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Emergency Operations Plan
Behavioral Health
Developmental Disabilities
Integrated Behavioral Health &
Primary Care (IBHPC)
2023

PURPOSE

The South Central Louisiana Human Services Authority (SCLHSA) Emergency Operations Plan (EOP) establishes the policies and structure for management of emergencies and disasters at the local level. SCLHSA is the local governing entity responsible for providing the behavioral health and developmental disability services in the parishes of Terrebonne, Lafourche, Assumption, St. Charles, St. James, St. John the Baptist, and St. Mary.

The EOP provides organizational structure so that the SCLHSA can effectively prepare for both external and internal disasters that may negatively affect its environment of care as it prescribes the phases of emergencies and disasters: Prevention, Mitigation, Preparedness, Response and Recovery. This “all hazards” scalable approach supports a general response capability that is sufficient to address a range of emergencies of different duration, scale, and cause. The EOP identifies plans, prepares for, manages, and recovers from the consequences of natural disasters or other emergencies that partially or completely disrupt the authority’s ability to provide services. The Emergency Operations Plan provides direction for staff to adapt to the unforeseen emergent or disaster situations as well as prepares employees of SCLHSA to interface with other community and state agencies as we respond to natural, technological and national security emergencies and disasters.

SCOPE

The South Central Louisiana Human Services Authority Emergency Operations Plan will be reviewed and revised annually to assure compliance with the State of Louisiana Emergency Response Plan as required by the Governor’s Office of Homeland Security and the Louisiana Department of Health (LDH). The plan interfaces with plans of other state agencies and local response plans to assure an integrated response. The responsibilities of SCLHSA staff include providing assistance and staffing to the Office of Public Health at the designated Medical Needs Shelters (MNS). Staff will provide assistance in a general capacity as well as to provide Medical, Behavioral Health, and Clerical services at the MNS and any other State of Louisiana operated sites established during a Declared State of Emergency as approved by the Executive Director.

In the event of a declared emergency or disaster, the State Health Officer shall be the official representative of the Secretary of LDH and the Office of Public Health within the Louisiana Department of Health is the lead agency. SCLHSA provides support to the Office of Public Health for the department’s ESF-8 responsibilities. LDH follows the National Incident Management Structure (NIMS) in the event of disaster.

In addition to medical needs shelter staffing, continuity of regular operations is expected as this resource will be needed to refer those individuals who are in need of immediate access to outpatient treatment and/or 24 hour care. SCLHSA shall maintain service protocols for access to emergency psychiatric services, including hospitalization during the preparation, response and recovery phases of the disaster incident. SCLHSA will also respond to community requests for assistance in shelters if financial and human resources are available.

PLAN DEVELOPMENT AND MAINTENANCE

The EOP shall be reviewed annually for its scope, performance, and effectiveness.

SITUATION AND ASSUMPTIONS

A. Situation:

1. SCLHSA is situated in the south central portion of Louisiana, which serves a broad section of the Gulf Coast. This region is particularly vulnerable to tropical weather patterns because of the ill effects of previous weather events, the state of coastal restoration and levee construction, and the proximity of the Mississippi River. The area can be impacted by minor tropical storms depending on wind and tide. The hurricane protection levee and floodgate system has been improved in the last few years and now much of the Terrebonne and Lafourche Parish coasts are protected. St. Mary Parish has twenty-foot floodwalls on the coast of the parish. The northern part of the parish remains vulnerable back flowing from winds across the Atchafalaya. Additional areas of vulnerability are St. Charles, St. John and St. James Parishes. Each year the SCLHSA staff notes the activity forecast for the upcoming season and probabilities of landfall for the Gulf Coastal area, which may affect the area.
2. Significant threats to the citizens that reside in the area include, but are not limited to hurricanes, severe storms, tornadoes, floods, etc.
3. Pandemic outbreaks are differentiated from periodic “epidemics” by the length and severity of an illness and the numbers of individuals effected by an illness. While “routine” influenza epidemics may require restricting of resources on a temporary basis due to employee illness, a pandemic situation would involve large numbers of human resources being absent for lengthy periods of time due to their own and/or their families’ illness. SCLHSA will respond to the recommendations from the Louisiana Department of Health – Office of Public Health and the Center for Disease Control. Steps taken in response may include but are not limited to the following:
 - a) Having employees use masks/gloves, hand-washing techniques to include the use of alcohol based sanitizers or disinfectant lotions during the workday.
 - b) Staff will be provided with vaccines for the particular illness if available; otherwise, staff will be encouraged to be vaccinated.
 - c) Observing the practice of “social distancing” using only minimal close contact between individuals will be practiced.
 - d) Manning sites with a skeleton crew consisting of at least one clinician and support staff. Hours of operation will be posted if changes or otherwise made available to the public.
 - e) Only critical services will be provided during the pandemic to include: medication distribution, telephone triage, crisis intervention (by telephone, if possible), and providing accurate information to patients/public about the pandemic situation.

