

## Emergency Preparedness Plan (EPP) Introduction

As a licensed adult care home Operator, you are required to develop, maintain, update, and implement a written Emergency Preparedness Plan (EPP) on the ACHP-approved template for the protection of residents in the event of an emergency or disaster. The EPP must be practiced at least annually. Practice may consist of a walk-through of the duties or a discussion exercise dealing with the hypothetical event, commonly known as a tabletop exercise. Operators must re-evaluate the EPP at least annually or when there is a significant change in the home. MCAR 023-100-865 (a) and (h).

Your home's emergency preparedness must include provisions for evacuation and relocation that identify the duties of providers during evacuation, transportation, housing of residents, and instructions to providers to notify appropriate parties of the plan to evacuate or the evacuation of the home as soon as the emergency or disaster reasonably allows. MCAR 023- 100-865 (d).

## Gathering Emergency Preparedness Plan (EPP) Documentation and Material

To begin setting up your home's EPP, you will need to gather copies of different documents for each resident, obtain emergency supplies and the ACHP Emergency Preparedness Plan form. Use this guide to help you plan ahead as you begin developing your home's emergency preparedness plan.

- **ACHP Emergency Preparedness Plan form.** Print the form once preferably in color & black ink. Page 4 & 5 should be filled out for each resident. EPP Staff Certification of Training page should be completed for each Caregiver, Back-Up Operator and approved resident manager (if applicable).
- **One (1) Red 3-Ring Binder at least 2" or 3" inches wide.** It is considered best practice to use a binder in the color **Red**. Binder should include the Emergency Preparedness Plan Cover Page.
- **Dividers with Tabs.** Use dividers with clear large tabs to organize and label each section of the EPP Table of Contents, and to separate residents' information as well. This keeps information organized and easy to find in the event of an emergency and for ACHP Inspections.
- **Plastic Sheet Protectors.** Insert each page of your home's EPP binder in a plastic clear sheet protector, this protects documentation from rain or water damage.

**Note:** *Your EPP Binder must be kept locked at all times with the rest of your home's records.*

## Make copies ahead of required documentation for each resident:

**Take a Picture of the Resident.** A current picture with the date it was taken.

**1 Copy- Resident Information Sheet** form Complete and Up-to-Date.

**1 Copy- Care Plan or Individual Support Plan-** Complete and Up-To-Date.

**1 Copy- Medications Order up-to-date** signed by the prescribing licensed health care professional.

## List of Recommended documentation: (optional)

**1 Copy- Orders for Treatment/ Procedure/ Therapy/ Adaptive Equipment up-to-date** signed by the prescribing licensed health care professional.

**1 Copy - PRN Guidelines form** for each as needed medication prescribed.

**1 Copy- Legal Representative documents: Power of Attorney, Conservator, Guardian,** if applicable.

**1 Copy- End of Life documentation, if applicable:** POLST, DNR, or Advance Directive.

**1 Copy- Behavioral Support Plan,** if applicable.

**Emergency Supplies-** See Page 6 and 11 for more information and a full list of supplies.

# Emergency Preparedness Form (EPP)

Operator's Name: \_\_\_\_\_ License # \_\_\_\_\_  
Adult Care Home Address: \_\_\_\_\_  
Landline Phone # \_\_\_\_\_ Operator Cell # \_\_\_\_\_ Fax # \_\_\_\_\_  
Resident Manager Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Back-Up Operator: \_\_\_\_\_ Phone # \_\_\_\_\_

## Initial - Emergency Preparedness Plan (EPP)

**Instructions:** Fill out this section at the time you develop your home's EPP for the first time. A plan must be in place even if there are no residents living in the home initially. All caregivers working in the home at the time you develop the initial EPP, resident manager (if applicable) and the home's Back-Up Operator should be trained on their duties and responsibilities in the event of an emergency or disaster, see page 14.

Operators shall develop, maintain, update, and implement a written Emergency Preparedness Plan (EPP) on the ACHP-approved template for the protection of residents in the event of an emergency or disaster. MCAR 023-100-865 (a-h).

Initial EPP Complete Date: \_\_\_\_\_ Initial EPP- Staff Training Date: \_\_\_\_\_

- ☐ No residents were living in the home at the time the initial EPP was developed. Skip to page 6.  
☐ Initial EPP includes information for residents living in the home at the time the initial EPP was developed.

## Annual Re-Evaluation - Emergency Preparedness Plan

**Instructions:** Complete each checkbox as part of your annual review, this includes expiration date of food, water, emergency supplies and an opportunity to get fire extinguishers serviced. EPP should be practiced at least annually. Practice may consist of a walk-through of the duties **or** a discussion exercise with residents and providers dealing with the hypothetical event (tabletop exercise). MCAR 023-100-865 (a).

Annual Re-Evaluation Date: \_\_\_\_\_

- ☐ Review of EPP and Required Documentation  
☐ Walk-through of duties or Tabletop Exercise  
☐ Review of Shelter in Place Supplies  
☐ Review of Emergency Go Bags  
☐ Fire Extinguisher(s) Serviced

Annual Re-Evaluation Date: \_\_\_\_\_

- ☐ Review of EPP and Required Documentation  
☐ Walk-through of duties or Tabletop Exercise  
☐ Review of Shelter in Place Supplies  
☐ Review of Emergency Go Bags  
☐ Fire Extinguisher(s) Serviced

Annual Re-Evaluation Date: \_\_\_\_\_

- ☐ Review of EPP and Required Documentation  
☐ Walk-through of duties or Tabletop Exercise  
☐ Review of Shelter in Place Supplies  
☐ Review of Emergency Go Bags  
☐ Fire Extinguisher(s) Serviced

