

As of May 17, 2022 – Federal health officials extended the COVID-19 public health emergency past mid-July, which will continue pandemic-era policies.

EMERGENCY PREPAREDNESS within the CoPs

With the onset of 2019 Coronavirus (COVID 19) caveats combined with horrific weather-related issues repeatedly affecting,



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in particular, our two states Federal emergency preparedness regulations were revised April 2021 affecting all healthcare providers and suppliers.

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 inpatient 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)

continued on page two



LOUISIANA-MISSISSIPPI
HOSPICE AND PALLIATIVE CARE ASSOCIATION

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next month:
**Annual Leadership
Conference**

- 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 discus-

sion 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. LMHPCO hosts Emergency Preparedness Calls weekly on Thursdays, 1:00-2:00 P.M., hosted by Executive Director, Jamey Boudreaux.



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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

EDITOR'S *message*



Prepare - prepare - prepare

Whether this is your first hurricane or your umpteenth...It's critical to do as much as possible to prepare. Last season was a tough one! And, predictions indicate this year will be another one.

This month's Journal/Resource Guide is full of important information about preparedness. Both states have lengthy Preparedness Plans that you can access. Other pages display Emergency Preparedness maps and contacts for both states.

Speaking of preparedness, Martha McDurmond, has provided you with the details of The Emergency Preparedness CoPs. Be sure to review these in advance so that nothing is left to chance.

The At-Risk Registry is not only a benefit of membership, but it is critical for the safety of your patients and their families. Detailed instructions are contained within.

Have questions about the Registry or other resources? Take advantage of the weekly Zoom calls being held each Wednesday 1 – 2PM. They will continue through July 20th. To register, contact Jamey Boudreaux (Jboudreaux@lmh-pco.org) to receive the Zoom link.

Don't forget about your pets. During Covid, many homes acquired a pet. Review the "Emergency Evacuation Planning Guide that is included this month. Locate pet-friendly hotels along your evacuation route and keep a list in your pet's emergency kit. Here are several resources: petswelcome.com, www.travelpets.com, www.dogfriendly.com, or www.pettravel.com.

Whether this is your first hurricane or your umpteenth, Hurricane Season is a stressful time. I hope you find this month's Journal a helpful resource guide. Above all, stay safe!

