

## Emergency Plan (DD Providers)

<b>Name</b>				
<b>Organization/Agency</b>				
<b>Address</b>				
<b>E-mail</b>				
<b>Phone</b>				
<b>PROCEDURES DEVELOPED FOR:</b>	<b>COMPLETED</b>	<b>NOT COMPLETED</b>	<b>DATE FOR COMPLETION</b>	<b>INDIVIDUAL RESPONSIBLE</b>
Evacuation of individuals served/staff	<input type="checkbox"/>	<input type="checkbox"/>		
Transportation of individuals served/staff	<input type="checkbox"/>	<input type="checkbox"/>		
Shelter-in-place of individuals served/staff	<input type="checkbox"/>	<input type="checkbox"/>		
Ensuring individuals served/staff have immediately accessible identification (including essential health information and contacts)	<input type="checkbox"/>	<input type="checkbox"/>		
Making known the roles of residents, family members, and legal representatives in the case of evacuation	<input type="checkbox"/>	<input type="checkbox"/>		
Arranging for medical needs and other accommodations for staff and individuals served at alternate facilities/shelters	<input type="checkbox"/>	<input type="checkbox"/>		
Establishing a communications protocol among all appropriate parties that includes a redundant communication means	<input type="checkbox"/>	<input type="checkbox"/>		
Holding an annual practice drill Was it coordinated with local emergency management? Yes <input type="checkbox"/> No <input type="checkbox"/> Was drill for: SIP <input type="checkbox"/> Evacuation <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preparing an after action (post-drill) report  Was corrective action taken? Yes <input type="checkbox"/> No <input type="checkbox"/> Was an improvement plan developed? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Notifying families regarding the action that will be taken concerning the safety/wellbeing of individuals served	<input type="checkbox"/>	<input type="checkbox"/>		
Notifying staff regarding the action that will be taken concerning safety/wellbeing of individuals served	<input type="checkbox"/>	<input type="checkbox"/>		

Notifying respective DDA Regional Office regarding the action that will be taken concerning safety/wellbeing of individuals served	<input type="checkbox"/>	<input type="checkbox"/>		
Planning staff coverage needs for ongoing sheltering in place or evacuations	<input type="checkbox"/>	<input type="checkbox"/>		
Identifying staff members available to report for work or remain during extended periods	<input type="checkbox"/>	<input type="checkbox"/>		
Establishing staff notification and recall contingency plans and procedures	<input type="checkbox"/>	<input type="checkbox"/>		
Ensuring continuity of redundant communication systems	<input type="checkbox"/>	<input type="checkbox"/>		
Ensuring continuity of the preservation of records and electronic data	<input type="checkbox"/>	<input type="checkbox"/>		
Ensuring continuity of the procurement of essential goods, equipment, and services	<input type="checkbox"/>	<input type="checkbox"/>		
Ensuring the security of vacated facilities	<input type="checkbox"/>	<input type="checkbox"/>		
Ensuring the relocation to alternate facilities	<input type="checkbox"/>	<input type="checkbox"/>		
Electronically storing/backing up records and data of consumers/staff and facility documents off site for access under emergency situations	<input type="checkbox"/>	<input type="checkbox"/>		
Ensuring access to an electronic copy of emergency plans when requested by local, state, or federal emergency management organizations	<input type="checkbox"/>	<input type="checkbox"/>		
Ensuring facility's emergency and disaster plans are shared with local emergency management organizations	<input type="checkbox"/>	<input type="checkbox"/>		
Ensuring executive summaries of the evacuation procedures can be provided to the family members or a resident upon request	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Additional Comments:</b>				

# Procedures

<b>EVACUATION OF INDIVIDUALS SERVED/STAFF:</b>	<b>ACTION STEP 1:</b> Name person/position responsible for ordering evacuation	<b>ACTION STEP 2:</b> Name person/position responsible for overall evacuation
Procedures:		

