
Emergency Preparedness Plan

Name of Operator: _____

Address of Adult Care Home: _____

License Number: _____

Directions: Develop an initial Emergency Prepared Plan and conduct a tabletop exercise (a walk-through of duties and/or a discussion of an example of an emergency event) for the initial Emergency Preparedness Plan.

Once each year (annually), or when there is a significant change in the home such as a new resident, re-evaluate the Emergency Preparedness Plan. Conduct a tabletop exercise to determine if changes are needed and update the Emergency Preparedness Plan as necessary.

Initial Emergency Preparedness Plan

Date of initial Emergency Preparedness Plan: _____

Date of initial tabletop exercise (walk-through of duties and discussion): _____

Re-Evaluation of Emergency Preparedness Plan

Date Emergency Preparedness Plan was re-evaluated: _____

- Annual re-evaluation, or
- Re-evaluation due to changes in the home

Date of tabletop exercise(walk-through of duties and discussion): _____

Re-Evaluation of Emergency Preparedness Plan

Date Emergency Preparedness Plan was re-evaluated: _____

- Annual re-evaluation, or
- Re-evaluation due to changes in the home

Date of tabletop exercise(walk-through of duties and discussion): _____

Re-Evaluation of Emergency Preparedness Plan

Date Emergency Preparedness Plan was re-evaluated: _____

- Annual re-evaluation, or
- Re-evaluation due to changes in the home

Date of tabletop exercise (walk-through of duties and discussion): _____

Re-Evaluation of Emergency Preparedness Plan

Date Emergency Preparedness Plan was re-evaluated: _____

- Annual re-evaluation, or
- Re-evaluation due to changes in the home

Date of tabletop exercise (walk-through of duties and discussion): _____

Re-Evaluation of Emergency Preparedness Plan

Date Emergency Preparedness Plan was re-evaluated: _____

- Annual re-evaluation, or
- Re-evaluation due to changes in the home

Date of tabletop exercise (walk-through of duties and discussion): _____

Re-Evaluation of Emergency Preparedness Plan

Date Emergency Preparedness Plan was re-evaluated: _____

- Annual re-evaluation, or
- Re-evaluation due to changes in the home

Date of tabletop exercise (walk-through of duties and discussion): _____

MCAR 023-100-865 (a) and (h) - 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. The EPP must: (a) 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. (h) Operators shall re-evaluate the EPP at least annually or when there is a significant change in the home.

NOTIFICATION INFORMATION

Directions: If a planned relocation (evacuation to a secondary location) is required notify the Adult Care Home Program and each resident's Case Manager/Services Coordinator, legal guardian, representative and/or family member. Use this form to document contact information.

Adult Care Home Program - 503-988-3000 (during business hours)
ADVSD 24-hour Helpline - 503-988-3646 (outside of business hours)

Licenser name: _____
Licenser telephone number: _____

(1) Resident Name: _____
Case Manager/Service Coordinator name & phone number: _____
Legal Guardian name & phone number: _____
Representative or Family name & phone number: _____

(2) Resident Name: _____
Case Manager/Service Coordinator name & phone number: _____
Legal Guardian name & phone number: _____
Representative or Family name & phone number: _____

(3) Resident Name: _____
Case Manager/Service Coordinator name & phone number: _____
Legal Guardian name & phone number: _____
Representative or Family name & phone number: _____

(4) Resident Name: _____
Case Manager/Service Coordinator name & phone number: _____
Legal Guardian name & phone number: _____
Representative or Family name & phone number: _____

(5) Resident Name: _____
Case Manager/Service Coordinator name & phone number: _____
Legal Guardian name & phone number: _____
Representative or Family name & phone number: _____

MCAR 023-100-865 (d) (1) The duties of providers during evacuation, transportation, housing of residents, and instructions to providers to notify ADVSD, DDSD, MHASD, or a designee of the plan to evacuate or the evacuation of the home as soon as the emergency or disaster reasonably allows.

Resident Emergency Preparedness Information

Directions: Complete a Resident Emergency Preparedness Information sheet for **each resident** and place this sheet and the items listed below in a plastic sheet protector in the Emergency Preparedness Plan binder. Include the following items:

1. Current picture of the resident, note the date picture was taken: _____
2. Copy of the resident's current and accurate Resident Information Sheet
3. Copy of the resident's current and accurate Care Plan or Individual Support Plan.
4. Two (2) copies of resident's signed orders for medical treatment (such as medications, treatments, therapies, PRN guidelines).

