TABLE TOP EXERCISE

(EMERGENCY PLAN)

ACUTE GOLD HOME CARE
TABLE TOP EXERCISE (Agency's Emergency Plan)

Date of exercise: _____

Objective of exercise: Review of the processes and procedures that would be used in a real disaster. Used early in the exercise program to detect issues that may interfere with the conducting of a realistic simulation.

Participant: _____
_____
_____
_____
_____
_____

Plan Review

- ☐ Agency's Emergency Plan (EP) completed on _____
- ☐ EP reviewed by Agency's Executive/key Staff, Board of Director, Safety Committee (including structure, content and objectives of the plan)
- ☐ Submitted to DOH county(ies) for review and approval
- ☐ DOH response received by Agency
- ☐ Plan updated as required per Local, County, State, Accreditation and Federal regulation and standard as applicable

Paper-based to hands-on.

- ☐ Key staff identified, responsibilities assigned, explained, understood. Activation responsibilities and roles explained.
- ☐ Disaster Mitigation discussed, including staff, patients, clients and families.
- ☐ Educational needs discussed (prior, during and after emergencies). The education of patients regarding their responsibility for their medication, supplies and equipment list or other emergency preparedness information as needed
- ☐ Emergency patient's classification discussed, approved.
- ☐ Special need shelter registration discussed (choice of last resort), Emergency Plan form, Registration form discussed.
- ☐ The procedures on how the home health agency staff in charge of emergency plan implementation will receive warnings of emergency situations, including off hours, weekends and holidays.
- ☐ Ways of Communication tested, how to fix communication failures (driving to office to take orders). How to communicate with patients/staff after emergencies.
- ☐ Procedures for reporting to work for key workers, when the home health agency remains operational discussed
- ☐ Prioritized Active Patients List up to date, (verified during exercise, list completed by dissaster classification)
- ☐ On-Call procedures discussed, tested during exercise.
- ☐ Procedures for our agency to assure that all patients in homes, ALFs and /or AFCHs needing continuing care will receive it (resources needed discussed), either from us, through a special needs shelter, or through arrangements made by the patient or the patient's caregiver, or backup agency, discussed and approved.
- ☐ Procedures for ceasing operation identified, discussed, approved.

Step to be Completed

- ☐ Initial, and annual training, material, discussed and approved, added to calendar of in-services.
- ☐ Community Disaster Drill, and Office Fire drill scheduled at least twice a year. Evaluation of exercise form approved. Exercise selected simulates a disaster and exercises the response & recovery roles & responsibilities in a realistic way.
  Selection of possible community disaster practice was: _____.
- ☐ Community Hazard Vulnerability report completed, discussed and approved
- ☐ Agency Safety meeting schedule, with all needed addendums. Annual Office Safety evaluation discussed, completed.
- ☐ Business Continuation Plan procedures discussed, approved, completed.
- ☐ Agency Safety Tracking Log form approved. Safety Incident report form approved.

Results of Exercise:

Relevant clinical, community common emergency scenario, weakness, set of problem statements:

_____
_____
_____
_____
_____

Solutions:

_____
_____
_____
_____
_____
_____

Comments:

Local Community Agency _____ were contacted on _____, Name: _____
and were asked is our Agency can participate in a Community based programmed exercise. Response:
_____
_____
_____
_____
_____

Administrator Name: _____

Signature: _____ Date: _____

EMERGENCY MANAGEMENT PLAN

DISASTER DRILL

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Participate in a full-scale exercise that is community-based, the county DOH was contacted on _____ and we were informed:

_____
_____
_____
_____
_____

Or when a community-based exercise is not accessible, an individual, facility-based will be completed.

(The goal of this provision is to ensure that our Agency collaborate with other entities within a given community to promote an integrated response. Conducting integrated planning with state and local entities could identify potential gaps in state and local capabilities that can then be addressed in advance of an emergency.)
Our facility will rely on a community-based risk assessment developed by other entities, such as public health agencies, emergency management agencies, and regional health care coalitions or in conjunction with conducting its own facility-based assessment. If this approach is used, our Agency expected to have a copy of the community-based risk assessment and to work with the entity that developed it to ensure that the facility's emergency plan is in alignment.

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DISASTER DRILL REPORT FORM

Date of Drill:_____ day of Week: _____

Type of Drill:
- ☐ Natural Disaster
- ☐ Industrial Accident
- ☐ Communication Failure
- ☐ Power Failure
- ☐ Hurricane
- ☐ Blackout
- ☐ Program Site Damage
- ☐ Other:_____

Time Started: _____ Time Completed: _____ Time Lapsed: _____

Person in Charge of Drill:_____

Time Agency Personnel Notified of Drill:_____

Location of Simulated Disaster: _____

Escape Route Used: _____
_____
_____

Point of Safety Used: _____
_____
_____

Communication with Patients/Staff discussed? _____
_____
_____

What Patients or Staff Refused to Participate?_____
_____
_____

Exit Lights Checked? ○ Yes ○ No
Emergency Lights Checked? ○ Yes ○ No
Other Equipment Checked? ○ Yes ○ No
Please Specify:_____

Additional Comments:_____
_____
_____

_____ _____
Signature/Title Date

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AGENCY EMERGENCY PREPAREDNESS PLAN EVALUATION

EMERGENCY PREPAREDNESS PLAN TASKS EVALUATED			
INITIAL PREPARATION	**YES**	**NO**	**N/A**
Plan has been reviewed within the last 6 months	◯	◯	◯
All employees and their alternates responsible for executing work-around for a mechanized process have been identified in the Agency Business Recovery Plan (ABRP) and properly trained.	◯	◯	◯
All employees responsible for the execution of the ABRP have received ongoing training in Disaster Recovery and Emergency Management.	◯	◯	◯
The ABRP has been approved by the owner(s) and /or administrator, and Board of Directors, and Safety Committee.	◯	◯	◯
The physical and logical security at the alternate site is at least as stringent as the security at the disaster location.	◯	◯	◯
PREPAREDNESS	**YES**	**NO**	**N/A**
Administrative Responsibilities	◯	◯	◯
Communication:	◯	◯	◯
Current list of staff with all applicable contact members in place.	◯	◯	◯
Disaster Calling Tree for Patient Emergencies in place and up to date	◯	◯	◯
Administrative call in place and effective.	◯	◯	◯
Backup communication plan/for staff and patients sufficient.	◯	◯	◯
Patient Triage:	◯	◯	◯
Triage list current and correct.	◯	◯	◯
Secure Office Building:	◯	◯	◯
Fire extinguishers and smoke detectors in place and working properly	◯	◯	◯
Exits marked accurately and clearly for emergency routes.	◯	◯	◯
Mail safety measures maintained.	◯	◯	◯
Essential equipment for keeping agency open identified.	◯	◯	◯
Knowledge of repair or replace damaged equipment demonstrated.	◯	◯	◯
Extra supplies stored as planned.	◯	◯	◯
Knowledge of shut-down of heating/air condition system demonstrated.	◯	◯	◯
All aspects of physical and logical security at the alternate site conform to current regulatory procedures.	◯	◯	◯

Information Technology System:	◯	◯	◯
Antivirus software and firewall in place.	◯	◯	◯
Computer data backed up daily.	◯	◯	◯

CHECKLIST FOR AGENCY BUSINESS RECOVERY PLAN (CONTINUITY OF OPERATIONS)

Agency Business Recovery Plan (ABRP) - LEVEL I (Executive Awareness/Authority)	**YES**	**NO**	**N/A**
ABRP has been developed?	◯	◯	◯
ABRP has been update within the last 6 months?	◯	◯	◯
Agency Business Recovery Plan (ABRP) - LEVEL II (Plan Development and Documentation.	**YES**	**NO**	**N/A**
A classification (Level of risk - low, moderate, high) has been assigned to the Business Process/Function/Component that this Agency supports.	◯	◯	◯
ABRP has been documented.	◯	◯	◯
ABRP has been maintained.	◯	◯	◯
ABRP includes the following sections:	◯	◯	◯
Identification.	◯	◯	◯
Incident Management.	◯	◯	◯
Responsible agency officer.	◯	◯	◯
Personnel responsible for updates.	◯	◯	◯
Response.	◯	◯	◯
Recovery.	◯	◯	◯
Restoration.	◯	◯	◯
Plan Exercise	◯	◯	◯
Plan Maintenance.	◯	◯	◯
Business Recovery Personnel/Teams and Contact Information.	◯	◯	◯
ABRP identifies necessary support equipment (Documentation/forms, equipment, spare parts, etc.) to recover the Agency and/or functions.	◯	◯	◯
ABRP has an alternative site or recovery.	◯	◯	◯
All critical or important data required to support the agency is being backed up.	◯	◯	◯
Critical/important data is being stored in a protected location off-site.	◯	◯	◯

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Agency conducts a walk-through exercise of the Plan at least annually.	◯	◯	◯
The walk-through element exercises has a prepared plan that includes:	◯	◯	◯
Description.	◯	◯	◯
Scope.	◯	◯	◯
Objective.	◯	◯	◯
A current copy of the ABRP is maintained off-site.	◯	◯	◯
All users of the ABRP have ready access to a current copy all times.	◯	◯	◯
There is an audit trail of the changes made to the ABRP.	◯	◯	◯

Continuity of Operations Business Plan

1. The following person is the agency's Disaster Coordinator and will serve as the primary spokesperson in an emergency_____ with _____ _____, **as back up designee.**

2. Back Data is stored in a secure off-site location at _____ _____

3 Essential Functions for Patients/Families as part of Continuing Business Operations:

A. Medical Oversight by a Physician.
B. Nursing Services.
C. Medical Social Services.
D. Counseling Services.
E. Equipment, Supplies, Medications for symptom management as designated in the Plan of Care.
F. Other services as designated in the POC.

