what to do with your pets if you need to evacuate.
- Post emergency telephone numbers by your phones and make sure your children know how and when to call 911.
- Check your insurance coverage - flood damage is not usually covered by homeowners insurance.
- Stock non-perishable emergency supplies and a Disaster Supply Kit.
- Use a NOAA weather radio. Remember to replace is battery every 6 months, as you do with your smoke detectors.
- Take First Aid, CPR and disaster preparedness classes.

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HURRICANE BASICS



The ingredients for a hurricane include a pre-existing weather disturbance, warm tropical oceans, moisture, and relatively light winds aloft. If the right conditions persist long enough, they can combine to produce the violent winds, incredible waves, torrential rains, and floods we associated with this phenomenon.

Each year, an average of ten tropical storms develop over the Atlantic Ocean, Caribbean Sea, and Gulf of Mexico. Many of these remain over the ocean and never impact the U.S. coastline. Six of these storms become hurricanes each year. **In an average 3-year period, roughly five hurricanes strike the US coastline, killing approximately 50 to 100 anywhere from Texas to Maine.** Of these, two are typically “major” or “intense” hurricanes (a category 3 or higher storm on the Saffir-Simpson Hurricane Scale).

What is the Hurricane?

A hurricane is a type of tropical cyclone, which is a generic term for a low pressure system that generally forms in the tropics. The cyclone is accompanied by thunderstorms and, in the Northern Hemisphere, a counterclockwise circulation of winds near the earth’s surface. Tropical cyclone as follows:

Tropical Depression

An organized system of clouds and thunderstorms with a defined circulation and maximum sustained winds* of 38 mph (33kt**) or less

*Sustained winds

A-1-minute average wind measure at about 33 ft (10 meters) above the surface.

** 1 knot = 1 nautical mile per hour.
Abbreviated as “kt”.

Tropical Storm

An organized system of strong thunderstorm with a defined surface circulation and maximum sustained winds of 39-73 mph (34-63 kt)

Hurricane

An intense tropical weather system of strong thunderstorms with a well-defined surface circulation and maximum sustained winds of 74 mph (64 kt) or higher.

Hurricanes are categorized according to the strength of their winds using the Saffir-Simpson Hurricane Scale. A Category 1 storm has the lowest wind speeds, while a Category 5 hurricane has the strongest. **These are relative terms, because lower category storms can sometimes inflict greater damage than higher category storms, depending on where they strike and the particular hazards they bring.** In fact, tropical storms can also produce significant damage and loss of life, mainly due to flooding.

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Hurricane Names

When the winds from these storms reach 39 mph (34 Kts), the cyclones are given names. Years ago, an International committee developed names for Atlantic cyclones (The History of Naming Hurricanes). In 1979 a six year rotating list of Atlantic storm names was adopted _ alternating between male and female hurricane names. Storm names are used to facilitate geographic referencing, for warning services, for legal issues, and to reduce confusion when two or more tropical cyclones occur at the same time. Through a vote of the World Meteorological Organization Region IV Subcommittee, Atlantic cyclone names are retired usually when hurricanes result in substantial damage or death or for other special circumstances.

RELATED WEB SITES

[* FREQUENTLY ASKED QUESTIONS](#)

[* COMET HURRICANE TRACK SIMULATION](#)

[* FERMA's HURRICANES FOR KIDS](#)

ADDITIONAL SAFETY INFORMATION

Basic Hurricane Safety Actions

- * Know if you live in an evacuation area. Know your home's vulnerability to **storm surge, flooding and wind** . Have a written plan based on this knowledge.
- * At the beginning of hurricane season (June 1st), check the supplies for your disaster supply kit, replace batteries and use food stocks on a rotating basis.
- * During hurricane season, monitor the tropics.
- * Monitor [NOAA Weather Radio](#). It is an excellent / official source for real-time weather information and warnings.
- * If storm threatens, heed the advice from local authorities. **Evacuate if ordered.**
- * Execute your family plan.

WATCH vs WARNING - KNOW THE DIFFERENCE

- * A **HURRICANE WATCH** issued for your part of the coast indicates the possibility that you could experience hurricane conditions within 36 hours. This watch should trigger your family's disaster plan, and protective measures should be initiated, especially those actions that require extra time such as securing a boat, leaving a barrier island, etc.
- * A **HURRICANE WARNING** issued for your part of the coast indicates that sustained winds of at least 74 mph are expected within 24 hours or less. Once this warning has been issued, your family should be in the process of completing protective actions and deciding the safest location to be during the storm.

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BE PREPARED, EDUCATE YOUR PATIENTS

“Preventing the loss of life and minimizing the damage to property from hurricanes are responsibility that are shared by all.”

Throughout this Web site, information has been provided regarding actions that you can take based on specific hurricane hazards. The most important thing that you can do is to be informed and prepared. Disaster prevention includes both being prepared as well as reducing damages (mitigation).

Disaster Prevention should include:

- * Developing a Family Plan
- * Creating a Disaster Supply Kit
- * Having a Place to Go
- * Securing your Home
- * Having a Pet Plan

One of the most important decisions you will have to make is **“Should I Evacuate?”**

If you are asked to evacuate, you should do so without delay. But unless you live in a coastal or low lying area, an area that floods frequently, or in manufactured housing, unlikely that emergency managers will ask you to evacuate. That means that it is important for you and your family to **HAVE A PLAN** that makes you as safe as possible in your home.

Disaster prevention includes modifying your home to strengthen it against storms so that you can be as safe as possible. It also includes having the supplies on hand to weather the storm. The suggestions provided here are only guides. You should use common sense in your disaster prevention.

* **DEVELOP A FAMILY PLAN** - Your family’s plan should be based on your vulnerability to the Hurricane Hazards. You should keep a written plan and share your plan with other friends or family.

* **CREATE A DISASTER SUPPLY KIT** - There are certain items you need to have regardless of where you ride out a hurricane. The disaster supply kit is a useful tool when you evacuate as well as making you as safe as possible in your home.

* **SECURE YOUR HOME** - There are things that you can do to make your home secure and able to withstand stronger storms.

* **ONLINE VULNERABILITY INFO** - There are web sites that can give you information about your communities vulnerability to specific hazards. These include hurricanes as well as other weather related hazards.

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SECURE YOUR HOME



RETROFITTING YOUR HOME

The most important precaution you can take to reduce damage to your home and property is to protect the areas where wind can enter. According to recent wind technology research, it's important to strengthen the exterior of your house so wind and debris do not tear large openings in it. You can do this by protecting and reinforcing these five critical areas:

ROOF / STRAPS / SHUTTERS / DOORS / GARAGE DOORS

A great time to start securing - or retrofitting - your house is when you are making other improvements or adding and addition.

Remember: building codes reflect the lessons experts have learned from past catastrophes. Contact the local building code official to find out what requirements are necessary for your home improvement projects.

FLOOD INSURANCE

The National Flood Insurance Program, is a pre-disaster flood mitigation and insurance protection program designed to reduce the escalating cost of disaster. The National Flood Insurance Program makes federally backed flood insurance available to residents and business owners.

Flood damage is not usually by homeowners insurances. Do not make assumptions. Check your policy.

National Flood Insurance Program call
1-800-CALL-FLOOD ext.445, TDD# 1-800-427-5593.

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RESIDENTIAL CHECKLIST

Hurricane Andrew taught us that the most important thing you can do to protect your home is to protect the openings where the wind can get in many yard items, sheds, fences, chairs and tables ended up smashing into someone's house, causing unnecessary damage. Make it a household project to secure your yard and neighborhood.

Click here to learn how to do a home inventory.

- * Bring in all objects that can blow away, including your mail box garbage cans, lawn furniture, garden tools, and plants. Anchor objects that cannot be brought inside. Encourage your neighbors to do the same.
- * Install you shutters or cover all your windows and doors. Install braces on your garage doors if they do not meet the new building code.
- * Keep all windows completely closed during the storm. The old idea of leaving a window cracked open on the opposite side of the house has been proven wrong.
- * Remove your antenna(s) or satellite dishes, but be careful not to touch electrical wires. Unplug your television before taking down your antenna.
- * Disconnect natural gas to individual appliances at the supply valves near each unit. Do not turn off the main gas line. Disconnect propane gas to individual appliances , as well. Fill any propane tanks prior to the storm's arrival.
- * Fill your car's tank as soon as possible to avoid long lines at the station. Gasoline may not be available for days after the hurricane strikes. Pumps do not work when there is no electricity.
- * Park your car in the garage or carport. If you have neither, put the car as a close to the side of the house as possible, away from any trees that might fall on it.
- * Do not trim trees right before a storm because trash will not be collected and flying debris can be very dangerous in high winds .

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HOME INVENTORY TIPS

Before a hurricane or other disaster strikes, take a photo inventory of your home that you can give to insurance adjusters or disaster assistance agencies. Photographs will make it easier for your claims adjuster to make an assessment of what you may have lost due to a disaster.. Check with your insurance adjuster to see what they would prefer, photos or video.

- * Take the photos, make extra copies to give and keep one for your self.
- * Store the photos, in a secure place that you can retrieve them after the storm.
- * Take the “before” pictures of your home’s exterior structure.
- * Focus on your personal property first. Claims for clothes, electronics, etc. are harder to make if they have been damaged or destroyed. Couple the pictures with warranties and receipts.

Some of the example images are shown on the side with their descriptions as below.

Fig (a)-Kitchen. Make sure one photo includes all your appliances (Especially the coffee makers!!)

Fig (b)-Valuables: If you have items that have some monetary as well as sentimental value (such as autographed pictures) make sure you have photos of them as well. Add those to proofs of purchase or authenticity. Note also the telephone too.

Fig © & (d)-Books & Furniture: Books, CDs, lamps, furniture, and special items should also be displayed so you have an accurate record of the contents of your home.

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HAVE TO PLACE TO GO

Develop a family hurricane preparedness plan before an actual storm threatens your area. If your family hurricane preparedness plan includes evacuation to safer location for any of the reasons specified with in this web site, then it is important to consider the following points:

If ordered to evacuate, do not wait or delay your departure. If possible, leave before local officials issue an evacuation order for your area. Even a slight delay in starting your evacuation will result in significantly longer times as traffic congestion worsens.

Select an evacuation destination that is nearest to your home, preferably in the same county, or at least minimize the distance over which you must travel in order to reach your intended shelter location. In choosing your destination, keep in mind that the hotels and other sheltering options in most inland metropolitan areas are likely to be filled very quickly in a large, multi-county hurricane evacuation event.

If you decide to evacuate to another county or region, be prepared to wait in the traffic. The large number of people in this state who must evacuate during a hurricane will probably cause massive delays and major congestion along most designated evacuation routes; the larger the storm, the greater the probability of traffic jams and extended travel times.

If possible, make arrangements to stay with the friend or relative who resides closest to your home and who will not have to evacuate. Discuss with your intended host the details of your family evacuation plan well before the beginning of the hurricane season.

If a hotel or motel is your final intended destination during an evacuation, make reservations before you leave.

Most hotel and motels will fill quickly once evacuations begin. The longer you wait to make reservations, even if an official evacuation order has not been issued for your area or county, the less likely you are to find hotel/motel room vacancies, especially along interstate highways and in major metropolitan areas.

If you are unable to stay with friends or family and no hotels/motels rooms are available, then as a last resort go to a shelter.

Remember, shelters are not designed for comfort and do not usually accept pets. Bring your disaster supply kit with you to the shelter. Find Pet-Friendly hotels and motels.

Make sure that you fill up your car with gas, before you leave.

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DISASTER SUPPLY KIT



- Water** - at least 1 gallon daily per person for 3 to 7 days
- Food** - at least enough for 3 to 7 days
 - _ non-perishable packaged or canned food / juices
 - _ foods for infants or the elderly
 - _ snack foods
 - _ non-electric can opener
 - _ cooking tools / fuel
 - _ paper plates / plastic utensils
- Blankets / Pillows, etc.**
- Clothing** - seasonal / rain gear / sturdy shoes
- First Aid Kit / Medicines / Prescription Drugs**
- Special Items** - for babies and the elderly
- Toiletries / Hygiene items / Moisture wipes**
- Flashlight / Batteries**
- Radio** - Battery operated and NOAA weather radio
- Cash** - Banks and ATMs may not be open or available for extended periods
- Keys**
- Toys, Books and Games**
- Important documents** - in a waterproof container
 - _ Insurance, medical records, bank account numbers, Social Security card, etc.
- Tools** - keep a set with you during the storm
- Vehicle fuel tanks filled**
- Pet care items**
 - _ proper identification / immunization records / medications
 - _ ample supply of food and water
 - _ a carrier or cage
 - _ muzzle and leash



PET PLAN

BEFORE THE DISASTER
DURING THE DISASTER
AFTER THE DISASTER

Contact your veterinarian or local humane society for information on preparing your pets for an emergency.

BEFORE THE DISASTER

- * Make sure that your pets are current on their vaccinations. Pet shelters may require proof of vaccines.
- * Have a current photograph
- * Keep a collar with identification on your pet and have a leash on hand to control your pet.
- * Have a properly-sized pet carrier for each animal - carriers should be large enough for the animal to stand and turn around.
- * Plan your evacuation strategy and don't forget your pet! Specialized pet shelters, animal control shelters, veterinary clinics and friends and relatives out of harm's way are ALL potential refuges for your pet during a disaster.

If you plan to shelter your pet - work it into your evacuation route planning.

DURING THE DISASTER

- * Animals brought to a pet shelter are required to have: Proper identification collar and rabies tag, proper identification on all belongings, a carrier or cage, a leash, and ample supply of food, water and food bowls, any necessary medications, specific care instructions and news papers or trash bags for clean-up.
- * Bring pets indoor well in advance of a storm - reassure them and remain calm.
- * Pet shelters will be filled on first come, first served basis. Call ahead and determine availability.

AFTER THE DISASTER

- * Walk pets on a leash until they become re-oriented to their home - often familiar scents and landmarks may be altered and pets could easily be confused and become lost. Also, downed power lines, reptiles brought in with high water and debris can all pose a threat to animals after disaster.

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- * If pets cannot be found after a disaster, contact the local animal control office to find out where lost animals can be recovered. Bring along a picture of your pet if possible.
- * After a disaster animals can become aggressive or defensive - monitor their behavior.

Don't forget your pet when preparing a family disaster plan.

- * Proper identification including immunization records
- * Ample supply of food and water
- * A carrier or cage
- * Medications
- * Muzzle, collar and leash

ADDITIONAL LINKS

- * [The HUMANE SOCIETY Disaster Center](#)
- * [FEMA - Animals and Emergencies](#)
- * [Locate PET - FRIENDLY Hotel & Motels](#)

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TERRORISM RESPONSE PLAN

PURPOSE

To mitigate, prepare for, respond to, and recover from a threat or act of terrorism and to protect the safety of Agency personnel.

POLICY

The Agency employees are instructed in the Agency terrorism response plan during orientation and at least annually thereafter.

The Agency conducts terrorism response drills periodically to increase the staff's knowledge in appropriate procedures to follow.

PROCEDURE

1. In the event a bomb threat is received, the Agency Bomb Incident Plan is to be followed.
2. In the event of building explosion:
 - * Leave the building as quickly and calmly as possible through the fire exits.
 - * If items are falling off bookshelves or from the ceiling, get under a sturdy table or desk.
 - * If there is a fire:
 - A. Stay low to the floor and exit the building as quickly as possible.
 - B. Cover nose and mouth with a wet cloth.
 - C. When approaching a closed door, use the palm of your hand and forearm to feel the lower, middle, and upper parts of the door. If it is not hot, brace yourself against the floor and open it slowly. If it is hot to the touch, **DO NOT** open the door. Seek an alternate escape route.
 - D. Heavy smoke and poisonous gases collect first along the ceiling. Stay below the smoke at all times.

