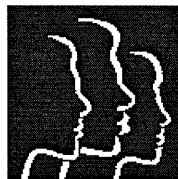


**COMMUNITY CARE
LICENSING DIVISION**

*"Promoting Healthy, Safe and
Supportive Community Care"*

**TECHNICAL
SUPPORT
PROGRAM**

**Self-Assessment Guide
EMERGENCY and DISASTER
PREPAREDNESS**



CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION TECHNICAL SUPPORT PROGRAM

EMERGENCY and DISASTER PREPAREDNESS for ADULT and SENIOR CARE FACILITIES

This emergency and disaster preparedness guide is designed to assist licensees and facility staff to perform periodic self-assessments of a facility's ability to respond in the event of an emergency or disaster. This guide summarizes regulations and other conditions which commonly lead to citations. It is not an exhaustive list or a full summary of regulations relating to emergency and disaster preparedness. ***It cannot be used as a substitute for having a good working knowledge of the regulations.*** For that reason, licensees should refer to the regulation sections (listed in parentheses) for complete information on requirements. Items contained in this tool which have an asterisk (*) are not required by licensing regulation. They are, however, recommended practices that can assist licensees to avoid situations which may lead to violating regulations and being better able to prepare for emergencies/disasters.

It is recommended that this assessment guide be used periodically to review the facility's performance in a variety of areas to identify and correct deficiencies and to identify areas of weakness in the facility's operation and staff training needs in preparing for emergencies and disasters. It can also be used as a training tool to familiarize staff with basic licensing requirements. Facilities may wish to add items to the form which have historically been problem areas for their operations or to implement program standards that exceed licensing requirements.

Licensing regulations require adult and senior care facilities, and adult day programs to notify their local licensing office (80061, 82061, 87561 & 87861) of any emergency or disaster that threatens the health and safety of facility clients/residents. To ensure that facilities are able to respond appropriately in the event of an emergency or disaster, licensees are also required to develop and maintain a current and emergency plan (LIC 610D & 610E). Facility plans must be developed according to regulatory requirements (80023, 82023, 87223 & 87823).

Facilities must train and inform their staff and clients/residents, have established transportation services identified and available, and have knowledge of and work closely with emergency and disaster preparedness agencies. Facilities are encouraged to have several potential relocation sites (preferably "like facilities", such as licensed facilities that care for clients/residents with needs similar to those of your clients/residents) that can accommodate their clients/residents, including those with disabilities and/or special health care needs. It is important to remember that, depending on individual client/resident needs, an emergency shelter or other relocation sites may not be able to provide care for all of your clients/residents.

Although, there are multiple services that are potentially available during an emergency or disaster, it is imperative that each facility have the means and capacity to be self-reliant for up to 72 hours immediately following an emergency or disaster ("sheltering-in-place"). The following guide will help you plan and prepare to meet the needs of the clients/residents you serve in the event of an emergency or disaster.

As a first step in creating a viable emergency and disaster plan, obtain expert input from local emergency and disaster planning authorities. Contact the local county Office of Emergency Services (www.oes.ca.gov) listed in the phone book under County Government Offices. In larger cities there may also be an Office of Emergency Services with a full-time Emergency

Services Coordinator. The Department of Public Health also has an emergency preparedness webpage, located at: <http://bepreparedcalifornia.ca.gov/epo/>

Other entities to contact for assistance with emergency and disaster planning include the Office of Medical Services Authority (www.emsa.ca.gov), Department of Homeland Security (www.dhs.gov), the American Red Cross (www.redcross.org), and any local emergency and disaster planning organizations. State your need to have local input regarding emergency and disaster planning for your facility and obtain the name and phone number of the most appropriate contact person.

With the assistance of the local disaster or emergency services contact, determine what events are most likely to occur in your community (a "risk assessment"), what specific actions must be in the plan, and the amount and type of emergency supplies your facility should maintain. Community-wide or regional threats that may occur include: earthquakes, floods, fires, hazardous material events, the threat of terrorism, and chemical or biological events.

A. STAFF ASSIGNMENTS AND TRAINING

MET NOT MET

- | | | | |
|--------------------------|--------------------------|------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Ensure staff understand their specific responsibilities. Keep the emergency plan current and readily available (80023, 82023, 87223 & 87823). |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Maintain current staff first aid training [80075(f), 82075(f), 87575(f)(4) & 87923(a)] |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Train staff to assist with any special medical, physical or mental health needs of clients/residents such as oxygen, wheel chair and dementia care [80065(f), 87724(c) (3), 87565(c) & 87575(j)]. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | In Residential Care Facilities for the Elderly, licensees who accept and retain residents with dementia shall be responsible for ensuring the emergency plan as required in Section 87223 addresses the safety of residents with dementia [87724)(c)(3)]. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * | Review your emergency plan with new hires and with all staff during emergency drills. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. * | Familiarize staff with the relocation sites to be used in case of evacuation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Ensure the availability of trained staff for direct care clients/residents [80065(a), 87565(a) & 87865(b)]. |

A. STAFF ASSIGNMENTS AND TRAINING

(continued)