Annual Re-Evaluation Date: \_\_\_\_\_

- ☐ Review of EPP and Required Documentation  
☐ Walk-through of duties or Tabletop Exercise  
☐ Review of Shelter in Place Supplies  
☐ Review of Emergency Go Bags  
☐ Fire Extinguishers Serviced

Annual Re-Evaluation Date: \_\_\_\_\_

- ☐ Review of EPP and Required Documentation  
☐ Walk-through of duties or Tabletop Exercise  
☐ Review of Shelter in Place Supplies  
☐ Review of Emergency Go Bags  
☐ Fire Extinguisher(s) Serviced

Annual Re-Evaluation Date: \_\_\_\_\_

- ☐ Review of EPP and Required Documentation  
☐ Walk-through of duties or Tabletop Exercise  
☐ Review of Shelter in Place Supplies  
☐ Review of Emergency Go Bags  
☐ Fire Extinguisher(s) Serviced

Annual Re-Evaluation Date: \_\_\_\_\_

- ☐ Review of EPP and Required Documentation  
☐ Walk-through of duties or Tabletop Exercise  
☐ Review of Shelter in Place Supplies  
☐ Review of Emergency Go Bags  
☐ Fire Extinguisher(s) Serviced

Annual Re-Evaluation Date: \_\_\_\_\_

- ☐ Review of EPP and Required Documentation  
☐ Walk-through of duties or Tabletop Exercise  
☐ Review of Shelter in Place Supplies  
☐ Review of Emergency Go Bags  
☐ Fire Extinguisher(s) Serviced

## New Resident Admission- Re-Evaluation of Emergency Preparedness Plan

**Instructions:** Use this page to document a re-evaluation of your home's emergency plan every time there is a new resident admitted into your adult care home. You may archive this page once it is full. Record retention for adult care homes is 3 years.

Operators should develop, maintain and update a written EPP for the protection of residents in the event of an emergency and disaster. EPP must consider the needs of the residents being served and address all natural and human-caused events identified as a risk for the home. MCAR 023-100-865 (b).

**New Resident's Name:** \_\_\_\_\_

**Date EPP Re-Evaluated:** \_\_\_\_\_

**EPP binder updated with:** (select all that apply)

- ☐ EPP Page 4 & 5 completed.
- ☐ Tabletop Exercise or hypothetical events talk.
- ☐ Emergency Go-Bag packed to resident's needs.
- ☐ 1 Copy- Medications Order up-to-date
- ☐ 1 Copy- Resident Information Sheet form added
- ☐ 1 Copy- Current Care Plan or ISP, as applicable.
- Recommended:** (optional)
- ☐ 1 Copy- Orders for Treatment/ Procedure/ Therapy or Adaptive Equipment.
- ☐ 1 Copy- PRN Guidelines complete and signed.
- ☐ 1 Copy- End of Life documentation added.
- ☐ 1 Copy- Behavioral Support Plan, if applicable.
- ☐ 1 Copy Legal Representative documents.

**New Resident's Name:** \_\_\_\_\_

**Date EPP Re-Evaluated:** \_\_\_\_\_

**EPP binder updated with:** (select all that apply)

- ☐ EPP Page 4 & 5 completed.
- ☐ Tabletop Exercise or hypothetical events talk.
- ☐ Emergency Go-Bag packed to resident's needs.
- ☐ 1 Copy- Medications Order up-to-date
- ☐ 1 Copy- Resident Information Sheet form added
- ☐ 1 Copy- Current Care Plan or ISP, as applicable.
- Recommended:** (optional)
- ☐ 1 Copy- Orders for Treatment/ Procedure/ Therapy or Adaptive Equipment.
- ☐ 1 Copy- PRN Guidelines complete and signed.
- ☐ 1 Copy- End of Life documentation added.
- ☐ 1 Copy- Behavioral Support Plan, if applicable.
- ☐ 1 Copy Legal Representative documents.

**New Resident's Name:** \_\_\_\_\_

**Date EPP Re-Evaluated:** \_\_\_\_\_

**EPP binder updated with:** (select all that apply)

- ☐ EPP Page 4 & 5 completed.
- ☐ Tabletop Exercise or hypothetical events talk.
- ☐ Emergency Go-Bag packed to resident's needs.
- ☐ 1 Copy- Medications Order up-to-date
- ☐ 1 Copy- Resident Information Sheet form added
- ☐ 1 Copy- Current Care Plan or ISP, as applicable.
- Recommended:** (optional)
- ☐ 1 Copy- Orders for Treatment/ Procedure/ Therapy or Adaptive Equipment.
- ☐ 1 Copy- PRN Guidelines complete and signed.
- ☐ 1 Copy- End of Life documentation added.
- ☐ 1 Copy- Behavioral Support Plan, if applicable.
- ☐ 1 Copy Legal Representative documentation.

**New Resident's Name:** \_\_\_\_\_

**Date EPP Re-Evaluated:** \_\_\_\_\_

**EPP binder updated with:** (select all that apply)

- ☐ EPP Page 4 & 5 completed.
- ☐ Tabletop Exercise or hypothetical events talk.
- ☐ Emergency Go-Bag packed to resident's needs.
- ☐ 1 Copy- Medications Order up-to-date
- ☐ 1 Copy- Resident Information Sheet form added
- ☐ 1 Copy- Current Care Plan or ISP, as applicable.
- Recommended:** (optional)
- ☐ 1 Copy- Orders for Treatment/ Procedure/ Therapy or Adaptive Equipment.
- ☐ 1 Copy- PRN Guidelines complete and signed.
- ☐ 1 Copy- End of Life documentation added.
- ☐ 1 Copy- Behavioral Support Plan, if applicable.
- ☐ 1 Copy Legal Representative documentation.

