Revision History, Distribution, Acknowledgements

Revisions:

7th revision, June 2020   (update of staff/ph#s; COVID-19/Pandemic info)
6th revision, August 2017   (update of staff ph #s: May 2018)
5th revision, March 2016
4th revision, August 2014
3rd revision, May 2012
2nd revision, June 2010
1st revision, July 2009

Original version, August 2007
Keep a history of any revisions

DISTRIBUTION

One copy of this version of the Disaster Planning Manual are to be distributed to each staff person to be kept at their desk. Additional copies for those people are available on request.

Copies of this Disaster Planning Manual, clearly labeled, are to be kept in the Executive Director, Assistance Director, Director Administrative Services, Area Agency on Aging Director, Disaster Resource Coordinator, and Disaster Response Coordinator's offices.

- Copies are to be distributed to the Alabama Department of Senior Services.

Chapter 1: Agency Roles Related to Disasters

Introduction

South Alabama Regional Planning Commission

The South Alabama Regional Planning Commission provides general support and assistance to member governments following disasters such as hurricanes, tornadoes and fires. SARPC provides specific programs and services through the Governmental Planning Department, Employment and Economic Development Department and Area Agency on Aging, which are exclusively tailored to address the needs of member governments and citizens within the region with disaster recovery.

Jointly, the South Alabama Regional Planning Commission and the Area Agency on Aging assist older adults age 60+ in accessing available disaster related services; and to take applications for assistance that may become available through funds awarded to the Area Agency on Aging. The availability of funds and services is dependent on discretionary funding from the U. S. Administration on Aging and the Alabama Department of Senior Services. The Area Agency on Aging may also accept disaster funds from other local, state, federal or private sources.

Area Agency on Aging Disaster Recovery Services

The Area Agency on Aging staff operates from the Disaster Recovery Centers authorized after hurricanes or other disasters by the Emergency Management Agency. Services typically provided may include tree and debris removal; emergency home repairs; replacement of medications, glasses, dentures or other medical supplies lost or damaged in the disaster; and in-home services to allow caregivers to address hurricane recovery needs.

AAA Disaster Mission Statement

The Area Agency on Aging (AAA) is recognized in Mobile, Baldwin, and Escambia Counties as a source of information for older adult resources. The AAA's primary mission during a disaster is to maximize community access for older adults to critical resources. We will do so by adapting our normal information gathering and services delivery procedures to meet the circumstances of specific disasters. Emerging needs will be evaluated and prioritized to reflect time sensitive and disaster specific issues while maintaining normal services as much as possible. The AAA will aggressively seek new and updated information and actively disseminate such information to individuals, agencies, organizations, the media, and the general public affected by the disaster.

In order to fulfill this mission, the AAA will work with staff to secure their physical safety and well-being and will include staffs' concerns for their families and homes in its emergency response plans. All staff will be trained and prepared to operate under emergency/disaster response conditions.

ADSS Role on Disasters

Alabama Department of Senior Services

Alabama Department of Senior Services Protocol

Alabama Department of Senior Services (ADSS) will utilize all forms of communication available during the pre-, intra-, and post-activities of a disaster/crisis.

During the pre-declaration of a disaster/crisis, ADSS will contact the Area Agency on Aging (AAAs) in the projected impact areas and AAAs adjacent to the impact area within 72-hours of the threat, if time permits, but no less than 24-hours, to review their Disaster Plans. Those AAAs in the projected impact area will begin notification of at-risk clients and their caregivers. AAAs are to contact the aging network, local Emergency Management Agency (EMA); and if, FEMA has already established Disaster Recovery Centers (DRCs), AAAs should be prepared to provide staff to support. AAAs located adjacent to the projected impact areas should be prepared to provide support and/or assistance to the impacted AAAs. During all phases of the disaster, record keeping duties are required. This is an essential task, not only for seeking future reimbursement but invaluable for mitigating future damages or loss.

In the intra-phase of the declaration (actual disaster), AAAs will provide any relevant or useful information available to ADSS and supporting AAAs. This information will be developed from your recordkeeping (staff time/overtime, supplies, senior contacts, type/amount of service provided, resource inventory used, intake forms for all seniors, contracted services, personal expenses, phone logs, etc…) Within the first 24-hours of an emergency, AAAs should be able to assess the crisis; determine the type, scope and location of damage; and provide ADSS with information to begin the process of contacting AoA for disaster grant funds.

Disaster Assumptions

It is assumed that the likelihood of a major disaster affecting Mobile, Baldwin, and Escambia Counties is very great. Help from emergency services may not be available for up to 72 hours or more. The Area Agency on Aging (AAA) may experience extensive damage, resulting in injuries, property loss, or loss of critical services (telephones, utilities, and roadways). This could result in a disruption or complete interruption of the AAA services upon which our clients depend.

This Emergency Plan will help our staff to prepare for and quickly begin recovery from an emergency or disaster. Planning, practice and revisions of this Emergency Plan are essential to prevent injury, loss of life and to be able to continue providing important client services.

The AAA emergency plan priorities will be best realized if and only if the AAA staff member has prepared his/her home, family, and self for an emergency before a disaster strikes.

The AAA may be impacted by disasters of varying magnitudes. Emergency activation should be appropriate to the level of the disaster. Levels are defined as follows:

Stage One Event - Minimal Impact
>A Stage One event has little impact on the AAA operations beyond possibly activating the emergency phone tree and issuing a disaster message for the staff and public. Some Stage One events may be federally declared disasters. An example would be the El Niño flooding in the winter of 1998.

Stage Two Event -Moderate Impact
>A Stage Two event is expected to have a moderate impact on the AAA operations. This type of event includes declared disasters such as earthquakes, wild fires, Category 1 hurricanes, tornadoes, or localized flooding. There could be limited deployment of staff to off-site locations if requested by the Director of the AAA.

Stage Three Event- Major Impact
>A Stage Three event has a potential major impact on the AAA operations. A Stage Three emergency will be a large, federally declared disaster such as the September 11th incident, Hurricane Katrina, or a major civil disturbance. Many of the AAA staff will be deployed to disaster operation sites for extended periods. We will work closely with the Disaster Relief Centers, county, city, EMA or FEMA. Bulletins to the AAA staff and public messages will be extensive, require frequent up-dates in the first period, and continue to be issued for many months. Normal operations will be degraded to a significant extent. <u>Expected operational duration for the AAA is several months.</u>

A Stage Four--Catastrophic Impact
>A stage four event will have a catastrophic impact on communities in Mobile, Baldwin or Escambia Counties and will severely affect AAA operations. The emergency needs of the community can be expected to exceed the capacity of

local resources, including those of the AAA, and local emergency management organizations. Significant resources from other counties and agencies will be needed for the AAA to meet its disaster responsibilities. Examples of a potential State Four Emergency is: Pandemic Flu.

Chapter 2: Pre-Disaster Preparation

Pre-Disaster Preparedness Checklist

Before a disaster

- Educational flyers distributed to the elderly

- Update and backup AIMS files; PeerPlace; FamCare files

- Identify alternative locations for the AAA office and SAIL/Senior Centers

- Locate supplemental meals from other regions of the state

- Notify out of town AAA staff driving SARPC vehicles to return if possible

- Organize and train volunteers (RSVP, Leadership Institute Volunteers) to work in the Disaster Recovery Centers and Information and Assistance (I&A)

- Train SAIL/Senior Center Managers on disaster procedures

- Keep updated Directory of Senior Resource Guide in disaster folder

- Coordinate with Mobile, Baldwin, and Escambia County Emergency Management Planning Committees and the County Voluntary Organizations Active in Disasters Committees

- Update information in AIMS system on client's risk status and need for assistance, i.e. Elderly & Disabled Medicaid Waiver clients

- SAIL Center managers identify high risk homebound elderly that may need assessment and possible assistance prior to and after the disaster

- Coordinate efforts with Via Center & Connie Hudson Mobile Regional Senior Center

- Ombudsman contacts critical long term care facilities regarding facility disaster plan

- All AAA Program Coordinators to complete Disaster Preparedness Checklists to promote disaster readiness

Training and Orientation

The Disaster Resource Coordinator will design and conduct training exercises and staff orientations annually. These trainings will include:

a) Special exercises to implement recommendations of an After Action Report.

b) Orientation for new staff on the AAA Disaster Planning Guidelines.

c) Providing all new staff with copies of this Disaster Planning Guidelines Manual as part of their initial AAA materials.

d) Annual HIPAA training for all AAA staff.

e) Protocols during an emergency or disaster.

f) Providing HIPAA training and confidentiality agreement to all volunteers.

Disaster Recovery Database Maintenance

The AAA will maintain a database of known disaster recovery resources:

• The database will include resources of governmental agencies and nonprofit organizations with a defined disaster mission.