Susan

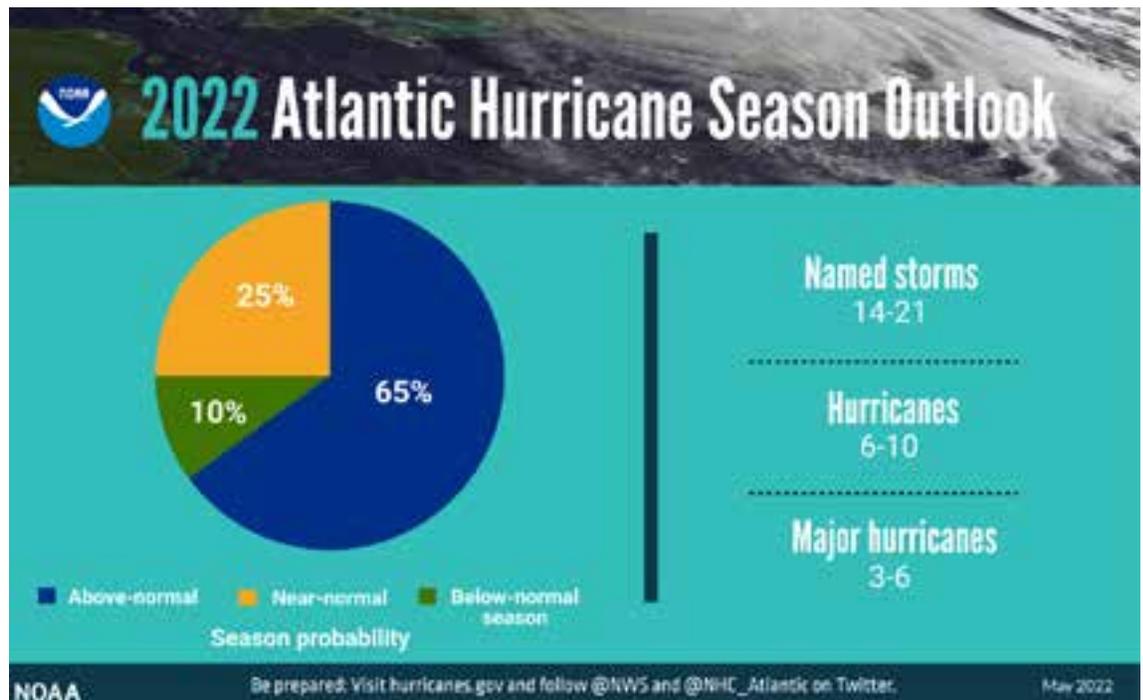
2022 Atlantic Tropical Cyclone Names

ALEX
 HERMINE
 OWEN
 BONNIE
 IAN
 PAULA
 COLIN
 JULIA
 RICHARD
 DANIELLE
 KARL
 SHARY
 EARL

LISA
 TOBIAS
 FIONA

MARTIN
 VIRGINIE
 GASTON

NICOLE
 WALTER





x



Emergency Preparedness: Creating an Effective, Integrated & Communicated Plan & Program

Have you evaluated your emergency preparedness management program and plan in-depth since the March 2020 declaration of a public health emergency for the pandemic? This informative session will be an excellent refresher on how to update and evaluate your plan and prepare for the next survey.

This webinar will take your agency through CMS’s Conditions of Participation and the four content section requirements that must be included in your emergency preparedness management program and plan. Learn what to write, how to complete a risk assessment and a hazards vulnerability analysis, and how to integrate an “all-hazards” approach into the plan. The webinar will review communication, training, and testing requirements, including tools to conduct an effectiveness review per CMS requirements. It will also include the latest guidance on how your agency will be surveyed for emergency preparedness and a public health emergency.

SIGN UP NOW

e Webinar - June 23, 2022 at 2:00 PM Central
On-Demand recording also available



PRESENTED BY

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

Kathy Ahearn has a Bachelor’s in both Nursing and Social Work. In 2022, Kathy created ALECC, Inc. merging Ahearn Advisement Partners and Link Healthcare Advantage. Merging ALECC’s leadership team combined more than 60 years of hospice and home health experience ranging from clinical staff to...
[more info here](#)

REGISTER HERE



Hurricanes and COVID-19

Prepare for hurricane season

Planning for hurricane season and other potential disasters can be stressful, and with COVID-19 to consider as well, it may be especially so.

Public health and emergency response professionals have advice to help you safely prepare, evacuate, and shelter for severe storms while protecting yourself and others from COVID-19. Here are some tips to help you and your family stay safe during hurricane season this year.

- Pay attention to local guidance about updated plans for evacuations and shelters, including [shelters for your pets](#).
- Stay [up to date](#) on your COVID-19 vaccines. [COVID-19 vaccines](#) help protect you from getting sick or severely ill with COVID-19. Staying up to date on vaccines makes it less likely that you will be sick with COVID-19 while sheltering or evacuating from a hurricane, and less likely to need medical services while hospitals are under strain from the natural disaster.
- Pay attention to the [COVID-19 Community Level](#) in your area and follow recommendations to stay safe. Take steps to protect yours and others' health while preparing for the hurricane.
- When you check on neighbors and friends, be sure to follow [CDC recommendations](#) to protect yourself and others.

Prepare to evacuate

- If you may need to evacuate, prepare a "go kit" with [personal items](#) you cannot do without during an emergency. Include items that can help protect you and others from COVID-19, such as hand sanitizer with at least 60% alcohol, bar or liquid soap, disinfectant wipes (if available) and [multiple](#), clean masks for everyone age 2 or older.
- Have several ways to receive weather alerts, such as National Weather Service [cell phone alerts](#), [NOAA Weather Radio](#), or ([@NWS](#)) Twitter alerts.
- Find out if your local public shelter is open, in case you need to evacuate your home and go there.
- If you need to go to a disaster shelter, follow CDC recommendations for staying safe and healthy in a [public disaster shelter](#) during the COVID-19 pandemic.
- Follow guidance from your local public health or emergency management officials on when and where to shelter.

- [Make a plan and prepare a disaster kit for your pets](#). Find out if your disaster shelter will accept pets. Typically, when shelters accommodate pets, the pets are housed in a separate area from people.
- If you have to travel away from your community to evacuate, follow [safety precautions for travelers](#) to protect yourself and others from COVID-19.

