

Community Residential Care Facility

Emergency Operation Plan Checklists for Plan Components

As a courtesy, the Department of Health and Environmental Control, in collaboration with University of South Carolina's Arnold School of Public Health, has developed a guideline: *Community Residential Care Facility Emergency Operation Plan Checklists for Plan Components*. This document is not all inclusive and should be used as a guide. It is not intended to supersede or substitute for compliance with SC DHEC Division of Health Licensing regulations. Requirements for other specific plans are contained in SC DHEC Division of Health Licensing Regulation 61-84, Standards for Licensing Community Residential Care Facilities. Licensing regulations for Community Residential Care Facilities require the development of plans to ensure continuity of essential services.

Each facility may adopt the template to their unique needs and customize it accordingly. The checklists should also be incorporated as a component of the plan. The Department does not guarantee that a facility using this template will be in compliance with Federal or State regulations or that all issues are addressed. Furthermore, staff must be trained in the use of the plan, yearly continuing education must be conducted, and the plan must be retested and refined.

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Note: Place a mark in the box provided in the first column if your emergency operation plan meets the associated criteria. If the plan does not meet the criteria, you should explain what corrective action is needed in the space provided. Your plan should be reviewed and updated periodically but no less than annually.

I. General Information included in facility plan. (Fill in blanks)

- Name and Address of Facility: _____
- Contact information for owner and administrator
- Phone number in case of emergency
- Number of beds: _____
- Special care/facility type addressed: _____
- Procedures for activation of Emergency Operation Plan.

II. A comprehensive all-hazards plan that includes:

- A completed risk assessment to determine the types of emergency for which the facility is at risk, (e.g. hurricane evacuation zone, proximity to a nuclear power plant, flood zone, etc.).
- Detailed step by step procedures for each type of emergency for which the facility is at risk.
- A policy that defines who is responsible during an emergency with contact information.
- Emergency call numbers for local emergency management agency, DHEC emergency representative, association entities, and contracted vendors.
- Emergency call numbers for staff and resident emergency contact information updated at least semi-annually.
- Detailed security procedures during an incident to promote safety of residents.
- The plan has been updated annually or when significant changes occur.
- Documentation of communication/coordination of the plan with the county Emergency Preparedness office with any significant changes.

III. An evacuation plan that includes:

- Detailed step by step procedures for evacuation.
- The facility's staff member responsible for implementing the facility evacuation plan.
- Evacuation routes for exiting the building included in emergency plan and posted in conspicuous areas in facility.
- A check list of all needed supplies for evacuation
- Specify the amount of time to evacuate building.
 - a. Time required to be ready to evacuate the first resident (all medical records and medication collected, etc.)
 - b. Time required to clear the building of all residents and support items
 - c. Time required for all residents to arrive at their primary evacuation location
- A method to determine that (and account for) all residents are out of the facility.
- A description of procedures if a resident becomes ill or injured during evacuation.

IV. A communication plan to include:

- Identification of the staff member that is responsible to disseminate warnings and information within the facility.
- How such warnings and information will be disseminated within the facility.
- The methods for receiving external warnings and information.
- An explanation of how staff members and residents will be alerted.
- Procedures for notifying the facilities to which residents will be relocated
- A plan to inform officials, staff, and resident families of relevant information.
- A pre-compiled checklist for the agencies and parties to be notified.

V. A sheltering plan for residents at alternate location that includes:

- Alternate location(s) to house the residents with full provisions for at least the number of licensed beds.
- A letter of agreement between the facility and the sheltering facility(ies) signed by an authorized representative of each facility. The letter shall be renegotiated annually.
- At a minimum, the letter of agreement shall include number of residents to be accommodated, sleeping, feeding, and medication plans, provisions for staffing and accommodations for staff.
- The name, address, and phone numbers of all sheltering facilities, with agreements.
- Directions to the sheltering facilities on both primary and secondary routes.
- Facilities in identified coastal counties (Horry, Georgetown, Charleston, Colleton, Beaufort, and Jasper counties) shall have at minimum, sheltering agreements with facilities outside of the identified coastal counties for all of their licensed capacity.

VI. A sleeping plan for residents that includes:

- Provisions for beds, cots, sleeping bags, or mattresses.
- Provisions for pillows, blankets, etc.
- An arrangement to provide special bed equipment (e.g., egg crate mattresses and air mattresses).