B. Assumptions:

1. During an emergency or disaster, the State and all its parishes will take immediate and appropriate action to determine, direct, mobilize, and coordinate resources. Normal operations and services may be suspended to redirect resources to save lives, relieve human suffering and sustain survivors, protect property and repair essential facilities.
2. The State and Parish Offices of Homeland Security and Emergency Preparedness all have Emergency Operations Centers (EOC’s) from which all emergency activities are managed, coordinated, and communicated.

3. SCLHSA has a responsibility to fulfill its primary function to provide and support shelter operations in the Medical Needs Shelter(s), for 24 hours per day, as well as other general shelters for the duration of the emergency as well as provide a Liaison at the Office of Public Health (OPH) Region III EOC.
4. SCLHSA, in conjunction with community collaborators, has a responsibility to aid and support a community response to general shelters to avert crisis and limit the need for emergency services to the extent its resources are available.
5. SCLHSA will assist with community outreach to the extent its resources are available.

DEFINITIONS

External Disaster: A civil catastrophe, either manmade or caused by an act of God. An external disaster may overwhelm normal facilities. This condition can occur as a result of fires and explosions, storms, civil disorders, multiple injury accidents, military action, and pandemic illnesses, among other causes.

Internal Disaster: An event such as a fire or explosion resulting in internal casualties or circumstances. If the situation requires the evacuation of patients, such evacuation will be coordinated with emergency service personnel from the fire and police agencies.

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES –EXTERNAL DISASTER

I. Summary of Operations:

The SCLHSA Incident Action Plan will be activated upon declaration of an emergency. The Louisiana Department of Health Deputy Secretary and/or designee along with Regional OPH Office staff will contact the Executive Director of SCLHSA to activate and begin deployment of resources.

A. The Executive Director and/or her designee(s) of SCLHSA will:

1. Attend meetings with Emergency Operations Centers in the affected parish(es) as needed;
2. Maintain communication with the Louisiana Department of Health (LDH) and the Regional Office of Public Health; and
3. Maintain communication with the Directors for Behavioral Health and Developmental Disabilities.

B. The Deputy Director of SCLHSA will assume these responsibilities in the absence of the Executive Director.

C. The Directors of Behavioral Health and Developmental Disabilities will maintain communication with the Executive Director and ensure continuation of operations, including staffing for their respective programs. See Attachment A – Communication Plan

D. Planning:

1. All staff shall participate in and complete National Incident Management System (NIMS) training to maintain knowledge of the Incident Command System and other essential incident response information.
2. Staff will attend an orientation on Medical Needs Shelter operations with training being provided by LDH and/or OPH prior to staff members working shifts at other designated sites. This orientation will provide staff with operational information that will ensure individuals are able to report and complete their shift assignment with efficiency and effectiveness.

3. All staff will make certain that their personal contact information is up-to-date on the SCLHSA Call Tree. Upon employment at SCLHSA, staff must complete a personal contact information form and obtain an appropriate photo identification badge. This form will be maintained in the SCLHSA Human Resources office, but shared with the Executive Director and Executive Management Team. Any changes to work, home, mobile phone number, alternate email or emergency contact information should be reported to supervisor to be updated in Human Resources and in accordance with Emergency Employee Database (EED) Policy.
4. All staff members are deemed resources for disaster events. Per LDH mandate, there are no exemptions allowing employees to abstain from assisting prior to, during and after an event. The SCLHSA Executive Management Team will take into consideration employees' status prior to assignments.
5. SCLHSA has a Memorandum of Agreement (MOA) with the Louisiana Department of Health/Office of Public Health (OPH) to act as a Closed Point of Distribution (POD) for emergency events that requires providing mass prophylaxis to the residents, employees, and employees' families of the South Central Louisiana Human Services Authority. SCLHSA follows the guidance of the Louisiana State Health Officer or designee during these types of emergency events.
6. The Deputy Director will participate and attend various planning meetings with the Office of Public Health and other state, regional and local emergency preparedness entities to enhance the SCLHSA's response plan.