**New Resident's Name:** \_\_\_\_\_

**Date EPP Re-Evaluated:** \_\_\_\_\_

**EPP binder updated with:** (select all that apply)

- ☐ EPP Page 4 & 5 completed.
- ☐ Tabletop Exercise or hypothetical events talk.
- ☐ Emergency Go-Bag packed to resident's needs.
- ☐ 1 Copy- Medications Order up-to-date
- ☐ 1 Copy- Resident Information Sheet form added
- ☐ 1 Copy- Current Care Plan or ISP, as applicable.
- Recommended:** (optional)
- ☐ 1 Copy- Orders for Treatment/ Procedure/ Therapy or Adaptive Equipment.
- ☐ 1 Copy- PRN Guidelines complete and signed.
- ☐ 1 Copy- End of Life documentation added.
- ☐ 1 Copy- Behavioral Support Plan, if applicable.
- ☐ 1 Copy Legal Representative documentation.

**New Resident's Name:** \_\_\_\_\_

**Date EPP Re-Evaluated:** \_\_\_\_\_

**EPP binder updated with:** (select all that apply)

- ☐ EPP Page 4 & 5 completed.
- ☐ Tabletop Exercise or hypothetical events talk.
- ☐ Emergency Go-Bag packed to resident's needs.
- ☐ 1 Copy- Medications Order up-to-date
- ☐ 1 Copy- Resident Information Sheet form added
- ☐ 1 Copy- Current Care Plan or ISP, as applicable.
- Recommended:** (optional)
- ☐ 1 Copy- Orders for Treatment/ Procedure/ Therapy or Adaptive Equipment.
- ☐ 1 Copy- PRN Guidelines complete and signed.
- ☐ 1 Copy- End of Life documentation added.
- ☐ 1 Copy- Behavioral Support Plan, if applicable.
- ☐ 1 Copy Legal Representative documentation.

## Existing Resident - Re-Evaluation of Emergency Preparedness Plan

**Instructions:** Use this page to document a re-evaluation of your home's emergency plan every time there is an applicable change in the home for existing residents. For a resident no longer living in the home, document the change on this page, then remove from the binder EPP pages 4 & 5 and the rest of the resident's documentation. Record retention in adult care homes is 3 years.

A written evacuation plan to be used in the event of an emergency shall be developed and revised as necessary to reflect the current condition of the residents in the home. MCAR 023-100-805

**Date EPP Re-evaluated:** \_\_\_\_\_

**Resident's Name:** \_\_\_\_\_

**Reason for EPP re-evaluation:**

- ☐ Resident is no longer in the home. Includes removal of all resident documentation from EPP.
- ☐ Change of Condition for an existing resident.
- ☐ Other changes (explain):

**Date EPP Re-evaluated:** \_\_\_\_\_

**Resident's Name:** \_\_\_\_\_

**Reason for EPP re-evaluation:**

- ☐ Resident is no longer in the home. Includes removal of all resident documentation from EPP.
- ☐ Change of Condition for an existing resident.
- ☐ Other changes (explain):

**Date EPP Re-evaluated:** \_\_\_\_\_

**Resident's Name:** \_\_\_\_\_

**Reason for EPP re-evaluation:**

- ☐ Resident is no longer in the home. Includes removal of all resident documentation from EPP.
- ☐ Change of Condition for an existing resident.
- ☐ Other changes (explain):

**Date EPP Re-evaluated:** \_\_\_\_\_

**Resident's Name:** \_\_\_\_\_

**Reason for EPP re-evaluation:**

- ☐ Resident is no longer in the home. Includes removal of all resident documentation from EPP.
- ☐ Change of Condition for an existing resident.
- ☐ Other changes (explain):

**Date EPP Re-evaluated:** \_\_\_\_\_

**Resident's Name:** \_\_\_\_\_

**Reason for EPP re-evaluation:**

- ☐ Resident is no longer in the home. Includes removal of all resident documentation from EPP.
- ☐ Change of Condition for an existing resident.
- ☐ Other changes (explain):

**Date EPP Re-evaluated:** \_\_\_\_\_

**Resident's Name:** \_\_\_\_\_

**Reason for EPP re-evaluation:**

- ☐ Resident is no longer in the home. Includes removal of all resident documentation from EPP.
- ☐ Change of Condition for an existing resident.
- ☐ Other changes (explain):

**Date EPP Re-evaluated:** \_\_\_\_\_

**Resident's Name:** \_\_\_\_\_

**Reason for EPP re-evaluation:**

- ☐ Resident is no longer in the home. Includes removal of all resident documentation from EPP.
- ☐ Change of Condition for an existing resident.
- ☐ Other changes (explain):

**Date EPP Re-evaluated:** \_\_\_\_\_

**Resident's Name:** \_\_\_\_\_

**Reason for EPP re-evaluation:**

- ☐ Resident is no longer in the home. Includes removal of all resident documentation from EPP.
- ☐ Change of Condition for an existing resident.
- ☐ Other changes (explain):

**Date EPP Re-evaluated:** \_\_\_\_\_

**Resident's Name:** \_\_\_\_\_

**Reason for EPP re-evaluation:**

- ☐ Resident is no longer in the home. Includes removal of all resident documentation from EPP.
- ☐ Change of Condition for an existing resident.
- ☐ Other changes (explain):

**Date EPP Re-evaluated:** \_\_\_\_\_

**Resident's Name:** \_\_\_\_\_

**Reason for EPP re-evaluation:**

- ☐ Resident is no longer in the home. Includes removal of all resident documentation from EPP.
- ☐ Change of Condition for an existing resident.
- ☐ Other changes (explain):

# Resident Individual Emergency Evacuation Plan

The EPP must include a physical description of the resident that provides persons unknown to the resident the ability to identify each resident by name, which may include a picture of the resident and any other identifying characteristics that may assist in identifying the resident. MCAR 023-100-865 (4)

## Resident's Documentation

**Instructions:** Fill out both pages 4 and 5 for each resident, update this form as needed for changes. Attach copies of resident's pertinent documentation to this page. File the information in clear plastic sheet protectors to protect these from rain or water damage. Use dividers and tabs to separate resident's information from others

**Documentation required on-file with the home's EPP binder:**

**Current Picture of the Resident.** Attach a front page with the picture, specify the date it was taken.

**1 Copy- Resident Information Sheet form.** Complete and Up-to-Date.

**1 Copy- Care Plan or Individual Support Plan.** Complete and Up-To-Date.

**1 Copy- Medications Order up-to-date.** Signed by the prescribing licensed health care professional.

**Recommended documentation:** (highly recommended to include in the home's EPP binder)

**1 Copy- Up-to-date Order for any Treatment/ Procedure/ Therapy/ Adaptive Equipment,** signed by the prescribing licensed health care professional.

