June 2023

THE JOURNAL

in this issue Emergency Preparedness Resource Guide

Psychological First Aid:

One Tool for Disaster Relief

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Over the past few years, the world has seen a significant amount of trauma. There have been earthquakes, fires, hurricanes, tornadoes, and the pandemic that has affected virtually every person on the face of the Earth. While all of us have experienced trauma in one form or another, the way we deal with trauma varies from individual to individual. It is important to be supportive of individuals, families, groups and communities during and after traumatic events to promote positive mental health outcomes. Sadness, depression, irritability, anger, and self-harm are a few of the consequences of traumatic events. Psychological first aid is an evidence informed approach that can be implemented to minimize the effects of trauma on individuals, families, groups and communities.

Emotional distress is not always visible as physical injury; however, it can be just as painful and debilitating. Individuals who experience trauma, as well as those who assist individuals to overcome trauma, can be affected emotionally. Common stress reactions to trauma include confusion, fear, feelings of helplessness, hopelessness, sleep, problems, physical pain, anxiety, irritability, grief, and shock, among many other reactions. Psychological first aid is a strategy that can be utilized to reduce the range of painful after effects of trauma for both individuals and caregivers. The goal of psychological first aid is to promote safety, comfort, feelings of security, and connectedness among individuals who have experienced trauma.

Psychological first aid addresses the basic needs of the individuals experiencing the stressful situation. Psychological first aid helps to reduce psychological distress by providing a caring and comforting environment and connecting individuals who may be experiencing similar emotional issues. It also is helpful in promoting individual support by encouraging strengths and bringing individuals together within communities to provide a supportive network and referrals to professionals when needed. Unlike counseling, psychological first aid is a strategy to reduce stress in an emergency or traumatic situation. Individuals who experience trauma may require further counseling or mental health treatment after the trauma has passed. The goal of individuals providing psychological first aid is to identify the needs of the individuals who have experienced a traumatic event and connect them with counselors, therapists, or other mental health professionals for long-term management of residual effects of trauma. While many individuals recover from trauma on their own, it is important to identify a network of mental health professionals that can provide assistance after the traumatic event has ended.

Psychological first aid is appropriate for use with individuals of all age groups. The core principles of providing safety, security, reducing hopelessness, and providing support are the same for children, adolescents, and adults. Psychological first aid can be provided in the community, the home, hospitals,

schools, and other areas where support may be needed. The use of cultural leaders can help provide support to individuals from all cultural backgrounds from trusted individuals that may better understand the effects of trauma on the selected cultural group.

Developed by the National Child Traumatic Stress Network, Psychological First aid is an evidenced-informed approach for assisting people in the immediate aftermath of disaster and trauma. It is used by a variety of healthcare professionals, including first responders, incident command systems, primary and emergency healthcare providers, school crisis teams, faith based organizations, and disaster relief organizations. Psychological first aid is built upon the foundational principles of human resilience. And does not assume that all survivors will respond the same way to trauma or long-term difficulty. Rather, it is built on the premise that individuals will experience a broad range of reactions and can provide support for one another through a connected network of caring and compassionate responders. An important foundation of psychological first aid includes basic information gathering to identify survivors' immediate concerns and needs. Through this informed assessment approach, supportive strategies can be delivered in a manner that would be conducive for individuals with a variety of psychological needs. Psychological first aid emphasizes, developmentally and culturally appropriate interventions for people of all ages and cultural backgrounds and is applicable for individuals, families, groups, and communities.

The goal of psychological first aid is to promote safety, comfort, feelings of security, and connectedness among individuals who have experienced trauma.

According to the National Child Traumatic Stress Network and the National Center for PTSD, the basic objectives of psychological first aid include:

- Establishing a human connection in a caring and compassionate manner.
- Enhancing and promoting immediate on-going safety, both physical and emotional.
- Helping calm and orient emotionally overwhelmed individuals following a traumatic event.
- Allow for an opportunity to gather additional information from survivors themselves so that individual needs can be identified.
- Provide an avenue for survivors to be connected to ongoing social support networks for long-term assistance.
- Identify and support adaptive coping efforts, empowering individuals to take an active role in their recovery.
- Clearly identifying the role and availability of ongoing disaster response for future assistance and to meet needs.

While this is not an exhaustive list, some fundamental concepts to remember when delivering psychological first aid include:

- Being open, organized, and professional at all times.
- Providing and ensuring confidentiality of all information as appropriate.
- Remaining within the scope of your individual expertise and providing referrals when necessary.
- Having an understanding of the cultural needs of an individual or group and enlisting the help of a trusted, cultural leader where appropriate.
- Paying close attention to one's own emotional and physical reactions to providing psychological first aid and using self-care strategies when appropriate.

Steps in providing supportive psychological first aid include:

- Avoid being intrusive or confrontational. Politely ask questions to assess the situation and determine where you may provide the most assistance.
- Understand initially that assistance may be provided through practical means such as providing water, blankets, shelter, or other physical needs. This will begin the rapport-building process to allow for further questioning to ascertain psychological needs.
- Initiate contact with individuals in need only after you have observed the situation and determined that contact would not be intrusive or disruptive.
- Be prepared that survivors may avoid contact with you or may flood you with contact. It's not personal either way.
- Speak calmly, be patient, be responsive, and sensitive. Individuals react differently to traumatic events and may need time to process.
- When providing instructions, speak slowly, in simple terms, and provide clear, concise directions.
- If survivors want to talk, allow them to do so. Listen closely, focus on themes and what they are trying to tell you and identify how you could be of assistance.
- Acknowledge positive factors that you identify in the individual regarding how they have weathered the disaster up to the point that you make contact with them.
- Provide information that accurately addresses the survivors' needs and identifies their current goals. Make sure

the information is accurate and age-appropriate.
- If a translator is used to communicate with individuals, look at the individual you are addressing rather than the translator or interpreter.
- Remember that the goal of psychological first aid is to reduce distress, assist with current needs, and promote adaptive functioning, rather than to provide long-term counseling or elicit the details of the traumatic event.