Resident Information

Resident Name:		Resident Birthdate:
Resident Gender:	Resident Height:	Resident Weight:
Resident Race:	Resident Hair Color:	Resident Eye Color:
Resident identifying characteristics (marks or scars, tattoos, or body piercings etc)		
Resident's work/day program, if applicable. Include name of program, address, phone number, and general scheduled hours:		

Resident Emergency Evacuation Needs

In case of an evacuation, this resident needs: <i>(check all that apply)</i>	
<input type="checkbox"/> Emergency evacuation go- bag (required) <input type="checkbox"/> Medications <input type="checkbox"/> Dentures <input type="checkbox"/> Disposable briefs or incontinent supplies <input type="checkbox"/> Glasses /contacts and contact supplies <input type="checkbox"/> Hearing aid and extra batteries <input type="checkbox"/> Oxygen <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Power of Attorney for health care <input type="checkbox"/> Other:	In area family/friend name and phone: Out of area family/friend name and phone: Doctor name and phone: Pharmacy name and phone: Medical insurance name and phone:

Adult Care Home Information

Name and Address of Adult Care Home:	
Name of Operator:	Name of Resident Manager:
Operator Phone Number:	Resident Manager Phone Number:

MCAR 023-100-865 (4) and (5) - (4) The 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 with the date the picture was taken, and identification of the race, gender, height, weight range, hair, and eye color of the resident; and any other identifying characteristics that may assist in identifying the resident, such as marks or scars, tattoos, or body piercings. (5) A copy of the resident's current and accurate Care Plan or ISP.

Additional Information:

Resident Name:	Resident Birthdate:
Communication abilities - language the resident uses:	
Communication abilities - language the resident understands:	
Limitations that may affect the ability of the resident to communicate, respond to instructions or follow directions:	
Resident's ability to take care of bodily functions:	
Additional information about health issues that a person needs to know when taking care of the resident such as allergies or adverse drug reactions.	
Special dietary or nutrition needs such as requirements around textures or consistency of food and fluids, limitations, aspiration risks.	
Specialized equipment needed for mobility, positioning or other health-related needs:	
Emotional and behavioral support needs including resident behaviors and approaches to use to minimize emotional or physical outbursts:	
Supervision requirements of the resident and why:	
Court-ordered or guardian-authorized contacts or limitations:	
Additional information that can help a person not familiar with the resident (such as first responders) to understand what the resident can do independently:	

MCAR 023-120-610 (a) through (f) - In addition to the requirements for the Emergency Preparedness Plan discussed in MCAR 023-100-865, Emergency Preparedness Plans for DD homes shall include (a).. physical description..; (b) ..resident abilities and characteristics..; (c) health support needs ...; (d) emotional and behavioral support needs ...; (e) limitations ...; (f) supervision requirements.

Shelter in Place Supplies

Directions: You must have supplies to shelter in place (stay where you are) 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. Consider the needs of caregivers and other occupants, in addition to required supplies for residents.

Shelter in Place Emergency Supplies

Location of the shelter in place emergency supplies: _____

Include the following in your shelter in place emergency supplies: *(check all that apply)*

- Water - one gallon a day per person (remember pets)
- Food - nonperishable, easy-to-prepare items
- Flashlight
- Extra batteries
- Radio – Battery, hand-crank or solar powered; NOAA Weather broadcasting
- Cell phone with chargers
- First aid kit
- Medications and medical items (3 day supply required, 7 days recommended)
- Multi-purpose tool
- Sanitation and personal hygiene items
- Family and emergency contact information
- Copies of documents (medication list, proof of address, deed/lease to home, passports, birth certificates, insurance policies)
- Cash in small bills
- Extra blankets
- Other:

Adult Care Home Information

Name and Address of Adult Care Home:	
Name of Operator:	Name of Resident Manager:
Operator Phone Number:	Resident Manager Phone Number:

MCAR 023-100-865 (c) - Include 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 days under the following conditions: (1) Extended utility outage. (2) No running water. (3) Inability to replace food supplies. (4) Caregivers unable to report as scheduled.

Evacuation And Relocation Supplies

Directions: In case of the need for evacuation and relocation, have a packed go-bag for each resident that includes essential items for the individual’s immediate safety and health. Go-bags should be easy to access, easy to carry, and clearly labeled with the residents’ names. It is also recommended that you keep emergency supplies in your vehicle.