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3. Following the explosion if you are trapped in debris:
 - * Use a flashlight if available.
 - * Remain where you are so you don't kick up dust. Cover your mouth with a handkerchief or clothing.
 - * Tap on a pipe or wall so that rescuers will be able to locate you. Use a whistle if available. **Shout only as a last resort.** Shouting can cause a person to inhale dangerous amounts of dust
 - * **DO NOT** attempt to rescue people who are inside a collapse building. Trained emergency personnel will perform the rescues.

Chemical and/or biological agents:

- * Definitions:
 - A. Chemical Agents - Poisonous gases, liquids, or solids that have toxic effects on people, animals, or plants.
 - B. Biological Agents - Organisms or toxins that have illness-producing effects on people livestock, and crops.
- * In the event of a chemical or biological agent attack, agency employees are to strictly follow the instructions of government authorities, for example: whether to seek shelter immediately or to evacuate immediately and where to seek medical attention.



TERRORISM

“The threat of terrorism does not have to change your life. **Just Be Prepared.**”

How Should Florida Prepare For Terrorism?

Unlike with a Hurricane or flood, there will likely be **NO WARNING** for a terrorist attack. We, as Floridians can make sure that our families know what we would do to account for each other in a disaster. A **Family Disaster Plan** is critical and should be in place at all times. Your family’s plan should include **Emergency Contacts**, identification of **Rally Points**, **Disaster Supply Kit**, and more.

With some simple planning this can be done and help alleviate the fear of the unknown.

Why Your Family Should Identify Rally Points...

Since your family is not together 24 hours a day, you need to consider how you would find each other in a disaster. Rally points (physical locations) should be identified for the most commonly frequented locations (i.e. work, school, neighbors ..). For example, if a crisis occurs at school _ a location where both parents and child designate to meet should be included in your plan.

Before, During, and After a Terrorist Incident...

Source: FEMA TERRORISM FACT SHEET

Before

- * Be alert and aware of your surroundings.
- * Take precautions when traveling. Be aware of conspicuous or unusual behavior. Do not accept packages from strangers. Do not leave luggage unattended.
- * Learn where emergency exits are located.
- * Be ready to enact your Family Disaster Plan.

During

- * Building Explosion - leave as quickly and calmly as possible.
- * If items are falling from above - get under a sturdy table or desk.
- * Fire - stay low to the floor and exit as quickly as possible. Cover and mouth with a wet cloth. If a door is hot the touch, do not open it _ seek an alternate escape rout. Stay below the smoke at all times.

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After

* If you are trapped in debris - use a flashlight. Cover your mouth with a piece of cloth. Tap on a pipe or wall so that rescuers can hear where you are. Use a whistle if available and shout as a last resort _ shouting can result in inhalation of dangerous amounts of dust.

* Assisting victims - untrained persons should not attempt to rescue people in a collapsed building. Wait for emergency personnel to arrive.

* Chemical Agent - authorities will instruct you to either seek shelter and seal the premises or evacuate immediately.

What Your Community Can Do?

In a disaster our best untapped resource is **you and me**. You can become a part of a **Community Emergency Response Team**. This team is a local or neighborhood group that receives special training to enhance their ability to recognize, respond to and recover from a major emergency or disaster situation.

Family Emergency Phone Numbers

- * 911
- * Out-of-town Family Contact
- * Schools
- * Work
- * Neighborhoods
- * County Emergency Management
- * PUT THESE NUMBERS ON YOUR REFRIGERATOR
AND IN YOUR WALLET OR PURSE.

What Actions Should You Take To Be Prepared?

Talk to your family. Discuss the potential hazards and threats. Develop your **Family Disaster Plan** to include **rally points** and have a third party as a common contact. Practice your plan.

Terrorism does not mean you have to change your life. You only need to **BE PREPARED**.

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STORM SURGE

“The greatest potential for loss of life related to a hurricane is from the storm surge.”

Storm surge is simply water that is pushed toward the shore by the force of the winds swirling around the storm. This advancing surge combines with the normal tides to create the hurricane storm tide, which can increase the mean water level 15 feet or more. In addition, wind driven waves are superimposed on the storm tide. This rise in water level can cause severe flooding in coastal areas, particularly when the storm tide coincides with the normal high tides. Because much of the United States densely populated Atlantic and Gulf Coast coastlines lie less than 10 feet above mean sea level, the danger from storm tides is tremendous.

The level of surge in a particular area is also determined by the slope of the continental shelf. A shallow slope off the coast will allow a greater surge to inundate coastal communities. Communities with a steeper continental shelf will not see as much surge inundation, although large breaking waves can still present major problems. Storm tides, waves, and currents in confined harbors severely damage ships, marinas, and pleasure boats.

In general, the more intense the storm, and the closer a community is to the right-front quadrant, the larger the area that must be evacuated. The problem is always the uncertainty about how intense the storm will be when it finally makes landfall. Emergency management officials balance that uncertainty with the human and economic risk to their community. This is why a rule of thumb for emergency managers is to plan for a storm one category higher than what is forecast. This is a reasonable precaution to help minimize the loss of life from hurricanes.

Wave and current action associated with the tide also causes extensive damage. Water weighs approximately 1,700 pounds per cubic yard; extended pounding by frequent waves can demolish any structure not specifically designed to withstand such forces.

The currents created by the tide combine with the action of the waves to severely erode beaches and coastal highways. Many buildings withstand hurricane force winds until their foundations, undermined by erosion, are weakened and fail.

In estuaries and bayous, intrusions of salt water endanger the public health and send animals, such as snakes, to flee from flooded areas and take refuge in urban areas.



ADDITIONAL SAFETY INFORMATION

STORM SURGE SAFETY ACTIONS

- * Minimize the distance you must travel to reach a safe location; the further you drive the higher the likelihood of encountering traffic congestion and other problems on the roadways.
- * Select the nearest possible evacuation destination, preferably within your local area, and map out your route. Do not get on the road without a planned route, or a place to go.
- * Choose the home of the closets friend or relative outside a designated evacuation zone and discuss your plan with them before hurricane season.
- * You may also choose a hotel/motel outside of the vulnerable area.
- * If neither of these options is available, consider the closest possible public shelter, preferably within your local area.
- * Use the evacuation routes designated by authorities and, if possible, become familiar with your route by driving it before an evacuation order is issued.
- * Contact your local emergency management office to register or get information regarding anyone in your household whom may require special assistance in order to evacuate.
- * Prepare a separate pet plan, most public shelters do not accept pets.
- * Prepare your home prior to leaving by boarding up doors and windows, securing or moving indoors all yard objects, and turning off all utilities.
- * Before leaving, fill your car with gas and withdraw extra money from the ATM.
- * Take all prescription medicines and special medical items, such as glasses and diapers.
- * If your family evacuation plan includes an RV, boat or trailer, leave early. Do not wait until the evacuation order or exodus is well underway to start your trip.
- * If you live in an evacuation zone and ordered to evacuate by state or local officials, do so as quickly as possible. Do not wait or delay your departure, to so will only increase your chances of being stuck in traffic, or even worse, not being able to get out at all.
- * Expect traffic congestion and delays during evacuations. Expect and plan for significantly longer travel times than normal to reach your family's intended destination.
- * Stay tuned to a local radio or television station and listen carefully for any advisories or specific instructions from local officials. Monitor your NOAA Weather Radio.

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NOAA Weather Radio (NWR) is a nationwide network of radio stations broadcasting continuous weather information direct from a nearby National Weather Service office. NWR broadcasts National Weather Service warnings, watches, forecasts and other hazard information 24 hours a day.

Working with the Federal Communication Commission's (FCC) Emergency Alert System, NWR is an "all hazards" radio network making it your single source for comprehensive weather and emergency information. NWR also broadcasts warning and post-event information for all types of hazards—both natural (such as earthquakes and volcano activity) and environmental (such as chemical releases or oil spills).

Known as the "Voice of the National Weather Service", NWR is provided as a public service by the National Oceanic & Atmospheric Administration (NOAA), part of the Department of Commerce. NWR includes more than 750 transmitters, covering all 50 states, adjacent coastal waters, Puerto Rico, the U.S. Virgin Islands, and the Pacific Territories. NWR requires a special radio receiver or scanner capable of picking up the signal. Broadcasts are found in the public service band at these seven frequencies (MHz).

102.400	162.425	162.450	162.475	162.500	162.525	162.550
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Emergency Management

Dialysis Advice

When a hurricane or other disaster strikes, kidney dialysis patients may be without their normal schedule dialysis until hospitals or renal centers have been restored. Therefore, dialysis patients will have to extend the life of their last treatment by watching their diets. Below is recommended diet for dialysis patients that will accomplish that.

The diet suggestions listed below are very general and may not reflect each dialysis patient's needs.

This plan includes the following information.

- * General Directions
- * Foods Allowed
- * Foods Allowed without limit.
- * Fluid limit
- * Diabetics
- * Menu for Three (3) days
- * Shopping List
- * Don't Forget Distilled Water
- * General Supplies to have on hand for Emergencies

Check with your doctor first before using this any other diet plan .

Emergency Renal Diet Plan Published by the ESRD Network of Florida and sponsored by the Department of Health and Human Services under HCFA Contract #500-97 as a resource for the professional renal community in Florida. You can contact them at the ESRD Network of Florida (Network 7) (813) 251-8686 or (800) 826-3773.

Emergency Renal Diet Plan

Published by the ESRD Network of Florida and sponsored by the Department of Health and Human Services under HCFA Contract #500-97-E025 as a resource for the professional renal community in Florida

You can contact them at the ESRD Network of Florida (Network 7) (813) 251-8686 or (800) 826-3773.

Continue this diet until you can return to normal dialysis schedule. Then resume your usual dialysis diet and fluid restrictions.

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TOP

General Directions:

Do not use ANY salt in cooking or preparation of food. Use unsalted foods whenever possible. Fruit and vegetable intakes must be limited as stated in diet to avoid potassium overload. Fluid limit must be kept to a minimum. Use the fluid limits included in the diet. Timing the medications with your meals will minimize the amount of fluid you will need to take your pills. Your normal fluid intake is too much.

TOP

Foods Allowed

- * **Fruit** 2 servings a day, well drained: Use only canned applesauce, pears or pineapple. Cranberries, blueberries, blackberries, raspberries
- * **Vegetables** - 1 serving per day. May be omitted or eaten cold if no cooking facilities available. Use only green beans, peas, or corn.
- * **Bread Substitutes - 5 servings**
 - * Use only salt free bread and crackers.
 - * ½ cup cooked macaroni, noodles, or rice may replace one slice bread.
 - * Do not use Potatoes.
- * **Meat Substitute - 3 ounces**
 - * Foods allowed - water packed tuna or 1/4 cup Swanson CHUNKY canned low sodium chicken or turkey may be used as one ounce meat, once a day.
 - * If refrigeration is available, may also include cold, slice chicken, turkey or roast beef.

TOP

Foods allowed without limit

- * Unsalted margarine
- * Jelly, honey
- * Hard candy, marshmallows, gum drops
- * Regular gum - do not diet gum

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TOP

Fluid Limit

- * Use 7 - Up, Ginger Ale, Jamaica Cola, Tang, Kool-Aid or bottled water as fluid to take medications.
- * Do not use any fruit juices.
- * Do not use Gatorade.

Diabetes

- * If using insulin, continue to take your regular prescribed dose.
- * Follow the emergency diet and use sweetened foods or candy only to avoid insulin reaction.
- * Follow this plan until you are not able to return to dialysis.
- * 40 gram protein, 1 gram sodium, 1.5 gram potassium, 16 ounces liquid.

TOP

Menu for Three (3) Days

First Day

Breakfast

4 ounces cranberry juice
1 cup puffed wheat
2 teaspoon sugar
2 ounces (1/4 cup) evaporated milk with 2 ounces water (this equals 4 ounces regular milk)

Snack

10 jelly beans

Lunch

2 slices unsalted bread
2 ounces unsalted canned tuna(1/3 of a small can)
1 tablespoon mayonnaise
2 canned pear halves, drained
4 oz Ginger Ale or 7-up

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Snack

3 small plain cookies
2 teaspoons unsalted margarine

Dinner

1 oz. Unsalted canned turkey
(1/6 of a small can)
2 slices unsalted bread
1 tablespoon mayonnaise
2 canned peach halves, drained OR ½ cup low sodium corn
3 tablespoons cranberry sauce

Bedtime

2 graham crackers
2 teaspoons unsalted margarine
1 table spoon honey
4 oz. Distilled water with
2 or 3 teaspoons Tang

Second Day

Breakfast

4 oz Cranberry juice
2 cup shredded wheat
2 teaspoons sugar
2 ounces (1/4 cup) evaporated milk with 2 ounces water (this equals 4 ounces regular milk)

Snack

10 jelly beans

Lunch

2 slices unsalted bread
2 oz. Canned unsalted tuna
½ cup canned applesauce
4 oz. Distilled water with teaspoon lemonade crystals

Snack

3 unsalted crackers
2 tablespoon jelly
2 teaspoons unsalted margarine

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Dinner

2 slices unsalted bread
2 oz. Boned canned chicken (drained)
2 canned pear halves, drained OR ½ cup low sodium peas
4 oz. Ginger Ale or 7-Up

Bedtime

3 plain cookies
2 teaspoons unsalted margarine

Third Day

Breakfast

4 oz. Cranberry juice
1 cup puffed rice
2 teaspoons sugar
2 oz. (1/4 cup) evaporated milk with 2oz. water (this equals 4 oz. regular milk.)

Snack

3 lollipops

Lunch

1 oz. Unsalted turkey (1/6 of a small can)
2 slices unsalted bread
1 tablespoon mayonnaise
2 canned peach halves, drained

Snack

graham crackers
2 teaspoons unsalted margarine
1 tablespoon honey

Dinner

2 slices unsalted bread
2 oz. Unsalted canned tuna
1 tablespoon mayonnaise
½ cup applesauce or ½ cup low sodium green beans

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Bedtime

- 4 oz. 7-up
- 3 unsalted crackers
- 2 teaspoon unsalted margarine
- 2 teaspoons jelly

TOP

Shopping list

The following list requires no cooking. Remember foods for those family members not requiring special diets.

- * 4 small can evaporated milk (6 oz. size)
- * 4 bags candy, such as gum drops, lollipops, sour balls, jelly beans
- * small jar grape or apple jelly
- * granulated sugar
- * small jar honey
- * unsalted margarine
- * 3 small jars mayonnaise (open fresh jar each day if refrigeration is no available)
- * 3 small cans unsalted tuna fish (6oz.size)
- * small can boned canned unsalted chicken (6 ounces size)
- * small cans unsalted turkey

Note: Usable life of open tuna, salmon, chicken or turkey is four (4) hours.

- * small boxes shredded wheat, puffed rice, puffed wheat
- * canned peaches, canned pineapple, canned pears, canned cranberries
- * applesauce canned blueberries or raspberries
- * jar Tang crystals (grape or orange); Kool-Aid or Crystal Light can or jar lemonade crystals
- * small cans of cranberry juice (4 ounce size)
- * small cans Ginger Ale and 7-Up
- * 2 loaves enriched salt-free white bread box graham crackers
- * box plain cookies (butter cookies or vanilla wafers) - **No Chocolate**
- * box unsalted crackers
- * Listerine Breath Spray (helps control thirst)
- * half dozen lemons (helps thirst)
- * low sodium green beans, low sodium peas, low sodium corn

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TOP

Don't forget the distilled water

If the storm is predicted, check your medications and have at least a seven (/) day supply on hand. If it becomes necessary to evacuate, remember to take all of your medications with you.

If you take kayexolate or sorbitol, have an ample supply. If you have a question about your need of these medications, speak to your physician or head nurse when you begin hurricane planning. Don't forget your vitamin/iron pills, phosphate binders (Alucaps, tums, calcium carbonate, etc.) and a first aid kit.