**1 Copy - PRN Guidelines form** for each as needed medication prescribed.

**1 Copy- Legal Representative, if applicable:** Power of Attorney, Conservatorship, or Guardianship.

**1 Copy- End of Life documentation, if applicable:** POLST, DNR, or Advance Directive.

**1 Copy- Behavioral Support Plan, if applicable.**

## Resident's Personal Information

Resident's Legal Name:		Birthdate:
Chosen/Preferred Name:		Pronouns:
Legal Sex:	Gender Identity:	
Language Spoken:	Height:	Weight:
Race:	Hair Color:	Eye Color:
Marks or Scars:	Body Tattoos:	Body piercings:
Diagnosis:	Allergies:	Drug Adverse Reactions:
Special Dietary/Nutritional needs:	Aspiration Risk:	Eating/ Drinking Special Needs:

## Resident's Relocation Plan & Evacuation Needs

**Resident's Relocation Plan.** After a discussion with the resident/legal representative, select an option:

- ☐ **Option # 1.** In the event of an adult care home emergency and relocation, the resident plans to be relocating with the Operator to the designated relocation site. See page 8 for relocation information.
- ☐ **Option # 2.** (skip if option 1 was chosen) In the event of an adult care home emergency relocation and if considered safe, the resident chooses to relocate to a secondary location other than the one chosen by the Operator, and be cared for by someone familiar to the resident.

**Secondary Relocation Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to resident:** \_\_\_\_\_

- ☐ Operator has discussed with the resident and the named above individual the care needs of the resident and a plan for access to the resident's medication, emergency Go Bag and other supplies.
- ☐ Operator has provided the named above individual with emergency contact information, a copy of this page along with any pertinent documents with the authorization of the resident or legal representative.

### Resident Evacuation Needs:

(check all that apply)

- ☐ Emergency Go- Bag (required)
- ☐ Medications On-hand (only if time and emergency allows it)
- ☐ Dentures/ Mouth Care Supplies

### Resident Evacuation Needs:

(check all that apply)

- ☐ Glasses /Contact & supplies
- ☐ Hearing Aid / Extra Batteries
- ☐ Disposable briefs or Incontinent Supplies
- ☐ Power bank/ Portable charger

### Resident Evacuation Needs:

(check all that apply)

- ☐ Cane
- ☐ Walker
- ☐ Wheelchair
- ☐ Oxygen
- ☐ Other: \_\_\_\_\_

- ☐ **This resident goes out into the community independently carrying Operator and care home contact information, emergency phone numbers and planned relocation site information.**

### Resident's Work/Day Program information

☐ **Not Applicable.** (Skip and go to the next section)

Program Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Scheduled hours: \_\_\_\_\_

- ☐ Work/Day program has been provided with emergency contact information for the Operator and adult care home.

## Resident - Additional Information

**Communication abilities** - Language the resident uses and understands. Include limitations that may affect the ability of the resident to communicate, respond to instructions or follow directions:

**Behavioral needs-** List any emotional and/or behavioral support needs including behaviors and approaches to use to minimize emotional or physical outbursts:

**Supervision-** List supervision needs of the resident and why:

**Court-ordered or Guardian-Authorized contacts or limitations:**

**Resident's ability to know how to take care of bodily functions:**

## Relocation and Evacuation Supplies

**Directions:** Pack an emergency Go Bag for the Operator, Resident Manager (if applicable) and each Resident that includes essential items for the individual's immediate safety and health, see list below. During an emergency if time allows, Go Bags are to be taken for evacuation and relocation when the home is no longer safe to be occupied. Go-bags should be easy to carry, clearly labeled with the individual's name and in a location easily accessible in the home.

**Emergency Go Bags Location:** \_\_\_\_\_  
The location of the Go-Bags should be an easily accessible place in the home in proximity with the rest of the emergency supplies.

