Governor’s Task Force
Louisiana Novel Coronavirus 2019 (COVID-19)
Preparedness and Response Plan

VERSION 1
Version: March 13, 2020
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## Record of Changes

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**Executive Summary**

An effective State response to a COVID-19 outbreak will depend on established partnerships and collaborative planning by State agencies, public health officials, hospital administrators, and community leaders who have considered a range of best-case and worst-case scenarios. It will require flexibility and real-time decision-making, guided by epidemiologic information on the disease. It will also depend on a well-informed public that understands the dangers of a COVID-19 outbreak and accepts the potential need for control measures like self-isolation and/or quarantine to prevent disease spread by reducing social contact. The public must also understand and accept the rationale in prioritizing the use of limited supplies of pharmaceuticals and Personal Protective Equipment (PPE).

The Louisiana COVID-19 Emergency Operations Plan (COVID EOP) will be implemented by the Governor’s Office of Homeland Security and Emergency Preparedness (GOHSEP) in consultation with the Louisiana Department of Health (LDH) and at the direction of the Governor, in an event of an outbreak affecting Louisiana. GOHSEP will coordinate the response including any necessary participating Emergency Support Functions, State and local government agencies, non-governmental organizations (NGOs), and private sector partners.

**Background**

Public Health officials are responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and has now been detected in the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “public health emergency of international concern” (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to COVID-19.

On January 31, 2020, The U.S. declared the COVID-19 outbreak a public health emergency domestically. The President of the United States signed a presidential “Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel”.

On March 11, 2020, the International Health Regulations Emergency Committee of the World Health Organization formally declared the COVID-19 outbreak a Pandemic.

**Source and Spread of the Virus**

Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus (named SARS-CoV-2).
Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequently reported outside Hubei and in countries outside China, including in the United States. Some international destinations now have apparent community spread with the virus that causes COVID-19, including in some parts of the United States. Community spread means some people have been infected and it is not known how or where they became exposed.

Transmission:
Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. The contribution of small respirable particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain. However, airborne transmission from person-to-person over long distances is unlikely.

Symptoms:
For confirmed COVID-19 infections, reported illnesses have ranged from people with little to no symptoms to people being severely ill and dying. Symptoms can include:

- Fever (83–98%),
- Cough (46%–82%),
- Myalgia or Fatigue (11–44%)
- Shortness of Breath (31%) at illness onset

Approximately 80% of confirmed COVID-19 cases report mild symptoms, but severe illness and death are possible, specifically for older adults with chronic medical conditions. Sore throat has also been reported in some patients early in the clinical course. Less commonly reported symptoms include sputum production, headache, hemoptysis, and diarrhea. Some patients have experienced gastrointestinal symptoms prior to developing fever and lower respiratory tract signs and symptoms.

Incubation period:
- 5 days (range 4-7; as little as 2 days or as long as 14 days after exposure possible).
- CDC believes at this time that the incubation period of COVID-19 is estimated at approximately 5 days (95% confidence interval, 4 to 7 days).
- However, symptoms may appear in as few as 2 days or as long as 14 after exposure, based on the previous MERS viruses.

Vaccines, Tests and Treatment:
- No vaccines, or specific treatments, but the ability to test is available.

Purpose

The intent of the COVID-19 response plan is to provide general guidance to parish, State, and Federal Governments and all stakeholders in the preparation of plans specific to a COVID-19 response. The
The purpose of this document is to outline responsibilities of specific stakeholders and identify how the state will coordinate a response to an outbreak of COVID-19 in Louisiana.

Assumptions
1. Local governments have the primary responsibility to provide initial emergency response and emergency management services within their jurisdictions.
2. State government may provide and/or augment emergency response services that exceed the capabilities of local governments as per the State EOP.
3. In the response to a confirmed case of COVID-19 in Louisiana, the Governor will activate the State’s Emergency Operations Plan and the COVID-19 EOP under the command of GOHSEP.
4. The State Emergency Operations Center will be activated to appropriate level.
5. Unified Command Group (UCG) will assemble as necessary to set response action for COVID-19.
6. Joint Information Center (JIC) will be activated
   - Develop Press Releases
   - Develop Canned Responses that can be used by all agencies PIOs
   - Aggressive factual information sharing to the public/news media
7. State response actions will begin.
   State agencies will continue to have ongoing meetings to refine response plans for various scenarios.
8. Parish conference calls will be conducted as necessary with affected parishes to obtain and provide information and guidance. GOHSEP would maintain continual contact with affected parish officials and State and local response agencies ensuring an immediate and coordinated response.
9. Support request for local and State agencies would be facilitated immediately via Web EOC.
10. State Declaration may be issued by the Governor.

The Strategic Goals

This operating plan for mitigating a COVID-19 outbreak addresses four strategic goals listed in this section in order to provide an overarching framework for the various functions of State government. In keeping with the goals of this framework, the State of Louisiana created the Governor’s Task Force for COVID-19 and developed the response plan that can be used as a strategic guide to State agencies in their preparation and response to a COVID-19 outbreak. This response plan can also be used to assist in continuing basic operations and facilitate the maintenance of critical infrastructure and decision-making processes used by government during an outbreak. This response plan does not replace existing Continuity of Operations plans, pandemic response plans or the responsibilities to prepare the plans of these agencies.

Strategic Goal 1: Protect Citizens
During an outbreak, the State government conducts normal business operations and functions as a responder. The strategic objectives of the State of Louisiana include disease surveillance and taking steps to mitigate an outbreak by delaying the introduction and slow the spread, with the goal of lessening the severity of the pandemic upon the residents of the State. Examples of the State’s planned response may
include advising persons who are ill to stay home; cancelling public gatherings and events; dismissing students from schools; and closing schools for a designated period of time.

1. Protect life and property
2. Minimize exposure particularly in the following sectors:
   a. Healthcare facilities and entities
   b. Elementary, Secondary, and Higher Education - particularly those of higher learning as students and faculty may be conducting research in COVID-19 affected areas
   c. Faith based organizations - as they have missionary/humanitarian efforts in affected countries
   d. First Responders
   e. Service and Tourism Industry
3. Conduct active medical and public health vigilance so as to identify and isolate symptomatic cases.
4. Identify consequence management steps for confirmed case(s) and contact tracing.
5. Support rapid & effective response to parishes and the healthcare industry

Strategic Goal 2: Ensure Continuity of Operations of State Agencies and Continuity of State Government
This strategic goal focuses on the internal functions of State government as a “large employer,” particularly on Continuity of Operations (COOP) planning necessary to continue day-to-day operations during an outbreak and maintain critical services such as Medicaid, newborn screening, safe food, and unemployment insurance.

1. Enact COOP elements as appropriate
2. Review all applicable human resource policies (i.e. telework, sick leave etc.)

Strategic Goal 3: Control of Information
Provide timely and accurate information to the media in order to inform the public about the threat of a natural disaster or the response to an emergency in effort to save lives. Deliver public information about precautionary measures in advance, during and after an event. Encouraging preparedness, and keeping the public aware of the most current information regarding the current threat, in order to protect and inform the public. Provide continuous and accurate information to the public on measures the state is taking and what citizens can do to protect and preserve life, health, and property.

The Governor will take the lead to inform the public of any preliminary, presumptive positive tests, or confirmed cases of COVID-19 in the State of Louisiana and direct the state response to the outbreak. For general information and advisories to the public, the Louisiana Department of Health will develop public advisories based on recommendations from the CDC. These messages will be disseminated through the state Joint Information Center (JIC).

1. Collect and disseminate accurate incident and public information to improve decision making, dispel rumors, and promote public awareness.
2. Use existing plans, procedures and agreements for the activation and operation of a Joint Information Center (JIC).
3. Use existing plans, procedures and agreements with other state agencies, private and commercial communications including the media, volunteer associations and individuals in order to have responsive channels for the dissemination of emergency information.

**Strategic Goal 4: Sustain/Support 16 Critical Infrastructure (CI) Sectors**

The State is responsible for developing and implementing Statewide CI protection programs that reflect and align with the full range of homeland security activities presented in the National Infrastructure Protection Plan (NIPP) and the State EOP. The 16 CI sectors are: Chemical; Commercial Facilities; Communications; Critical Manufacturing; Dams; Defense Industrial Base; Emergency Services; Energy; Financial Services; Food and Agriculture; Government Facilities; Health Care and Public Health; Information Technology; Nuclear Reactors, Materials, and Waste; Transportation Systems; Water and Wastewater systems. Note that infrastructure includes not only physical facilities associated but also the processes, systems, and information that support it.

Minimize exposure particularly in the following sectors:
1. Ports, Airports
2. Oil and Gas Industry
3. Utilities
4. Biosafety Labs

**Concept of Operations**

The initial response to the emergence of a COVID-19 outbreak that spreads from person to person will focus on delaying the spread of the virus, if feasible. Once spread, the foci of mitigation activities will be public health and individual measures that attempt to slow and limit viral transmission. Mitigation strategies aimed at controlling and slowing the spread of the virus might include measures that affect individuals (e.g., quarantine for 14 days, and contact monitoring) as well as measures that affect groups or entire communities (e.g., non-pharmaceutical interventions, closing schools, advised cancellation of public gatherings, implementation of community-wide “Stay Home Days”). Guided by federal guidance and epidemiologic data, the State of Louisiana and local health agencies will implement the most appropriate of these measures in efforts to minimize impact on disease transmission and minimize impact on individual freedom of movement. This is an evolving situational response based on an assessment of all factors and emerging information.