4, Maintain a list of staff/volunteers/contractors with addresses and emergency numbers. Attempt to have staff list a contact out-of-state.

5. ***The following natural/man-made disasters could impact our business:***

☐Floods ☐Hurricanes ☐Tornadoes ☐Extreme Heat ☐Winter Storms
☐Fires ☐Wildfires ☐Widespread Power Outages ☐Hazardous Materials Incidents
☐Nuclear Power Plant Hazards ☐Epidemic ☐Terrorism

6. The following are operations critical to the survival and recovery of our Agency:

Operation	**Staff Member in Change**	**Action Plan**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Continuity of Operations Business Plan

7. Critical Personnel for the Survival and Recovery of the Business

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. Suppliers and Contractors Critical to Business Survival and Recovery

Company Name:	Company Name*:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Contact Name:	Contact Name:
Account #:	Account #:
Services Provided:	Services Provided:
Company Name:	Company Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Contact Name:	Contact Name:
Account #:	Account #:
Services Provided:	Services Provided:

* Out of State Medical Supply Company

Other Contacts:

Electric Company Name/Address/Phone#_____

_____

Gas Company Name/Address/Phone #: _____

_____

Public Works Dept. Name/Address/Phone#:_____

_____

Telephone Co Name/Address/Phone#: _____

_____

Building Owner Name/Address/Phone#:_____

_____

Other: Landlord contacted to assure protection of the building is coordinated, and vendor list completed is repair is needed, after any disaster._____

_____

9. Critical Financial Functions of Survival and Recovery:

A. Accountant:_____
B. Bank/Acct#_____
C. Bank/Acct _____
D. Plan for meeting payroll:_____

_____

E. Plan for billing/invoicing service:_____

_____

_____

F. Contact Insurance Agent: Name:_____
Address:_____ Phone:_____
City/Zip:_____ Acct#:_____
Insurance coverage:_____

_____

Review Disaster Declaration. Deductible amt:_____

G. Other Financial Needs for Emergency Survival:_____

_____

10. Computer Equipment and Software: List the computer equipment, hardware and software critical to the survival and recovery of the business.

Items:_____

_____

_____

Type: ☐ Computer Hardware
Primary Supplier/Vendor:_____
Alternative supplier/Vendor:_____
Title/Version or Model #:_____
Serial #:_____ Purchase/Lease Date:_____
Quantity/#Licenses:_____

License Numbers:_____

_____

Type: ☐ Computer Hardware
Primary Supplier/Vendor_____
Alternative Supplier/Vendor: _____
Title/Version or Model #: _____
Serial #:_____Purchase/Lease Date:_____
Quantity/#Licenses:_____

License Numbers:_____

_____

Type: ☐ Computer Software
Primary Supplier/Vendor:_____

Alternative Supplier/vendor:_____
Title/Version or Model #:_____
Serial #:_____Purchase/Lease Date:_____
Quantity/#Licenses:_____

License Numbers_____
_____
Type:☐Computer Software
Primary Supplier/Vendor:_____
Alternative Supplier/Vendor:_____
Title/Version or Model #:_____
Serial #:_____Purchase/Lease Date:_____
Quantity/#Licenses:_____

License Numbers:_____
_____

11. If the Agency's present location of business is not accessible, we will operate from the following location:

_____
Business Name

_____
Address

_____
City, State

_____
Telephone Number

ACHA Contact #:_____
CMS Contact #:_____

12. Local Emergency Contact Information:

Police:_____
Fire Department:_____
Local Emergency Disaster Headquarters:_____
Other:_____
_____
_____

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13. ***Maintain a list of supplies needed to fulfill critical patient needs.***

Item	*Item Order Number*	*Quantity*	*Supplier/Vendor*

Continuity of Operations Business Plan for:_____

Address:_____
Street City State Zip

Complete by:_____
Name/Title Date

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FIRE DRILL EVALUATION

1. Length of time for full evacuation? _____

2. All offices empty of visitors and staff upon inspection: ____

3. Were there any employees who did not know what to do during drill? _____

4. Problems identified:

_____

_____

5. What actions are needed to improve the efficiency of the fire drill? _____
_____

6. Fire extinguisher and evacuation plan assessment findings:

a. No. of staff questioned _____

b. No. of staff able to state location of fire extinguishers in their office _____

c. No.of employees knew the location of evacuation plan____

d. No. of employees able to state meeting place in the event of evacuation _____

_____ _____ _____
Name/Title Date of Drill Time of Drill

Business Continuity Plan

(Emergency Plan Companion)

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The Business Continuity Plan (Addendum to Agency's Emergency Plan)

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 the Agency's Manual in that it addresses recovery rather than response. The tool is designed to address all aspects of business operations that might be impacted regardless of whether the event results in a minor disruption of services or a complete destruction of the organization's infrastructure. For our home care agencies, business continuity plans will need to revolve around the ability to maintain adequate staff and remain solvent.

Train and Drill: Staff has to know what to do. A disaster preparedness and recovery plan should include employee training. It should address general training for all employees, including:

- individual roles and responsibilities (Emergency Management Plan Manual)
- information about threats, hazards, and protective actions (Emergency Management Plan Manual)
- notification, warning and communications procedures (Emergency Management Plan Manual)
- means for locating family members (Emergency Management Plan Manual)
- emergency response procedures (Emergency Management Plan Manual)
- evacuation, shelter, and accountability procedures (Emergency Management Plan Manual)

Build emergency preparedness into the culture of our Agency. Orientation sessions for new employees should include an overview of the contents of the Emergency Preparedness Manual.

Consider what could happen as a result of more common issues: a computer crash; prohibited access to your office; loss of electricity; ruptured gas mains; water damage; smoke damage; structural damage; air or water contamination; building collapse; trapped persons; chemical release.

Four different scenarios that we need to plan for, regardless of the catastrophe or interruption:
1. Only our local office in the building is unusable. For example, one or more offices in our space become temporarily unusable because of a flood. Some contents and material may be recoverable, some may not be.
2. The entire building is gone. For example, a fire destroys the structure and its contents.
3. A temporary disruption of services, such as an electricity outage.
4. An impact in the larger geographic area, rendering the area uninhabitable for an unknown amount of time.

Also the Safety Committee discussed and approved the procedures if the computer system/ electrical power was not functioning during an emergency situation, how our staff will use paper documentation system, based on forms from the software program that we use, the Administrator will assure to have in place paper blank forms, for all agency's disciplines (included but no limited to Plan of Care forms, evaluations and assessments, admissions packages, progress notes, etc) that will use to continue patient's care documentation without interruption until power is re-established.

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Business Continuity Plan Assessment:

Category	Planning	Preparation
Administrative	Establish a steering committee for planning (The Agency's Board of Director members plus key staff) _____ _____ _____ _____ _____	__Develop policies and procedures for business recovery (Emergency Management Plan Manual, Forms, etc) __ Test and rehearse plans (Disaster and Safety Drill) __Engage staff and management (training, explain responsibilities)
Staffing	Identify critical staff necessary for operations _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	____Minimal number of staff for operations __ Minimum number of staff for each position Clerical _____ Nursing _____ Therapy _____ Aides _____ MSW _____ Data entry _____ Systems maintenance _____ Human resources _____ Other_____ ___ Determine alternate roles for each position ___ Identify staff to be cross trained (All Agency's field and support staff)
Financial	Cash on hand Establish credit line Insurance policy	Secure the amount necessary to maintain operations for several months _____ Bank phone number: _____ Contact person : _____ Amount of credit of credit line: _____ Insurance company name and phone # _____ _____ Contact person: _____ Secure policy off site _____
Agency's Information Stored (what to keep, and what to store offsite)	Options: • fireproof, crush-proof safe box to store crucial documents • scan critical documents and store on a CD, on the intranet, or in password-protected section of your website	Emergency Plan Manual: _ Clinical Records protection _ Staff records protection _ Financial Records protection

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Category	Planning	Preparation
Alternate site for operations	Identify an alternate site. _____ _____ _____ _____ Staff to work from home. Identify which staff will be available. _____ _____ _____ Outsourcing functions _____ _____	Secure additional space or arrange for an alternate location to conduct business ___ local hotels ___ local churches ___ Municipal buildings ___ Evaluate COST of alternate location ____Maintain a current list of staff members prepared to work from home ____Provide staff with a written procedure for working from home ____Companies identified for outsourcing and services provided (Staffing Agencies, OME, Supplies companies, etc)
Supplies/ Vendors	Inventory necessary supplies and equipment, admissions, patient's paper forms, documentation, etc. Establish amount needed to maintain operations Develop a plan with vendors to maintain inventory at alternate site(s) Examine where additional equipment and machines can be purchased at reduced prices or consider storing, rather than discarding, old equipment that is currently being replaced.	Stockpile supplies and equipment Office Supplies/# required _____ _____ _____ Patient Supplies/# required _____ Vendor _____ _____ _____ Office Supplies, Clinical Forms _____ _____ _____ _____ _____ _____ Vendors/Phone/Contact _____ _____ _____ Potential to secure extra: ___ computers ___ fax machines ___ phones ____copiers ____ Admissions package, Patient Educational materials
IT and software Vendor: _____ _____ _____	Develop and test procedures for recovering critical systems (Back up procedures, verify validity) Develop and test a system to access data bases off site	____Identify at least two people in the organization who can implement the plan for recovery and restore data procedures _____ _____ ____Develop a manual system for documentation (from vendor) __ Evaluate Cost of Replace/Repair equipments (Computer, backup system)