TOP

General Supplies to have on had for Emergencies:

- * Flashlight with extra batteries
- * Transistor radio with extra batteries
- * Manually operated can opener
- * Sterno stove and fuel (optional)
- * Measuring cup and measuring spoons
- * Plastic Containers with lids
- * Battery-powered lamp
- * Paper plates, paper cups
- * Plastic forks, spoons
- * 2 gallons distilled water
- * Alcohol wipes to clean can tops

INCLUDE:

- * Discuss Emergency Form
(Explain Categories D1-D3)
- * Explain Agency Emergency Plan:
Preparedness, After emergency procedures,
including staff assignment, patient visits,
Employee protection plan.
- * Encouraged to maintain Up-To-Date Agency
Prioritized List
- * Annual Department of Health Plan submission
/approval

Emergency Contacts

- * Police Non-Emergency
- * Consumer Protection (Price Gouging)
- * Disaster Hotlines
- * Emergency Evacuation Assistance
- * Recovery Agencies
- * Reporting Downed Utility Lines
- * Human Services
- * Emergency Management Offices
- * Animals
- * Businesses
- * Employees
- * Stay in touch & Phone Safety Tips

United Airlines Crew ans Passenger Inquires 1-800-932-8555

American Airlines Crew and Passenger Inquires 1-800-245-0999

(See Emergency Contact of your Area of Services)

**Employee Protection Plan: (Addendum to the Agency's Emergency Plan)**

In the event of an emergency, healthcare workers, firefighters, police, emergency service workers and other first responders will be on the front lines of responding to this outbreak. If these workers are expected to answer the call, if and when an emergency occurs, it is imperative that the necessary resources and equipment are immediately available to protect them from the emergency.

Just like having a working smoke detector in your home, having emergency supply kits will put the tools you may need at your fingertips. Be prepared to improvise and use what you have on hand to make it on your own for **at least three days**, maybe longer. While there are many things that might make you more comfortable, think first about **fresh water, food and clean air**. Remember to include, and periodically rotate, medications you may take every day such as insulin and heart medicine. Plan to store items in an easy-to-carry bag, such as a shopping bag, backpack or duffle bag.

Consider two kits. In one, put everything you will need to stay where you are and make it on your own. The other should be a lightweight, smaller version you can take with you if you have to get away.

Many potential terrorist attacks could send tiny microscopic “junk” into the air. For example, an explosion may release very fine debris that can cause lung damage. A biological attack may release germs that can make you sick if inhaled or absorbed through open cuts. Many of these agents can only hurt you if they get into your body, so think about creating a barrier between yourself and any contamination, due to your position as Health Care Employee maybe you will need to be in the street help others and doing your job. Be prepared to improvise with what you have on hand to protect your nose, mouth, eyes and cuts in your skin. Anything that fits snugly over your nose and mouth, including any dense-weave cotton material, can help filter contaminants in an emergency. It is very important that most of the air you breathe comes through the mask or cloth, not around it. Given the different types of attacks that could occur, there is not one solution for masking. For instance, simple cloth face masks can filter some of the airborne “junk” or germs you might breathe into your body, but will probably not protect you from chemical gases. Still, something over your nose and mouth in an emergency is better than nothing.

Develop a Family Communications Plan Your family may not be together when disaster strikes, maybe you are working, 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 may be in a better position to communicate among separated family members. Be sure each person knows the phone number and has coins or a prepaid phone card to call the emergency contact. You may have trouble getting through, or the phone system may be down altogether, but be patient.

Staying Put and Shelter-in-Place Whatever you are at home, work or elsewhere, there may be situations when it's simply best to stay where you are and avoid any uncertainty outside. In fact, there are some circumstances where staying put and creating a barrier between yourself and potentially contaminated air outside, a process known as sheltering-in-place and sealing the room, is a matter of survival. Plan in advance where you will take shelter in this kind of an emergency.

As your Employer we will make sure that our workplace has a building evacuation plan that is regularly practiced. We will take a critical look at our heating ventilation and air-conditioning system to determine if it is secure or if it could be feasibly upgraded to better filter potential contaminants. We will teach you, and others, know how to turn off the system if necessary. If any employee can't go home, we will make sure we have appropriate supplies on hand.

Action plan:

- 1) Maintain/Practice evacuation plan for office's employees.
- 2) Regularly check up of our ventilation, and air conditioning system, upgrade to a better filter if applicable
- 3) Maintain in place during emergency warnings some minimal supplies like water, conserved food, flashlights
- 4) Monitor the situation after the emergency treat to safely return to our healthcare activities
- 5) Assist to any employee and their family, affected for the emergency situation
- 6) Encouraged to use protective equipment like mask under emergency situation
- 7) Maintain an Employee emergency contact information before, during and after emergency situation
- 8) Maintain an active Training and In-services plan for Emergency Situations, available to all of our employees

Some of the things you can do to prepare for the unexpected, such as making an emergency supply kit and developing a family communications plan, are the same for both a natural or man-made emergency. However, there are important

differences among natural disasters that will impact the decisions you make and the actions you take. Some natural disasters are easily predicted, others happen without warning. Planning what to do in advance is an important part of being prepared.

Tornados are nature's most violent storms and can happen anywhere. However, states located in "Tornado Alley," as well as areas in Pennsylvania, New York, Connecticut, and Florida are at the highest risk for tornado damage. Hurricanes are severe tropical storms that form in the southern Atlantic Ocean, Caribbean Sea, Gulf of Mexico, and in the eastern Pacific Ocean. Scientists can now predict hurricanes, but people who live in coastal communities, like us, should plan what they will do if they are told to evacuate.

Get Involved... Join Citizen Corps Today

As health care worker, you can provide valuable assistance to local fire stations, law enforcement, emergency medical services, Department of Health, and emergency management. Get connected to disaster volunteer groups through your local Citizen Corps Council, so that when something happens, you can help in an organized manner. Citizen Corps programs build on the successful efforts that are in place in many communities around the country to prevent crime and respond to emergencies. You can join the Citizen Corps community by being part of a Community Emergency Response Team(CERT) to help people immediately after a disaster and to assist emergency responders, Volunteering with the Medical Reserve Corps to provide public health and medical support, Helping others get prepared, especially those with special needs.

Our Agency also, will obtain and replenish medical and non-medical supplies that will be required in response to an emergency:

- **Maintain a control to receive all needed supplies, preferable from a different State, to guarantee the uninterrupted service to our patients:**

That list may include, but not limited to:

- Gloves, First Aide kits, Out of the counter pain relief medications, gauzes, Diabetic Control kits
- Employee protection kit (**M**ask approved for TB, anthrax, Flue protection, **G**loves, CPR Shell, **G**own, etc)
- Other: _____

The supplies must be checked before use, and the "Expired" date must be verified.

The out state supplier contacted was: _____

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As health care worker you may be separated of your family under emergency situations....be prepared:

Family Communications Plan

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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. *(make copy of this information for every family member)*

Out of Town Contact Name: _____
Email: _____

Tel. Number 1: _____
Tel. Number 2: _____

Fill out the following information for each family member and keep it up to date.

Name: _____
Social Security Number: _____
Date of Birth: _____
Important Medical Information: _____

Name: _____
Social Security Number: _____
Date of Birth: _____
Important Medical Information: _____

Name: _____
Social Security Number: _____
Date of Birth: _____
Important Medical Information: _____

Name: _____
Social Security Number: _____
Date of Birth: _____
Important Medical Information: _____

Name: _____
Social Security Number: _____
Date of Birth: _____
Important Medical Information: _____

Where to go in an emergency.

Write down where your family spends the most time:

Work: _____

School and other places you frequent: _____

Daycare providers _____

Workplaces and apartment buildings should all have site-specific emergency plans

Doctors: _____

Pharmacy: _____

Medical Insurance: _____

Homeowners/Rental Insurance: _____

Veterinarian: _____

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HAZARD VULNERABILITY ANALYSIS

POLICY:

A vulnerability analysis is performed by the Safety Officer to identify areas of vulnerability so that provisions may be undertaken to lessen the severity and/or impact of an emergency.

During the hazard vulnerability analysis the following are considered potential emergencies for this Agency:

- Hurricanes
- Tornados
- Flood
- Fire
- Civil Disorders
- Heat
- Thunderstorm
- Infectious Disease Emergencies

The Agency's buildings and grounds have been evaluated for vulnerability to the above listed emergencies. Weaknesses have been listed and provisions undertaken to reduce the severity or impact of a potential emergency.

Priorities are established from the hazard vulnerability analysis for which mitigation, preparation, response and recovery activities will need to be undertaken, such as:

Mitigation and Preparedness, will occur before an emergency, and include all our activities to be ready to successfully respond to emergency situations: Full Category classification of our active patient during admission, sign up visit, (D1 to D4 category), were we are aware what step we will take with them during emergency (stay at home, go to family, shelter, hospital, etc), distribution of Educational Brochures to our patients to be prepared for any Emergency, with prioritization of the more vulnerability in our area, full Employee training about emergencies and preparedness, maintain up-to-date Active patient prioritized list that must include copy of: Emergency Plan form, Medication sheet, Plan of Care, Evacuation form (if needed), provide the utility company with a list of potentially vulnerable patients in the event of power failure. Priorities will be set with the communitywide emergency management planners (if available).

Response: occur during an emergency, and are the compliance of all our preparedness before it occur, that include the communication with our staff, the use of volunteer is they are available, assure patients/staff safety, guarantee the continuous care plan of our patients by caregivers, specialty shelters, hospitals.

Recovery: occur after emergency, and is the phase were we can contribute to come back to a normal services and life, and may include distribution of duties in continuous compliance of patient's care plan after our area is safe for our employees and the streets are clean

*See Emergency Management Hazard Vulnerability Analysis Worksheet and www.fema.gov.

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AGENCY PROCEDURES/TASKS TO MITIGATE DISASTERS/EMERGENCY SITUATIONS.

Procedures to help our Patients in Care & Planning, respond:

- **On admission**, the admitting nurse will assign each patient a priority code, dictating that patient's emergency rating. The admitting nurse will obtain a list of contact numbers, and discuss emergency planning options with the patient and family. All information will be kept in the patient's chart and shall be kept in paper as well as electronic format.
- At that time, each patient will be given a list of items to have prepared and available for use in the event of an emergency (part of our admission package).
- Any patients requiring **power for life support equipment** will be registered with the local utility companies and with local emergency offices. Each patient and family will receive education that will assist them in managing emergencies.
- **Medications** list will be reviewed, updated, Medical information, Allergies and sensitivities, Copies of health insurance cards
- **Evacuation:** we will help you to be registered (if applicable), or call the authorities about emergency evacuation routes and see if maps may be available with evacuation routes marked. Patient who need to be evacuated will know where the **shelter** is located that can meet your special needs, Plan for alternate locations, Plan for transportation to a shelter or other location, "Have a "grab bag" prepared (Appendix B of the Agency Emergency Plan), instructed to arrange for assistance if they are unable to evacuate by their self.
- **Speech or communication** Issues, if use a laptop computer for communication, consider getting a power converter that plugs into the cigarette lighter.
- **Hearing** Issues, patient will be instructed to have a pre-printed copy of key phrase messages handy, 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". Consider getting a weather radio, with a visual/text display that warns of weather emergencies.
- **Vision** issues, will be instructed to mark their disaster supplies with fluorescent tape, large print, or Braille. Have high-powered flashlights with wide beams and extra batteries. Place security lights in each room to light paths of travel.
- **Assistive Device Users**, will be instructed to label equipment with simple instruction cards on how to operate it (for example, how to "free wheel" or "disengage the gears" of your power wheelchair) Attach the cards to your equipment. If they use a cane, keep extras in strategic, consistent and secured locations to help you maneuver around obstacles and hazards. Keep a spare cane in your emergency kit. Know what your options are if you are not able to evacuate with your assistive device.
- A list of vendors who supply each patient's medical supplies will be obtained and kept in the patient's chart.
- An emergency supplies storage area will be maintained at the Agency office for employees during the time period that they are working in the event of an emergency, and will be updated and maintained by the Director of Nursing or qualified designee.
- **Utility Shut-off and Safety** In the event of a disaster, all of us may be instructed to shut off the utility service at our home.
- **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. 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. 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. 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

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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.

- **Preparing to Shut Off Water:** Locate the shut-off valve for the water line that enters your house. 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.
- **Electrical:** 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.
- **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. If you live in a flood-prone area, consider purchasing flood insurance to reduce your risk of flood loss. Buying flood insurance to cover the value of a building and its contents will not only provide greater peace of mind, but will speed the recovery if a flood occurs. You can call 1(888) FLOOD 29 to learn more about flood insurance.
- **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.

During emergencies: each nurse, therapist or aide making home visits to patients must check in with the Agency office with an update during the visit. Any new assignments will be made at that time. When the nurse has completed the list of patients assigned to them, they will be assigned to a community assistance first aid site to help with triage if needed, or will be assigned to specific patients from the regular caseload to complete that day's schedule. At least one (1) Emergency Supervisor will be present at the designated check in site to further assign Agency employees as they arrive and coordinate the staff members. If a patient needs to be moved to another site, the following procedure will be followed:

1. If the patient is unharmed but the home is damaged or unsafe and the telephone system is working, contact family or friends that the patient may request and make arrangements for the patient's transportation. Keep track of where the patient is going and all necessary telephone numbers, or contact the Emergency Supervisor for arrangements to be made through the county emergency planners for transportation to an alternate care facility if other arrangements cannot be made.
2. If the patient is injured and needs transport, contact an Emergency Supervisor for arrangements to be made through the county emergency planners for transport to a hospital/emergency room/triage site, depending on the need as determined by the county emergency planners. Be sure to have a complete list of the patient's needs when notifying the Emergency Supervisor.
3. Remember-The official personnel who are at the site (police, ambulance personnel, etc.) have had training in handling emergencies, as well as potentially hazardous situations. If they tell you not to go to a certain area, don't go. In the event of damaged, blocked or impassable roads, staff members will take alternate routes or notify an Emergency Supervisor of inability to reach an area.

If Unsafe Home Situation:

Before entering a patient's home, determine if there is a safety issue possible gas leak, exposed electric wire, etc.). Assess the situation and report to an Emergency Supervisor, who will report to the county emergency planners for proper emergency personnel to secure that site.

Critical to patient and staff preparedness is the need to have a well-developed family emergency preparedness plan as well. The **Patient, Family, and Staff** Emergency Preparedness Plans are plans that will be distributed and reviewed with patients, families and staff. The tools may be used as constructed in this packet or altered to

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meet individual patient, family, or agency needs.

If patient staff have PETS: Have a care plan for your pet. Locate a shelter for your pet (hotel, local animal shelter etc.) Emergency shelters will not accept animals. Extra food and/or medications, leashes, carriers, bowls, ID tags etc.

Activation:

Once the emergency response plan is activated, the Administrator will notify the Human Resources and Office Manager to initiate the staff call down procedure. (Refer to active staff list). If they are unable to reach an employee on the telephone, they will proceed to the next listed person on the list. The Office Manager and office secretary will call the office and list the employees available for assistance then come to the office. Upon arrival, every five (5) minutes, Office Manager and Secretary will try those employees not found with the first call attempt and notify the Administrator of any other employees found to be available to be on standby. They will also manage calls upon arrival at the office. If Office Manager is not able to reach the Secretary, Office Manager will notify all persons under Secretary on the calling list.

If phones are not available, the information officer will contact two (2) prearranged communication backup (test, cells, two way radios, offline applications, etc) with an announcement for **staff and patients**.

The Administrator will obtain and maintain a list of contacts for the local, state, federal and tribal Resource Center as well as a list of possible resources and supplies available through that center.