Operator / Resident Manager Emergency Go-Bag	Resident Individual Emergency Go-Bag
<p style="text-align: center;"><b>List of recommended items:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bag labeled with the Provider's Name.</li> <li><input type="checkbox"/> Two Small Bottled Waters.</li> <li><input type="checkbox"/> Snack Food, non perishable.</li> <li><input type="checkbox"/> Thermometer.</li> <li><input type="checkbox"/> Hand Sanitizer and Disinfectant Wipes.</li> <li><input type="checkbox"/> Disposable Gloves.</li> <li><input type="checkbox"/> Toilet Paper, Wipes (hygiene products)</li> <li><input type="checkbox"/> Garbage Plastic Bags (trash &amp; incontinent items)</li> <li><input type="checkbox"/> Pocket Tissue Pack.</li> <li><input type="checkbox"/> Large Flashlight and Extra Batteries.</li> <li><input type="checkbox"/> Whistle with Carabiner.</li> <li><input type="checkbox"/> Dust Mask(s).</li> <li><input type="checkbox"/> Waterproof Poncho.</li> <li><input type="checkbox"/> Radio- Battery or Hand Crank or Solar Operated.</li> <li><input type="checkbox"/> Pocket Knife/Multi-Purpose Tool.</li> <li><input type="checkbox"/> Small First Aid Kit.</li> <li><input type="checkbox"/> Local Map</li> <li><input type="checkbox"/> Permanent Market, Paper, Tape.</li> <li><input type="checkbox"/> Emergency Cash in Small Denominations.</li> <li><input type="checkbox"/> Extra House Keys.</li> <li><input type="checkbox"/> Extra Keys to Vehicles used to Transport Residents.</li> <li><input type="checkbox"/> Cell Portable Charger rechargeable.</li> <li><input type="checkbox"/> Family emergency contact phone numbers.</li> <li><input type="checkbox"/> Photos of provider family members and pets for identification purposes.</li> <li><input type="checkbox"/> Copies of provider important documents, such as proof of address, deed/lease to home, passports, birth certificates, insurance policies, etc;</li> <li><input type="checkbox"/> Provider's own prescription for medications.</li> </ul>	<p style="text-align: center;"><b>List of recommended items:</b></p> <p><b><u>DO NOT</u> store medication and/or documents with resident's confidential information inside the residents Go-Bags.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bag labeled with the Resident's Name</li> <li><input type="checkbox"/> Personalized to meet individual needs</li> <li><input type="checkbox"/> Disposable Wristband with Resident's Name, Operator emergency contact information, care home address and other emergency phone numbers.</li> <li><input type="checkbox"/> Two Bottled Waters</li> <li><input type="checkbox"/> Snack Food items- Non-perishable Remember dietary needs &amp; abilities</li> <li><input type="checkbox"/> Toilet paper and/or Wipes</li> <li><input type="checkbox"/> Pocket Tissue Pack</li> <li><input type="checkbox"/> Hand sanitizer or Disinfectant Wipes</li> <li><input type="checkbox"/> Flashlight and Extra Batteries</li> <li><input type="checkbox"/> Whistle with Carabiner</li> <li><input type="checkbox"/> Dust Mask</li> <li><input type="checkbox"/> Waterproof Poncho</li> <li><input type="checkbox"/> Small First Aid Kit</li> <li><input type="checkbox"/> Toothbrush</li> <li><input type="checkbox"/> Toothpaste/ other Mouth Care Supplies</li> <li><input type="checkbox"/> Denture Adhesive, if applicable</li> <li><input type="checkbox"/> Top (Shirt, Blouse, etc;)</li> <li><input type="checkbox"/> Bottoms (Pants, Sweatpants, etc;)</li> <li><input type="checkbox"/> Jacket</li> <li><input type="checkbox"/> Warm Hat</li> <li><input type="checkbox"/> Underwear or Disposable Underpants</li> <li><input type="checkbox"/> Socks</li> <li><input type="checkbox"/> Gloves/Mittens</li> <li><input type="checkbox"/> Sturdy Shoes</li> <li><input type="checkbox"/> Activity Supplies- book, cards, crossword, etc;</li> <li><input type="checkbox"/> Pen &amp; Paper</li> </ul>

# EMERGENCY EVACUATION MAP

**Directions:** In case of an emergency, such as a fire or carbon monoxide alarm, include a legible and good quality copy of your home's floor plan with evacuation map that shows the planned evacuation route(s) people will follow to exit the home in the event of an emergency. Identify the Initial Point of Safety (25 feet from home) and the Final Point of Safety (50 feet from home) outside of the home.

**Initial Point of Safety Location:** \_\_\_\_\_,  
which is 25 feet away from the adult care home.

**Final Point of Safety Location:** \_\_\_\_\_,  
which is 50 feet away from the adult care home.

☐ **Attached to this page is a legible and good quality color copy of my home's *approved* and up-to-date Floor/Evacuation map for each floor of the home.**

## **Verify your home's Evacuation/ Floor Plan includes the following information:**

- Location and size of all Bedrooms. Identifies Resident Bedrooms (e.g., Resident Bedroom # 1, #2, #3, #4, #5) Important: only those bedrooms that were inspected and licensed by the ACHP as part of your license capacity can be used by residents.
- Identifies which rooms are to be used by the Operator, Live-in Caregivers, Family members & others (e.g., Operator's Bedroom, Family Member's bedroom, Caregiver Bedroom # 1, # 2, etc;)
- Location of Smoke Detectors Alarms.
- Location of Carbon Monoxide Alarms.
- Location of Fire Extinguishers.
- Location of any sprinkler shut-offs (applies only if your home has sprinklers installed)
- Locations of All Doors.
- Location of All Windows, and other exits on each level of the home.
- Location of wheelchair ramp, if any.
- Identifies Planned Evacuation Routes occupants should follow to evacuate the home in an emergency.
- Include Initial Point of Safety (25 ft away from the home).
- Include Final point of safety (50ft away from the home).
- Identify any designated smoking areas, if smoking is permitted.
- Location of Initial and Final Point of Safety.



# PLANNED RELOCATION SITE

**Directions:** Provide information about the planned relocation site that is reasonably anticipated to meet the needs of the residents you serve in your home. This is the place you and residents will relocate when it is no longer safe to occupy the adult care home. Review the planned relocation site with your licenser to confirm that the location will meet the needs of residents.

**Important:** In the event of a relocation, complete the ACHP Adult Care Home Relocation form.

## Adult Care Home Information

Name of Operator:	Operator 24/7 Phone Number:
Adult Care Home Address:	

Relocation Site Name: _____ Phone Number: _____
Address: _____
If the emergency allows it, describe your plan to safely transport residents medication on-hand to the relocation site:
Transportation method to be used for residents to the relocation site:

**Relocation Site Information:** Provide information below regarding your chosen relocation site. Refer to the Adult Care Home Relocation form for additional relocation information.

