

HURRICANE PREPAREDNESS MANUAL

FOR MEDICAL PRACTICES



LAMMICO

One Galleria Blvd., Ste. 700

Metairie, LA 70001

504.831.3756 | 800.452.2120

www.lammico.com

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Introduction

Planning and preparation are essential for minimizing losses from a disaster. According to the Insurance Information Institute, more than 30% of businesses never reopen following closure due to hurricane, tornado, flood, or other disaster.

Advance planning for business continuity and disaster recovery can facilitate recovery and help to minimize practice losses; therefore, all medical practices should have a disaster plan in place.

When Hurricane Katrina struck New Orleans on August 29, 2005, losses to medical practices were profound. In a matter of hours, medical records, essential practice documents, and entire medical practices were destroyed. Physicians and patients were displaced making provider-patient contact virtually impossible.

Developed in collaboration with physicians and practice managers who survived Katrina, this plan provides practical recommendations for establishing communications and for protecting your patients, your employees, and your practice in the event of a hurricane.

Hurricane Preparations

Practice Information

Provide patients with emergency contact information, including a practice e-mail address, emergency phone numbers, and Web site, if available. This information may be provided to the patient in an emergency information handout or included in a practice brochure.

Disaster Toolkit

During the hurricane planning phase, prepare a Disaster Toolkit to contain essential practice documents, information and items. Then determine which items should be removed during evacuation, and assign responsibility for placing information and items in the toolkit and removal and maintenance of the toolkit during evacuation. Refer to page 7.

Disaster Toolkit Contents

- Employee contact list
- Current patient list
- Logs or list of outstanding diagnostic tests, consults, and referrals
- Backup of financial applications
- Insurance policies or listing of essential policy information
- Equipment/supplies/vendors list
- Photographs or videotape of the facility, equipment and supplies
- Computer log-on/password list
- Copies of practice policies and procedures
- Copies of practice forms

Employee Contact List

Keep employee contact lists current. In the event of an extended evacuation, evacuation contact information should be maintained which includes street addresses, e-mail addresses, and telephone numbers and possible alternate means of communication. Key employees should be identified, responsibilities assigned, and staff educated on the process. Refer to page 10.

Hurricane Response Team

Identify the response team and delegate individual responsibilities. The response team typically consists of the physician, the practice manager, and selected key personnel.

Patient Information, Tracking, and Follow-up

Current Patient List

Maintain a list of all patients; identify patients who are currently undergoing treatment and/or need follow-up. If evacuation is pending, place a copy of the current patient list in the disaster toolkit as well as a listing of hospitalized and nursing home patients.

Tracking and Follow-up

When preparing to evacuate, records or logs of outstanding diagnostic tests, results, consults, and referrals should be placed in the Disaster Toolkit for follow-up as soon as possible after the hurricane. Refer to pages 19, 20, 21, 22.

Practice Operations

Prepare a list of key business contacts. They may consist of business attorney, CPA, and other contacts. Refer to page 23.

Financial

Financial considerations include how to manage AP/AR functions and payroll options in the event of practice closure.

Insurance

Consider keeping your practice insurance policies in a safe location that allows easy access in the event of a disaster. Consider storing them in a fire proof cabinet or off-site in a safety deposit box. Keep copies of insurance policies or a list with policy information in the Disaster Toolkit. Refer to pages 11, 12, 13, 23.

Audit insurance annually to determine if coverage is adequate. Factors to be considered when assessing insurance needs include:

- Whether coverage provides for “replacement value” of assets or does it provide coverage for the current value of any losses.
- Whether business interruption insurance is needed to cover practice expenses until the practice is able to reopen for business.

Documents

Document Protection

Store essential documents and originals in a safety deposit box or in a secure offsite location, if feasible. Maintain copies which can be placed in the Disaster Toolkit in the event of a hurricane, including practice forms, policies and procedures, and employee records.

Paper documents may be stored in fire-proof, water resistant cabinets, if available.

Electronic Records

Backup of practice records, including accounts payable/receivable and patient medical records, is essential. Protect electronic records by performing regular backups with off-site backup storage.