Direct Care Staff:

After Receiving Notification of an Emergency:

- Do not leave your home until you receive your assignment.
- Do not ask questions when you are called. This will only slow down the rate of calling and response time to the emergency.
- When you receive a call with your assignment, you will receive all of the necessary information about the emergency and those affected.
- Please wear your name tag and uniform so you can be easily recognized by other cooperating agencies.
- Stay off the phone so your second call can come through uninterrupted.
- If phone lines are down listen to alternative ways of communications for instructions.

If You Are Away From Home When an Emergency Happens:

- Call the Agency office to let the Emergency Supervisors know that you are available to help. You will receive an assignment at that time.
- If there are no working telephones, either come to the triage site or to the Agency office (whichever is closest) for assignment. In the event that the telephones are not working, the Emergency Supervisors will be at the triage site and all assignments will be made from there.

If an Emergency Occurs During Working Hours:

When you report for assignment of emergency patients, give a list of those patients you have yet to see to the Emergency Supervisor. A decision will be made by one of the Emergency Supervisors as to whether you will be pulled to help with the emergency assessments, or be assigned to continue with your regular assignments or to assume some patients left from those nurses who are assigned to work on the emergency assessments. Those staff members who have had first aid training will be high priority to be assigned to emergency assessments.

Emergency Supervisor Tasks:

Each month, all Emergency Supervisors will get an updated copy of the emergency list and keep it at home for reference if an emergency occurs after hours, or if the Agency office is damaged or destroyed. When Administrator gets a call asking for assistance with an emergency, he/she will call Director of Nursing and Office Manager. Both will then go to the Agency office immediately. Immediate tasks for the Emergency Supervisors will be:

- Determine the area struck and those patients of the Agency's affected by the emergency.
- The priority classification for each of these patients.

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- An assignment list.

While this is being determined, calls will be made to nursing homes and residential care facilities to determine the number of rooms which will be available for temporary placement of displaced patients and to local authorities to determine shelter options and locations. The Emergency Supervisors will also maintain a list of employees who have been notified and are available to assist in the emergency assessments. The patients who need assessments will be reassigned among the staff available and an Emergency Supervisor will then call each employee with assignments for who their team member is as well as the patient assignments.

Calls will be made for prearranged transportation, registration of patients in need of evacuation.

Emergency During Working Hours:

When the Administrator gets a call asking for assistance with a disaster, he/she will notify Director of Nursing, as well as the Office Manager and Secretary to begin the calling chain. DON and ADON will determine the patient and staff assignments and keep a list of those staff members the callers have been able to contact, as well as a list of those patients each nurse has yet to see, so that any necessary redistribution of the patient assignments can be made.

Office Staff will report to an Emergency Supervisor on those staff members that they have been able to contact, as well as which patients each of those nurses has yet to see. The Emergency Supervisors will in turn determine the assignments for those patients affected by the disaster. The teams will be notified of their assignments and the current patient caseload will also be assigned to the staff. Teams will need to meet their partner(s) at one of the three sites listed below:

1. If the phone system is working and the disaster is local meet at the Agency and receive your disaster supplies packet from one of the Emergency Supervisors.
2. If there is no phone system and the disaster is local, meet at the triage site and receive your disaster supplies packet from one of the Emergency Supervisors.
3. If the disaster is at another town, meet at the triage site and receive your disaster supplies packet from one of the Emergency Supervisors or at an assigned location.

The emergency supply packet will consist of various supplies that may be needed, as well as emergency worksheets.

An Emergency Supervisor will then go to the triage site to coordinate any patient needs that may exist, for problem solving and coordination of our efforts with the Emergency Response personnel and the county emergency planners. If the phone system is working, DON or ADON will remain at the office to manage information and coordinate calls from staff, family members, etc. If the phone system is not working, DON will also go to the triage site and ADON will remain at the office to sign out other emergency supply packets and assist any staff members who may arrive.

- Each emergency assessment team will fill out the emergency worksheet and turn them in to the Emergency Supervisors at least hourly with a report on the condition of patients that they have assessed during that time frame. This emergency worksheet will enable the Emergency Supervisors to maintain a tracking list for identification of those patients assessed, their status and what location they were moved to, if necessary.
- If assistance is requested by the Local, County agencies, those Emergency Supervisors who are at the triage site will coordinate Agency staff assignments for this. If our assistance is not requested, we will meet at the
- Agency office for a debriefing, allowing all involved to express their feelings, as well as ideas to improve for the next emergency plan implementation.

Assignments:

- The Director of Nursing/Clinical Manager will have power to assign staff to specific tasks, and with the coordinator will work with appointed Team Leaders to assist in pinpointing patients affected by the emergency and assigning clinical staff members to check on those patients by utilizing the pre-arranged priority classification system (see last page).
- After Human Resources, Office Manager and Secretary have called and put a staff member on alert, that staff member will wait for an Emergency Supervisor to call back with their assignment and where to meet their partner or security escort, if assigned.

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Security:

- The Administrator will make assessments regarding the security of the command center, the safety and travel conditions for staff and make arrangements for relocation of the command center, transportation and/or safety escorts as needed.
- The Administrator will also ensure all staff have needed identifying badges and/or uniforms which will allow them access to their agency.

Public Information:

The Administrator will confer with the Incident Command Officer and other members of the Disaster Response Team to reach a joint decision regarding the information, if any, to be released to the media/public/community. The Administrator will also be in charge of determining alternate means of contacting staff.

Family Emergency Preparedness Plan

Family plan should address the following:

- Evacuation routes.
- Family communications (part of the admission package).
- Utility shut-off and safety.
- Insurance and vital records.
- Evacuation plan
- Caring for animals

Evacuation Routes

Draw a floor plan of your home. Use a blank sheet of paper for each floor. Mark two escape routes from each room. Make sure children understand the drawings. Post a copy of the drawings at eye level in each child's room. Establish a place to meet in the event of an emergency, such as a fire.

Family Communications (included in the Admission package)

Your family may not be together when disaster strikes, so plan how you will contact one another. Think about how you will communicate in different situations. Complete a contact data for each family member. Have family members keep these cards handy in a wallet, purse, backpack, etc. You may want to send one to school with each child to keep on file. Pick a friend or relative who lives out-of-state for household members to notify they are safe.

Practicing and Maintaining Your Plan: patient will be oriented that once have developed their plan, they need to practice and maintain it. For example, we will ask questions to make sure your family remembers meeting places, phone numbers, and safety rules. Conduct drills such as drop, cover, and hold on for earthquakes. Test fire alarms. Replace and update disaster supplies.

Staff Emergency Preparedness Plan

As part of our staff annual Emergency preparedness plan they will oriented, tested.

Established a family preparedness plan

- Have a family communication plan
- Identify a point of contact that is out-of-town or in another state
- Escape routes
- Evacuation plan
- Plan for pets

Know your agency's emergency preparedness plan

- Know who to report to and procedures to follow
- Be prepared to assume tasks/roles out of your ordinary job description. Participate in programmed Agency Disaster/Fire drills.
- Ensure credentials (Identification cards, professional license, any local or state credential needed to move around restricted areas) are up to date and with you
- Know how supplies will be procured for patients
- Know the agencies communication tree

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Have the automobile equipped

- Full tank of gas - identify gas stations that have emergency/backup power
- Maps of the area
- Shovel
- Blankets
- Portable battery operated or crank radio
- Cell phone charger
- Portable battery operated or crank flashlight
- Booster cables
- Bottled water and non-perishable high energy foods, such as granola bars, raisins and peanut butter
- Flares
- Tie repair kit
- Fire extinguisher
- First aid kit

Have alternative communication devices available for use

- charged cell phone
- portable phone
- satellite phone
- two way communication radios
- offline communication applications



Cyber Safety: The internet has given so many people the ability to access a wealth of information, connect with others and get answers to just about any question. But it can also be dangerous. As soon as you log on, you can become the target of a cyber criminal. The following guidelines are designed to keep you safe while surfing the net.

Keeping Your Kids Safe Online - Do's and Don'ts

Explain to your children, only establish and maintain connections with people you know and trust. Review the connections often. Assume that ANYONE can see any information about your activities, personal life, or professional life that you post and share. Ensure that your family takes similar precautions with their accounts; their privacy and sharing settings can expose your personal data. Avoid posting or tagging images of you or your family that clearly show your face. Select pictures taken at a distance, at an angle, or otherwise concealed. Never post Smartphone photos and don't use your face as a profile photo, instead, use cartoons or avatars. Use secure browser settings when possible and monitor your browsing history to ensure that you recognize all access points.

Social Network (Facebook, Google+, Tweeter, Instagram, etc) - Do's and Don'ts

Only establish and maintain connections with people you know and trust. Review your connections often. Assume that ANYONE can see any information about your activities, personal life, or professional life that you post and share. Ensure that your family takes similar precautions with their accounts; their privacy and sharing settings can expose your personal data. Avoid posting or tagging images of you or your family that clearly show your face. Select pictures taken at a distance, at an angle, or otherwise concealed. Never post Smartphone photos and don't use your face as a profile photo, instead, use cartoons or avatars. Use secure browser settings when possible and monitor your browsing history to ensure that you recognize all access points.

Identity Theft Prevention

Create unique passwords for each of your accounts to limit the chances of having multiple accounts compromised. Keep your computer up-to-date with the latest versions of operating system and anti-virus software protection. Never share sensitive information such as credit card or Social Security numbers through text, email, or chats. Never use public networks to conduct online financial transactions. Remember to log out of personal accounts opened on public devices. Ensure that all communications involving online financial transactions are sent through an SSL encrypted connection ("https://").

Smartphone

Malicious individuals may gain physical access to your smartphone. Protect your device with a password and run apps such as Android Lost and Find My iPhone to help you recover lost or stolen smartphones. Malicious emails and text messages can infect your smartphone with malware. Run anti-virus software periodically on your device. The camera and microphone can be remotely activated. Do not take a smartphone near classified information, and remove the battery before discussing any sensitive information. Wireless networks may be insecure and subject to monitoring. Use VPN when accessing wireless networks, and do not access sensitive information over wireless networks. Turn off Bluetooth when you are not using it to prevent hackers from exploiting your device. Apps that you download may gain access to the data stored on your smartphone. Check to see if the app will access your personal data and read user reviews of the app to see if other users experienced trouble after downloading. Apps can track your location. Turn off location services to avoid unwanted location tracking.

Securing Your Home Wireless Network

When creating passwords for your networks devices, ensure that they are sufficiently long and complex by using uppercase letters, lowercase letters, numbers, and symbols. Consider a multi-password phrase that does not consist of dictionary-based words. An example of a satisfactorily long and complex password would be lLuvF00tb@77 from the phrase "I love football." Use a cable to directly access the internet for any computers that remain stationary. Turn off your wireless network when you will not be using it for an extended period of time. If you have guest access set up for your network, ensure that it is password protected. If possible, turn on automatic updates for your network device's firmware. If automatic updates are not offered, periodically check for firmware updates on the network devices' websites and manually download and install them. If your router is compromised or if you cannot remember the password, you can restore it to the default factory settings by pressing the reset button located on the back of the router. Position the router away from windows and further into the interior of your house to decrease the reach of the signal.



Care-related emergencies:

Heat-Related Illnesses - Home Emergency Treatment

Heat syncope (fainting) usually does not last long and improves when you lie down to a flat position. It is helpful to lie in a cooler environment.

Heat edema (swelling) is treated with rest and by elevating your legs. If you are standing for a long time in a hot environment, flex your leg muscles often so that blood does not pool in your lower legs, which can lead to heat edema and fainting.

Heat cramps are treated by getting out of the heat and replacing fluids and salt. If you are not on a salt- (sodium-) restricted diet, eat a little more salt, such as a few nuts or pretzels. Do not use salt tablets, because they are absorbed slowly and can cause irritation of the stomach. Try massaging and stretching your cramped muscles.

Heat rash usually gets better and goes away without treatment. Antihistamines may help if you are having problems with itching. Keep areas clean and dry to help prevent a skin infection. Do not use baby powder while a rash is present. The powder can build up in the skin creases and hold moisture, allowing the growth of bacteria that may cause infection. Dress in as few clothes as possible during hot weather. Keep your home, especially sleeping areas, cool.

To mitigate severe Heat, recommend: install window air conditioners snugly; insulate. Service existent A/C units. Install window tinting. Weather-strip doors and sills to keep cool air in.

During severe heat season recommend: Stay indoors as much as possible. Limit exposure to the sun. Eat well-balanced, light, & regular meals. Avoid using salt. Drink plenty of water. Limit alcohol use. Dress in lightweight clothing. Never leave children in closed vehicles. Avoid strenuous work.

Symptoms to watch for during home treatment: Call Patient's doctor if any of the following occur during home treatment: A seizure occurs. Decreased mental alertness develops. Shortness of breath develops symptoms become more severe or frequent.

Emergency first aid for heatstroke is needed immediately because this condition is life-threatening. After calling patient's physician and/or other emergency medical services, follow these first aid steps: Move the person into a cool place, out of direct sunlight. Remove the person's unnecessary clothing and place the person on his or her side to expose as much skin surface to the air as possible. Cool the person's entire body by sponging or spraying cold water, and fan the person to help lower the person's body temperature. Watch for signs of rapidly progressing heatstroke, such as seizure, unconsciousness for longer than a few seconds, and moderate to severe difficulty breathing. Apply ice packs over as much of the body as you can. Check the person's rectal temperature, and try to cool it to 102°F (39°C) or lower as soon as possible. The longer the body is at a high temperature, the more serious the illness and the more likely it is that complications will develop. Temperatures taken by mouth or in the ear are not accurate in this emergency situation. If a person has stopped breathing, begin CPR. Do not give any medicine to reduce a high body temperature that can occur with heatstroke. Medicines may cause problems because of the body's response to heatstroke. If the person is awake and alert enough to swallow, give the person fluids [32 fl oz (1 L) to 64 fl oz (2 L) over 1 to 2 hours] for hydration. Most people with heatstroke have an altered level of consciousness and cannot safely be given fluids to drink. You may have to help. Make sure the person is sitting up enough so that he or she does not choke.

Home treatment for mild heat-related illness

When recognized in the early stages, most heat-related illnesses, such as mild heat exhaustion, can be treated at home. Recommend to your patients: stop your activity, and rest. Get out of direct sunlight and lie down in a cooler environment, such as shade or an air-conditioned area. Elevate your feet. Remove all unnecessary clothing. Cool down by applying cool compresses or having a fan blow on you. Place under your arms and in your groin area, where large blood vessels lie close to the skin surface, to cool down quickly. Drink rehydration drinks, juices, or water to replace fluids. Drink 2 qt (2 L) of cool fluids over 2 to 4 hours. You are drinking enough fluids if your urine is normal in color and amount and you are urinating every 2 to 4 hours. Total rehydration with oral fluids usually takes about 36 hours, but most people will begin to feel better within a few hours. Rest for 24 hours, and continue fluid replacement with a rehydration drink. Rest from any strenuous physical activity for 1 to 3 days.

Equipment and power failures:

A medical device is any product or equipment used to diagnose a disease or other conditions, to cure, to treat or to prevent disease. We care about our customers and recognize that some face special challenges, for example customers who rely on electricity to power life-support equipment in their homes, such as respirators or kidney dialysis machines. A home use medical device is intended for users in any environment, apart from the professional healthcare facility or the emergency medical services, requires adequate instructions for use, and may also require training for the user by a qualified healthcare professional to assure safe and effective use.

As safety precautions, before possible power failure:

Charge cell phones and any battery powered devices. Know where the manual release lever of your electric garage door opener is located and how to operate it. Purchase ice or freeze water-filled plastic containers to help keep food cold during a temporary power outage. Keep your car's gas tank full-gas stations rely on electricity to power their pumps. If you use your car to re-charge devices, do NOT keep the car running in a garage, partially enclosed space, or close to a home, this can lead to carbon monoxide poisoning. Learn about the emergency plans that have been established in your area by visiting your state's or local website so you can locate the closest cooling and warming shelters. If you rely on anything that is battery-operated or power dependent like a

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medical device determine a back-up plan.