Plan Activation: LDH will make recommendations based on CDC guidance that a public health response is necessary. Based on LDH recommendations the Governor will then decide if a State of Emergency is necessary. If so, the Governor will make the Declaration, which will activate the Louisiana Health Emergency Powers Act. LDH in coordination with GOHSEP will implement the State COVID-19 response plan based upon the mission to protect the health of the citizens of Louisiana, and will activate this plan based on its powers to act under authority granted to it by the Louisiana Health Emergency Powers Act, RS 29:760. Other State agencies will execute their responsibilities outlined in the COVID-19 response plan as required, and implement their COOP plans as appropriate.
COVID-19 Response

The State of Louisiana recognizes the potential threat of a COVID-19 outbreak to incapacitate large numbers of the population. Depending on contact and travel history, this type of response will likely require precautionary health monitoring of qualifying individuals during the incubation period. It is foreseeable that a public health emergency could result from the single occurrence of 1 preliminary positive, presumptive positive, or confirmed positive COVID-19 case.

PUI Criteria for COVID-19
The CDC's most current PUI case / testing definition for COVID-19 may be accessed here:

The Louisiana Office of Public Health (OPH) Laboratory has the capacity to conduct laboratory testing for SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19). Immediately contact the Louisiana Office of Public Health (OPH) Infectious Disease Epidemiology Hotline at 1-800-256-2748 if you suspect a patient with COVID-19. Approval for testing must be obtained from the Infectious Disease Epidemiology Section prior to sample submission.

1The Louisiana Health Emergency Powers Act (RS-29:766) complete text can be found at http://www.legis.state.la.us/lss/lss.asp?doc=20762
The following criteria is being used to determine PUI status and testing criteria. For the purpose of this criteria, fever is defined as measured at ≥ 100.4°F. Affected geographic areas are defined as countries assigned a level 2 or 3 travel health notice by CDC or other areas determined to have sustained community transmission. This testing criteria is subject to change according to the availability of laboratory testing and updated epidemiologic information. Testing of samples for non-hospitalized patients may be delayed according to the volume of samples and changes in testing availability.

COVID19 Public Health Testing:

Patients appropriate for testing at the State laboratory include:

- Hospitalized patients with a severe respiratory illness with no other known cause.
- Suspect outbreak of COVID-19 among several individuals with recent onset of similar fever and lower respiratory symptoms.
- Recent fever and lower respiratory symptoms in a healthcare worker with direct contact to a laboratory-confirmed COVID-19 case.
- Suspect COVID-19 in a patient associated with a high-risk exposure setting such as a long-term care facility or a correctional facility.
- Clinicians who suspect COVID-19 in a patient who fits the criteria for testing at the state laboratory should call 1-(800) 256-2748 for approval.

The availability of diagnostic testing for COVID-19 through commercial laboratories is increasing. Providers should immediately report preliminary positive COVID-19 commercial laboratory results to the Infectious Disease Epidemiology Hotline at 1-800-256-2748. At this time, all preliminary positive cases will be verified through the OPH lab. This is subject to change based on case number and validity to commercial testing.

Testing – Case Outcomes

- Private lab testing – would result in a “preliminary positive”; must be verified by State lab.
- State lab testing – would result in a “presumptive positive”; must be verified by CDC lab.
- CDC lab testing – would result in a “confirmed positive”; results final.

Notification

Testing

- IDEpi is responsible for evaluating provider requests for testing. Approval for COVID-19 testing through the State Lab will be based on current testing criteria, which are subject to change according to available epidemiologic information.

Outcomes

- Preliminary Positive
  1. Commercial lab and treating physician will immediately notify State ID Epi if a preliminary positive is determined.
  2. ID Epi will notify the Regional Medical Director and Hospital DRC and LDH Sections.
  3. ID Epi will notify the GOHSEP-IDEP LISTSERV (goihsep-idepi@listserv.doa.la.gov) which includes GOHSEP, Governor’s Office, and GOHSEP Regions, as well as LDH leadership.
  4. GOHSEP will notify the Governor and the Parish Directly.
  5. The Governor will announce an official press release upon notification.
6. While the State Lab verifies the preliminary positive, contact tracing will be initiated.

- **Presumptive Positive**
  1. State OPH lab and treating physician will immediately notify State ID Epi if a preliminary positive is determined.
  2. ID Epi will notify the Regional Medical Director and Hospital DRC and LDH Sections.
  3. ID Epi will notify the GOHSEP-IDEPI Listserv (gohsep-idepi@listserv.doa.la.gov) which includes GOHSEP, Governor’s Office, and GOHSEP Regions, as well as LDH leadership.
  4. GOHSEP will notify the Governor and the Parish Directly.
  5. The Governor will announce an official press release upon notification.
  6. While the State Lab verifies the preliminary positive, contact tracing will be initiated.

- **Confirmed Positive**
  1. CDC will notify State ID EPI of a confirmed positive.
  2. ID Epi will notify the Regional Medical Director and Hospital DRC and LDH Sections.
  3. ID Epi will notify the GOHSEP-IDEPI Listserv (gohsep-idepi@listserv.doa.la.gov) which includes GOHSEP, Governor’s Office, and GOHSEP Regions, as well as LDH leadership.
  4. GOHSEP will notify the Governor and the Parish Directly.
  5. The Governor will announce an official press release upon notification.
  6. Contact tracing will continue, as necessary.

**Figure 1: Notification Process: Lab-Confirmed Case**

![Louisiana State COVID-19 Case Notification Chart](chart.png)
Contact Tracing
Upon discovery of a preliminary positive, presumptive positive, or confirmed positive COVID-19 case, contact tracing will begin. Contact tracing is defined as the process of identification of persons who may have come into contact with an infected person and subsequent collection of further information about these contacts. All close contacts should be monitored for 14 days following their last known exposure to the case, and be isolated if they become ill.

The goal of contact tracing is to quickly identify potential cases to slow the spread of infectious illnesses. For this reason, the following public health recommendations to help minimize contact exposure.

Public health monitoring:
• For 14 days following travel, individuals will undergo self-monitoring supervised by public health in order to quickly identify any potential symptoms of COVID-19.
  o Medical monitoring shall include, but is not limited to, the following:
    ▪ Daily monitoring of body temperature and other vital signs, and
    ▪ Daily monitoring of symptoms that could be related to COVID-19.
  o Individuals must also maintain communication with LDH ID EPI.

Recommendations on travel in Louisiana following a trip to an COVID-19-affected area:
• For 14 days following travel, individuals should avoid use of commercial transportation, including the following:
  o Airplane
  o Ship
  o Bus
  o Train
  o Taxi
  o Other public conveyance

Recommendations on use of public places following travel to an COVID-19-affected area:
• For 14 days following travel, individuals should avoid places where the public congregate, including but not limited to the following:
  o Restaurants
  o Grocery stores
  o Gymnasiums
  o Theaters
  o Schools
  o Places of worship

Consequence Management Steps
Consequence management is driven by contact tracing and is situationally dependent. Case specific details will shape the scope and scale of mitigation activities. These details include who is sick (age, comorbidities, etc.), where was case discovered (hospital, school, etc.), and who they had contact with.

Response for Suspected Case
• Hospital and ID Epi discuss patient details, relevant travel history and/or exposure to COVID-19 to determine whether monitoring is required.
Response for Patient under Investigation (PUI) or Confirmed Case

- A suspect case that meets the criteria as outlined in the case definition is a PUI;
- Determine level of risk
- Sample sent for testing
- Patient in isolation
- ID Epi contact tracing begins

Response for Confirmed Case

- Patient remains in hospital facility in isolation for ongoing care or at home for isolation, depending on patient condition.
- In the event that a hospitalized patient no longer meets hospitalization requirements, the patient may be discharged to continue isolation at home.
- Household operations would begin.

Response for Close Contacts

- Contacts are identified and risk assessed by ID Epi according to CDC guidance.
- Monitoring by ESF8 (ID Epi) via phone call to determine if the person has gotten ill by 2x/day temperature and symptom monitoring beginning when case is confirmed.
- Communication from OPH/ID Epi (ESF8) Section will determine level of confinement for contacts.
- Regional Medical Directors will work with Parish to communicate when need to isolate is identified.

Assessment of Suspected COVID-19 Cases by Emergency Medical Services

- All emergency medical responders (EMRs), emergency medical technicians (EMTs), advanced emergency medical technicians (AEMTs) and Paramedics should have a heightened index of suspicion for any patients complaining of flu-like systems and a fever. These patients should be asked two additional screening questions:
  1. Within the past 14 days, has the patient traveled to a location where a COVID-19 outbreak is occurring?
  2. Has the patient been exposed to someone who is a suspected or known to have COVID-19?
- As with the flu and other respiratory illnesses, place a surgical mask on the patient, if tolerated.
- If travel history or risk factors warrant, the crew should initiate contact, airborne, and droplet precautions. See PPE guidance in Appendix 1
- Use caution with aerosol generating procedures.
- Notify the Hospital ED that a potentially infectious patient is en route.
- Properly don, doff, and dispose of PPE.
- Disinfect equipment and Unit per established protocols.
Direction Control

In the response to a confirmed case of COVID-19 in Louisiana, the Governor will activate the State’s Emergency Operations Plan under the command of the Director of GOHSEP.

