EMERGENCY AND DISASTER PLAN FOR RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

EXPLANATION: A licensee is required to have an emergency and disaster plan that includes all of the elements on this form pursuant to Health and Safety Code section 1569.695 and California Code of Regulations, Title 22, Section 87212, Emergency Disaster Plan. The plan must be in writing and made available upon request to residents onsite, any responsible party for a resident, local long-term care ombudsman, and local emergency responders. ***All resident and employee information on this form must be kept confidential***.

A licensee must provide training on the plan to all staff upon hire and annually thereafter. The training must include staff responsibilities during an emergency or disaster. Drills must be conducted by a licensee at least quarterly for each shift. The type of emergency covered in the drills must vary from quarter to quarter as specified in Health and Safety Code section 1569.695(c). ***An actual evacuation of residents is not required during a drill***. While a licensee may provide an opportunity for residents to participate in a drill, they may not require resident participation. Documentation of drills must include the date, the type of emergency covered by the drill, and the names of facility staff participating in the drill.

The plan shall be reviewed annually, updated as necessary, and maintained on file at the facility. A licensee or administrator shall sign and date the plan to show that it has been reviewed and updated as necessary. *A licensee is encouraged, but not required, to have the plan reviewed by local emergency authorities.*

Note: An applicant seeking a license for a new facility must submit an emergency and disaster plan with their initial license application.

This form is provided as a courtesy to applicants and licensees.

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Name of Facility and License Number		Administrator of Facility	
Street Address	City	State	Zip Code
Telephone Number	Alternate Telephone Number	Cell Phone Number	

EMERGENCY NAMES AND TELEPHONE NUMBERS (IN ADDITION TO 9-1-1)

Emergency Contact Name	Telephone Number
Ambulance/Paramedics	
Fire Department	
Poison Control	
Police/Sheriff	
Office of Emergency Services	
Red Cross	
Transportation Provider(s)	
Community Care Licensing (CCL) Adult and Senior Care Regional Office	
Local Long-Term Care Ombudsman	
Adult Protective Services	
County Mental Health	

Note: *Emergency numbers must be posted at the facility.*

ASSIGNMENTS DURING AN EMERGENCY OR DISASTER

Assignment	Facility Staff Member(s) Responsible	
	Name	Title
Accessing emergency supplies		
Utility shut-off and if applicable, operation of backup generator		
Provide transportation		
Direct evacuation, assembly of residents to predetermined evacuation site, and person count		
Supervision of residents during evacuation and/or relocation		
Contact local emergency response agencies, CCL, residents' representatives, hospice providers, local Long-Term Care Ombudsman, transportation providers, and others as necessary		

RESIDENT INFORMATION
(TO BE READILY AVAILABLE TO FACILITY STAFF DURING AN EMERGENCY)

Information	Location
Roster of residents with date of birth for each resident	
Appraisal of resident needs and services for each resident	
Medication list for residents with centrally stored medications	
Contact information for the responsible party and physician for each resident	

Note: *This information must be located in the facility to ensure all information and records obtained from or regarding residents is kept confidential as required by California Code of Regulations, Title 22, Section 87506, Resident Records.*

UTILITY SHUT-OFF

Utility	Shut-Off Location	Instructions for Shut-Off
Electricity		
Gas		
Sewer		
Water		
Other		

FACILITY EXIT DOORS

Exit Door	Location

RESIDENT ASSEMBLY POINTS

Assembly Point	Location

Note: *A licensee must show the location of all resident assembly points on the facility sketch.*

TEMPORARY SHELTER LOCATIONS

Name	Address	Telephone Number

Note: *A licensee must list at least two appropriate shelter locations that can house facility residents during an evacuation and are equipped to provide safe temporary accommodations. One of the locations must be outside the immediate area where the facility is located.*

SHELTERING IN PLACE PROCEDURES

If the facility plans to shelter-in-place, indicate the planned sheltering-in-place procedures. In case one or more utilities, including water, sewer, gas, or electricity, is not available, specify the plan and supplies available to provide alternative resources during an outage.

Specify plan for the facility to be self-reliant for a period of not less than 72 hours immediately following any emergency or disaster, including, but not limited to, a short-term or long-term power failure.

EVACUATION PROCEDURES

Indicate the planned evacuation procedures.

Identify transportation needs.

Note: *If transportation plan includes use of vehicle owned or operated by the facility, the keys to the vehicle shall be available to staff on all shifts.*

Procedures to ensure communication with emergency response personnel and access to information needed to check emergency routes to be used for evacuation and relocation during an emergency or disaster.

EMERGENCY AND DISASTER PROCEDURES

List procedures that address:

A. Provisions for emergency power (could include identifying suppliers of, and obtaining, back-up generators).

B. Responding to individual residents' needs if emergency call buttons are inoperable.

C. Operating assistive medical devices that need electric power for operation, including, but not limited to, oxygen equipment and wheelchairs.

D. Communicating with residents, families, hospice providers, and others as appropriate (may include landline telephones, cellular telephones, or walkie-talkies), establish backup communication, and inform residents and their responsible parties of the process for communicating during an emergency or disaster.

E. Assisting residents with self-administration of medication, and administering medication to residents.

F. Storage and preservation of medications, including storing medications that require refrigeration.

G. Identifying residents with special needs, such as hospice services, and plan for meeting those needs.

H. Confirming the location of each resident during an emergency or disaster.

ADMINISTRATOR STATEMENT

As licensee or administrator of this facility, I assume responsibility for and have reviewed this plan for providing emergency services, and as necessary, have updated it to reflect any changes in the facility that affect this plan, as indicated below. I shall instruct all residents, age and abilities permitting, any staff and/or household members as needed on their duties and responsibilities under this plan.

Reviewed/Updated	Date	Name and Title	Signature
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