E. Implementation of Shelter Operations:

1. Upon receipt of directive, SCLHSA will deploy staff to the designated shelter to prepare for the shelter opening.
2. SCLHSA staff duties:
 - a) Report to the Shelter at their designated shift with their official agency photo identification badge. Staff will report to the registration desk and sign in.
 - b) Receive assignments from the Shelter staff. Specific tasks include nursing care, crisis counseling, behavioral health assessment, assisting with registration, helping with consent forms, as well as other miscellaneous duties to aid support to the MSNS population and staff.
 - c) Meet with the Charge Nurse in their assigned area and receive report from the outgoing shift regarding: patient needs, patients in need of discharge work (calls regarding home, relatives, etc.) which will be referred to the social workers assigned to complete Discharge Activities; crisis counseling; special orders from physicians regarding social services; specific issues that need referral to other disciplines; and updates on individual patient needs or family needs.
 - d) Provide operational period briefing to the oncoming shift and maintain a log of activities shift just completed.

F. Ongoing Shelter Operations:

1. SCLHSA staff must be prepared to brief the next rotation of on duty staff.

2. Staff will maintain an operational log of notes and activities. Incoming and outgoing staff will review this log. Patient charts will be provided for documentation.
3. Peer to peer debriefing should be conducted to reduce compassion fatigue and stress.

G. Shelter Closing:

1. Upon directive, initiate procedures to close the shelter.
2. Special Needs individuals should be prepared to be transported back to their homes and are out-processed as required. SCLHSA staff will continue to report to the Shelter Manager to receive assignments.
3. The Shelter Manager will become the custodian of registration records after the closure of the shelter. LDH/OPH is the custodian of medical records.
4. SCLHSA staff will gather their supplies to be returned to the SCLHSA's Executive Management Team.

H. After-Action-Review and Report:

1. The Executive Management Team for SCLHSA will conduct an after-action-review with the Deputy Director and Executive Director within 30 calendar days following agency returns to normal operations.
2. This report shall include:
 - a) Procedures that were successful and do not require changes.
 - b) Procedures that were not successful and recommendations to make these procedures successful when facility is activated in the future.
3. The Executive Director and/or the Deputy Director will assemble at the Regional OPH to prepare an After-Action-Review, which will be forwarded to the Governor's Office of Homeland Security and Emergency Preparedness to serve as a guide for future emergency operations.
4. The Executive Director and/or the Deputy Director will participate in other After-Action-Reviews throughout the state as necessary.
5. Update SCLHSA EOP to reflect new "Best Practices" identified in the after-action-review.

II. Special Operation for Various HAZARDS/DISASTERS

A. Hurricane

1. **Preparation** (*Watch Phase – Possibility of hurricane within 96 hours (4 days):*)
 - a) Executive Director and Executive Management Team monitor status of tropical storm/hurricane and disseminate information directly to staff regarding pending storms.
 - b) Executive Management Team will ensure that the Recall Roster and Agency Fanning Plans/Call Trees are up-to-date and submit a copy to the Executive Director.
 - c) The Pharmacy Staff shall work overtime, if necessary to complete all unfilled prescriptions. Nursing staff will contact patients to ensure that they have picked up their medication from the BHC.
 - d) The Pharmacy Staff will begin delivering all prescriptions by close of business of H 96 or by the beginning of the work day at H 72.