As a psychological first aid provider, some behaviors to avoid include:
- Do not make assumptions about individual survivor's experiences, or what they have been through. Recognizing individuals react differently to stressful situations and meet people where they are in the recovery process.
- Do not label a person's reactions to trauma as symptoms or diagnoses. Individual reactions to trauma may change over time and vary depending on how soon after a traumatic event you make contact with the individual.
- Do not talk down to the survivor or focus on helplessness, weaknesses, mistakes, or disability. Rather, focus on what the person has done that is effective and positive in promoting recovery following the disaster.
- Do not assume that all survivors want to talk. Being physically present in a supportive manner will also be effective in helping people feel safe and more able to cope.
- Do not ask for details of the trauma. That will come later.
- Do not speculate or offer inaccurate information. If you are not sure how to answer a survivor's question, get more information and come back later.

When working with children, some additional measures to implement include:
- Attempt to crouch or sit at eye-level rather than standing over the child. This can be traumatic in and of itself.
- Do not use extreme words such as terrified or horrified, as this may magnify distress. Allow the children to verbalize their own feelings, concerns, and emotions.
- Check in with the child often to ensure that you understand what they are trying to tell you.
- Understand that children may regress developmentally following a traumatic event, and their behavior or language may reflect this.
- Talk to adolescents in an adult manner to give a message you respect their feelings, concerns, and questions.

When working with older adults:
- Many older adults may have experienced prior traumas and can utilize acquired effective coping skills with guidance and assistance.
- Understand that confusion and memory loss may be associated with disaster related disorientation, and may not be an irreversible problem with memory, reasoning, or judgment.
- Help individuals with hearing or visual difficulties to correctly interpret their surroundings and attempt to promote safety and reduce confusion they may be experiencing.

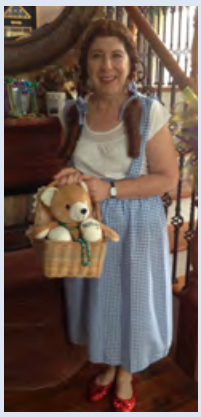
Being available following a disaster or traumatic event is very important to promote mental health and well-being of individuals, groups, and communities. Psychological first aid is one evidence-based approach to providing this support on a large scale. For more information on providing psychological first aid, please refer to the Psychological First Aid Field Operations Guide, published by the National Child Traumatic Stress Network and the National Center for PTSD. This document can be downloaded free from https://www.ptsd.va.gov/professional/treat/type/psych_firstaid_manual.asp There is also an online course that can be taken free for continuing education credit at https://learn.nctsn.org/course/index.php?categoryid=11. We must all work together to keep our communities an each other healthy—both physically and emotionally.

EDITOR'S *message*

So Long, Farewell, Bye Y'all!

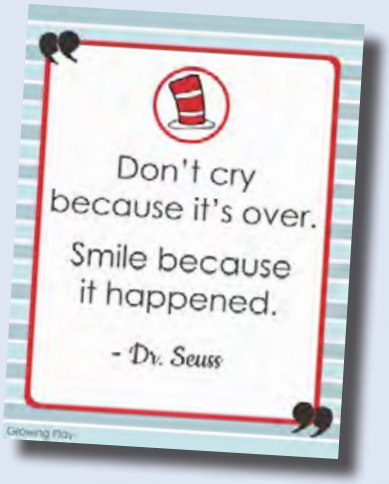
For the past 25 years, I've had the good fortune to be affiliated with our extraordinary state hospice organization. At first, we were LHO; then, we merged with our Mississippi neighbors to form LMHPCO.

Some time around 2011-12, I officially became the editor of The Journal. What started as a monthly "newsletter" transitioned to monthly, topic-specific resource guides. The journey has been filled with special people, life-changing experiences, and life-long friendships. Thank you to all of you who have touched my heart and taught me so much.