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Category	Planning	Preparation
Communication	Ensure alternate communication mechanisms are available	Capability for: ☐ cell phones ☐ satellite phones ☐ landline phones ☐ ham radio ☐ Two way radios ☐ pagers
Building restoration Salvage Contractors	Maintain a list of contractors needed for building integrity Execute an arrangement with a salvage company Examine the salvage company's capability to prevent and remove mold if water damage	☐ Heating/AC ☐ Electrical ☐ Plumbing ☐ Roofing ☐ Windows ☐ Building blueprints ☐ Evaluate costs of insurance to replace equipments, computers, etc Name/phone /contact ___ contractors _____ _____ _____
Fixed Assets	List fixed assets to keep off site	☐ photographs ☐ listing of assets and value
Other Considerations	Tenant/Landlord Agreements	Understand the rights and responsibilities of both parties
Other		

Determine what constitutes recovery in the Drill:
Look at what happened, why it happened, and figure out how to ensure that it won't happen again.
_____
_____
_____

Could it have been prevented? What procedures worked well? What systems did not function well? Could these have been prevented?
_____
_____
_____

Business functions essential to the agency's operations that should be continued during an emergency:
* Communication between agency's key staff (Administrator, DON) (Two way radio in place)
* Complete all Data collection about: Active Patient's by category, Staff roster, Medical supplies, utilities, repair vendors list/contacted
* Use any way of communication with Community and Law Enforcement Agencies

Other: _____
_____
_____

EXERCISE EVALUATION

(EMERGENCY PLAN)

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Clear Form

EMERGENCY EXERCISE or EVENT EVALUATION FORM

Background Information	
Date of Exercise or Event	
Staff Coordinating Exercise or Event Response	
Type of Exercise or Event	Describe:
• Exercise or Actual Emergency?	Exercise _____ Actual Emergency _____
• Community-wide experience?	No _____ Yes (describe)_____
• Include influx of actual or simulated patients?	No _____ Yes (describe) _____
Location(s)	
Services Included	
Estimated start time of exercise/event	
Estimated end time of exercise/event	
Note Taker	
Other – specify	

EXERCISE or EVENT EVALUATION					
Core Areas:	Yes	Partial	No	N/A	Comments
EVENT NOTIFICATION					
Activation of the emergency management all hazards command structure					
Notification of staff					
Notification of external authorities					
Other - specify:					
COMMUNICATION					
Within the office					
With response entities outside of the agency such as local authority responsible for coordinating community response					
With back-up agency(ies)					
Backup internal and external communication systems in the event of failure during emergencies					
With staff					
With contract staff					
With patients/families					
Other - specify:					
RESOURCE MOBILIZATION AND ALLOCATION					
Responders					
Identifying care providers and other personnel					
Assigning staff to cover essential functions					
Equipment & Supplies					
Personal protective equipment					
Transportation					
Coordination among organization's programs					
Security					
Other - specify:					
SAFETY AND SECURITY					
Access					
Traffic control					

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Core Areas:	Yes	Partial	No	N/A	Comments
STAFF RESPONSIBILITIES					
Incident Commander/Team					
Activities related to care, treatment, and services (for example, scheduling, modifying, or discontinuing services; controlling information about patients; referrals; transporting patients)					
Alternative staff roles and responsibilities of staff (i.e., whom they report to)					
Use of personal protective equipment					
Staff rotation					
Staff aware of their roles					
Staff support activities (for example, housing, transportation, incident stress debriefing)					
Staff family support activities					
Other - specify:					
UTILITIES MANAGEMENT					
Alternative means of meeting essential building utility needs (for example, electricity, water, heating/air conditioning, fuel sources)					
Other - specify:					
PATIENT MANAGEMENT					
Patient acuity assignment accurate					
Availability of patient emergency contact info.					
Processes related to triage activities					
Provision of care					
Daily patients seen or knew what to do					
Patient identification & tracking processes					
OTHER					
Able to be self-sufficient for 96 hours?					
Adequacy of business continuity plan					
Other - specify:					
Other - specify:					
EVACUATION					
Evacuating the building					
Alternate site available					
For agencies who have patients treated at the organization's site: Alternative Care Site – • transporting patients, staff, and equipment to the alternative care site(s) • Transferring to and from the alternative care site(s) the necessities of patients (for example, medications, medical records) • Tracking of patients • Interfacility communication between the agency and the alternative care site(s)					
Other - specify:					

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SUMMARY CONCLUSIONS AND ACTION PLAN

Brief Summary of Events:

Issue/Conclusion	Needed Action(s)	By Whom	By When	Other:
EVENT NOTIFICATION			☐ No Problem Identified	
COMMUNICATION			☐ No Problem Identified	
RESOURCE MOBILIZATION AND ALLOCATION			☐ No Problem Identified	
SAFETY AND SECURITY			☐ No Problem Identified	
STAFF RESPONSIBILITIES			☐ No Problem Identified	
UTILITIES MANAGEMENT			☐ No Problem Identified	
PATIENT MANAGEMENT			☐ No Problem Identified	
EVACUATION			☐ No Problem Identified	
EVALUATION OF THE EFFECTIVENESS OF IMPROVEMENTS THAT WERE MADE IN RESPONSE TO CRITIQUES OF A PREVIOUS EXERCISE				
OTHER				

Evaluation completed on:_____ by:_____

_____

OFFICE SAFETY INSPECTION

(EMERGENCY PLAN)

Clear Form

Agency: **ACUTE GOLD HOME CARE**

Office Safety Inspection Checklist

Year:	Inspection Date:

FACILITY	COMPLIANCE YES	NO	NA	COMMENTS
1. Stairs, corridors, and bathrooms are safe and well lighted.	☐	☐	☐	
2. Doors and pathways are clear of obstructions.	☐	☐	☐	
3. Office uses a public sewage disposal system or a private system that is approved by local or county authorities.	☐	☐	☐	
4. The provider keeps the client's records, prescription orders, supplies in a safe place.	☐	☐	☐	
5. Supplies requiring refrigeration is stored in the refrigerator in a properly labeled container.	☐	☐	☐	
6. Handrails are provided for stairways.	☐	☐	☐	
7. Windows and outside doors are screened and open for ventilation, when appropriate.	☐	☐	☐	
8. Glass doors are marked at eye level to prevent accidents.	☐	☐	☐	
9. Dishwashing procedures are sanitary.	☐	☐	☐	
10. Hot water heater is properly vented; no rags or mops are stored on top of or adjacent to the hot water heater.	☐	☐	☐	
11. Bathrooms and toilets are clean and in working order.	☐	☐	☐	
12. Indoor floors and steps are not slippery. Wood surfaces do not have splinters.	☐	☐	☐	
13. There is at least one toilet, lavatory, and first aid kit inside the office or bulding floor.	☐	☐	☐	
14. Office uses a public water supply or a private well that is approved by local or county authorities.	☐	☐	☐	

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Interior/Exterior	COMPLIANCE YES	NO	NA	COMMENTS
15. Kitchen and all food preparation, storage and serving areas are kept clean.	☐	☐	☐	
16. Staff food is refrigerated or stored appropriately.	☐	☐	☐	
17. Soap, towels, and toilet paper are available in the bathrooms at all times.	☐	☐	☐	
18. The office appears to be free of insects, mice, and rats.	☐	☐	☐	
19. Portable electric fans have guards which keep individuals from touching the fan blades.	☐	☐	☐	
20. Office has hot and cold running water.	☐	☐	☐	
21. Electric appliances are kept in safe place.	☐	☐	☐	
22. There is sufficient indoor lighting without glare.	☐	☐	☐	
23. The office is adequately ventilated and free from bad odors.	☐	☐	☐	
24. Floors and floor coverings are safe.	☐	☐	☐	
25. Heating and cooling systems are capable of maintaining comfort range.	☐	☐	☐	
26. Harmful chemicals, poisons, etc., are labeled and stored safely.	☐	☐	☐	
27. Garbage is disposed of and stored in a sanitary manner.	☐	☐	☐	
28. Pets are vaccinated against rabies (if allowed in office).	☐	☐	☐	
29. Building and grounds are kept neat and free of refuse, litter, and unsightly or injurious accumulation.	☐	☐	☐	
30. The yard is well drained, with no standing water.	☐	☐	☐	
31. Outdoor floors, steps, not slippery. Porches, railings, and other wooden structures do not have splinters.	☐	☐	☐	
32. Outdoor walkways do not appear to be hazardous.	☐	☐	☐	

Title

Signature–Person Conducting Inspection

Date

EMERGENCY COMMUNICATION PLAN

ACUTE GOLD HOME CARE

Our Agency will inform state and local/tribal emergency preparedness officials (see contact information) 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 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 designated.