Location of Go-bags: _____

Operator / Resident Manager - Go-Bag (Recommended items)	Resident - Go-Bag (Recommended items)
<ul style="list-style-type: none"> • Water • Food • Sanitation supplies (toilet paper, hygiene products) • Flash light (large, extra batteries) • Whistle • Dust Mask • Large plastic garbage bags • Pocket knife/multi-purpose tool • Emergency cash in small denominations • Local map • Permanent market, paper, tape • Photos of family members, residents and pets (for identification purposes) • List of emergency contact telephone numbers • Prescription for medications (have medications ready for transport) • Extra keys to your house and vehicle • First aid kit • Cell phone with charger • Sleeping bag, pillow • Radio (battery, hand crank, solar) • Copies of important documents (passport, birth certificate, insurance policies, dead/lease to home) 	<ul style="list-style-type: none"> • Small Bottled Water • Food (granola bar, nuts, dried fruit, etc.) • Sanitation supplies (toilet paper, hygiene products) • Flashlight (extra batteries) • Whistle • Dust Mask • Tooth brush and toothpaste • Change of clothes, hat, under wear • Activity supplies (book, small game, etc.)

PLANNED RELOCATION SITE

Directions: You must identify a safe planned relocation site where you will relocate residents when it is not 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. Document the planned relocation site, the way you will transport residents to the site and the route(s) you will take. Draw or print a map of your planned route(s). Make a copy of this form, along with a copy of the map, to post on the home when you evacuate.

**If it is no longer safe for the Adult Care Home to be occupied,
we are going to relocate to the site noted below**

Planned Relocation Site

Name and address of relocation site:

Contact name and phone number of relocation site:

Other information about relocation site:

Relocation Transportation Method

Method and source we will use to transport residents to this site:

Route(s) we will use to transport to this site (attach map):

Adult Care Home Information

Name and Address of Adult Care Home:

Name of Operator:

Name of Resident Manager:

Operator Phone Number:

Resident Manager Phone Number:

MCAR 023- 100-865 (d) - Include provisions for evacuation and relocation that identify: (1) The duties of providers during evacuation, transportation, housing of residents, and instructions to providers to notify ADVSD, DDS, MHASD, or a designee of the plan to evacuate or the evacuation of the home as soon as the emergency or disaster reasonably allows. (2) The method and source of transportation. (3) Planned relocation sites that are reasonably anticipated to meet the needs of the residents.