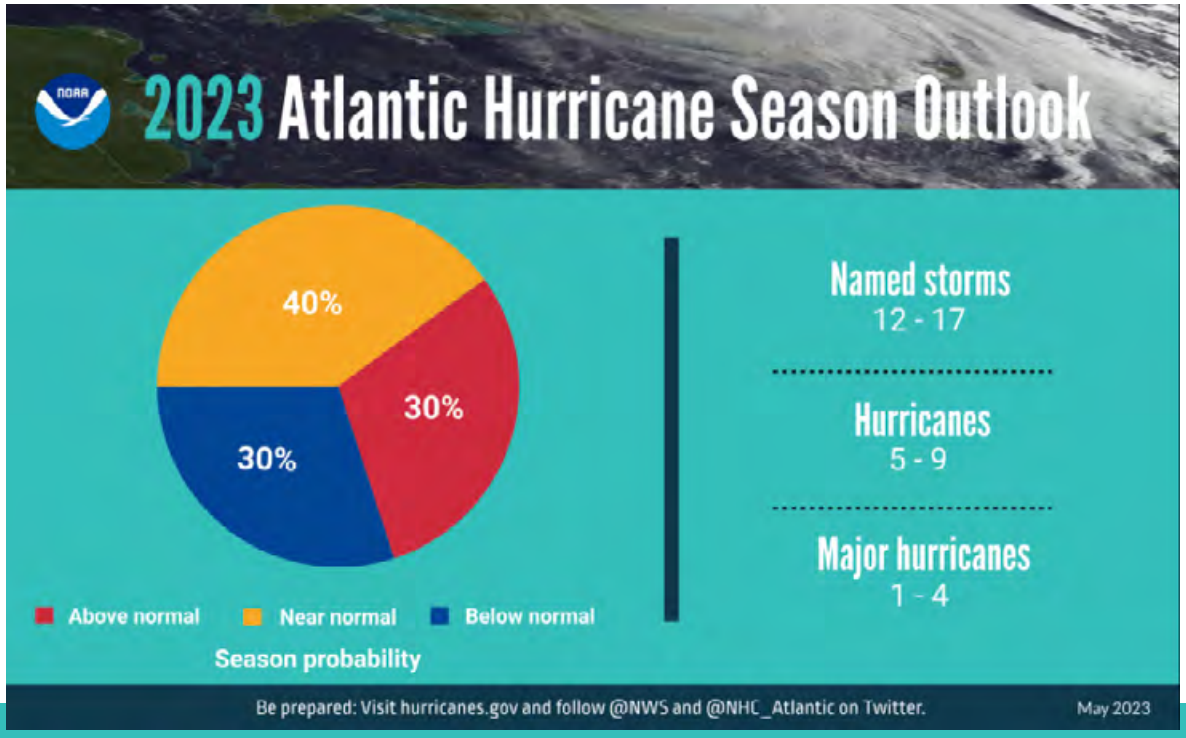


The Editorial Board is working to revamp The Journal into a new type of resource for you. Stay tuned for new developments!

As I move on to the next chapter in my life, Dr. Seuss says it best…



Susan



2023 ATLANTIC TROPICAL CYCLONE NAMES

Arlene	Don	Harold	Katia	Ophelia	Tammy
Bret	Emily	Idalia	Lee	Philippe	Vince
Cindy	Franklin	Jose	Margot	Rina	Whitney
	Gert		Nigel	Sean	

REGISTRATION IS NOW OPEN

CLICK HERE TO REGISTER

Piecing it Together:

Collaborative Care in Puzzling Times

LOUISIANA~MISSISSIPPI HOSPICE AND PALLIATIVE CARE ORGANIZATION
2023 CONFERENCE

July 26-28, 2023
Higgins Hotel • New Orleans

CONFERENCE BROCHURE | **Social Work Intensive Pre-Conference Registration** | **Administrators' Pre-Conference Registration**

Jim Parker (HospiceNews.com) has accepted our invitations to join us for this year's conference and look into the future of hospice in this country. Jim Parker is a subculture of one. Swashbuckling feats of high adventure bring a joyful tear to his salty eye. A Chicago-based journalist who has covered hospice, health care and public policy since 2000, his personal interests include fire performance, the culinary arts, literature, and general geekery. You won't want to miss what he has to say about hospice, palliative care and serious illness.

Steven Garner has 25 years of Hospice experience as a hospice volunteer at Angola. He is currently the CEO of SNT31 consulting. He has collaborated in and led multiple quilting projects and is currently a professional quilter.

Gary Golden founded Golden Opportunities, which is a training and development company designed to help corporations excel. Golden Opportunities goes beyond improving the bottom line by delivering top quality performance while giving people the opportunity to develop to a higher level.

Hotel Reservations

LOUISIANA~MISSISSIPPI
HOSPICE AND PALLIATIVE CARE ORGANIZATION

Webinars Powered by FinEd

Emergency Preparedness: Design & Maintain an Effective Operational Plan & Program

July 12, 2023

The pandemic exposed the need for agencies to evaluate the effectiveness of their emergency management plan and program, including how to address emerging infectious diseases (EIDs).

This webinar will explain how to evaluate your program and develop an action plan to integrate new measures.

PRESENTED BY
Kathy Ahearn, RN, BSN, PHN
ALECC, Inc.

Kathy Ahearn has a Bachelor's in both Nursing and Social Work and is the CEO and Founder of ALECC, Inc. ALECC provides years of post-acute care experience, ranging from clinical staff to executive leadership and consulting. Kathy provides a unique ability to identify agency challenges and opportunities, quickly providing education, support, and mentoring to organizations, guiding them to a new level of operation and success.

REGISTER HERE

Did you know?

2023 Hurricane Forum for Hospice & Homecare

2023 HURRICANE SEASON:

Emergency Prep for Hospice & Homecare Provider & Every At-Risk Registry Users
Every Wednesday *(during hurrican season)* **from 1-2PM**

Meetings focus on Emergency Prep Q&As
with local, regional, district and state officials

Our JuLY 19th call will be will be a tutorial on using the At Risk Registry:

Why use the Registry?
Who should be put into the Registry
How to use the Registry?
What's needed to use the Registry?

REGISTER HERE

WATCHPOINT
AtRisk Registry

Required in Louisiana for hospice & home health agencies
Recommended/Encouraged in Mississippi for hospice & home health agencies

Fulfills your agency's Emergency Prep CoPs responsibility to inform local emergency managers of your patients needing special assistance with evacuation in the event of an emergency.

Keeps Emergency Managers aware of the special needs of your homecare patients

The ABCs of Using the At-Risk Registry

LOUISIANA~MISSISSIPPI
HOSPICE AND PALLIATIVE CARE ORGANIZATION

To be included in the list serve, click on your provider type and request to be included.