Agency's Key Staff, Name, Title, Contact Info: _____

_____

_____

_____

_____

_____

To establish coordination during Emergency situations, check alternate ways of communication during emergency/disaster situations or request participation in community drill/exercises:

County Department of Health, Emergency Management Contacted on: _____

Staff contacted at DOH: _____

Phone: _____ email: _____

Tribal Emergency Department contacted on: _____ ☐ N/A

Staff contacted at Tribal: _____

Phone: _____

State Emergency Management Contacted on: _____

Staff contacted at EM: _____

Phone: _____ email: _____

FEMA Contacted on: _____

Staff contacted at FEMA: _____

Phone: _____ email: _____

County Red Cross Contacted on: _____

Staff contacted at Red Cross: _____

Phone: _____ email: _____

Backup Agency Info (Agreement signed): _____

Address: _____

Contact (Administrator): _____ Phone: _____ Fax: _____

Other communications coordinations:

_____

_____

_____

_____

_____

_____

Acute Gold Home Care

EMERGENCY BUSINESS COMMUNICATION PLAN

(CEMP Companion)

Revised date: _____

☐ Discussed/approved by Board of Director and executive staff

Agency contracted as backup company: _____ *(Attach copy of the Agreement)*

Primary means of Communication:

_____

_____

_____

_____

Alternate means of communication:

_____

_____

_____

_____

Process to communicating information about general conditions, locations of patients, census

_____

_____

_____

_____

Communication of needs, and ability to provide assistance to the community authorities, command center

_____

_____

_____

_____

☐ **Have list of**: Active staff roster, patients' physicians, contact information for Federal, State, tribal, regional, or local emergency preparedness staff (page 7 manual), other sources of assistance, also:

☐ Prioritized active patients list completed (attached Medication list, POC and Emergency form, location info)

Staff/family communication plan complete, (list of family members, communication info complete)

☐ ON call book information completed. ☐ Disaster, communication drill completed as scheduled.

A method for sharing information and medical documentation for patients under the Agency's care, as necessary, with other health care providers to maintain the continuity of care:

_____

_____

_____

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: _____

_____

_____

Other:_____

_____

☐ Communication, coordination of care, reports shared with the next facility of care during emergency situations like Hospital, Clinics, Specialty Shelter, etc.

Report completed by (Name/Title): _____

_____ _____

Signature Date

EMERGENCY MANAGEMENT PLAN

HAZARD AND VULNERABILITY ANALYSIS

ACUTE GOLD HOME CARE

www.pnsystem.com *305.818.5940*

HAZARD AND VULNERABILITY ANALYSIS

Disasters and Home Health Services: An Overview

What is a disaster? Often when we think of disasters, we assume that an earthquake or a hurricane in itself is a disaster. In fact, disasters are defined by the ability of a community to deal with hazards.

A *hazard* is an act or condition posing the threat of harm, for example, an earthquake or a hurricane.

A *disaster* is a "serious and possibly sudden event on such a scale that the stricken community needs extraordinary efforts to cope with it, often with outside help"[1] (e.g., federal aid, surrounding communities, etc.). Classifying an event as a disaster has to do with how a community is able to cope with its impact. An earthquake in an unpopulated area, for example, would not necessarily be a disaster. However, the same sized earthquake in an urban area might demand resources far beyond the community's capacity, warranting this hazard to be classified as a disaster.

Disasters are a threat to the public's health because they cause:

- Abrupt increases in illness, injury, or death
- Destruction of the healthcare infrastructure
- Population displacement
- Psychological stress
- Changes in the environment

In a disaster, public health agencies and professionals:

- Evaluate health impacts on the community, provide services
- Assess water safety and sanitation
- Coordinate sheltering
- Track disease, injuries, and fatalities

Planning for Disasters

For home health agencies, planning for disasters requires a multi-faceted approach. The systematic identification of potential hazards in the community is a valuable first step in the establishment of appropriate preparedness measures. Effective plans that utilize local resources to deal with potential disasters are necessary for the agency to determine realistic and appropriate measures to respond to these hazards. Training employees and exercising plans allow agencies to familiarize staff members with their roles in an emergency and to identify potential weaknesses in their plans.

Because disasters by definition overwhelm local resources, contracts with surrounding communities may be made to provide additional resources such as staff, space, equipment, etc., during a disaster.

All of these are measures that our agency take to prepare for disasters.

Data about hazards and safety practices that we take in care, including equipment problems and recalls; documented inspections of office for environmental safety hazards; reports of fire drills; reports of accidents or incidents involving staff or patients.

The *Hazard Risk Assessment Instrument* (HRAI) focuses on the identification of potential hazards, vulnerabilities, and resources in the community. This provides the foundation for additional planning and specifies potential losses so that communities are able to prioritize funding and programming.

Risk is defined as the expectation of loss. Disaster planning rests upon *risk assessment*, which includes a determination of the propensity of things to be damaged (*vulnerability*) and an assessment of the community *resources* that will diminish impact. Thus, vulnerability to hazards and community resources work against each other.

*Risk = Hazard * (Vulnerability – Resources)*

This idea is the foundation behind HRAI. This manual will allow our Agency to conduct a risk assessment of our community by assessing the likelihood of a hazard occurring and your community's vulnerability and current. Our agency will then be equipped to prioritize resources in planning for disasters.

HRAI consists of four steps:

Step 1: Probability of Mishap

This section provides a list of possible hazards, which are to be ranked according to the probability of occurrence in our community.

Step 2: Severity of Consequences

This section is divided into four categories (indicators) in which the vulnerability of the target community and public health agency is assessed according to the severity of the impact of the hazard. The indicators are: human impact, impact on properties, impact on business, resources available (interruption of healthcare services, etc), external resources.

Step 3: Scoring the Consequences

In this section, the consequences determined in the Severity of Consequences section are scored using a scale that measures the impact of disasters on the public's health. The scores will provide a basis for the risk analysis to be undertaken in Step 4.

Step 4: Risk Analysis

In this section, the information from the Probability of Mishap and Severity of Consequences sections are combined to provide a prioritization scheme for each specific hazard.

ACUTE GOLD HOME CARE

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

* 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 community-wide 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 continuos 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.

Step 1: Probability of Mishap

What is likely to happen in my community?

The first step in assessing risk in a community is to conduct a hazard identification exercise. This process uses a scale to determine the probability of different hazards occurring in your community.

First, select a length of time for the system lifecycle. You may want to use a period of 12-60 months, as this span is typically used when major organizations set up their planning objectives and timelines and gives sufficient time for rare events to be measured. After the system lifecycle is determined, we complete the following Table**: Probability of Occurrence**.

Each hazard listed on the worksheet should be assessed and assigned a probability score relative to the system lifecycle. Probabilities are classified from 0 to 5 based on the following scale (Fema recommendation):

Rate on scale of 5-1
5 being the highest possibility of occurrence or the weakest resources
1 being the least likely to occur or the strongest resources
See www.fema.gov for explanation of categories

These classifications are based largely upon 1) the historic patterns of occurrence of the hazard in our community and 2) predictive models. When classifying hazards, it is important that we look at those that have the potential to become disasters, but not necessarily the "worst case scenario". Therefore, we identify those hazards that are large-scale and most likely to occur (based on the geographic, meteorological, and demographic conditions that exist in our community).

You may also need to consider hazards that exist in surrounding areas that may have impacts on our community and services. After frequencies for each hazard have been determined and the probability for each has been entered into the worksheet, hazards that pose no credible risk to the region may be ignored.

Data Sources

Various possible resources exist from which to obtain historical and predictive information. For our county, mapping tools are available. These maps allow the user to approximate where and how often specific hazards have occurred. Examples of mapping tools available on the Internet are:

- ESRI - www.esri.com/hazards/makemap.html
- Federal Emergency Management Agency (FEMA) - www.fema.gov/maps
- U.S. Geological Survey (USGS) - http://www.usgs.gov

Some state Geological Survey or Office of Emergency Services may have online resources as well. Community organizations and agencies are valuable sources of information as is our local emergency management organization. They may have already conducted a similar hazard assessment for our community and should be partners in our assessment. Our local American Red Cross chapter also may provide regional historic information including a listing of disasters. Additionally, information can be obtained from other sources. For instance, the National Oceanic and Atmospheric Administration (NOAA) can provide information on hurricanes and other wind events and local environmental health agencies or fire departments can provide information on hazardous materials incidents.

Step 2: Severity of Consequences

When something happens, how bad will it be?

The first step of the hazard risk assessment provided us with a list of hazard probabilities affecting our area. We will initially choose to focus on five to ten hazards that have been identified as having high probabilities of occurrence. However, a comprehensive analysis will require us to also study hazards that, while infrequent in occurrence, may have higher potential consequence on the public health infrastructure.

The hazard-specific data should attempt to capture data that reflects the maximum credible event regardless of more typical consequences of the hazard. Since the purpose of HRA is to assess the capacity of our agency to respond to various hazard scenarios.