• The database will be updated at least once each year

• The database is updated when there is a disaster warning or at the onset of an event

• All records are checked for accuracy

• Information specific to an event, such as the location of emergency shelters, are entered at the onset of the event

• Additional information is entered into the database as it becomes available

The Disaster Resource Coordinator and the Disaster Response Coordinator will maintain hard copies of this information. The Disaster Resource Coordinator will be responsible for maintaining this database.

AAA Program Checklists for Disaster Preparedness

All Staff Checklist

☐ Update client/ program information in AIMS; PeerPlace; FamCare

☐ Current home phone, cell phone and emergency contact information given to SARPC and AAA for phone trees

☐ Update SARPC/AAA Identification badge

☐ Secure all office equipment and furniture

☐ Back-up hard drive computer files. SARPC/AAA will be responsible for 'Share Drive' backup by I/T – Security Officer   (('Share Drive' is set to back up on the main server every hour))

☐ Prepare hard copies of your program information to take with you.

AAA Director Checklist

AAA Director _____

First Designee _____

Second Designee_____

The Area Agency Director is responsible for the following in an emergency. (Check off each item when completed or determined inapplicable in this event.)

☐ Assess the level of disaster based on the best information available

☐ Initiate an event log of actions, beginning with notification of the emergency.

(Document the *who, what, where, when, & how much* of all actions requested and/or taken.)

☐ Gather & brief Disaster Response Committee as needed

☐ Schedule Staff meetings to obtain briefings from Program Coordinators.

☐ Develop the framework for the Emergency Plan: assess the situation, define the problems, and establish the priorities for action (refer to Agency Priorities in the Mission Statement, page 4.) Include:

   _____Estimates of the Effect of the Emergency on Clients & Services
   _____Needs Assessment
   _____Estimate of Incident Duration
   _____Activation of the Emergency Team Center
   _____Overall Strategy

☐ Direct staff to perform checklist functions.

☐ Brief the Board of Directors when necessary.

☐ Determine availability of:
- Personnel – Team Staffing
- Relief Personnel
- Special Equipment
- Care & Shelter of Staff, Volunteers, & Mutual aid staff

☐ Establish liaisons as needed-
- ▪ ADSS
- ▪ AOA
- ▪ FEMA
- ▪ Cities
- ▪ Counties
- ▪ VOADs

Other agencies or service providers_____

☐ Evaluate progress of emergency efforts. Review and revise the Operational Plan as needed, every
_____ 4 hrs.   _____ 8 hrs.   _____ 24 hrs.

☐ Ensure that the Agency Status Report is sent to ADSS at least once a day until the emergency has subsided.

☐ Approve requests for purchasing and release of resources

☐ Authorize or personally release information to the public

☐ Check MOU agreements with other agencies and services

☐ Check AIRS, United Way and seek updated information on potential cost reimbursements

☐ Direct deactivation plans & release personnel from the DRCs

☐ Recheck this list periodically and review the Emergency Plan

☐ Disseminates emergency/disaster preparedness information to AAA Staff

☐ Request disaster emergency information from ADSS, AoA, FEMA, or EMA

Disaster Resource Coordinator

The Primary responsibility of the Disaster Resource Coordinator is to train staff and disseminate information throughout the year on disaster preparations. The Coordinator is also responsible for initiating and maintaining the disaster activity log and gathering information from all sources available including Emergency Management Agency offices and media. The Coordinator works to obtain personnel and materials needed for disaster recovery work through established contacts with government agencies, the Leadership Institute Volunteers, private sources, and VOAD agencies.

☐ Contact volunteers 72 hour prior to the event for stand by status.

☐ As soon as possible after an emergency has been declared, the Disaster Resource Coordinator will contact other agencies, such as VOAD, to open lines of communication.

☐ Contact volunteers when the DRCs open to the public.

☐ Prepare Disaster Activity Log
> The disaster activity log is a detailed record of the agency's disaster activities. It includes a record of:
> 1. Meetings held at the agency
> 2. Phone conversations with outside agencies in which requests are made or agreements about disaster work are reached
> 3. Actions initiated by the AAA Director and staff
>
> The log is the basis for the After Action Report, and potential press release materials, and is the basis for a defense in a liability action against the agency.

Alabama Caregivers Programs Checklist

The primary responsibility of the Alabama Cares Coordinator is to complete an Emergency Preparedness checklist on each client. The coordinator also completes contact information on service providers.

Client information should contain:

☐ Priority Status
> Correct and updated in AIMS; PeerPlace.

☐ Client and emergency contact information
> Address current in AIMS; PeerPlace and in office files.
> Home, cell and other phone number(s) are current in AIMS; PeerPlace and Office files.
> Home, cell and other emergency contact numbers updated in AIMS; PeerPlace and office files.
> Caregiver and/or other emergency contact name(s) updated in AIMS; PeerPlace and office files.

☐ Client's Emergency Plan
> Current directions to client's home on Caregiver Intake form and AIMS; PeerPlace.
> Evacuation plans listed on Caregiver Intake form.

☐ Hurricane Preparedness Information
> Client received disaster/preparedness information.
> Client received emergency checklist information.

☐ Influenza Preparedness and Germ Prevention Information
> Client received information about the influenza, germ prevention, and pandemic influenza.

Flu information should be distributed throughout October and November and completed by December1st. Hurricane information should be distributed to all consumers by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly by December and June.

Grant Specialist Checklist

The Grant Specialist, in coordination with the Chief Fiscal Officer, is responsible for:

☐ All disaster-related financial and cost analysis.

☐ Tracking all expenditures with special attention to possible reimbursable items.

☐ Determining the need for security of records.

☐ Maintaining personnel time records.

☐ Maintaining current posting on all charges or credits for fuel, supplies, and services.

☐ Preparing contracts for goods and services.

☐ Overall management and direction of compensation claims.

☐ Maintaining a log of all injuries sustained.

☐ Handling claims other than injury.

AAA Office Manager/AAA Office Contact Checklist

The primary responsibilities for the AAA Office Manager are to assist in securing all field files, computer files, computers, copy machines, faxes, and other critical office machines.

☐ Move items into a secure area away from windows.

☐ Move all files and equipment from the first floor to the second floor.

☐ Assist staff with downloading computer information onto laptops or disks.

☐ Oversee the security of employees' personal objects, particularly hanging ones, in their immediate work areas.

☐ Ensure that staff has all information in hand relating to the emergency event.

☐ Assist in determining staff's personal plans regarding evacuation, caring for someone else, etc.

☐ Ensure that staff has a copy of an accurate phone tree.

If an employee becomes aware that an item of furniture or equipment is not adequately secured s/he should notify the Office Manager.

Ombudsman Checklist

The primary responsibility of the Ombudsman is to maintain current contact information on each facility.

☐ Facility Address and contact information
Facility address is current in AIMS/SISOR and in office files.
Facility phone numbers are current in AIMS/SISOR and office files.

☐ Current Emergency Contact Information
Facility's upper management emergency contact number(s) updated.
Information has been updated and correct in office files.

☐ Assess facilities and residents after emergency event. Check for evacuation locations.

☐ Compile list of evacuees from other regions or states with name, previous address, family contacts, payee status and special needs.

SNAP Outreach Coordinator Checklist

SNAP Outreach Coordinators primary responsibility is to maintain current contact information on clients and volunteers. In the event of disaster SNAP Coordinator will be available at Disaster Relief Centers (DRC) opened by FEMA.

Current Emergency Contact Information
SNAP Coordinator will maintain current client and volunteer's contact information such as i.e., emails addresses and cell phone numbers. Coordinator will maintain communications with clients and volunteers regarding cancellations and updates regarding all Area Agency on Aging pending events as needed.

Coordinators will provide disaster information/fliers to clients and volunteers as needed.

Elderly and Disabled Medicaid Waiver Checklist

The primary responsibility of the Medicaid Waiver Coordinator is to contact all direct service providers to ensure at risk clients have been contacted and are secure. The Medicaid Waiver Coordinator directs Medicaid Waiver Case Managers to secure files and medical assessments.

The Medicaid Waiver Coordinator ensures that Medicaid Waiver Program Case Managers complete an emergency/disaster preparedness checklist on their clients including:

☐ Priority Status and Labels

> Case Managers update priority statuses in AIMS, on Service Providers
> Authorization Forms, and in all office and field files or cases.
> Case Managers place priority labels on client's office and field files.
> Secure Special Needs Evacuation Registry for Medicaid Waiver Clients.

☐ Client's Address and Contact Information

> Case Managers update addresses for all clients in AIMS, on all office and field files.
> Case Managers update client's home, cell and other phone numbers in AIMS, on Service
> Providers Authorization and in office and field files for all cases.

☐ Current Emergency Contact Information

> Case Managers update home, cell and other emergency contact numbers in office and
> field files (see # 2).

☐ Client's Emergency Plan

> Case Managers update client's emergency plans in AIMS on directions section of HCBS
> forms, on Service Providers Authorization, in narratives, office and field files for all
> cases.