<b>Fire Safety, Heating &amp; Cooling:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evacuation Plan posted.</li> <li><input type="checkbox"/> Smoke Alarms.</li> <li><input type="checkbox"/> Carbon Monoxide.</li> <li><input type="checkbox"/> Fire Extinguisher.</li> <li><input type="checkbox"/> Plug-In Flashlight.</li> <li><input type="checkbox"/> Heat &amp; Cooling.</li> </ul>	<b>Conditions:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Setting is physically accessible.</li> <li><input type="checkbox"/> Doors hardware single motion to unlock, easy to operate.</li> <li><input type="checkbox"/> Barrier free common areas and corridors. Stairs unobstructed.</li> <li><input type="checkbox"/> Windows identified as exits, free of obstacles.</li> </ul>	<b>Meals:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Access to water &amp; food, and/or meal preparation area.</li> <li><input type="checkbox"/> Three nutritious meals and two snacks can be served, with no more than a 14 hours span in between meals.</li> <li><input type="checkbox"/> Special diets can be followed</li> </ul>
<b># Bedrooms:</b> _____ <ul style="list-style-type: none"> <li><input type="checkbox"/> Min 70 sq.ft for 1 resident or 120 sq.ft. for 2 residents.</li> <li><input type="checkbox"/> At least one window/exterior door for emergency opening.</li> <li><input type="checkbox"/> Bedframe min 36 inch wide.</li> <li><input type="checkbox"/> Adequately heated.</li> <li><input type="checkbox"/> Single action door lock.</li> <li><input type="checkbox"/> Caregiver proximity, or intercom or call bell.</li> </ul>	<b># Bathrooms:</b> _____ <b># Toilets:</b> _____ <ul style="list-style-type: none"> <li><input type="checkbox"/> At least 1 toilet, tub and/or shower for each six individuals.</li> <li><input type="checkbox"/> Grab bars present, barrier free access to toilet and bathing.</li> <li><input type="checkbox"/> Hot &amp; Cold water for each tub, shower &amp; sink.</li> <li><input type="checkbox"/> Adequate supplies, toilet paper, shampoo, soap, individual towels, and racks.</li> </ul>	<b>Outdoor Space:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ADA Wheelchair Ramp.</li> <li><input type="checkbox"/> Accessible outdoor area.</li> <li><input type="checkbox"/> Smoking/vaping area.</li> <li><input type="checkbox"/> Pool, Hot Tub, Spa equipped with safety features</li> </ul> <b>Record Keeping:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Resident records can be kept locked in a central location.</li> <li><input type="checkbox"/> Medication can be locked and stored in a central location.</li> </ul>

# RELOCATED

**If this page is posted, it means the Adult Care Home was no longer safe to be occupied, we have relocated to the site below.**

- ☐ **Printed Map along with step by step directions on how to get to the relocation site are attached to this page.**

Name of Operator:	Operator 24/7 Phone Number:
Relocation Site Name:	
Relocation Address:	

## **Adult Care Home Program**

**503-988-3000 during business hours**

**503-988-3646 outside business hours**

# RELOCATION NOTIFICATION PAGE

**Directions:** In the event of an emergency, if a need to relocate to a secondary location is needed, ADVSD, IDSD, and BHD should be notified as soon as the emergency or disaster reasonably allows. Use this page as a method for tracking and reporting to appropriate parties of the physical location of each resident. MCAR 023-100-865 (d)(1,6). Next step: Complete the Adult Care Home Relocation form.

**Operator's Name:** \_\_\_\_\_ **24/7 Phone Number:** \_\_\_\_\_

**503-988-3000 Adult Care Home Program** (during business hours)

**503-988-3646 ADVSD 24-hour Helpline** (outside business hours)

If notifying the ACHP of a relocation, provide the Operator's Name, License number, the relocation address and a phone number we can reach you.

**Resident # 1.** Name: \_\_\_\_\_ Physical Location: \_\_\_\_\_

Mark ✓ below after parties were notified: \_\_\_\_\_ Date parties notified: \_\_\_\_\_

☐ Case Manager Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ Service Coordinator Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ Legal Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☐ Family or Friend Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Resident # 2.** Name: \_\_\_\_\_ Physical Location: \_\_\_\_\_

Mark ✓ below after parties were notified: \_\_\_\_\_ Date parties notified: \_\_\_\_\_

☐ Case Manager Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ Service Coordinator Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ Legal Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☐ Family or Friend Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Resident # 3.** Name: \_\_\_\_\_ Physical Location: \_\_\_\_\_

Mark ✓ below after parties were notified: \_\_\_\_\_ Date parties notified: \_\_\_\_\_

☐ Case Manager Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ Service Coordinator Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ Legal Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☐ Family or Friend Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Resident # 4.** Name: \_\_\_\_\_ Physical Location: \_\_\_\_\_

Mark ✓ below after parties were notified: \_\_\_\_\_ Date parties notified: \_\_\_\_\_

☐ Case Manager Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ Service Coordinator Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ Legal Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☐ Family or Friend Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Resident # 5.** Name: \_\_\_\_\_ Physical Location: \_\_\_\_\_

Mark ✓ below after parties were notified: \_\_\_\_\_ Date parties notified: \_\_\_\_\_

☐ Case Manager Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ Service Coordinator Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ Legal Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☐ Family or Friend Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# Shelter in Place Supplies

**Directions:** Shelter in Place means “Stay Where You Are”. Gather enough provisions and supplies to survive for three (3) days when unable to relocate. Depending on the severity of the emergency or natural disaster, you might have to operate for weeks without running water, electricity, etc; Choose a location in your home to keep Shelter in Place supplies that is easily accessible to providers. Consider the needs of your residents and others living in the home while gathering supplies.