One possible source for hazard-specific data is a modeling tool. Modeling allows us to estimate losses from natural hazards for a specific geographic area. The Federal Emergency Management Agency (FEMA) has created a model, HAZUS, which may be used to estimate losses from earthquakes, floods (both coastal and riverine), and hurricanes. More information on the program can be found at http://www.fema.gov/hazus/.

Step 3: Scoring the Consequences

When something happens, can we respond to it?

After completing Worksheets we are focusing on in our assessment, we are ready to give each indicator a “score”. The score, a number between 0 and 5, is based on an assessment of our community’s capacity in dealing with the increase brought about by a particular hazard as reflected by the hazard-specific figures. After assigning a score to each indicator, complete **Scoring the Consequences**: taking in care:

Human impact, impact on properties, impact on business, resources available (interruption of healthcare services, etc), external resources.

The severity score is a qualitative comparison between the added impact of the hazard and our community’s ability to meet the needs generated. Our baseline indicator should be a reasonable expectation of our capacity.

Step 4: Risk Analysis

Integrating Steps 1 & 2: Where does this assessment take me?

The final step in your community risk assessment combines the probability information given in **Step 1** (the likelihood of hazards occurring) with the severity data determined in **Step 2** (how bad it will be if the hazard hits).

The more 10 commons disaster/severity in our community are:

Step 5: Translating Theory Into Practice

What's Next?

In summary, the goal of HRAI is to serve as a tool to help our agencies plan for a hazard response by determining our community's hazards, assessing the likelihood of occurrence, and quantifying their impact on the community.

***Prioritizing efforts*.**

It follows from the final step of the analysis that those events with a high likelihood of occurring and a high level of impact should have the highest priority. We may also want to consider those events that, though rare, would have a severe impact were they to occur. For example, on the General electric fault system occur very infrequently, but previous incidents have caused large numbers of loss and injuries.

Preparing for the potential effects of these events should also help us prepare for more common but less extreme emergencies.

After analysis using HRAI, our Agency can apply the assessment to prioritize planning using community-specific criteria. On initial analyses, HRAI may reveal health infrastructure characteristics that are hazard-specific. These characteristics may be indicative of the ability of our Agency to respond to hazards in general.

The process may provide insight into inherent strengths and weaknesses present in our health care system, regardless of the type of hazard. For instance, if one indicator consistently comes up with a better score across several hazards, less emphasis may need to be placed on improving that specific area. This will allow for resources to be allocated to areas where deficiencies have been identified.

***Action steps*.**

After vulnerabilities and weaknesses have been identified, possible resolutions should be addressed. Suggested action steps include:

- Changes in resources and financing, obtain backup system, have backup staff
- Establishment of mutual aid agreements with other home health agencies
- Training and education for staff and patients/families

Once changes are implemented, an on-going system for the evaluation of impact should be established, we will conduct this analyzes yearly. As changes occur in the community, new vulnerabilities may arise and new resources may be acquired to change the outcome of your community's hazard risk assessment over time.

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EMERGENCY MANAGEMENT:

HAZARD VULNERABILITY ANALYSIS WORKSHEET (Probability of Occurrence)

Clear Form

Rate on scale of 5-1
5 being the highest possibility of occurrence or the weakest resources
1 being the least likely to occur or the strongest resources
See www.fema.gov for explanation of categories

Type of Emergency/Disaster	Probability of Emergency Occurring I	Human Impact II	Impact on Property III	Impact on Business IV	Internal Resources Available V	External Resources Available VI	Total Average
Acts of terrorism (includes extensive physical damage and loss of life)							
Bioterrorism							
Blizzard							
Bomb Threat							
Chemical Terrorism							
Civil Disorder Incident (riot,strike)							
Earthquake							
Epidemic, External							
Epidemic, Internal							
Explosion							
Fire							
Flood							
Hail Storm							
Hazardous Material Incident-Decontamination							
Hazardous Material Incident-Nuclear Incident							
Hazardous Material Incident-Radiological Events							

** Sum Columns I trough VI, the divide the total by 6, and place the average in the last column.*

Acute Gold Home Care

Type of Emergency/Disaster	Probability of Emergency Occurring I	Human Impact II	Impact on Property III	Impact on Business IV	Internal Resources Available V	External Resources Available VI	Total Average
Heat							
Hostage Event							
Hurricane							
Ice Storm							
Infant Abduction							
Landslide							
Mass-Casualty Incident							
Loss of all or portion of a facility							
Tornado Thunderstorm							
Transportation Accident							
Interruption of supplies: medications and medical supplies							
Utility Failure-Electrical							
Utility Failure-Generator							
Utility Failure-HVAC							
Utility Failure-Medical Gas							
Utility Failure-Medical Vacuum							
Utility Failure-Natural Gas							
Utility Failure-Sewer							
Utility Failure-Steam							
Utility Failure-Phones, communications, cyber-attacks							
Utility Failure-Water							
Workplace Violence							

** Sum Columns I trough VI, the divide the total by 6, and place the average in the last column.*

ACUTE GOLD HOME CARE

EMERGENCY MANAGEMENT:

HAZARD VULNERABILITY ANALYSIS WORKSHEET (More Common Disaster/Severity)

Rate on scale of 5-1
5 being the highest possibility of occurrence or the weakest resources
1 being the least likely to occur or the strongest resources
See www.fema.gov for explanation of categories

Type of Emergency/Disaster	Probability of Emergency Occurring I	Human Impact II	Impact on Property III	Impact on Business IV	Internal Resources Available V	External Resources Available VI	Total Average
1-							
2-							
3-							
4-							
5-							
6-							
7-							
8-							
9-							
10-							

(This table reflect the 10 more common disaster in our area, affecting our community, based in the higher total average in the previous possibles disaster tables)

PRIORITIZED ACTIVE PATIENTS LIST

(EMERGENCY PLAN)

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Clear Form

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D1

APPENDIX C: SUPPORT MATERIAL

PATIENTS WHO NEED CONTINUED SERVICES DURING AN EMERGENCY (Prioritized List)

Med. Rec.	Patient's Name and Address	Phone	Actual Main Services	How services will continue	Special needs shelter (Y/N) Name/ Address / Phone	Medication Equipment list updated (Y/N)	Pt needs to be transferred (Y/N)	Receive Skilled Care (Y/N)

Category: D1

Observation:_____

_____

_____

Clear Form

ACUTE GOLD HOME CARE

D2

APPENDIX C: SUPPORT MATERIAL

PATIENTS WHO NEED CONTINUED SERVICES DURING AN EMERGENCY (Prioritized List)

Med. Rec.	Patient's Name and Address	Phone	Actual Main Services	How services will continue	Special needs shelter (Y/N) Name/ Address / Phone	Medication Equipment list updated (Y/N)	Pt needs to be transferred (Y/N)	Receive Skilled Care (Y/N)

Category: D2

Observation:_____

_____

_____

Clear Form

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D3

APPENDIX C: SUPPORT MATERIAL

PATIENTS WHO NEED CONTINUED SERVICES DURING AN EMERGENCY (Prioritized List)

Med. Rec.	Patient's Name and Address	Phone	Actual Main Services	How services will continue	Special needs shelter (Y/N) Name/ Address / Phone	Medication Equipment list updated (Y/N)	Pt needs to be transferred (Y/N)	Receive Skilled Care (Y/N)

Category: D3

Observation:_____

_____

_____

EMERGENCY PLAN

EMERGENCY/OSHA PREPAREDNESS INSERVICE

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EMERGENCY PREPAREDNESS INSERVICE

Our Agency , is committed to providing it's employees and patients the highest level of awareness prior to an emergency. We believe that in doing this we can achieve our goals of providing and effective, safe and stress free transit period during the emergency. Our objective is to provide continues training, teaching and education to our employees and patient in a matter that will allow them to prepare prior to any emergency, thereby making the transitional period effective, safe and as stress free as possible.

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 surge
G- Nuclear power plant

4- NOAA Radio

5- Dialysis advice

6- Emergency contacts

Important Telephone Numbers

EMERGENCY / EMERGENCIA	**911**

EXPLAIN THE AGENCY'S RESOURCES GUIDE INCLUDED IN YOUR ADMISSION PACKAGE

FAMILY DISASTER PLAN

□ 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.

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 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 Northen 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 maximun 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.

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 as six year rotating list of Atlantic storms names was adopted _ alternating between male and female hurricane names. Storm names are used to facilitate geographic referencing, for warming 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 t 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.

BE PREPARED

"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

ne 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 onlu 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.

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.

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 .

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.

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.

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 s threat r animals after disaster.

* 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

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.

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 be Prepare For Terrorism?

Unlike with a Hurricane, Tornado or food, there will likely be **NO WARNING** for a terrorist attack. We, 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.

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 yo **BE PREPARED.**

How Should be Prepare for Terrorism

FIGHT
Initiative Against Homeland Terrorism

Blueprint for Family Safety Checklist

Unlike with a Hurricane or a Flood there will likely be NO WARNING for a terrorist a attack. Families need to know what to do to locate each other in a disaster A FAMILY DISASTER PLAN
Family Disaster Planning
Determine escape routes from your home and places to meet including a child school
Have an out of state friend or relative a family contact o family members has.
Make a plan now for what to do with your pets if you need to evacuate.
Post emergency telephone numbers by your telephones on the refrigerator in your wallet.
Stock nonperishable emergency supplies and a disaster supply kit.
Set up a safe room or improvised shelter in an upstairs room as nerve gas and other supplies.