<b>TRANSPORTATION OF INDIVIDUALS SERVED/STAFF</b>	<b>ACTION STEP 1:</b> Name transportation resources to be used (if not owned by facility)	<b>ACTION STEP 2:</b> Name person/position responsible to contact transportation resources when needed	<b>ACTION STEP 3:</b> Name person/position responsible for making original arrangements for emergency transportation
Procedures:			

<b>SHELTERING-IN-PLACE OF INDIVIDUALS/STAFF SERVED</b>	<b>ACTION STEP 1:</b> List supplies needed	<b>ACTION STEP 2:</b> State where supplies will be stored
Procedures:		

<b>ENSURING INDIVIDUALS/STAFF SERVED HAVE IMMEDIATELY ACCESSIBLE IDENTIFICATION (INCLUDING ESSENTIAL HEALTH INFORMATION AND CONTACTS)</b>	<b>ACTION STEP 1:</b> Name person(s)/position(s) responsible	<b>ACTION STEP 2:</b> List location of identification information
Procedures:		

<b>MAKING KNOWN THE ROLES OF RESIDENTS, FAMILY MEMBERS, AND LEGAL REPRESENTATIVES IN THE EVENT OF EVACUATION</b>	<b>ACTION STEP 1:</b> State role of resident	<b>ACTION STEP 2:</b> State role of family member/legal representative
Procedures:		

<b>ARRANGING FOR MEDICAL NEEDS AND OTHER ACCOMMODATIONS FOR THE INDIVIDUALS SERVED AT ALTERNATE FACILITIES/SHELTER</b>	<b>ACTION STEP 1:</b> Name person(s)/position(s) responsible	<b>ACTION STEP 2:</b> List arrangements made
Procedures:		

<b>ARRANGING FOR MEDICAL NEEDS AND OTHER ACCOMMODATIONS FOR STAFF AT ALTERNATE FACILITIES/SHELTER</b>	<b>ACTION STEP 1:</b> Name person(s)/position(s) responsible	<b>ACTION STEP 2:</b> List arrangements made
Procedures:		

<b>ESTABLISHING A COMMUNICATIONS PROTOCOL AMONG ALL APPROPRIATE PARTIES THAT INCLUDES REDUNDANCY</b>	<b>ACTION STEP 1:</b> Develop communication contact flow chart (ie: who will be contacted first, second, third, etc.)	<b>ACTION STEP 2:</b> List redundant communication methods for contacting
Procedures:		

<b>HOLDING AN ANNUAL PRACTICE DRILL COORDINATED WITH LOCAL EMERGENCY PLANNERS</b>	<b>ACTION STEP 1:</b> Hold a Tabletop exercise (shelter-in-place or evacuation)	<b>ACTION STEP 2:</b> Alternatively, hold a Functional exercise (shelter-in-place or evacuation)
Procedures:		

<b>PREPARING AN AFTER ACTION (POST DRILL) REPORT</b>	<b>ACTION STEP 1:</b> Name person/position responsible for preparing	<b>ACTION STEP 2:</b> Name person(s)/position(s) responsible for ensuring corrective action	<b>ACTION STEP 3:</b> Name person/position responsible for developing improvement plan
Procedures:			

<b>NOTIFYING FAMILIES REGARDING THE ACTION TAKEN THAT WILL BE TAKEN CONCERNING THE SAFETY/WELL-BEING OF INDIVIDUALS SERVED</b>	<b>ACTION STEP 1:</b> Name person(s)/position(s) responsible for notifying families
Procedures:	

<b>NOTIFYING STAFF REGARDING THE ACTION TAKEN CONCERNING SAFETY/WELL-BEING OF INDIVIDUALS SERVED</b>	<b>ACTION STEP 1:</b> Name person(s)/position(s) responsible for notifying staff
Procedures:	