Clients will be instructed to:

When the power goes out, they should NOT:

- Perform an action to the device that they aren't sure of
- Assume the device is working correctly
- Leave home without the device
- Forget the power outage booklet

Our customers will have an established plan to obtain and organize their medical device information, take necessary actions so that them can continue to use their device, have the necessary supplies for the operation of their device, and know where to go or what to do during a power outage.

Instruct the patient/caregiver to create an Emergency Patient's file that amend to have family contact emergency information, supplies used, medication taken, instructions in case of hurricane and other disasters, insurance cards, current home care doctor's orders, plan of treatment, what a family member, friend, shelter or hospital should do to help me in an emergency, copy of the power of attorney (personal and medical) allowing someone to act on my behalf if I am not able to, contact information for their health care provider(s) and pharmacy, where to go for medical supplies., instructions for using the medical device and all device manuals, also have handling the Device Information, recommend to have handling:

My Device is: _____ Model: _____

Device Supplier: _____ Phone #: _____

We will help our customer to answers the following questions:

Can a power surge cause my device to stop working? If yes, what type of surge protector do I need?

Does my device have a back-up system? If yes, how long will it operate and where is it located?

Can my device operate on another power source? If yes, what type?

Could I be harmed if my device stops for a short period of time? If yes, what is that time period?

Will my device still work if it does not have power for an extended period of time? If yes, how long can it work without power?

What happens if I lose power in the middle of a treatment? Should I restart a treatment if it is stopped in the middle or resume where it stopped?

Do I need extra medical supplies that would last for a minimum of 3 days? If yes, where are they located?

Does my device or do my supplies have to be kept at a certain temperature? If yes, what temperature?

Do I need a portable cooler and ice packs to store refrigerated supplies and medicines? If yes, where are they located?

Do I need the proper products to clean my device? If yes, what are they and where are they located?

Is there specific information about power outages for my specific device that I should write here?

Can my device use batteries in the event of a power outage?

Can I change the batteries in my device? If not, who should I contact?

Do I have a functioning flashlight with an extra supply of batteries? If so, where are they located?

What type of batteries does my device use?

How many batteries does it take to operate my device?

How long will the device last on battery power?

How do I switch operation of my device from battery to electric power?

Establish What to Do After Power is Lost and Restored

Notify Contacts

Notify the following when power is lost and restored:

Local power company Phone # _____

Local fire department Phone # _____

Family and friends Phone # _____

Health care provider(s) Phone # _____

Home care provider(s) Phone # _____

Primary Physician Phone # _____

My supplies are purchased at: _____ Phone # _____

Type of transportation use: _____ Phone # _____

My pharmacy is: _____ Phone # _____

Check Supplies

Look for the following when checking supplies and do NOT use if:

Packaging is torn or damaged.

They are wet or dry and shouldn't be.

They are very hot or very cold and shouldn't be.

There are loose or missing pieces and shouldn't be.

Check Device

Look for the following when checking your device and do NOT use if you find:

Signs of damage, including power cords.

Incorrect device settings.

If the patient's home has a Generator, instruct: NEVER use portable generators indoors, even if you have ventilation. If you feel

sick, dizzy, or weak while using a generator, get fresh air immediately. Turn the generator off & let it cool before re-fueling. Plug appliances directly into generator or use heavy-duty outdoor rated extension cord. Never try to power the house wiring by plugging the generator into a wall outlet.

Interruptions in the normal supply of essentials, such as water and food:

Instruct your patient: Have 5-7 days supplies of non-perishable food. Have sufficient potable water, either from bottled sources or household delivery services (5-7 days supplies of water – 1 gal/person, per day, keep in designated area and ready to go). Verify if there are any authority notices against consuming tap water, ice, or beverages made with water. Rinse raw foods as needed in disinfected water. Monitor the local media for boil water alerts. Throw away all food, cosmetics, or medications that have come into contact with flood waters.

Fire Prevention, Emergency:

Recommend: Install smoke alarms/sprinklers. Test and clean smoke alarms once a month. Replace batteries at least once a year. Replace smoke alarms every 10 years. Establish an escape route and practice. Ensure windows are not nailed or painted shut. Teach family members to stay low to the floor when escaping. Never smoke near flammable liquids or in bed. Be careful when using alternative heating sources. Keep open flames away from walls, furniture, drapery. Place a screen in front of fireplace. Have heating units inspected and cleaned. Make sure extension cords or wiring does not run under rugs, over nails or across high traffic areas. If your clothes catch on fire – STOP, DROP and ROLL until fire is extinguished. Check doors for heat before you open them. Hot door or cool door. Close doors behind you. Go outside and meet in a pre-determined spot. Do not re-enter. Call 9-1-1. Make sure everyone in your home knows where to go if the fire alarm sounds & practice your escape plan together. If you live in an apartment building: Know at least two escape routes from every room in your apartment or condominium & learn every exit from your building. Count the doors between your living unit & the two nearest exits. You may have to escape a fire in the dark. Exit quickly, closing all doors behind you to slow the spread of fire and smoke. If you encounter smoke or flames, use another escape route. If you have to escape through smoke, crawl low since heat and smoke rise. Cleaner air will be found one to two feet above the floor. Test doors before you open them. Kneel or crouch, reach up high and touch the door, the knob and the space between the door and its frame with the back of your hand. If the door feels cool, open it carefully and be ready to slam it shut if smoke or heat rushes in. Never use an elevator during a fire. It may stop between floors or at a floor where the fire is. Go directly to a stairwell that's free of smoke, heat or flame. Once you are out, tell the fire-rescue department if you know of anyone trapped in the building. Do not go back inside for any reason until firefighters tell you it's safe. If possible, go to a room with an outside window and a telephone closing all doors between you and the fire. Use duct tape or stuff the cracks around the door with wet towels, rags or bedding and cover vents to keep the smoke out of the room.

Recovering from a fire can be a physically and mentally draining process. When fire strikes, lives are suddenly turned around. Often, the hardest part is knowing where to begin and who to contact.

The following checklist serves as a quick reference and guide for you to follow after a fire strikes.

Contact your local disaster relief service, such as The Red Cross, if you need temporary housing, food and medicines. If you are insured, contact your insurance company for detailed instructions on protecting the property, conducting inventory and contacting fire damage restoration companies. If you are not insured, try contacting private organizations for aid and assistance. Check with the fire department to make sure your residence is safe to enter. Be watchful of any structural damage caused by the fire. The fire department should see that utilities are either safe to use or are disconnected before they leave the site. DO NOT attempt to reconnect utilities yourself. Conduct an inventory of damaged property and items. Do not throw away any damaged goods until after an inventory is made. Try to locate valuable documents and records. Refer to information on contacts and the replacement process inside this brochure. If you leave your home, contact the local police department to let them know the site will be unoccupied. Begin saving receipts for any money you spend related to fire loss. The receipts may be needed later by the insurance company and for verifying losses claimed on income tax. Notify your mortgage company of the fire. Check with an accountant or the Internal Revenue Service about special benefits for people recovering from fire loss.

Aircraft disaster:

A major aircraft disaster presents a scene where wreckage, bodies and survivors can be strewn over a wide area. It can be further complicated by hazardous cargo. If the accident occurs near a school, housing area, or traffic area, the results can be catastrophic. Recommend to the clients: do not approach to affected area, allow rescue personnel complete their duties, if fire is an issue follow all fire safety guidelines, follow authorities orders at all times. Listen to local radio or television stations for detailed information and instructions. Follow the instructions carefully.

Floods:

Familiarize yourself with local emergency plans. Know where to go and how to get there should you need to get to higher ground, the highest level of a building, or to evacuate. Turn Around, Don't Drown! Avoid walking or ask your family not driving through flood waters. Just 6 inches of moving water can knock you down, and 1 foot of water can sweep your vehicle away. If there is a chance of flash flooding, move immediately to higher ground. Flash floods are the #1 cause of weather-related deaths in the US. If floodwaters rise around your car but the water is not moving, abandon the car and move to higher ground. Do not leave the car and enter moving water. Avoid parking along streams, rivers, and creeks during heavy rainfall. These areas can flood quickly and with little warning. Return home only when authorities say it is safe. Be aware of areas where floodwaters have receded and watch out for debris. Floodwaters often erode roads and walkways. Ask your family do not attempt to drive through areas that are still

flooded. Avoid standing water as it may be electrically charged from underground or downed power lines. Photograph damage to your property for insurance purposes.

Hazardous Materials Incidents:

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Chemicals are found everywhere. They purify drinking water, increase crop production and simplify household chores. But chemicals also can be hazardous to humans or the environment if used or released improperly. Hazards can occur during production, storage, transportation, use or disposal. You and your community are at risk if a chemical is used unsafely or released in harmful amounts into the environment where you live, work or play. Hazardous materials in various forms can cause death, serious injury, long-lasting health effects and damage to buildings, homes and other property. Many products containing hazardous chemicals are used and stored in homes routinely. These products are also shipped daily on the nation's highways, railroads, waterways and pipelines. Chemical manufacturers are one source of hazardous materials, but there are many others, including service stations, hospitals and hazardous materials waste sites. Hazardous materials come in the form of explosives, flammable and combustible substances, poisons and radioactive materials. These substances are most often released as a result of transportation accidents or because of chemical accidents in plants.

Listen to local radio or television stations for detailed information and instructions. Follow the instructions carefully. You should stay away from the area to minimize the risk of contamination. Remember that some toxic chemicals are odorless.

Requested to stay indoors, or unable to evacuate: Bring yourself, any family member and pets inside. Close and lock all exterior doors and windows. Close vents, fireplace dampers, and as many interior doors as possible. Turn off air conditioners and ventilation systems. In large buildings, set ventilation systems to 100 percent recirculation so that no outside air is drawn into the building. If this is not possible, ventilation systems should be turned off. Go into the pre-selected shelter room. This room should be above ground and have the fewest openings to the outside. Seal gaps under doorways and windows with wet towels or plastic sheeting and duct tape. Seal gaps around window and air conditioning units, bathroom and kitchen exhaust fans, and stove and dryer vents with duct tape and plastic sheeting, wax paper or aluminum wrap. Use material to fill cracks and holes in the room, such as those around pipes. If gas or vapors could have entered the building, take shallow breaths through a cloth or a towel. Avoid eating or drinking any food or water that may be contaminated.

Asked to evacuate: Do so immediately. Stay tuned to a radio or television for information on evacuation routes, temporary shelters, and procedures. Follow the routes recommended by the authorities—shortcuts may not be safe. Leave at once. If you have time, minimize contamination in the house by closing all windows, shutting all vents, and turning off attic fans. Take pre-assembled disaster supplies. Ask family members to help your neighbors who may require special assistance—infants, elderly people and people with access and functional needs.

Caught Outside: Stay upstream, uphill, and upwind! In general, try to go at least one-half mile (usually 8-10 city blocks) from the danger area. Move away from the accident scene and help keep others away. Do not walk into or touch any spilled liquids, airborne mists, or condensed solid chemical deposits. Try not to inhale gases, fumes and smoke. If possible, cover mouth with a cloth while leaving the area. Stay away from accident victims until the hazardous material has been identified.

The following are guidelines for the period following a hazardous materials incident:

Go to a designated public shelter if you have been told to evacuate or you feel it is unsafe to remain in your home. Text SHELTER + your ZIP code to 43362 (4FEMA) to find the nearest shelter in your area (example: *shelter 12345*). Act quickly if you have come in to contact with or have been exposed to hazardous chemicals. Follow decontamination instructions from local authorities. You may be advised to take a thorough shower or you may be advised to stay away from water and follow another procedure. Seek medical treatment for unusual symptoms as soon as possible. Place exposed clothing and shoes in tightly sealed containers. Do not allow them to contact other materials. Call local authorities to find out about proper disposal. Advise everyone who comes in to contact with you that you may have been exposed to a toxic substance. Listen to local radio or television stations for the latest emergency information. Help a neighbor who may require special assistance - infants, elderly people and people with access and functional needs. People who care for them or who have large families may need additional assistance in emergency situations. Return home only when authorities say it is safe. Open windows and vents and turn on fans to provide ventilation. Find out from local authorities how to clean up your land and property. Report any lingering vapors or other hazards to your local emergency services office.

Household Chemical Emergencies:

Nearly every household uses products containing hazardous materials or chemicals. Although the risk of a chemical accident is slight, knowing how to handle these products and how to react during an emergency can reduce the risk of injury.

The following are guidelines for buying and storing hazardous household chemicals safely: Buy only as much of a chemical as you think you will use. Leftover material can be shared with neighbors or donated to a business, charity or government agency. Keep products containing hazardous materials in their original containers and never remove the labels unless the container is corroding. Corroding containers should be repackaged and clearly labeled. Never store hazardous products in food containers. Never mix household hazardous chemicals or waste with other products. Incompatibles, such as chlorine bleach and ammonia, may react, ignite or explode. Follow the manufacturer's instructions for the proper use of the household chemical. Never smoke while using household chemicals. Never use hair spray, cleaning solutions, paint products, or pesticides near an open flame (e.g., pilot light, lighted candle, fireplace, wood burning stove, etc.) Although you may not be able to see or smell them, vapor particles in the air could catch fire or explode. Clean up any chemical spill immediately. Use rags to clean up the spill. Wear gloves and eye

protection. Allow the fumes in the rags to evaporate outdoors, then dispose of the rags by wrapping them in a newspaper and placing them in a sealed plastic bag in your trash can. Dispose of hazardous materials correctly. Take household hazardous waste to a local collection program. Check with your county or state environmental or solid waste agency to learn if there is a household hazardous waste collection program in your area. Post the number of the emergency medical services and the poison control center by all telephones. In an emergency situation, you may not have time to look up critical phone numbers. The national poison control number is (800) 222-1222.

During a Household Chemical Emergency: Get out of the residence immediately if there is a danger of fire or explosion. Do not waste time collecting items or calling the fire department when you are in danger. Call the fire department from outside (a cellular phone or a neighbor's phone) once you are safely away from danger. Stay upwind and away from the residence to avoid breathing toxic fumes. Recognize and respond to symptoms of toxic poisoning including: Difficulty breathing Irritation of the eyes, skin, throat, or respiratory tract Changes in skin color Headache or blurred vision Dizziness Clumsiness or lack of coordination Cramps or diarrhea If someone is experiencing toxic poisoning symptoms or has been exposed to a household chemical, call the national poison control center at 1 (800) 222-1222 and find any containers of the substance that are readily available in order to provide requested information. Follow the emergency operator or dispatcher's first aid instructions carefully. The first aid advice found on containers may be out of date or inappropriate. Do not give anything by mouth unless advised to do so by a medical professional.

Discard clothing that may have been contaminated. Some chemicals may not wash out completely.

Checking Your Home: There are probably many hazardous materials throughout your home. Take a tour of your home to see where these materials are located. Use the list of common hazardous household items to guide you in your hunt. Once you have located a product, check the label and take the necessary steps to ensure that you are using, storing and disposing of the material according to the manufacturer's directions. It is critical to store household chemicals in places where children cannot access them. Remember that products such as aerosol cans of hair spray and deodorant, nail polish and nail polish remover, toilet bowl cleaners and furniture polishes all fall into the category of hazardous materials.

