Preparedness Planning Phase

Primary Emergency Coordinator: Mychal Solis	**Phone#:** 702-463-0300 (Office) **Alternate#:** 626-510-2236 (Cell)
Alternate Emergency Coordinator: Ashley McKeever	**Phone#:** 702-463-0300 (Office) **Alternate#:** 702-232-3540 (Cell)
Area Clinical Director: Melissa Robinson	**Phone#:** 602-433-1200 **Alternate#:** 480-231-6037
Primary Emergency Center of Operations: Aveanna – Spring View Location	**Address:** 4040 S. Eastern Ave. Suite 300 Las Vegas NV, 89119 **Phone#:** 702-463-0300
Alternate Emergency Center of Operations: Epic Medical Solutions Jason (Phoenix) – Team Lead Jose and Luis (Las Vegas): Ext 4301/ Ext 4302 Ariana Santo (Las Vegas): 702-236-6693 Fax#: 844-854-1345	**Address:** 3230 W. Hacienda Ave. #305 Las Vegas, NV 89118 **Phone#:** 866-883-1188 **Fax#:** 866-883-1193
Closest Aveanna Family Company Location: Epic Medical Solutions Jason (Phoenix) – Team Lead Jose and Luis (Las Vegas): Ext 4301/ Ext 4302 Ariana Santo (Las Vegas): 702-236-6693 Fax#: 844-854-1345	**Address:** 3230 W. Hacienda Ave. #305 Las Vegas, NV 89118 **Phone#:** 866-883-1188 **Fax#:** 866-883-1193
Local Emergency Contact Numbers (emergency evacuation authorities)	
Landlord/Property Manager/Owner: Commercial Property Advisors	**Address:** 4000 E. Flamingo Rd. Suite Las Vegas, NV 89121 **Phone#:** 702-547-1115 ext. 2 or 3
Ambulance: AMR Medic West EMSI/Med-Ex Paramedical	**Phone#:** 911 702-384-3400 702-650-9900 702-967-2449
Fire Department: Clark County Fire Station #18	**Phone#:** 911 702-455-7311
Police Department: Las Vegas Metropolitan Police Department North Las Vegas Police Department Henderson Henderson Police Department	**Phone#:** 911 702-828-8272 702-633-9111 702-267-4501
Sheriff Department: LVMPD	**Phone#:** 702-828-3111

Water Company: Las Vegas Valley Water District Utilities Department of North Las Vegas Henderson Utility Services	**Phone#:** 702-870-4194 702-633-1484 702-267-5900
Electric Company: NV Energy	**Phone#:** 702-402-5555
Gas Company: Southwest Gas Corporation	**Phone#:** 877-860-6020
Health Department: Southern Nevada Health District	**Phone#:** 702-759-1000
Poison Control: American Association of Poison Control	**Phone#:** 800-222-1222
Highway Patrol: Nevada Highway Patrol	**Phone#:** 702-486-4100
Hazmat: Nevada State Fire Marshal	**Phone#:** 775-684-7503
Local Hospital: Centennial Hills Hospital Desert Springs Hospital Medical Center Dignity Health – St. Rose De Lima Dignity Health – St. Rose San Martin Dignity Health – St. Rose Sienna Henderson Hospital Mountain View Hospital NeuroRestorative (CareMeridian) North Vista Hospital Spring Valley Hospital Medical Center Summerlin Hospital Medical Center Sunrise Hospital and Medical Center Southern Hills Hospital and Medical Center University Medical Center (UMC) VA Hospital Valley Hospital	**Phone#:** 702-835-9700 702-733-8800 702-564-2622 702-492-8000 702-616-5000 702-963-7000 702-962-5000 702-255-7399 702-649-7711 702-853-3000 702-233-7000 702-961-5000 702-916-5000 702-383-2000 702-791-9000 702-388-4000
Emergency Shelter: Family Promise of Las Vegas	**Address:** 1410 Maryland Pkwy. Las Vegas, NV 89104 **Phone#:** 702-638-8806
Emergency Shelter: Help of Southern Nevada	**Address:** 1640 E. Flamingo Rd. #100 Las Vegas, NV 89119 **Phone#:** 702-369-4357
Durable Medical Equipment Company: AA Medical CareMax	**Phone#:** 702-368-4477 702-569-3734

Coram	702-453-4546
Aveanna Medical Solutions	866-883-1188
Everything Medical	702-366-1111
Freedom Medical Supply	702-386-9997
Optimum Medical Supply	702-796-7772
Preferred	702-951-6900
Vegas Medical Supplies	702-638-7900

Tribal Emergency Contact Name: Las Vegas Paiute Tribe Health/Human Services	**Phone#:** 702-382-0784
Federal Emergency Contact Name: Federal Emergency Management Agency (FEMA)	**Phone#:** 800-985-7658
Regional Emergency Contact (other) Name: Regional Emergency Medical Services Authority (REMSA)	**Phone#:** 911 775-858-5700