- e) All staff will review the SCLHSA Emergency Operations Plan and their own clinic plan for specific responsibilities.
 - f) The Information Technology (IT) staff will begin working overtime to prepare for back-up of all essential user and server data for all programs.
 - g) All staff with cellular phones will be advised to charge their phones be vigilant in response to action directives.
 - h) Developmental Disabilities Staff Members will stay apprised of Support Coordination Agencies' responsibilities to contact all participants and Provider Agencies to verify that all have emergency plans in place. SCLHSA DD will offer assistance as necessary.
2. **Hurricane Warning** (*Hurricane or other disaster alert within 72 hours (3 days)*):
- a) Executive Director and Executive Management Team monitor status of tropical storm/hurricane and disseminate information directly to staff regarding pending storms.
 - b) Communication will occur by telephone/e-mail between the OPH Region 3 Incident Commander and the Executive Director of SCLHSA.
 - c) In the event a determination is made that an agency in the area should close during the Warning phase, the Executive Director or Executive Management Team will notify the agency sites and follow the Agency's Emergency Preparedness Plan.
 - d) Once all prescriptions are filled and delivered, the Pharmacy Department will pack up all targeted medications in the existing pharmacy in tamper restrictive, numbered and locked totes that contain a temperature monitor.
 - e) The pharmacy staff will pack up all PAP medications on the targeted list and place them in a separate container, which will also have tamper restrictive, numbered locks. All medications that are placed in these totes will be inventoried.
 - f) Totes will be taken to the designated location for storage until the event has passed.
 - g) Staff will be informed to back-up information to the center servers.
 - h) All computers and other electrical equipment shall be lifted at least thirty (30) inches off the floor (or on top of their work desks)
 - i) Staff shall unplug power from all electronics, including refrigerators, microwaves, coffee pots, etc. as directed by site manager or upon evacuation of the building.
 - j) Staff shall wrap all computer equipment, including the surge protector strips, in plastic garbage bags provided by the clinic manager.
3. **Activation Phase** (*Hurricane or other disaster may threaten within 60 hours*):
- a) The Deputy Director will closely monitor the weather situation and releases from the National Weather Services and National Hurricane Center.
 - b) The Executive Director will maintain active communication with all staff and Region III OPH Incident Command.
 - c) If sites are mandated to be closed due to mandatory evacuation, the Behavioral Health Center Managers will print schedules for up to three days in order to contact patients, if needed. The Managers will use the schedule to cancel appointments if SCLHSA sites are closed. Medication, including

refrigerated items, at each BHC will be packed into containers with ice packs and tamper resistant locks. The totes will be stored off of the floor.

- d) IT Staff will back-up all SCLHSA server and user data and conduct a remote shutdown of all servers prior to evacuating.
- e) The Site Managers or designees will verify that all servers are down and unplugged as directed by the IT Director upon evacuation of the building.
- f) All telephone systems in the Authority have limited battery back-up and telephone communication may be severely compromised. It is essential that signs be posted on the door and clients know to monitor local media, SCLHSA Website, Twitter, and Facebook for news about clinic services.

4. Evacuation Phase (*Evacuate as ordered by Executive Director and/or designee*):

- a) Each site shall complete all final preparations to ensure the facility is secure, including personnel, equipment, and transportation.
- b) Staff shall follow Communication Guidelines (Attachment A) during evacuation to maintain contact with supervisor/manager.
- c) The SCLHSA Marketing Staff will post closure of all site(s) on the agency website, Facebook, and Twitter along with the projected re-opening date as directed.

5. Post Evacuation (Resuming Operations):

- a) Each site will conduct a walkthrough of the entire building noting any damage or potential issues on the site specific Safety Checklist. Upon completion the Safety Checklist shall be forwarded to the Executive Director and SCLHSA Safety Coordinator.
- b) IT Staff will contact Site Managers prior to clinic opening to inspect all equipment for safety and restart servers.
- c) IT Staff will determine WAN frame relay connectivity.
- d) Phone systems will be checked to assure systems are working correctly.
- e) Server information will be updated. (*Refer to SCLHSA COOP Plan for resuming operation details.*)

B. Loss Of Electrical Power:

- 3. Executive Director and Executive Management Team shall contact local municipalities and obtain/use emergency response procedures to monitor and determine if voluntary or mandatory evacuation is required.
- 4. If a power failure occurs during normal business operations, each sites' Emergency Plan will be initiated as follows:
 - a) Staff shall follow Communication Guidelines during evacuation to maintain contact with supervisor/manager.
 - b) During daylight hours, clinic operations will continue as scheduled without interruption completing tasks not needing the use of electricity.
 - (1) Natural lighting and flashlights will be utilized to complete tasks.
 - (a) If the use of a computer is needed, staff will follow the procedure outlined in Section C.
 - (2) Clients will be given return appointments and sent home for any of the following:
 - (a) The clients' services cannot be provided.
 - (b) The power failure is not rectified within 30 minutes.

- (c) Notification is given that the outage will be for an extended period of time.
- (3) If power failure occurs after dark:
 - (a) Clinics which operate after dark will escort clients out of the building.
 - (b) Staff will ensure all clients and staff members are accounted for within the building by visually inspecting each room in the clinic to ensure all rooms are vacated and maintaining a head count.
- (4) In the event of a power failure extending several hours and/or days, clinic staff will be required to be present during normal business hours unless otherwise notified.
 - (a) All staff members shall be provided with flashlights.
 - (b) Some staff members may maintain private cellular phone service.
 - (c) Portable radios with backup power supplies (batteries) shall be located within the clinic.