Operators are responsible to have provisions and sufficient supplies consistent with community standards, such as sanitation and food supplies to shelter in place when unable to relocate for a minimum of three (3) days. Reasons you may need to shelter in place include, but are not limited to, a utility outage, no running water, no access to food, snow and ice, and caregivers unable to report as scheduled. MCAR 023-100-865(c)

Name of Operator:	24/7 Phone Number:
Name of Resident Manager:	24/7 Phone Number:

**Shelter in Place Supplies, easily accessible location:** \_\_\_\_\_.

## Include the following items to your Shelter in Place Supplies:

(Check each box to verify supplies are readily available in the home)

- ☐ **Food-** Enough to survive for 3 days required, two weeks highly recommended. Preferably non-perishable and easy-to-prepare items, consider everybody's dietary needs. Remember household members, live-in staff and pets.
- ☐ **Water-** Enough water to survive for 3 days required, two weeks highly recommended. Remember household members, live-in staff and pets.  
1 gallon of water **X** per person **X** 3 days = **3 gallons per each individual living in the home**.
- ☐ **Sanitation Supplies.** Enough supplies available in the home when unable to relocate for 3 days.

### **Recommended Supplies:** (use check boxes to indicate items available in the home)

- ☐ Box(es) of Disposable Gloves.
- ☐ Box(es) Face Masks with Ear Loop.
- ☐ Permanent Marker(s).
- ☐ Disposable Plates/Bowls, Cups, Forks, Spoons, and Napkins.
- ☐ Flashlight Battery Operated with Extra Batteries or Rechargeable Flashlight.
- ☐ Radio Emergency NOAA - Battery or Hand-Crank or Solar Powered.
- ☐ First Aid Kit.
- ☐ Extra Blankets or Emergency Survival Blankets.
- ☐ Portable charger/ Power bank for cell phones/ tablets.
- ☐ Waterproof Matches.
- ☐ Heavy-Duty Work Gloves.
- ☐ Duct Tape- 10 yards recommended.
- ☐ Can opener, if needed.
- ☐ Pot/ Pan & Cooking Utensils, if needed.
- ☐ Pocket Knife- Multiple functions.
- ☐ Toilet paper and/or Wipes
- ☐ Feminine products, if applicable.
- ☐ Hand sanitizer/ Hand Disinfecting Wipes.
- ☐ Hand Warmers.

## UTILITY SHUT OFF and SAFETY INFORMATION

**Directions:** During an emergency, you may need to shut off utility services, natural gas, electricity, water. Fill out this page, and attach to this page, labeled pictures of gas and water valves and the electrical panel. Train staff on how to shut off water and gas valves and the electrical panel.

**NEVER** attempt to turn natural gas back on, contact your gas company or have a qualified professional to turn natural gas back on.

☐ Gas and Water Shut Off Tool is available in the home and accessible to providers.

**Electricity-** Recommended to attach a labeled picture of the electrical breaker box to this page.

Company name:
<b>Emergency telephone number:</b>
Electrical breaker box is located:
Any additional instructions:

**Water-** Recommended to attach a labeled picture of the water valve and shut off tool to this page.

Company name:
<b>Emergency telephone number:</b>
Tool to shut off main water valve is located:
Location of main water valve is located:
Any additional instructions:

**Natural Gas-** Recommended to attach a labeled picture of the gas valve and shut off tool to this page.

Company name:
<b>Emergency telephone number:</b>
Tool to shut off natural gas valve is located:
Natural gas valve is located:
Any additional instructions:

# CAREGIVER - EPP CERTIFICATION OF TRAINING

**Operators shall train all providers to meet the routine and emergency needs of the residents as detailed in the ACHP-approved, written Emergency Preparedness Plan. MCAR 023-070-625**

**Directions:** Operators should train each Caregiver on the home's Emergency Preparedness Plan and the duties and responsibilities for carrying out the plan during an emergency and/or disaster. Completion of this form serves as proof of certification of training.

Operator's Name:	Phone Number:	License #
ACH Address:		
Caregiver's Name:	Phone Number:	

**Instructions to Operator:** Complete one certification form for each caregiver. Apply a mark to each box as training is completed, both caregiver and Operator must sign and date at the bottom of this form to certify training completion. Form should be kept in the home's EPP binder.

**1. Written Emergency Preparedness Plan- Binder. I have knowledge of:**

- ☐ Location and access to the home's written Emergency Preparedness Plan for emergencies.

**2. Shelter in Place. I have been trained on:**

- ☐ Location of emergency food, sanitation and water supplies.  
☐ How to respond if staff is not able to report to work as scheduled.

**3. In the event of Evacuation. I have been trained on:**

- ☐ How to respond to an alarm and my duties and responsibilities during an evacuation of residents.  
☐ Each resident's evacuation needs and supports, including mobility equipment.  
☐ Evacuation route and exits.  
☐ Location of the Initial and Final Point of Safety.  
☐ Location of each Resident's Emergency Go-Bag.  
☐ Plan for taking Residents Medications On-hand, if time allows depending on the emergency.  
☐ Caregiver access to key for medication cabinet/ storage.

**4. Fire Safety Equipment. I have been trained on:**

- ☐ How to properly use a Fire Extinguisher.

**5. In the event of Relocation. I have been trained on:**

- ☐ My duties and responsibilities during a relocation of residents.  
☐ Location and routes to Planned Relocation Site.  
☐ Method of transportation and access to vehicle keys, if applicable.  
☐ Plan for safely transporting Residents' Medication On-hand and EPP binder, if time allows depending on the emergency.  
☐ Contact information Adult Care Home Program, Case Manager/Services Coordinator and others.

**6. Utilities:**

- ☐ Location of water main, location of required tool, and how to shut- off water.  
☐ Location of natural gas main, location of required tool, and how to shut- off natural gas.  
☐ Location of electrical circuit box and how to shut-off electricity.