Hazardous Household Items:

Cleaning Products: Oven cleaners, Drain cleaners, Wood and metal cleaners and polishes, Toilet cleaners, Tub, tile, shower cleaners, Bleach (laundry), Pool chemicals

Indoor Pesticides: Ant sprays and baits, Cockroach sprays and baits, Flea repellents and shampoo, Bug sprays, Houseplant insecticides, Moth repellents, Mouse and rat poisons and baits

Automotive Products: Motor oil, Fuel additives, Carburetor and fuel injection cleaners, Air conditioning refrigerants, Starter fluids, Automotive batteries, Transmission and brake fluid, Antifreeze

Workshop/Painting Supplies: Adhesives and glues, Furniture strippers, Oil- or enamel-based paint, Stains and finishes, Paint thinners and turpentine, Paint strippers and removers, Photographic chemicals, Fixatives and other solvents

Lawn and Garden Products: Herbicides, Insecticides, Fungicides/wood preservatives

Miscellaneous: Batteries, Mercury thermostats or thermometers, Fluorescent light bulbs, Driveway sealer

Other Flammable Products: Propane tanks and other compressed gas cylinders, Kerosene, Home heating oil, Diesel fuel, Gas/oil mix, Lighter fluid

Nuclear Power Plants:

Although the construction and operation of these facilities are closely monitored and regulated by the Nuclear Regulatory Commission (NRC), accidents are possible. An accident could result in dangerous levels of radiation that could affect the health and safety of the public living near the nuclear power plant.

Be aware of: Site Area Emergency - Area sirens may be sounded. Listen to your radio or television for safety information. General Emergency - Radiation could leak outside the plant and off the plant site. The sirens will sound. Tune to your local radio or television station for reports. Be prepared to follow instructions promptly.

If an accident at a nuclear power plant were to release radiation in your area, local authorities would activate warning sirens or another approved alert method. They also would instruct you through the Emergency Alert System (EAS) on local television and radio stations on how to protect yourself.

Follow the EAS instructions carefully. Minimize your exposure by increasing the distance between you and the source of the radiation. This could be evacuation or remaining indoors to minimize exposure. If you are told to evacuate, keep car windows and vents closed; use re-circulating air. If you are advised to remain indoors, turn off the air conditioner, ventilation fans, furnace and other air intakes. Shield yourself by placing heavy, dense material between you and the radiation source. Go to a basement or other underground area, if possible. Do not use the telephone unless absolutely necessary. Stay out of the incident zone. Most radiation loses its strength fairly quickly.

The following are guidelines for the period following a nuclear power plant emergency:

Go to a designated public shelter if you have been told to evacuate or you feel it is unsafe to remain in your home. Text SHELTER + your ZIP code to 43362 (4FEMA) to find the nearest shelter in your area (example: shelter 12345). Act quickly if you have come

in to contact with or have been exposed to hazardous radiation. Follow decontamination instructions from local authorities. You may be advised to take a thorough shower. Change your clothes and shoes; put exposed clothing in a plastic bag; seal it and place it out of the way. Seek medical treatment for unusual symptoms, such as nausea, as soon as possible. Listen to local radio or television stations for the latest emergency information. Ask a family member to help a neighbor who may require special assistance - infants, elderly people and people with access and functional needs may require additional assistance. People who care for them or who have large families may need additional assistance in emergency situations. Return home only when authorities say it is safe. Keep food in covered containers or in the refrigerator. Food not previously covered should be washed before being put in to containers.

Pandemic:

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

Be vaccinated every year. Store a two weeks supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters. Periodically check your regular prescription drugs to ensure a continuous supply in your home. Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins. Get copies and maintain electronic versions of health records from doctors, hospitals, pharmacies and other sources and store them, for personal reference. HHS provides an online tool intended to help people locate and access their electronic health records from a variety of sources. Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home. Volunteer with local groups to prepare and assist with emergency response. Get involved in your community as it works to prepare for an influenza pandemic. During a pandemic: Limit the Spread of Germs and Prevent Infection

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too. If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness. Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick. Washing your hands often will help protect you from germs. Avoid touching your eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth. Practice other good health habits. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

Thunderstorms & Lightning

All thunderstorms are dangerous. Every thunderstorm produces lightning. Other associated dangers of thunderstorms include tornadoes, strong winds, hail and flash flooding. Falling raindrops evaporate, but lightning can still reach the ground and can start wildfires.

To prepare for a thunderstorm, you should do the following: Remove dead or rotting trees and branches that could fall and cause injury or damage during a severe thunderstorm. Postpone outdoor activities. Secure outdoor objects that could blow away or cause damage. 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. Remember, rubber-soled shoes and rubber tires provide NO protection from lightning. However, 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 any electronic equipment well before the storm arrives.

Facts about Thunderstorms: They may occur singly, in clusters or in lines. Some of the most severe occur when a single thunderstorm affects one location for an extended time. Thunderstorms typically produce heavy rain for a brief period, anywhere from 30 minutes to an hour. Warm, humid conditions are highly favorable for thunderstorm development. About 10 percent of thunderstorms are classified as severe – one that produces hail at least an inch or larger in diameter, has winds of 58 miles per hour or higher or produces a tornado.

Facts about Lightning: Lightning's unpredictability increases the risk to individuals and property. Lightning often strikes outside of heavy rain and may occur as far as 10 miles away from any rainfall. "Heat lightning" is actually lightning from a thunderstorm too far away from thunder to be heard. However, the storm may be moving in your direction. Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening. 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 and should be attended to immediately.

Instructs patients if thunderstorm and lightning are occurring in their area, they should: Use your battery-operated NOAA Weather Radio for updates from local officials. Avoid contact with corded phones and devices including those plugged into electric for recharging. Cordless and wireless phones not connected to wall outlets are OK to use. Avoid contact with electrical equipment or cords. Unplug appliances and other electrical items such as computers and turn off air conditioners. Power surges from lightning can cause serious damage. Avoid contact with plumbing. Do not wash your hands, do not take a shower, do not wash dishes, and do not do laundry. Plumbing and bathroom fixtures can conduct electricity. Stay away from windows and doors, and stay off porches. Do not lie on concrete floors and do not lean against concrete walls. Avoid natural lightning rods such as a tall, isolated

tree in an open area. Avoid hilltops, open fields, the beach or a boat on the water. Take shelter in a sturdy building. Avoid isolated sheds or other small structures in open areas. Avoid contact with anything metal—tractors, farm equipment, motorcycles, golf carts, golf clubs, and bicycles.

If lightning strikes you or someone you know, call 9-1-1 for medical assistance as soon as possible. The following are things you should check when you attempt to give aid to a victim of lightning: **Breathing** - if breathing has stopped, begin mouth-to-mouth resuscitation. **Heartbeat** - if the heart has stopped, administer CPR. **Pulse** - if the victim has a pulse and is breathing, look for other possible injuries. Check for burns where the lightning entered and left the body. Also be alert for nervous system damage, broken bones and loss of hearing and eyesight.

After the storm passes remember to: Stay away from storm-damaged areas to keep from putting yourself at risk from the effects of severe thunderstorms. Continue to listen to a NOAA Weather Radio or to local radio and television stations for updated information or instructions, as access to roads or some parts of the community may be blocked. Help people who may require special assistance, such as infants, children and the elderly or those with access or functional needs. Stay away from downed power lines and report them immediately. Watch your animals closely. Keep them under your direct control.

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. To begin preparing, you should: build an emergency kit and make a family communications plan. Listen to NOAA Weather Radio or to commercial radio or television newscasts for the latest information. In any emergency, always listen to the instructions given by local emergency management officials. Be alert to changing weather conditions. Look for approaching storms. Look for the following 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.

Quick facts you should know 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 cloud 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; in the northern states, it is late spring through early summer. Tornadoes are most likely to occur between 3 pm and 9 pm, but can occur at any time.

Tornado Watch - Tornadoes are possible. Remain alert for approaching storms. Watch the sky and stay tuned to NOAA Weather Radio, commercial radio or television for information.

Tornado Warning - A tornado has been sighted or indicated by weather radar. Take shelter immediately.

If you are under a tornado warning, seek shelter immediately! Most injuries associated with high winds are from flying debris, so remember to protect your head.

If you are in: A structure (e.g. residence, small building, nursing home, hospital, ALF, high-rise building)

Go to a pre-designated area such as a safe room, basement, storm cellar, or the lowest building level. If there is no basement, go to the center of a small 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. In a high-rise building, go to a small interior room or hallway on the lowest floor possible. Put on sturdy shoes. Do not open windows.

If you are in: The outside with no shelter. If you are not in a sturdy building, there is no single research-based recommendation for what last-resort action to take because many factors can affect your decision. Possible actions include: Immediately get into a vehicle, buckle your seat belt and try that family member drive you to the closest sturdy shelter. If your vehicle is hit by flying debris while you are driving, pull over and park. Take cover in a stationary vehicle. Put the seat belt on and cover your head with your arms and a blanket, coat or other cushion if possible. Lie in an area noticeably lower than the level of the roadway and cover your head with your arms and a blanket, coat or other cushion if possible.

In all situations: 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.

After a Tornado: Listen to local officials for updates and instructions. Check-in with family and friends by texting or using social media. Watch out for debris and downed power lines. If you are trapped, do not move about or kick up dust. Tap on a pipe or wall or use a whistle, if you have one, so that rescuers can locate you. Stay out of damaged buildings and homes until local authorities indicate it is safe. Photograph the damage to your property in order to assist in filing an insurance claim. Do what you can to

prevent further damage to your property, (e.g., putting a tarp on a damaged roof), as insurance may not cover additional damage that occurs after the storm. If your home is without power, use flashlights or battery-powered lanterns rather than candles to prevent accidental fires.

Tsunamis

Tsunamis can strike any U.S. Coast, but risk is greatest for states and territories with Pacific and Caribbean coastlines. Tsunamis, also known as seismic sea waves (mistakenly called "tidal waves"), are a series of enormous waves created by an underwater disturbance such as an earthquake, landslide, volcanic eruption, or meteorite. Earthquake-induced movement of the ocean floor most often generates tsunamis. If a major earthquake or landslide occurs close to shore, the first wave in a series could reach the beach in a few minutes, even before a warning is issued. Areas are at greater risk if they are less than 25 feet above sea level and within a mile of the shoreline. Drowning is the most common cause of death associated with a tsunami. Tsunami waves and the receding water are very destructive to structures in the run-up zone. Other hazards include flooding, contamination of drinking water, and fires from gas lines or ruptured tanks.

The following are things you can do to protect yourself, your family and your property from the effects of a tsunami: To begin preparing, you should build an emergency kit and make a family communications plan. Talk to everyone in your household about what to do if a tsunami occurs. Create and practice an evacuation plan for your family. Familiarity may save your life. Be able to follow your escape route at night and during inclement weather. Practicing your plan makes the appropriate response more of a reaction, requiring less thinking during an actual emergency. If the school evacuation plan requires you to pick your children up from school or from another location. Be aware telephone lines during a tsunami alert may be overloaded and routes to and from schools may be jammed. Knowing your community's warning systems and disaster plans, including evacuation routes. If you are concerned that you will not be able to reach a safe place in time, ask your local emergency management office about vertical evacuation. Some strong (e.g., reinforced concrete) and tall buildings may be able to provide protection if no other options are available. If an earthquake occurs and you are in a coastal area, turn on your radio to learn if there is a tsunami warning.

A tsunami warning is issued when a tsunami with the potential to generate widespread inundation is imminent or expected. Warnings alert the public that dangerous coastal flooding accompanied by powerful currents is possible and may continue for several hours after initial arrival. Warnings alert emergency management officials to take action for the entire tsunami hazard zone. Appropriate actions to be taken by local officials may include the evacuation of low-lying coastal areas, and the repositioning of ships to deep waters when there is time to safely do so. Warnings may be updated, adjusted geographically, downgraded, or canceled. To provide the earliest possible alert, initial warnings are normally based only on seismic information.

A tsunami advisory is issued when a tsunami with the potential to generate strong currents or waves dangerous to those in or very near the water is imminent or expected. The threat may continue for several hours after initial arrival, but significant inundation is not expected for areas under an advisory. Appropriate actions to be taken by local officials may include closing beaches, evacuating harbors and marinas, and the repositioning of ships to deep waters when there is time to safely do so. Advisories are normally updated to continue the advisory, expand/contract affected areas, upgrade to a warning, or cancel the advisory.

A tsunami watch is issued to alert emergency management officials and the public of an event which may later impact the watch area. The watch area may be upgraded to a warning or advisory - or canceled - based on updated information and analysis. Therefore, emergency management officials and the public should prepare to take action. Watches are normally issued based on seismic information without confirmation that a destructive tsunami is underway.

A tsunami information statement is issued to inform emergency management officials and the public that an earthquake has occurred, or that a tsunami warning, advisory or watch has been issued for another section of the ocean. In most cases, information statements are issued to indicate there is no threat of a destructive tsunami and to prevent unnecessary evacuations as the earthquake may have been felt in coastal areas. An information statement may, in appropriate situations, caution about the possibility of destructive local tsunamis. Information statements may be re-issued with additional information, though normally these messages are not updated. However, a watch, advisory or warning may be issued for the area, if necessary, after analysis and/or updated information becomes available.

During a Tsunami: Follow the evacuation order issued by authorities and evacuate immediately. Take your animals with you. Move to high ground or inland and away from water immediately. Stay away from the beach. Never go down to the beach to watch a tsunami come in. If you can see the wave you are too close to escape it. CAUTION - If there is noticeable recession in water away from the shoreline this is nature's tsunami warning and it should be heeded. You should move away immediately. Save yourself - not your possessions. Remember to help your neighbors who may require special assistance - infants, elderly people, and individuals with access or functional needs.

After a Tsunami: Return home only after local officials tell you it is safe. A tsunami is a series of waves that may continue for hours. Do not assume that after one wave the danger is over. The next wave may be larger than the first one. Go to a designated public shelter if you have been told to evacuate or you feel it is unsafe to remain in your home. Text SHELTER + your ZIP code to 43362 (4FEMA) to find the nearest shelter in your area (example: shelter 12345). Avoid disaster areas. Your presence might interfere with emergency response operations and put you at further risk from the residual effects of floods. Stay away from debris in the water; it may pose a safety hazard to people or pets. Check yourself for injuries and get first aid as needed before helping injured or trapped persons. If someone needs to be rescued, call professionals with the right equipment to help. Many people have

been killed or injured trying to rescue others. Help people who require special assistance—infants, elderly people, those without transportation, people with access and functional needs and large families who may need additional help in an emergency situation. Continue using a NOAA Weather Radio or tuning to a Coast Guard station or a local radio or television station for the latest updates. Stay out of any building that has water around it. Tsunami water can cause floors to crack or walls to collapse. Use caution when re-entering buildings or homes. Tsunami-driven floodwater may have damaged buildings where you least expect it. Carefully watch every step you take. To avoid injury, wear protective clothing and be cautious when cleaning up.

Wildfires

Basic Safety tips: If you see a wildfire and haven't received evacuation orders yet, call 9-1-1. Don't assume that someone else has already called. If ordered to evacuate during a wildfire, do it immediately- make sure and tell someone where you are going and when you have arrived. Many communities have text or email alerting systems for emergency notifications. To find out what alerts are available in your area, search the Internet with your town, city, or county name and the word "alerts." If you or someone you are with has been burned, call 9-1-1 or seek help immediately; cool and cover burns to reduce chance of further injury or infection.

Fire weather watch = dangerous fire weather conditions are possible over the next 12 to 72 hours

Steps to Take: Turn on your TV/radio. You'll get the latest weather updates and emergency instructions. Know where to go. If you are ordered to evacuate, know the route to take and have plan of where you will go. Check-in with your friends and family. Keep your car fueled, in good condition, and stocked with emergency supplies and a change of clothes.

Prepare Home: Regularly clean the roof and gutters. Maintain an area approximately 30' away from you home that is free of anything that will burn, such as wood piles, dried leaves, newspapers and other brush. Connect garden hoses long enough to reach any area of the home and fill garbage cans, tubs, or other large containers with water. Review your homeowner's insurance policy and also prepare/update a list of your home's contents.