Key Stakeholders
- Parish Offices of Homeland Security and Emergency Preparedness
- Parish 911/PSAP
- Parish EMS
- Parish Fire Departments/Districts
- Local law enforcement agencies
- Parish Coroner’s Offices
- Local Funeral Homes
- Parish Health Units
- Governor’s Office of Homeland Security and Emergency Preparedness (GOHSEP)
- Louisiana Department of Health
- Louisiana State Police (LSP)
- Louisiana Coast Guard
- State and Federal (HHS/CDC) ESF 8 partners
- Department of Child and Family Services

Key State Roles and Responsibilities

Local, State, and Tribal Coordination Requirements
Coordination between local, State and tribal authorities, as well as supporting private non-profit organizations and the private sector will be necessary in order to effectively manage the response to and recovery from an outbreak in Louisiana.

NGO Coordination Requirements
During an outbreak, there may be circumstances in which NGO support is needed to augment local, State, and tribal efforts to support its citizens. Examples of support services may include mass care sheltering and/or feeding, medical support, and mental health and crisis counseling for responders and the general public.

The NGOs potentially involved in outbreak operations include but are not limited to members of the local and State Voluntary Organizations Active in Disaster (VOAD), the American Red Cross, the Salvation Army, local food banks, and the Medical Reserve Corps (MRC).

Private Sector Coordination Requirements
During an outbreak, there may be circumstances in which members of the private sector are involved in local and State efforts to support its citizens. Examples of support services may include public messaging, mass care support, and/or medical support.

Key State Decisions
Pursuant to State law, key strategic decisions will be made by the Governor, LDH, and GOHSEP, working through the State UCG.
LDH will be the lead in regard to health issues. Coordination and operational response will use the State EOP processes and procedures with the understanding that health specific considerations may require alteration of SOPs. Decision-making will include coordination with local emergency management and other local officials and stakeholders.

**Critical Information Requirements (CIR)**
The following is critical information the State’s senior leadership will need, if available, in order to make critical operational decisions in the event of an outbreak in Louisiana.

- Estimate of infection rate in Louisiana, preferably by region
- Number of cases reported in a locality, virulence of the influenza strain, and severity of the disease spread
- DOE report on student absenteeism
- Closure decisions regarding schools, school-related activities, and childcare facilities; coordinated with the DOE
- Available health care resources by LDH region (e.g., EMSystems)
- Overall reports of businesses, or local or state government closures by parish
- Status report of pharmaceutical distribution, as necessary
- Status report of any major closures of public gatherings/events
- Status of any parish imposed quarantines and/or isolations
- State agency workforce status by department, and where applicable, by agency if that agency’s personnel are essential personnel and critical to ESF work
- Status of first responder PPE inventory and distribution
- Status of COOP plan implementation by State agencies
- Command staff status and COOP planning
- Public information campaigns (media distribution sources) and news conferences

**State ESF Roles and Responsibilities**

**ESF 1**
- DOTD
  - If parish is unable to conduct the following missions, DOTD will:
    - Manage the mission of transporting quarantined contacts of the confirmed COVID-19 cases to state approved quarantine locations if this becomes necessary
    - Manage the mission of transporting medical supplies or Personal Protective Equipment (PPE).
    - Manage the mission of transporting furnishings to quarantine locations *prior to the arrival* of quarantine candidates.

**ESF 2**
- See communications plan ICS 205

**ESF 3**
- DOTD
  - Be prepared to assist local, parish, and state officials with traffic management

**ESF 4**
• Provide local Fire Departments with situational awareness
• Provide local Fire Departments with best practices and protective measures
• Coordinate and provide assistance in response and mitigation

ESF 5
Unified Command Group will convene

GOHSEP
• State EOC will activate to appropriate level
• Conduct parish and regional conference calls to obtain and provide information
• Initiate WebEOC situational reporting and resource requesting from State and parish agencies.

ESF 6
DCFS
• As a contingency, DCFS will identify foster homes for immediate placement for children if parent(s) are PUI/confirmed cases and there is no one else in the household.
• Provide case workers
• Coordinate with VOADS to create a list of possible needs for quarantined individuals

Louisiana Housing Corporation
• Provide 18 single family dwellings for quarantine families
• Work with Public Service Commission for activation of utilities
• Work with LDH on providing facilities to house quarantine populations experiencing homelessness

Department of Corrections
• Policies and procedures to limit exposure to population

American Red Cross
• Coordinate with public health regarding screening and isolation protocols before opening any shelters
• Participate in mass feeding task force
• Implement COVID-19 DAT Response process

Workforce Commission
• Activate Mass Feeding Task Force
• Provide mass feeding support through established contracts

Department of Education
(See Appendix 3 for additional school information)
• Will determine continuity of education of school children
• DOE continues to disseminate information on COVID-19 to the following:
  ▪ Public Schools, Child Care Centers, Private Schools, Charter Schools
• When a student presents with an illness
  I. Nurse or office faculty (if no nurse) will ask the LDH approved targeted questions related to COVID-19 by contacting the parent/guardian of the student
  II. If the response is yes
     o The school will notify IDEpi
The school will follow instructions per IDEpi
The school will notify superintendent’s office

- Continuing education of students
  - Work with state/local officials

**ESF 7**

**DOA**
- Establish decontamination and remediation State contract
- Establish activity code for tracking expenses
- Issue memorandum(s) to State agencies to track expenditures and report same into WebEOC
- Establish Logistics Task Force to prioritize resource request and distribution

**GOHSEP**
- Execute Decontamination and Remediation contracts
- Execute procurement for other parish or state resource requests as needed

**ESF 8**

**LDH**
- Act as overall medical lead for all COVID-19 cases
- Educate Hospitals and pre hospital providers regarding, PPE levels, and handling of remains
- Infectious Disease EPI
  - Will notify state agencies of presumptive positive and confirmed cases of COVID-19
  - Conduct epidemiological investigations
  - Provide technical assistance for infection control precautions in hospitals, outpatient settings and long term care facilities.
- Bureau of Emergency Medical Services (BEMS) will provide proper direction and level of PPE for responders to potential COVID-19 related 911 calls
- BEMS may provide direction and level of PPE for coroners, funeral directors, and/or victim recovery contractors in the handling and transportation of COVID-19 remains to final disposition

**ESF 9**

No identified role

**ESF 11**

**LDAF**
- Provide resource support to ESF8 upon the request of the Public Health Officer

**ESF 12**

**LPSC**
- Work with Louisiana Housing Corporation for utilities activation of 18 reserved single family dwellings for quarantine families
- Work with DOTD/LDH to ensure regulated passenger vehicles for quarantine family transport are available and following all applicable regulations

**ESF 13**

**LSP**
- Provide public safety utilizing law enforcement assets
- Provide escorts for transportation

**DOJ**
- Provide court order for quarantine

**ESF 14**
- Will work with RSFs to identify recovery needs

**ESF 15**

**GOHSEP**
- In coordination with the Governors communications staff to lead all public information
- Coordinate with all agency PIOs in order to provide a unified message
  - Key PIOs (GOHSEP, LDH and LSP)
- Activate the State Joint Information Center when appropriate

**ESF 16**

**LANG**
- Prepare to handle logistics and commodity distribution
- Provide support to other ESFs
- Provide technical expertise assistance on scene

**ESF 17**
- COVID-19 Scams
- Patient Information

**Legislative Authorities**

1. **Louisiana RS 40: 3, 4, 5, 7, 10, 15, 16, and 18** of the Public Health and Safety Act “Louisiana Sanitary Code” empowers the State Health Officer with day-to-day authority including the following sections.
   a. **Section 3** - The state health officer shall at all times take all necessary steps to execute the sanitary laws of the state and to carry out the rules, ordinances and regulations as contained in the state sanitary code. He may issue warrants only to arrest or prevent epidemics or to abate any imminent menace to the public health
   b. **Section 5** - General powers and jurisdiction - The state health officer and the office of public health of the Louisiana Department of Health shall have exclusive jurisdiction, control, and authority:
      - (1) To isolate or quarantine for the care and control of communicable disease within the state.
      - (2) To take such action as is necessary to accomplish the subsidence and suppression of diseases of all kinds in order to prevent their spread.
   c. **Section 4 (A)(13)** broadly states “The state health officer, through the office of health services and environmental quality, shall be expressly empowered and authorized to
issue emergency rules and orders when necessary and for the purposes of controlling nuisances dangerous to the public health and communicable, contagious, and infectious diseases, and any other danger to the public life and health and health-safety.”

2. Louisiana RS 29:727, 728 and 729 of The Louisiana Homeland Security and Emergency Assistance and Disaster Act grants local governments (i.e., parish presidents) the authority to respond to emergencies.

a. Section 727 - Each political subdivision within this state shall be within the jurisdiction of and served by the Governor's Office of Homeland Security and Emergency Preparedness for purposes of homeland security and emergency preparedness and by a parish homeland security and emergency preparedness agency responsible for emergency or disaster mitigation, preparedness, response, and recovery.

b. Section 727 - Each parish president shall maintain a homeland security and emergency preparedness agency which, except as otherwise provided under this Chapter, has jurisdiction over and serves the entire parish.

c. Section 728 - Each parish office of homeland security and emergency preparedness thus created shall have a director who shall be appointed by the parish president.

d. Section 729 - Parish homeland security and emergency preparedness agency authorities and responsibilities

1) The parish office of homeland security and emergency preparedness, under the parish president, shall be responsible for homeland security and emergency preparedness in the parish.

