

EMERGENCY AND DISASTER PLAN FOR ADULT COMMUNITY CARE FACILITIES AND RESIDENTIAL CARE FACILITIES FOR THE CHRONICALLY ILL (PUBLIC)

EXPLANATION: This form is provided as a courtesy to all adult facility applicants and licensees. An applicant seeking a license for a new Adult Day Program (ADP), Adult Residential Facility (ARF), Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN), Community Crisis Home (CCH), Enhanced Behavioral Supports Home (EBSH), Residential Care Facility for the Chronically Ill (RCFCI), and Social Rehabilitation Facility (SRF) must submit an emergency and disaster plan with their initial license application.

A licensee is required to have an emergency disaster plan pursuant to Health and Safety Code [Section 1565](#), [Section 1565.5](#), [Section 1568.044](#) and California Code of Regulations, Title 22, [Section 80023](#), [Section 81023](#), [Section 82023](#), and [Section 87823](#) Disaster and Mass Casualty Plan. The plan must be in writing and made available upon request to residents/clients onsite, any responsible party for a resident/client, local long-term care ombudsman, and local emergency responders. ***All resident/client and employee information on this form must be kept confidential.***

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.*

RESIDENTIAL FACILITIES (except ARFPSHNs): A licensee of all residential facilities except ARFPSHNs 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 1565](#) and [Section 1568.044](#). ***An actual evacuation of residents is not required during a drill.***

The licensee shall instruct all clients, age and abilities permitting, and/or volunteers in their duties and responsibilities under the plan. 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.

Residential facilities (except ARFPSHNs) serving adults will complete the form in its entirety.

ADULT DAY PROGRAMS AND ADULT RESIDENTIAL FACILITIES FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS: All licensees of ADPs and ARFPSHNs must provide training on the Emergency and Disaster Plan to all staff upon hire. They must also conduct drills at least every 6 months as specified in Title 22, [Section 80023](#) and [Section 82023](#) Disaster and Mass Casualty Plan. Completion of drill shall not require travel away from the day program grounds or contact with local disaster agencies. Documentation of the drills shall be maintained in the facility for at least one year.

The licensee shall instruct all clients, age and abilities permitting, and/or volunteers in their duties and responsibilities under the plan.

In order to assist the licensee in meeting all licensing care and supervision requirements, it is a best

practice for applicants/licensees of ADPs and ARFPSHNs to complete this entire form. However, at a minimum, ADP and ARFPSHN applicants/licensees will fill out the following sections, except where noted:

- A. Emergency Names and Telephone Numbers
- B. Assignments During an Emergency or Disaster
- C. Resident/Client Information
- D. Utility Shut-Off (required for ADP, best practices for ARFPSHN)
- E. Facility Exit Doors
- G. Temporary Shelter Locations
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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		

A. 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 (if applicable)	
Adult Protective Services	
County Mental Health	

Note: Emergency numbers must be posted at the facility.

B. ASSIGNMENTS DURING AN EMERGENCY OR DISASTER

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

C. RESIDENT/ CLIENT INFORMATION**(TO BE READILY AVAILABLE TO FACILITY STAFF DURING AN EMERGENCY)**

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

Note: This information must be located in the facility to ensure all information and records obtained from or regarding resident/clients is kept confidential as required by California Code of Regulations, Title 22, [Section 80070](#) and [Section 81070](#), Client Records.

D. UTILITY SHUT OFF

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

D.1. GENERATOR (VOLUNTARY, NOT REQUIRED)

Location:
Instructions to Turn-On:

E. FACILITY EXIT DOORS

Exit Door	Location

F. RESIDENT ASSEMBLY POINTS

Assembly Point	Location

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

G. 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.

H. SHELTERING IN PLACE PROCEDURES

1. 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.

2. 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.

I. EVACUATION PROCEDURES

1. Indicate the planned evacuation procedures.

2. Identify transportation needs.

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

3. 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.

J. EMERGENCY AND DISASTER PROCEDURES

List procedures that address:

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

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

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

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

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

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

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

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

K. 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/clients, age and abilities permitting, any staff and/or household members as needed on their duties and responsibilities under this plan.

L. REVIEW HISTORY

Reviewed/Updated (Check appropriate box)	Date	Name and Title	Signature
REVIEWED: UPDATED:			
REVIEWED: UPDATED:			
REVIEWED: UPDATED:			
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