VII. A feeding plan for residents that includes:

- Provisions for clean drinking water for 72 hours.
- The amount of water and how it will be transported.
- Food provisions for preparing or catering at least 3 meals per day for a minimum of 72 hours.
- If a facility plans to cater or have meal delivery during an emergency, an agreement should be provided.
- Arrangements to accommodate any special diet requirements for the residents.

VIII. A medication plan for residents that includes:

- Arrangements for all medication regimens (including standing orders) to accompany each resident.
- Arrangements for all medications to accompany each resident.
- Arrangements for the Medication Administration Records to accompany each resident.
- A detailed plan for the measures to be taken to secure and store all medications.
- Provisions to include medication reference material in the relocation.

IX. A transportation plan for residents that includes:

- The number and type of vehicles required to relocate residents.
- How the vehicles will be obtained.
- When the vehicles will be obtained.
- Who, e.g., individual or company, will provide the drivers of the vehicles.
- If provided by outside vendor include agreement and company contact information.
- The estimated time to transport all residents to the receiving facility.
- The procedures for providing resident medical support and medications during the relocation.
- The procedures to ensure residents' equipment (e.g. wheelchair) is protected and personal needs (e.g. incontinence) are accommodated during the relocation.

X. A staffing plan for that includes:

- A detailed outline that indicates how care will be provided to the relocated residents 24 hours per day.
- The number and type, e.g., job titles, of staff needed.
- An agreement that is co-signed by an authorized representative of the sheltering facility if the staffing is to be provided by sheltering facility.
- Plans for relocating or assuring transportation for staff to the sheltering facility, if the staffing is to be provided by the relocating facility.
- Specific staff responsibilities that identify how the residents will be cared for during evacuation and the communication methods that will be used.
- Guidance regarding sheltering or evacuating the staff member's family, if permitted by facility.

XI. Continuity of essential services plan that includes:

- A plan to provide essential services (e.g. power and temperature control) during and after incident.
- The designation of a staff member in writing to act in the absence of the administrator.
- Provisions for any special needs that the residents may have (e.g., renal dialysis and home health services)

XII. A medical information plan that includes:

- Provisions to evacuate medical records with the residents.
- Backup copies of resident records that are accessible at the alternate location if the facility uses electron medical records.
- A plan for information to be transferred with each resident which should include at a minimum:
 - a. Name, Date of Birth, Social Security Number
 - b. Photograph
 - c. Medicaid or other health insurance number
 - d. Diagnosis
 - e. Current drug/prescriptions and diet regimens
 - f. Name and contact information for next of kin/responsible person/Power of Attorney
- How the medical information will be secured, transported, and matched to resident for which they belong.

XIII. A recovery plan that includes:
<input type="checkbox"/> A plan for reentry into an evacuated facility that names the individual who will authorize reentry, procedures for inspecting the facility, and how the safety of the facility is determined. <input type="checkbox"/> Transportation plans for resident return to the facility
XIV. A hurricane preseason checklist that includes:
<input type="checkbox"/> Indications that all agreements have been completed, inventory is up to date, and all radios, flashlights, etc. are operational.
XV. A training plan that includes:
<input type="checkbox"/> An in-service program that provides annual training for staff members in required topics. <input type="checkbox"/> The requirement that designated staff shall receive training in basic first aid, CPR, and vital signs. <input type="checkbox"/> Emergency preparedness training for staff members within 24 hours of first day on the job. <input type="checkbox"/> Fire response training for staff members within 24 hours of first day on the job. <input type="checkbox"/> Training for residents who can aid in their own evacuation should be conducted at least annually. <input type="checkbox"/> A requirement that the facility emergency operation plan shall be rehearsed at least annually and documented to include: <ul style="list-style-type: none"> <input type="checkbox"/> a. The time and date of the rehearsal and the name of the participants <input type="checkbox"/> b. A summary of actions <input type="checkbox"/> c. The documentation of an after exercise review to include any necessary changes. If facility has responded to an emergency in the past year, provide documentation that the facility has taken appropriate action to update the plan.

Prior to any disaster, discuss the facility’s emergency plan with a representative of the ombudsman program serving the area where the facility is located and provide a copy of the plan to the ombudsman program. When responding to an emergency, notify the local ombudsman program of how, when and where residents will be sheltered so the program can assign representatives to visit them and provide assistance to them and their families.

Comments/Suggestions (attach additional sheets if necessary):