6 Things to Remember Before You Evacuate

1. Add hand sanitizer and masks to your go kit.
2. Have several ways to receive weather alerts.
3. Know a safe place to shelter.
4. Follow guidance from local officials.
5. Prepare a disaster kit for your pets.
6. Stay safe while you travel.

Stay safe after a hurricane

In addition to following guidance for staying safe and healthy [after a hurricane](#), note that:

- The [COVID-19 Community Level](#) may change after a hurricane as people move around. Pay attention to your local health department so that you can take the right actions to stay safe and healthy.
- Take [steps to prevent carbon monoxide poisoning](#) if you use a generator.
- If you are injured or ill, contact your medical provider for treatment recommendations. [Keep wounds clean](#) to prevent infection. Remember, accessing medical care may be more difficult than usual during [medium or high COVID-19 Community Levels](#).
- Dealing with disasters can cause stress and strong emotions, particularly during the COVID-19 pandemic. It is natural to feel anxiety, grief, and worry. [Coping with these feelings and getting help](#) when you need it will help you, your family, and your community recover.

The ABCs of Using the At Risk Registry

A. When an At-Risk Patient is Identified By Your Agency

1. The patient must sign the Consent Form (found on page 15 of the *Louisiana Model Plan Home Health/Hospice Emergency Plan*) in order to be placed in the Registry
2. The Consent Form is to be kept in the patient's chart
3. The At Risk Evaluation Form (found on page 14 of the *Louisiana Model Plan Home Health/Hospice Emergency Plan*) must be completed for the patient (The At Risk Evaluation Form contains all of the information (i.e., data points) that must be entered into the At Risk Registry for each patient)
4. Given the current pandemic & the national declaration, Emergency Managers are requesting additional information: (1) is the patient **actively dying** or is **death is imminent** (i.e., expected within 72 hours)? and/or (2) is the patient COVID19+? For the 2020 Hurricane Season, Registry users are asked to use the 15th column of the Registry, labeled "Address Cross Street" to provide this additional information. If the patient's death is imminent, please identify which hospital closest to the patient's home and place the name of the hospital in the "Address Cross Street" cell. If the patient is COVID19+, please indicate COVID+ in that cell.

B. To Enter a Patient into the Registry

1. Go to <https://wp-arr.brightgraysolutions.com>
2. Sign into the Registry using your agency's unique username and password
The Registry resembles an excel spreadsheet with columns and rows. Each column is labeled with the a particular data point found on the Evaluation Form
3. From the dropdown box (located directly below the At Risk Registry logo) choose "Patient Expanded"
4. Click "Add New Record" button
A new line will appear in the spreadsheet; this new line will identify your agency in the first column labeled "Facility"
5. Double-click the line to activate it, providing user with boxes and dropdown boxes in which to work
6. Using the Evaluation Form, enter all information
7. If the patient's death is imminent (i.e., within 72 hours) or if the patient is COVID19+, use the 15th column, labeled "Address Cross Street" to indicate either "imminent death" or "COVID19+" in order to alert Emergency Managers of this patient's special status
8. Click POST to save info entered

When you click post, the patient will have 7 days of coverage; meaning the value "Yes", found in the second column (Needs Assistance) of the registry spread sheet, will remain in the "Yes" position for 7 days. At the end of 7 days, the "Yes" will become "No". When a patient is in the "No" position, their information is not transmitted to the parish emergency manager, even though their information remains in the Registry. In the "No" position, the patient's name will not appear on the weekly report sent to the parish emergency manager at 7AM every Friday morning. To keep the patient's name on the report sent to the emergency manager each week, **the agency must update the Registry at least every 7 days. It is strongly suggested that your agency's weekly updates occur either on Wednesday afternoons or Thursdays before noon, in order to ensure that accurate and current information is sent to the parish emergency managers on Friday morning at 7AM)**

If you'd like to receive a weekly reminder to update your agency's At Risk Patient List, send an email to jboudreaux@LMHPCO.org requesting to be placed on the At Risk Registry Reminder list

C. To Update Your Agency's Registry Each Week

1. Sign into the Registry using your agency's unique username and password
2. If the patient's death is imminent (i.e., within 72 hours) or if the patient is COVID19+, use the 15th column, labeled "Address Cross Street" to indicate either "imminent death" or "COVID19+" in order to alert Emergency Managers of this patient's special status
3. Click the "Bulk Edit" button
4. Click each box (located on the left side of the spreadsheet) for those patients you want to continue coverage. When you click on the box, you will be placing a check mark in the box of that patient and thereby setting them up for continuation of coverage for another 7 days.
5. After checking the boxes of all of the patients you want to continue coverage, click the gray "submit" button

Every patient with a check mark will then be given an additional 7 days of coverage when you click "submit"; meaning their names and info will be on the report, transmitted to the parish emergency manger that week.

