

EMERGENCY PLAN TABLE OF CONTENTS
Updated 4/8/19

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EMERGENCY PLAN

Emergency Plan for _____ Foster Home

Plan Developed Date: _____

In a major emergency, such as a catastrophic earthquake, pandemic flu, chemical accident/explosion, fire, or major weather event, response systems like police, fire and ambulances will be overwhelmed. We have developed the following plan to prepare to meet the needs of our residents and staff.

EMERGENCY CONTACT NUMBERS

Provider Name: _____

Address: _____

City/State/Zip: _____

Nearest Cross Street: _____

House Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Information (24 hours a day/7 days a week):

Landline Phone #: _____ Cell Phone #: _____

Fax #: _____ Email: _____

Alternate Emergency Contact Name: _____

Emergency Contact Information (24 hours a day/7 days a week):

Landline Phone #: _____ Cell Phone #: _____

Fax #: _____ Email: _____

Out of Area/State Emergency Contact Name: _____

Emergency Contact Information (24 hours a day/7 days a week):

Landline Phone #: _____ Cell Phone #: _____

Fax #: _____ Email: _____

OTHER EMERGENCY NUMBERS

Power Outage/Emergency: (identify the utility provider for the home):

- | | | |
|--------------------------|--------------------------------------|--------------|
| <input type="checkbox"/> | Blachly – Lane Electric Co-Op | 541-688-8711 |
| <input type="checkbox"/> | Emerald People’s Utility District | 541-746-1583 |
| <input type="checkbox"/> | Eugene Water & Electric Board (EWEB) | 541-685-7000 |
| <input type="checkbox"/> | Lane Electric Co-Op | 541-484-1151 |
| <input type="checkbox"/> | North Coast Electric | 541-343-7701 |
| <input type="checkbox"/> | Pacific Power | 800-221-7070 |
| <input type="checkbox"/> | Peoples Utility District | 541-997-3414 |
| <input type="checkbox"/> | Springfield Utility Board | 541-726-2395 |
| <input type="checkbox"/> | Other: _____ | _____ |

NW Natural Gas Emergency #: _____

Sewer/Water Emergency #: _____

Local Red Cross #: _____

National Weather Services: www.nws.noaa.gov

ODOT Trip Check: Dial 511 or 1-800-977-ODOT (or access on www.tripcheck.com)

Local Police #: _____

Pet Care Options (vet or other name/#): _____

Lane County Developmental Disabilities: 541-682-3695

Other: _____

Other: _____

Other: _____

Name and number of local HAM operators in our neighborhood who are willing to assist (not required): _____

(Licensed HAM operators may be located by going to www.vanityhq.com and clicking on N4MC’s Ham Locator)

Closest phone booth to our home is located at: _____

Area emergency information is broadcast on local TV and radio stations

Local Radio Stations: AM _____ FM _____

Local TV News Stations: _____

CAREGIVER AVAILABILITY

1. Staff Preparedness:

In an emergency, we are aware that staff will check on their homes and family as soon as possible. If they are confident that their family is safe, they will be able to contribute to the agency/home response and recovery effort. We have taken the following actions to encourage staff to prepare for emergencies at home:

2. Lack of Caregiver Availability:

Should an emergency prevent regularly scheduled caregivers from being able to report for work, we will take the following actions to ensure residents are provided with necessary care (*tip: plan can include on-call staff, or a plan for individuals to stay with family as appropriate to individual residents currently being served in home; consider what might occur if disaster occurs during the day, evening or weekend*):

RESIDENT COMMUNITY PREPAREDNESS

Individuals who access the community independently have received information on appropriate steps to take in an emergency (including emergency contact numbers, how and when to contact 911, and other strategies to obtain assistance). This documentation may be found for each individual (as applicable) in the following location:

<u>Resident Name</u>	<u>Documentation Location</u> (ISP, IEP, Progress Note)	<u>Date Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COORDINATION WITH VOCATIONAL PROGRAMS

Emergency plans are required to be coordinated with Vocational Programs for those residents participating in Vocational Services to address the possibility of an emergency during day program hours. We have coordinated with Vocational Services as follows:

<u>Vocational Program</u>	<u>Names of Residents Attending</u>	<u>Plan Should Emergency Occur During Day Program Hours</u>
---------------------------	-------------------------------------	---

PLAN FOR RELOCATION

If our home is not safe or we are directed by a public safety official to evacuate some or all of our residents to a temporary alternate location, we will follow this plan for relocation:

1. **Relocation Sites** (If we have to leave the home, we plan on going to):

Location for Evacuation:

Print Name of Location: _____

Address: _____

City/State/Zip: _____

Landline Phone #: _____ Cell Phone #: _____

Email: _____

Route to try first: _____

We have an agreement with this location that we may shelter here in an emergency

Alternate Location for Evacuation:

Print Name of Location: _____

Address: _____

City/State/Zip: _____

Landline Phone #: _____ Cell Phone #: _____

Email: _____

Route to try first: _____

We have an agreement with this location that we may shelter here in an emergency

Alternate Location for Evacuation:

Print Name of Location: _____

Address: _____

City/State/Zip: _____

Landline Phone #: _____ Cell Phone #: _____

Email: _____

Route to try first: _____

We have an agreement with this location that we may shelter here in an emergency

2. Transportation:

Our plan for transporting individuals in case of evacuation is:

We have our own vehicle(s) (describe): _____

We will contract for transport (list the transportation provider(s) and describe the number and type of vehicles): _____

Contract is currently in place (contract date: _____)

3. Supplies:

If evacuation is necessary, we will bring the following personal items for staff and residents/clients with us to the relocation site (*consider individual medical, equipment, specialized food preparation, and other support needs*):

Medications

MAR

Individual emergency info and summary sheets

Medical Records

4. Identification of Residents:

We have the following plan for ensuring each resident will have personal identification if relocated, including their name and location of home (*options could include ID bracelets available in emergency kit, marking pen to write identifying information on individual in emergency kit, or other methods*): _____

5. Communication:

At a minimum, the County DD Program and guardians must be notified of relocation of individuals. We also need to notify other family members, and other individuals significant to our residents. We will notify the following people if we need to relocate individuals:

Contact Person

How to Notify

6. If we have to leave the house:

_____ will place a note on the door/part of the house, visible to the fire department or other first responders stating where we are going.

PLAN FOR SHELTERING IN PLACE

Many disasters do not require evacuation of the home, but may result in our being isolated in our home without basic services or emergency response services for several days. Examples may include extreme weather events, earthquakes, neighborhood chemical accidents or explosions, etc. in which our home remains intact. To ensure we are able to shelter in place for a minimum of 3 days, we have:

- At least 1 gallon of safe water for each resident, caregiver and pet per day for 3 days. We have _____ gallons of water stored in the following location(s): _____

- Sufficient food for all residents and caregivers for at least 3 days. Emergency food supplies are located in the following location(s): _____

- We have a manual can opener available for any canned goods included in our emergency supplies, in the following location: _____*

- At least a 3 day supply of essential medications, medical supplies and equipment on hand at all times.