☐ Emergency/Disaster Preparedness Information

> MW Coordinator has given case managers emergency/disaster preparedness information.
> MW Coordinator has given case managers emergency kit information.
> MW Coordinator requested that case managers distribute emergency/disaster
> preparedness information to all consumers.

☐ Influenza Preparedness and Germ Prevention Information

> MW Coordinator has given case managers information about influenza, pandemic
> influenza and germ prevention.
> MW Coordinator requested that case managers distribute influenza
> preparedness and germ prevention information to all consumers.

The Medicaid Waiver Coordinator maintains copies of the designated service providers' emergency plans.

Flu information should be given throughout October and November and completed by December1st. Hurricane information should be distributed to all consumers by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly by December and June.

E & D Medicaid Waiver Case Managers Checklist

The primary responsibility for the Medicaid Waiver Case Managers is to contact all clients to verify their emergency plan. Medicaid Waiver Case Managers will secure files and medical assessments. Medicaid Waiver Case Managers will provide the Medicaid Waiver Coordinator will complete aggregated checklist for each client.

☐ Priority Status

    Correct and updated in AIMS; PeerPlace; FamCare.
    Correct and updated on SPA.
    Noted in *italicized* portion on the narrative.
    Complete Special Need Evacuation Registry if applicable.

☐ Priority Labels

    Current on office *and* field files.

☐ Client's Address and Contact Information

    Address current in AIMS, office *and* field files
    Home, cell and other phone number(s) current in AIMS, Office *and* Field files.

☐ Current Emergency Contact Information

    Home, cell and other emergency contact number(s) updated.
    Caregiver and/or other emergency contact name(s) updated.
    Updated on HCBS form in AIMS.
    Updated in office *and* field files.

☐ Client's Emergency Plan

    Current plan in the *italicized* portion of the narrative.
    Current plan in the field file. (On address page.)
    Written in the directions section on the HCBS form in AIMS.
    Current plan in the office file.
    Example: Mrs. Z will go to her sister's in Birmingham if there is a hurricane that
        is category 3 or above.

☐ Hurricane Preparedness Information

    Consumer received disaster/preparedness information.
    Consumer received emergency kit information.

☐ Influenza Preparedness and Germ Prevention Information

    Consumer received information about Flu, pandemics and germ prevention.

Flu information should be given throughout October and November and completed by December1st. Hurricane information should be distributed to all consumers by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly by December and June 1st.

Disaster Response Coordinator's Checklist

The Disaster Response Coordinator maintains current community resources in office files and a file prepared for an emergency/disaster situation. Program Coordinator has Long Term Recovery Committee member's current office phone and cell phone in both office files.

☐ Coordinate staffing of Disaster Recovery Centers

☐ Prepare multiple folders containing intake forms, office supplies, community resources and the Senior Resources Guide.

☐ Communicate with AAA staff at DRCs daily.

Nutrition Program Checklist

The Nutrition Coordinator completes an emergency preparedness checklist on each SAIL Center.

☐ Priority Status Information for "At Risk" Clients

> The Program coordinator ensures that center managers update lists of "At Risk" clients.
> Program coordinator obtains updated list from each center manager.

☐ Priority Status and Labels

> The program coordinator ensures information is current on liquid supplement and FD2D (frozen meals door to door) clients in AIMS and office files.

☐ Consumer Address and Contact Information

> Program coordinator ensures that center managers update clients' addresses in AIMS and office files.
> Program coordinator ensures that the center manager's current home, cell and other phone numbers are in AIMS and office files.

☐ Current Emergency Contact Information: Centers, Commissary and Alabama Department of Senior Services.

> Home, cell and other emergency contact number(s) updated.
> Information updated in office *and* field files.
> Program coordinator ensures current contact information for: Center managers, Contractors, Valley Commissary and Valley Corporate Office.
> Program coordinator ensures an alternate location to ship meals and provide aid during emergency/disaster situations.

☐ Center's Emergency Plan

> Current emergency/disaster plan is in office and field files.
> Center manager has identified "At Risk" clients and has a list in files and in AIMS.
> Program director has updated list of liquid supplement and FD2D consumers.

☐ Emergency/Disaster Preparedness Information

> Center manager has received emergency/disaster preparedness information.
> Center manager has received emergency kit information.
> Program coordinator has requested that center manager disseminate emergency/disaster preparedness and emergency kit information.

☐ Influenza Preparedness and Germ Prevention Information

> Center manager has received all ADSS provided health literature.
> Program coordinator has requested that center manager disseminate this information.

Flu information should be given out in October and Hurricane information should be distributed by June 1ˢᵗ. Disaster/emergency preparedness information should be given out at least twice yearly.

RSVP Checklist

The RSVP Coordinator is responsible for maintaining current contact information on volunteers and program staff.

☐ Current Emergency Contact Information
    Volunteer's address, home, cell and other emergency contact number(s) have been updated in files.

☐ Emergency/Disaster Preparedness Information
    Program Director distributes emergency/disaster preparedness information to volunteers.

☐ Influenza Preparedness and Germ Prevention Information
    Program Director distributes information about influenza, pandemic flu and germ prevention to   volunteers.

Flu information should be given out in October and hurricane information should be distributed by June 1ˢᵗ. Disaster/emergency preparedness information should be given out at least twice yearly.

Senior Rx Program Coordinator's Checklist

The primary responsibility of the Senior Rx Coordinator is to maintain current contact information on staff and ensure its accuracy with the AAA/SARPC.

☐ Senior Rx Staff's Emergency Plans

Program Director has Senior Rx staff's current plans in office files and a file prepared for an emergency/disaster situation.

Example: Mrs. Z will go to her sister's in Birmingham if there is a hurricane that is category 3 or above.

Program Director has Senior Rx staff member's current phone, cell and emergency contact information in both office files and a file prepared for emergency and disaster information.

☐ Hurricane Preparedness Information

Program Director received and disseminated disaster/preparedness information to Senior Rx staff.

Program Director received and disseminated emergency kit information to Senior Rx staff.

☐ Influenza Preparedness and Germ Prevention Information

Program Director received information about influenza and germ prevention and disseminated it to Senior Rx staff.

Program director received information about pandemic influenza and disseminated it to Senior Rx staff.

Flu information should be given out in October and Hurricane information should be distributed by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly.

State Health Insurance Program Checklist (SHIP)

The SHIP Coordinators primary responsibility is to maintain current contact information on volunteers.

☐ Current Emergency Contact Information
> Volunteer's address, home, cell and other emergency contact number(s) have been updated in files.
> Program Director has a file containing volunteers' contact and emergency information that may be used in case of an emergency/disaster.

☐ Emergency/Disaster Preparedness Information
> Program Director distributes emergency/disaster preparedness information to volunteers.

☐ Influenza Preparedness and Germ Prevention Information
> Program Director distributes information about influenza, pandemic flu and germ prevention to volunteers.

Outreach Coordinator Checklist

Outreach Coordinators primary responsibility is to maintain current contact information on clients and volunteers. In the event of disaster Outreach Coordinator will be available at Disaster Relief Centers (DRC) opened by FEMA.

Current Emergency Contact Information
> Outreach Coordinator will maintain current client and volunteer's contact information such as i.e., emails addresses and cell phone numbers. Coordinators will maintain communications with clients and volunteers regarding cancellations and updates regarding all Area Agency on Aging pending events as needed.

Coordinators will provide disaster information/fliers to clients and volunteers as needed.

ADRC Checklist

The ADRC Coordinator is responsible for maintaining current contact information on program staff.

☐ Current Emergency Contact Information
> ADRC staff address, home, cell and other emergency contact number(s) have been updated in   files.

☐ Emergency/Disaster Preparedness Information
> All ADRC staff should have a full copy of the Disaster Preparedness readily available.

☐ Securing I&R Resources
> I&R staff collect all written material concerning any names and phone numbers of resources currently available in the community. Secure all written information in a plastic container to take with you when we are instructed to leave the building.

> Many resources are available on the internet at www.agingsouthalabama.org, however, should we be without electricity for any period of time, be sure you have several copies of the Senior Resource Directory available.

☐ Influenza Preparedness and Germ Prevention Information
> Program Director distributes information about influenza, pandemic flu and germ prevention to   volunteers.

Flu information should be given out in October and hurricane information should be distributed by June 1st. Disaster/emergency preparedness information should be given out at least twice yearly.

Chapter 3: AAA Emergency Plan

AAA Staff Disaster Guidelines

All AAA staff will conform to the SARPC Disaster Plan Guidelines found in the Index of this manual. SARPC will utilize its established telephone tree and/or SARPC group text messages for instructions on securing the building, equipment, files and commission vehicles and reporting to work after an event.

This plan will not tell us what to do minute to minute in an emergency or disaster. However, it is a system to best organize our resources and guide each person to the duties for which he/she will be responsible in the event of an emergency.