Disaster Supply Kit

WATER at least one gallon per person per day for there days
FOOD a three to seven day supply.
BLANKETS, PILLOWS etc.
CLOTHING
FIRST AID KIT MEDICINES
SPECIAL ITEMS FOR BABIES OR THE ELDERLY
TOILETTRIES
MOISTURE WIPES
FLASHLIGHT BATTERIES
RADIO Battery operated and NOAA weather radio
CASH Banks and ATMs may not be open or available for extended periods
EXTRA SET OF KEYS
TOYS BOOKS GAMES
IMPORTANT DOCUMENTS
TOOLS
VEHICLES WITH FULL GAS TANKS
PET CARE ITEMS
DUCT TAPE AND PLASTIC SHEETING

Cut and save for the refrigerator and one for your wallet.

EMERGENCY CONTACTS 911

MEETING PLACES

OUT OF STATE CONTACT NAME

TELEPHONE NUMBERS

E MAIL

Download Free Copies at www floridadisaster org or www flash org or call the toll free.

In the Event of a Terrorist Incident

Explosion
Leave premises as quickly and calmly as possible if. If items are falling from above seek. If you are trapped in debris cover your mouth with a piece of cloth cap or a pipe or assisting victims untrained persons should not attempt to rescue people in a collaps.

Fire
Stay low to the floor and exit as quickly as possible.
Cover nose and mouth with a wet cloth.
If door is not do open it seek an alternate escape route.
Stay below the smoke at all times
Biochemical agents
Authorities will instruct you to either seek shelter and seal the premises or evacuation.

Mail handling Suspicious Packages
Leave suspicious letters or packages alone. Do not touch or move the items.
Leave the vicinity immediately.
Contact local law enforcement agency
Immediately collect contact information of all individuals that may have been expose.
All individuals who open or have contact with suspicious items should thoroughly washed
Local law enforcement agencies will notify the health department to conduct the test.
Results of the test will be available in time to determine what if any treatment should needed.
The Treat of terrorism does not mean you have to change your life.

FOR MORE INFORMATION

www myflorida com
www floridadisaster com
www flash og
www redcross org
www fema org

STORM WATCH TORNADOES

When is Tornado Season? two
Tornado Seasons .

* The **Summer Season,** from June until September has the highest frequencies wit usual intensities of **F0 or F1** on the **Fujita Scale.** This includes those tornadoes that form from landfalling Tropical Cyclones.

Fujita Scale	
F0 GALE	< 72 mph
F1 MODERATE	73 to 112 mph
F2 SIGNIFICANT	113 to 157 mph
F3 SEVERE	158 to 206 mph
F4 DEVASTATING	207 to 260 mph
F5 INCREDIBLE	> 260 mph

* The **Deadly Spring Season,** from February through April is characterized by more powerful tornadoes because of the presence of the jet stream. When the jet stream digs south and is accompanied by a strong clod front and a strong squall line of thunderstorms, the jet stream's high level winds of 100 to 200 mph often strengthen a thunderstorm into what meteorologist call a supercell or mesocyclone.
  These powerful storms can move at speeds of 30 to 50 mph, produce dangerous downburst winds, large hail and the most deadly tornadoes.

The Fujita scale (F-scale) uses observed damage to determine a tornado's wind speed.

F0 - GALE
Some damage to chimneys. Tree branches broken off. Shallow rooted trees uprooted. < 72 mph

F1 - MODERATE
Peels surface off roofs. Mobile homes overturned. Moving autos pushed off roads. 73 to 112 mph

F2 - SIGNIFICANT
Considerable damage. Roofs torn off frame houses. Large trees snapped or uprooted. Light-object missiles. Generated. 113 to 157 mph

F3 - SEVERE
Severe damage. Roof and some walls torn off well constructed homes. Trains overturned. Must trees in forest uprooted. Heavy cars lifted off ground and thrown. 158 to 206 mph

F4 - DEVASTATING

Well-constructed houses leveled. Structures with weak foundations blown off some distance. Cars thrown and large missiles generated. 207 to 260 mph

F5 - INCREDIBLE

Strong frame houses lifted off foundations and desintegrated. Automobile-sized missiles fly through the air in excess of 100 mph. Trees debarked.. > 260 mph

What Time Are Tornadoes Likely to Strike?

Tornado climatology shows us that strong to violent tornadoes are just as likely to occur after midnight as they are in the afternoon. This unique feature makes these tornadoes more dangerous, because most people are asleep after midnight and cannot receive weather warnings relayed by commercial radio or television stations.

The solution to this is to have a **NOAA Weather Radio** in your home with a tone alert feature. This will allow you to receive warnings issued by your local National Weather Service office.

Where Can You Go Up-To-Date Info?

* **Day 2 Convective Outlook -** Issued twice a day to outline the areas where severe thunderstorms may develop and qualifies the degree of risk (i.e. SLGT, MDT, and HIGH risk areas).
* **Day 1 Convective Outlook -** Issued 3 times daily to outline the areas where severe thunderstorms may develop and qualifies the degree of risk (i.e. SLGT, MDT, and HIGH risk areas.
* **Hazardous Weather Outlook -** Issued daily by local NWS office to advise storm spotters and emergency managers of potentially hazardous weather and other hazards.
* **Tornado Watch -** Issued to alert the public that conditions are favorable for the development of tornadoes in and close to the watch area. These watches are issued with information concerning the watch area and the length of time they are in effect.
* **Short Term Forecast -** Issued as a 1-2 hour forecast of local weather conditions; emphasizing hazardous weather.
* **Tornado Warning -** Issued by local NWS offices to warn the public that a tornado has been indicated by radar. These warnings are issued with information concerning where the tornado is presently located and what communities are in the anticipated path of the tornado.

What Actions Should Take To Be Prepared?

* Build or identify a Safe-Room in your home.
* Purchase and use a **NOAA Weather Radio.**
* Inquire if your Community is **Storm Ready.**

STORM WATCH
SEVERE THUNDERSTORMS

What Makes a Severe Thunderstorm?

Although every thunderstorm has the potential to cause death, **about 10% produce dangerous winds or hail** that will likely exceed thresholds known to cause significant damage to well-built structures or cause bodily harm. These area known as severe thunderstorm. **Severe thunderstorm produce hail the size of a dome or larger and/or winds of 58 miles per hour or treater.**

Where Are Severe Thunderstorms Likely to Occur?

On overage, the interior sections of central State receive the most thunderstorms with nearly 100 plus days per year. However, thunderstorms are also frequent along coastal areas which average 80 to 90 days per year. Although some thunderstorms are generally less than 15 miles in diameter, they can grow vertically to great heights in excess of 10 miles high into the atmosphere. This stacking effect of concentrated moisture can explain why a thunderstorm directly overhead could produce four or more inches of rain in less than an hour while a location a few miles away may see only a trace.

Where Can You Go For Up-To-Date Info?

* **Day 2 Convective Outlook -** Issued twice a day to outline the where severe thunderstorms may develop and qualifies the degree of risk (i.e. SLGT, MDT, and HIGH risk areas).
* **Day 1 Convective Outlook -** Issued 5 times daily to outline the areas where severe thunderstorms may develop and qualifies the degree of risk (i.e. SLGT, MDT, and HIGH risk areas).
* **Hazardous Weather Outlook -** Issued daily by local NWS offices to advise storm spotter and emergency managers of potentially hazardous weather and other hazards.
* **Severe Thunderstorm Watch -** Issued to alert the public that conditions are favorable for the development of severe thunderstorms in and close to the watch area. These watches are issued with information concerning the watch area and the length of time they are in effect.
* **Short Term Forecast -** Issued as a 1-2 hour forecast of local weather conditions; emphasizing hazardous weather.
* **Severe Thunderstorm Warning -** Issued by local NWS offices to warn the public that a severe thunderstorm has been sighted by storm spotters or has been indicated by radar.

Thunderstorm Facts

HAIL (3/4 inch or greater)
* Hail can cause significant damage to your vehicle, break windows and damage roofs or homes and businesses.
* Hail can cause significant bodily injuries such as broken bones and even blindness if wind blown.
* Softball (4.5 inches) sized hail was reported on March 30, 1996.
* Haildrirts, up to four feet deep of dime to nickel sized hail, occurred on January 29, 1997.
* Hailstones the size of softballs can fall at speeds faster than 100 mph.

DOWNBURTS
(58 mph or greater)
* Downbursts can cause significant damage to well-constructed homes, topple large trees, blow down road and commercial signs, and remove roofs from structures.
* Downbursts have been measured in excess of 100 mph.
* Downbursts Can cause damage similar to that of a strong tornado and cause loss of life or significant bodily injury from wind blown debris and toppled structures.

HIGH WINDS

The intensity of a landfalling hurricane is expressed in terms of categories that relate wind speeds and potential damage. According to the Saffir Simpson Hurricane Scale, a Category 1 hurricane has lighter winds compared to storms in higher categories. **A Category 4 hurricane** would have winds between 131 and 155 mph and, on the average, would usually be expected to **causse 199 times the damage of the Category 1 storm.** Depending on circumstances, lees intense storms may still be strong enough to produce damage, particularly in areas that have not prepared in advance.