Location Incident Command System:

Title	**Name**	**Phone#:**
Incident Commander	**Mychal Solis**	**619-510-2236**
Information Officer	**Nancy Quintanilla**	**702-499-4418**
Safety Officer	**Amber Moore**	**440-452-3914**
Liaison Officer	**Quiana Gibbs**	**702-812-3832**
Clinical Officer	**Ashley McKeever**	**702-232-3540**
Operations Chief	**Mychal Solis**	**619-510-2236**
Planning Chief	**Alicia Jacob**	**408-665-2834**
Logistics Chief	**Kayla LaBrie**	**702-482-0820**
Finance Chief	**Laura Blake**	**304-629-8535**

STEPS	Name of Responsible Individual	Due Date as applicable	Complete
Hazard Vulnerability Analysis			

Top 5 risk categories based on Hazard Vulnerability Assessment: **1.** Excessive Heat **2.** Severe Thunderstorm **3.** Flooding **4.** Epidemic/Pandemic **5.** Terrorist Threat	**ALL TEAM MEMBERS**	**AS OF 03/04/2022**	☒
If applicable, maintain gas and oil to run generator	**NA**		☐
Contact local authorities to inquire about process for obtaining priority for gas and access to areas (see contact information above)	**SAFETY – AMBER**		☐
Office layout/office evacuation layout posted in the location/branch	**SAFETY – AMBER**		☒
Fire extinguisher available and office staff trained to use	**SAFETY – AMBER**		☒
Services provided by this location/branch: (check appropriate services) __**X**__PDN _____Skilled Visits _____ PT/OT/ST _____ Unskilled _____ PPEC _____ Out Patient Therapy Clinic _____ DME _____ ABA _____ Certified Nurse Aide __**MSW**___ Other	**NA**		☒
Patient Census Per Patient Triage Classification			
# number of patients per patient triage classification: **___24___ 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. **___32___ 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: O_2 dependent; wound care; life support medications (i.e. Insulin, TPN). **___34____ 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: O_2 dependent with adequate O_2 supply and means to have tanks refilled; GT feedings with adequate supplies and feedings.	**CLINICAL TEAM**		☒
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*	**CLINICAL – ASHLEY**	**MONTHLY**	☒
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*	**CLINICAL – ASHLEY**	**MONTHLY**	☒

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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@psahealthcare.com emergency@epichealthservices.com emergency@aveanna.com ☐Facebook ☒Language line Dial **1-877-261-6608** for the AT&T language line service. Press **1** for Spanish. Press **2** for all other languages. Enter patient ID # **213380** (This is the main patient Aveanna) Enter Personal Code # **92294**	**CSS TEAM**		☒
☒Local Radio Station(s) ____**88.9 KNPR**_____/ _____ ☐Other:_____	**SAFETY – AMBER**		☐
Ensure each applicable patient's medical record contains Emergency Plan Form (paper list maintained in emergency plan binder, see appendix)*	**CLINICAL – ASHLEY**		☒
Other specific steps as determined by Location:			☐
• Families/patients encouraged to maintain an emergency and disaster supply kit	**CLINICAL TEAM**		☒
• Distribute Community Emergency Guide to Staff and Patients/Families	**ORIENTATION AND ADMISSION**		☒
• Families/patients encouraged to maintain patient Go Bag	**CLINICAL TEAM**		☒
• Disaster Go Kit/ Office	**ED – MYCHAL**		☐
• Disaster Go Kit/ Staff-Car	**ED – MYCHAL**		☐

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.	**IC – MYCHAL**		☐
Track events related to the emergency disaster plan on the Emergency Disaster Plan Event Tracking Log (see appendix)	**IC – MYCHAL**		☐
If available, obtain priority status for gas and access to areas to reach patients (see contact information above).	**SAFETY – AMBER**		☐
Communication			

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Incident Commander will activate incident command team	**IC – MYCHAL**		☐
Incident Command team will conduct/direct the following communications:	**IC – MYCHAL**		☐
As appropriate or required, contact the local/county emergency center for evacuation information	**IC – MYCHAL**		☐
Contact location/branch internal personnel	**IC – MYCHAL**		☐
Contact the appropriate regional and area leadership informing them of the impending evacuation. Discuss the implementation of the emergency plan.	**IC – MYCHAL**		☐
Notification of the corporate IT Department to activate, if necessary, the emergency phone number system and alternate command center	**IC – MYCHAL**		☐
Notify the corporate Risk Management Department to inform of current/potential risk	**IC – MYCHAL**		☐
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	**LOGISTICS – KAYLA**		☐
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	**CLINICAL TEAM**		☐

