EMERGENCY PLAN

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For Review:

- ***Insert info***
- ***See regulation***

Add pictures or facility floor plan here

SAMPLE TEMPLATE

Note: This template has been prepared as a tool to assist adult day care programs in developing a disaster preparedness plan. You may use any or all of the template in order to enhance or develop the program's emergency plan. You should refer to current Missouri Adult Day Care licensure regulations to ensure you have included the minimum standards regarding written plans that assure the safety of participants, staff and volunteers in case of fire or other disaster. **See 19 CSR 30-90.070 (2) and other applicable regulations.**

Additionally, the Missouri Department of Health and Senior Services has prepared ***Ready-in-3 Disaster and Emergency Planning*** *videos on various topics and for different audiences, such as adult care populations,* which may be viewed online at http://health.mo.gov/emergencies/readyin3/ and/or ordered by calling 573-526-4768.

<Name of Adult Day Care Program>
<Owner/Operator/Director First and Last Name>
<Address>
<City, State, Zip>
<Telephone>
<Email Address>

<Date of Plan>
<Date of lase review>

Public Safety Visits/Emergency Plan Consultation			
Date	**Type**	**Name / Title**	**Comments**

Coordination with Fire Safety Authority *(Fire Drill and Evacuation Procedures)*			
Date	**Type**	**Name / Title**	**Comments**

SAMPLE TEMPLATE

DISASTER AND EMGERGENCY PLAN FOR
<Name of adult day care program>

I. Purpose

This emergency plan has been developed to assist <Name of program> in protecting the health and safety of the participants, staff and volunteers should a disaster or emergency, be it natural or deliberate, affect the program, operation or its community. The safety of the participants and staff is the primary goal of <Name of adult day care program>.

II. Assignment of Responsibilities

<Staff member(s)> are responsible for implementing the disaster and emergency plan and ensuring the safety of the program participants.

It is the responsibility of all staff to understand their roles and responsibilities and the location of the supplies in the event of an emergency.

III. Location of Daily Participant's Attendance, Emergency Contacts and Emergency Supplies

Participant's daily attendance records are kept <location of attendance records>. The participant's attendance records are updated as they arrive and leave throughout the day.

Participant's Emergency Contact Information is kept <location of emergency contact information>.

In a widespread disaster, we need to be prepared to care for the participants in the program until assistance arrives. Emergency supplies are stored <location of emergency supplies>. These supplies are updated every <timeframe>.

IV. Participants in Care

The program is licensed to care for <number of participants> participants.

Describe each particular type of disability or other special need the program cares for below (do not include names):
< disability or other special need>
< disability or other special need>
< disability or other special need>

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V. Emergency Assessment

Below is a list of possible disaster or emergencies that may affect the program or the area.

Types of emergencies and/or Hazardous situations

(Retain all that apply and add additional as needed.)

○ Disgruntled Parents/ Guardians / Employees	○ Hazardous Material Exposure	○ Power Failure
○ Earthquake	○ Ice and Snow Storms	○ Extreme Heat or Cold
○ Flooding	○ Medical Emergencies	○ Severe Weather; Tornado – Watch / Warning
○ **Fire** / Smoke / Bomb Threat	○ Missing Participant	○ Water Line Disturbance
○ Gas Leak	○ Potentially Violent Situation	○ Other _____

VI. Types of Emergency Response

Refer to Emergency Assessment above. Include staff responsibilities and assignments.

Medical Emergencies

(Refer to appropriate regulation, if applicable)

<describe procedure>

<describe staff responsibilities and assignments>

Example: Assess the situation and contact 911, if necessary. Notify the participant's caregiver or emergency contact immediately. Document the date and circumstance regarding the medical emergency in the participant's record.

Lock Down / Shelter in Place

Location: <location>

All staff are to stay in the lock down / shelter in place areas until an all clear is given.

<describe procedure>

<describe staff responsibilities and assignments>

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Fire and Smoke

Work with state or local fire authority

<describe procedure>

<describe staff responsibilities and assignments>

Example: Fire and smoke will be announced by the alarm system, isolation of fire and smoke would include confinement by closing doors to the fire area. An emergency phone call will be made to appropriate emergency personnel, etc.

Evacuation

<describe procedure>

<describe staff responsibilities and assignments including assisting participants with special needs>

Example: Evacuate the facility to go to another location nearby or far away to remain safe. Evacuation maps are posted <describe locations>. The map outlines where the staff and participants will go in the event of an evacuation emergency.

Two off-site locations are listed below:

1st Evacuation Location
Location: <Location>
Address: <Physical Address>
City, State Zip: <City, State, Zip>
Telephone Number: <Telephone Number>

2nd Evacuation Location
Location: <Location>
Address: <Physical Address>
City, State Zip: <City, State, Zip>
Telephone Number: <Telephone Number>

Transportation plan for evacuation:
<describe how you are going to get participants to the evacuation location>

Tornado Watch/Warning

<describe procedure>

<describe staff responsibilities and assignments

Other…

<describe procedure>

<describe staff responsibilities and assignments

Other…

<describe procedure>

<describe staff responsibilities and assignments

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VII. Fire or Safety Hazard Assessment

List potential fire or safety hazards on the premises

(Retain all that apply and add additional as needed.)

○ Hazardous Chemicals	○ Carbon monoxide exposure	○ Pilot light/open flame
○ Locked exit doors	○ Oxygen equipment	○ Furnace/boiler room
○ Evacuation routes blocked	○ Highly combustible materials	○ Gas appliance
○ Damaged floors	○	○
○ Other	○ Other	○ Other

VIII. Actions and Procedures to minimize potential dangers of fire or safety hazards identified above.

Hazardous Chemicals
<describe specific hazard and procedure>

Locked exit doors
<describe specific hazard and procedure>

Evacuation routes blocked
<describe specific hazard and procedure>

Carbon monoxide exposure
<describe specific hazard and procedure>

Pilot light/open flame
<describe specific hazard and procedure>

Other
<describe specific hazard and procedure>

The program will conduct and document the following fire hazard and safety checks to minimize potential danger: *(see hazard list above)*

- <frequency> check battery strength of smoke detectors
- <frequency> check adequate pressure of fire extinguishers
- <frequency> check *<include other fire safety features>*
- <frequency> check evacuation routes unobstructed
- <frequency> check <insert>

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IX. Fire and Safety Training & Drills

Coordinate with local fire safety authority

<insert staff member> is responsible for **documentation** of periodic drills and training that includes all staff, volunteers and participants.

All program staff, volunteers and participants will participate in fire and disaster drills.

Fire drills will be conducted <insert schedule – monthly>
Describe how the drill will be conducted, including staff responsibilities and assignments

Evacuation drills <insert schedule- month, quarter?>.
Describe how the drill will be conducted, including staff responsibilities and assignments

Tornado drills <insert schedule- month, quarter?>.
Describe how the drill will be conducted, including staff responsibilities and assignments

<***insert other drill***> <insert schedule- month, quarter?>.
Describe how the drill will be conducted, including staff responsibilities and assignments

All staff and volunteers will receive training on safety responsibilities and actions to be taken if an emergency situation occurs that consists of:
<describe the training>

Example:

- *Familiarity with the emergency plan*
- *Fire alarm and extinguisher training*
- *Evacuation procedures <insert >*
- *Other <insert >*
- *Other <insert >*

New staff and volunteers will receive the training <insert schedule>
Existing staff and volunteers will receive the training <insert schedule>.

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X. Access to Disaster and Emergency Preparedness Plan

A copy of the Disaster and Emergency Preparedness Plan will be available <location>, and at all times accessible to staff and volunteers.

<Program Name>
<Program Address>
<Program Phone Number>

Emergency Contact Numbers

All Emergencies	911
Poison Control Center	1-800-366-8888
Fire Department	<Number>
Police Department	<Number>
Ambulance Service	<Number>
<Local Media>	<Number>
Program Director <Name>	<Number>
Owner/Manager of building <Name>	<Number>
Principle place of business (if operated at more than one location) <Name>	<Number>

Caregiver / Guardian Contact Information

Participant's Name	Caregiver/Guardian Name	Special Care	Phone Number	Emergency Contact	Emergency Number

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<Date>

Dear Caregiver / Guardian:

In the event of an emergency situation, <Name of Program>, has outlined the below response plan. Please know that <Name of Program>, will make every attempt to notify you so it is vital that you keep your emergency contact information up-to-date. Keep this letter with you so that you will know how to contact us in the event of an emergency.

Evacuation / Relocation

1. If the emergency is confined to the immediate area at the <Name of Program>, e.g. fire, and the participants cannot stay on the premises, the participants will be taken to <Name of off site location>. The participants and staff will remain at this location while you or your emergency contact is notified of the situation.
2. If the emergency is more wide spread and encompasses a larger area such as the neighborhood due to an environmental threat, e.g. flood, and the participants cannot remain in the immediate area, they will be transported to <Name of off site location(s)>. The participants and staff will remain at this location while you or your emergency contact is notified of the situation.

Notification

1. Every effort will be made to contact you as soon as the participants and staff are safe. If we cannot reach you, we will contact your alternate emergency contact.

Emergency Supplies

1. We encourage you to bring individual emergency packs for each participant to keep at our facility that includes a change of clothes, a few family photos and a comfort item to help comfort your participant during a crisis. These individual packs will be stored in our safe room and only accessed during an emergency.

Please rest assured that <Name of Program> staff will remain with and care for the participants at all times during an emergency to ensure the participant's safety. As always, please don't hesitate to contact me if you have any questions or concerns.

Sincerely,

<Director/Owner>

SAMPLE TEMPLATE

Diagram of Routes to Safe Location inside the Facility

Diagram of Exit Routes to Safe Location Outside of Facility