Tropical storm-force winds are strong enough to be dangerous to those caught in them. For this reason, emergency managers plan on having their evacuations complete and their personnel sheltered **before the onset of tropical storm-force winds,** not hurricane-force winds.

Hurricane-force winds can easily destroy poorly constructed buildings and mobile homes. Debris such as signs, roofing material, and small items left outside become flying missiles in hurricanes. Extensive damage to trees, towers, water and underground utility lines (from uprooted trees, and fallen poles cause considerable disruption.

High-rise buildings are also vulnerable to hurricane-force winds, particularly at the higher levels since wind speed tends to increase with height. Recent research suggests you should stay below the tenth floor, but still above any floors at risk for flooding. It is not uncommon for high-rise buildings to suffer a great deal of damage due to windows being blown out. Consequently, the areas these buildings can be very dangerous.

The strongest winds usually occur in the right side of the eye wall of the hurricane. Wind speed usually decreases significantly within 12 hours after landfall. Nonetheless, **winds can stay above hurricane strength well inland.** Hurricane Hugo (1989, for example, battered Charlotte, North Carolina,(which is 175 miles inland) with gusts to nearly 100 mph.

The **Inland High Wind Model** can be used by emergency managers to estimate how far inland strong extend. The inland wind estimates can only be made shortly before landfall when the windfield forecast errors are relatively small. This information is mos useful in the decision-making process to decide which people might be most vulnerable to high winds at inland locations.

QUESTIONS TO ASK YOUR COMMUNITY LEADERS

Does your community code set standards that will help building withstand winds in a major hurricane?

Do you shelter facilities include long-span roofs or reinforced masonry walls (such as gymnasiums) that are vulnerable in high winds?

ADDITIONAL SAFETY

HIGH WIND SAFETY ACTIONS - before hurricane season

* Find out if your home meets current building code requirements for high-winds. Experts agree that structures built to meet or exceed current building code high-wind provisions have a much better chance of surviving violent windstorms. More info visit ibhs.org.
* Protect all windows by installing commercial shutters or preparing 5/8 inch plywood panels. More info
* Garage doors are frequently the first feature in a home to fall. Reinforce all garage doors so that they are able to withstand high winds. More info
* If you do not live in an evacuation zone or a mobile home, designate an interior room with no windows or external doors as a "Safe Room". More info
* Before hurricane season, assess your property to ensure that landscaping and trees do not become a wind hazard.
  - Trim dead wood and weak / overhanging branches from all trees.
  - Certain trees and bushes are vulnerable to high winds and any dead tree near a home is a hazard.
  - Consider landscaping materials other than gravel/rock.

HIGH WIND SAFETY ACTIONS - as a hurricane approaches

* No mobile / manufactured home is safe in hurricane force winds. Those residents should evacuate to a safer structure once local officials issue a hurricane evacuation order for their community.
* Once a hurricane warning is issued, install your window shutters or plywood panels. More info

When a hurricane warning is issued for your community, secure or bring inside all lawn furniture and other outside objects that could become a projectile in high winds.
* Listen carefully for safety instructions from local officials, and go to your designated "Safe Room" when directed to do so.
* Monitor NOAA Weather Radio.
* Do not leave your "Safe Room" until directed to do so by local officials, even if it appears that the winds calmed. Remember that there is little to no wind in the eye of a hurricane.

INLAND FLOODING

"In the last 30 years, inland flooding has been responsible for more than half the deaths associated with tropical cyclones in the United States."

Consider the following:
When it comes to hurricanes, wind speeds do not tell the whole story. Hurricanes produce storm surges, tornadoes, and often the most deadly of all - inland flooding.

While storm surge is always a potential threat, more people have died from inland flooding in the last 30 years. Intense rainfall is not directly related to the wind speed of tropical cyclones. In fact, some of the greatest rainfall amounts occur from weaker storms that drift slowly or stall over an area.

Inland flooding can be a major threat to communities hundreds of miles from the coast as intense rain falls from these huge tropical air masses.

Tropical Storm Allison (2001 produced extremely heavy rainfall and catastrophic floods in the Houston, Texas area. Allison then acquired subtropical characteristics and continued to produce heavy rainfall and flooding near is track from Louisiana eastward to North Carolina, and then northward along the U.S. east coast to Massachusetts. Forty-one deaths were directly related to the heavy rain, flooding, tornadoes, and high surf. Damage estimates reported By the Federal Emergency Agency (FEMA were near $5 billion, with approximately $4.8 billion in the Houston metropolitan area alone.

Hurricane Floyd (1999 brought intense rains and record flooding to the Eastern U.S. Of the 56 people who perished, 50 drowned due to inland flooding. Tropical Storm Alberto (1994 drifted over the Southeast United States, and produced torrential rainfall. More than 21 inches of rain fell at Americus, Georgia. Thirty-three people drowned. Damages exceeded $750 million.

Tropical Storm Claudette (1979 brought 45 inches of rain to an area near Alvin, Texas, Contributing to more than $600 million in damages.

Hurricane Agnes (1972 produced floods in the Northeast Unites States which contributed to 122 deaths and $6.4 billion in damages. Long after the winds from Hurricane Diane (1955 subside, the storm brought inland flooding to Pennsylvania, New York, and New England contributing to nearly 200 deaths and $4.2 billion in damages.

Freshwater floods accounted for more than half (59% of U.S. tropical cyclone deaths over the past 30 years. These floods are why 63% of U.S. tropical cyclone deaths during that period occurred in inland counties.

At least 23% of U.S. tropical cyclone deaths occur to people who in, or attempting to abandon, their cars.

78% of children killed by tropical cyclones drowned in freshwater floods.
So, the next time you hear hurricane – inland flooding!

What can you do?

* When you hear hurricane, think inland flooding.
* Determine whether you live in a potential flood zone.
* If advise to evacuate, do so immediately.
* Keep abreast of road conditions through the news media.
* Move to a safe area before access is cut off by flood water.
* Do not attempt to cross flowing water. As little as six inches of water may cause you to lose control of your vehicle.
* Develop a flood emergency action plan.
* Have flood insurance. Flood damage is not usually covered by homeowners insurance. Do not make assumptions. Check your policy.

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

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

ADDITIONAL SAFETY INFORMATION

INLAND FLOODING SAFETY ACTIONS

* When you hear hurricane, think inland flooding.
* Learn your vulnerability to flooding by determining the elevation of your property.
* Evaluate your insurance coverage; as constructions grows around areas, floodplains change. If you are in a flood area, consider what mitigation measure you can do in advance More from the National Flood Insurance Program.
* In highly flood-prone areas, keep materials on hand like sandbags, plywood, plastic sheeting, plastic garbage bags, lumber, shovels, work boots and gloves. Call your local emergency management agency to learn how to construct proper protective measures around your home.
* Be aware of streams, drainage channels and areas known to flood so you or your evacuation routes are not cut off.
* Monitor NOAA Weather Radio.
* Avoid driving into water of unknown depth. Moving water can quickly sweep your vehicle away.
* Restrict children from playing in flooded areas.
* Test drinking water for potability; wells should be pumped out and the water tested before drinking.
* Do not use fresh food that has come in contact with floodwaters. Wash canned goods that come in contact with floodwaters with soap and hot water.
* Stay away from downed power lines.

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 treater 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 uncertainly about how intense the storm will be when it finally makes land fall. 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 saltwater 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.

NOAA Weather Radio (NWR) is a nationwide network of radio stations broadcasting continuos 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 if 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 Island, 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

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 and sponsered by the Department of Health and Human Services under HCFA Contract #500-97 as a resource for the professional renal community. You can contact them at the ESRD Network in your area.

Emergency Renal Diet Plan
Published by the ESRD Network and sponsored by the Department of Health and Human Services under HCFA Contract #500-97-E025 as a resource for the professional renal community.

You can contact them at the ESRD Network in your area.

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

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 pot6assium 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 nee 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

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

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

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

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 not 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

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 uninterruptable 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 (**Mask** approved for TB, anthrax, Flue protection, **Gloves**, CPR Shell, Gown, etc)
  - Other: _____
    _____

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

The out state supplier contacted was: _____
_____
_____

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

Family Communications Plan

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations. *(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: _____

ACUTE GOLD HOME CARE

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
  - Tomados
  - Flood
  - Fire
  - Civil Disorders
  - Heat
  - Thunderstorm
* 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 community-wide 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 continuos 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.

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 ILuvF00tb@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.

OTHER HAZARD AND THREATS MITIGATION ACTIVITIES

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

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 is are there 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 no 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:

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 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 instructors 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 upgraded, 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 manage-ment 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 your 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).

Acute Gold Home Care

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.

RECOVERY PHASE

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 star 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. CB radios as available

ii. Satellite phones as available

iii. Internet communication technologies

iv. HAM 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.

OSHA: Ready to Help You!

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.gpv.
– 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

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 from free recognized hazards.
– Keep workers informed about relevant OSHA and safety and health matters.
– Comply with OSHA rules.
– Provide training required by OSHA rules.
– Cooperative 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 states 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);

–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 Evcacion del Color; OSHA 3158, La Evcacion del Frio; OSHA 3168, Protejase Contra los Rayos Daninos del Sol; OSHA 3175, Todo Sobre la OSHA; and OSHA 3134, Exposicion a Patogenos 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' 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.

