

INTRODUCTION

The emergency procedures for the Sunny Skies Adult Day Care adult day care center have been developed to assure that every precaution will be taken to prevent injury during an emergency.

All employees will read and familiarize themselves with this plan and follow instructions therein. It is incumbent on the employee to understand these procedures. Staff response in the event of an emergency is a key factor for the wellbeing of participants and fellow staff.

Any questions should be directed to the Administrator for clarification.

EMERGENCY PROCEDURES

It is the policy of the Sunny Skies Adult Day Care to provide services and programs in a safe and protective environment. However, in the event of an emergency the following procedures will be implemented.

A. Medical Emergency Procedures

B. Fire Prevention Procedures

1. The Center shall be kept clean and free of accumulated trash at all times.
2. All volatile substances will be stored in specified areas.

3. Smoking will be confined to designated areas.
 4. All staff is required and responsible for knowing the location of and how to use the nearest fire alarm box and fire extinguishers.
 5. Fire drills will be conducted eight times a year.
- C. Use of Fire Extinguishers: The Center is equipped with dry chemical fire extinguishers which are effective for All types of fires.
1. Proceed to the fire area with any wind at your back.
 2. Pull the pin on the extinguisher handle.
 3. Direct the nozzle toward the base of the fire.
 4. Squeeze the handles together.
 5. Use a sweeping motion side to side to cover the fire area.
 6. Repeat the process with additional fire extinguishers until the fire is out.
 7. Remain in the area with a charged fire extinguisher until Fire Department Personnel arrive.
- D. **General Fire Procedures:** Generally, the greatest danger during a fire is panic caused by fear, Unpreparedness and thoughtlessness. Therefore, if a fire should occur, all staff should remain calm, proceed with assigned tasks expeditiously and quietly. Organize, plan, concentrate and proceed with the instructions listed below if you see or detect a fire:
1. Determine the location and extent of the fire. If persons are in the immediate area, remove them and shut the door to the room.
 2. Shout “RED ALERT” and the LOCATION OF THE FIRE, 3 times.
 3. Pull the Fire Alarm.

4. All staff immediately begins evacuating participants at exits furthest from the scene. First evacuate participants to the outside of the building. Once everyone is out of the building continue evacuation to the nearest secure building. Check all rooms to be sure they are empty.
5. The receptionist will call the Fire Department – and give the address : _____ describe what is burning, the size of the fire, and your name. Always call the fire department in case of fire, even if the fire was contained and put out.
6. The Administrator and the Health Director will report to the scene of the fire with fire extinguishers. The Health Director stays at the scene unless given other instructions by the Administrator. All other staff begin evacuation immediately.
7. The Administrative Assistant is responsible for taking the daily roster and the emergency box to the nearest secure building.
8. One Program Assistant remains with the participants at Sunny Skies Adult Day Care until an employee from the staff comes to assist. S/he then returns to continue assisting with the evacuation. Never leave the participants alone without staff person.
9. Evacuation is nears completion have an Administrative Assistant or Recreational Therapist check off the names of the participants to ensure all are accounted for.
10. If a participant is slow or unsteady on their feet, a wheelchair is to be used for the evacuation.
11. If more than one exit is used for evacuation, employees are to divide up so that all participants have a staff member present.
12. Wait for further instructions from the Administrator or person in charge.
13. Reassure the participants and visitors that the emergency is under control.
14. In the event that the Administrator is not in the facility during the emergency, the Health Director, then the Recreational Therapist assume responsibility.

15. Notify _____ once the situation is in control.

- E. **Evacuation Procedures-** in the event a general evacuation of the Center is necessary, use the evacuation routes in the opposite direction of the incident.
1. The evacuation and the direction is usually the decision of the administrator of his/her designee.
 2. Orderly evacuation will begin out of designated exit (s).
 3. Follow steps 4 through 15 under General Fire Procedures.
Flooding- the location of the Center is such that significant flooding from the outside of the building is not likely; however, there is a possibility that internal flooding secondary to open pipes, ect. Could occur. In the event of this type of flooding; electrical hazard would present the greatest problem. The following steps should be implemented:
 1. All plugs connecting with the wall receptacle will be removed immediately.
 2. All participants will be evacuated in an orderly fashion, following evacuation procedure when instructed by the person in charge.
- F. **Major Equipment Failure-** In the event of failure of a major piece of equipment such as the water heater or furnace, a determination will be made as to immediate danger to the participants. If such a failure is significant, programs will be suspended and participants may be requested to vacate the Center.
- G. **Electrical Failure-** in the event of a complete power failure a determination will be made as to the severity of an imminent danger to the participants. The Center may suspend programs and participants may be requested to vacate the premises.
- H. **Bomb Threat –** In the event of a bomb threat, the employee receiving the phone call should attempt to elicit as much information from the caller as possible. Do not hang up the phone unless the caller hangs up first. Notify the person in charge immediately. Contact the police department and prepare the premises using the evacuation procedures. In the event that a suspicious package is discovered, notify the person in charge immediately. Do not attempt to pick up or move the package. The person in charge, _____ will determine whether or not the police should be notified.
- I. **Military Event-** In the event of a military event, if time permits, participants will be transported to their homes. It is most likely, however, that time will not permit same. In this instance, participants will be evacuated as directed by the administrator, fire department or police department.