It is expected that each person will thoroughly understand his or her role and responsibilities in an emergency/disaster, before one occurs! To learn your emergency duties, please look at Chapter 5. This Emergency Plan will not answer every question or solve every problem that will be encountered in an emergency. It will need to be updated yearly and improved as needed. Everyone's input is vital toward the goal of making this Emergency Plan, in combination with the SARPC Disaster Plan, a tool that every AAA staff member will feel confident to use. This plan provides guidance to the AAA staff for the prevention and/or mitigation of damage to agency facilities, equipment, and personnel before, during and after a serious disaster event.

Activation Plan

This Emergency Plan will be activated when a disaster significant enough to cause widespread damage occurs, or when an Emergency significantly impacts the AAA's services or client population.

As soon as it is clear that an emergency event has occurred this emergency plan will be activated by the first of the following that is available to do so:

- SARPC Executive Director – Rickey Rhodes
- AAA Director - Julie McGee
- Disaster Resource Coordinator - Della Sanchez
- Disaster Response Coordinator – Darla Dean
- Field Services Coordinator – Susan Broadhead
- AAA Office Contact – Nancy Bledsoe
- Disaster Response Committee Member – Debra Miesch

Activating the Emergency Plan: First Steps

Within the first 24-hours of an emergency, the Executive Director will assess the crisis; determine the type, scope, and location of damage; and provide AAA Director and/or ADSS with information to begin the process of contacting AoA for disaster grant funds.

1. _____ SARPC Executive Director advises AAA Director if building is safe to occupy

2. _____ If building is safe to occupy, the Executive Director will call the Emergency Activation Roster to report to work.

3. _____ The AAA Disaster Response Committee will begin to assess community situation by monitoring radio and television

4. _____ If telephones are operational, handle calls. Give out only confirmed information

5. _____ Begin Disaster Activity Log
      • Record calls made to Emergency Activation Roster or other staff
      • Record all contacts with other agencies

6. _____ Try to contact Alabama Department of Senior Services and report *agency* status
      Voice: 334.242.5743
      Fax: 334.242.5594

Name of person completing checklist: AAA Director or designee

Immediate Actions in an Emergency

- Activate Emergency Plan – Rickey Rhodes, Executive Director

- Emergency Group Notifications (text/emails) – Donnie Rowell

- Order & control evacuation if necessary – Rickey Rhodes, Executive Director

- Account for staff following evacuation - Rickey Rhodes, Executive Director

- Contact staff to assess their personal needs - Julie McGee, AAA Director

- Evaluate building for usability – Rickey Rhodes, Ex. Director

- If necessary, initiate plan to work from alternate location(s)–Rickey Rhodes, Ex Director

- Monitor media and emergency management sources to evaluate situation – Julie McGee, AAA Director

- Evaluate telephone system; restore or work around – Donnie Rowell, Information Systems Director

- Evaluate computer network; restore or work around – Donnie Rowell, Information Systems Director

- Retrieve and respond to messages on call-in line – Christina Boyington, ADRC Coordinator

- Coordinate with County EMA - Julie McGee, AAA Director

- Initiate contact with other key OEM and ADSS offices - Julie McGee, AAA, Director

- Develop staffing plan appropriate for needs in acute phase - Julie McGee, AAA Director

- Gather needed additional supplies and operational materials – Nancy Bledsoe, AAA Office Contact

- Gather disaster-related resource information - Della Sanchez, Disaster Resource Coordinator

- Prepare disaster resource bulletins - Della Sanchez, Disaster Resource Coordinator

- Disseminate bulletins to staff and other agencies – Della Sanchez, Disaster Response Coordinator

- Maintain record of disaster-related expenditures – Rita Thompson, Grants Manager

- Maintain disaster activity log – All AAA staff

- Develop plan for work in long-term recovery – Darla Dean, Resource Coordinator

- Declare end of acute phase for the AAA – Julie McGee, AAA Director

- De-activate the emergency plan – Rickey Rhodes, Executive Director.

Protocols during Disaster for Safety and Well-being of Staff and Families

The new SARPC Emergency Group Notification system of text/emails from Donnie Rowell is the first tool of communication of instructions for reporting to work after a disaster. The second notification protocol is to use the AAA phone tree. The AAA staff may be required to report in for disaster response activities before other SARPC staff members due to our mission of service to older adults.

AAA Staff report during an emergency situation

The Emergency Response Committee members should report to the AAA as soon as possible after becoming aware that an emergency situation exists and meeting their family and home emergency needs. Any person on the Emergency Response Committee who cannot respond within 6 hours should report in as soon as possible, using AAA Phone Tree, the staff report-in line, or the home or cellular phone of another person on the roster, as proves most effective in the situation.

All AAA staff who are not at work are responsible for contacting AAA to receive instructions about where and when to report for emergency response duty.

If it is not possible to get through to SARPC within one day because all local circuits are overloaded, staff should call the Alabama Department of Senior Service, Disaster Coordinator, Scott Stabler @ 1.800.243.5463 for instructions. Staff should leave a message detailing their situation and ability to respond and obtain available instructions.

If the telephone system is not functioning, personnel that are not on the emergency operations committee should not report to work until they are contacted.

The AAA Director or designee will attempt to contact each staff person on his or her home or cell telephone number.

It is the responsibility of staff members to ensure that their correct telephone number is on file with SARPC.

Any staff person not contacted within 24 hours after the onset of the event should continue to try to check in through the telephone system until successful.

Active Shooter / Workplace Violence – Protocol/Response

This emergency protocol will be activated when an Active Shooter or Workplace Violence situation occurs. Active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area. Workplace Violence is characterized by actively threatening harm or physical violence towards another; or physically harming another person with a weapon, causing trauma to the person. These situations are ones with the possibility of significantly impacting the SARPC/AAA staff; on-site, at office complex/building.

Once a violent situation is recognized:

1) Run – if you can leave area/building do so quickly following emergency exit signs. Leave personal items behind. Keep hands visible after exiting the building.
2) Hide – 'Shelter in Place' – lock doors/block entry into area as much as possible. Silence phones. Stay away from windows.
3) Fight – as a last resort, and only if your life is in eminent danger; act with physical aggression – throw items, etc, to attempt to incapacitate the shooter/violent person.

As soon as it is clear that an emergency event is occurring, this emergency plan will be activated, by the first of the following actions that is available to do without harm coming to the person/staff:

1) Notifying front desk/reception – a code phrase will be alerted on the building phone system for staff to be notified in the building.
2) Notifying police/emergency personnel – Answer emergency personnel's questions, as much as possible
3) Notifying other staff of emergency/violence happening – and exit as quickly as possible.
4) Remain calm upon exiting building; meet at designated area.**

*When notifying police, emergency personnel, front desk and other staff, be sure to be very accurate about location of violence/shooter; give good description; what is happening at location; possible victims, if known.

**After exiting the office building, staff should meet at a designated area at the far end of the main parking lot. Accounting for any staff that was known to be in the building at the time of the violent situation, but has not met at the designated area; notify the Executive Director or Department Directors.

COVID-19 / Pandemic – Protocol/Response

The 2019–20 coronavirus pandemic is an ongoing pandemic of coronavirus disease 2019 caused by a coronavirus. The outbreak was identified in Wuhan, China, in December 2019. The World Health Organization declared the outbreak a Public Health Emergency of International Concern on 30 January, and a pandemic on 11 March.

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.
People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to serious illness. Symptoms may appear 2-14 days after exposure to the virus.

People with these symptoms or combinations of symptoms may have COVID-19:

• Cough
• Shortness of breath or difficulty breathing
• Or at least two of these symptoms:
• Fever
• Chills
• Repeated shaking with chills
• Muscle pain
• Headache
• Sore throat
• New loss of taste or smell
• Children have similar symptoms to adults and generally have mild illness.

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.

Work Place Procedures to reduce or minimize exposure or hazard.

• Encouraging sick workers to stay at home.

• Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.

• Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time allowing them to maintain distance from one another while maintaining a full onsite work week.

• Discontinuing nonessential travel to locations with ongoingCOVID-19 outbreaks. Regularly check CDC travel warning levels at: www.cdc.gov/coronavirus/2019-ncov/travelers

• Developing emergency communications plans, including a forum for answering workers' concerns and internet-based communications, if feasible.

• Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors.

Evacuation of Office Building Protocol

In the event of an emergency at office building, employees are alerted by:
> The sounding of an alarm (fire)
> Public address system announcement
> Verbal announcement

Announcements will signal/identify emergency situation (i.e.: earthquake, fire, general evacuation):
> Fire – fire alarm
> Active shooter – code "RED" announcement and fire alarm
> Inclement weather – text messages and emails (outside of work/work hours)
> Inclement weather – announcement and alarm (working hours/at office)

As soon as it is clear that an emergency event / fire is occurring, this evacuation plan will be activated, by the first of the following actions that is available to do without harm coming to the person/staff:

1) Notifying front desk/reception – an announcement will be alerted on the building phone system for staff to be notified in the building.