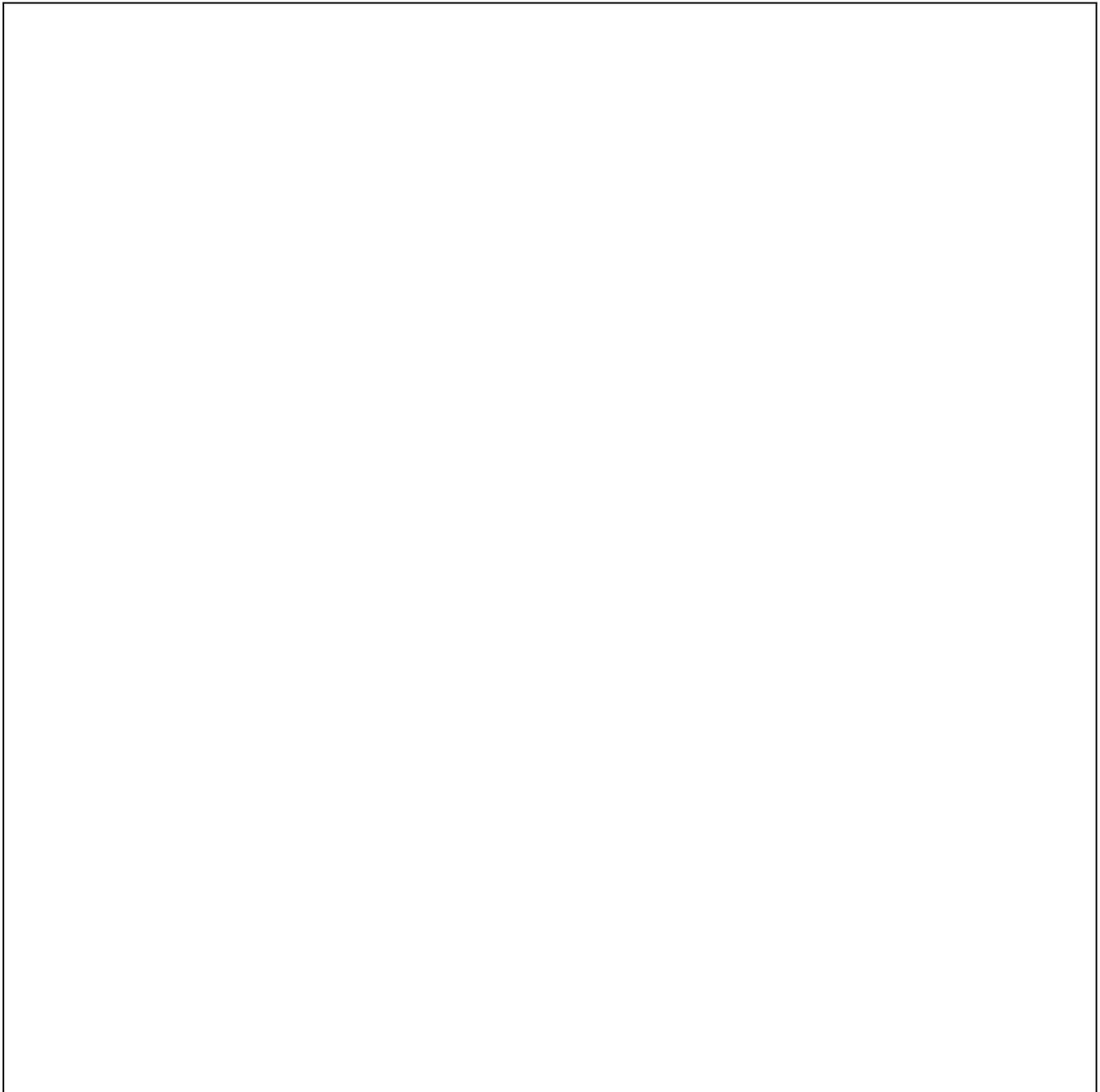
EMERGENCY EVACUATION MAP

Directions: In case of an emergency, such as a fire or carbon monoxide alarm, include a floor plan of the home that shows the emergency evacuation route(s) people will follow to exit the home. Document the initial point of safety (3 minutes; 25 feet from home) and the final point of safety (an additional 2 minutes; 50 feet from home) outside of the home. Post the evacuation route in the home and keep a copy in the emergency preparedness binder.

Initial Point of Safety: _____

Final Point of Safety: _____

Floor Plan:

A large empty rectangular box with a thin black border, intended for drawing a floor plan. The box is currently blank.

UTILITY SHUT OFF AND SAFETY INFORMATION

Directions: In an emergency, you may need to shut off utility services (natural gas, electricity, water). Note: A qualified professional must turn natural gas back on. **NEVER** attempt to turn natural gas back on.

Electricity

Electric company emergency telephone number is:
Electrical breaker box is located:
Any additional instructions:

Water

Water company emergency telephone number is:
Tool to shut off main water valve is located:
Location of main water valve is located:
Any additional instructions:

Natural Gas

Natural gas emergency telephone number is:
Tool to shut off natural gas valve is located:
Natural gas main is located:
Any additional instructions:

SAMPLE INFORMATION FOR RESIDENT IN COMMUNITY

Directions: Provide residents who go into the community independently (such as work, day program, and personal enjoyment) with emergency contact information for the Operator, the home and other emergency phone numbers.

You can use a business card, index card, a sheet of paper or enter this information into the resident's cell phone. Below is a sample.

Example:

My name is: Jane Doe

I live at: Best Care Home of Gresham

Address: 1234 Main Street, Gresham OR 97030

Home Phone Number: 503-555-1122

Operator Joe Smith's Cell Phone: 503-555-3344

Planned Relocation Site: Best Western Express Inn,
12345 Maple Drive, Portland Oregon

Emergency Numbers: 911 for police, fire, medical
ADVSD 24-hour Helpline: 503-988-3646

MCAR 023- 100-817 If a resident goes out into the community independently, the Operator shall provide the resident with information about how to respond in an emergency, including emergency contact telephone numbers for the Operator, the home, and emergency personnel.

CERTIFICATION OF TRAINING

Directions: Train all providers (Resident Manager, caregivers and Back-Up Operator) on the Emergency Preparedness Plan and the duties and responsibilities for carrying out the Emergency Preparedness Plan. After each provider has been trained the provider will sign this form and the Operator will retain a copy. **Complete this form for each provider.**

Adult Care Home Information

Name and Address of Adult Care Home:
Name of Operator:

Provider Information

Name of Provider:
Provider's Role: (Caregiver, Resident Manager, Back-up Operator, etc)

Training Verification:

- I have been oriented to the following information and I have been trained by the Operator on my duties and responsibilities for following the Emergency Preparedness Plan for this home.

Shelter in Place:

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

Evacuation and Relocation:

- Duties and responsibilities of providers during an evacuation and relocation
 Planned relocation site for residents
 Method of transportation and access (i.e. keys)
 Route to planned relocation site
 Location of each resident's emergency go-bag
 Plan for collecting and transporting resident medications and records
 Contact information to notify Licensor, Case Manager/Services Coordinator and others (included on this Emergency Preparedness Plan's Notification Information Sheet).

Fire Alarm and Carbon Monoxide Alarm:

- Evacuation route
 Location of the initial point of safety and final point of safety
 Responsibilities during an alarm

Utilities:

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

Signature of Provider: _____ Date: _____