J. Code Words To Be Used:

1. Red Alert- Fire
2. All Clear – Return to normal duties
3. Dr. Orange – Non-Fire Disaster
4. STAT – Report to scene immediately

POLICIES AND PROCEDURE

SUBJECT: Fire Drills

Fire drills shall be held at least 8 times per year. Documentation will be maintained on each drill and will be reviewed by the Quality Assurance Committee.

SUBJECT: Epidemic

RESPONSIBILITY: Administrator and / or Health Director

POLICY: An occurrence such as an epidemic outbreak, poisoning, or other unusual incident that threatens the health of any participants or staff be reported to the local health department/officer. The Sunny Skies Adult Day Care Center shall comply with the requirements of the local health departments. The phone number of the local health department is () - .

PROCEDURES:

1. If three or more participants show similar symptoms, the nurse will consult with the staff physician for further orders.
2. The physician will determine need for isolation inoculation or infection control procedures.
3. If needed, the physician will consult with, the infection control department of the Sunny Skies Adult Day Care state or local Health Department.
4. Documentation in the progress note of each of the participants will detail the entire situation.
5. The Health Director or Administrator will contact the private physicians and families of those participants involved.
6. The Health Director or Administrator will notify the health department and communicable disease center.

POLICIES AND PROCEDURE

SUBJECT: POISONING

POLICY:

Any occurrence such as an epidemic outbreak, poisoning or other unusual incident that threatens the health of any participant or staff shall be reported to the local health officer.

The Sunny Skies Adult Day Care Center shall comply with the requirements of the local health department.

PROCEDURE:

1. The nurse will assess the participant.
2. The nurse will take the participant's vital signs.
3. Arrangement to transport the participants to the emergency room will be made.
4. The private physician will be contacted by phone.
5. If unable to contact the private physician, the staff physician will be contacted.
6. If diagnosis is poisoning, all efforts will be made to discover if the substance was ingested at the Center.
7. If the substance is discovered on the premises, it will be removed.
8. Documentation of all of the above will be put on the progress note.
9. An incident report will be completed.

SUBJECT: MEDICAL EMERGENCIES

NOTE: All employees of the Sunny Skies Adult Day Care will have current CPR certification. Assessment and first aid will be provided by the staff RN. Treatment beyond first aid will be provided by the private physician or an emergency room depending on the nursing assessment. Choice of transportation will also depend on the nursing assessment.

POLICY:

The Sunny Skies Adult Day Care Center shall maintain all of its Emergency and Disaster Policies in accordance with Federal and Local Regulations.

PROCEDURES:

1. the employees observing the medical emergency shouts for the nurse stat. Example: "Betty, craft room, stat."
2. Begin emergency care as indicated, i.e. CPR, First Aid. If CPR is being administered by someone other than the nurse, the nurse will quickly evaluate situation and provide further directions. The person providing CPR continues to do so until told otherwise by the nurse.
3. Assessment by the nurse is preformed.
4. Depending on urgency, the RN or substitute will confer with private physician and/or staff physician either before treatment or calling emergency transportation.
5. With non-life threatening emergencies, ie, mild falls, the Sunny Skies Adult Day Care Center transports the resident to the facility vehicle.
6. If potential for threat to life exists, the nurse or Administrator will instruct to call an ambulance, 911, transport to the emergency room.

7. Notify designated physician and family or responsible party of the medical emergency.
8. Changes in health status-drug reactions, onset of illness, changes in vital signs—RN or designee will confer with personal physician or staff physician.
9. An incident report will be completed on all incidences or injuries.
10. The Health Department is notified of the incident once all of the above have been completed.
11. Documentation on the progress note will be completed by the witnessing employee.

POLICY AND PROCEDURE

SUBJECT: COMMUNICABLE DISEASES

POLICY:

Program policies and procedures shall be in compliance with Title VI of the Rights Act of 1962 and, as appropriate, Federal and District laws and regulations relating to communicable and reportable diseases.

Participants with known communicable diseases will be reported to the Communicable Disease Control Division according to the guidelines as set forth on Title 8 your country health department.