Emergency Prep List Serve

Louisiana Hospice Providers	EmergencyPrepLAh@lmhpco.memberclicks.net
Mississippi Hospice Providers	EmergencyPrepMSh@lmhpco.memberclicks.net
Louisiana Home Health Providers	EmergencyPrepLAhh@lmhpco.memberclicks.net
Mississippi Home Health Providers	EmergencyPrepMShh@lmhpco.memberclicks.net

Scheduled Regional/District Focus Groups

LA Region 3 – June 14

June 21 – At Risk Registry Tutorial

LA Region 4 – June 28

July 5 – Holiday

LA Region 5 – July 12

July 19 – At Risk Registry Tutorial

July 26 – LMHPCO Conference

LA Region 1 – August 2

LA Region 2 – August 9

MS District 9 – August 23

Important Documentation
CONSENT & EVALUATION FORM

https://www.lmhpco.org/emergency-preparedness

LOUISIANA~MISSISSIPPI

ABC's

Consent Form Templates Louisiana Mississippi

Evaluation Form Templates Louisiana Mississippi

WATCHPOINT AtRisk Registry

Questions for ALL Providers

Have you submitted your agency's plan to all of the parishes/counties you serve?
LA Parishes
MS Counties

Have you met with your parish/county Emergency Manager?
LA Parishes
MS Counties

Are you using the At Risk Registry?
ABC's
Consent LA MS
Evaluation LA MS

Is someone in your office *receiving the weekly reminder* and completing the REQUIRED weekly update to the Registry?

Check with your parish/county officials for Re-Entry Placards for your staff

Transferring?Travel Contracting Hospice Patients to another agency **Are you getting paid? Are you completing the process?**

LOUISIANA~MISSISSIPPI
HOSPICE AND PALLIATIVE CARE ORGANIZATION

Have you done any tabletop exercises with your staff in 2023?

- What lessons have your learned from previous Emergency Declarations?
- **Does your planning include a weekend landfall/disaster??**
- Do you have current contact info for staff and patients?
- Do you know what plans your staff and patients have made if an evacuation order is issued for your area of the state?
- Do you know your parish's/country's evacuation plan for your patients?
- Do you have alternative plans for communicating with staff and patients in the event cell phones go down?

Emergency Kit Checklist for Kids and Families

An emergency kit has all of the things that you and your family may need during an emergency in which you may have to stay inside for longer than usual or the electricity could go out. Making a family emergency kit can be fun for the family to do together. Here's how to have a family emergency kit treasure hunt:

1. You will need a large plastic bin or box to put things into.
2. Answer the following questions to guide your treasure hunt.
3. Check items off the list as you put them into your emergency kit box.
4. Place an updated copy of your checklist inside your large plastic bin or box once your kit is put together to know what is inside the kit and to know where you can always find your checklist.

Emergency Kit Checklist for Families with Children and Youth with Special Healthcare Needs (CYSHCN)

An emergency kit is necessary for all families, and especially important for families of children with special healthcare needs.

In addition to the common items found on the emergency kit checklist for kids and families page, the checklist described here contains items that are specific for families of children and youth with special healthcare needs (CYSHCN). Each family's kit will vary depending on the individual needs of their child. It is best to have all of these things collected before an emergency, stored in a container, and kept in a place that is safe and easy to get to in the event of an emergency.

Remember the COPs
EMERGENCY PREPAREDNESS

Martha C. McDurmond, BSW, MFA, IHEC
LMHPCO+ Consultant
phone: 888.546.1500 / ext 5
Martha@LMHPCO.org

Most healthcare providers or suppliers are instructed to evaluate effectiveness of their emergency preparedness plans (EPP) at a **minimum** of every two years. Hospices with long term care (LTC) contractual relationships should contact the LTC(s) they serve to inquire about coordination of care during an emergency situation (weather related and Public Health Emergency as many of you have experienced.) LTC must evaluate their EP annually.

A preplanned comprehensive emergency planning allows efficient access to healthcare during and after a disaster. Having something that you can hold in your hand that tells when, what, and how in a crisis will be of great assistance in maintaining hospice business continuity, effective utilization of hospice staff and contracted services, and protects physical resources. Preplanning affords opportunities to align with local public health officials, emergency management agencies, and other healthcare agencies/organizations prior to a catastrophe and afterwards. When we anticipate and strategize our potential disaster(s) needs, a hospice is better positioned to rapidly respond to disaster due to culpability established via the Emergency Preparedness Plan.

In brief, this article speaks to §418.113, Condition of Participation (CoPs) for Hospices, as found in Appendix Z. Significant highlights are mentioned; however, the reader is encouraged to review the link provided for additional guidance.

/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf (PDF).

Appendix Z is the State Operations Manual, Emergency Preparedness for All Providers and Certified Supplier Types Interpretive Guidance.

Certain regulations have extended requirements for an in-patient hospice as noted.

- An Emergency Plan (EP) must do the following (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. (2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care. §418.113(a)(2)

- For in-patient hospice EP requirements include policies and procedures that must provide provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. §418.113(b)(6)(iii)

- §418.113(b)(1): …The hospice must develop and implement emergency preparedness policies and procedures…. must be reviewed and updated at least every 2 years. At a minimum, the policies and procedures must address the following: (1) Procedures to follow up with on duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The hospice must inform State and local officials of any on-duty staff or patients that they are unable to contact. §418.113(b)(1).

- **For In-patient hospice**. Policies and procedures. (ii) Safe evacuation from the hospice, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s) and primary and alternate means of communication with external sources of assistance. (v) A system to track the location of hospice employees on-duty and sheltered patients in the hospice's care during an emergency. If the on-duty employees or sheltered patients are relocated during the emergency, the hospice must document the specific name and location of the receiving facility or other location. §418.113(b)(6).

- At a minimum, the policies and procedures must address the following for Hospice homebound. The procedures to inform State and local emergency preparedness officials about homebound patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment. §418.113(b)(2).

- **In-patient hospice**. Policies and procedures. (6) A means to shelter in place for patients, hospice employees who remain in the hospice. §418.113(b).