Returning Home: Return home only when authorities say it is safe. For several hours after the fire, maintain a "fire watch." Check and re-check for smoke, sparks or hidden embers throughout the house, including the roof and the attic. Use caution when entering burned areas as hazards may still exist, including hot spots, which can flare up without warning. Evacuate immediately if you smell smoke.

Cleaning Your Home: Wear a NIOSH certified-respirator (dust mask) and wet debris down to minimize breathing dust particles. Discard any food that has been exposed to heat, smoke or soot. Do NOT use water that you think may be contaminated to wash dishes, brush teeth, prepare food, wash hands, or to make ice or baby formula. Photograph damage to your property for insurance purposes.

Before Wildfire season- Make a Wildfire plan: Know your wildfire risk. Make a wildfire emergency plan. Build or restock your emergency preparedness kit, including a flashlight, batteries, cash, and first aid supplies. Familiarize yourself with local emergency plans. Know where to go and how to get there should you need to evacuate. Stay tuned to your phone alerts, TV, or radio, for weather updates, emergency instructions or evacuation orders.

Civil Disorder Unrest

The First Amendment to the U.S. Constitution guarantees people the right to peaceably assemble and to petition their government to address grievances. On rare occasions, that line is crossed, and that is when public safety becomes a concern. Civil disturbance as "an unlawful assembly that constitutes a breach of the peace or any assembly of persons where there is danger of collective violence, destruction of property or other unlawful acts."

Civil unrest incidents can escalate for a variety of reasons and are not limited to urban areas. They can occur in several situations: peaceful demonstrations or war protests that turn confrontational, violence related to major sporting events, concerts and "block parties" that turn violent, political conventions that are disrupted because of activists, confrontations at "hot spots" such as abortion clinics and research laboratories, and riots related to racial tensions.

If a disturbance seems to threaten the occupants of your house, place of residence, Nursing Home, building, report it immediately to the Police (call 911) and take the following actions: Alert all persons in the household, of the situation, Lock all doors and windows, Close blinds to prevent flying glass, If evacuation is necessary, follow directions from first responders (e.g. police and fire department personnel).

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FIREARM ATTACK, WORKPLACE VIOLENCE, INVASION PROTECTION PLAN

Individual or massive attacks, office invasions, workplace violence, fire arm attacks and robberies may affect our Agency, that violence can happen anywhere, and that a person better be able to protect themselves and their loved ones, because chances are no one else will be there to do it. Our staff are training that one of the most fundamental principles of self-defense is developing an automatic sense of what's happening around us, what kind of situation we're getting ready to walk into, observing possible assailants, and noting avenues of escape and evasion, will help us avoid or extract ourself from most potentially dangerous situations. A lot of it is just plain common sense, and with a little practice will become second-nature.

Tips to protect yourself and coworkers:

Fight or flee, depending on the situation. Running away should be our first plan, when possible. At 20 feet from the gunman, you're still within a deadly range, but at 40 feet, you're a difficult shot. If he starts to shoot as you're making your escape, try to run in a zigzag or another unpredictable pattern. To escape through an upper-floor window, find a drain pipe or a ledge that can slow your descent or let you slide down part of the way. You'll likely hurt your ankles when you land, so be prepared to break the fall with a quick roll. Protect your body by rolling over one shoulder, diagonally across the back and onto the opposite hip.

If there's no way out, then assess the situation. Most robberies, for instance, end without violence, so it may make sense to cooperate with the gunman. If you're confronted with a determined psychopath, fighting would be a better option.

Chemical sprays: these have been around for a long time and are universally carried by law enforcement for non-lethal response, because they work. The products on the market today are more effective than ever, can shoot an incapacitating spray a pretty good distance, and a direct hit will definitely stop most assailants. Just make sure to carry it in a quickly accessible place, not buried in the bottom of a purse or shoulder pack. And keep in mind that if you have to use it in an enclosed space, you might take yourself out too.

If the killer opens fire, you'll want to take cover behind heavy furniture. Hiding is only a temporary strategy, though, since a gunman may plan to kill everybody in a room. You may also playing dead, but if you stay more time on the killer side, you and others may have gone on the offensive.

To disarm a gunman, you'll need to take his focus off his weapon and his plan of attack. To do this, you might throw chairs, laptops, or fire extinguishers at him, or set off the sprinkler system or fire alarm. Then, you'd want to pick up a desk or some other shield and charge right at the killer. There's a chance you'll be killed in the process, but if two or three people rush at once, there's also a chance that somebody will take him down. (Unarmed civilians who band together have a much better chance of surviving an attack.)

If you're already within a step or two of the gunman, you might be able to grab his weapon. If he's facing you, quickly reach up and take hold of the barrel, and then aim it away from your body. The move should be as clean and economical as possible. The gunman will reflexively pull the gun back away from you. Go with him: Keep gripping the gun and push your weight forward. Then, punch him in the face or the throat as hard as you can. Hit him on the nose, jab your fingers into his eyes, or strike him with the heel of your open palm. Then use your free hand to grab the nonbusiness end of the gun. With two hands on the gun, you can knee the killer in the groin or head-butt him. A better idea might be to twist your hands like they are revving a motorcycle engine. The weapon will pivot and break the gunman's finger inside the trigger guard. Sometimes, the best option would be to grab both weapons and hold the gunman off with kicks until another person can help disarm him.



Infectious disease emergencies are circumstances caused by biological agents, including organisms such as bacteria, viruses or toxins with the potential for significant illness or death in the population. Infectious disease emergencies may include naturally occurring outbreaks (e.g., measles, mumps, meningococcal disease), emerging infectious diseases (e.g., SARS, avian influenza), and bioterrorism. The circumstances of infectious disease emergencies may vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality (bioterrorism), and many others.

An infectious disease emergency (IDE) occurs when urgent and possibly extensive public health and medical interventions are needed to respond to and contain an infectious disease outbreak or biological threat that has the potential for significant morbidity and mortality in our area of services.

The purpose of the Infectious Disease Emergency Response (IDER) Plan (part of our Emergency Preparedness Plan hazard identification), as part of the Strategies to minimize emergency impacts, is to respond to other infectious disease emergencies as defined above.

Activities that may be implemented during an Infectious Disease Emergency Response include:

- Coordination with other Health Facilities, DOH, local, state and federal agencies and other organizations responding to a large public health emergency.
- Collect, assess and integrate incident and response information to produce an overall assessment of the incident which includes the status of the infectious disease emergency and IDER operational activities and resource use.
- Development and dissemination of information and guidance for the community that we serve, staff, general public, and special populations and settings.
- Develop disease containment measures such as infection control (see Agency Infection Prevention and Control activities), prophylaxis, isolation and quarantine, or restriction and clearance.
- Coordination of medical care systems and management of alternate care and/or shelter sites. Coordinating the infectious disease emergency response with local medical care systems (e.g. hospitals, clinics, etc.) in order to ensure that the needs of affected patients and staff are met. This may involve monitoring and coordinating resource, forecasting trends in supply and demand for healthcare services and resource needs; ensuring there is support for casualty management including triage, treatment and transportation; designating and managing alternate care and/or shelter sites; and coordinating with the authorities to manage mass fatalities
- Epidemiological/Infection surveillance and investigation activities such as surveillance, investigation, and reports.
- Collection and analysis of data to inform the development of objectives and tactics. Contacts of cases, the population at risk, the source(s) of the infectious disease emergency, and the magnitude of the event. The event will be monitored over time. The information obtained by epidemiology and surveillance activities will be used to guide containment activities and situational awareness.
- Monitor Infections, epidemiological report from our area of services Department of Health (see reports)
- Provide in-service to our professional staff about infection prevention and control, and encourage their participation in any community base effort to help local, state and federal agencies in any case of Infections Disease Emergency or outbreak or biological threats.
- Recommend measures for assuring staff/public safety
- Educate our patients about infection prevention, immunization importance, hand hygiene and other infection control measures
- Assess and/or anticipate hazardous and unsafe situations
- Data collection, organization, and evaluation of data related to cases, contacts, information requests, administration of treatment/prophylaxis to provide information that guides response operations in the future.
- Provide informational materials for staff, patients, and special settings (e.g., ALF, Nursing Home, shelters). Our Infection Committee with knowledge about infectious diseases, will search literature, and/or experience communicating with the public to recommend the materials. Information and guidance will be provided in appropriate formats and languages and may include Health Alerts, Fact Sheets, Telephone Information Line scripts, phone-bank scripts, talking points for press releases, disease news updates, website text, position papers, treatment and/or prophylaxis guidelines, and other information.
- Strategies may include standard, contact, droplet, or airborne precautions and/or hand hygiene, respiratory hygiene, personal protective equipment (PPE), decontamination, cleaning, and/or disinfection and home equipment use sterilization.

Our IDER Plan is intended to be used for any infectious disease emergency that requires a response that exceeds the

Agency's normal disease control capacity. Some outbreaks or situations will require limited response activities; other situations will require large-scale response efforts that involve many healthcare facilities within our community and/or many city agencies.

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Functions of the Safety Officer

- Review the Incident Action Plan for safety implications.
- Identify hazardous situations associated with the incident.
- Develop a safety message for staff.
- Ensure staff that volunteer as responders are supported to take breaks and receive hydration and nourishment as appropriate.
- Receive recommendation for prophylaxis, personal protective equipment, and other infection control measures from the Infection Control Committee.
- Exercise emergency authority to stop and prevent unsafe acts.
- Investigate accidents that have occurred and ensure that volunteer staff responders receive proper care.
- Develop method to track the health and safety of volunteer staff responders, including injuries, minor illnesses, and surveillance for signs and/or symptoms of relevant infectious disease.

A triage categorization system will be used to identify urgent, important, low priority, and already addressed requests for information. Information request triage involves: 1) tracking documents and information already developed and available; 2) receiving new unanswered questions about the infectious disease or situation and questions about appropriate responses; and, 3) logging and prioritizing information needs and referring them to the appropriate module for information development.

Dissemination of the Information:

Electronic Dissemination. Website posting if available, e-mails, and/or internal networks.

Telephone Dissemination. Blast Fax, Telephone Information Line(s) messages, messages sent to staff Voice Mail Boxes, Teleconferences, 311 (a 24/7 public information line that provides information on city services), and 911.

Email Dissemination. Emails sent to individuals or large groups (e.g., staff, referrals physician, etc).

Traditional Mail. Interoffice mail, US Postal Service mail, mail delivered by private companies.

Presentations. If staffing and time permit, in person presentations. Alternatively, presentations can be posted onto the Agency Informational Board.

Alternative Dissemination. Mass mailings, paycheck mailings, leafleting, posting billboards, via partner agencies such as community based organizations.

The Infection Control Committee will provide infection control recommendations for our Agency, patients, staff, and other specific settings and high-risk groups. When the disease is unknown the most precautionary measures should be used until the mode of transmission and other important characteristics of the disease are confirmed. Decisions about infection control recommendations will be based on available data including the case definition, incubation period, mode of transmission, infectious period, and availability of effective prophylaxis or treatment (to be provided by the Local Agencies Epidemiology and Surveillance Branch of the DOH, Disease Containment Implementation, and State or Federal agencies). Our Infection Control Group will assess the advantages, disadvantages, costs, and practical limitations of the various strategies as part of the process of generating infection control recommendations.


Community Mitigation. We encourage to use community mitigation strategies that are used when it is determined that group level activities should be altered to reduce the spread of disease. Community mitigation strategies may target specific populations like adult care settings (ALF, Nursing Home, Adult Care), workplace staff and clients, public transportation riders, attendees at large public gatherings (e.g., concert, sporting events, religious services), and other groups. Strategies to reduce the transmission of disease during group activities include nonpharmaceutical interventions like social distancing, healthy habits, workplace modifications, school dismissal or modification, cancellation of events/locals, and other approaches that protect the public while preserving, as much as possible, daily activities.

Mass Prophylaxis. Our Agency will participate (as possible) in mass prophylaxis as a public health strategy to dispense pharmaceuticals and/or administer vaccine to potentially exposed populations and/or those at risk of exposure in order to prevent infection. Also, we will participate as possible in the **Post Exposure Prophylaxis (PEP)**. PEP is a medication or vaccine given to prevent exposed persons from developing disease and thereby reducing transmission.

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ROLES AND RESPONSIBILITIES APPROVED:

Procedures approved for timely Activation of the Emergency Plan and staffing during an emergency: EXPERT HOME CARE, INC.  constantly monitors, through several means (news, whether apps, internet, reports from community agencies/authorities), conditions in our area, to ensuring timely activation of our Emergency Plan, we will aware of Emergency/Disaster conditions through media, news, emergency warnings, cellular emergency services, whether applications, homeland security alerts, etc. Our staff will be immediately contacted and notified of their responsibilities, in the event of an emergency or disaster occurs, or become imminent, that disrupts the Agency's ability to provide care, patient needs will be prioritized to determine whose needs are the greatest. Management of Patients in private homes, assisted living facilities (ALF) and adult family home care (AFHC) who will continue to receive care, if possible, with minimal disruption of schedule. The Administrator, or Director of Nursing, notifies the chain of command staff, via two way radio, phone, email, on-line application (if internet is working), cellular or voicemail, that emergency procedures are activated. Types of emergencies that warrant plan implementation include, but are not limited to:

The treat, or occurrence, of Hurricanes, tornados, floods and power failure,
Severe weather,
Industrial accidents, i.e: gas leaks, chemical spills, industrial plant explosions
aircraft crashes that result in injury, death or evacuation
Acts of terrorism, Fire and/or smoke.

Approved the **operational and support roles** of all those home health agency staff that are designated to be involved in emergency measures:

Administrator:

- Coordinates the activities within the Emergency Management Plan
- Acts as liaison between **EXPERT HOME CARE, INC.** , County Health Departments, and the Local Emergency Management Agency
- Maintains and implements the communication contingencies before, during and after emergencies
- Oversees the removal and safe storage of equipment, supplies and important items of the Agency
- Constantly monitors bulletin and advisories, and
- Disseminates information via open communication means and methods.

Director of Nursing:

- Assist with contacting staff via telephone tree or other open methods of communication
- Coordinates scheduling and attendance to assignments at the Agency, local shelters or other areas as needed
- Assists with the dissemination of information as requested by the Administrator
- Assists with arranging transportation needs of the staff before, during and after disasters or other emergencies
- Implements removal and safe storage of vital equipment and information (Emergency Supply Storage Area)
- Works as skilled staff in designated area as requested
- Acts as Administrator in his/her and alternate administrator absence.

EXPERT HOME CARE, INC.



Clinical Coordinator / Patient Coordinator / Case Managers.

- Checks on the telephone tree system and that available staff has been contacted
- Checks on staff attendance to appropriate assignments
- Checks for adequate patient scheduling, transportation coordination, caregiver instruction and supplies
- Checks that caregivers are receiving information updates and passing information on to patients and families
- Checks that current prioritized list of special needs is maintained and readily available
- Works as skilled staff in designated area as requested.

Nursing Supervisor

- Coordinates specific patient care needs and oversees the triage of patients
- Assists with staffing assignments
- Assist with coordination of transportation services to patients and staff
- Assist with removal and safe storage of equipment and information.

Education Coordinator

- Assist with coordinating patient care needs assessments
- Provide update emergency management information to staff for patients prior to emergencies
- Evaluates the current need for shelter attendees and disseminates shelter rules, regulations and locations
- Secures education records and removes for safe keeping.

Medical Records

- Secures patient records
- Coordinates removal and safe/confidential keeping of records if indicated.

Clerical Staff

- Assist with all scheduling activities
- Develops, prints and copies all list, schedules and other pertinent and important information for agency operations
- Assist in delivering all communications to and from staff, patients and administration
- Work in assigned areas if Agency closes.