Section 8-5:105 – “The Physician, veterinarian or other person in charge of a communicable disease case shall report such case to the Director of Human Services within the period of time required and in the manner prescribed.” (DC)

PROCEDURE:

1. The following diseases shall be considered communicable diseases and shall be reported by telephone to the County Health Department within two (2) hours of provisional diagnosis, or the appearance of suspicious symptoms:
 - A. Animal Bites
 - B. Anthrax
 - C. Botulism
 - D. Cholera
 - E. Diarrhea of the newborn, infectious
 - F. Diphtheria
 - G. Food-borne Diseases
 - H. Meningococcal Infections
 - I. Plague
 - J. Rabies of Man or Animal
 - K. Smallpox

- L. Staphylococcal Infections acquired in Hospitals and in Newborns
 - M. Treptococcal Infections of the Newborn
 - N. Typhus Fever
 - O. Yellow Fever
 - P. An unusual Occurrence of any Disease
2. The telephone report required shall be confirmed in writing within twenty-four (24) hours for #1.
 3. The following diseases shall be considered communicable diseases and shall be reported to County Health Department within twenty-four (24) hours of provisional diagnosis, or the appearance of suspicious symptoms:
 - A. Aseptic Meningitis Syndrome
 - B. Cryptococcosis
 - C. Dengue
 - D. Leprosy
 - E. Poliomyelitis
 - F. Psittacosis
 - G. Relapsing Fever, Louse-borne
 - H. Salmonella Infections, including Typhoid Fever and Paratyphoids
 4. the telephone report required shall be confirmed in writing within forty-eight (48) hours of diagnosis for #3/
 5. The following diseases shall be considered communicable diseases and shall be reported in writing within forty-eight (48) hours of the diagnosis of the appearance of suspicious symptoms.
 - A. Acquired Immune Deficiency Syndrome (AIDS)
 - B. Amebiasis
 - C. Brucellosis
 - D. Dysentery, Bacillary
 - E. Encephalitis
 - F. German Measles
 - G. Glanders
 - H. Hepatitis, Infectious and Serum
 - I. Leptosirosis
 - J. Malaria
 - K. Rheumatic Fever
 - L. Ringworm of the Scalp
 - M. Rocky Mountain Spotted Fever
 - N. Streptococcall Infections, Hemolytic
 - O. Tetanus
 - P. Trachoma

- Q. Trichinosis
- R. Tuberculosis
- S. Tularemia
- T. Venereal Disease
- U. Whooping Cough

6. The following diseases and any other communicable diseases occurring as an outbreak of illness or toxic conditions, Regardless of etiology, in an institution shall be considered communicable diseases, but only when they occur in unusual numbers.

- A. Chickenpox
- B. Enterobiasis (Pinworm)
- C. Glandular Fever, Infectious
- D. Histoplasmosis
- E. Impetigo Contagiosa
- F. Influenza
- G. Kerato-Conjunctivitis
- H. Mumps
- I. Pediculosis
- J. Pneumonia
- K. Scabies

6. The number of cases defined as communicable diseases shall be reported by telephone to __ (local) _____ Health department
7. within twenty-four (24) hours of diagnosis or the appearance of suspicious symptoms for #6.
8. In the reports required by the physician _____ (name) or other person _____ (title) in charge of the case
9. shall include a statement of a person's instructions concerning isolation, restriction of movement, and quarantine.
10. Each infected adult person, each parent, guardian, or person in charge of an infected person shall be advised by the physician or other person in charge, of the applicable requirements for isolation, restriction of movement, and quarantine.
11. Meeting the requirements of this section and observance of the provisions of "Control of Communicable Diseases of Man", Nine edition, 1960, published by the American Public Health Association, shall be Prima facie evidence that the control and management of any with good medical and public health practice.
12. When reporting to the Department by telephone, the following information shall be furnished:

- A. Location of the case
- B. Patient's name, age, sex, home address, and telephone number
- C. Name of physician or other person in charge

- D. Name of the communicable disease or name of suspected disease
 - E. Time of onset
 - F. Identity of person making the telephone report
13. Any physician treating or caring for a person with a communicable disease shall report immediately the name, address, and other relevant information to your (local) County Health Department under the following circumstances:
- A. When the person is delinquent in treatment
 - B. When the person violates isolation or quarantine
 - C. When there is any change in location of the case
14. When making a written report of a communicable disease or when confirming a telephone report in writing, the following information shall be furnished:
- A. Location of the case
 - B. Patient's name, home address, telephone number, sex, age, color, place of occupation.
 - C. Name of physician or other person in charge
 - D. Name of laboratory
 - E. Diagnosis of disease
 - F. Time of onset
 - G. Name of hospital, if admitted, and time of admission
 - H. Other pertinent information

NOTES:

1. Communicable diseases among hospitalized participants will be reported to your local County Communicable Disease Control Center (telephone number)
2. Documentation of case reporting will be made in the participant progress notes.
3. A log book of disease cases reported will be retained in the Nurse's office detailing date report was made.