Again, it is strongly suggested that your agency's weekly updates occur either on Wednesday afternoons or Thursdays before noon, in order to ensure that most accurate and current information is sent to the parish emergency managers on Friday morning at 7AM

If you'd like to receive a weekly reminder to update your agency's Registry, send an email to jboudreaux@LMHPCO.org requesting to be placed on the At Risk Reminder list

Did you know?

In preparation for this year's hurricane season, LMHPCO will host a weekly Zoom call for hospice & homecare providers with questions about current emergency preparations, especially along the most vulnerable coastal regions of Louisiana & Mississippi.

Every Wednesday

(beginning May 11 thru July 20th)

1-2PM

This will be a weekly opportunity to ask questions & seek solutions for keeping your patients and staff safe & informed this hurricane season.

REGISTER HERE:

<https://lmhpc.memberclicks.net/hurricane2022>

Wednesday call registration link

<https://lmhpc.memberclicks.net/hurricane2022>

Even though we focus on Hurricanes at this time of the year – in this part of the country – its important to remember and tabletop all sorts of potential hazards to your hospice.

POTENTIAL RISKS FOR HOSPICES IN LOUISIANA AND MISSISSIPPI

- | | |
|-----------------------------|-----------------------------|
| A. FIRE | H. HURRICANES |
| B. BOMB SCARE | I. WINTER STORMS |
| C. ACTIVE SHOOTER | J. EXTERNAL HAZMAT INCIDENT |
| D. LOSS OF WATER | K. RADIOLOGICAL ACCIDENT |
| E. ELECTRICAL POWER OUTAGES | L. BIOTERRORISM THREATS |
| F. EXTREME TEMPERATURES | M. COVID-19 |
| G. SEVERE WEATHER | |



LOUISIANA EMERGENCY PREPAREDNESS GUIDES



Select your language!

The [Parish Office of Homeland Security and Emergency Preparedness](#) (Parish OHSEP), [American Red Cross](#) and select [United Way](#) offices have copies of the [Louisiana Emergency Preparedness Guides](#), available for distribution. The guides were developed by the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) and are intended for the Greater New Orleans, Lafayette & Lake Charles citizens who will use the maps and contra-flow routes to evacuate when disasters threaten the coastal areas.

The guides are available in three (3) versions: **English**, **Spanish** and **Vietnamese**. Just click one of the links at right to download and/or print the guide.

English
Louisiana Emergency Preparedness Guide
Espanol
La Guía Oficial de (Louisiana Emergency Preparedness Guide)
Vietnamese
Chính thức Louisiana bão Survival Guide (Louisiana Emergency Preparedness Guide)



THE MISSISSIPPI EMERGENCY MANAGEMENT AGENCY'S DISASTER GUIDE

This guide has **EVERYTHING** you and your patients need to know to help prepare for and survive the 2022 Hurricane Season!

- Plan and Prepare – The First 72 Hours, Develop a Communication Plan, Prepare Your Home, Insurance
- National Weather Service Offices across Mississippi
- Mississippi Evacuation Map
- Additional Hazards
- After the Storm
- [County Emergency Management Agency Contact List](#)



Select your language!

Mississippi's State Medical Needs Shelter is a specially-designed facility to protect Mississippians with medical support needs during an emergency or disaster.

This facility is a shelter of last resort for those people whose medical needs cannot be accommodated in a general population shelter.

The State Medical Needs Shelter is located at [1640 Coy Avenue, Wiggins, MS](#).

- [Map and directions](#)



Whom the Shelter

Serves

This shelter is for:

- Those with health or medical conditions who require professional observation or care;
- Those with chronic conditions who require assistance with daily living activities or skilled nursing care, but do not require hospitalization;
- Those who need supervised medication dispensing or vital signs readings;
- Those with physical, mental, or cognitive disabilities who cannot be sheltered in a general population shelter; or
- Those with other disabilities who cannot be sheltered in a general population shelter.