2) The parish office of homeland security and emergency preparedness shall prepare and maintain an all hazards emergency operations plan and keep it current.

3. If a health emergency escalates, the Governor declares a State of Public Health Emergency (RS 29:766, Declaration of a state of public health emergency) authorizing the activation of RS 29:760, “Louisiana Health Emergency Powers Act” Acts 2003, No. 1206, §1. This Act provides the State through GOHSEP with the legal means to act in an operational Command and Control role in response to identified health threats to Louisiana, in consultation with LDH. The provisions of this Act are implemented after the Governor’s Declaration of Public Health Emergency and states:

Because the government must do all that is reasonable and necessary to protect the health and safety of its citizens; because new and emerging dangers, including emergent and resurgent infectious diseases and incidents of civilian mass casualties, pose serious and immediate threats; because a renewed focus on the prevention, detection, management, and containment of public health emergencies is essential; and because emergency health threats, including those caused by bioterrorism, may require the exercise of extraordinary government powers and functions, the state must have the ability to respond, rapidly and effectively, to potential or actual public health emergencies.

Additional authorities include:

a. RS 29:766 empowers the governor, upon a gubernatorial declaration of a public health emergency. Section D(7) states that the governor may “control ingress and egress to and from a disaster area, the movement of persons within the area, and the occupancy of premises therein.”

b. RS 29:767 states that the governor may designate powers to be delegated to the director of GOHSEP.
c. **RS 29:769 A.(1)** states that during a public health emergency GOHSEP (in consultation with the Louisiana Department of Health) may “close... any facility of which there is a reasonable cause to believe that it may endanger the public health.”

4. If the Federal government makes a disaster declaration, this authorizes FEMA to activate resources to support states.

**Related Legal Authorities for Quarantine and/or Isolation Operations**

Louisiana authority for the isolation and/or quarantine of individuals exposed to infectious diseases is found in the Sanitary Code (RS-40 of the Louisiana Administrative Code) and in the Health Emergency Powers Act (RS-29:760).

Although states and localities have primary responsibility for public health matters within their borders, including isolation and quarantine, there is also Federal legal authority under which these actions may be taken. Under the authority of Section 361 of the Public Health Service Act (42 USC 264), the U.S. HHS Secretary may make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States or from one state or possession into another.

**ADMINISTRATION, RESOURCES, AND FUNDING**

**Administration**

The Commissioner of the Division of Administration, in coordination with the Unified Command Group, is responsible for management and oversight of all administrative and financial requirements for initial State support of response and recovery operations for Louisiana.

Each participating agency will be responsible for administering its own internal operations in coordination with the Unified Command Group, following standard operating procedures from the State EOP. State agencies will absorb all cost for their statutory and ESF responsibilities and seek supplemental budget and funding as needed. State agencies will track all related emergency expenses with supporting documentation. Each State department is responsible for its own policies/procedures regarding sick and other leave, and work from home policies/procedures within the confines imposed by State Civil Service rules, and State and Federal laws.

Administrative management of personnel, licensure of personnel, leadership replacement, rotation policies, overtime, and required individual augmentation will be at the discretion of each agency pursuant to their Continuity of Operations Plan in coordination with the State Division of Administration.

**Resources**

Resources will be made available based on availability and prioritization of need. While material resources may be accessible, human resources at all levels and in all departments and agencies may be particularly scarce due to a COVID-19 outbreak.

**Logistics Management**
The standard operating procedures for logistics management found in the State EOP and used for any disaster response and/or recovery operation will be used in an outbreak response operation. Additional considerations specific to an outbreak response should be considered. (Note: This is not an all-inclusive list; it is a representation of considerations and requirements and can be expanded as needed.)

- Implement social distancing and personal hygiene procedures in acquisition and delivery of resources.
- Maintain technological support and capacity for increased alternative work environments and plans (e.g., server capacity, phone lines, equipment for personnel).
- Additional resources and/or space to support mortuary series will potentially be required. Additional resources specific to the required needs of each facility will be advised by the agencies requesting supplies.
- Provide sufficient and accessible infection prevention supplies, if possible (e.g., soap, alcohol-based/waterless hand hygiene products, tissues, and waste receptacles).
- Pre-positioned resources may be considered following standard operating procedures found in the State EOP with additional resource requirements specific to an outbreak response advised by LDH and/or agencies requesting supplies.

**Funding**
GOHSEP will be responsible for advising participating agencies of the funding mechanisms for State response operations. Standard Operating Procedures (SOPs) regarding funding in a response operation are found in the State EOP. GOHSEP will advise of any additional procedures, processes, or authorized expenses specific to an outbreak. In the case of Federal support, standard processes for coordination with FEMA will be implemented.

**Tracking Costs**
State agencies shall track activities and costs related to COVID-19.
Appendix 1: PPE


Use standard contact, and droplet precaution PPE practices when entering room or performing procedures. Remove PPE according to protocol when leaving.

- Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are appropriate for the care of patients with suspected or confirmed COVID-19.
- Nonsterile, disposable patient isolation gowns, which are used for routine patient care in healthcare settings, are appropriate for the care of patients with suspected or confirmed COVID-19.
- Eye shields that fully protect the eyes from potential droplets are appropriate for the care of patients with suspected or confirmed COVID-19.
- N95 respirators are appropriate for the care of patients with suspected or confirmed COVID-19.
  - If N95 respirator supply is limited, facemasks are an acceptable alternative, unless an aerosol-generating procedure is being performed.
  - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure.

![SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)](image-url)
Appendix 2: State Civil Service Workforce Guidelines

GENERAL CIRCULAR NUMBER 2020-008

DATE: March 10, 2020

TO: Heads of State Agencies and Human Resources Directors


This general circular provides initial workforce guidance to state agencies regarding COVID-19, commonly referred to as the coronavirus.

It is imperative that all state agencies continue to monitor correspondence and directives from the Governor’s COVID-19 Task Force. State Civil Service has received a number of questions from state agencies as they prepare for different scenarios relating to the potential spread of the virus. As an initial step, this general circular serves as guidance on available workforce options to specific scenarios as it relates to classified employees.

In an effort to keep workplaces healthy, employees should be encouraged to stay home when they are sick. This should be an ongoing practice in the workplace and not just during formally declared outbreaks and pandemics. In terms of COVID-19, to prevent stigma and discrimination in the workplace, use only guidance described by the Center for Disease Control and Prevention (CDC) and Office of Public Health (OPH) when making workplace determinations. Employers should not make determinations of risk based on race or country of origin, and always maintain as confidential the identity of the people who are confirmed or suspected of having the COVID-19 virus.

Undoubtedly, situations will occur whereby visibly sick employees will present themselves ready to work while experiencing symptoms that may relate to COVID-19. To this extent, State Civil Service has received a number of questions regarding the use of C.S.R. 11.13.1 (Enforced Sick Leave). Under this rule, an appointing authority may place an employee on sick leave when the employee asserts the need to be absent from the workplace because of his own illness or injury. This scenario generally occurs when the employee is present at work but alleges that he cannot perform the essential functions of his job due to physician restrictions or due to other illness or injury. The rule does not cover situations where the appointing authority unilaterally concludes, without an assertion of illness by the employee or a physician’s certification, that an employee cannot perform the essential functions due to illness.

An appointing authority may deem it in the best interest of his agency to have an employee away from the workplace when potentially exposed to the COVID-19 virus, whether or not the employee is exhibiting
symptoms of the virus. In such cases, appointing authorities should maintain employees in paid status, if possible.

The following are the initial scenarios prompting questions from state agencies:

**SCENARIO ONE: Employee presumptively or confirmed positive with COVID-19**
The employee shall remain home until he is cleared by a medical doctor to return to work. Normal sick leave rules apply. That is, the employee will continue in paid leave status via the use of sick leave. The appointing authority may authorize use of compensatory leave and annual leave, as applicable, upon exhaustion of sick leave.

Additionally, in this situation, FMLA leave may be applicable for eligible employees, and the FMLA regulations will govern. It is suggested that time limitations applicable to providing medical certifications be applied liberally due to other demands on healthcare providers.

**SCENARIO TWO: Employee is visibly sick and/or exhibits symptoms of COVID-19 and refuses to leave work**
While there are no rules that directly address this specific issue, the appointing authority should always start by asking the employee to leave work and, if he agrees, place the employee in sick leave status. If the employee refuses, the appointing authority should take the following actions, in the listed order of preference, until the employee is cleared by a medical doctor to return to work:

- Enforced compensatory leave under C.S.R. 21.6(b);
- Enforced annual leave under C.S.R. 11.9 (if annual leave balance is above 240 hours); or
- Place the employee off from work pursuant to Rule 12.10

**SCENARIO THREE: Employee possibly exposed to COVID-19 and has no symptoms of illness**
Under this scenario, an employee may have traveled internationally, may reside with a family member who has traveled internationally, may be aware of possible exposure to someone presumptively or positively confirmed to have COVID-19, or may have been contacted by health officials to advise that such contact has occurred. In such cases, the employee is required to report that information to Human Resources. Out of an abundance of caution, the appointing authority may desire to have the employee away from the workplace during the incubation period of the virus. Since the employee is ready for duty and has no visible symptoms of illness, every effort should be made to maintain the employee in paid status while off from work. When an appointing authority determines it is in the best interest of his agency, he may take the following actions, in the listed order of preference:

- Allow the employee to work from home through the designated incubation period
- Provide time off without loss of pay or loss of leave through the incubation period under C.S.R. 11.23(d). If the employee becomes ill or is diagnosed with COVID-19, the employee’s status should be converted to sick leave.