- Policies and procedures. (4) The use of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. §418.113(b)

- §418.113(b) Policies and procedures. The development of arrangements with other [facilities] [and] other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.

- The communication plan must include all of the following: (1) Names and contact information for the following: (i) Hospice employees. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Other hospices. §418.113(c)

- The communication plan must include all of the following: A means of providing information about the [facility's] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee. §418.113(c)(7).

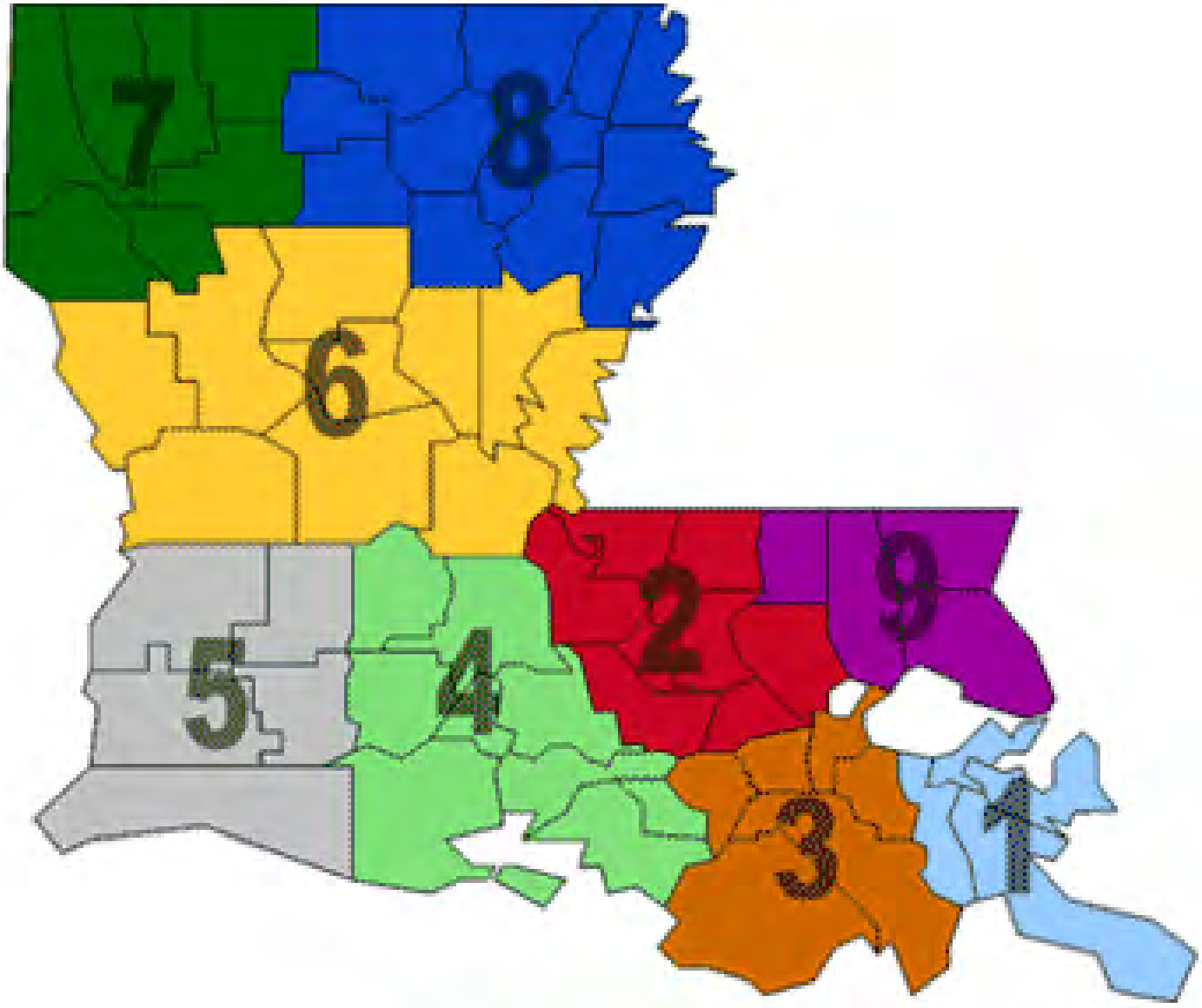
- In-patient hospice. A means of providing information about the hospice's inpatient occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee. §418.113(c)

- (1) Training. The hospice must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles. (ii) Demonstrate staff knowledge of emergency procedures. (iii) Provide emergency preparedness training at least every 2 years. (iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others. (v) Maintain documentation of all emergency preparedness training. (vi) If the emergency preparedness policies and procedures are significantly updated, the hospice must conduct training on the updated policies and procedures. §418.113(d)

- (2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following: (i) Participate in a full-scale exercise that is community based every 2 years; or (A) When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event. (ii) Conduct an additional exercise every 2 years, opposite the year the full scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (3) Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following: (i) Participate in an annual full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility based functional exercise following the onset of the emergency event. (ii) Conduct an additional annual exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed.418.113(d)

Hospices are encouraged to schedule timely reviews of their EP making updates as needed of all related contact sources, i.e., staff, suppliers, emergency management teams, etc.

Louisiana's Homeland Security + Emergency Preparedness State Regions



Each of the State's 64 parishes have an emergency management program. Louisiana is divided into **nine homeland security and emergency preparedness planning regions** which GOHSEP uses in conjunction with its Regional Support program.

The map above will assist you in determining who the **Regional Director** (Parish) is for a particular area and how to contact them. In addition, each region has a state **Regional Coordinator** (a GOHSEP employee) whom acts as a liaison between the parish for their region and GOHSEP.