POLICY AND PROCEDURES

SUBJECT: SAFETY PROGRAM

POLICY:

It is the policy of the Sunny Skies Adult Day Care Center shall be the responsibility of the Chairperson of the Quality Improvement Committee or His/Her designee. The Safety Program will provide for:

1. The identification, development, implementation and evaluation of safety policies and procedures for all department services.
2. The promotion and maintenance of an ongoing, surveillance program to detect and report all safety hazards related to participants, personnel, and to the public.
3. The report of all accidents, injuries, and safety hazards.
4. The provision of safety-related information to be used in the orientation of all new employees and in the continuing education of all employees.
5. The maintenance of current reference documents and publications related to health care safety including federal, state local regulations and safety publications.

MANAGEMENT

1. All employees will enforce safety rules and regulations, be alert for any unsafe practices and conditions, report all Participant, visitor, and employee accidents immediately to the Sunny Skies Adult Day Care, take immediate and appropriate action to correct safety hazards, and take appropriate disciplinary action for persons violating safety rules and policies.
2. All employees have the responsibility for making the workplace as safe as reasonably possible. Supervisors must consider accident prevention a normal part of their job. Accidents are preventable through a series of steps:
 - a. Sunny Skies Adult Day Care will identify and correct hazards
 - b. Sunny Skies Adult Day Care will eliminate unsafe conditions.
 - c. Sunny Skies Adult Day Care will train and motivate employees to become safety conscious and to form safe work habits.
 - d. Sunny Skies Adult Day Care supervisor must show a sincere interest and take the lead in preventing accidents.

EMPLOYEES

Responsibility for safety necessarily rests upon each employee. Each employee shall follow safe practices on the job. Employees, for their own protection, as well as for the well being of others, shall abide by all rules and regulations implemented by their department heads and supervisors. Additionally, Each employee shall be alert constantly for health and accident hazards throughout the _____ facility/center, and shall report such hazards to supervisors or the _____.

POLICY AND PROCEDURES

SUBJECT: UNUSUAL OCCURRENCES AND INCIDENTS

POLICY:

All unusual occurrences and incidents including but not limited to accidents, injuries, and drug errors are to be documented by the completion of an Incident Report Form, reported promptly, and fully investigated by the Sunny Skies Adult Day Care in charge at the time of the unusual occurrence/incident. The Center's staff is also required to report cases of abuse, neglect, self neglect, or exploitation of participants of the social services in Sunny Skies Adult Day Care (county, state).

PROCEDURE:

1. The unusual occurrence/incident is to be investigated and documented by generating an Incident Report Form.
2. The unusual occurrence/incident is to be investigated and documented by generating an Incident Report Form.
 - a. Give exact description of circumstances surrounding the unusual occurrences/incident including location, time, and names of witnesses.
 - b. Obtain descriptive statements from witnesses including findings by staff member in charge.
3. The staff member in charge is responsible for:
 - a. Notifying key staff persons: Administrator or Health Director.
 - b. Notifying the Fire and/or Police Department by calling 911 as the situation warrants.
 - c. Notifying the State Agency and/or Mayor or his designee as required by the state or local law.

POLICY AND PROCEDURES

SUBJECT: INCIDENT REPORT, COMPLETION OF RESPONSIBILITY:

Administrator

POLICY:

The Administrator or designee will monitor and keep an accurate record of all incidents in the facility. The Quality Improvement Committee shall review all incident reports not less than quarterly.

NOTES:

1. Record legible entire report in black ink pen.
2. Information should be accurate as requested on, report.
3. Complete all blocks
4. Administrator must sign and date form

PROCEDURE:

1. Obtain incident report form
2. Complete as follows:
 - a. Person involved spell correctly last name, first name, middle initial.
 - b. Age
 - c. Date of incident (month, day , year)
 - d. Time of incident (hour, minute, AM or PM)
 - e. Exact location (if other be sure to specify)
 - f. Describe completely and accurately only what was observed. Make no assumptions!! Follow directions on form.
 - g. Be sure to note actions taken such as cleaning of abrasions, X-rays and results, lab work and results, transfers to ER and results, etc.
 - h. It is very important to ensure that the name, and phone number are given of all witnesses.
 - i. Ensure that date and signature appear.

NOTES:

1. For any employee injury, it must clearly state whether or not the employee chose to go to the ER/Doctor or not.
2. Security or Police are to be notified whenever needed.(example: abusive visitors/staff, missing narcotics, thefts, etc.)