- Adequate sanitary supplies for all residents and caregivers (incontinence supplies, hand soap/hand sanitizer, bathroom tissue, personal care items). Emergency sanitary supplies are located in the following location(s): _____

- We have the following infection control supplies:

- | | |
|---|-----------------|
| <input type="checkbox"/> Bleach | Location: _____ |
| <input type="checkbox"/> Gloves | Location: _____ |
| <input type="checkbox"/> Plastic Bags | Location: _____ |
| <input type="checkbox"/> Sharp Containers | Location: _____ |
| Other: _____ | Location: _____ |
| Other: _____ | Location: _____ |
| Other: _____ | Location: _____ |

- If our bathrooms are not functional (cannot flush toilets), we will manage toileting needs and human waste as follows: _____

- If we have no utilities (electricity or gas), we have the following plan for maintaining temperature control for residents in extreme cold weather:
 - Residents will be supported to dress to save body heat
 - Wear a hat, even while sleeping
 - Wear loose layers of clothing to trap body heat
 - Use blankets
 - Call 911 if residents exhibit signs of hypothermia
 - Other instructions: _____

- If we have no utilities (electricity or gas), we have the following plan for maintaining temperature control of residents in extreme hot weather:
 - Residents will be supported to dress in loose, lightweight, light colored clothing to help maintain body temperatures
 - Residents will be supported to stay in the coolest available place (not necessarily indoors). Staff will ensure that residents are receiving adequate fluids.
 - Staff will call 911 if residents exhibit signs of heat stroke (high body temperature and altered level of consciousness).
 - Nearby locations that may provide cool environments (library, mall, movie theaters, etc.): _____

 - Other instructions: _____

- In the event of a power outage, we have working flashlights or alternate light sources in the following locations: _____

- Backup battery supply is located: _____

In case of power loss, we have a battery operated or hand crank radio to enable us to listen to radio broadcasts for emergency information. The radio is located:

Provider and caregivers know:

- How to turn off the gas in the home yes no N/A
- Where the circuit breaker is in the home yes no N/A
- How to turn of the water in the home yes no N/A

Other sheltering in place instructions specific to our home and/or residents:

SPECIFIC INSTRUCTIONS FOR EVENTS LIKELY TO HAPPEN IN OUR AREA:

I. EARTHQUAKE

A. DURING THE EARTHQUAKE:

- Should an earthquake occur while staff is indoors with residents, we will take immediate action to assist residents to “drop, cover and hold on”.

- When you begin to feel an earthquake, everyone should **DROP** to the floor and get under a sturdy piece of furniture like a desk or table. Stay away from windows, bookcases, pictures and mirrors, hanging plants, and other heavy objects that may fall. Be aware of falling materials such as plaster, ceiling tiles, and bricks that may come loose during the quake. Stay under **COVER** until the shaking stops. **HOLD ON** to the desk or table that you’re under and if it moves, move with it.

- Individuals in wheelchairs should be assisted to engage the brakes on their wheelchair, protect their heads with a book or newspaper, and make themselves as small a target as possible (the wheelchair version of “drop, cover and hold on”).

- If staff is outdoors with residents, staff will assist residents to move to a clear area away from buildings, poles, power lines, signs and trees.

B. AFTER THE EARTHQUAKE:

- Staff will immediately assess for injuries of those present, taking action to address any medical needs.

- Staff will assess for any health and safety hazards within the home, taking actions to evacuate in accordance with the **Plan for Relocations**, above, should the home be determined unsafe.

Other Earthquake Instructions Specific to Our Home and/or Residents:

II. SEVERE WEATHER

- ❖ A WEATHER **WATCH** MEANS THAT ATMOSPHERIC CONDITIONS ARE RIGHT FOR SEVERE WEATHER.
- ❖ A WEATHER **WARNING** MEANS THAT SEVERE WEATHER HAS BEEN OBSERVED OR IS IMMINENT IN THE AREA SPECIFIED.

A. WINDSTORMS AND TORNADOES:

Damaging high wind storms and tornadoes can occur in this area. In case of high winds, staff will take the following actions:

1. **WHEN HIGH WINDS HAVE BEEN FORECAST**

- Make sure house vehicles are filled with fuel
- Assure residents are in safe location
- Anchor outdoor objects that can blow away (such as garbage cans, hanging plants, and lawn furniture) or move them inside
- Tune in to local radio or TV for latest weather information. National Weather Service forecasts and warnings may also be found online at www.wrh.noaa.gov/pqr/

2. **DURING HIGH WINDS**

- Ensure that residents and staff stay indoors and away from windows
- Do not drive
 - *If you are driving when high winds occur, pull safely off of the road and seek shelter in a building. Being in a parked car is safer than being outside; however, being in a building is safer than being in a car. During and after periods of high winds, be cautious of debris in the roadway and downed or low-hanging utility wires*
- Stay away from downed power lines
- Stay tuned to local radio or TV station for additional weather and emergency information. National Weather Service forecasts and warnings may also be found online at www.wrh.noaa.gov/pqr/

3. **IF A TORND AO WARNING IS ISSUED, TAKE ACTION IMMEDIATELY**

- Assist residents to go to a basement or an interior part of the lowest level of the building you are in
- Stay away from windows, doors, and outside walls. In most cases, closets, bathrooms (without windows), and interior hallways work best

- Get under something sturdy, lie face down, draw your knees up under you and cover the back of your head with your hands
 - If you are outside, lie down flat in the nearest ditch or ravine
4. **SHOULD DAMAGE TO THE HOME OCCUR DURING A HIGH WIND EVENT**
- Staff will immediately assess for injuries of those present, taking action to address any medical needs
 - Staff will assess for any health and safety hazards within the home, taking actions to evacuate in accordance with the **Plan of Relocation**, above, should the home be determined unsafe
 - Should the home lose utilities during or after a wind event, staff will follow the **Plan for Sheltering in Place** or **Plan for Relocation**, above, as most appropriate

Other windstorm and tornado instructions specific to our home and/or residents:

B. **THUNDERSTORMS:**

Thunderstorms can bring heavy rains, flash flooding, tornadoes, strong winds, lightning, and hail. *When a thunderstorm is approaching.....*

1. **AT HOME**

- Ensure that all residents and staff are indoors
- Secure outdoor objects such as lawn furniture that can blow away and cause damage or injury
- Bring lightweight objects inside
- Listen to a battery operated radio or television for the latest storm information
- Do not handle any electrical equipment or telephones because lightning could follow the wires
- Avoid bathtubs, water faucets, and sinks because metal pipes can transmit electricity
- Pets are particularly vulnerable to hail and should be brought inside

2. **IF OUTDOORS**

- Attempt to get into a building or car

- If no structure is available, get to an open space and squat low to the ground as quickly as possible (If in the woods, find an area protected by a low clump of trees. Never stand underneath a single tree in the open)
- Be aware of the potential for flooding in low-lying areas
- Kneel or crouch with hands on knees
- Avoid tall objects such as towers, tall trees, fences, telephone lines, and power lines
- Stay away from natural lightning rods such as golf clubs, tractors, fishing rods, bicycles, and camping equipment

3. IF A PERSON IS STRUCK BY LIGHTNING

- Call 911 and provide location and information about the incident including the number of people injured
- Look for burns where the lightning entered and exited the body
- If the strike caused the victim’s heart and breathing to stop, give CPR until medical professionals arrive and take over

4. IF THE HOUSE IS STRUCK BY LIGHTNING

- Check all around the interior and exterior to make sure that it did not start a fire
- If you smell or see smoke, evacuate the house and call 911
- All appliances and electrical devices that were plugged in when the lightning struck the house should be check for damage before being used. Indications of possible damage include scorched outlets, scorch marks on the device, melted cords, and broke light bulbs

Other thunderstorm instructions specific to our home and/or residents:

C. FLOOD

Many areas of Lane County are prone to flooding. While flooding may occur near rivers, streams, and other waterways during heavy rains, any low lying area has the potential to flood. Inundation flooding may occur when the amount of rainfall and runoff exceeds a storm water system’s (ditch or sewer) capability to remove it.

Areas near our home that are prone to flooding: _____

Alternate routes of travel (consider evacuation routes, routes to resident day programs, medical services, etc.):

1. DURING HEAVY OR PROLONGED RAINS

- Listen to the TV or radio for watches and warnings issued by the National Weather Service
- Keep a battery operated radio on hand and tuned to a local station in case the power goes out
- If you see any possibility of a flash flood occurring, **move immediately** to high ground. **Don't wait for instructions to evacuate**
- **Don't** walk through flood waters. One foot of flood waters can knock you off your feet, and the water is often contaminated by sewage and flood related chemical spills
- **Never go around safety barricades setup in the road.** Two feet of water is enough to float a car, and the flood waters can conceal places where roadways and bridges have been washed out

2. WHEN IT FLOODS

- **The safety of residents and staff is the most important consideration. Since flood waters can rise very rapidly, you should be prepared to evacuate before the water reaches the home**

- Keep a battery powered radio turned to a local station and follow all emergency instructions
- If directed to evacuate, follow **Plan for Relocation**, above
- If time permits prior to evacuation:
 - Turn off all utilities (gas, water and electricity) at the main switch or valve
 - Move personal property, especially valuables, to upper floors or higher elevations or stack them on top of other items
 - Secure all outdoor equipment, furniture, and other movable objects that might be swept away
 - Gather the items you plan on taking with you during an evacuation (see **Plan for Relocation**, above) in one location or load them in the vehicle

3. **AFTER THE FLOOD**

- If the home has suffered flood damage, residents may not be returned to the home until the home has been determined safe and in good repair

Other flood instructions specific to our home and/or residents:

D. **FREEZING TEMPERATURES**

Temperature below freezing and related precipitation (freezing rain, snow and ice) may occur during winter months.