Additionally, our **Public Assistance** and **Hazard Mitigation** Sections have assigned **State Applicant Liaisons (SALs)** to assist subrecipients with project development of recovery grant programs.

Click on your region below for regional contacts.

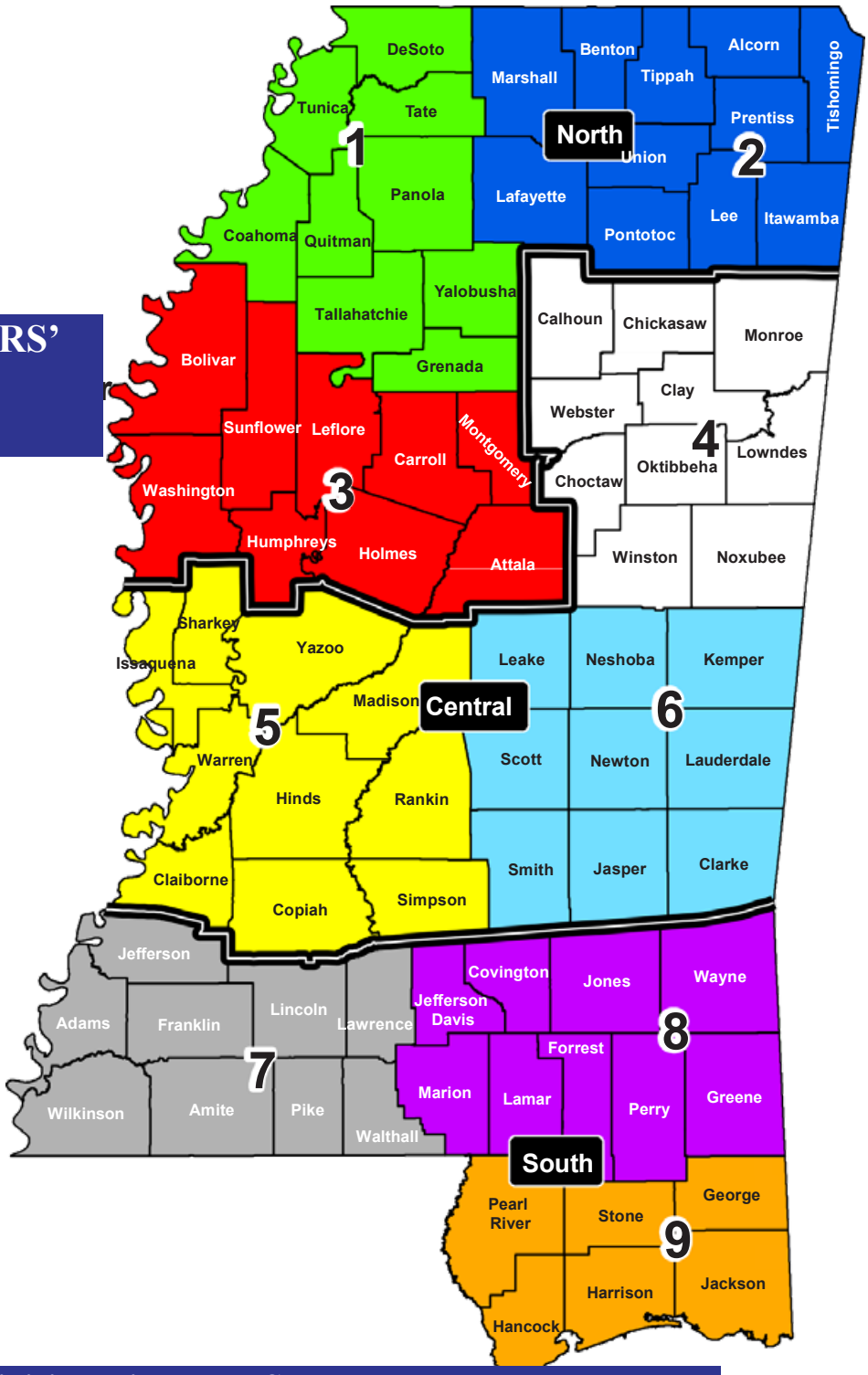
REGION 1	REGION 4	REGION 7
REGION 2	REGION 5	REGION 8
REGION 3	REGION 6	REGION 9

BUREAU DIRECTORS' CONTACT INFORMATION:

Northern Region Director
Julius Green:
- Phone: 601-933-6353
- Email: jgreen@mema.ms.gov