Field Staff

- Maintain communication with Director of Nursing at a minimum of 2 times per day or whenever any plans or process change
- Contact patients under care regarding plans for evacuation, scheduling visits, maintaining adequate supplies, caregiver instructions, and providing for transportation need plans and process
- Develop in conjunction with Nursing Supervisor, Patient Activity Priority Status Lists (Emergency/Disaster Classification)

All other staff

- Keep in contact with the Patient Coordinator / Director of Nursing - a minimum of 2 times per day
- Secure items of importance and transport to safety
- Assist in securing building, if necessary
- Assist in coordination of transportation needs of patients and/or staff
- Report to office or shelter as previously agreed.

Our Agency will inform federal, state and local/tribal emergency preparedness officials (see contact information in page 7 of the Manual) as soon as we are aware of the unavailability, during and after emergencies on patients for whom our Agency is unable to contact to determine service needs and patients in need of evacuation due to their medical or behavioral health condition or home environment, we will make a phone call, or email to them, and fax a list that included a report with the medical documentation on patient's under our care (following HIPAA guidelines), if cellular network are not available or land lines are not working (primary means of communication with local emergency management agencies, and incident command center), an Agency's official will delivery the list, in person, as soon as possible, and safety of staff is not in jeopardy. Also, in the report will be included any staff or official on-duty that are unable to be contacted during the emergency. In this way we will maintain continuity of care, maintain a process for communicating information about the general condition and location of patients under our care to public and private entities assisting with disaster relief, and communicate information about our needs and ability to provide assistance to the authority having jurisdiction, the incident command center, or designee.

RECOVERY PHASE

EXPERT HOME CARE, INC.



Our Agency maintains a chain of command for all operations. The Agency's Administrator is responsible to declare the Recovery Phase after any Emergency or Disaster in our community that affect the normal operations of the Agency, or disrupt the ability to provide efficient care to our patients.

The recovery phase start when the county officials declare the end of the Emergency/Disaster situation in our community, with the continued implementation of the Agency's Business Continuation Plan, for recovery phase including offsite access to data & data backup and office relocation (logistical support in place to relocate office if necessary), this is one of the initial steps in the recovery process.

Once an emergency situation becomes stable, business recovery takes over to ensure the agency remains financially viable.

A business continuity plan will enable our Agency to plan for continuing operations after a disaster. This tool differs from the other emergency preparedness tools in this manual in that it addresses recovery rather than response. The tool is designed to address all aspects of our operations that might be impacted regardless of whether the event results in a minor disruption of services or a complete destruction of the Agency's infrastructure. (see Agency's Business Continuation Plan).

The following actions will occur as part of the recovery phase:

- a. The administrator or designee may initiate the recovery phase
- b. The administrator or designee(s) as part of the agency's communication protocol will communicate with
 - i. Leaders and owners (if applicable)
 - ii. Staff
 - iii. Clients or someone responsible for a client's emergency procedures
 - iv. County and city emergency management officials if needed during and after an event
 - v. State and Federal emergency management entities if warranted by the nature of the event and;
 - vi. Other entities as applicable such as:
 1. State Regulatory Agency
 2. Emergency Medical Services
 3. Other community health care providers
- c. The primary mode of communication will be by phone or cell phone. If the primary mode of communication fails other methods including but not limited to the following may be used:
 - i. Two way radios as available
 - ii. Internet communication technologies (if on-line availability exist)
 - iii. Emergency information/news radio as available
- d. Recovery Team (Staff assigned to help in the Recovery Phase that include the Administrator, DON, their alternates, Office Manager and any other needed personnel). Those employees designated as Recovery Team will serve as part of the Recovery Phase. The Administrator is designated as Recovery Team leader to take over the Emergency Operations Center at the Agency during this phase.

Continuity of operations strategy focuses on our Agency with the **goal** of protecting:

- 1) The Agency's office, and any other infrastructure from direct disruption or damage so that it can continue to function throughout or shortly after an emergency. All windows and external doors will be protected by covered with wood if possible, or from the interior by cover all crystal parts. Both will be checked as part of our biannual exercise for security and resistance again a natural disaster.
- 2) Information technology systems, the contracted Agency's software vendor will complete a data backup daily as contracted, hard printed copy of the active patient's information will be added to the Emergency Log in the even of any disaster or emergency situation. HIPAA guidelines will be enforced daily.
- 3) Business and financial operations, from our financial software a backup copy will be maintained daily, and our accountant will have another copy, to secure the safeguard of our financial records.
- 4) When our Agency itself becomes, or is at risk of becoming, a victim of an emergency (power failure, fire, flood, bomb threat, and so forth), it is our continuity of operations strategy that provides the resilience to respond and recover. We will use cabinet records fire and water resistance (within normal limits), each computer maintain a functionality battery backup to safe close, backup and finish open sessions, (in case of power failure), exits signs will remain operative for safe staff evacuations, annual community fire department will complete an office inspection.

OSHA: Ready to Help You! **EXPERT HOME CARE, INC.**



OSHA is the Occupational Safety and Health Administration, an agency of the U.S. Department of Labor.

What Does OSHA Do?

OSHA's mission is to ensure that employers provide safe and healthful working conditions for their employees, so that no one killed or injured on the job or becomes ill due to exposure to hazards in their workplaces.

How Does OSHA Do This?

- Issues regulations, guidelines, and other information to help employers and employees understand job safety and health requirements.
- Conducts workplace inspections to ensure that employers comply with safety and health regulations.
- Provides technical and compliance assistance, and works through partnerships and other cooperative relationships to help employers reduce workplace accidents and injuries.
- Assists employers and workers by answering questions on how to improve safety and health conditions and providing publications and interactive guidance software on its website at www.osha.gov.
- Provides education and training about workplace safety and health issues on request.
- Works with other organizations to share information about safety and health with employers and employees who may not be familiar with their rights and responsibilities and who work in circumstances that make it difficult for OSHA to reach them.

Why Are OSHA Programs Important To Me?

Compared to other populations groups, Hispanics are dying in numbers greater than their proportions of the workforce . OSHA wants to work with employers, employees, trade and professional organizations, unions, and community and faith-based groups to reduce injuries, illnesses, and deaths among Spanish-speaking workers.

Pull quote: The disproportionately high number of work-related deaths suffered by non-English-speaking—including Hispanic—workers is of grave concern to us. These workers are among the most vulnerable in America. To improve their safety we must clearly identify the underlying problems and trends contributing to this situation. —John L. Henshaw, Assistant Secretary of Labor for Occupational Safety and Health.

What Do I Need to Know About OSHA?

The Occupational Safety and Health Act of 1970 (OSHA Act) covers most private sector employers and employees in such varied fields as manufacturing, construction, shipbuilding, agriculture, medicine, charity and disaster relief, and private education. Federal OSHA, or an OSHA-approved state program, is responsible for working with employers and employees to promote safe and healthful working conditions in our nation's workplaces. OSHA is committed

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to protecting the safety and health of workers regardless of nationality or country of origin.

What Are My Responsibilities Under the OSHA Act?

If you are an employer, you must:

- Provide a workplace free from recognized hazards.
- Keep workers informed about relevant OSHA and safety and health matters.
- Comply with OSHA rules.
- Provide training required by OSHA rules.
- Cooperate with OSHA compliance officers.

If you are an employee, you should:

- Comply with applicable OSHA standards.
- Follow all safety and health rules established by your employer.
- Use prescribed protective equipment.
- Report hazardous conditions to your supervisor.
- Contact OSHA if your employer does not correct hazardous

What Rights Do Employers Have Under OSHA Rules?

As an employer, your rights include:

- Having an opening and closing conference with OSHA compliance officer during an OSHA inspection and accompanying the compliance officer on the inspection, and
- Asking the National Institute for Occupational Safety and Health (NIOSH) for information on the potentially toxic effects of any substance in your workplace and requesting Health Hazard Evaluations (HHE).

OSHA encourages employers to establish effective safety and health programs. To get help in identifying and fixing safety and health hazards, OSHA encourages small businesses to request free workplace safety and health advice and consultation assistance through state offices funded by OSHA.

What Rights Do Employees Have Under OSHA Rules?

If you are an employee, your rights include:

- Requesting information from your employer on safety and health hazards and precautions as well as reviewing copies of OSHA standards that your employer should have available at the workplace.
- Requesting that OSHA investigate if you believe hazardous conditions or violations of standards exist in your workplace;
- Having your authorized employee representative accompany the OSHA compliance officer during and inspection;
- Receiving adequate information and training on health and safety;
- Requesting a NIOSH Health Hazard Evaluation anonymously at your worksite (three or more employees or an organization that represents employees can request an HHE);

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- Wearing employer-provided personal protective equipment such as hard hats, goggles, gloves, and earplugs; and
- Talking to an OSHA representative during inspections without fear of being fired or punished by an employer.

Pull quote: I am committed to guaranteeing that all workers - regardless of immigration status _ have a safe workplace. – Elaine L. Chao, Secretary, U.S. Department of Labor

How Can OSHA Help Me?

OSHA offers many materials through its local offices, on its website at www.osha.gov, or by toll-free telephone (1-800-321-OSHA). Among the resources available from the agency are:

- Guidance, Tools, and training materials on health and safety topics, including a number in Spanish.
- Publications in Spanish include OSHA 3155, La Evacuación del Color; OSHA 3158, La Evacuación del Frio; OSHA 3168, Protejase Contra los Rayos Daninos del Sol; OSHA 3173, Todo Sobre la OSHA; and OSHA 3134, Exposición a Patógenos Transmitidos por la Sangre en el Trabajo.
- Compliance Assistance Specialists, who are available across the nation to help answer questions and provide you with the guidance you need to make sure your workplace is safe and healthful.
- Safety and Health Program Management Guidelines, which are voluntary guidelines that apply to all worksites. (See Resources section to obtain a copy of these guidelines.)
- The Consultation Program, which provides free, onsite assistance in identifying and correcting hazards. The service is for small-and medium-size businesses, especially ones with hazardous operations.

OSHA also offers several cooperative programs including:

- Voluntary Protection Programs (VPP) recognize exemplary workplaces.
- Strategic Partnerships and Alliances provide opportunities for employers, non-governmental organizations, private sector associations, faith-based groups, and others to work with OSHA to improve workplace safety and health and to better disseminate information to employers and employees, including the Hispanic community.

For more detailed information on how to work with OSHA office.

How Do I Get More Information About OSHA?

www.osha.gov, OSHA's user-friendly website, contains a great deal of information, including a Spanish webpage and OSHA publications that can be downloaded or ordered on line. A map guides you to the OSHA office nearest you.

- OSHA's toll free number, **1-800-321-OSHA 6742**, which includes a Spanish option, provides answer to basic questions and offers a referral option to local OSHA offices for more detailed information.

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–OSHA’s 99 regional and local offices offer a wide variety of information, including technical advice, publications, and audiovisual aids on identifying and resolving workplace hazards.

–All About OSHA, available in Spanish, and other OSHA publications can be obtained by writing to OSHA Publications Office, 200 Constitution Avenue N.W., N-3101, Washington, D.C. 20210; or by sending a request by fax at (202) 693-2498, or by calling our toll-free number, 1-800-321-OSHA (6742).

An Overview:

Recoding Work-Related Injuries and Illnesses

The Log of Work-Related Injuries and Illnesses (Form 300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the Log to record specific details about what happened. The Summary – a separate form (Form 300A) – shows the totals for the year in each category. At the end of the year, post the **Summary** in a visible location so that your employees are aware of the injuries and illness occurring in the workplace.

Employers must keep a **Log** for each establishment or site. If you have more than one establishment, you must keep a separate **Log and Summary** for each physical location that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury and illness records. For more information, see 29 Code of Federal Regulations Part 1904.35, **Employee Involvement**.

Cases listed on the **Log of Work-Related Injuries and Illnesses** are not necessarily eligible for a worker’s compensation or other insurance benefits. Listing a case on the **Log** does not mean that the employer or worker was at fault or that an OSHA standard was violated.

When is an injury or illness considered work related?

An injury or illness is considered work-related if an event or exposure in the work environment cause or contributed to the condition or significantly a preexisting condition. Work-relatedness is presumed for injuries and illnesses resulting from events exposures occurring in the work-place, unless an exception specifically applies. See 29 CFR Part 1904.5 (b) (2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR Part 1904.5 (b)(1).

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Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in:

- * death,
- * lost of consciousness,
- * days away from work,
- * restricted work activity or job transfer, or
- * medical treatment beyond first aid..

You must also record work-related I injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

Whar are the additional criteria?

You must record the following conditions when they are work-related:

- * any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- * any case requiring an employee to be medically removed under the requirements of an OSHA health standard;
- * tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a know case of active tuberculosis.
- * an employee's hearing test (audiogram) reveals I) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2 the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are **NOT** recordable:

- * visits to a doctor or health care professional solely for observation or counseling;
- * diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and
- * any procedure that can be labeled first aid.)
(See below for more information about first aid.)

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What do you need to do?

1. Within 7 calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.

You may use OSHA's 301 : Injury and illness Incident Report or an equivalent form. Some state workers compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as the OSHA 301.

How to work with the Log

1. Identify the employee involved unless it is a privacy concern case as described below.
2. Identify when and where the case occurred.
3. Describe the case, as specifically as you can
4. Classify the seriousness of the case by recording the **most serious outcome** associated with the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.
5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category, If the case is an illness, check the appropriate illness category.

What is first aid?

If the incident required only the following types of treatment, consider it first aid. DO NOT record the case if it involves only:

- * using non-prescription medications at non-prescription strength;
- * administering tetanus immunizations;
- * cleaning, flushing, or soaking wounds on the skin surface;
- * using wound coverings, such as bandages, BandAids, gauze pads, etc., or using SteriStrips or butterfly bandages.
- * using hot or cold therapy;
- * using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc;

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- * using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards).
- * drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- * using eye patches;
- * Using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- * using irrigation, tweezers, cotton swab or other simple means simple means to remove splinters or foreign material from areas other than the eye;
- * using finger guards;
- * using massages;
- * drinking fluids to relieve heat stress

How do you decide if the case involved restricted work?

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

Count the number of calendar days the employee was on restricted work activity or was away from work as result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day after the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

Under what circumstances should you NOT enter the employee's name on the OSHA Form 300?

You must consider the following types of injuries or illnesses to be privacy concern cases:

- * an injury or illness to an intimate body part or to the reproductive system,
- * an injury or illness resulting from a sexual assault,
- * a mental illness,
- * a case of HIV infection, hepatitis, or tuberculosis,
- * a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition), and
- * other illnesses if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the OSHA 300 Log for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

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If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identifying the cause of the incident and the general severity of the injury or illness, but you do not need to include details of an intimate or private nature.

What if the outcome changes after you record the case?

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying injuries

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.

Classifying illnesses

Skin disease or disorders

Skin diseases disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

Example: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers; inflammation of the skin.

Respiratory conditions

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

Examples: Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis,, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitive pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.

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Poisoning

Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

Hearing Loss

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000, and 4000 hertz, and the employees total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000 at 2000, 3000, and 4000 hertz) in the same ear(s).

All other illnesses

All other occupational illnesses.

Examples: Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat, freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis' malignant or benign tumors; histoplasmosis; coccidioidomycosis.

When must you post the Summary?

You must post the Summary only _ not the log _ by February 1 the year following the year covered by the form and keep it posted until April 30 of that year:

How long must you keep the Log and Summary on file?

You must keep the Log and Summary for 5 years following the year to which they pertain.

Do you have to send these forms to OSHA at the end of the year?

No. You do not have to send the completed forms to OSHA unless specifically asked to do so.

How can we help you?

If you have a question about how to fill out the Log.

- visit us online at www.osha.gov or
- call your local OSHA office.