C. Loss of Telecommunications:

If loss of regular communications such as telephone(s) and/or computer system(s) occurs, this process shall be used during normal working hours:

1. Staff will use SCLHSA assigned or personal cell phone(s) to alert SCLHSA Administrative Office that regular communication is unavailable and also for any emergency needs.
2. Fax lines and analog phones will be used if still operable or available.
3. Staff will listen to local radio station for public service announcements and information.
4. In case communications, such as phone service is unavailable during non-working hours such as during a storm, staff should contact supervisor using the clinic and regional recall rosters and listen for public service announcements on the radio or TV for work related information. In case there is no communication such as during a storm, they should report to the special needs shelter to get work information as assigned.

D. Loss of Water/Sewer:

Should any site lose water only, bottled water should be obtained with at least 10 gallons of drinking water on site. In the event the clinic loses both water and sewer, the local provider of sewerage and utilities will be contacted to determine the length of time the clinic will be without their services. If the clinic will be without services for an extended period of time the clinic manager will contact the SCLHSA Administrative Office to determine when and if the clinic will close.

E. Fire:

1. Upon discovering a fire, staff should notify the site Safety Officer and/or Clinic Manager.
2. **IF THE FIRE IS EASILY EXTINGUISHABLE BY USE OF THE FIRE EXTINGUISHER**, staff should attempt to extinguish the fire using the appropriate extinguisher type (Safety Officers are responsible for ensuring the fire extinguishers are in operating order and are appropriate for the job before use).

3. **IF THE FIRE IS NOT EASILY EXTINGUISHABLE**, the employee should dial 911 to report the fire to the local fire department.
4. Persons in the building are notified that there is a fire by announcing “**Code Red**” throughout the building.
5. Each site will follow their policies and procedures contained in their safety plan for staff and client evacuation. Fire escape routes are posted in every room in the building.
6. The Safety Officer, Site Manager and/or designee should be the last to leave the building. They should also ensure that no one returns to the building until approval is given. A head count of staff and visitors shall be taken at the designated outside meeting area. This count can be compared to the visitor’s log.
7. As part of fire prevention, air conditioner filters are cleaned or replaced by the landlord on a scheduled basis, routine safety inspections are done quarterly and state owned buildings are inspected for hotspots annually. Preventative maintenance agreements are in place for all HVAC systems, water heaters, plumbing and refrigerators in state owned buildings. Electrical sockets shall not be overloaded. All exits and extinguishers should be distinctly marked and staff familiar with their placement and use.
8. Fire drills shall be conducted annually.

F. Bomb:

1. All personnel shall be knowledgeable of the techniques used in bomb threats situations even though the front desk at each agency would generally receive this information.
2. The Site Manager, Safety Officer or designee would immediately contact the local police by calling 911.
3. The Safety Officer or designee will coordinate a search with the Sheriff’s Office Bomb Squad. Any object alien to the area, or any package, parcel or box not positively identified should be reported at once to the Safety Coordinator.
4. Staff shall be instructed that they **DO NOT TOUCH** any unfamiliar or suspect object regardless of its apparent harmlessness.
5. Each Safety Coordinator will train staff on the proper bomb threat procedures as stated in their individual safety manual.
6. Bomb drills are conducted annually.

G. Terrorist Attack

1. Executive Director and/or her designee will contact local municipality and obtain emergency response procedures.
2. Executive Director and the Executive Management Team will monitor status, if applicable, use emergency response procedures as per local municipality and determine if voluntary or mandatory evacuation is required.
3. Staff shall follow Communication Guidelines during evacuation to maintain contact with supervisor/manager.
4. Violent intruder drills are conducted annually; staff are encouraged to participate in community sponsored drills or responses.

5. All locations have All Clear code words to use to signal the conclusion of an event or to verify the identity of law enforcement once the scene is secured.

H. Chemical Spill

1. The Executive Director and the Executive Management Team will closely monitor status of employee exposure to hazardous chemicals and disseminate information directly to staff through the hazard communication program.
2. Executive Director and/or her designee shall provide information to employees regarding the hazardous chemicals in the workplace and the hazardous properties of these chemicals.
3. Maintain communication by telephone/email between the OPH Region 3 Incident Commander and the Executive Director of SCLHSA.
4. In the event a determination is made that a clinic in the area should close, the Executive Director and/or her designee will notify the Clinic Manager and follow the Emergency Preparedness Plan.
5. Staff shall follow Communication Guidelines (Attachment A) during evacuation to maintain contact with supervisor/manager.
6. Proximity drills are conducted annually and individual spill kits are available at each site to assist in containing small spills.

APPROVED:



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