2) Pull fire alarm if fire is noted inside building. – Portable fire extinguishers are visible in hallways in workplace for employees to use; and can attempt to put out a small fire before exiting building.

3) Notifying police/emergency personnel – Answer emergency personnel's questions, as much as possible.

4) Notifying other staff of emergency and exit as quickly as possible. See announcement signaling listed above.

5) Visitors also should be accounted for following an evacuation and may need additional assistance when exiting.

6) Use all exit doors and exit stairwells. Refer to exit signs for exit locations/doors. Do not use elevators to exit 2nd or 3rd floors.

Remain calm upon exiting building; meet at designated area

*When notifying police, emergency personnel, front desk and other staff, be sure to be very accurate about location of crisis fire, violence/shooter; give good description; what is happening at location; possible victims, if known.

**After exiting the office building, staff should meet at a designated area at the far end of the main parking lot. Accounting for any staff that was known to be in the building at the time of the emergency/violent situation. AAA department should have 'emergency buddies'; as it is the largest department. Name and head count by each Director of his/her department will be done at designated area; notify the Executive Director of unaccounted staff that has not met at the designated area.

AAA Disaster Response Committee	

The Disaster Response Committee is composed of all staff on the Emergency Operations Roster. Additional staff can be assigned to the committee by the AAA Director to enhance the capability of the Disaster Response Committee. The Committee will set regular times to meet each day. In the acute phase of an event, as many as 3 meetings per day may be necessary.

♦ The AAA Director or designee will prepare the agenda and facilitate the meetings.

♦ <u>All available members of the Committee should meet. Those present will make decisions about emergency matters.</u>

♦ Meetings should be brief and task-oriented.
    At least once each week the meeting should consider longer-range (one month to six month) problems, needs, and opportunities rather than focusing strictly on immediate questions.

AAA Disaster Response Committee Emergency Operations Roster

NAME	TITLE	PHONE EXT.	CELL
Rickey Rhodes	Executive Director	467	251-421-9400
Julie McGee	AAA Director	423	251-377-8105
Della Sanchez	Disaster Response Coordinator	450	251-454-8700
Susan Broadhead	Field Services Coordinator	457	251-509-1690
Donnie Rowell	Information Systems Director	415	251-751-2506
Darla Dean	Disaster Resource Coordinator	428	251-586-3942
Christina Boyington	ADRC Services	404	251-709-5814
Nancy Bledsoe	AAA Office Contact	447	251-459-3884
Debra Miesch	Medicaid Waiver Coordinator	406	601-660-2268
Rita Thompson	Grants Manager	443	251-591-1978

EMERGENCY CALL PLAN

**For Disaster Services or any other emergency services
the following person(s) should be contacted:**

Jean W. Brown Commissioner Alabama Dept of Senior Services 334-462-2109	Susan Broadhead, Nutrition Field Coordinator Area Agency on Aging 251-706-4680 (O) 251-509-1690 (C)
Scott Stabler, Program/Planning /Disaster Svcs Alabama Dept of Senior Services 334-242-5743 (main local ADSS number)	Kelly Childress, Director Baldwin County Council on Aging 251-972-8506 (O)
Rickey Rhodes, Executive Director South Alabama Regional Planning Commission 251-433-6541 (O) 251-421-9400 (C)	Sheila Brown, Coordinator Escambia County Council on Aging 251-368-1032 ext: 601 (O)
Julie McGee, Director Area Agency on Aging 251-433-6541 (O) 251-377-8105 (C)	Scott Stabler, State SCSEP Director 334-398-0091
Della Sanchez, Disaster Response Coordinator Area Agency on Aging 251-706-4680 (O) 251-454-8700 (C)	
Darla Dean, Disaster Resource Coordinator Area Agency on Aging 251-706-4680 (O) 251-586-3942 (C)	

Emergency Contact Information

Brian Hastings, Director of the Alabama Emergency Management Agency

205-280-2254

E-mail: info@ema.alabama.gov

http://ema.alabama.gov

Ronnie Adair, Mobile County EMA Director

251-460-8000

7350 Zeigler Blvd.

Mobile, AL 36608

http://www.mcema.net

Zachary M. Hood, Baldwin County EMA Director

251-972-6807 – South Baldwin

251-937-0317 – North Baldwin

251-990-4605 – Eastern Shore

251-580-1616 – Fax

23100 McAuliffe Dr

Robertsdale, AL 36567

E-mail: bcema@baldwincountyal.gov

David Adams, Escambia County EMA Director

251-867-0232 – Office

251-867-3772 – Fax

PO Box 848

Brewton, AL 36427

http://www.co.escambia.al.us/emergency.html

Jean W. Brown, Commissioner
Alabama Dept of Senior Services

334-462-2109

877-425-2243

800-243-5463

334-242-5594 – Fax

201 Monroe St Ste 350

Montgomery, AL 36104

http://www.adss.alabama.gov/home.cfm

The purpose of the AAA PHONE TREE is to activate protocols, work assignments, and communications related to the AAA's response to a disaster.

Julie McGee, AAA Director
251-377-8105

Disaster Lead:
Della Sanchez
251-454-8700

Disaster Asst Lead:
Darla Dean
251-586-3942

Medicaid Waiver Lead:
Debbie Miesch
601-660-2268

Amara VanPeursem 641-295-3021
Amber Spencer 706-593-7256
Ashauntai Handy 251-2095598
Brandi Loewen 251-554-2995
Brittney Evans 251-401-1751
Brittney Porter 251-423-7840
Callie Clark 251-648-7982
Catheren Matthews 251-709-9649
Catherine Chico 251-706-0047
Caty Bradley 251-531-3741
Courtney French 251-554-9148
Crystal Johnson 251-643-6236
Deanna Williams 251-767-0037
Evelyn Clark 251-209-3053
Jimmy Osborne 251-751-7396
Katelyn Roberts 251-402-3555
Lori Pileggi 251-721-4035
Melissa Tujo 251-445-7216
Nikki Phillips 205-499-0167
Patrick Harris 251-591-8417
Rick Morgan 251-508-7946
Ronda Ward 251-680-9166
Tracy Burdine 251-689-4832
Vivian Crenshaw 251-377-8926

Nutrition Lead:
Susan Broadhead
251-509-1690

Center Managers
Catherine Gladden
251-767-1110

ADRC Lead:
Christina Boyington
251-709-5814

Ashley Tolbert 251-786-0294
Ivy Walker 251-680-2122
Tarsha Lewis 251-459-9255

AAA Lead:
Vivian Barton
251-377-7992

Carol Massey 251-518-0217
Charles Smith 251-236-3881
Cynthia Johnson 251-422-1987
Demaris Brown 251-476-6375
Dusty Walsh 251-776-8960
Frank Willis 251-406-9232
James Roberson 251-648-0047
Larraine Martin 251-458-8483
Marcella Nettles 251-229-9686
Nancy Bledsoe 251-459-3884
Olivia Turner 251-490-6880
Rita Thompson 251-591-1978
Shelia Green 251-895-0246
Violetta Simpson 251-895-2308

June 2020

HHS GUIDANCE ON HIPAA DURING EMERGENCIES

The HIPAA Privacy Rule protects the privacy of patients' health information (protected health information) but is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation's public health, and for other critical purposes.

Sharing Patient Information

Treatment Under the Privacy Rule, covered entities may disclose, without a patient's authorization, protected health information about the patient as necessary to treat the patient or to treat a different patient. Treatment includes the coordination or management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of patients for treatment. See 45 CFR §§ 164.502(a)(1)(ii), 164.506(c), and the definition of "treatment" at 164.501.

Public Health Activities The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information that is necessary to carry out their public health mission. Therefore, the Privacy Rule permits covered entities to disclose needed protected health information without individual authorization:

To a public health authority, such as the Centers for Disease Control and Prevention (CDC) or a state or local health department, that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability. This would include, for example, the reporting of disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. A "public health authority" is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR §§ 164.501 and 164.512(b)(1)(i).

At the direction of a public health authority, to a foreign government agency that is acting in collaboration with the public health authority. See 45 CFR 164.512(b)(1)(i).

To persons at risk of contracting or spreading a disease or condition if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations. See 45 CFR 164.512(b)(1)(iv).

Disclosures to Family, Friends, and Others Involved in an Individual's Care and for Notification A covered entity may share protected health information with a patient's family members, relatives, friends, or other persons identified by the patient as involved in the patient's care. A covered entity also may share information about a patient as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient's care, of the patient's location, general condition, or death. This may include, where necessary to notify family members and others, the police, the press, or the public at large. See 45 CFR 164.510(b).

- The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the patient does not object, when possible; if the individual is incapacitated or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
- In addition, a covered entity may share protected health information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, for the purpose of coordinating the notification of family members or other persons involved in the patient's care, of the patient's location, general condition, or death. It is unnecessary to obtain a patient's permission to share the information in this situation if doing so would interfere with the organization's ability to respond to the emergency.