Note: Only one caregiver may accompany the resident inside the shelter. All residents should bring any

prescribed medication or equipment needed for care if possible.

About the Shelter

The State Medical Needs Shelter is designed to withstand winds up to 200 miles per hour. It also contains a negative-pressure infectious disease isolation room.

The shelter is self-sustaining for 36 hours with a backup power source and sewer and water connections. It contains telehealth capabilities for communications with the University of Mississippi Medical Center in Jackson.

Fueling Your Emergency Plan

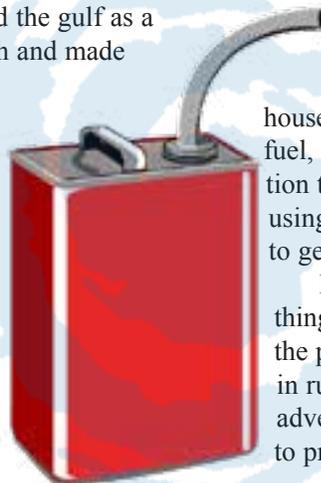
On August 29th 2021, Hurricane Ida made landfall in south Louisiana. Ida swept through much of the service area of our Heart of Hospice Bayou region. Although our emergency prep plan was fully implemented, we found many chose to shelter in place as Ida entered the gulf as a Category 1 storm. It quickly gained strength and made landfall a little more than a day later as the second strongest hurricane in Louisiana history as a category 4 storm leaving over a million residents without power.

One area that we found was a particular challenge was to have enough fuel readily available to staff to stay on the road. Additionally, staff and patients needed fuel for generators. As long lines formed on the outskirts of the affected area with people waiting for gas our new parent company, LHC, had prepared and positioned fuel

trucks in a few strategic places. This worked well for the larger population centers while giving us the opportunity to then focus on the more remote, rural areas to reduce travel time for those employees.

In the first week while a fuel depot was being established to address the need in our service area, we were able to acquire drums of gas that were housed in strategic locations to allow staff quick access to fuel, water, tarps, food, and even encouragement. In addition to the gas, it is important to have a manual pump when using drums. Remember gas cans (which become difficult to get quickly) to help keep the generators running.

Having a relationship with a fuel distributor is something that should be in an emergency plan. This part of the plan is critical for all but can be even more important in rural areas as the time and distance to access such can adversely affect patients with staff already being stretched to provide care.



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.

This map 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 below for Louisiana's Homeland Security and Emergency Management State Regions.

REGION 1

REGION 2

REGION 3

REGION 4

REGION 5

REGION 6

REGION 7

REGION 8

REGION 9



BUREAU DIRECTORS' CONTACT INFORMATION:

Northern Region Director

Julius Green:

- Phone: 601-933-6353
- Email: jgreen@mema.ms.gov

Central Region Director

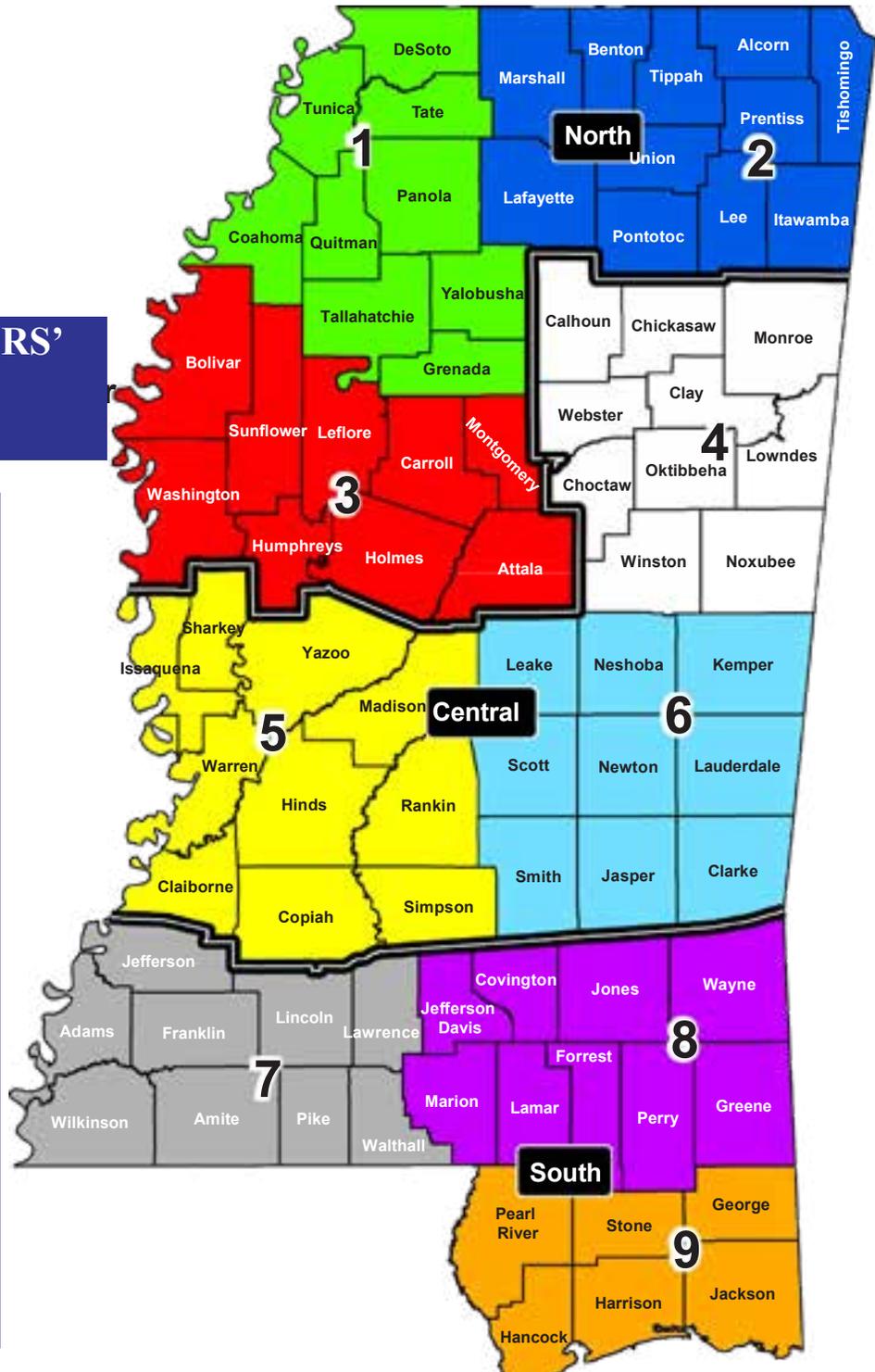
Sean Maily:

- Phone: 601-933-6368
- Email: smaily@mema.ms.gov

Southern Region Director

Thomas Harris:

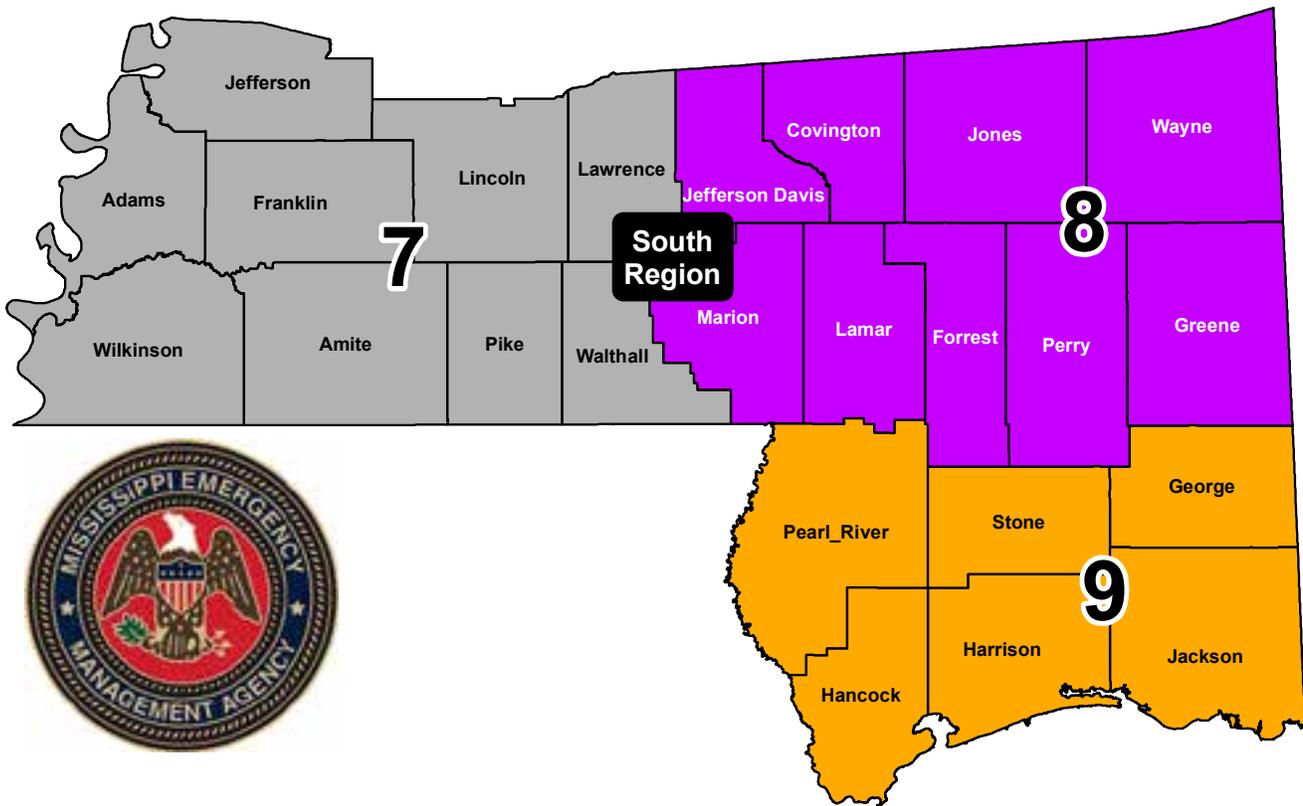
- Phone: 601-573-2051
- Email: tharris@mema.ms.gov



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

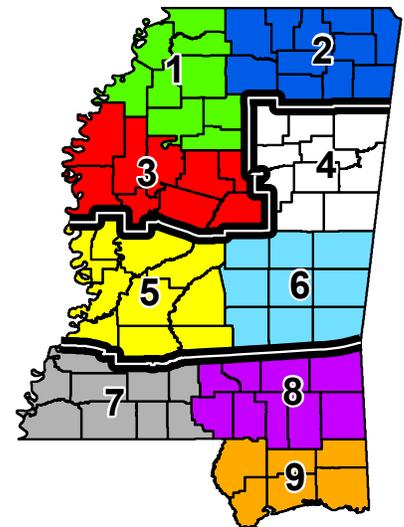
Southern Region (Districts 7, 8 & 9)

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 Security 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

SAUL'S LIGHT



NICU HEALTH & EQUITY (Virtual) SUMMIT

THURSDAY, SEPTEMBER 22, 2022 8 AM

AGENDA

The NICU Health & Equity Summit will present important topics pertaining to the health and wellness of NICU babies and families in our community. The topics we cover will include, but are not limited to:

- Addressing poverty and social issues through community partnership;
- Delivering culturally responsive and respectful care to minoritized patient families;
- Mental health and wellness for families and healthcare providers;
- Serving families who experience substance use issues with empathy, encouragement, and empowerment;
- The role of technology in decreasing the length of NICU stay;
- Prescribing breastmilk as medicine for premature babies.

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CONFERENCE REGISTRATION NOW OPEN
Register today to catch these excellent speakers

Early Bird Rate available thru June 30, 2022



DEATH IS BUT A DREAM

Friday, July 29, 2022

8:00-9:30AM

Marilyn Mendoza, PhD

*Clinical Instructor in the Psychiatry
Department at Tulane University
Medical Center*

& a private practice psychologist specializing in bereavement.

“Death Is But a Dream” is a new video presentation capturing the experience of the dying and how they find healing for themselves, their family, and staff.

Dr. Mendoza will lead a discussion following the video presentation.



“HOSPICE REGULATORY AND QUALITY UPDATE”

Thursday, July 28, 2022

8:45-10:15AM

Dr. Jennifer Kennedy, EdD MA
BSN CHC

VP, Quality and Standards, CHAP

This year’s hospice proposed rule may have been short, but providers need to pay attention to the regulatory landscape to ensure compliance, provide quality care, and strategize for the future. This session will discuss the current national hospice landscape, key information in the FY 2023 hospice proposed payment update rule, and CMS quality initiatives on the horizon.

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Alliance NEWS



Louisiana Alliance Update



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The Louisiana Legislature adjourned Sine Die on Monday, June 6th after a 3 month session. This year Legislators were focused on resolving issues from our many state of emergencies related to the pandemic and hurricanes. They were also flush with cash and passed a \$40 billion operating budget. That is an increase of over \$800 million from last year. Legislators did not address the looming financial drop that is expected in 2025 when a 0.45% temporary tax (created in 2018) comes to an end.

Senator Boudreaux's bill (SB 22) extending the Palliative Care Interdisciplinary Advisory Council for three years made it through final passage in the last days of the session. It is now on the Governor's desk waiting for his signature.

Two bills addressing Facility Needs Reviews were filed this year with one of them making it to the end. SB 30 by Senator Mills moves the Facility Needs Review in to statute and under the Louisiana Department of Health. It creates an "FNR Committee" and establishes a timeline for applicants, the committee and an appeals process.

In the final week of session the Life Sustaining Care Act (HB 459 by Representative Owen) died in Senate committee. The issue holding up the bill was who would pay for life sustaining care; providers, insurance or patients.

Many Legislators were still focused on the pandemic with over 20 bills addressing various health care related issues from bodily autonomy to vaccines to public health emergencies. However, only a couple bills made final passage and they are still awaiting Governor Edwards signature. HB 54 by Representative Larry Bagley prevents governmental buildings from preventing unvaccinated individuals onto the premises. The bill only applies to the COVID-19 vaccine.

Emergency preparedness was on everyone's mind following the 2021 hurricane season where most of Louisiana saw the impacts of at least one hurricane. HB 291 by Representative Edmonds addressed emergency planning in nursing homes facilities. Current law requires only coastal parishes to have an emergency plan in place and submitted to the Department of Health. If signed by the Governor, the new law will require all nursing homes to maintain a plan approved by the Department of Health and to be submitted by March 1st of each year.

Lawmakers started to make strides in addressing Health

Care Workplace Violence. HB 312 by Representative Miller brings awareness to the issue by requiring providers to report workplace violence and put a plan in place. The Louisiana Department of Health will be required track workplace violence, make the information public, and provide support for providers in creating a workplace violence plan. The bill also requires providers to display a sign at their entrance stating abuse and violence of healthcare staff will not be tolerated. A companion bill (SB 136 by Senator Connick) increases penalties and fines for anyone that harms healthcare professionals.

There were a number of bill regarding Medical Marijuana this session with a handful of them making it to the Governor's Desk. Legislators moved oversight of marijuana growers from Department of Agriculture to the Department of Health. They also expanded the number of dispensaries by allowing current dispensaries to open satellite locations. Other legislation that passed related to medical marijuana deal with prosecution, employment and warrantless searches.

Legislators will not be at home for long. Governor John Bel Edwards has called them back in for a Special Session to redraw Congressional District Maps after a U.S. Middle District Court Judge ruled against the maps passed earlier this year. The Session is set to begin June 15th at 12:00 and end June 20th at 6:00.

Mississippi Alliance Update



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The moratorium on hospice licenses was extended until July 1, 2027, in HB 294 during the 2021 session, a five-year extension from the previous ending date of July 1, 2022.

The extension is in Section 41-85-7(3) in Section 3 of the bill, and the bill also authorized two new pediatric palliative care hospice licenses to be issued as an exception to the moratorium.

It appears 107 MS hospices have some funds in escrow!

Check the below link to see if your agency has any unclaimed funds in the treasury unclaimed property directory. Funds end up there for a variety of reasons but can often be related to incorrect billing information, insurance premium rebates, etc.

<https://treasury.ms.gov/for-citizens/unclaimed-property/property-search-results/?lname=hospice>

2021 Hospice Utilization Louisiana (Medicare Hospice Deaths / Total Medicare Deaths)

*To see your District's Hospice
Profiles and more information from*

[Facts & Figures click here](#)



2021 Hospice Utilization Mississippi (Medicare Hospice Deaths / Total Medicare Deaths)

*To see your District's Hospice
Profiles and more information from*

[Facts & Figures click here](#)



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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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