In the event of evacuation, consider taking your computer hard drives (CPUs) with you. You may be unable to return to your office for an extended period of time and may have to continue your practice at an alternate site.

Consider maintaining an emergency list of computer and internet log-on codes and passwords. Refer to page 14.

Paper Medical Records

Paper-based records are at risk in the event of a disaster, and hurricane planning should include strategies to mitigate risks, including electronic backup of critical records, if possible. Planned strategies must be implemented before a hurricane occurs to minimize potential losses. Refer to page 19.

To protect patient files and documents, secure paper records in cabinets, ideally above potential flood levels if office is on the first floor.

Sequestered files associated with litigation require additional consideration. These files may be removed during evacuation, stored off-site or in water resistant and fire proof cabinets, which may be purchased for additional protection.

Practice Inventory

Equipment/Supplies

Inventory practice equipment and record equipment type, model, serial numbers, and vendor information. Photographic or video records of equipment may be useful for claims in the event of loss.

To facilitate replacement and repairs, prepare a basic supply inventory of essential of-

office and medical supplies and a current list of all vendors/suppliers. Refer to pages 15, 16, 17, 18.

Secure Practice

If a hurricane poses a significant threat and the decision is reached to evacuate, take precautionary measures and proceed with a practice shutdown.

Recommendations include:

- Keeping valuable equipment off the floor
- Securing & covering equipment with plastic
- Securing drug cabinets and medical supplies
- Securing cash and receipts
- Taping windows
- Turning off water, gas, and electricity
- Transferring phones
- Posting a notice of evacuation on the door

Form 1 - Disaster Toolkit Checklist

- Employee Emergency and Evacuation Contact Information (Form 2)

Responsibility Assignment List

- Preparation evacuation
- Response
- Recovery
- Current list of active patients
- List of patients scheduled for appointments/appointment book

Tracking and Follow Up Logs

- Laboratory/Diagnostic Test Log (Form A)
- Consultation/Referral Log (Form B)
- Follow Up Appointment Log (Form C)
- Blood/Tissue Specimen Log (Form F)

Copies of Business Insurance Policies

- General Liability
- Business Interruption
- Medical Malpractice
- Flood
- Property
- Workers' Compensation
- Health, Dental, Life
- Business Operations Insurance Policy and Contact Information (Form 3)
- Business Operations Contact Information (Form D)
- Insurance Company Contact Information (Managed Care Contracts) (Form 4)
- Insurance Provider Number (Form E)

License/Professional/Business/Certificate Copies

- State medical license(s)
- Drug Enforcement Administration (DEA)
- Controlled Dangerous Substance (CDS)
- Education Certificate for Foreign Medical Graduates (ECFMG)
- Provider License Number (Form 5)
- Curriculum vitae
- Occupational business
- Federal tax ID #
- Employer identification #
- CLIA certificate
- Log on and Password (Form 6)
 - Computer
 - EMR/Insurance billing software
 - Insurance company Web sites
 - Other programs used by the practice
 - Accounting
 - Payroll
 - Voicemail
 - Building/office security system
- Inventory Office Equipment/Supplies (Form 7)
- Checklist Inventory Office Equipment/Supplies (Form 8)
- Inventory Clinical Equipment/Supplies (Form 9)
- Checklist Inventory Clinical Equipment/Supplies (Form 10)
- Photos/Video Office and Medical Equipment and Supplies
- Damaged/Destroyed Medical Records (Form 11)

Backup Media

Medical Software

- Medical billing software
- Electronic medical software

Other

- A/P A/R
- Payroll
- Other as needed for operations
- Originals Form Binder
 - Patient
 - Operations
 - HIPAA
 - Insurance
 - Super bill/fee ticket
- Local telephone book

Form 2 - Employee Emergency & Evacuation Contact List

<p style="text-align: center;">Staff Member</p> <p>Name: _____</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>E-mail: _____</p>	<p style="text-align: center;">Emergency Contact</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p style="text-align: center;">Evacuation Contact</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p>
<p style="text-align: center;">Staff Member</p> <p>Name: _____</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>E-mail: _____</p>	<p style="text-align: center;">Emergency Contact</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p style="text-align: center;">Evacuation Contact</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p>
<p style="text-align: center;">Staff Member</p> <p>Name: _____</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>E-mail: _____</p>	<p style="text-align: center;">Emergency Contact</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p style="text-align: center;">Evacuation Contact</p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p>

Form 3 - Business Operations Insurance Policy & Contact Information

General Liability	Business Interruption
Company:	Company:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Agent:	Agent:
Policy #:	Policy #:
Medical Malpractice	Flood
Company:	Company:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Agent:	Agent:
Policy #:	Policy #:
Property	Health
Company:	Company:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Agent:	Agent:
Policy #:	Policy #:
Workers' Comp	Dental
Company:	Company:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Agent:	Agent:
Policy #:	Policy #:

Form 4 - Insurance Company Contact Information

Company:	Company:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Agent:	Agent:
Policy #:	Policy #:
Company:	Company:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Agent:	Agent:
Policy #:	Policy #:
Company:	Company:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Agent:	Agent:
Policy #:	Policy #:
Company:	Company:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Agent:	Agent:
Policy #:	Policy #:

Form 6 - Log-on and Passwords

Log-On and Password

For each employee, you may want to include the log-on and password for individual computers, electronic medical records, insurance/billing software, accounting systems, voicemail, building/office security system, and other programs used by the practice.

Employee Name	Site	Log-on	Password

Form 8 - Office Equipment/Supplies Checklist

Office Equipment/Supplies Inventory Checklist

- | | |
|---|--|
| <input type="checkbox"/> Computers | <input type="checkbox"/> Television/VCR/DVD |
| <input type="checkbox"/> Printers | <input type="checkbox"/> Stereo |
| <input type="checkbox"/> Scanners | <input type="checkbox"/> Magazines |
| <input type="checkbox"/> Software | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Photocopiers | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Telephones and telephone equipment | <input type="checkbox"/> Microwave |
| <input type="checkbox"/> Filing cabinets | <input type="checkbox"/> Stationary supplies |
| <input type="checkbox"/> Desk | <input type="checkbox"/> Clerical supplies |
| <input type="checkbox"/> Executive desk | <input type="checkbox"/> Printed forms |
| <input type="checkbox"/> Credenza | <input type="checkbox"/> Water cooler |
| <input type="checkbox"/> Chairs | <input type="checkbox"/> Safe |
| <input type="checkbox"/> Sofa | <input type="checkbox"/> Intercom system |
| <input type="checkbox"/> Dictation equipment | <input type="checkbox"/> Time clock |
| <input type="checkbox"/> Alarm/security system | <input type="checkbox"/> Answer machine |
| <input type="checkbox"/> Lamps | <input type="checkbox"/> Kitchen supplies |
| <input type="checkbox"/> Artwork | <input type="checkbox"/> Plants |
| <input type="checkbox"/> Books | |

Form 10 - Clinical Equipment/Supplies Checklist

Office Equipment/Supplies Inventory Checklist

- | | |
|--|--|
| <input type="checkbox"/> Exam tables | <input type="checkbox"/> Test supplies |
| <input type="checkbox"/> Exam chairs | <input type="checkbox"/> Exam supplies |
| <input type="checkbox"/> Stethoscope(s) | <input type="checkbox"/> Medication - oral |
| <input type="checkbox"/> Glucometer | <input type="checkbox"/> Medication - injectable |
| <input type="checkbox"/> Cerumen remover | <input type="checkbox"/> Injection supplies |
| <input type="checkbox"/> Wall-mounted equipment | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Microscope | <input type="checkbox"/> Narcotic medication |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Electrocardiogram |
| <input type="checkbox"/> Incubator | <input type="checkbox"/> Surgical instruments |
| <input type="checkbox"/> Urinometer | <input type="checkbox"/> Surgical supplies |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Clinical supplies |
| <input type="checkbox"/> Blood drawing equipment | <input type="checkbox"/> Books |
| <input type="checkbox"/> Charts | <input type="checkbox"/> Oxygen tank |
| <input type="checkbox"/> Scale | <input type="checkbox"/> IV supplies |
| <input type="checkbox"/> Lamps | <input type="checkbox"/> Crash cart |
| <input type="checkbox"/> X-ray equipment | <input type="checkbox"/> Emergency supplies |
| <input type="checkbox"/> Diagnostic equipment | |

Form A - Laboratory/Diagnostic Test Log

Date	Patient's Name	Test	Specimen	Date Scheduled	Date Results Received	Date Patient Notified

Form B - Consultation/Referral Log

Date	Patient's Name	Physician's Name	Date Results/Report Received	Date Results/Report Reviewed

Form D - Business Operations Contact Information

You may wish to develop a list of key business contacts that may include:

Business Attorney:	CPA:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Attorney:	Name:
Web site:	Web site:
Payroll:	Bank:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Representative:	Representative:
Account #:	Account #:
State Board of Medical Examiners:	State Medical Society:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Contact:	Contact:
Web site:	Web site:
Department of Health & Hospitals:	Health Associations:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Contact:	Contact:
Web site:	Web site:

Form D - Business Operations Contact Information (Continued)

Off Site Storage:	Telephone Company:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Contact:	Name:
Web site:	Web site:
Electricity Vendor:	Water Company:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Representative:	Representative:
Account #:	Account #:
EDI:	Clearing House:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Contact:	Contact:
Web site:	Web site:
Landlord:	Property Manager:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Contact:	Contact:
Web site:	Web site:

Form E - Insurance Provider Numbers

Cigna																	
CNN																	
Aetna																	
Blue Cross Blue Shield																	
American Life Care																	
Medicaid																	
Medicare																	
UPIN Number																	
Physician APRN Physician Assistant																	

Form E - Insurance Provider Numbers *(Continued)*

PPO Plus																		
PHN (People's Health Network)																		
PHCS (Private Healthcare System)																		
LWCC																		
Humana																		
First Health																		
FARA																		
Coventry																		
Physician APRN Physician Assistant																		

Form E - Insurance Provider Numbers *(Continued)*

United Health Care																	
First Health																	
Tricare																	
State Employees Group Benefits																	
Physician APRN Physician Assistant																	

Form G - Facility & Vendor Contact Information

Hospital:	Hospital:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Contact:	Name:
Web site:	Web site:
Hospital:	Hospital:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Representative:	Representative:
Account #:	Account #:
Nursing Home:	Nursing Home:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Contact:	Contact:
Web site:	Web site:
Answer Service:	Medical Billing Software Vendor:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Contact:	Contact:
Web site:	Web site:

Form G - Facility & Vendor Contact Information (Continued)

Electronic Medical Record Vendor:	Computer Network:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Contact:	Name:
Web site:	Web site:
Office Equipment Maintenance:	Office Equipment Maintenance:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Representative:	Representative:
Account #:	Account #:
Clinical Equipment Maintenance:	Clinical Equipment Maintenance:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Contact:	Contact:
Web site:	Web site:
Safety Deposit Box:	Medical Record Storage Facility:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone: Cell:	Phone: Cell:
E-mail:	E-mail:
Contact:	Contact:
Web site:	Web site:

Hurricane Response

After the Hurricane

Establish contact and assemble the response team, i.e. physician, practice manager, and any additional response staff. Begin a damage assessment as soon as conditions allow.

Response Team

Assess availability of employees and identify personnel to implement response plan. After the response team is in place, maintain regular communications. Re-assign responsibilities as necessary.

Assessment of Medical Office

Building/Office

When the practice site is accessible, determine the condition and conduct an inventory utilizing the inventory form to assess any loss. Make a photographic or video record of any damage or loss, and have photographic documentation available for insurance documentation. Once the assessment is completed, contact the building owner or managers and the insurance company.

Medical Records

For paper records, assess the status and condition, and determine whether it will be necessary to utilize a restoration company to address any need for paper records restoration. Consider using a reputable restoration expert for evaluation and determination of whether records can be restored.

Create a log for any records destroyed that indicates which records were destroyed and why. Refer to Page 33.

Communications

Assess the practice communication capabilities, including telephone, cell phone, text messaging, internet, and e-mail. Contact service providers as soon as possible to re-establish services.

Computer Systems/Business Records

Assess damage to computer systems and document the type and extent of lost data. Utilize back-up data to restore or recreate files, or contact computer service vendors for recovery, if needed.

Personnel Records

If not removed during evacuation, assess the condition of employee records. If damaged, consider following the same procedures recommended for medical records restoration.

Re-opening Timelines

After the practice assessment is completed, meet with key personnel to establish reasonable re-opening timelines. Notify staff and patients when a re-opening date is established.

Hurricane Recovery

Once assessment is complete, retrieve essential documents from the Disaster Toolkit and implement the recovery plan to re-establish the practice.

Re-open/Re-establish Practice

Have the Disaster Toolkit available for the recovery process.

Practice Site

After assessment of the building and office, evaluate whether the site can be repaired and re-opened. If re-opening at the pre-hurricane site is not practical, consider an alternative practice site.

Communications

Ensure that practice communication capabilities are re-established as soon as services are available. Notify answering service, hospitals, and nursing homes of any changes in contact information.

Staff

During the recovery process, determine any replacement/hiring needs and develop a plan for filling any staffing needs.

Medical Records Access

Restore electronic medical records according to back-up procedures. If paper medical records are damaged or destroyed, re-construct on next patient contact.

Patient Notification

One of the greatest challenges for patients post-Katrina was locating their physician. If unable to contact patients by phone, methods which may be helpful for getting practice information to patients include:

- Answering service messages
- Practice Web site
- Louisiana State Medical Society Web site
- Radio messages

Contact Current Patients

As the physician/patient relationship still exists, reasonable efforts to locate patients should be made. Risk management recommendations include attempting to contact patients and/or the physician caring for your patients.

Document patient name, date of attempts, name of contact person with whom you spoke, synopsis of the discussion, plan of care, and any other relevant information.

Patient contact may be accomplished by:

- Phone follow-up for patients with pending appointments, outstanding tests, consultations, and referrals
- Postcards
- Hospital
- Nursing home

Locating Hospitalized Patients

Recommended contacts to locate hospitalized patients who were evacuated include the following:

- Family members
- LHAonline.org
- Red Cross
- Facilities' Web site
- Department of Health and Hospitals
- Coroner's office

Resume practice functions

Utilize the patient contact lists from the Disaster Toolkit to recall patients and for identification, tracking, and follow-up of outstanding diagnostic tests, consultations, and referrals.

Summary

Planning and preparation before a disaster strikes can be the decisive factor in whether or not a practice survives. If only minor damage occurs, preparation can facilitate timely re-opening. If major damage or destruction occurs, disaster planning can minimize the impact and may ultimately save the practice.

For more information regarding hurricane planning, contact LAMMICO Risk Management at 504-841-5211 or 800-452-2120 x1211.

Internet Resources

American Red Cross

(202) 303-4498
www.redcross.org

Center for Disease Control and Prevention

(404) 639-3311
www.cdc.gov

Department of Health and Hospitals

www.dhh.louisiana.gov

Drug Enforcement Administration

(504) 840-1100
 (202) 307-1000 Headquarters
www.dea.gov

Federal Emergency Management Agency (FEMA)

(800) 621-3362
www.fema.gov

Joint Commission of Accreditation of Health care Organizations (JACHO)

(630) 792-5000
www.jacho.org

Louisiana Hospital Association

(225) 928-0026
www.lhaonline.org

Louisiana State Board of Dentistry

www.lsbdb.org

Louisiana State Board of Medical Examiners

(504) 568-6820
www.lsbme.org

Louisiana State Medical Society

(800) 375-9508
www.lsms.org

Louisiana State Nurses Association

www.lsna.org

National Hurricane Center

(305) 229-4470
www.nhc.noaa.gov

National Weather Service

www.nws.noaa.gov

New Orleans Louisiana

www.nola.com

Office of Civil Rights/HIPAA

(877) 696-6775
www.hhs.gov/ocr/hipaa/

United States Small Business Administration (SBA) (800)-659-2955

www.sba.gov/disaster_recov/prepared/get-ready.html

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

(630)-792-5000
http://www.jcaho.org/about+us/public+policy+initiatives/emergency_preparedness.pdf

U.S. Dept. of Occupational Safety & Health Organization (OSHA)

(800) 321-6742
www.osha.gov