**Training Verification:** The signatures below verify that the caregiver named above was oriented and trained by the Operator on the duties and responsibilities during an emergency and/or disaster and the home's written Emergency Preparedness Plan.

**Caregiver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Operator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# BACK-UP OPERATOR - EPP CERTIFICATION OF TRAINING

Operators shall train all providers to meet the routine and emergency needs of the residents as detailed in the ACHP-approved, written Emergency Preparedness Plan. MCAR 023-070-625

**Directions:** Operators should train the home's Back-Up Operator or Resident Manager on the home's Emergency Preparedness Plan and the duties and responsibilities for carrying out the plan during an emergency and/or disaster. Completion of this form serves as proof of certification of training.

Operator's Name:	Phone #	License #
ACH Address:		

Back-Up Operator's Name:	Phone Number:
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**Instructions:** Apply a mark to each box as training is completed. Both Back-Up Operator and Operator must sign and date at the bottom of this form to certify training completion. Form should be kept in the home's EPP binder. **Important reminder:** Your home's back-up can be an ACHP approved Operator or Resident Manager within the same or higher license class who does not live in your adult care home.

**1. Written Emergency Preparedness Plan- Binder. I have been trained on:**

- ☐ The home's written Emergency Preparedness Plan.
- ☐ Location & Access to the home's Emergency Preparedness Plan binder for emergencies or evacuation.

**2. Shelter in Place. I have been trained on:**

- ☐ Location of emergency food, sanitation and water supplies.
- ☐ How to respond if staff is not able to report to work as scheduled.

**3. In the event of Evacuation. I have been trained on:**

- ☐ How to respond to an alarm and my duties and responsibilities during an evacuation of residents.
- ☐ Each resident's evacuation needs and supports, including mobility equipment.
- ☐ Evacuation route and exits and location of the Initial and Final Point of Safety.
- ☐ Location of each Resident's Emergency Go-Bag.
- ☐ Plan for taking Residents Medications On-hand, if time allows depending on the emergency.
- ☐ Caregiver access to key for medication cabinet/ storage.

**4. Fire Safety Equipment. I have been trained on:**

- ☐ How to properly use a Fire Extinguisher.

**5. In the event of Relocation. I have been trained on:**

- ☐ My duties and responsibilities during a relocation of residents.
- ☐ Location and routes to Planned Relocation Site.
- ☐ Method of transportation and access to vehicle keys, if applicable.
- ☐ Plan for safely transporting Residents' Medication On-hand and EPP binder, if time allows depending on the emergency.
- ☐ Contact information Adult Care Home Program, Case Manager/Services Coordinator and others.

**6. Utilities:**

- ☐ Location of water main, location of required tool, and how to shut- off water.
- ☐ Location of natural gas main, location of required tool, and how to shut- off natural gas.
- ☐ Location of electrical circuit box and how to shut- off electricity.

**Training Verification:** The signatures below verify that the Back-Up Operator named above was oriented and trained on the duties and responsibilities during an emergency and/or disaster and the home's Emergency Preparedness Plan.

**Back-Up Operator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Operator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# RESIDENT/ SHIFT MANAGER - EPP CERTIFICATION OF TRAINING

**Operators shall train all providers to meet the routine and emergency needs of the residents as detailed in the ACHP-approved, written Emergency Preparedness Plan. MCAR 023-070-625**

**Directions:** Operators should train the home's Resident Manager on the home's Emergency Preparedness Plan and the duties and responsibilities for carrying out the plan during an emergency and/or disaster. Completion of this form serves as proof of certification of training.

Operator's Name:	Phone #	License #
ACH Address:		
Resident Manager's Name:		Phone Number:

**Instructions:** Apply a mark to each box as training is completed. Both Resident Manager and Operator must sign and date at the bottom of this form to certify training completion. Form should be kept in the home's EPP binder.

**1. Written Emergency Preparedness Plan- Binder. I have been trained on:**

- ☐ The home's written Emergency Preparedness Plan.
- ☐ Location & Access to the home's Emergency Preparedness Plan binder for emergencies or evacuation.

**2. Shelter in Place. I have been trained on:**

- ☐ Location of emergency food, sanitation and water supplies.
- ☐ How to respond if staff is not able to report to work as scheduled.

**3. In the event of Evacuation. I have been trained on:**

- ☐ How to respond to an alarm and my duties and responsibilities during an evacuation of residents.
- ☐ Each resident's evacuation needs and supports, including mobility equipment.
- ☐ Evacuation route and exits and location of the Initial and Final Point of Safety.
- ☐ Location of each Resident's Emergency Go-Bag.
- ☐ Plan for taking Residents Medications On-hand, if time allows depending on the emergency.
- ☐ Caregiver access to key for medication cabinet/ storage.

**4. Fire Safety Equipment. I have been trained on:**

- ☐ How to properly use a Fire Extinguisher.

**5. In the event of Relocation. I have been trained on:**

- ☐ My duties and responsibilities during a relocation of residents.
- ☐ Location and routes to Planned Relocation Site.
- ☐ Method of transportation and access to vehicle keys, if applicable.
- ☐ Plan for safely transporting Residents' Medication On-hand and EPP binder, if time allows depending on the emergency.
- ☐ Contact information Adult Care Home Program, Case Manager/Services Coordinator and others.

**6. Utilities:**

- ☐ Location of water main, location of required tool, and how to shut- off water.
- ☐ Location of natural gas main, location of required tool, and how to shut- off natural gas.
- ☐ Location of electrical circuit box and how to shut- off electricity.

**Training Verification:** The signatures below verify that the Back-Up Operator named above was oriented and trained by the Operator on the duties and responsibilities during an emergency and/or disaster.

**Signature of Resident Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of the Operator:** \_\_\_\_\_ **Date:** \_\_\_\_\_