- | <u>MET</u> | <u>NOT MET</u> | | |
|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Ensure staff know what to do and who to contact in case of injuries [80065(a), 87565(a), & 87565(b)]. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. * | Train staff regarding the use and operation of egress control devices. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | The facility shall be clean, safe and in good repair for the safety and well being of clients/residents (80087(a), 82087(a), 87691 & 87887). |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. * | Have staff conduct regular safety inspection checks in the facility buildings and grounds. Safety checklists are available from your local Office of Emergency Services. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. * | Train staff in the use and maintenance of smoke alarms, fire extinguishers, and other safety equipment such as carbon monoxide detectors. Replace batteries every six months. Check all equipment regularly to ensure it is accessible and operable. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. * | Provide staff with applicable disaster training given through such agencies as American Red Cross and the Office of Emergency Services, local emergency disaster planning organizations, Office of Emergency Medical Services Authority, and Department of Homeland Security. Participate in local disaster preparedness briefings and trainings. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. * | Ensure that staff know where emergency supplies are kept. Your local Office of Emergency Services can provide you with recommended supply lists. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. * | Train staff to know what to do in case of power outages and gas and water leaks. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. * | Have a plan in place for assistance with and administration of medications, storage and preservation of medications and the operation of assistive medical devices needing electrical power to operate. |

B. EMERGENCY DRILL AND EXITING PLANS

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|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Conduct and document drills for different types of emergencies and disasters at least every six months [80023(d) & 87823(d)] unless otherwise required 87724(l)(8). |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. * | Drills should include how to evacuate non-ambulatory clients/residents and those with special health care needs and/or developmental or mental disabilities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. * | Post and regularly review the emergency plan and the Facility Floor and Yard Sketch (LIC 999) on all floors, wings and in separate buildings. The exiting plans should contain the exiting routes and the designated outside meeting area(s). It is recommended that the emergency plan and the (LIC 999) be posted on all floors, wings and in separate buildings. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. * | Have at least two exits from each room. Fire departments consider windows as an additional exit. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Keep all windows, passageways, doors and sliding glass doors operable, repaired and clear for passage [80087(a), 80087(c), 82087(a), 87691(a) & 87887(a)]. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Keep all inside passageways and outside exiting routes well-lit [87691(d), 87577 & 80088(d)]. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. * | Contact the appropriate relocation site person(s) as part of your disaster drill to ensure their readiness. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. * | Ensure that all window security bar systems are operable, checked regularly, kept in compliance with fire code, and that staff know how they function. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. * | Place exit signs over doors identified as exiting routes. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. * | Consider using local emergency and disaster drill training services. |

C. TRANSPORTATION PLANNING

MET **NOT MET**

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|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. * | Always have vehicles fueled, maintained, clean and supplied for emergencies (including first aid kits). Have your vehicles facing out from your facility and legal drivers identified. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. * | Keep roads, driveways and potential exit routes clear and maintained. |

C. TRANSPORTATION PLANNING (continued)

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|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 3. * | Have maps, travel bags, emergency supplies and your client's/resident's Health Passport (medical information for each client/resident including a current list of medications and an order to Do Not Resuscitate(DNR), (if the client/resident has one) packed and/or close to the exiting area. A sample passport can be found at this link:
http://ccl.dss.cahwnet.gov/res/pdf/HealthPassport.pdf |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. * | Regularly review and post local emergency services transportation routes. Have the means to check on emergency routes to be used at the time of each emergency or disaster. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * | Post active television channels, radio stations and phone numbers providing emergency transportation-related information. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. * | Make arrangements for transportation assistance, if needed, with local transportation services that can accommodate clients/residents with minimal and/or special medical needs. Confirm arrangements with transportation services in a memorandum of understanding or contract. Where possible, include neighbors and volunteers in your plans. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. * | Be prepared to be directed by law enforcement or traffic control personnel. Be familiar with local emergency signs and emergency personnel clothing. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. * | Have large address numbers on your facility and street so that emergency personnel can more easily locate your facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. * | Know the location at your facility where ambulances, buses, vans and other vehicles may need to pick up your clients/residents. |

D. EMERGENCY AGENCY CONTACTS

MET **NOT MET**

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|--------------------------|--------------------------|------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. * | Regularly review emergency names and telephone numbers on the emergency plan to ensure the information is current. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. * | Have staff available that can communicate with each agency and who has knowledge of and access to any facility and client/resident information needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. * | Make advanced emergency plans and arrangements with home health care agencies, hospice services, placement agencies and/or authorized representatives. This is especially important for those clients/residents with special medical needs. |

D. EMERGENCY AGENCY CONTACTS

(continued)

MET **NOT MET**

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|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. * | Know the location, primary contact person and function of each contact/agency listed. Obtain any handouts they provide. This includes any 911 or 911 call-back function. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * | Utilize any emergency and disaster preparedness guides(s) provided by your local Office of Emergency Services. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. * | Consider developing a neighborhood support emergency and disaster preparedness system. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. * | Be familiar with local emergency alarm and warning signals. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. * | Give the local emergency services agencies your facility profile that includes special needs, number of non ambulatory clients/residents and capacity. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. * | Develop an emergency information binder or reference book containing information on local emergency and disaster preparedness agencies and resources. |

E. EMERGENCY and DISASTER PREPAREDNESS BINDER

It is recommended that the following items be placed in a single binder, kept current and in an accessible, central location so that staff can take it should evacuation and/or relocation be necessary.