Monitor all methods/alternate methods of communication from patients/families/staff on going	**INFORMATION – NANCY**		☐
Update the corporate Risk Management if evacuation of the location/branch is necessary.	**IC – MYCHAL**		☐
Update the corporate IT if evacuation of the location/branch is necessary.	**IC – MYCHAL**		☐
Contact key referral sources and other community healthcare providers regarding emergency plans/evacuation/ surge capabilities.	**LIASON – QUIANA**		☐
Communicate with Federal, State, tribal, regional, and local emergency management agencies as needed	**LIASON – QUIANA**		☐
Communicate with staff daily and more frequently as needed to determine safety and ability to assist with emergency plan	**LOGISTICS – KAYLA**		☐
Communicate with patient/families daily to and more frequently as needed to determine safety and care needs	**CLINICAL – ASHLEY**		☐
Communicate/update regional with and area leadership daily	**IC – MYCHAL**		☐
Daily communicate/update with key referral sources and other community healthcare providers regarding emergency plans/evacuation/ surge capabilities.	**LIASON – QUIANA**		☐

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.	**ALL TEAM MEMBERS**		☐
Begin tracking any additional equipment deployed to patients, shelters or other locations.	**PLANNING – ALICIA**		☐
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.	**HR – ALICIA**		☐
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.	**SAFETY – AMBER**		☐
• When possible have staff take computers with them to an alternative secure location.	**SAFETY – AMBER**		☐
• Unplug all electrical equipment to prevent power surges when power is restored.	**SAFETY – AMBER**		☐
• Inventory all supplies in the warehouse and office.	**SAFETY – AMBER**		☐
• Secure outside of the location by appropriate means; Examples include: sand bags on the doors; plywood on windows.	**SAFETY – AMBER**		☐
• Take pictures of the location for insurance purposes.	**SAFETY – AMBER**		☐
Clean out all refrigerators.	**SAFETY – AMBER**		☐
PPEC/ Out Patient Clinic to send home all refrigerated medications and food with child.	**NA**		☐
Secure company vehicles in a safe location. Refuel the vehicles and stock with equipment and supplies.	**NA**		☐
Submit all bills that can be processed.	**FINANCIAL – LAURA**		☐
Primary or alternate Emergency Coordinator will take hard copies of both patient and employee contact information with them when they leave the facility.	**IC – MYCHAL, ASHLEY**		☐
Other location specific steps:			
•			☐
•			☐
•			☐
•			☐
•			☐
•			☐

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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.	**LOGISTICS – KAYLA** **ALL CSS TEAM MEMBERS**		☐
Offer the Employee Assistance Program (EAP) telephonic services @ 1-800-511-3920 for employees needing counseling	**HR – ALICIA**		☐
If necessary, establish an alternate location as the command center	**IC – MYCHAL**		☐
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.	**CLINICAL – ASHLEY** **ALL CLINICAL TEAM MEMBERS**		☐
If necessary and possible, establish means to send medication and supplies to patients	**ALL TEAM MEMBERS**		☐
If possible, resume clinical services to patients	**ALL TEAM MEMBERS**		☐
Contact corporate to provide updates	**IC – MYCHAL**		☐
Assess physical damage to Location; collect information for possible insurance claim for damage. Contact property management and report damages.	**SAFETY – AMBER**		☐
Re-inventory equipment and supplies and compare to pre-storm damage.	**HR – ALICIA**		☐
If safe and as appropriate, begin to reconnect equipment and computers.	**SAFETY – AMBER**		☐
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	**LIASON – QUIANA**		☐

Track any additional expenses for extra business expenses related to the disaster. Keep records and dates of when the evacuation was ordered and lifted.	**FINANCE – LAURA** **HR – ALICIA**		☐

Complete a Post Emergency/Drill Report. (see appendix)	**IC – MYCHAL**		☐
Complete a Post Emergency/Drill Improvement Plan. (see appendix)	**IC – MYCHAL**		☐
Other location specific steps:			
•			☐
•			☐
•			☐
•			☐
•			☐
For PPEC/ Outpatient Therapy Clinic, prior to reopening:	**NA**		☐
☐ Potable Water	**NA**		☐
☐ Running water to flush toilets	**NA**	`	☐
☐ Reliable electricity to supply all patient equipment	**NA**		☐
☐ Reliable phone services	**NA**		☐
☐ Lifting of local evacuation order	**NA**		☐
☐ Safe roads to travel as assessed by the local emergency coordinator	**NA**		☐
☐ Identify hours of operation to be within curfew hours	**NA**		☐
☐ If physical damage exists, the center must be inspected by the facility inspector from the state licensing agency	**NA**		☐
Other location specific steps:			
•			☐
•			☐