1. **GENERAL PRECAUTIONS**

- If residents will be outdoors, support residents to dress appropriately for the weather (hats, gloves, warm socks, layers of loose fitting, warm clothing)
- Individuals exposed to extreme cold should be monitored for hypothermia (low body temperature). Immediately seek medical care (call 911) for any individual exhibiting signs of hypothermia. Warning signs of hypothermia may include uncontrollable shivering, memory loss, disorientation, incoherence, slurred speech, drowsiness, and apparent exhaustion
- If weather becomes extreme, it may be difficult or hazardous to leave the house. Follow **Plan for Sheltering in Place**, above, as appropriate

- Power outages may occur during periods of extreme winter weather. Follow **Plan for Sheltering in Place of Plan for Relocation**, above, as appropriate to the situation
- Protect water pipes. If the power is out and the weather is freezing, keep a steady drip of cold water on inside faucets and wrap pipes to prevent damage. Open cabinet doors to warm pipes that are near exterior walls

Other freezing temperature instructions specific to our home and/or residents:

III. PANDEMIC

A pandemic is an epidemic of an infectious disease (such as flu) that is spreading through human populations across a large region.

During a pandemic, conditions may be similar to sheltering in place during a disaster. In an effort to control the spread of disease, officials may recommend, “social distancing” and close public places. Schools may be closed for extended periods of time. Residents may need to stay home from their day programs/jobs and eliminate community activities. Should this become necessary, follow the plan for **Sheltering in Place**, above.

In addition to social distancing during a pandemic, it is important for staff and residents to **take everyday preventive actions to stop the spread of germs, including:**

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol based hand rub
- Avoid touching your eyes, nose or mouth. Germs spread this way
- Try to avoid close contact with sick people
- If you are sick with flu like illness, stay home for at least 24-hours after your fever is gone except to get medical care or for other necessities (Your fever should be gone without the use of fever reducing medicine)
- While sick, limit contact with others as much as possible to keep from infecting them

Other pandemic instructions specific to our home and/or residents:

IV. CHEMICAL ACCIDENTS/EXPLOSIONS:

Exposure to different chemicals and biologic agents present a complex of different health related symptoms. During an exposure, you may have to evacuate or shelter in place depending on what the messages from the local emergency response center say from one day to the next. Sheltering in place will almost always mean staying put so as not to get near the exposure area until emergency responders give an “all clear” signal. Other instructions, like “turn off fans that bring air into your building”, etc. may be issued and need to be followed. In addition, decontamination may be required if someone is exposed as a response before first responders can get to the scene.

A. DECONTAMINATION

Follow the instructions given from the local emergency response center or call 911 for anyone who you suspect has been contaminated. Consider this to be similar to the kinds of ordinary safety precautions that are already taken to protect residents isolated from each other to prevent the spread of blood borne pathogens or illness.

B. SHELTERING IN PLACE

Depending on what the messages from the local emergency response center say as the emergency is managed, we may be required to isolate residents and staff from the toxic exposure. Sheltering in place in these instances will almost always mean:

- Going to an interior room in the home
- Shutting windows and doors
- Turning off heaters, air conditioners, fans or anything that is causing air to flow in and out
- Sealing doors and windows with duct tape or wet towels
- Staying put until emergency responders give an “all clear” signal

If we are required to shelter in place in an interior room (for one day at the most), we will use the following room: _____

If we are required to shelter in place inside an interior room, staff will bring the following supplies into the room with residents:

- | | | |
|--|--------------------------|-------|
| <input type="checkbox"/> Medications | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Food | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Water | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Phone | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Activity/Entertainment items | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Radio and/or TV for emergency information | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> | _____ |

If we are required to shelter in place inside an interior room, we will address toileting and hygiene needs as follows: _____

Other chemical accident or explosion instructions specific to our home and/or residents:

V. VOLCANIC ERUPTION

The Cascade Region of the Pacific Northwest has more than a dozen potentially active volcanoes (some of these include Mount Rainer, Mount St. Helens, Mount Adams, Mount Hood and Mount Jefferson). Falling ash from explosive eruptions can disrupt activities hundreds of miles downwind. Lane County is at risk of ash fall from volcanic eruption as evidenced by the 1980 eruption of Mount St. Helens, which did result in local ash fall.

Volcanic ash can irritate respiratory systems, skin and eyes. It is abrasive to car finishes, and will clog car and furnace filters. Volcanic ash is light and fluffy when dry, making it difficult to shovel or remove from disposal. It will harden to cement like consistency when wet.

A. **DURING ASHFALL**

- Listen to the radio or TV for emergency information
- Follow **Plan for Sheltering in Place**, above, as appropriate
- Ensure residents, staff, and pets stay indoors until local health officials advise it is safe to go outside
- Close all windows, doors, and dampers. Turn off fans. Any fans that bring outdoor air into the home
- Puts cars in garage if possible
- Avoid driving (ash reduces visibility, can clog engines and stall vehicles)
- Use a dust mask or hold a damp cloth over face to help breathing
- Wear long sleeved shirts and long pants to minimize skin exposure to ash
- Use goggles to protect eyes

B. **AFTER ASHFALL**

- Ash will need to be removed from roads, roofs, rain gutters, sidewalks, driveways, etc.
- Anyone working on ash removal will need to take protective measures to avoid breathing or having skin or eye contact with ash
- Ash should not be washed down storm drains. Listen for direction from local authorities as to how to dispose of ash

- Our emergency supplies include dust masks for staff and residents, which are stored in the following location: _____

(Note: "N95" dust masks, found in home improvement or safety stores are sufficient for protection against volcanic ash. These masks are commonly used for woodworking, sanding, laying insulation, etc.)

Other volcanic eruption instructions specific to our home and/or residents:

Plan Reviewed/Updated (at least annually)

Updates are required when a significant change in the home occurs, including change in household composition (example: increase in capacity, significant change in individual care needs, etc.)

Date: _____	Signature of person updating plan: _____
Date: _____	Signature of person updating plan: _____
Date: _____	Signature of person updating plan: _____
Date: _____	Signature of person updating plan: _____
Date: _____	Signature of person updating plan: _____
Date: _____	Signature of person updating plan: _____
Date: _____	Signature of person updating plan: _____
Date: _____	Signature of person updating plan: _____
Date: _____	Signature of person updating plan: _____

Staff Training

*Documentation of emergency plan training for all caregivers is required within 30 days of employment, including staff name, date training completed and caregiver signature. Training must include the caregiver's assigned duties during an emergency. **Documentation of training is maintained for each staff in their personnel record.***

The following staff have been trained on this plan:

Staff Name	Training Date

Annual Practice

The emergency preparedness plan must be practiced at least annually from the date of initial completion. Documentation of the annual review must be present including date of review, participants, method of review and outcome of exercise. Examples are: staff demonstrating actions that are part of the plan, such as turning off natural gas, starting a generator, locating emergency supplies (flashlights/light sources, food, water) and demonstrating ability to follow protocols per emergency plan for evacuation through discussion or role playing.

Date	Method of Review	Outcome of Exercise	Staff Present

EMERGENCY PERSONNEL

WE HAVE EVACUATED OUR FOSTER HOME.