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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Current and complete emergency plan (LIC 610D, 610E). |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Current copies of the posted exiting plan(s) Facility Floor and Yard Sketch (LIC 999). |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Emergency drill records and procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Phone numbers and directions to relocation sites. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Specific responsibilities for each staff and staff recall lists. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. List of emergency and disaster agencies and services that can assist the facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. First Aid manual and kit location. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Instructions on what to do in each type of emergency or disaster. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Transportation routes and service options. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. List of contacts outside the facility for authorized persons, placement and/or medical services in cases of actual emergencies or disasters and evacuation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. A Register of Facility Clients/Residents (LIC 9020). |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. A Health Passport containing medical information for each client/resident including a current list of medications and an order to Do Not Resuscitate (DNR), (if the client/resident has one). |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Identification and Emergency Information for each client/resident (LIC 601). |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Location of emergency food and water supplies. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Identification and location of bedridden residents. |

F. RELOCATION PLANS

- | <u>MET</u> | <u>NOT MET</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have a written relocation agreement so each involved party/staff understands their role when a relocation takes place. Give a copy of the agreement to licensing as part of the Plan of Operation (80023, 87223 & 87823). |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. * Develop alternate sites (at least three) in and out of the immediate area that can accommodate your client/resident needs. "THINK THREE DEEP." (If possible locate "like facilities" that understand your client's/resident's needs and can more easily meet them). |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. * Be prepared to identify any disabilities or special medical needs of your clients/residents prior to relocating to an alternative site. Ensure that staff are familiar with, and have been trained to meet these needs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. * Have designated staff conduct at least one visit per year to the relocation site. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * Coordinate relocation plans with your local Office of Emergency Services and/or other designated agencies responsible for arranging relocation sites and shelters so that they understand the relocation agreements and/or plans you have with other facilities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. * Regularly reassess client/resident needs to ensure that your designated relocation site(s) can accommodate your clients/residents. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. * Identify backup or alternative telephone numbers for relatives, placement personnel and/or responsible parties to contact clients/residents/staff should an evacuation take place. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. * Inform your neighbors if you have a reciprocal agreement with other facilities to use your facility as a relocation site. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. * Triage will be a critical function of emergency shelters during an evacuation which requires relocation. Know what potential health facilities might be available for relocating clients/residents, especially to assist those with special medical needs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Become familiar with licensing regulations for waivers to permit facilities to exceed their licensed capacity [80001(w), 82001(w)(1), (87101(w) & 87110(a)]. |

G. FACILITY REOCCUPATION

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| <input type="checkbox"/> | <input type="checkbox"/> | 1. * Designate a primary person(s) to coordinate the return to the original facility or relocation to a new facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Become familiar with licensing regulations for continuing your license under emergency conditions (80001(e)(3) & 87114). |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. * Ensure you have financial resources in case you cannot return to your facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. * Be acquainted with any emergency funding resources such as small business loans, your insurance coverage, local, State and/or Federal disaster funding. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * Establish contacts with other licensed facilities for placement of your clients/residents until alternative housing or your own is available. Refer to facility listings on the CCLD website where applicable, located at this link: (www.cclld.ca.gov). |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. * Know about potential financial arrangements that will have to be made with permanent or extended relocation sites. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. * Coordinate the return to your facility with emergency personnel. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. * Designate staff who will assist insurance companies, emergency and disaster personnel, and other involved parties when assessing damage, repair needs and time frames for returning to your facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. * Monitor local television and radio stations for information regarding the conditions in your area and any authorization for the return to your facility. |

H. THE ROLE OF COMMUNITY CARE LICENSING DURING EMERGENCIES/DISASTERS

Upon notification that a facility has experienced an emergency or disaster that may threaten the health and safety of facility clients/residents, the local licensing office will perform the following activities:

1. If possible, attempt to contact the facility by telephone or through an on-site visit to assess the situation and to evaluate any possible facility vacancies.
2. If facility clients/residents are evacuated and/or relocated, ensure the licensee has informed each client's/resident's authorized representative of the evacuation/relocation.
3. Provide the licensee and the client's/resident's authorized representative with technical assistance and information regarding available emergency, social, medical and placement services to assist them to respond to the needs of the facility clients/residents during and after the emergency/disaster. If clients/residents cannot return to the facility, ensure that the licensee notifies each client's/resident's authorized representative of the need to arrange for an alternative placement.
4. If clients/residents cannot return to the facility, provide a list of licensed facilities that may serve as alternate placements to the licensee and the client's/resident's authorized representatives.
5. Conduct follow-up as necessary to ensure appropriate placement and related services for clients/residents impacted by the emergency/disaster are provided.
6. Assist, when necessary, in expediting the licensing of another appropriate residential site.