Keep in mind that under this scenario, the appointing authority is acting in the best interest of his agency due to COVID-19. Employees who are required to stay home as a precaution should be required to continually update the agency on their status. Sick leave status will become appropriate if the employee tests positive with COVID-19 or becomes sick with any other illness. If the employee exhausts sick leave while still off from work, the appointing authority may authorize use of compensatory and annual leave, as appropriate.
Detailed questions are arising daily as state agencies update their continuity of operations plans. State Civil Service will monitor these questions and provide further guidance as needed.

For updates on the state’s response to the coronavirus situation, visit the Louisiana Department of Health website.

Please note that this guidance sets forth best practices and does not alter any authority otherwise available to appointing authorities.

Sincerely,

s/Byron P. Decoteau, Jr.
State Civil Service Director
Appendix 3: LA Handbook for School Administrators

A. The local superintendent or chief school officer may dismiss any or all schools due to emergency situations, including any actual or imminent threat to public health or safety which may result in loss of life, disease, or injury; an actual or imminent threat of natural disaster, force majeure, or catastrophe which may result in loss of life, injury or damage to property; and, when an emergency situation has been declared by the governor, the state health officer, or the governing authority of the school.


HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 31:1262 (June 2005), amended LR 39:3258 (December 2013), LR 40:

B. A student who has been quarantined by order of state or local health officers following prolonged exposure to or direct contact with a person diagnosed with a contagious, deadly disease, and is temporarily unable to attend school, shall be provided any missed assignments, homework, or other instructional services in core academic subjects in the home, hospital environment, or temporary shelter to which he has been assigned. The principal, with assistance from the local superintendent and the LDE, shall collaborate with state and local health officers and emergency response personnel to ensure the timely delivery or transmission of such materials to the student.

C. Elementary students shall be in attendance a minimum of 60,120 minutes (equivalent to 167 six-hour days) a school year. In order to be eligible to receive grades, high school students shall be in attendance a minimum of 30,060 minutes (equivalent to 83.5 six-hour school days), per semester or 60,120 minutes (equivalent to 167 six-hour school days) a school year for schools not operating on a semester basis.

   ○ Students in danger of failing due to excessive absences may be allowed to make up missed time in class sessions held outside the regular class time. The make-up sessions must be completed before the end of the current semester and all other policies must be met.

D. Each LEA shall develop and implement a system whereby the principal of a school, or his designee, shall notify the parent or legal guardian in writing upon on or before a student's third unexcused absence or unexcused occurrence of being tardy, and shall hold a conference with such student's parent or legal guardian. This notification shall include information relative to the parent or legal guardian's legal responsibility to enforce the student's attendance at school and the civil penalties that may be incurred if the student is determined to be habitually absent or habitually tardy. The student's parent or legal guardian shall sign a receipt for such notification.

E. Tardy shall include but not be limited to leaving or checking out of school unexcused prior to the regularly scheduled dismissal time at the end of the school day but shall not include reporting late to class when transferring from one class to another during the school day.

F. Exceptions to the attendance regulation shall be the enumerated extenuating circumstances below that are verified by the Supervisor of Child Welfare and Attendance or the school principal/designee where indicated. These exempted absences do not apply in determining whether a student meets the minimum minutes of instruction required to receive credit.
1. Extended personal physical or emotional illness as verified by a physician or nurse practitioner licensed in the state;
2. Extended hospital stay in which a student is absent as verified by a physician or dentist;
3. Extended recuperation from an accident in which a student is absent as verified by a physician, dentist, or nurse practitioner licensed in the state;
4. Extended contagious disease within a family in which a student is absent as verified by a physician or dentist licensed in the state; or
5. quarantine due to prolonged exposure to or direct contact with a person diagnosed with a contagious, deadly disease, as ordered by state or local health officials; or
6. Observance of special and recognized holidays of the student's own faith;
7. Visitation with a parent who is a member of the United States Armed Forces or the National Guard of a state and such parent has been called to duty for or is on leave from overseas deployment to a combat zone or combat support posting. Excused absences in this situation shall not exceed five school days per school year;
8. Absences verified and approved by the school principal or designee as stated below:
   a. prior school system-approved travel for education;
   b. death in the immediate family (not to exceed one week); or
   c. natural catastrophe and/or disaster.

G. For any other extenuating circumstances, the student's parents or legal guardian must make a formal appeal in accordance with the due process procedures established by the LEA.

H. Students who are verified as meeting extenuating circumstances, and therefore eligible to receive grades, shall not receive those grades if they are unable to complete makeup work or pass the course.

I. Students participating in school-approved field trips or other instructional activities that necessitate their being away from school shall be considered to be present and shall be given the opportunity to make up work.

J. If a student is absent from school for 2 or more days within a 30-day period under a contract or employment arrangement to render artistic or creative services for compensation as set forth in the Child Performer Trust Act (R.S. 51:2131 et seq.) the employer shall employ a certified teacher, beginning on the second day of employment, to provide a minimum of three education instruction hours per day to the student pursuant to the lesson plans for the particular student as provided by the principal and teachers at the student's school. There must be a teacher to student ratio of one teacher for every 10 students.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:112, R.S. 17:221.3-4, R.S. 17:226.1, and R.S. 17:233.

Communicable Disease Control

A. The LDE will work cooperatively with the Louisiana Department of Health for the prevention, control and containment of communicable diseases in schools and shall assist in the dissemination of information relative to communicable diseases to all school governing authorities, including but not limited to information relative to imminent threats to public health or safety which may result in loss of life or disease.

B. Students are expected to be in compliance with the required immunization schedule.

   1. The principal is required under R.S. 17:170 to exclude children from school attendance who are out of compliance with the immunizations required by this statute.

   2. School personnel will cooperate with public health personnel in completing and coordinating all immunization data, waivers and exclusions, including the necessary Vaccine Preventable Disease Section's school ionization report forms (EPI-11, 11/84) to provide for preventable communicable disease control.

C. The superintendent may exclude a student or staff member for not more than five days, or the amount of time required by state or local public health officials, from school or employment when reliable evidence or information from a public health officer or physician confirms him/her of having a communicable disease or infestation that is known to be spread by any form of casual contact and is considered a health threat to the school population. Such a student or staff member may be excluded unless the state or local public health officers determine the condition is no longer considered contagious.
Appendix 4: Guidance for Safe Handling of Human Remains of COVID-19 Patients

The remains of any individual infected with COVID-19 should be handled with reasonable care similar to the handling of those who have died of influenza. In this regard, a body bag should be used for transporting the remains. Anyone coming into contact or close contact with the remains should use full PPE. Washing or preparing the body is acceptable if those carrying out the task wear PPE. Mortuary staff and funeral directors must be advised of the biohazard risk. Embalming is not recommended. If an autopsy is required, safe working techniques (for example manual rather than power tools) should be used. In the event that power tools are used, full PPE should be worn. Limit the number of personnel working in the autopsy suite or performing funeral preparations on the remains at any given time to the minimum number of people necessary to safely conduct such work. A logbook including names, dates, and activities of all workers participating in the postmortem and cleaning of the autopsy suite should be kept to assist in future follow up, if necessary. Include custodian staff entering after hours or during the day. The following PPE should be worn during autopsy procedures:

- Double surgical gloves interposed with a layer of cut-proof synthetic mesh gloves
- Fluid-resistant or impermeable gown
- Waterproof apron
- Goggles or face shield
- NIOSH-certified disposable N-95 respirator or higher

Any worker handling human remains of those persons under investigation for COVID-19 should review the OSHA health and safety guidelines related to this virus at https://www.osha.gov/SLTC/covid-19/.
Terms and Definitions

**CDC**
Centers for Disease Control and Prevention

**Confirmed Case**
Positive PCR lab test results from the CDC

**Contact Tracing**
Conducted by ID Epi Team and CDC Team; finding everyone who comes in direct contact with a sick COVID-19 patient

**LDH**
Louisiana Department of Health

**DRC**
Disaster Response Coordinator

**EMS**
Emergency Medical Services

**ESF**
Emergency Support Function

**EUA**
Emergency Use Authorization

**GOHSEP**
Governor’s Office of Homeland Security and Emergency Preparedness

**Hazmat**
Hazardous Materials

**HHS**
U.S. Department of Health and Human Services

**ID Epi**
Infectious Disease Epidemiology

**Isolation**
Symptomatic; and in isolated setting in a medical setting or in a home-setting

**LRN**
Laboratory Response Network

**LSBEFD**
Louisiana State Board of Embalmers & Funeral Directors

**LSP**
Louisiana State Police

**OPH**
Office of Public Health

**OHSEP**
Office of Homeland Security and Emergency Preparedness

**Person Under Investigation (PUI)**
A person who has clinical criteria for COVID-19 and has the Epidemiological risk factors

**PHERC**
Public Health Emergency Response Coordinator

**PPE**
Personal Protective Equipment

**Quarantine (Confinement)**
Non-symptomatic: exposed to the disease; confined for the duration of the incubation period which is 14 days for COVID-19.
Attachment 2: GOHSEP State EOC
Attachment 3: GOHSEP Regional Coordinators

As of February 2020
Attachment 4: Louisiana State Police Troops
Attachment 5: ESF-8 Network
Attachment 6: Bureau of EMS

Point of Contact for the Bureau of EMS
Attachment 7: ESF-8 Behavioral Health
Attachment 8: US Coast Guard Vessel Screening

Interim Guidance for USCG and CBP at U.S. Seaports in Response to 2019-nCoV as of February 12, 2020

**Interim Guidance for Seaport Partners with Ships Arriving at US Ports of Entry: for Management of Sick Travelers if COVID-19 is Suspected**

This document provides US federal agency seaport partners with CDC’s interim guidance for how to manage sick travelers, including passengers and crew, as they come into US ports of entry, if Coronavirus Disease 2019 (COVID-19) is suspected by CDC. The situation is rapidly evolving, and CDC is monitoring it closely. Guidance will be updated as needed.