**WE HAVE _____ ADULTS AND _____ CHILDREN
IN OUR HOME.**

**WE WILL BE AT: _____

_____**

CELL #: _____

Resident ID bracelets

Plan to make sure each of your residents has identification that includes information about how to contact you, in case they become separated from people who know them. This is especially important if you serve people who have difficulty with communication in a stressful situation or due to disability.

Put your facility name on the ID bracelets ahead of time. At the time of an evacuation write each resident's name on a bracelet with an indelible marker, put the bracelet on them, and write each name on the "Resident Evacuation Tracking Log" (next page) next to the appropriate number.

You can purchase additional wristbands at local party stores or on the internet. Try searching the internet for "Tyvek ID wristbands."

Resident Evacuation Tracking Log

Name of Provider:

Address of Home:

Name of Individual	Wristband Number	Destination	Responsible Person	Date/Time Pick-up	Date/Time Drop-Off	Accompanying Staff	Comments

County: _____

Original

Revised (*attach explanation*)



SUMMARY OF EMERGENCY PLAN

Site name: _____ Date: _____

Site address: _____ Main phone: _____
(Street address) (City and ZIP)

Type of facility: _____ 24/7 Days Nights/weekends 24-hour fax: _____

Affiliate of: _____ Phone: _____

Number of residents/clients: _____ Number of staff day: _____ Number of staff night: _____

Resident disability/care needs: (**Please complete in numbers*)

_____ Adults _____ Children _____ Mobility _____ Hearing _____ Sight _____ Non-verbal
_____ Extremely obese _____ Cognitive/mental health/behavioral issues _____ Confined to bed
_____ Special diet _____ Oxygen _____ Service animals

Additional significant condition(s): _____

Principal contact:

_____ (Name/title) _____ (Phone 1/24 hr. carrier) _____ (Phone 2/pager) _____ (E-mail)

Secondary contact:

_____ (Name/title) _____ (Phone 1/24 hr. carrier) _____ (Phone 2/pager) _____ (E-mail)

Shelter in place: Full plan includes plan to shelter in place (*number of days*)

Food: _____ Water: _____ Fuel/generator: _____

Emergency transportation: **site requires (numbers of)*

_____ Seats for ambulatory residents _____ Tie-downs for wheel chairs _____ Medical transport
_____ Extreme obese capability _____ Extra transportation for equipment _____ Child seats

Site has its own transportation: Capacity: _____ Number of seat belts: _____
Number of tie-downs: _____ Other: _____ Specify: _____

List of transportation provider(s):

<u>Name and phone number:</u>	<u>Verbal agreement</u>	<u>Written agreement</u>	<u>N/A</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List evacuation arrangements (*name, address and phone number*):

Local, immediate/short term:

Local, across town:

1. _____
2. _____

Out of immediate area:

1. _____
2. _____

Resources you have that could assist others and how to access them (*generator, kitchen facility, extra bed capacity, HAM radio, etc.*): _____

Additional important information: _____

Where your site's full emergency plan is kept and date updated: _____

[Click here for submitting instructions](#)

Resident Evacuation Checklist

This checklist can be used for each person in your home to help remember important items to take with you when you evacuate. In addition to the supplies listed below, add anything else you might need if you had to leave in a hurry. If a resident is on numerous medications, you may want to attach a copy of their MAR to this checklist.

Checklist for (name) _____

- | | |
|--|---|
| <input type="checkbox"/> Medications (list) | <input type="checkbox"/> Snacks |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Copies of prescriptions |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Medical records |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Insurance information |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Important phone numbers |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Identification |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Cell phone |
| <input type="checkbox"/> Glasses | <input type="checkbox"/> Other important papers |
| <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Special dietary items |
| <input type="checkbox"/> Dentures | <input type="checkbox"/> Several changes of clothes |
| <input type="checkbox"/> Walker | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cane | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Other mobility device | <input type="checkbox"/> _____ |
| _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Sanitary supplies | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Personal care or feeding
equipment | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Water | <input type="checkbox"/> _____ |



Individual Summary Sheet

Date of entry into the foster home: _____		
Individual name: _____	DOB: _____	
Gender: _____	Marital status: _____	Religious preference: _____
Current provider: _____	Phone: _____	
Current address: _____		
Previous provider: _____	Phone: _____	

Important contact information

DD service coordinator: _____	Phone: _____
Address: _____	
Guardian (<i>if applicable</i>): _____	Phone: _____
Address: _____	
Parent(s)/family: _____	Phone: _____
Address: _____	
DHS caseworker: _____	Phone: _____
Address: _____	
Vocational provider: _____	Phone: _____
Address: _____	
Teacher (<i>if applicable</i>): _____	Phone: _____
School address: _____	
Parole/probation officer (<i>if applicable</i>): _____	Phone: _____
Address: _____	
Other/title: _____	Phone: _____
Address: _____	
Other/title: _____	Phone: _____
Address: _____	

Medical provider information

Primary physician: _____	Phone: _____
Address: _____	
Alternate clinic/physician: _____	Phone: _____
Address: _____	
Dentist: _____	Phone: _____
Address: _____	
Psychiatrist (<i>if applicable</i>): _____	Phone: _____
Address: _____	
Preferred hospital: _____	Phone: _____

Individual Emergency Information

(Summary sheet addendum)

Date completed: _____	Date revised: _____
Individual's name: _____	
Licensed provider name: _____	
Licensed provider address <i>(address where licensed provider resides)</i> : _____	
Licensed provider phone: _____	

Identifying information

(A recent photo may be attached.)

Physical description of the individual: Height: _____ Weight: _____ Hair color: _____
Eye color: _____ Scars/tattoos: _____ Piercing: _____
Individual's abilities: Language understood by the individual: _____
How the individual communicates: _____
Ability to follow instructions: _____
Additional information: _____

Personal care information

Describe the level of independence the individual has in the following areas:
Toileting: _____ Menses <i>(if applicable)</i> : _____
Bathing: _____ Dressing: _____
Grooming <i>(shaving, hair care, etc.)</i> : _____
Additional information: _____

Health support information

Diagnosis: _____
Current medications <i>(attach list if necessary)</i> : _____
Allergies: _____ Adverse drug use: _____
Other health issues <i>(describe)</i> : _____
Dietary needs <i>(specialized diet, modified textures, etc.)</i> : _____
Food or fluid limitations: _____
Special supports needed for eating or drinking <i>(positioning, specific directions)</i> : _____
Physical limitations: _____
Specialized equipment: _____
Additional information: _____

Emotional and behavioral supports

Mental health diagnosis *(if applicable)*:

Description of behaviors displayed:

Strategies to minimize behaviors or physical aggression:

Court ordered contact limitations:

Guardian authorized contact limitations:

Supervision requirements:

Describe need for supervision requirements:

Additional information:

Foster Home Emergency Supplies Check List

Year:20 - -

Supplies	Purchase Date	Expiration Date	Replacement Date	Check marks
1 Water 3 gallons per person				
2 Canned food 5 per person				
3 Canned fruit 3 per person				
4 Crackers				
5 Canned vegetable 3 per person				
6 First aid kit				
7 Toilet paper 2 rolls per person				
8 Tools	—	—	—	
9 Can opener	—	—	—	
10 Soap				
11 Radio				
12 Hand wipes or sanitizer				
13 Latex gloves				
14 whistle	—	—	—	
15 Battery				
16 Flash light	—	—	—	
17 Sun screen				
18 Local maps				
19 Game	—	—	—	
20 Duck tape				
21 Cash				

Signature:

Date:

Foster Home Emergency Supplies Check List

Year: 20 - -

Supplies	Purchase Date	Expiration Date	Replacement Date	Check marks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

Signature:

Date:

Creating an
Emergency
Plan for your
Children's
Foster Home

Starting your plan

Chain of Command

3

Sheltering in Place

4

Evacuation

5

**Individual Resident
Preparedness Plans**

6

**Checklist &
Planning Tools**

7

**Resources &
Agreements**

8

Other

Preparing to make your plan:

Residential facilities, depending on the populations they serve and the agencies that license them have different requirements for emergency planning. Some of the suggested information or activities in this workbook may in fact be required for some residential facilities. Contact your licensing agency to see what, if any, specific requirements you have.