Transportation Emergency Plan-

A. Fire

1. In the event of a fire on board a vehicle during transportation, the driver will immediately pull the vehicle into a safe place; evacuate the participants from the vehicle; using a mobile phone, notify the Fire Department; engage motorist or spectator to supervise participants and attempt to extinguish the fire with the extinguisher on board the vehicle. When the immediate crisis has been managed, the driver will notify the Program/Health Director of the problem; if necessary, request a back-up vehicle and complete an incident report upon their return to the Center.

B. Accident

1. In the event of an accident, the driver, if possible will pull the vehicle into a safe place out of traffic.
2. the driver will immediately assess if any participants are injured as and, using a mobile phone, will call 911 and request police and emergency medical service for participants who are injured or who appear to be potentially injured. In the event that the accident causes a vehicle fire which appears threatening to the lives of the participants, the participants must be evacuated form the vehicle immediately after the accident. If there are any participants who are injured or appear to be potentially injured, the driver is to remain with the participants until emergency medical services arrive at the scene. When the emergency medical services arrives, the driver is to pull The Transportation Data sheet for each participant form The Transportation Log and supply this to emergency medical personnel assisting that participant in order that they may have basic information to initiate treatment.
 - a. if participants are transported via ambulance to an emergency facility, the driver is to obtain the name of the emergency facility to which participants were transported. If the participants are going to be treated at different emergency facilities, the driver should request that police report the name of the participants and to which facility they have been transported.
 - b. If there is any question regarding driver injury, the driver is to receive emergency services and ambulance transportation to an emergency service facility for treatment and evaluation.
3. The driver's next priority would be to obtain the name, license and telephone number and insurance information of the driver of the other vehicle involved in the accident.
4. If the transportation vehicle should be towed from the site, the driver is to obtain from police the information regarding who is towing the vehicle and to where it is being towed.
5. The driver is to inquire about obtaining a duplicate copy of the police report.
6. As soon as the emergency has been managed, the driver is to use the mobile phone to notify the Program/Health Director and if necessary, to request a back-up vehicle.
7. The Program/Health Director is to notify the Administrator.
 - a. It is the responsibility of the Administrator to notify the insurance carrier, to obtain form police the name(s) of the emergency facility(ties) to which participants have been taken for treatment and to complete an Incident/Accident Report.

C. Medical Emergency

1. Participant Illness- In the event that a participant falls or becomes ill during transit, the driver is to immediately pull into a safe area and use the mobile phone to contact the Administrator/Program Health Director for instructions unless the illness appears life threatening, in which case, the driver should dial 911 to summon emergency assistance to the vehicle.
 - a. When the emergency personnel arrive at the vehicle the driver is to give emergency personnel the affected participants(s) Transportation Data Sheet.
 - b. If the participant is transported via ambulance to an emergency facility, the driver is to obtain the name of the facility.
 - c. Only if the driver is CPR certified may the driver administer CPR.
 - d. If a participants vomits or is incontinent or is bleeding during transportation the Spill Kit on the vehicle as described in the OSHA Blood Borne Pathogens Control Plan should be used.

2. Driver Illness- If an illness is affecting the driver's ability to drive safely, the driver should pull the vehicle off the road to a safe area. The driver should use the mobile phone to notify the Administrator or Program/Health Director of their illness and the need for a back-up driver to be dispatched to their location. If the illness is of a serious nature, the driver should dial 911 to summon police ambulance to the vehicle.

D. Weather Emergency During Transit

1. The driver should handle the following weather emergencies in transit on the following manner:
 - a. Tornado approaching vehicle- If possible, the driver should try to avoid the path of the tornado. If this is not possible, the driver should attempt to get the vehicle under the shelter of a concrete overpass. If this is not possible, the driver should pull the vehicle alongside a ditch and evacuate participants into a ditch away from the vehicle.
 - b. Flash Flood- If a Flash Flood occurs, the driver should try to avoid the flooded area. If this is not possible, the driver should pull off the roadway onto a higher ground. If the vehicle is caught in the flash flood, the driver should put the vehicle in neutral and attempt to steer the vehicle to safety.
 - c. Heavy Rain- If heavy rain or hail affect the driver's ability or visibility to drive safely, the driver should pull off the road onto a high area until the storm passes.

2. When the emergency has been managed, the driver should use the mobile phone to notify the Administrator of the Program/Health Director of the situation.

In all vehicle related emergencies, it is the responsibility of the Administrator of Program/Health Director to notify families regarding the situation as soon as possible so that they may understand delays and/or go to the emergency facility where their relative is being treated.

The following information is to filled out specific to your center

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY CARE FACILITIES

The following criteria are to be used for the development of Comprehensive Emergency Management Plans (CEMP) for Adult Day Care (ADC). The criteria will serve as a recommended plan format for the CEMP, and will also serve as the compliance review document for county emergency management agencies upon submission for review and approval pursuant to your local fire department and state regulations.