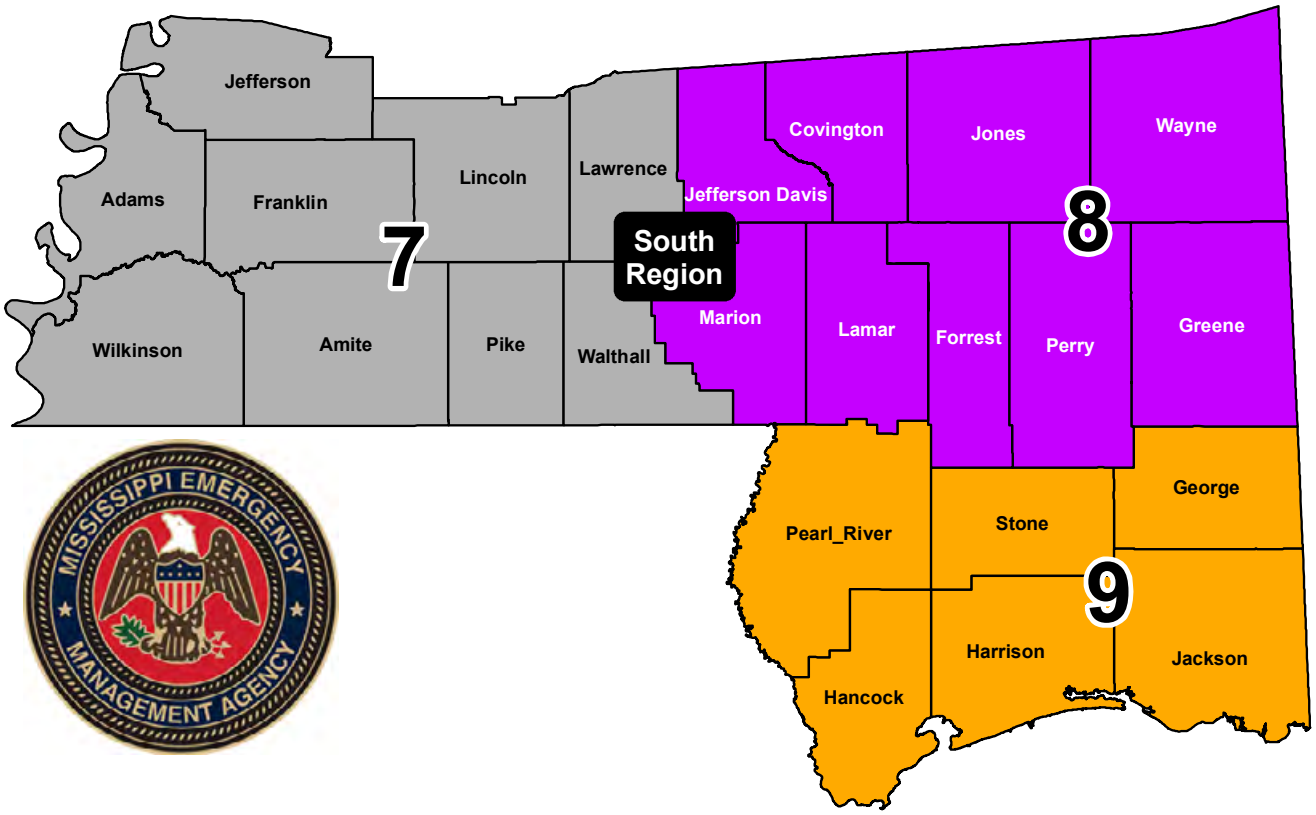
Central Region Director
Sean Maily:
- Phone: 601-933-6368
- Email: smaily@mema.ms.gov

Southern Region Director
Thomas Harris:
- Phone: 601-573-2051
- Email: tharris@mema.ms.gov

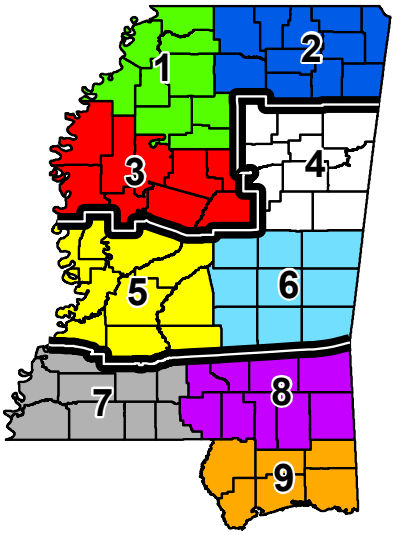


Preparedness Branch Division Director – Susan Hardy
- Phone: 601-933-6364
- Email: shardy@mema.ms.gov

For more information about the Office of Preparedness, please contact Office Director, Loretta Thorpe at 601-933-6601 or lthorpe@mema.ms.gov.



Office of Preparedness



Southern Region (Districts 7, 8 & 9)

Regional Bureau Director

Thomas Harris
(601)573-2051
tharris@mema.ms.gov

Preparedness Officers

Charles Lewis: clewis@mema.ms.gov, (601) 850-7740
Katrina McLin: kmclin@mema.ms.gov, (601) 383-0400
Zach Evans: zevans@mema.ms.gov, (601) 540-4980
Ramous Austin: raustin@mema.ms.gov, (601) 383-4850
Jarrett Watkins: jwatkins@mema.ms.gov, (601) 850-7085

Take Your Pet With You:
Emergency Evacuation Planning Guide

https://secure.aspca.org/take-action/pet-safety-pack

Disasters of all types including natural and manmade force families to flee their homes seeking safety, only to find they cannot return for days or weeks. Even disasters like gas leaks and minor flooding can separate you from your pet. To prevent situations where you are separated from your pet during times of emergencies: **Take Your Pet with You**

Create a family **Emergency and Evacuation Plan** including your pets. Practice the plan with your family prior to a disaster.
This will help you successfully shelter in place or evacuate and maintain the safety of your family and your pets.

Pet Evacuation Kit

Be prepared for a disaster with a **Pet Evacuation Kit** including a **Pet Evacuation Checklist** and supplies.

Assemble the kit well in advance of any emergency and store in an easy- to-carry, waterproof container. Review your plans and kits regularly to ensure that the plans are current and food and medicine are fresh.