Federal regulations require the master of a ship destined for a US port to immediately report to CDC any death or certain illnesses among the ship’s passengers or crew. The CDC Quarantine Station of jurisdiction then follows up to ensure appropriate public health actions are taken, if needed. The majority of illnesses on maritime ships can be controlled at the port level and rarely need federal resources.

**Follow Standard Protocols for Required Reporting of Sick Travelers:** At present, CDC is requesting maritime partners to follow standard required reporting of symptoms for any sick traveler on an international conveyances destined for the U.S. Symptoms of COVID-19 may include fever, cough, and shortness of breath, which are included in CDC’s regulatory definition of “ill person.”

**Reports of Illness Among Travelers who were in China During the 14 days Before Illness Onset:** CDC has provided Interim Guidance for Ships on Managing Suspected Coronavirus Disease 2019 for preventing spread of COVID-19 during and after a voyage, including personal protective measures for crew members. www.cdc.gov/quarantine/maritime/recommendations-for-ships.html

**Cruise ships:** CDC will work directly with the ship’s lead physician and the cruise line’s medical director to obtain the pertinent medical and travel history.

**Non-cruise ships:** If the signs and symptoms are consistent with CDC’s standard required reporting requirements, please have the following information available before notifying the nearest CDC Quarantine Station:

- List of the sick traveler’s signs and symptoms, including onset dates
- The sick traveler’s highest recorded temperature
- The sick traveler’s embarkation date and port
- The ship’s ports of call during the 14 days before the person got sick
- List of ports of call where the sick traveler disembarked during the 14 days before the person got sick

After reviewing the travel history and signs/symptoms, CDC and the state and/or local health department will provide recommendations on a case-by-case basis for the sick traveler(s) and others onboard if there is a concern for COVID-19. If a different disease of public health concern is suspected, CDC will provide recommendations per standard operating protocols.

**If a Disease of Public Health Concern is Suspected at a US Port of Entry**

CDC will:

- Direct the captain of the ship or the ship’s physician to have the sick person wear a facemask (if they are able) to prevent any respiratory droplet transmission; and
- Direct the paramedic/EMS staff to wear the appropriate personal protective equipment as recommended by CDC during transport.
CBP will:

- Assist with expedited disembarkation of the sick person to facilitate rapid transfer to a medical facility.

Personal Protection for Port Partners Responding to Any Sick Traveler:

- If not already done, ask the sick person to wear a face mask, if available and can be tolerated.
- Follow your agency’s protocols for use of personal protective equipment.
- Maintain a distance of 6 feet from the sick person while interviewing, escorting, or providing other assistance.
- Keep interactions with sick people as brief as possible.
- Avoid touching your eyes, nose, and mouth.
- Wash your hands often with soap and water. If soap and water are not available and if hands are not visibly soiled, use a hand sanitizer containing 60%-95% alcohol, especially after interacting with a sick traveler or touching potentially contaminated surfaces (e.g., touched by someone who is sick).
- Wash your hands even if you wore gloves.

Background: From the maritime perspective, please keep in mind the following:

- The US government has limited travel from China into the United States to US citizens and residents and others who are allowed to enter the United States; therefore, the numbers of travelers coming from the Hubei and China are lower. (See www.whitehouse.gov/presidential-actions/proclamations-suspension-entry-immigrants-nonimmigrants-persons-pose-risk-transmitting-2019-novel-coronavirus/)
- Based on what is currently known about COVID-19, the symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.
- The average transit time for vessels between China and most US ports is over 14 days.
- The majority of cruise lines have suspended crew movements from mainland China and will deny boarding to any individual, whether guest or crew, who has travelled from or through mainland China within the 14 days before embarkation.

For More Information

- About COVID-19: www.cdc.gov/nCoV
- CDC’s reporting requirements for cargo ships: www.cdc.gov/quarantine/cargo/reporting-deaths-illness/how-to-report-onboard-death-or-illness.html

Additional Maritime Resources

- International Maritime Organization (IMO): www.imo.org/en/MediaCentre/HotTopics/Pages/Coronavirus.aspx
CORONAVIRUS (COVID-19) SCREENING CHECKLIST

VERBALLY ASK INDIVIDUAL SEEKING TO ENTER FACILITY THE BELOW QUESTIONS AND RECORD ANSWERS VIA BELOW CHECK BOX:

1. ☐ Yes ☐ No Have you traveled out of the country or to any affected area in the US in the past 14 days?
2. ☐ Yes ☐ No Have you been around anyone that has been exposed to the Coronavirus (COVID-19) in the past 14 days?
3. ☐ Yes ☐ No Do you currently have a fever?
4. ☐ Yes ☐ No Do you currently have a new onset of shortness of breath?
5. ☐ Yes ☐ No Do you currently have a cough?

Additional Comments:

NEXT STEPS:

- If the individual answered no to all of the above, he/she is cleared for purposes of this screening.
- If the individual answered "yes" to any of question(s) 1, 2, or 3: he/she shall be denied entrance to the facility.
- If the individual answered "yes" to either questions 4 or 5 (or to both) the individual’s temperature shall be taken:
  - If the individual has a temperature of 100.00 Degrees Fahrenheit or higher, he/she shall be denied entrance to the facility.
  - If the individual does not have a temperature of 100 degrees or higher, but exhibits or self-reports symptoms of shortness of breath or coughing, he/she is cleared for purposes of this screening, but may also be required to wear a mask throughout the duration of the stay on the premises as determined by an appropriate health care practitioner designated by the warden (or designee) for purposes of this screening.

Each person denied entrance to the facility pursuant to this checklist shall be verbally directed to seek medical advice regarding risk of exposure to the virus from an outside qualified emergency health care provider.

If the person denied pursuant to this screening is an employee of the LADOC, immediately notify facility Warden and Medical Director.
Questions about coronavirus now being answered by Louisiana 211 Statewide Network
Text alert system also add for instant updates

Louisiana’s statewide 211 network is now answering calls about COVID-19, also known as the coronavirus. This network is best designed and staffed to handle the large volume of calls from Louisiana residents who are concerned and who have questions about the rapidly spreading virus.

Anyone looking for information about the coronavirus outbreak can simply dial 211 or text the keyword LACOVID to 898-211 for the most current information about the outbreak as it becomes available.

With Louisiana 211 now equipped and trained to answer questions from the public, the Louisiana Department of Health will no longer staff the coronavirus general information telephone lines, 855-523-2652. People calling this number will get a voice message directing them to call 211.

In addition to being able to call the Louisiana 211 and to sign up for text messaging, residents can get written answers to the most-asked questions by concerned citizens. The website is: www.la211help.org

Over the past week, the call volume to LDH’s general information line, that was only available during business hours, has increased from several call a day to several hundred calls.

Dr. Alex Billioux, assistant secretary for LDH’s Office of Public Health, said this change will give citizens the best way to get information any time of the day or night.

“The Louisiana 211 statewide network is established as the public’s first and best source to connect callers with critical information about health and human services,” Billioux said, “This expertise ensures that citizens can talk to a person who is trained to answer their questions 24 hours a day.”

The Louisiana 211 statewide network provides multilingual services as well as information for people who are hearing impaired.

Sarah Berthelot, president and CEO of the Louisiana Association of United Ways, coordinates statewide response efforts with 211 providers throughout Louisiana.
“By working with the Louisiana Department of Health, the 211 network allows residents to get the information they need as quickly as possible. Our robust system of call centers, text message capability and websites gives people access to information that can help them make better decisions and best prepare for this health crisis,” Berthelot said.

This week, LDH provided Louisiana 211 with a comprehensive list of questions that have come into the original information telephone line. These include questions about testing for coronavirus, symptoms and treatment and when to access medical help. Answers to all questions were provided by LDH’s medical leadership team.