These minimum criteria satisfy the basic emergency management plan requirements of for Adult Day Care Centers.

These criteria are not intended to limit or exclude additional information that centers may decide to include in their plans in order to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness. Any additional information which is included in the plan will not be subject to approval by county emergency management personnel, although they may provide informational comments.

This form must be attached to the center's comprehensive emergency management plan upon submission for approval to the county emergency management agency. Use it as a cross-reference to your plan, by listing the page number and paragraph where the criteria are located in the plan on the line to the left of each item. This will ensure accurate review of the center's plan by the county emergency management agency.

I. INTRODUCTION

A. Provide basic information concerning the center to include:

1. Name of center, address, telephone number, emergency contact telephone number, pager number (if available), fax number, type of center, and license.

Name Sunny Skies Adult Day Care

Address 88, Roosevelt Ave. Carteret, NJ 07008

Tel: 1-800-851-3188

Emergency Contact Number _____

Fax _____

Type of Facility _____

Facility License # _____

2. Owner of center _____

Address of Owner _____

Telephone (private or corporate ownership). _____

3. Year center was built _____

type of construction _____

Date of any subsequent construction _____

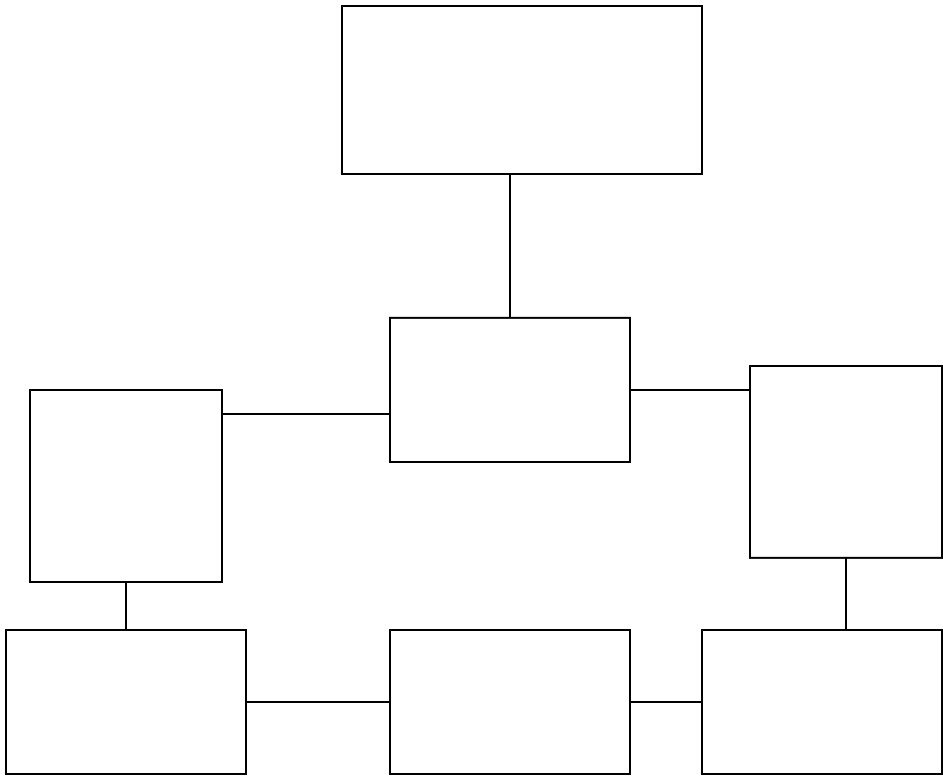
Explain _____

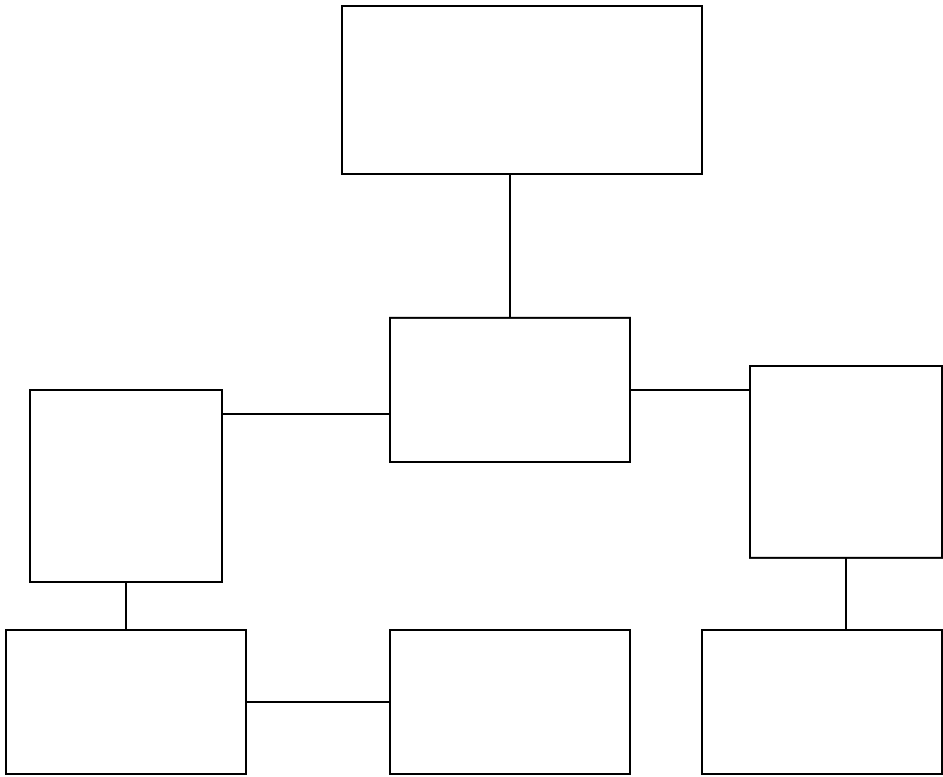
4. Name of Administrator, address, work/home telephone, number of his/her alternate. _____

5. Name, address, work and home telephone number of person implementing the provisions of this plan, if different from the Administrator.

6. Name, work and home telephone number of person(s) who developed this plan.

7. Organizational chart, identifying phone numbers, with key management positions.





**EMERGENCY MANAGEMENT PLANNING CRITERIA FOR
ADULT DAY CARE FACILITIES**