Pet Evacuation List

- Food, Water and Bowl
- Crate or Carrier
- Collar with ID tag, Harness, Leash
- First Aid Kit
- Medication and Medical/Vaccination Records
- Familiar comfort items
- Picture of your Pet, Picture of you with your pet
- ID Numbers (Tag/Microchip/Tattoo)
- List of Identifying Features/Marks
- Sanitation (Pet Litter, Paper Towels, Trash Bags)
- Emergency Contact Info for you
- Emergency Contact Info for your Pet (Vet, Pet Sitter, etc.)
- Emergency Contact for someone outside the disaster area
- Medical/Behavioral Instructions:
- Veterinarian Phone#
- Rabies Tag number Micro Chip#

RESOURCES

Local

Animal Control or Humane Association Office of Emergency Preparedness Law Enforcement, Fire Department

State

GOHSEP - https://gohsep.la.gov - Louisiana Governor's Office of Homeland Securitry and Emergency Preparedness

MBAH – www.mbah.ms.gov – Mississippi Board of Animal Health
MEMA – www.msema.org – Mississippi Emergency Management Agency

National

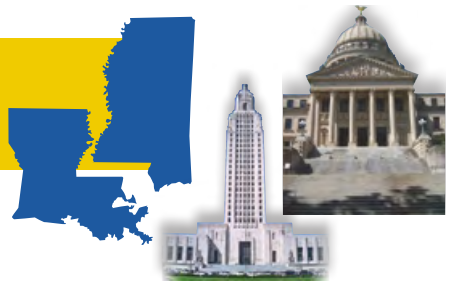
CDC - www.cdc.gov
AVMA - www.avma.org – American Veterinary Medical Association
FEMA - www.fema.gov
American Red Cross Pet Preparedness - www.redcross.org/get-help/how-to-prepare-for-emergencies/pet-disaster-preparedness.html

Pet Evacuation Kit

Pet Evacuation Kit Supply Checklist

- Food and Bowl- 3 to 7-day supply of dry and/or canned (pop-top) food
- Water and bowl - at least a 7-day supply of water
- Medication – 2-week supply
- Medical and Vaccination Records
- Crate or Carrier - a sturdy, safe crate or carrier large enough for your pet to stand, turn around and lie down
- Collar with ID tag, harness and leash
- First-Aid Kit - cotton bandage rolls, bandage tape and scissors, antibiotic ointment, flea and tick prevention, latex gloves, isopropyl alcohol, saline solution
- Comfort items – toys, blanket, treats, etc...
- Picture of your Pet, Picture of you with your pet, list any identifying marks, features
- ID numbers, tag, microchip or tattoo
- Sanitation supplies - pet litter, paper towels, trash bags, hand sanitizer, disinfectant
- Emergency contact info for you
- Emergency contact Info for your pet (vet, pet sitter, etc.)
- Emergency contact for someone outside the disaster area

Alliance NEWS



Louisiana Alliance Update

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The Louisiana Regular Legislative Session adjourned sine die on June 8th. This year was a fiscal session meaning legislators were limited in the number of general interests bills they could file. Legislators spent majority of their time debating about Louisiana's unexpected surplus of money ($1.8 billion). Some legislators wanted to spend that money on one-time projects while others wanted to save the money since Louisiana is facing a dooming fiscal cliff in 2025 (0.45% temporary sales tax expires). In the final hours of the session legislators voted to spend the money on projects across the state.

The Alliance for the Advancement of End of Life Care was monitoring 13 bills that pertained to end of life care and health care in general. Six of those bills made it through the legislative process and have been signed by Governor Edwards. Below is a summary of each of those bills.

HB 291 by Rep. Owens - Creates the "No Patient Left Alone Law" and establishes minimum requirements for in- person visits at certain healthcare facilities. An amendment was added to clarify that it applied to in-patient hospices.

HB 319 by Rep. Stagni - removes the provision that an international nurse must present a license from their last employment. Louisiana is the only state that has this requirement. International nurses are still required to meeting state nursing board standards.

HB 320 by Rep. Turner - permits a student to register as an LPN if he completes two years of clinical courses in a registered nursing program -permits a nursing student who completes a course in the fundamentals of nursing offered by a practical or registered nursing program shall not be required to complete a certified nursing training or competency evaluation program and may register as a certified nurse aide (CNA) in this state.

HB 652 by Rep. Miller – originally HB 599, authorized APRNs to execute DNR and LaPOST forms and granted authority to APRNs and PAs to certify the existence of an illness for teachers, teaching staff and bus drivers. The substitute bill, HB 652, removed all language of DNRs and LaPOST. Leaving the final bill to only pertain to school boards.

HR 152 by Rep. Deshotel – Directs the Louisiana Department of Health to amend its administrative rule regarding geographic location of a hospice provider to authorize hospices to serve patients in any parish within a fifty-mile radius of their location.

SB 66 by Senator Mills – combines and simplifies the definitions of telehealth and telemedicine.

Mississippi Alliance Update

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The Mississippi statewide election season is in full swing. The only true competitive primary this August will pit incumbent Lt Governor Delbert Hoseman against state senator Chris McDaniel. Polling has the race Hoseman +8 but experts expect the race to tighten as we approach the August 8th Republican primary. In the General Election which will take place on November 4th, the race to watch is incumbent Governor Tate Reeves versus Democratic challenger Brandon Presley. While Reeves currently holds a +12 advantage in polling, national funding is likely to help Presley raise his name ID around the state. Reeves has a war chest of 12m and should easily win re-election in November due to this sizable spending advantage.

LOUISIANA-MISSISSIPPI HOSPICE AND PALLIATIVE CARE ORGANIZATION BOARD OF DIRECTORS

Our mission is to improve the quality of hospice & palliative care for everyone in Louisiana & Mississippi.

Acknowledging that diversity is not only racial, but multi-dimensional, encompassing not just race and ethnicity but gender, sexual orientation, religion, incarceration status, and more. LMHPCO is committed to ensuring that everyone feels seen and included from our board of directors to our staff, membership and affiliates. As an organization, we embrace diverse backgrounds and perspectives of those with whom we work and encourage our members to do the same with their staff, patients and families whom they serve.

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Building alliances that ensure the best care for patients and families facing end-of-life.

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The members who are making 2023 possible!

as of 6/16/2023

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