–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 abe 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 th classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the Lot 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** 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 most 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 r worker's compensation or other insurance benefits. Listing a case on the **Log** does not mean that the emlopyer or worker was at fault or that an OSHA standard was violated.

When is an injyry 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).

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 1) 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.)

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;

* 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.

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, chronic 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.

Example: 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.

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 hearings loss is defined for recordkeeping purposes as a change in hearing threshold relative yo 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.

Como me puede ayudar OSHA?

OSHA ofrece muchos materiales a traves de su oficinas regionales, en su website **www.osha.gov** o llamando libre de cargos **(1-800-321-OSHA).** Los siguientes recursos estan disponibles por parte de la agencia:

* Publicaciones de guias, e informacion educativa (en papel o forma elcectronica) sobre de temas de salud y seguridada, incluyendo publicaciones en espanol.
* Las p[ublicaciones en espanol incluyen OSHA 3155, La Ecuacion del Calor; OSHA 3158, La Ecucacion del Frio; 3168, Protejase Contra los Rayos dminos del Sol: OSHA 3173. Todo Sobre la OSHA; y 3174, Exposicion a Patogenos Transmitidos por la Sangre en el trabajo.
* Especialistas en los reglamentos de OSHA, quienes estan disponibles para ayudar contestar preguntas y darle la guia necesaria para asegurar un lugar de trabajo sano y seguro.
* Guias voluntarias para la administracion de programas de seguridad y salud, que son directrices voluntariasque aplican a todos los lugares de trabajo. (Vease la seccion Recursos para obtener una copia de estas directrices.)
* El Programa de Consultas, que brinda ayuda gratuita para identificar y resolver los riesgos en el lugar de trabajo. Este servicio esta disponible para las empresas pequenas y medianas, especialmente las empresas con operaciones peligrosas.

OSHA tambien ofrece varios programas que incluyen:

* Programas VPP (Voluntary Protection Programs - Programas de Proteccion Voluntaria) que reconocen a los lugares de trabajo ejemplares.

* Programas de asociaciones y alianzas estrategicas que proveen una oportunidad para los patronos de trabajar con OSHA en la administracion de sistemas de salud y seguridad.

* OSHA busca tambien oportunidades para trabajar con las organizaciones no gubernamentales, las asociaciones del sector privado, los grupos religiosos y otros para proveer informacion a los patronos y empleados hispanos.

OSHA fomenta la implementacion de programas eficaces de seguridad y salud. Para obtener ayuda a la hora de identificar y resolver riesgos de seguridad y salud, OSHA sugiere que las pequenas empresas soliciten consejos y asesoramiento gratuitos sobre la seguridad y la salud a traves de oficinas estatales respaldadas por OSHA.

Que derechos tienen los empleados conforme al reglamento de OSHA?

Como empleados sus derechos incluyen:

* Solicitar informacion por parte de su patronno sobre los riesgos y precauciones de seguridad, asi como examinar copias de las normas de OSHA que su patrono debe tener disponibles en el lugar de trabajo.

* Solicitar que OSHA investigue si cree que existen condiciones peligrosas o violaciones de normas en su lugar de trabajo.

* Asgurar que su representante laboral autorizado acompane a un inspector de OSHA durante la inspeccion.

* Recibir informacion y entrenamiento adecuado sobre la salud y la seguridad.

* Solicitar una evaluacion HEE por parte de NIOSHen su lugar de trabajo (tres o mas empleados, o una organizacion que represente a los empleados puede solicitar una evaluacion HEE).

* Utilizar el equipo de proteccion personal provisto por el patrono tal como cascos, lentes, guantes y tapones para los oidos.

* Hablar con el representate de OSHA durante las inspecciones sin temor a perder el empleo o ser castigado por el patrono.

Cuales son mis responsabilidades bajo la Ley OSHA?

Si usted es un patrono debe:

* Proveer un lugar de trabajo libre de riesgos serios.
* Mantener informados a los trabajadores de temas asociados con OSHA y con la seguridad y la salud.
* Cumplir con le reglamento de OSHA.
* Proveer la capacitacion requerida por el reglamento de OSHA.
* Cooperar con los inspectores de OSHA.

Si usted es un empleado debe:

* Cumplir con las normas vigentes de OSHA.
* Observar todos los reglamentos de seguridad y salud establecidos por su patrono.
* Utilizar el equipo de proteccion prescrito.
* Comunicar condiciones peligrosas a su supervisor.
* Ponerse en contacto con OSHA si su patrono no resuleve condiciones de riesgo.

Que derechos tienen los patronos conforme al reglamento de OSHA?

Como patrono sus derechos incluyen:

* Durante una inspeccion de OSHA, tener una reunion de apertura y otra al final con el inspector de OSHA y acompanar al inspector en la inspeccion.

* Solicitar de NIOSH (National Institute for Occupational Safety and Health - Instituto nacional de Seguridad y Salud Ocupacional) Informacion sobre los posibles efectos toxicos de cualquier sustancia en su lugar de trabajo y solicitar evaluaciones (Health Hazard Evaluations - Evaluaciones sobre el riesgo a la salud).

Como puedo obtener mas informacion sobre OSHA?

* **www.osha.gov,** el Website de uso sencillo patrocinado por OSHA, contiene mucha informacion, incluyendo una pagina Web en espanol y publicaciones de OSHA que pueden copiarse o pedirse en linea.. Un mapa le indica donde se ubica la oficina de OSHA mas cercana a usted.

* El numero de teleno libre de cargos de OSHA, **1-800-321-OSHA (6742),** que incluye una opcion en espanol, provee respuestas a las preguntas mas comunes y ofrece una opcion de transferencia a las oficinas regionales de OSHA que brindan mas informacion.

* Las 99 oficinas regionales y locales de OSHA ofrecen una gran variedad de informacion, incluyendo consejos tecnicos, publicaciones y ayudas audiovisuales que permiten identificar y resolver los riesgos en el lugar de trabajo.

* Todo sobre la OSHA disponible en espanol, y otras publicaciones de OSHA pueden obtenerse al escribir a OSHA Publications Office, 200 Constitution Avenue N.W., N-3101,Washington, DC 20210; o al enviar una solicitud por Fax al (202) 693-2498; o llamando a nuestro numero de telefono libre de cargos,1-800-321-OSHA (6742).

Notes:

ACUTE GOLD HOME CARE

EMERGENCY/DISASTER PLAN TRAINING

OSHA INFORMATION, TRAINING RECORDS

PANDEMIC PREPAREDNESS PLAN

Employee: _____

Date: _____

Instructions given by: _____

Items	Y	N	Comments
Emergency Manual/Plan reviewed			
Mitigation Strategic discussed			
Roles explained, PPE			
Safety, Cooperation discussed			

Other:

_____

_____

Employee Protection Plan

Business Continuation Plan, Emergency/Disaster Exercise, Drill

_____

_____

Employee signature: _____

Date: _____

AFTER DISASTER

EMERGENCY PLAN EVALUATION

ACUTE GOLD HOME CARE

www.pnsystem.com *305.818.5940*

ACUTE GOLD HOME CARE

AFTER DISASTER EVALUATION FORM

Last Disaster identification (Hurricane name, etc): _____

Evaluation date: _____ Evaluated by: _____ Title: Administrator

☐ Plan implemented as approved
☐ Collected/updated prioritized patient list
☐ Chain of command roles compliance
☐ Shelter patients were registered _____
☐ Education of staff, patient, family, community before and after plan completed
☐ Notification, warnings, about the disaster was in compliance (clients and staff)
☐ Local county involved department monitored (DOH, Emergency Management, etc)
☐ On Call procedures implemented
☐ Backup Agency contacted, to be sure patient's care continue after disaster
☐ All active patients notified of cease operation due to disaster
☐ Evacuation orders verified, county route discussed
☐ Data backup completed as scheduled
☐ Protection of records (patient, staff, financial, administrative) guaranteed
☐ Business property protected, as applicable
☐ Staff protection plan implemented, family communication plan
☐ All key staff participate in evaluation, CEMP compliance
☐ Communication plan was activated, email, text revised
☐ Activation procedures on time by the administrator

otal Patients in Shelters: _____

otal Patients to Hospital _____

Any staff was unable to be localized: ☐ es ☐No
How Many: _____

AFTER DISASTER

☐ Service/care to patient reinstated ASAP after conditions are safe for the staff
☐ Damage to Agency notified to local authorities (DOH, EM, etc) if any

_____
_____
_____
_____

☐ Schedule of visits revised, reinstated, staff and patient contacted
☐ Any communication problems:

_____
_____
_____
_____

☐ Business Recovery plan implemented
- ☐ Determined needed reinstated services
- ☐ Enough Supplies, vendor contacted
- ☐ Computer system reinstated, vendor contacted, backup verified
- ☐ Communication plan tested, working as expected, alternate ways in place, verified cellular carrier that are working
- ☐ Building, facility problem detected : _____
- ☐ Utilities failure _____
- ☐ Tenant/landlord contacted if applicable
- ☐ All active patient, staff contacted
- ☐ Community assessed for road opens, communication, etc
- ☐ Other: Improvement Recommendations

Signature/Title: _____ Date: _____