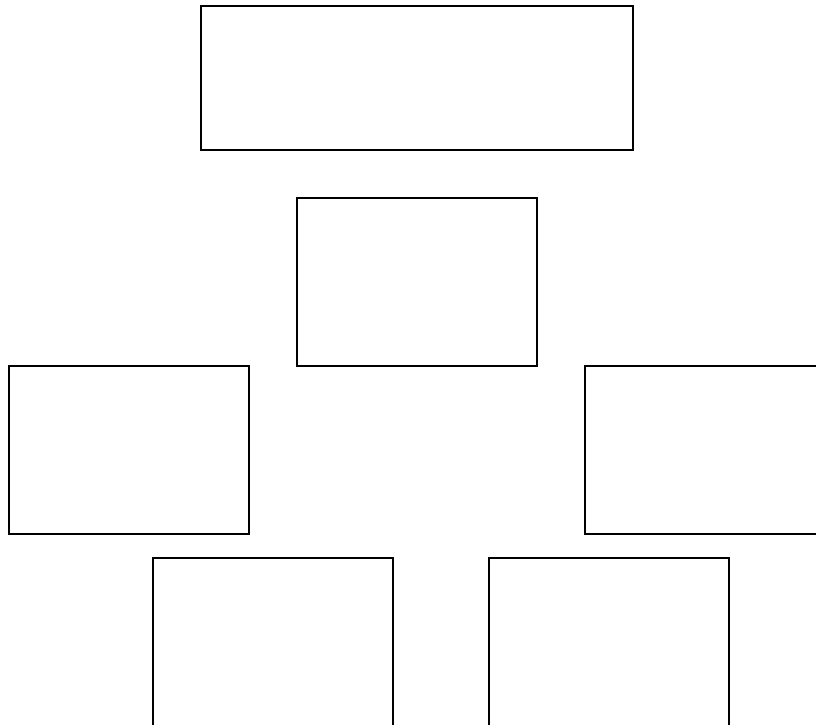
B. Provide an introduction to the Plan which describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also provide any other information concerning the center that has bearing on the implementation of this plan.

II. AUTHORITIES AND REFERENCES

A. Identify the legal basis for plan development and implementation to include statutes, rules and local ordinances, etc. (in your state regulations)

B. Identify reference materials used in the development of the plan.

C. Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from the previous chart required.



III. HAZARD ANALYSIS

A. Describe the potential hazards that the center is vulnerable to such as hurricanes, tornados, flooding, fires, hazardous materials, transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, gas leaks, etc. Indicate past history and lessons learned.

B. Provide site specific information concerning the center to include:

1. Licensed capacity _____
2. Maximum number of staff on site. _____
3. Identify types of participants served by the center:
 - a. Participants with dementia _____
 - b. Participants requiring special equipment or other special care, such as oxygen or dialysis _____
 - c. Participants who are non-ambulatory _____
 - d. Participants who require assistance _____
 - e. Participants who do not require assistance _____
 - f. Other - list types _____
4. Identify hurricane evacuation zone.
5. Identify which flood zone as identified on a Flood Insurance Rate Map (sometimes found on your state emergency management site).
6. Number of miles center is located from a railroad or major transportation artery.
7. Identify if center is located within 10 mile or 50 mile emergency planning nuclear power plant

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY CARE FACILITIES

IV CONCEPT OF OPERATIONS

This section of the plan defines the policies, procedures, responsibilities and actions that the center will take before, during and after any emergency situation. At a minimum, the center plan needs to address: direction and control; notification; and evacuation and sheltering.