Imminent Danger Health care providers may share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law (such as state statutes, regulations, or case law) and the provider's standards of ethical conduct. See 45 CFR 164.512(j).

Disclosures to the Media or Others Not Involved in the Care of the Patient/Notification Upon request for information about a particular patient by name, a hospital or other health care facility may release limited facility directory information to acknowledge an individual is a patient at the facility and provide basic information about the patient's condition in general terms (e.g., critical or stable, deceased, or treated and released) if the patient has not objected to or restricted the release of such information or, if the patient is incapacitated, if the disclosure is believed to be in the best interest of the patient and is consistent with any prior expressed preferences of the patient. See 45 CFR 164.510(a). In general, except in the limited circumstances described elsewhere in this Bulletin, affirmative reporting to the media or the public at large about an identifiable patient, or the disclosure to the public or media of specific information about treatment of an identifiable patient, such as specific tests, test results or details of a patient's illness, may not be done without the patient's written authorization (or the written authorization of a personal representative who is a person legally authorized to make health care decisions for the patient). See 45 CFR 164.508 for the requirements for a HIPAA authorization.

Minimum Necessary For most disclosures, a covered entity must make reasonable efforts to limit the information disclosed to that which is the "minimum necessary" to accomplish the purpose. (Minimum necessary requirements do not apply to disclosures to health care providers for treatment purposes.) Covered entities may rely on representations from a public health authority or other public official that the requested information is the minimum necessary for the purpose. For example, a covered entity may rely on representations from the CDC that the protected health information requested by the CDC about all patients exposed to or suspected or confirmed to have a virus disease is the minimum necessary for the public health purpose. Internally, covered entities should continue to apply their role--- based access policies to limit access to protected health information to only those workforce members who need it to carry out their duties. See 45 CFR §§ 164.502(b), 164.514(d).

Business Associates A business associate of a covered entity (including a business associate that is a subcontractor) may make disclosures permitted by the Privacy Rule, such as to a public health authority, on behalf of a covered entity or another business associate to the extent authorized by its business associate agreement.

Safeguarding Patient Information

In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

Other Information

Limited Waiver The HIPAA Privacy Rule is not suspended during a public health or other emergency; however, the Secretary of HHS may waive certain provisions of the Privacy Rule under the Project Bioshield Act of 2004 (PL 108---276) and section 1135(b)(7) of the Social Security Act. If the President declares an emergency or disaster and the Secretary declares a public health emergency, the Secretary may waive sanctions and penalties against a covered hospital that does not comply with the following provisions of the HIPAA Privacy Rule:

- the requirements to obtain a patient's agreement to speak with family members or friends involved in the patient's care. See 45 CFR 164.510(b).
- the requirement to honor a request to opt out of the facility directory. See 45 CFR 164.510(a).
- the requirement to distribute a notice of privacy practices. See 45 CFR 164.520.
- the patient's right to request privacy restrictions. See 45 CFR 164.522(a).
- the patient's right to request confidential communications. See 45 CFR 164.522(b).

If the Secretary issues such a waiver, it only applies: (1) in the emergency area and for the emergency period identified in the public health emergency declaration; (2) to hospitals that have instituted a disaster protocol; and (3) for up to 72 hours from the time the hospital implements its disaster protocol. When the Presidential or Secretarial declaration terminates, a hospital must then comply with all the requirements of the Privacy Rule for any patient still under its care, even if 72 hours has not elapsed since implementation of its disaster protocol.

HIPAA Applies Only to Covered Entities and Business Associates The HIPAA Privacy Rule applies to disclosures made by employees, volunteers, and other members of a covered entity's or business associate's workforce. Covered entities are health plans, health care clearinghouses, and those health care providers that conduct one or more covered health care transactions electronically, such as transmitting health care claims to a health plan. Business associates generally are persons or entities (other than members of the workforce of a covered entity) that perform functions or activities on behalf of, or provide certain services to, a covered entity that involve creating, receiving, maintaining, or transmitting protected health information. Business associates also include subcontractors that create, receive, maintain, or transmit protected health information on behalf of another business associate. The Privacy Rule does not apply to disclosures made by entities or other persons who are not covered entities or business associates (although such persons or entities are free to follow the standards on a voluntary basis if desired). There may be other state or federal rules that apply.

HIPAA DISCLOSURE RULE FOR DISASTERS

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all of the following ways:

TREATMENT: Health care providers can share patient information as necessary to provide treatment.
Treatment includes:
- Sharing information with other providers (including hospitals and clinics),
- Referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
- Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).

Providers can also share patient information to the extent necessary to seek payment for these health care services.

NOTIFICATION: Health care providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.

The health care provider should get verbal permission from individuals, when possible; but if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

- Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones.
- In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

IMMINENT DANGER: Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and the provider's standards of ethical conduct.

FACILITY DIRECTORY: Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.

Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.

www.hhs.gov/ocr/hipaa/decisiontool/

AT A GLANCE – May I disclose protected health information for public health emergency preparedness purposes?

(From the perspective of the source of the information)

Disclosure to a Public Health Authority

START

Am I a covered entity?
§160.103

→ NO → The Privacy Rule does not apply to non-HIPAA covered entities

→ YES →

Is the intended recipient a public health authority (PHA)?
§164.501

→ NO →

→ YES → Is the PHA authorized by law to collect or receive information for the purpose of preventing or controlling:
- disease,
- injury, or
- disability

including, for purposes of emergency preparedness?
§164.512(b)(1)(i)

→ YES → **Disclosures can be made without regard to the Privacy Rule**

Disclosures related to treatment & public health

Is the intended recipient an agency that seeks information for public health purposes?

→ NO →

→ YES →

Is the intended recipient a health care provider that uses or discloses information for treatment purposes?

→ NO →

→ YES →

Is the disclosure by a provider and is the recipient another person or agency that would use or disclose information for treatment or certain health care operations?

→ NO → **The disclosure may NOT be made unless there is a signed authorization**

→ YES →

You may make a disclosure subject to minimum necessary

§164.502(b),
§164.514(d)

Disclosure of a Limited Data Set

Are you disclosing only a limited data set (LDS)?
§164.514(e)

→ YES →

Do you have a data use agreement with the recipient of the information?
§164.514(e)

→ YES →

→ NO →

Disclosure with individual authorization

Obtain individual authorization, unless the disclosure is otherwise permitted by another provision of the Privacy Rule
§164.508

→ **The disclosure CAN be made**

Chapter 4: Disaster Response and Recovery

Disaster Response

Following a Natural Disaster Governmental Units will be contacted.

1. Local Officials (Mayor) contact the Governor with an assessment of the situation

2. Governor determines whether to request a Federal Disaster Declaration from Regional FEMA

3. Regional FEMA office transfers request to National FEMA for Presidential Declaration

Area Agency on Aging

1. Local AAA notifies ADSS within 24 hours with an assessment of the situation.
   ♦ Geographical scope of disaster
   ♦ Number of elderly affected
   ♦ Type of loss and amount of damage suffered by elderly
   ♦ Kinds of special short term and long term needs
   ♦ Lack of basic services involved

2. ADSS reports findings to Regional AoA. ADSS works with Alabama Emergency Management Agency, other State disaster relief agencies and FEMA to assess impact on, and needs of elderly

3. Regional AoA reports all findings to Regional FEMA. Regional AoA determines adequacy of resources and negotiates for additional resources.

4. AoA Field Liaison staff complements staff of Regional AoA, ADSS, and AAA. AoA conveys information to FEMA, HHS, national voluntary organizations and Congress for special needs of the elderly.

5. Area Agency on Aging staff will become a part of the EMA and FEMA Teams

6 AAA staff continues to assess the impact of the disaster on elderly persons through a staff/Leadership Institute volunteer's network.

   Do not jump in. Other agencies will handle initial steps.
   ♦ Basic life saving efforts
   ♦ Restoration of communication
   ♦ Restoration of transportation

7. Contact the SAIL/Senior Center Managers in Mobile, Baldwin and Escambia Counties to obtain status reports on each Center regarding time and efforts required to resume regular operations.

8. Contact FEMA Disaster Recovery Centers to arrange AAA participation at DRCs and obtain EMA and FEMA referrals of elderly persons.

9. New needs/services will arise. Be prepared to shift priority resources and/or redirect resources to areas of need

10. Coordinate meals with other meal providers
    - ♦ Contact Red Cross
    - ♦ Feeding the Gulf Coast/Churches
    - ♦ Salvation Army

11. Identify key contact persons from all other disaster relief organizations through EMA and FEMA. Contact Power and Water Utilities, Post Offices, Sheriff's Department, Senior Centers, Churches, Etc. to request referrals if necessary.

12. Disaster Recovery Centers will be staffed to help guide older adults through the process of obtaining assistance, i.e. Insurance, FEMA, SBA, Red Cross, Emergency Food Stamps, Legal Assistance, Tax information, etc.

13. Maintain contact with media to provide information on AAA services available, potential problems and frauds and to encourage people to initiate a recovery process.

14. The AAA will have access to all un-obligated Title III finds through SARPC, which may be reimbursed by ADSS Disaster Funds. All AAA expenditures incurred during and after normal working hours must be documented. The SARPC accounting department will provide the appropriate forms for such documentation.

15. Complaints regarding services will be addressed through the AAA grievance policy.

Emergency/Disaster Related Services and Assistance

❖   Legal Services

❖   Benefits/Insurance Counseling

❖   Meals- Congregate and Home Delivered

❖   Case Management- Coordination of multiple services for individual older person

❖   Information and Referral

❖   Outreach/Advocacy
> Identifying and informing seniors about programs and services (with special attention to frail and isolated seniors)
>
> Encouraging the delivery of services to elderly disaster victims
>
> Interviewing clients and assessing needs

❖   Transportation

❖   In-Home Services/Chore Services

❖   Homemaker and home health aides
> Visiting and telephone reassurance
> Chore maintenance
> Minor home modification
> Personal care services
> Handyman/Clean-up/Debris removal

❖   Specialized assistance in Disaster Recovery Centers

Chapter 5: Disaster Recovery Centers Overview

The Role of AAA in the Disaster Recovery Center

The role of the AAA staff in the Disaster Recovery Center is to assist elderly victims as they progress through the center. The staff should establish a contact with other agencies at the centers to learn of their resources. The staff should ensure that other agency representatives at the center are aware of some of the special problems older persons often have during and after a disaster. The AAA staff will also interview elderly victims and ascertain their needs.

I.   **Description**
     The President and the Governor make disaster assistance programs available under disaster declarations. The primary functions of these programs are:

     A.   To register applicants for disaster assistance and to provide follow-up services for those already registered.

     B.   To provide public information and continuing assistance in disaster areas.

     C.   To support community recovery, restoration and rebuilding efforts.

     D.   To promote community preparedness for potential disasters.

II. **Purpose**
     Disaster Recovery Centers represent a transition from initial disaster response activities, such as disseminating information concerning available assistance programs and processing of registrations and applications, to activities focused on individual and community recovery, restoration, and rebuilding issues.

     The Centers are designed not only to register individuals for appropriate assistance programs, but to accommodate the needs of individuals who need to complete processes begun either at the Centers or by tele-registration, who have specific questions about program eligibility, pending applications for assistance, or responses they have received to their applications.

III. **Types of Services at Centers**
     A.   Small Business Administration (SBA) - Providing low interest rate loans for home/personal property losses and damages.

     B.   FEMA Disaster Housing Assistance Program (408A) - This program helps people who cannot or should not live in their homes.

     C.   FEMA Disaster Mortgage and Rental Assistance Program (408B) - This emergency grant program helps people who, as a result of the disaster,

have lost their job or business and face foreclosure or eviction from their homes.

D. Individual Family Grant Program (IFGP) - Grants may be available to those eligible, who are unable to meet disaster-related necessary expenses and serious needs for which assistance is unavailable or inadequate.

E. Internal Revenue Service (IRS) - Guidance provided in obtaining tax relief for disaster casualty losses.

F. Social Security Assistance (SSA) - Help in expediting checks delayed by the disaster, and in applying for benefits.

G. Veterans Administration (VA) - Guidance in obtaining death benefits, pensions, and insurance settlements.

H. Crisis Counseling – Short-term intervention counseling is available for emotional and mental health problems caused or aggravated by the disaster.

I. Disaster Unemployment Assistance\Employment Development Department (EDD) - Provides weekly benefit payments to those out of work due to the disaster.

J. Local Area Agency on Aging - Provides disaster relief assistance to the senior population, geared to avoid long line waits, and an understanding of the forms and process.

K. Housing and Urban Development (HUD) - Section 8 Rental Certificate Program - To assist very low-income families.

L. American Red Cross - Immediate assistance with food and clothing.

M. Salvation Army - Provides food vouchers and clothing immediately following the disaster.

Other agencies and volunteers as are necessary and available will also be represented.

Area Agency on Aging Deployed To the Disaster Recovery Centers

The AAA staff and trained volunteers will conduct the intake and referral procedures at the DRC. Rapid changes and updates occur everyday. It is our responsibility to provide the most current information for resources.

All workers at the DRC are required to thoroughly complete the ADSS Client Enrollment Form. All intake and referral should be conducted in a professional manner. The following guidelines should be used:

- •Use Positive Techniques for the Intake Process.
- •Be aware of communication differences.
- •Be a good listener.
- •Establish rapport. Greet the client and remain calm.
- •Deal with the client's feelings. Allow client to gain composure, then listen and validate his/her emotions.
- •Avoid personal disclosure. It is not about you.
- •Give information and referral. Be aware you cannot solve the problem.
- •Make sure that every client obtains a FEMA number. Assistance cannot be provided without a FEMA number.
- •Give out Senior Resource Guides and circle important numbers for the client.
- •If client only speaks a foreign language, call for interpreters through FEMA or available Language Lines.
- •Determine if the request for help is a NEED or a PROBLEM!
- •You are gathering information to give to a case manager. The case manager will determine what services are available and will contact the client at a later date. Do not make promises.
- •Notify the AAA Director, Disaster Response Coordinator and DRC staff of an emergency situation, i.e. temporary housing, food, etc….

Conditions at the DRC maybe hot and noisy. Bring your lunch, beverages, and a comfortable cushion for your chair. Most facilities have standard folding chairs. Occasionally, lunch will be provided by other volunteer agencies.

A field office folder will be provided for each AAA table at each DRC. This folder will contain intake forms, important referral information and office supplies. Cell Phones will be provided at each disaster relief center.

Unique Needs of the Elderly

Traumatic Events May Create Unique Needs in the Elderly

Special reasons and concerns may affect the elderly as follows:

1. Delayed Response Syndrome – Older persons may not react to a situation as fast as younger persons. In a disaster, this means that Disaster Recovery Centers may need to be kept operational longer if older persons have not appeared. It also means they may not apply for benefit within specified time limits.

2. Sensory Deprivation – Older persons' sense of smell, touch, vision and hearing may be less acute than that of the general population. The older person may not hear what is said due to a hearing loss. Diminished sense of smell may mean that he or she apt to eat spoiled food.

3. Memory Disorder – Environmental factors or chronic diseases may affect the ability of the older persons to remember information or to act appropriately.

4. Chronic Illness and Medication Use – Most older people have arthritis; this may prevent them from standing in line. Medications may cause confusion. These and other similar problems may increase the difficulties in obtaining assistance.

5. Generational Differences – Depending on when the individuals were born, people may have differing values and expectations. This becomes important in service delivery since what is acceptable to an 80 year-old person may not be acceptable to a person 60 years of age.

6. Multiple Loss Effect – Many older persons have lost spouse, income, home and/or physical capabilities. For some persons, these losses compound each other. Disasters sometimes provide a final blow, making recovery difficult for older persons.

7. Unfamiliarity with Bureaucracy – Older persons often have not had any experience working through a bureaucratic system. This may be especially true for older women who had a spouse who dealt with these areas.

8. Literacy – Many older persons have lower education levels than the general population. This may present difficulties in completion of applications or understanding directions.

9. Language and Cultural Barriers – Older persons may be limited in their command of the English language, or their ability to understand an instruction is diminished by the stressful situation. Failure to communicate can result in increased apprehension and confusion in the mind of the older person. There is a critical need to be sensitive to language and cultural differences. This means the older person in this category will need special assistance in applying for disaster benefits.

10. Loss of Independence – Older persons may fear that they will lose their independence if they ask for assistance. The fear of being placed in a nursing home may be a barrier to accessing services.

Chapter 6: Long Term Recovery

The Psychology of Recovery

Recovery from a natural disaster includes more than finding a place to stay and acquiring new belongings. It means understanding the rules concerning when and how you can clean up your home, coping with television cameras and sightseers who drive by and stare and processing the anger and disappointment of finding looters stealing your remaining possessions. It can also mean learning to discriminate the hucksters from the helpers, the good guys from the bad, at a time when you are vulnerable.

Recovery also means negotiating with insurance companies and contractors, filling out seemingly endless forms and moving from one temporary home to another. It also means coping with life's everyday problems while in a very unsettled position. As one survivor who had spent four months in several different locations put it, "As a displaced person, I felt I didn't belong anywhere. I was constantly in limbo and couldn't seem to get even the basic things done."

Recovery also encompasses the re-establishment of an emotional equilibrium. All survivors, regardless of age, are affected. And, when a small community is struck by calamity, a significant number of persons become hidden victims. While many survive ostensibly appearing unscathed, friends, neighbors and family may not have been so lucky. However, as the reverberation continues, it leaves a rupture in community life and many become secondarily affected by another's tragedy. Nearly everyone is emotionally affected to some degree.

Usually following disaster, a community is awash with professional caregivers eager to help people begin re-assembling their lives. While most are well intentioned, not all are trained in outreach, crisis counseling and debriefing techniques so essential to the recovery process. As survivors struggle to cope with terror and loss, they can benefit greatly by counseling from persons skilled in disaster response.

Types of tasks the AAA may do in recovery

- Long-term disaster recovery work will be based on the AAA financial grants and other external funds.

- A temporary staff may be assigned to off-site locations for an extended time. It will be necessary to provide them with logistical support and supervision. It will be essential to maintain the disaster activity log and cost accounting functions as long as the AAA is doing any significant amount of disaster-related work. Staffing will be 7 days/week from the time the DRC opens until it closes

- Staff assists seniors with FEMA application and accessing help from other organization such as Food Stamp Office, SBA Loans, etc

- Staff assists seniors with their emergency medical, social, and/or personal needs.

- Staff will conduct the initial assessment for long term recovery or special needs

- Intake, Information and Assistance, Referral and Case Management Disaster Assistance

- Staff can assist seniors with immediate assistance such as transportation or offer proper resources

- AAA staff participates in Long Term Recovery Committees

- AAA may be awarded disaster assistance funding to provide rental and utility assistance, home repair, medical assistance, assistance with home furnishings, in-home services, debris removal and related services. The direction of this function will be dependent on the magnitude of the disaster and the amount of awarded funding.

Long-term off site staffing at the Disaster Relief Centers will generate after action reports. An After Action Report (Index) will be prepared after every emergency mobilization. The After Action Report will be review after the relief operation is terminated.

INDEX

AAA Daily Log of Disaster Related Activities

AAA Grievance/Concern Form

AAR – After Action Report

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FEMA Disaster Recovery Log

Glossary

HIPAA Disclosures

ATTACHMENTS

ADA Guidelines for Local Governments

Volunteer Manual / Instructions

SARPC Internal Disaster Plan

Daily Activity Log of Disaster Related Activities

DATE	NAME	COMMENTS

AAA Grievance/Concern Form

Print or type your grievance. Keep a copy of the completed grievance form for your records.

You must initiate the grievance process within 10 days of the action or occurrence being grieved by notifying the Area Agency on Aging. It is helpful to document your initial concerns in writing below.

Date: _____

Person Reporting Grievance: _____

Statement of grievance or concern:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Grievant Signature: _____

For Area Agency on Aging office use only:

Contact Number: _____

Date of Actions or recommendations to be taken: _____

Results or Resolutions

_____

_____

_____

_____

_____

_____   _____
AAA Director   **Date**   **Coordinator**   **Date**

After Action Report

SARPC/AAA disaster preparedness involves a cycle of outreach, planning, capability development, training, exercising, evaluation, and improvement. Successful exercises lead to an ongoing program of process improvements. This report is intended to assist agencies striving for preparedness excellence by analyzing exercise results and:

- Identifying strengths to be maintained and built upon.
- Identifying potential areas for further improvement.
- Recommending exercise follow-up actions.

The suggested actions in this report should be viewed as recommendations only. In some cases, agencies may determine that the benefits of implementation are insufficient to outweigh the costs. In other cases, agencies may identify alternative solutions that are more effective or efficient. Each department should review the recommendations and determine the most appropriate action and the time needed for implementation.

Key strengths identified during this operation include:
a)

b)

c)

d)

e)

Through the exercise, several opportunities for improvement in the AAA's ability to respond to a disaster/emergency incident were identified. Major recommendations include:

Operation Overview

The Introduction describes the exercise, identifies the agencies/organizations that participated in it, and describes how it was structured and implemented.

OPERATION NAME:

LOCATION:

SCENARIO:

FOCUS:

___ Response   ___Recovery   ___Prevention

EVENT DATE:

PARTICIPATING ORGANIZATIONS:

Co-Sponsors:

State Agencies
- State Department of Public Health
- State Emergency Agency

Federal Agencies
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
- U.S. Department of Homeland Security, Office for Domestic Preparedness

Contract Support (If Applicable):
- (Name of Consulting Firm)

Participants:

Federal Agencies
- AoA
- FEMA
- HHS
- Centers for Disease Control and Prevention
- U.S. Marshal Service

State Agencies:
- AL Department of Senior Services
- Attorney General Office
- Department of Public Health
- State Emergency Management Agency
- Department of Transportation
- National Guard

Local Agencies:
- Fire Department
- Police Department
- Public School District
- County Health Department
- County Sheriff's Office
- Mobile, Baldwin, Escambia   Emergency Management Agency
  - VOAD
  - American Red Cross
  - Ozanam Pharmacy
  - Salvation Army
  - University of South Alabama

International Agencies:
- None

NUMBER OF PARTICIPANTS: FUNDING SOURCE:

-

FUNDING SOURCE:

PROGRAM:

CLASSIFICATION:

Exercise Goals and Objectives

Part 2 lists the goals and objectives for the operation. These are developed during the exercise planning and design phase and are used to define the scope and content of the exercise, as well as the agencies and organizations that will participate.

The AAA established the following goals and corresponding objectives for this operation:

TEST AND IMPROVE THE DISASTER PLANNING GUIDELINES OPERATING PROCEDURES FOR A DISASTER/EMERGENCY.

Objectives 1: Demonstrate the ability of the AAA Disaster Response Committee.

Objectives 2: Demonstrate the ability to coordinate public information among multiple federal, state, and local agencies, including rumor control, to effectively notify, and warn.

Objectives 3: Demonstrate the ability to effectively communicate and coordinate among state and local agencies through established emergency response protocols including the utilization of local and state emergency operations centers.

Recommendations and Improvements
1.

2.

3.

Develop and Implement Protective Action Decisions

Conclusion

SOUTHALABAMA REGIONAL PLANNING COMMISSION/AREA AGENCY ON AGING
Emergency Assistance Needs Intake Form

Date: _____   FEMA#_____

Name:_____   Date of Birth: _____

Address_____

Phone:_____Alternate Phone:_____

City: _____ County: _____ Zip:_____

RACE: a. African- American   b. Hispanic   c. American Indian/Native Alaskan   d. Asian/Pacific Islander
e. Caucasian   f. other _____

Spouse/Caregiver Name: _____# of people in household_____

How was your property affected by the storm? (Damage to house)

_____

_____

_____

Is your home safe to live in?	YES	NO (if no explain in the notes section)
Do you have insurance?	YES	NO
Have you contacted FEMA?	YES	NO
Are you living in your house now?	YES	NO
Do you have any urgent medical needs?	YES	NO (if yes explain in the notes section)
Do you have your medications?	YES	NO
Do you have clothes and shoes to wear?	YES	NO (if no explain in the notes section)
Do you have food to eat?	YES	NO (if no explain in the notes section)
Do you have a way to cook and cool food? (ie: power on?)	YES	NO (if no explain in the notes section)
Do you have transportation?	YES	NO
Does your phone work?	YES	NO

What help do you need?_____

_____

_____

_____

Notes:_____

_____

FEMA DISASTER RECOVERY LOG - AREA AGENCY ON AGING (SARPC)

Site Location: _____   AAAWorker: _____   Date: _____

	Name (Last, First, MI)	DOB	Sex	County of Residence	FEMA #	Social Security# (last 4 only)	I&R	Screening & Assessment (in minutes)	Case Mgmt (in minutes)	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Glossary of Acronyms Used In This Manual

Please take a few moments to review the terms.

AAA	Area Agency on Aging
AAR	After Action Report
ADSS	Alabama Department of Senior Services
AIRS	Alliance of Information & Referral Systems
AoA	Administration on Aging
ARC	American Red Cross
CAO	Chief Administrative Officer (either county or city)
CBO	Community Based Organization
DRC	Disaster Response Committee or Disaster Recovery Center
EC	Emergency Coordinator
EMA	Emergency Management Agency
EM	Emergency Manager
EMS	Emergency Medical Service(s)
EOC	Emergency Operations Center
EOM	Emergency Operations Manual
ESF	Emergency Service Function
FCO	Federal Coordinating Officer
FEMA	Federal Emergency Management Agency
GIK	Gifts in Kind
I&R	Information and Referral
ICS	Incident Command System
JIC	Joint Information Center
CO	County
CY	City
LM	Logistics Manager
MOU	Memorandum of Understanding
NVOAD	National Voluntary Organizations Active in Disaster
OA	Operational Area (Standardized Emergency Management System, a county and all its governmental entities including cities and special districts-)
OEM	Office of Emergency Management
OES	Office of Emergency Services
PA	Public Announcement
PIO	Public Information Officer
PR	Public Relations
SPT	Special Projects Team
TDD	Telecommunications Device for the Deaf
VOAD	Voluntary Organizations Active in Disaster