

**EMERGENCY MANAGEMENT PLANNING CRITERIA FOR**  
**DEVELOPMENTALLY DISABLED**

**I. INTRODUCTION**

- A. Provide basic information concerning the facility to include:
  - 1. Name of facility
  - 2. Address
  - 3. Telephone #
  - 4. Directions to home
- B. Statement of purpose of the Plan.
- C. Signature of person who developed plan and telephone #.
- D. Approval by County Emergency Management Director and date.
- E. Owner / Operator's Name.
  - 1. Address
  - 2. Work telephone #
  - 3. Home telephone #
- F. Administrator's name
  - 1. Address
  - 2. Work and home telephone #
  - 3. Beeper or Cell #
- G. Assistant Administrator's name
  - 1. Address
  - 2. Work and home telephone #
  - 3. Beeper or Cell #

- H. Name of individual implementing plan if not administrator.
  - 1. Address
  - 2. Work and home telephone #
  - 3. Beeper or Cell #
- I. Year facility was built.
- J. Construction: Concrete block, brick, wood frame, or other, specify.
- K. Date of modifications or additional construction.

## II. AUTHORITIES AND REFERENCES

- A. Statement of purpose of the Plan.
- B. Signature of person who developed plan and telephone #.

## III. HAZARD ANALYSIS

- A. Is the facility in a flood zone? Yes or No
  - 1. Identify flood zone
- B. Is the facility in a hurricane evacuation zone? Yes or No
  - 1. Identify evacuation level.
- C. Distance of facility from:
  - 1. Railroad
  - 2. Major Transportation Artery
  - 3. Body of Water
- D. Is the facility within 10 miles of a nuclear power plant? Yes or No
- E. Is the facility within 50 miles of a nuclear power plant? Yes or No
- F. Describe potential hazards that may impact upon the facility, E.G. flooding, fires, exposure to hazardous materials, nuclear accidents, extended power outages, hurricanes, tornadoes, ect.
- G. What has been the facility's experience with the above?

- H. License capacity of facility.
- I. Average daily census.
- J. Live-in staff / family members.
- K. Description of residents:
  - 1. Are ambulatory without assistance of any kind.
  - 2. Require only human assistance with mobility.
  - 3. Require only mechanical devices for mobility.
  - 4. Require both human assistance and mechanical devices for mobility.
  - 5. Require special medical equipment for survival.
  - 6. Require intensive personal assistance or supervision.
- L. Narrative description of special considerations for residents in the event of disaster.

#### **IV. EMERGENCY OPERATIONS**

- A. Name and title of individual in charge during emergency.
- B. Alternate if above designee is not available.
- C. Chain of command below alternate.  
(Attach chart as attachment A)
- D. Specify the roles of staff during an emergency.
- E. Describe procedures for assuring staffing during an emergency, including provisions for the families of staff.
- F. List of emergency supplies for a minimum of 72 hours:  
(Include list as attachment B)
  - 1. Food:
  - 2. Portable water: \_\_\_\_\_ Gallons
  - 3. Medications:
  - 4. Special equipment:
  - 5. Incontinent supplies:
  - 6. Personal hygiene supplies:

- 7. Disposable plates, utensils, cups: (type and amount)
- 8. Emergency power supply and necessary fuel (type and amount)
- 9. Procedure for assuring emergency supplies are available and up to date.
- G. Notification Systems
  - 1. How will the facility receive notification of impending disaster?
  - 2. 24 Hour contact telephone number for facility if different from number on first page.
  - 3. How will key staff be notified of impending disaster?
  - 4. State policy to key staff to report to the facility:
  - 5. How will residents be notified of the impending disaster and the precautions which will be implemented?
  - 6. What is the secondary system of notification should the primary system fail?
  - 7. If the facility must be evacuated, how will you notify the site to which you will evacuate?
  - 8. How will the families of residents be notified of the evacuation and the site to which their family member will be taken?
- H. In the event of the following natural and manmade disasters, what is your primary plan. Will you remain in the facility or to evacuate?
  - 1. Hazardous material spill
  - 2. Nuclear power plant accident
  - 3. Flooding
  - 4. Forest Fire
  - 5. Extended power outage
  - 6. Hurricane
  - 7. Tornado
  - 8. Fire in the facility

- I. Who is responsible for implementing the evacuation of the facility?
- J. Identification of evacuation site(s):
  - 1. Facility name  
Address  
Owner / Administrator  
Telephone Number
  - 2. Facility name  
Address  
Owner / Administrator  
Telephone Number
  - 3. Facility name  
Address  
Owner / Administrator  
Telephone Number
- K. Attach copy (ies) of the signed agreement (s) with the evacuation site (s) as attachment C.
- L. Describe the procedure for accounting for all residents after the facility has been evacuated:
  - 1. Who will be the last employee to leave the facility? What are the employee's duties specific to the status of the facility?
  - 2. How will the resident and staff of the facility be transported to the evacuation site? (If transportation has to be provided by individual who are not staff of the facility or agencies, attach a copy or copies of agreements with these individuals or agencies as attachment D to this plan).
- M. Attach a copy of the facility evacuation route and alternate route maps as attachment E to this plan.
  - 1. How will the emergency supplies be transported to the evacuation site?
  - 2. How long will it take from the time the evacuation process is implemented until the evacuation site is reached?
  - 3. List staff who will accompany and remain with residents at the evacuation site. (Attach signed agreements with these staff for this duty as Attachment F to this plan).

- 4. State the facility policy on personal possessions the resident may take with him/her to the evacuation site.
- 5. State procedures for maintaining current information about each resident and contact with resident's family for the duration of the emergency.
- I. Re-entry
  - 1. Who may authorize return to and re-entry of the facility?
  - 2. How will the facility be inspected and who will perform the inspection to ensure that the facility is structurally sound to enter?
  - 3. How will the residents and staff of the facility be transported from the evacuation site to the facility?  
(If transportation has to be provided by individual who are not staff of the facility or agencies, the agreements with these individuals or agencies which are in attachment D to this plan should specify the return arrangements.)
- J. Sheltering
  - 1. Are there plans for this facility to be used as and evacuation site for any other facility (ies) or the family members or staff who are required to remain at the facility for the duration of the emergency?
    - Yes or No
    - If yes, specify who will be sheltered.
    - If the answer is no, proceed to
  - 2. Describe procedures for receiving evacuees.
  - 3. How will the needs for food, water, medicines and supplies of the evacuees be met?
  - 4. Describe the facility's responsibilities for the evacuees including support staff, supervision and care.
  - 5. Attach copies of a floor plan which indicates how the evacuees will be housed as attachment G to this plan.
  - 6. Will your license permit you to house additional people or will your services as a shelter cause you to exceed licensed capacity? What plans have you made to obtain permission to exceed capacity?

## V. INFORMATION AND TRAINING

- A. How are staff trained to perform their roles relating to this plan and who conducts the training? Include provisions for training new staff.
  - 1. What is the training schedule for emergency plan procedures?
  - 2. What is the schedule for emergency plan drills?
  - 3. How will any deficiencies noted in these drills be corrected?
  - 4. As attachment I to this plan, attach a roster of the names, telephone numbers, addresses and specific directions to the homes of all staff with disaster related roles.
  - 5. As attachment J to this plan attach a list of the names, telephone numbers and addresses for all emergency service providers in your area.