Louisiana 211 is supported by United Ways throughout the state of Louisiana.
Attachment 11: Executive Order PLACE HOLDER
WHEREAS, the Louisiana Health Emergency Powers Act, La. R.S. 29:760, et seq., confers upon the Governor of the State of Louisiana emergency powers to deal with public health emergencies, including an occurrence or imminent threat of an illness or health condition that is believed to be caused by the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin, in order to ensure that preparations of this state will be adequate to deal with such emergencies or disasters and to preserve the health and lives of the people of the State of Louisiana;

WHEREAS, when the Governor after consultation with the public health authority determines that a public health emergency has occurred, or the threat thereof is imminent, La. R.S. 29:766(A) empowers him to declare a state of emergency by executive order or proclamation;

WHEREAS, the U.S. Centers for Disease Control and Prevention ("CDC") is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in many other countries, including in the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”);

WHEREAS, according to the CDC’s website, person-to-person spread has been subsequently reported in countries outside China, including in the United States. Some international destinations now have apparent community spread with the virus that causes COVID-19, as do some parts of the United States. Community spread means some people have been infected and it is not known how or where they became exposed;

WHEREAS, on January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “public health emergency of international concern” (PHEIC). On January 11, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to COVID-19;

WHEREAS, a World Health Organization statement released March 7, 2020 stated that the global number of confirmed cases of COVID-19 has surpassed 100,000;

WHEREAS, as of March 11, 2020, the CDC’s website reports that 34 states, including the District of Columbia, have reported cases of COVID-19 to CDC, for a total of 918 confirmed cases, and that states have reported 29 deaths resulting from COVID-19;
WHEREAS, on March 11, 2020, the World Health Organization designated the COVID-19 outbreak as a worldwide pandemic;

WHEREAS, on March 9, 2020, a Louisiana resident, pursuant to CDC protocol, was tested for COVID-19, with the test being presumptively positive;

WHEREAS, in the last two days, several more Louisiana residents have tested presumptively positive for COVID-19;

WHEREAS, the State of Louisiana has reason to believe that COVID-19 may be spread amongst the population by various means of exposure, therefore posing a high probability of widespread exposure and a significant risk of substantial future harm to a large number of Louisiana citizens;

WHEREAS, the Governor of the State of Louisiana has consulted with the public health authority regarding COVID-19;

WHEREAS, the Governor, after such consultation, finds that a threat of a public health emergency is imminent;

WHEREAS, a declaration of public health emergency is necessary to allow state agencies to thoroughly prepare for any eventualities related to public health needs and deploy additional resources to assist local authorities, if necessary; and

WHEREAS, the Secretary of the Department of Health and the State Health Officer have requested that a public health emergency be declared.

NOW THEREFORE, I, JOHN BEL EDWARDS, Governor of the State of Louisiana, by virtue of the authority vested by the Constitution and the laws of the state of Louisiana, do hereby order and direct as follows:

SECTION 1: Pursuant to the Louisiana Health Emergency Powers Act, La. R.S. 29:760, et seq., a state-wide public health emergency is declared to exist in the State of Louisiana as a result of the imminent threat posed to Louisiana citizens by COVID-19, which has created emergency conditions that threaten the lives and health of the citizens of the State.

SECTION 2: The Governor's Office of Homeland Security and Emergency Preparedness and Secretary of the Department of Health are hereby expressly empowered to take any and all actions authorized under the Louisiana Health Emergency Powers Act, La. R.S. 29:760 et seq., in relation to this public health emergency.

SECTION 3: The Secretary of the Department of Health and/or the State Health Officer are hereby expressly empowered to take any and all actions authorized thereto under Titles 29 and 40 of the Louisiana Revised Statutes and under the State Sanitary Code (LAC Title 51) in relation to this public health emergency.

SECTION 4: Pursuant to La. R.S. 29:724(D)(1), the Louisiana Procurement Code (La. R.S. 39:1551, et seq.) and Louisiana Public Bid Law (La. R.S. 38:2231, et seq.) and their corresponding rules and regulations are hereby suspended for the purpose of the procurement of any good or services necessary to respond to this emergency.

SECTION 5: Pursuant to La. R.S. 29:732(A), prices charged or value received for goods and services sold may not exceed the prices ordinarily charged for comparable goods and services in the same market area at or immediately before the time of the state of emergency, unless the price by the seller is attributable to fluctuations in applicable commodity markets, fluctuations in applicable regional or national market trends, or to reasonable expenses and charges and attendant business risk.
incurred in procuring or selling the goods or services during the state of
emergency.

SECTION 6: In addition to any authority conferred generally herein or by law, the Governor's
Office of Homeland Security and Emergency Preparedness, through consultation
with the Secretary of the Department of Health, shall have the primary
jurisdiction, responsibility and authority for:

1. Planning and executing public health emergency assessment, mitigation,
   preparedness response, and recovery for the state;
2. Coordinating public health emergency response between state and local
   authorities;
3. Collaborating with relevant federal government authorities, elected officials
   of other states, private organizations or companies;
4. Coordinating recovery operations and mitigation initiatives subsequent to
   public health emergencies;
5. Organizing public information activities regarding public health emergency
   response operations; and
6. Taking any other measures deemed necessary and proper, as authorized by
   law.

SECTION 7: The following travel restrictions will apply to all state employees:

A. All state employees intending to travel beyond the continental United States
   shall review the CDC's website at http://www.cdc.gov/travel/advisories/ to
determine if the country to be visited has been identified as posing a threat
of contracting COVID-19;
B. All state employees traveling on state business to areas designated as
   Warning Level 2 or Level 3 or above by the CDC are hereby directed to
cancel or postpone these trips; all employees traveling internationally to
other countries are hereby required to obtain specific authorization from the
Commissioner of Administration;
C. All state employees intending to travel internationally for non-official
   reasons are hereby directed to notify their supervisor and Human Resources
   Director of the travel as soon as possible, but in no event later than forty-
eight (48) hours prior to travel, and immediately upon return to the United
   States;
D. All state employees with household members who intend to travel or have
   traveled to areas designated as Warning Level 2 or Level 3 or above by the
   CDC are hereby directed to notify their supervisor and Human Resources
   Director of the travel as soon as possible, but in no event later than forty-
eight (48) hours prior to the household member's departure, so that the
   household member's expected date of return, and to notify their supervisor
   and Human Resources Director immediately upon the household member's
   actual return to the United States, and
E. All state employees shall notify their supervisor and Human Resources
   Director if the employee or a household member develops symptoms
   associated with COVID-19.

SECTION 8: The Civil Service Commission and the Division of Administration are hereby
directed to develop a set of guidelines for state employees who are infected with
COVID-19 or under quarantine for possible exposure to COVID-19. Such
guidelines shall include direction for the management of sick leave by state
employees and provide for direction, if possible, for the employee to work remotely. The guidelines developed by the Civil Service Commission and the Division of Administration shall be put into effect by this order.

SECTION 9: All orders allowing for visitation by the parent of a foster child that resides in a home that is quarantined or isolated due to COVID-19 are hereby suspended. The Department of Child and Family Services is hereby ordered to make all reasonable efforts to allow for alternative visitation.

SECTION 10: This Proclamation shall be disseminated promptly by means reasonably calculated to bring its contents to the attention of the general public. The Proclamation shall also be promptly filed with the Governor's Office of Homeland Security and Emergency Preparedness, with the Department of Health, Office of Public Health, and with the Secretary of State.

SECTION 11: All departments, commissions, boards, agencies and officers of the State, or any political subdivision thereof, are authorized and directed to cooperate in actions the State may take in response to the effects of this event.

SECTION 12: This order is effective upon signature and shall remain in effect from Wednesday, March 11, 2020 to Thursday, April 9, 2020, unless terminated sooner.

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana in the City of Baton Rouge on this 11th day of March, 2020.

[Signature]
GOVERNOR OF LOUISIANA

ATTEST BY THE SECRETARY OF STATE

[Signature]
SECRETARY OF STATE
WHEREAS, pursuant to the Louisiana Homeland Security and Emergency Assistance and Disaster Act, La. R.S. 29:721, et seq., the Governor declared a Public Health emergency in Proclamation Number 25 JBE 2020;

WHEREAS, the worldwide outbreak of COVID-19 and the effects of its extreme risk of person-to-person transmission throughout the United States and Louisiana significantly threatens the safety, health, and security of the citizens of the state, along with public facilities, including, but not limited to schools, workplaces, nursing homes, hospitals, etc.;

WHEREAS, Centers for Disease Control (CDC) guidance for responding to the COVID-19 pandemic suggests aggressive measures for limiting the possible interaction of the public with individuals exposed to or infected with COVID-19, including limiting large public gatherings;

WHEREAS, limitations in interactions between members of the public includes school age children, who may be in a position to pass COVID-19 to vulnerable populations, including the elderly or those with underlying medical conditions;

WHEREAS, CDC guidance also encourages social distancing and prevention of unnecessary personal interactions;

WHEREAS, in only a matter of weeks, COVID-19 has had an economic impact on thousands of workers in the State of Louisiana, and will likely result in impacts to many more;

WHEREAS, individuals who are impacted by COVID-19 may not be able to report to work; they may need to be isolated or quarantined; they may have to care for a sick family member; care for a child whose school is closed; and the extraordinary volume of resulting unemployment claims pose serious challenges to the effective and timely administration of the unemployment compensation system;

WHEREAS, the State of Louisiana intends to proactively address the significant emotional and economic impact upon Louisiana workers;

WHEREAS, Louisiana Revised Statute 29:724 confers upon the Governor emergency powers to deal with emergencies and disasters and to ensure that preparations of this state will be adequate to deal with such emergencies or disasters, and to preserve the lives and property of the citizens of the State of Louisiana, including the authority to suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business, or the orders, rules, or regulations of any state agency, if strict compliance with the provisions of any statute, order, rule, or regulation would
in any way prevent, hinder, or delay necessary action in coping with the emergency, and

WHEREAS, the Secretary of the Louisiana Workforce Commission has requested the Governor, due to the extreme volume of claims to be processed, suspend the application of La. R.S. 23:1553, 1552, 1600(2) and (3), and 1601(1), (2) and (7)(b), (h) and (d), for emergency-related claims, so as to allow the timely and fair administration of the unemployment insurance program.