<b>NOTIFYING RESPECTIVE DDA REGIONAL OFFICE REGARDING THE ACTION TAKEN CONCERNING SAFETY/WELL-BEING OF INDIVIDUALS SERVED</b>	<b>ACTION STEP 1:</b> Name person/position responsible for notifying DDA Regional Office	<b>ACTION STEP 2:</b> Name person/position to contact at DDA Regional Office and include their contact information
Procedures:		

<b>PLANNING STAFF COVERAGE NEEDS FOR ONGOING SHELTERING IN PLACE OR EVACUATION</b>	<b>ACTION STEP 1:</b> State short term staffing plan	<b>ACTION STEP 2:</b> State long term staffing plan
Procedures:		

<b>IDENTIFYING STAFF MEMBERS AVAILABLE TO REPORT FOR WORK OR REMAIN DURING EXTENDED PERIODS</b>	<b>ACTION STEP 1:</b> List available staff members, including contact information
Procedures:	

<b>ESTABLISHING STAFF NOTIFICATION AND RECALL CONTINGENCY PLANS AND PROCEDURES</b>	<b>ACTION STEP 1:</b> Name person(s)/position(s) responsible for staff notification and recall
Procedures:	

<b>ENSURING CONTINUITY OF REDUNDANT COMMUNICATION SYSTEMS</b>	<b>ACTION STEP 1:</b> State what and how Communication systems are to be used
Procedures:	

<b>ENSURING CONTINUITY OF THE PRESERVATION OF RECORDS AND ELECTRONIC DATA</b>	<b>ACTION STEP 1:</b> List records and electronic data to be preserved	<b>ACTION STEP 2:</b> State how records and data will be preserved	<b>ACTION STEP 3:</b> Name person/position responsible for preserving data
Procedures:			

<b>ENSURING CONTINUITY OF THE PROCUREMENT OF ESSENTIAL GOODS, EQUIPMENT AND SERVICES</b>	<b>ACTION STEP 1:</b> List essential goods, equipment and resources	<b>ACTION STEP 2:</b> List means to procure goods, equipment and resources
Procedures:		

<b>ENSURING THE SECURITY OF VACATED FACILITIES</b>	<b>ACTION STEP 1:</b> Name person/position responsible for securing vacated facilities
Procedures:	

<b>ENSURING THE RELOCATION TO ALTERNATE FACILITIES</b>	<b>ACTION STEP 1:</b> State the name and location of alternate facility	<b>ACTION STEP 2:</b> Name person/position responsible for ensuring relocation
Procedures:		

<b>ELECTRONICALLY STORING/BACKING UP RECORDS AND DATA OFF SITE OF CONSUMERS/STAFF AND FACILITY DOCUMENTS FOR ACCESS UNDER EMERGENCY SITUATIONS</b>	<b>ACTION STEP 1:</b> Name location of off-site storage for records and data	<b>ACTION STEP 2:</b> Name person/position responsible for ensuring storage and backup of data	<b>ACTION STEP 3:</b> Name person(s)/position(s) permitted to have access to records and data under emergency situations
Procedures:			

<b>ENSURING ACCESS TO AN ELECTRONIC COPY OF EMERGENCY PLANS WHEN REQUESTED BY LOCAL, STATE OR FEDERAL EMERGENCY MANAGEMENT ORGANIZATIONS</b>	<b>ACTION STEP 1:</b> Name person/position responsible for allowing access to plan
Procedures:	

<b>ENSURING FACILITY'S EMERGENCY AND DISASTER PLANS ARE SHARED WITH LOCAL EMERGENCY MANAGEMENT ORGANIZATIONS</b>	<b>ACTION STEP 1:</b> Name person/position responsible for sharing facility's plans with local emergency management
Procedures:	

<b>ENSURING EXECUTIVE SUMMARIES OF EVACUATION PROCEDURES CAN BE PROVIDED TO THE FAMILY MEMBERS OR RESIDENT UPON REQUEST</b>	<b>ACTION STEP 1:</b> Name person/position responsible for writing executive summary	<b>ACTION STEP 2:</b> Develop policy for when and how to provide requested summaries to family member or resident
Procedures:		