When creating a disaster plan, keep in mind some basic assumptions:

- Depending on the disaster, emergency services may not be able to assist you for three or more days.
- Telephones may not work; pay phones may work sooner than regular phone lines or cell phones. If phones do work, local circuits may be busy. It may be easier for you to reach someone out of the area (maybe even in another state) than to reach someone in the same city. It is best to plan at least two ways to communicate with staff and others you may need to talk to.
- Power outages are common during many natural disasters and may even occur in a localized fashion, due to an accident or other cause. An extended outage may have especially serious implications for residents who use life-sustaining equipment on a daily basis or rely on refrigerated medications. A power outage will also impact communications, as cellular and portable phones become useless.
- Water and other vital services may be interrupted. The interruption may be a few hours, days or even weeks. Think about how the interruption of different services would affect you and your residents and plan accordingly.
- Red Cross shelters are designed for the public at large. They do not typically provide for special dietary needs or for people with special needs. Sheltering options, including special kinds of shelters, are discussed in **Tab 4 – Evacuation**.

- Even when you have a comprehensive plan, situations change based on the type and scale of the disaster event. Plan to be flexible and resourceful.
- Hospitals will likely be overwhelmed during a disaster. Planning ahead for your residents will help ensure their safety and help prevent an overabundance of patients at the hospital.
- If you have residents who regularly leave the home for scheduled activities, such as employment or school, you'll want to ensure that your emergency plan is coordinated with the emergency plan for the location they frequent. Talk with those responsible for the resident when they are away from your home about their plans if a disaster were to occur while your resident was in their care.

When a disaster occurs, whether big or small, you will have two options:

- Stay in your facility (sheltering in place)
- Evacuate to another location (a neighboring facility, hotel, Red Cross shelter or other location)

Each option, along with key planning assumptions, tools and suggestions are discussed in **Tabs 3 and 4**.

Once you have developed your plan, practice it!

Practicing your plan can help you discover things that you may have overlooked, or things that might work better. Depending on your licensing agency, you may be required to test your plan one or more times per year.

Examples include:

- Practice fire drills
- Pick a weekend and use only the supplies in your emergency kit for care and feeding.
- Test your phone tree
- Verbally walk through the steps of contacting your potential evacuation sites and arranging transportation for your current residents.

- Meet with your staff to walk through each of their duties during an emergency.
- Conduct a discussion-based exercise dealing with a hypothetical event (also called a “table top” exercise).

Starting to Plan

For a small residential facility, the steps to an effective plan are fairly simple. If a disaster occurred, you would have two basic choices: either to stay in your well-prepared building or to evacuate to a safer place. Your plan will outline how to be prepared to do those two actions safely and effectively.

Have conversations with your staff about emergency preparedness and work on the plan together. As you sit down with your staff to write your plan:

1. Assess the emergency situations that might occur in your area: natural or weather-caused, human-caused, pandemic, small-scale and large scale, including situations that would particularly impact your residents with specific disabilities.
2. Ask "what if" questions regarding different scenarios: types of events, day or night, full-staffing or low staffing, power and phone outage or not, stay or evacuate.
3. Assess the level and type of assistance your individual residents would need in the case of evacuation or the need to shelter in place with potentially low-staffing.
4. If your facility is part of a larger corporation, check to see if the central office has a template for you to follow or could provide assistance with your planning. Does it have resources to assist your facility in the case of a disaster? Is there a plan for sister facilities to receive each others' residents in an emergency?
5. What will you do to prepare the people in your facility to understand and respond to disasters? Talk about emergency preparedness on a periodic basis to staff and residents. Assist each resident to think about steps that he/she could take to be prepared. Explain to them (in a way they can understand) what your plan is if you need to evacuate. Tell them how you will help them and what they can do to help.
6. During a disaster, you may need to call in staff to assist you, or to ask staff already at work to stay longer than expected. You may be injured and need another staff person to assume control of your facility. Staff may not be able to respond due to family obligations or due to the disaster itself (flooding,

downed trees, etc.) What will you do? **Tab 2** will guide you through the process of developing a “chain of command” for your facility, and assigning duties to key staff members.

7. If you have residents with many special needs, it’s important to plan beforehand for what steps you need to take during an emergency. If your facility is required to make an individualized service plan for each resident, be sure it covers basic information you would need during an emergency, such as medications, equipment, special diet, behavioral issues, etc. If possible, keep a current photocopy of that information with your emergency plan. If you are not required to make individualized services plans for your residents, consider using the sample template provided in **Tab 5**.
8. Medications are a key issue. Insurance and administrative rules, as well as changes in prescriptions and expiration dates, prevent the possibility of “stockpiling” large supplies of prescription drugs for your residents. Therefore it is important to develop the custom of re-filling prescriptions at the earliest allowable time so that you always have at least a few days worth of meds on hand in case something affects your normal pharmaceutical pick-up or delivery schedule. You can also talk to your resident’s physicians or pharmacists; they may have other suggestions to ensure you have enough meds on hand at all times.

Chain of Command

During a disaster, it is important for staff, residents and rescue workers to know who is in charge of your facility. It is also important to develop a line of succession, a list of phone numbers for staff and emergency responders, a list of tasks that need to be done, and how best to divide up the tasks if you have 1, 2, or more helpers. Every task needs to be specifically assigned so nothing gets missed in the rush. Forms are included here to help.

Some types of homes are now required to identify duties of staff during an emergency in their emergency plans. Be sure to check with your licensing agency to find out what specific requirements you need to include in your plan.

First, write down who is in "command," then think about who would be in charge if that person couldn't act. Ideally, write down the primary command person and 2 substitutes.

Depending on the number of staff that work in your facility, you may want to assign certain critical duties relating to evacuation, transportation or sheltering to key staff members. Talk with them about what their duties would be during an emergency.

Talk to your staff about emergency preparedness for their family and for your residential facility. Create an emergency contact list with their phone numbers. Get at least two contact numbers wherever possible. Use the provided emergency resource contact list and add other numbers specific to your facility.

Refer to the tabs on sheltering in place and evacuating for tasks specific to each situation.

Caregiver Responsibilities

Role	Name	Phone Numbers	When / under what circumstances to contact
1. Person with highest level of responsibility in the foster home.			
2. Person with next level of responsibility			
3. Person with next level of responsibility			
4. Person with next level of responsibility			
5. Person with next level of responsibility			
6. Person with next level of responsibility			
7. Person with next level of responsibility			

Planning to Shelter in Place

Sheltering in place is when you choose to stay in your facility to wait out a disaster. Sometimes, your facility is the safest place to be. When deciding whether it is safe to stay in your facility, consider the following things:

- How long will the disaster last?
- Can you safely get out of your facility if you decided to evacuate later in the disaster?
- Is your facility structurally safe for you to stay in?
- Can your staff and suppliers access your facility?
- Do you have a plan in case vital services were interrupted, such as power, water or telephone?
- Do you have the things you need in your facility to care for yourself and others?
- What is the best option for those in your care?

1) Planning to shelter in place:

- Keep on hand enough shelf-stable food plus a gallon of water per day per person (residents, staff and pets) to survive for at least three days. These items must be rotated periodically for freshness. Checklists for making a 72 hour kit are located in **Tab 6**.
- Make special plans for residents who have medically necessary modified diets.
 - What kinds of special dietary items do you need to store?
 - Do they require refrigeration?
 - Do they need to be rotated more or less often than other supplies?
 - Do they require a prescription to purchase?
 - How much will it cost?
 - Might this prohibit you from storing what you need? If so, think about contacting the family or guardian of the resident for assistance in purchasing.

- Keep extra quantities on hand of essential medical, incontinence, and other necessary supplies that your residents need, including cylinders of oxygen for residents who normally use concentrators.
- Make special plans for residents who require electricity for life-support.
- Have a battery-operated or crank radio and several flashlights. Keep fresh batteries on hand.
- Have a communication plan if the phones are out. A list of emergency contact phone numbers is provided in the back pocket of this workbook. You can use the list provided or create your own. If you use the list provided, make sure you add your own important numbers such as residents' families or guardians and your licensing agency. Make sure everyone knows where to look to find your list in case of emergency.
 - Have at least one corded phone in the facility that is not portable and dependent on electricity.
 - Is there a pay phone near by?
 - Remember that long distance phone service often remains active after local service quits. Have an out-of-the-area contact.
 - Let someone (local licensing office, out-of-area-contact, etc.) know that you are sheltering in place and who/how many people are in the facility, as well as anything special about your situation, such as the condition of the building or critical health concerns of individuals in the facility.
 - Contact family members or guardians to let them know their loved ones are safe. They may wish to pick up their loved-one and take him/her with them.
 - **Always call 911 if you think you and your residents are in danger.**
- Have a special plan in case of pandemic disease, including stocking up on protective masks, gloves and disinfectant.

- If you have the capacity and willingness to take additional residents, let Emergency Management know at the time of the disaster.

Once you have prepared to stay in your facility for three days, begin to store enough items for a longer period of time. Some disasters may require that you stay in your facility for longer than three days, or you may be without vital services for a longer period of time. For example, after an earthquake, your facility may be safe, but you may be without power or water for weeks. During a pandemic, you may not want to leave your facility, or vital services could be unavailable because workers are sick.

Answer the questions on the following pages to help determine your planning needs.

Extended Sheltering in Place/Pandemic

Many professionals in emergency management recommend that everyone be prepared to shelter in place for longer than three days. Some even recommend a month or more of essential supplies. Plan for as long as you realistically can. Winter storms can result in trees and limbs across many roads, heavy snow pack, or major flooding. Many natural disasters could result in a power outage or disruption of other essential service for an extended period.

Ask your pharmacist about the company's plan to continue providing prescription medications under extended emergency situations. If your residents receive oxygen or other supplies and equipment from a medical equipment provider, ask them about their plan to continue deliveries if roads or power are out.

During a pandemic, illness can affect your suppliers, your staff, your residents, and even yourself. Plan for what to do if you or your staff are ill for 1-2 weeks. As people become ill throughout the community, absenteeism from all kinds of jobs increases. The products and services that you normally purchase may not be available in the same quantity, may not arrive on schedule or may not be available at all. You should keep essential supplies on hand to last as long as is realistic for you. It's also a good idea to list alternate places to get essential supplies.

Think about the specific supplies and materials you will stock to prevent the spread of the flu in your home. Tissues, waterless hand sanitizer, plenty of soap, paper towels, gloves and masks will go a long way towards helping to stop or slow the spread of illness. Depending on what you are able to store and what is available during a pandemic illness, it may be easier to use disposable supplies such as plastic silverware and paper plates for residents that are ill. Think about what would work best for you (disinfection or disposable supplies) and plan accordingly. Remember, careful and frequent hand washing is essential.

By studying past pandemics, experts have found that limiting your contact with others is the best way to slow the spread of disease. This is called "social distancing." It is recommended that you limit your contact with other people as much as possible. If you do have

to be around others, it is recommended that you try to keep at least three feet between you and another person.

- Limit your potential exposure by limiting the number of people that come in contact with you and your residents. Limit visitors to the home and excursions out of the home.
- Limit the number of shopping trips you make, and try to shop at less busy times. Always use wipes to clean cart handles where provided, and practice good hand washing after shopping.
- List the critical suppliers and vendors where you get the goods and services that you need to operate on a daily/weekly/monthly basis. List other vendors you will use as a second supply option.

If you must evacuate your facility:

Sometimes the best option is to leave your facility. It is important to plan ahead for where you will go and how you will get there. If you choose to evacuate, you need to let your local licensing office know as soon as possible. If there's time, plan to call them before you leave. If not, call them as soon as possible after you are safely relocated.

If you have residents with special needs, you should contact the Red Cross to discuss general population and special needs sheltering. You should also talk to other facilities in the area to see if they can accept additional residents if you need to evacuate. Choose facilities that provide at least the same level of care as your facility, and that will likely have enough space to accommodate your residents. Facilities that regularly operate at or near capacity will probably not be able to take your residents should you need assistance. Having more than one option for evacuation is very important.

If you anticipate needing assistance with transportation, you should contact transportation providers, family and friends in your area to see if they can assist you. Again, having more than one option is very important!

As you make agreements with others regarding transportation and sheltering, ask if they already have arrangements with others for this same service. In the case of a widespread disaster, many facilities such as yours could all be counting on the same resource.

When making your evacuation plan, think about the following things:

- Do you need additional or special transportation to accommodate your residents' disabilities? Who provides it? Make sure you have at least two options for transportation. Can you pre-arrange with the provider(s)? Keep their phone numbers on an emergency checklist. Be sure to designate at least one staff person from your facility that is responsible for

arranging or providing transportation during a disaster.

- Where would you take your residents? Pre-arrange a neighborhood solution, a solution across town and one out of the county, depending on the scale of the disaster. Solutions could be another similar home, a larger assisted living facility or a motel. Make formal or informal agreements with those sites and include their contact information in **Tab 7**. Be sure to designate a staff person from your facility that is responsible for coordinating shelter for your residents during a disaster.
- Red Cross general population shelters don't typically take persons with special needs. Check with your local Red Cross chapter to find out which of your residents can go to a general population shelter. Find out what other accommodations Red Cross will make if you have residents that cannot go to a general population shelter.
- Do your residents have special adaptive or medical equipment that should be evacuated? If so, how will you transport it?
- Plan how you would gather and take your residents' medications, oxygen supply, medical supplies, incontinence supplies, etc.
- Plan how you would take a change of clothing (including warm outer clothing in cold weather) and personal hygiene items for each resident.
- Plan how you would take the important records of your residents, such as medical records, care plans and emergency phone numbers. Emergency information sheets are located in Tab 5. You may want to fill out sheets that are relevant to each resident and plan to take the sheets with you if you evacuate.
- Identify your own important personal and business documents that you would want to take with you.

Store them for easy access in case you have to grab them in a hurry or list their locations on your emergency checklist.

- Plan to make sure each of your residents has identification that includes information about how to contact you, in case they become separated from people who know them. This is especially important if you serve people who have difficulty with communication in a stressful situation or due to disability.
- You may want to use colored wristbands or another method to identify your residents if you go to a Red Cross shelter or another facility. Sample wristbands and instructions are located in the back pocket of this workbook. Store the ID wristbands with your emergency plan.
- Keep a tracking log of where each of your residents is sent, who takes them and the time and date they left and were delivered. Your local licensing office may want copies of your tracking log to ensure that each resident in your care is accounted for.
- Plan to communicate to your state or local licensing office (AAA/SPD/CDDP/MH) the intended destination of each resident. Include those phone numbers in your emergency checklist.
- Contact family members or guardians to let them know where their loved ones are. They may wish to pick up their loved-one and take him/her home.
- Plan to send staff members who are familiar with your residents along with them to shelter location(s).
- Find out ahead of time the process for returning to your facility if it is damaged by the disaster. If you cannot return to your building when the emergency subsides, contact residents' family members and your local licensing office (AAA/SPD/CDDP/MH) for

assistance with temporary and/or permanent placing of your residents.

- Know how to shut off the utilities (water, gas, etc.) if you have to leave, and be sure your staff and other members in the facility have been trained. If possible, include instructions in this plan. Once you have turned off the gas, **never** have it turned it back on without instructions from the gas company. A trained person needs to do this.

Basic Emergency Supply Kit

This kit should contain all the supplies you will need for you, your family, your staff and your residents to survive after a disaster. You should start with supplies to last you 72 hours

(3 days) and then expand your kit to last seven days or more.

Store items in a cool, dark location, such as your garage, closet or under a bed. Keep all your supplies together in a large container, such as garbage can with wheels. If you don't have room for a large container, or you would have trouble lifting or moving a large kit try several smaller containers with like items stored together.

Store what your residents eat. During a disaster is not a good time to try new menu items. This also makes it much easier to rotate food items back to your pantry when they need to be eaten, and stock with fresh items.

Food:

- Use canned foods for easy storage and long shelf life. Choose ready to eat canned meats, fruits and vegetables that your residents like. Try to pick items that require no refrigeration, preparation or cooking and little or no water.
- Also recommended are canned or dried juice mixes, powdered or canned milk, high energy food (peanut butter, jelly, crackers, unsalted nuts and trail mix); cereals, pasta and rice.
- Remember to eat at least one balanced meal each day. It is also a good idea to pack comfort foods such as candy, cookies or other special treats.
- Store foods in a single or family meal-size package. During a disaster, you may not have a way to refrigerate leftovers.
- Don't forget your pets and service animals! Store canned and dry pet food along with an extra collar and leash. Be sure to include food and water bowls.
- Add a manual can opener, cooking and eating utensils, and basic food seasonings.
- Remember to store special dietary items for your residents. If items are expensive, consider asking the resident's family members or guardians for assistance in purchasing them. Be sure to pay special attention to rotating these items so none are wasted.

BLEACH SOLUTION MIXING CHART

Use 5 $\frac{1}{4}$ % household bleach—DO NOT USE ULTRA BLEACH

Bleach solution can be stored in closed containers for up to one week. If you are using a container without a lid, the solution will weaken after a few hours.

Be sure to make fresh solution as often as needed. When using bleach solution, wear gloves and make sure the area is well-ventilated to protect your health.

SANITIZING SOLUTION

(100 ppm or 1 part bleach to 256 parts water)

What to sanitize:

- | | |
|--|--|
| <input checked="" type="checkbox"/> kitchen utensils and equipment | <input checked="" type="checkbox"/> door handles |
| <input checked="" type="checkbox"/> food contact surfaces | <input checked="" type="checkbox"/> bathroom fixtures |
| <input checked="" type="checkbox"/> lunch tables | <input checked="" type="checkbox"/> tooth brushes |
| <input checked="" type="checkbox"/> toys | <input checked="" type="checkbox"/> sanitizing dishes, 3 sink method |
| <input checked="" type="checkbox"/> decorative water fountains | <input checked="" type="checkbox"/> water tables |

Water

1 gallon (16 cups)
1 quart (4 cups)
1 cup (8 ounces)

Bleach

1 Tablespoon (3 teaspoons)
3/4 teaspoon
1/8 teaspoon



DISINFECTING SOLUTION

(1000 ppm or 1 part bleach to 50 parts water)

What to disinfect:

- | | |
|---|--|
| <input checked="" type="checkbox"/> blood and body fluid spills | <input checked="" type="checkbox"/> vomit |
| <input checked="" type="checkbox"/> bathroom floors | <input checked="" type="checkbox"/> surfaces soiled with fecal matter or urine including diaper changing areas |

Water

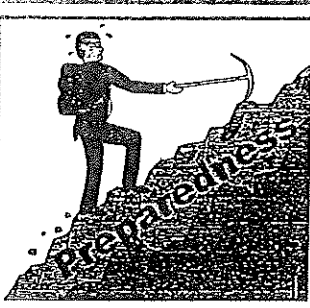
1 gallon (16 cups)
1 quart (4 cups)
2 cups (16 ounces)

Bleach

1/3 cup
1 $\frac{1}{2}$ Tablespoons
2 $\frac{1}{4}$ Teaspoons

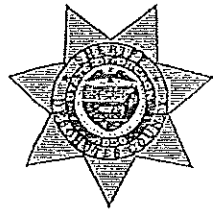
*Ammonia-based solutions are not recommended for disinfecting surfaces that may contain viruses (such as Noro). Using a bleach solution is the quickest and most cost effective method.

*Other
1000*



Taking it one step at a time.

PREPAREDNESS CALENDAR



Family Disaster Supplies and Preparedness Activities



- This calendar is intended as a tool to help you prepare for disasters before they happen.
- After you purchase an item or complete an activity, check the box next to it.

MONTH 1	Purchase: <input type="checkbox"/> Water - 3 gallons per person and pet <input type="checkbox"/> Hand-operated can opener and bottle opener <input type="checkbox"/> Instant drinks (coffee, tea, powdered soft drinks) <input type="checkbox"/> 2 flashlights with batteries	Activities: <input type="checkbox"/> Make your family disaster preparedness plan* <input type="checkbox"/> Inventory disaster supplies already on hand, especially camping gear <input type="checkbox"/> If you fill your own water containers, mark them with the date filled <input type="checkbox"/> Date water/food containers if they are not dated <input type="checkbox"/> Conduct a home hazard hunt*
MONTH 2	Purchase: <input type="checkbox"/> Canned meat, stew, or pasta meal - 5 per person <input type="checkbox"/> Sanitary napkins <input type="checkbox"/> Videotape <input type="checkbox"/> Family-size first aid kit	Activities: <input type="checkbox"/> Change battery and test smoke detector (purchase and install a detector if you don't have one) <input type="checkbox"/> Videotape your home, including contents, for insurance purposes. Store the tape with friends or family who live out of town.
MONTH 3	Purchase: <input type="checkbox"/> Canned fruit - 3 cans per person <input type="checkbox"/> Any foods for special dietary needs (enough for 3 days) <input type="checkbox"/> 2 rolls of toilet paper per person <input type="checkbox"/> Crescent wrench(es) (or utility shutoff tools)	Activities: <input type="checkbox"/> Conduct a home fire drill <input type="checkbox"/> Check with your child's day care or school to find out about their disaster plans <input type="checkbox"/> Locate gas meter and water shutoff points and attach/store wrench or shutoff tool near them <input type="checkbox"/> Establish an out-of-state contact to call in case of emergency
<p><i>Your supplies may be stored together in one large container, such as a garbage can on wheels, or several small ones. Food items could be kept on a specific shelf in the pantry.</i></p>		
MONTH 4	Purchase: <input type="checkbox"/> Canned vegetables - 4 per person <input type="checkbox"/> Extra baby bottles, formula, and diapers, if needed <input type="checkbox"/> Extra pet supplies; food, collar, leash <input type="checkbox"/> Large storage container(s) for preparedness supplies	Activities: <input type="checkbox"/> Place a sturdy pair of shoes and a flashlight under your bed so that they will be handy during an emergency <input type="checkbox"/> Place a supply of prescription medicine(s) in storage container and date the medicine(s) if not already indicated on its label <input type="checkbox"/> Start putting supplies in storage container(s) and include blankets or sleeping bags for each family member
MONTH 5	Purchase: <input type="checkbox"/> Canned, ready-to-eat soup - 2 per person <input type="checkbox"/> Liquid dish soap <input type="checkbox"/> Plain liquid bleach <input type="checkbox"/> Portable am/fm radio (including batteries) <input type="checkbox"/> Anti-bacterial liquid hand soap <input type="checkbox"/> Disposable hand wipes	Activities: <input type="checkbox"/> Make photocopies of important papers and put in the storage container <input type="checkbox"/> Talk with neighbors to find out who may have skills or training that would be beneficial after a disaster (i.e., first aid, child care, amateur radio, tree removal, small engine repair, heavy equipment operations, wilderness survival, light rescue, carpentry)
<p><i>*Contact your local Emergency Management Office for more information on this activity</i></p>		

Examples of Food Items:

- Select based on your family's preferences
- Pick low-salt, water-packed varieties when possible

Canned Meat	tuna, chicken, raviolis, chili, stew, Spam™, corned beef, etc.
Vegetables	green beans, corn, peas, beets, baked beans, carrots, etc.
Fruit	pears, applesauce, mandarin oranges, pineapple, etc.

MONTH 6	<p>Purchase:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Quick-energy snacks (granola bars, raisins, peanut butter) <input type="checkbox"/> 6 rolls of paper towels <input type="checkbox"/> 3 boxes of facial tissue <input type="checkbox"/> Sunscreen <input type="checkbox"/> Anti-diarrhea medicine <input type="checkbox"/> Latex gloves, 6 pairs, (to be put with the first aid kit) 	<p>Activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check to see if your stored water has expired and needs to be replaced. (Replace every 6 months if you filled your own containers. Store-bought water will have an expiration date on the container.) <input type="checkbox"/> Put an extra pair of eyeglasses in the supply container <input type="checkbox"/> Store a roll of quarters with the emergency supplies and locate the pay phone nearest to your home <input type="checkbox"/> Find out about your workplace disaster plans
MONTH 7	<p>Purchase:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Whistle <input type="checkbox"/> ABC fire extinguisher <input type="checkbox"/> 1 large can of juice per person <input type="checkbox"/> Adult and children vitamins <input type="checkbox"/> A pair of pliers and/or vise grips 	<p>Activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take a first aid/CPR class <input type="checkbox"/> Identify neighbors who might need help in an emergency, including those with limited mobility or health problems and children who might be alone <input type="checkbox"/> Show family members where and how to shut off the utilities
MONTH 8	<p>Purchase:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Box of crackers or graham crackers <input type="checkbox"/> Dry cereal <input type="checkbox"/> "Child proof" latches or other fasteners for cabinet doors and drawers <input type="checkbox"/> 1 box of large, heavy-duty garbage bags <input type="checkbox"/> Camping or utility knife 	<p>Activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Secure shelves, cabinets, and drawers to prevent them from falling and/or opening during earthquakes <input type="checkbox"/> Meet with neighbors to inventory expensive equipment that could be shared in the event of an emergency, such as chain saws, chippers/shredders, utility trailers, snow blowers, and 4-wheel drive vehicles
MONTH 9	<p>Purchase:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Extra batteries for flashlights, radio, and hearing aids (if needed) <input type="checkbox"/> Heavy rope <input type="checkbox"/> Duct tape <input type="checkbox"/> Crowbar 	<p>Activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make a small preparedness kit for your car. Include food, water, blanket, small first aid kit, a list of important phone numbers, and quarters for pay phones. <input type="checkbox"/> Secure water heater to wall studs (if not already done)
MONTH 10	<p>Purchase:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hammer and assorted nails <input type="checkbox"/> Screw drivers and assorted wood screws <input type="checkbox"/> Heavy duty plastic tarps or sheets of visquine <input type="checkbox"/> Extra toothbrush per person and toothpaste 	<p>Activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make arrangements to have someone help your children if you're at work when an emergency occurs <input type="checkbox"/> Conduct an earthquake drill at home <input type="checkbox"/> Replace prescription medicines as required by expiration dates
MONTH 11	<p>Purchase:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Package of paper plates <input type="checkbox"/> Package of napkins <input type="checkbox"/> Package of eating utensils <input type="checkbox"/> Package of paper cups <input type="checkbox"/> Masking tape <input type="checkbox"/> Kitchen-size garbage bags (1 box) 	<p>Activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make arrangements to have someone to take care of your pets if you are at work when an emergency occurs <input type="checkbox"/> Exchange work, home, and emergency contact phone numbers with neighbors for use during an emergency <input type="checkbox"/> Start a Neighborhood Watch Program if none exists
MONTH 12	<p>Purchase:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heavy work gloves <input type="checkbox"/> Box of disposable dust masks <input type="checkbox"/> Safety goggles <input type="checkbox"/> Antiseptic <input type="checkbox"/> Sewing kit 	<p>Activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check to see if your stored water has expired and needs to be replaced. (Replace every 6 months if you filled your own containers. Store-bought water will have an expiration date on the container.) <input type="checkbox"/> Check the dates on stored food and replace as needed

CLEANING UP VOMIT AND FECES AND OTHER UNPLEASANT TASKS



Staff who clean up vomit or feces should use the following precautions to reduce their risk of infection.

General Principles

- Wear disposable gloves and gowns
- Clean soiled areas with detergent and hot water
- Always clean with paper towels or disposable cloths and dispose in infectious waste bags
- Disinfect soiled areas with freshly-made 1000 ppm (0.1%) hypochlorite (bleach) solution — 2 parts 5.25% bleach to 100 parts water
- Dispose of gloves, gown and cloths in infectious waste bags
- Wash hands thoroughly using soap and water and dry them just as thoroughly

Specific Situations

Cleaning specific things

Bed linens, bed curtains, & pillows: launder in soluble alginate laundry bags; use 0.1% hypochlorite solution to disinfect pillows with impermeable covers

Carpets: steam clean (ideally) or clean with detergent and hot water; disinfect with 0.1% hypochlorite

Hard surfaces: clean with detergent and hot water; disinfect with 0.1% hypochlorite; launder non-disposable mop heads in a hot wash

Horizontal surfaces, furniture and soft furnishings (in the vicinity of the soiled area): clean with detergent and hot water; disinfect with 0.1% hypochlorite

Fixtures and fittings in toilet areas: clean with detergent and hot water; disinfect with 0.1% hypochlorite

Cleaning up vomit in the kitchen

Carefully remove all vomit and clean the area using the general principles above.

Food preparation area (including vertical surfaces): disinfect with a freshly prepared hypochlorite-based cleaner that releases 1000 ppm of available chlorine

Food: destroy any exposed food, food that may have been contaminated and food that was handled by an infected person

Work restrictions: furlough anyone with vomiting who works in the kitchen until 72 hours after the vomiting stops

Report any incident of vomiting to the infection control team and appropriate managers.

These guidelines were adapted from Chadwick PR, Beards G, Brown D, et al. Management of hospital outbreaks of gastroenteritis due to small round structured viruses. *J Hosp Infect* 2000;45:1-10

CONTROLLING PERSON-TO-PERSON TRANSMISSION OF VIRUSES & BACTERIA



Rapidly implementing control measures at the first sign of a gastroenteritis outbreak can prevent additional cases.

Control measures for residents

- ◆ Discontinue new admissions until the outbreak is over. An outbreak is over after enough time has passed without new cases occurring and this depends on the bug. For example, seven days must pass without new cases before an outbreak of Norwalk-like virus gastroenteritis is over.
- ◆ Confine residents with vomiting or diarrhea to their rooms until symptom-free for 72 hours or more.
- ◆ Discontinue group activities until the outbreak is over.
- ◆ Do not transfer residents (symptomatic or not) from outbreak-affected to unaffected wards, unless it's medically urgent to do so, until the outbreak is over.
- ◆ Ask family members and visitors with vomiting and/or diarrhea to stay home until symptom-free for 72 hours or more.
- ◆ Do not allow children to enter the facility until the outbreak is over.
- ◆ Dedicate the use of patient-care equipment to a single resident or among similarly symptomatic residents. If the use of common equipment or items is unavoidable, clean and disinfect the equipment before another resident uses it.
- ◆ Consider giving anti-emetics to patients with vomiting.
- ◆ Use *contact precautions* with all incontinent or diapered patients with diarrhea.
- ◆ If possible, move residents with vomiting or diarrhea to a private room or a room with a resident with the same symptoms (cohorting).

Control measures for staff and volunteers

- ◆ Maintain the same staff to resident assignments.
- ◆ Discontinue "floating" staff from the outbreak-affected to unaffected wards.
- ◆ Furlough staff and volunteers with vomiting or diarrhea involved in *viral* gastroenteritis outbreaks for 72 hours after symptoms cease. Work restrictions during bacterial gastroenteritis outbreaks depend on the bacterium.
- ◆ Exclude non-essential personnel from outbreak-affected wards.
- ◆ Wear gloves, gowns and masks when entering the rooms of residents with vomiting. Remove gloves and gowns after contact with an affected resident and before contact with an unaffected resident in the same room. Remove gloves before leaving the room and wash hands immediately.
- ◆ Clean up fecal and vomit accidents promptly. Disinfect with 1000 ppm hypochlorite (bleach) — 2 parts 5.25% bleach to 100 parts water.
- ◆ Increase the frequency of routine ward cleaning, with special attention to frequently handled things like faucets, door handles, toilet flushers and bath rails.

These guidelines were adapted from Chadwick PR, Beards G, Brown D, et al. Management of hospital outbreaks of gastroenteritis due to small round structured viruses. *J Hosp Infect* 2000;45:1-10

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