NOW THEREFORE, I, JOHN BEL EDWARD, Governor of the State of Louisiana, by virtue of the authority vested by the Constitution and the laws of the State of Louisiana, do hereby order and direct as follows:

SECTION 1: In an effort to reduce and limit the spread of COVID-19 in Louisiana, and to preserve the health and safety of all members of the public, all gatherings of 250 people or more between Friday, March 13, 2020 and Monday, April 13, 2020 shall be postponed or cancelled. This applies only to gatherings in a single space at the same time where individuals will be in close proximity to one another. It does not apply to normal operations at locations like airports, medical facilities, shopping centers or malls, office buildings, factories or manufacturing facilities, or grocery or department stores. This provision may be extended beyond Monday, April 13, 2020 by further order.

SECTION 2: All public schools in the State of Louisiana shall close facilities to students until April 13, 2020. Schools may offer complete distance learning as capabilities exist. With appropriate social distancing measures, schools shall, if able, continue to provide meals or other essential services with applicable staff. Instructional minute requirements shall be temporarily suspended for distance education courses and for curriculum delivery. The required 63,720 instructional minute requirement per year shall also be suspended. The Board of Elementary and Secondary Education shall report to the Governor and the Legislature any further actions necessary to ensure that eligible students achieve successful student grading, promotion, and graduation.

SECTION 3: To reduce the burden on members of the public and to limit the interactions of individuals with state employees in governmental offices, the following regulatory statutes are hereby suspended as follows:

A. Department of Public Safety
   1. The deadlines for the period to request an administrative hearing pursuant to La. R.S. 15:542.1.3(B)(1) which expire on or after March 9, 2020 but before May 10, 2020 is suspended and extended until June 9, 2020.
   2. Pursuant to Concealed Handgun Permits, the rules related to expiration of permits at LAC 55:1.1309(D) and LAC 55:1.1309(F) shall be suspended until May 10, 2020.

B. Office of Motor Vehicles
   1. The expiration date of a driver’s license which would be expired beginning on March 9, 2020 through May 10, 2020, are suspended until May 20, 2020.
   3. The expiration date of temporary registration plates issued pursuant to La. R.S. 47:549 and La. R.S. 47:519.2 which expire on or before March 9, 2020 is suspended until May 10, 2020.
   4. The expiration date of license plates issued pursuant to La. R.S. 47:482, et seq., which expire on or after March 9, 2020 but before May 10, 2020 is suspended until May 10, 2020.
5. The notice of default issued pursuant to La. R.S. 32:429.4 that would be issued on or after March 9, 2020 but before May 15, 2020 is suspended, and the notice will not be issued until after May 15, 2020.

6. The expiration date of an apportioned registration issued under the International Registration Plan which expires March 31, 2020 is suspended and the expiration date is extended to May 31, 2020.

7. The period to request an administrative hearing submitted to the Department pursuant to La. R.S. 22:667, La. R.S. 32:862, La. R.S. 862.1 and LAC Title 55, Part III, Chapter 1, §1.99 which expired on or after March 9, 2020 but before May 10, 2020 are suspended and extended until June 10, 2020.

8. The sixty-day delay for the Department to submit the administrative hearing record to the Division of Administrative Law pursuant to La. R.S. 32:663(D)(1) for an arrest which occurred on or after March 9, 2020 but before May 10, 2020 is extended until August 8, 2020.

9. Office of Motor Vehicles may offer services by remote customer services agent interaction in current Office of Motor Vehicles office locations.

SECTION 4: Any state department or agency or political subdivision is hereby granted authority to extend any non-essential deadline for a period of no longer than 30 days if deemed necessary to respond to the threat of COVID-19.

SECTION 5: The Louisiana Legislature is hereby requested to consider a suspension resolution which would allow for the suspension of any legal requirements to ensure the continued operation of state and local government, including such issues as legal deadlines and quantum requirements for open meetings.

SECTION 6: For the purpose of this executive order, "emergency-related claims" shall mean claims for unemployment compensation filed by persons whose unemployment is directly due to the impact of COVID-19 or due to their inability to get to their job or worksite because they are sick, isolated or quarantined, caring for a sick family member, or when an employer's child's school is closed as determined by the administrator of the state's unemployment compensation program, i.e., the executive director of the Louisiana Workforce Commission. Emergency-related claims will not necessarily include all claims in all parishes included in COVID-19 proclamations, declarations or orders.

SECTION 7: The following statutes relative to unemployment insurance are hereby suspended to the extent and in the manner described below:

A. La. R.S. 23:1533, which provides for claimants' benefits to be charged against base period employers for purposes of employer tax experience rating and the protecting of such charges by employers, shall be suspended for emergency-related claims made during the effective period of this Order.

B. La. R.S. 23:1532, which provides for the charging of claimants' benefits to certain employers, shall be suspended for emergency-related claims made during the effective period of this Order.

C. La. R.S. 23:1600(2) and (3) shall be suspended while this Order is in effect for emergency-related claims to the extent that they require claimants to register and search for work, but the requirements in La. R.S. 23:1600(3) that claimants continue to report at an employment office in the manner prescribed by the administrator, and in La. R.S. 23:1600(3) that claimants be able to work and be available for work, are not waived. The requirement to continue to report at an employment office, which is accomplished through either an automated telephone system or the Internet, is not impractical and avoids overpayments, which claimants would be liable to repay. Such activities are not permitted by an individual who is impacted by COVID-19.
SECTION 8: Any organization licensed by the Louisiana Department of Revenue Office of Charitable Gaming to conduct games of chance pursuant to the Charitable Raffles, Bingo and Keno Licensing Law shall not be authorized to hold or conduct any sessions as defined in La. R.S. 47:140 for the period beginning Friday, March 13, 2020 and ending on Sunday, April 12, 2020.

SECTION 9: All departments, commissions, boards, agencies and officers of the State, or any political subdivision thereof, are authorized and directed to cooperate in actions the State may take in response to the effects of this event.

SECTION 10: This state of emergency extends from Friday, March 13, 2020 to Thursday, April 9, 2020, unless terminated sooner.

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana in the City of Baton Rouge, on this 13th day of March, 2020.

[Signature]
GOVERNOR OF LOUISIANA

ATTEST BY THE
SECRETARY OF STATE

[Signature]
SECRETARY OF STATE
TO: All Licensed Healthcare Facilities

FROM: Cecile Castello, RN
Deputy Assistant Secretary, Health Standards Section

DATE: March 12, 2020

SUBJECT: Restriction on Visitation in Louisiana Healthcare Facilities

Please see the attached memo with guidance on visitation to all Louisiana Healthcare Facilities. Please adhere closely to this guidance.

I also ask that you contact me with any questions you may have regarding this guidance. My telephone number is 225-342-4937 or you may email me at cecile.castello@la.gov.

Respectfully,
Cecile Castello BSN, RN
Deputy Assistant Secretary, Health Standards Section
HEALTHCARE FACILITY NOTICE

FOR IMMEDIATE RELEASE

TO: All Licensed Health Care Facilities in Louisiana
FROM: LDH Office of Public Health
       Jimmy Guidry, State Health Officer
       LDH Health Standards
       Cecile Castello, Deputy Assistant Secretary
RE: Visitor Restriction
DATE: March 12, 2020

The State of Louisiana, Department of Health ("LDH"), is committed to taking critical steps to ensure public health and safety, to prevent the spread of COVID-19 in healthcare facilities, the State of Louisiana, Department of Health, is DIRECTING AND REQUIRING that all licensed healthcare facilities in Louisiana that receive visitors, adhere to the following provisions, restrictions, and limitations, EFFECTIVE IMMEDIATELY:

A. VISITOR RESTRICTION

A.1. Any licensed healthcare facility in Louisiana that receives visitors shall IMMEDIATELY PROHIBIT all non-essential visitors for thirty (30) days, this 30 day mandatory prohibition of visitors shall commence on March 12, 2020, and shall end on April 10, 2020, unless otherwise extended by written notice from the Department:

   (a) Visitors deemed essential, vital, or necessary to the patient/clients/residents's care and well-being, as determined by the individual healthcare facility after consultation with the family/responsible party, may be allowed into the facility pursuant to policies/procedures adopted by the healthcare facility, provided that such visitor does not meet the definition of Restricted Person [see definition in Paragraph A.3 below].
A.2. However, this prohibition on non-essential visitors is subject to the following exception:

(a) A Visitor who does not meet the definition of a Restricted Person [see definition in Paragraph A.3 below] may be allowed to enter the facility as a non-essential visitor, subject to the facility’s approval, in situations involving a resident/client/patient who is on end-of-life care.

A.3. A Restricted Person is defined as a person who meets any one or more of the following criteria:

(a) Has signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat (as assessed by the facility);
(b) In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or is under investigation for COVID-19, or has been or is currently ill with respiratory illness;
(c) Has been on international travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries, please see: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
(d) Is residing in a community where community-based spread of COVID-19 is occurring.

A.4. A facility shall immediately implement a policy and procedure to offer alternative means of communication for residents/clients/patients and their families and friends. Alternative means of communication may include virtual visitations and communications (telephone access, Skype, Face Time, other video-communications, etc.). Facility should consider assigning staff as primary contact for families for inbound calls, and should consider conducting regular outbound calls to keep families up to date.

A.5. A Facility shall immediately notify responsible parties and family members of prohibitions on visitation and the alternative means of communication for residents/clients.

B. ELECTIVE PROCEDURES

B.1 The Department recommends that all facilities consider limiting and restricting all elective or voluntary medical procedures in their facilities, for thirty (30) days from the date of this Notice.

End of Memo