A. Direction and Control

Define the management function for emergency operations. Direction and control provide a basis for decision making and identify who has the authority to make decisions for the center.

1. Identify by title who is in charge during an emergency and one alternate, should that person be unable to serve in that capacity.

2. Identify the chain of command to ensure continuous leadership and authority in key positions.

3. State the procedures that ensure timely activation and staffing of the center during emergency incidents.

4. State the operational and support roles for all center staff (This will be accomplished through the development of Standard Operating Procedures, which must be attached to this plan).

5. State the procedures to ensure the following needs are supplied:
 - a. Emergency power and, if applicable, natural gas or diesel. If natural gas, identify alternate means should loss of power occur (which would effect the natural gas system). What is the capacity of the fuel tank for the emergency power system?
 - b. Transportation (may be covered in the evacuation section)
 - c. Food and water
 - d. Oxygen, if required for participants

B. Notification

Procedures must be in place for the center to receive timely information on impending threats and the alerting of the center's decision makers, staff and participants of potential emergency conditions.

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY CARE FACILITIES

1. Describe how the center will receive warnings.
2. Describe how staff will be alerted.
3. Describe the procedures and policy for staff reporting to work.
4. Describe how participants will be alerted and the precautionary measures that will be taken.
5. Identify alternative means of notification should the primary system fail.
6. Identify procedures for notifying those facilities (for which mutual aid agreements are in place) to which participants will be evacuated.
7. Identify procedures for notifying families of participants that the center is being evacuated or closed.

C. Evacuation

Describe the policies, roles, responsibilities and procedures for the evacuation of participants from the center.

1. Identify the staff position responsible for determining if and when evacuation is required.
2. Identify the staff position responsible for implementing center evacuation procedures.
3. Identify all arrangements made through mutual aid agreements, memorandums of agreement or understandings that will be used to evacuate participants (copies of the agreements must be updated annually and attached in the appendix).

4. Describe transportation arrangements for logistical support to ensure essential records, medications, treatments, and medical equipment remain with the participant at all times.

5. Identify the pre-determined locations to which participants will be evacuated.

6. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive participants (current, signed annually).

7. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.

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8. Specify the amount of time it will take to successfully evacuate all participants to the receiving facility.
9. Describe the procedures to ensure that the center's staff will accompany evacuating participants.
10. Identify procedures that will be used to keep track of participants once they have been evacuated (to include a log system).
11. Establish procedures for responding to family inquiries about participants who have been evacuated.
12. Establish procedures for ensuring that all participants are accounted for.
13. Specify at what point the mutual aid agreements and the notification of alternate facilities will begin.

D Re-Entry

Once a center has been evacuated, procedures need to be in place for allowing participants to re-enter the center.

1. Identify who is the responsible person(s) for authorizing re-entry to occur.
2. Identify procedures for inspection of the center to ensure it is structurally sound.

E. INFORMATION, TRAINING AND EXERCISES

This section identifies the procedures for increasing employee and participant awareness of possible emergency situations and providing training on their emergency roles before, during and after a disaster.

- A. Identify how and when staff will be trained in their emergency roles during non-emergency times.
- B. Identify a training schedule for all employees and identify the provider of the training.

C. Identify the provisions for training new employees regarding their disaster related role(s).

D. Identify a schedule for exercising all or portions of the disaster plan on an annual basis.

E. Establish procedures for correcting deficiencies noted during training exercises.

F. Describe the method by which family members of participants will be made aware of the center's emergency plan prior to a disaster

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APPENDIX

The following information is required, yet placement in an APPENDIX is optional, if the material is included in the body of the plan.

A. Roster of employees and companies with key disaster related roles.

1. List the names, addresses, telephone numbers of all staff.
2. List the name of the company, agency, organization, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, emergency management, etc.

B. Agreements and Understandings

Provide copies of any mutual aid agreements, memorandums of agreement or any other understandings entered into pursuant to the fulfillment of this plan. This is to include reciprocal host center agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.

C. Evacuation Route Map

A map of the primary and secondary evacuation routes and description of how to travel to receiving facility(ies).

D. Support Material

1. Any additional material needed to support the information provided in the plan.
2. Copy of the center's fire safety plan that is approved annually by the local fire department, or an annual letter of approval from the fire department.

NOTES: