The Emergency Preparedness Plan is tested at least annually, reviewed and updated/revised accordingly.

The Emergency Preparedness Disaster Management Plan (EP) was originally written and approved on

_____.

Primary Emergency Coordinator Signature	Date Reviewed/Revised

The Aveanna family of companies includes Aveanna Healthcare, LLC, its wholly-owned subsidiaries and affiliates, any other entity or organization in which Aveanna Healthcare or an affiliate owns a direct or indirect equity interest of greater than 50%, and any other healthcare entity in which an affiliate either manages or controls the day-to-day operations of the entity. Aveanna Healthcare, LLC does not discriminate on the basis of race, color, religion, national origin, age, sex, sexual orientation, gender identity or expression, disability, or any other basis prohibited by federal, state, or local law.

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Preparedness Planning Phase

Primary Emergency Coordinator LUIS LUGO	Phone: 775-432-1223 Alternate: 480-231-6037
Alternate Emergency Coordinator LISANNE GAMMELL	Phone: 916-202-3148 Alternate: 480-231-6037
Area Clinical Director MELISSA ROBINSON	Phone: 480-231-6037 Alternate: 602-433-1200
Primary Emergency Center of Operations	Address: 1575 DELUCCHI LANE #114 RENO, NV 89502 Phone: 775-432-1223
Alternate Emergency Center of Operations	Address: 4040 S EASTERN SUITE 300 LAS VEGAS, NV 89119 Phone: 702-463-0300
Closest Aveanna Family of Companies Location (Option for Alternate Center of Operations)	Address: 4040 S EASTERN SUITE 300 LAS VEGAS, NV 89119 Phone: 702-463-0300
Local Emergency Contact Numbers (emergency evacuation authorities)	
Landlord/Property Manager/Owners: PROPERTY MANAGER: LESLIE SIMMONS LESLIE.SIMMONS@COLLIERS.COM	Address:DBA: C/O COLLIERS INTERNATIONAL REMS US LLC 1850 MT DIABLO BLV, STE. 200 WALNUT CREEK, CA 94596 Phone: 775-823-9666
Ambulance	Phone: 775-858-5700
Fire Department	Phone: 775-334-2300
Police Department	Phone: 775-334-2121
Sheriff Department	Phone: 775-328-3001
Water Company, Name: TRUCKEE MEADOS WATER AUTHORITY	Phone: 775-837-8080
Electric Company, Name: NV ENERGY	Phone: 775-834-4100
Gas Company, Name: NV ENERGY	Phone: 775-834-4100
Health Department	Phone: 775-328-2400
Poison Control	Phone: 800-222-1222/911
Highway Patrol	Phone: 775-687-9600
Hazmat	Phone: 775-684-4808
Local Hospital, Name: RENOWN MEDICAL CENTER	Phone: 775-982-4100
Emergency Shelter, Name: ST. MARY'S REGIONAL MEDICAL CENTER	Address: 335 RECORD STREET RENO, NV 89512 Phone: 775-329-0485

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Emergency Shelter, Name: ST. VINCENT'S CENTER	Address: 500 E FOURTH STREET RENO, NV 89515 Phone: 775-322-7073

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Primary Emergency Coordinator	Phone: N/A
Durable Medical Equipment Company Name: N/A	Phone: N/A
Medical Supplier, Name: MCKESSON	Phone: 800-811-9092/ 800-611-0081
Medical Supplier, Name: N/A	Phone: N/A
Local Emergency Contact (other) Name: N/A	Phone: N/A
Local Emergency Contact (other) Name: N/A	Phone: N/A
Local Emergency Contact (other) Name: N/A	Phone: N/A
Tribal Emergency Contact (other) Name: N/A	Phone: N/A
Federal Emergency Contact (other) Name: N/A	Phone:N/A
Closest Aveanna Family of Companies Location (Option for Alternate Center of Operations) LAS VEGAS	Phone:702-463-0300

Location Incident Command System:		
Title	**Name**	**Phone**
Incident Commander	LUIS LUGO	775-432-1223
Information Officer	LISANNE GAMMELL	916-202-3148
Liaison Officer	LUIS LUGO	775-432-1223
Safety Officer	LUIS LUGO	775-432-1223
Clinical Officer	LISANNE GAMMELL	916-202-3148
Operations Chief	LUIS LUGO	775-432-1223
Planning Chief	LUIS LUGO	775-432-1223
Logistics Chief	LUIS LUGO	775-432-1223
Finance Chief	LUIS LUGO	775-432-1223

Steps	**Name of Responsible Individual**	**Due Date as applicable**	**Complete**
Hazard Vulnerability Analysis			
Top 5 risk categories based on Hazard Vulnerability Assessment: 1. TEMPERATURE- EXTREME COLD 2. FIRE 3. ELECTRICAL FAILURE 4. INFORMATION SYSTEM FAILURE 5. SUPPLY STORAGE	LUIS LUGO	ANNUAL	☐
If applicable, maintain gas and oil to run generator	N/A		☐
Contact local authorities to inquire about process for obtaining priority for gas and access to areas (see contact information above)	LUIS LUGO		☐

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Steps	Name of Responsible Individual	Due Date as applicable	Complete
Office layout/office evacuation layout posted in the location/ branch	LUIS LUGO		☐
Fire extinguisher available and office staff trained to use	LUIS LUGO		☐
Services provided by this location/branch: (check appropriate services): ☒ PDN ☐ Skilled Visits ☐ PT/OT/ST ☐ Unskilled ☐ PPEC ☐ Out Patient Therapy Clinic ☐ DME ☐ ABA ☐ Certified Nurse Aide ☐ Other:			☐
Patient Census Per Patient Triage Classification			
# number of patients per patient triage classification: **15** **Class 1: High Priority.** Potential to be life threatening without care. Requires ongoing treatment to preserve life. The patient's condition may deteriorate or require inpatient admission. Example: Ventilator Dependent. **1** **Class 2: Moderate Priority.** Services for patients at this priority level may be postponed with telephone contact until emergency improves. A willing and able caregiver is available. Example: O2 dependent; wound care; life support medications (i.e. Insulin, TPN). **0** **Class 3: Lowest Priority.** Services for patients at this priority level may be postponed with little or no adverse effects. A willing and able caregiver is available or patient is independent in most ADLs. Example: O2 dependent with adequate O2 supply and means to have tanks refilled; GT feedings with adequate supplies and feedings.	MELISSA ROBINSON		☐
Maintain list of all active employees with emergency contact and other applicable information (paper list maintained in emergency plan binder) Available electronically on Aveanna Family of Companies server*	LUIS LUGO		☐
Maintain list of all active patients with emergency contact and other applicable information (paper list maintained in emergency plan binder) Available electronically on Aveanna Family of Companies server*	LUIS LUGO		☐

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Steps	Name of Responsible Individual	Due Date as applicable	Complete
Alternate methods of communication used by location/branch: ☒ Cell phone ☒ Text message ☐ Mass text messaging (IRIS) ☒ Emergency email for patients/families/staff monitored by Clinical Operations: emergency@aveanna.com ☒ Facebook ☒ Language line 1. Call the individual you wish to speak with. (If the individual cannot understand any English – you may wish to contact Language Line FIRST and have the interpreter initiate the call for you) 2. Once the individual is on the line touch the "CONFERENCE" button on your phone. 3. Dial **1-877-261-6608** to connect to Language Line Solutions. 4. Enter the Aveanna Account ID: **213380** 5. Press **1** for Spanish 6. Press **2** for all other languages. 7. Enter your Cost Center # 1432	LUIS LUGO		☐
☒ Local Radio Station(s) KHOH-AM 780___/_____ ☐ Other: _____			☐
Ensure each applicable patient's medical record contains Emergency Plan Form (paper list maintained in emergency plan binder, see appendix)*	LISANNE GAMMELL		☐
Other specific steps as determined by Location:			☐
• Families/patients encouraged to maintain an emergency and disaster supply kit	LISANNE GAMMELL		☐
• Distribute Community Emergency Guide to Staff and Patients/Families	LUIS LUGO/LISANNE GAMMELL		☐
• Families/patients encouraged to maintain patient Go Bag	LISANNE GAMMELL		☐
• Disaster Go Kit/Office	LUIS LUGO		☐
• Disaster Go Kit/Staff-Car	N/A		☐

Implementation Phase

Steps	Name of Responsible Individual	Due Date as applicable	Complete
Confirm designation of primary and alternate Emergency Coordinators and primary and alternate Centers of Operations.	LUIS LUGO		☐
Track events related to the emergency disaster plan on the Emergency Disaster Plan Event Tracking Log (see appendix)	LISANNE GAMMELL		☐
If available, obtain priority status for gas and access to areas to reach patients (see contact information above).	LUIS LUGO		☐
Communication			
Incident Commander will activate incident command team	LUIS LUGO		☐
Incident Command team will conduct/direct the following communications:	LUIS LUGO		☐

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Steps	Name of Responsible Individual	Due Date as applicable	Complete
As appropriate or required, contact the local/county emergency center for evacuation information	LUIS LUGO		☐
Contact location/branch internal personnel	LUIS LUGO		☐
Contact the appropriate regional and area leadership informing them of the impending evacuation. Discuss the implementation of the emergency plan.	LUIS LUGO		☐
Notification of the corporate IT Department to activate, if necessary, the emergency phone number system and alternate command center	LUIS LUGO		☐
Notify the corporate Risk Management Department to inform of current/potential risk	LUIS LUGO		☐
Begin contacting Location staff in order to confirm their present location and provide instructions for their participation in the actual/potential evacuation plan. Confirm information on Employee Emergency Contact List, including intended evacuation location	LUIS LUGO		☐
Begin calling patients and families in order to confirm their present location, determine services needed and their plans for preparing for evacuation. Encourage evacuation if necessary and confirm information on Patient Emergency Contact list, including intended evacuation location	LISANNE GAMMELL		☐
Monitor all methods/alternate methods of communication from patients/families/staff on going	ALL STAFF		☐
Update the corporate Risk Management if evacuation of the location/branch is necessary.	LUIS LUGO		☐
Update the corporate IT if evacuation of the location/branch is necessary.	LUIS LUGO		☐
Contact key referral sources and other community healthcare providers regarding emergency plans/evacuation/ surge capabilities.	LUIS LUGO		☐
Communicate with Federal, State, tribal, regional, and local emergency management agencies as needed	LUIS LUGO		☐
Communicate with staff daily and more frequently as needed to determine safety and ability to assist with emergency plan	LUIS LUGO		☐
Communicate with patient/families daily to and more frequently as needed to determine safety and care needs	LISANNE GAMMELL		☐
Communicate/update regional with and area leadership daily	LUIS LUGO		☐
Daily communicate/update with key referral sources and other community healthcare providers regarding emergency plans/ evacuation/ surge capabilities.	LUIS LUGO		☐
Re-supply or provide additional supplies to meet the medical needs of the patients for an extended period of time (at least 5 days) or according to state requirements.	LISANNE GAMMELL		☐
Begin tracking any additional equipment deployed to patients, shelters or other locations.	LISANNE GAMMELL		☐

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Steps	Name of Responsible Individual	Due Date as applicable	Complete
Secure all patient records, then employee personnel files by locking them in file cabinets. Take the key with you. For floods, move records 3 feet or more off the floor.	LUIS LUGO		☐
Secure the Location facility by: • Moving equipment, computers, supplies and other materials off the floor to higher levels so they will not be damaged by floods.	ALL STAFF		☐
• When possible have staff take computers with them to an alternative secure location.	ALL STAFF		☐
• Unplug all electrical equipment to prevent power surges when power is restored.	ALL STAFF		☐
• Inventory all supplies in the warehouse and office.	ALL STAFF		☐
• Secure outside of the location by appropriate means; Examples include: sand bags on the doors; plywood on windows.	ALL STAFF		☐
• Take pictures of the location for insurance purposes.	LUIS LUGO		☐
Clean out all refrigerators.	LISANNE GAMMELL		☐
PPEC/ Out Patient Clinic to send home all refrigerated medications and food with child.	N/A		☐
Secure company vehicles in a safe location. Refuel the vehicles and stock with equipment and supplies.	N/A		☐
Submit all bills that can be processed.			☐
Primary or alternate Emergency Coordinator will take hard copies of both patient and employee contact information with them when they leave the facility.	LUIS LUGO/LISANNE GAMMEL		☐
Other location specific steps:			☐
•			☐
•			☐
•			☐
•			☐
•			☐
•			☐

Post Disaster/Recovery Phase

Steps	Name of Responsible Individual	Due Date as applicable	Complete
Begin contacting Location staff through use of Employee Emergency Contact list (see appendix) and assess how staff members have been impacted by disaster. Update Employee Emergency Contact list as necessary to reflect current information.	LUIS LUGO		☐
Offer the Employee Assistance Program (EAP) telephonic services @ 1-800-511-3920 for employees needing counseling	LUIS LLUGO		☐
If necessary, establish an alternate location as the command center	LUIS LUGO		☐

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Steps	Name of Responsible Individual	Due Date as applicable	Complete
Begin contacting patients and/or families through use of Patient Emergency Contact list (see appendix) and assess how patients/families have been impacted by disaster. Update Patient Emergency Contact list as necessary to reflect current information.	LUIS LUGO		☐
If necessary and possible, establish means to send medication and supplies to patients	LISANNE GAMMEL		☐
If possible, resume clinical services to patients	LISANNE GAMMEL		☐
Contact corporate to provide updates	LUIS LUGO		☐
Assess physical damage to Location; collect information for possible insurance claim for damage. Contact property management and report damages.	LUIS LUGO		☐
Re-inventory equipment and supplies and compare to pre-storm damage.	LUIS LUGO/LISANNE GAMMEL		☐
If safe and as appropriate, begin to reconnect equipment and computers.	ALL STAFF		☐
Records Recovery: Belfor 24/7 emergency hotline at: **800.856.3333** The Aveanna Healthcare account number is: **121606** Contact the Aveanna Disaster Recovery Team at **770.840.3221** The Aveanna Healthcare account manager with Belfor is: Vernon Duty Belfor USA Group 3505 Newpoint Place, Suite 475 Lawrenceville, GA 30043 Phone: (o) 770.939.0128 (c) 678.428.2215 Email: **vernon.duty@us.belfor.com** or **belfor.callcenter@us.belfor.com**	LUIS LUGO		☐
Track any additional expenses for extra business expenses related to the disaster. Keep records and dates of when the evacuation was ordered and lifted.	LUIS LUGO		☐
Complete a Post Emergency/Drill Report. (see appendix)	LUIS LUGO/LISANNE GAMMEL		☐
Complete a Post Emergency/Drill Improvement Plan. (see appendix)	LUIS LUGO/ LISANNE GAMMEL		☐
Other location specific steps:			☐
•			☐
•			☐
•			☐
•			☐
•			☐
For PPEC/ Outpatient Therapy Clinic, prior to reopening:			☐
☐ Potable Water			☐
☐ Running water to flush toilets			☐
☐ Reliable electricity to supply all patient equipment			☐

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☐ Reliable phone services			☐
☐ Lifting of local evacuation order			☐
☐ Safe roads to travel as assessed by the local emergency coordinator			☐
☐ Identify hours of operation to be within curfew hours			☐
☐ If physical damage exists, the center must be inspected by the facility inspector from the state licensing agency			☐
Other location specific steps:			☐
•			☐
•			☐

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