

CENTRAL CARE POLICY EMERGENCY PREPAREDNESS

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| SUBJECT: | <u>EMERGENCY PREPAREDNESS</u> |
| ANNUAL REVIEW MONTH: | <u>June</u> |
| RESPONSIBLE FOR REVIEW: | <u>Director of Central Care</u> |
| LAST REVISION DATE: | <u>August 2010</u> |

Policy: The purpose of this policy is to define emergency/disaster situations and staff responsibility for implementation of this plan and establish policies and procedures for responding and reporting them in a timely manner.

By definition, an emergency is a situation, which results, or could result, in major harm to a consumer, staff, or the program.

SAFETY MEASURES:

1. Central Care shall maintain a safe, humane environment for consumers and staff. **Housemanagers/Houseparents will ensure these procedures are followed and notify the Central Care Director/Team Leader/Service Director of any occurrence which dictates implementation of any of these procedures.**
2. All keys will be issued and signed for by House Managers.
3. All employees will display their ID badges while engaged in any work activity.
4. At least one on duty staff will be current with CPR and First Aid certifications.
5. Emergency lighting and Smoke Detectors will be maintained in ready/operational condition.
6. Emergency phone numbers will be listed and posted by phones in each home.
7. The last employee to leave the building will ensure all areas are locked, interior lights are off and the front door is locked when they exit.
8. Each home shall have a supply of first aid materials available for use. The supply shall include band-aids, thermometer, tape, gauze, and antiseptic.
9. All housekeeping materials and supplies will be maintained in designated locked area and identified as housekeeping supplies.
10. The Material Safety Data Sheets will be available on the CSH Website or by dialing a toll free number that will be posted on the Official Bulletin Board.
11. Medications will be controlled for appropriate administration in locked and secure areas.

12. Trash will be removed from the kitchen daily and from the premises weekly.
13. Each home shall maintain a three-day supply of non-perishable foods for emergency needs.
14. **Stay calm. Do not panic. Panic will cause confusion and unnecessary injuries.**

Emergency Evacuation Housing:

1. In the event that this plan is implemented and there is danger/damage in the home, the consumers of Central Care will be transported by Central Care staff to another home within Central Care with similar disabilities, a local motel or if it is an extended time to Central State Hospital (of which Central Care reports administratively).
2. If there are injuries to consumers, then they will be treated at the local health care facility and may be transported by ambulance if the physical condition of the consumer dictates.

Adoption/activation of The Disaster Preparedness Plan:

1. The Director of Central Care has the delegated authority to administer Central Care's Emergency Preparedness Plan.
2. The **onsite manager**, the Director of Central Care, Service Director or CC's Team Leader have authority to activate the emergency preparedness plan and in to order the evacuation of the building at any time the life and safety of the consumers and staff is or could be in danger.
3. A written incident report and an overview of the actual implementation of the disaster plan will be recorded, filed and available upon request to the Department.

Change and Notifications:

1. Any change in this plan will be approved locally and forwarded to the Department of Regulatory Services for approval.
2. All records including a copy of the disaster preparedness plan(s) and a record of disaster preparedness rehearsals will be kept on file and will be made available upon request to the Department of Regulatory Services. Schedule of rehearsals are posted in each home. Further drills are completed by the local Fire Department. Documentation of those drills is also kept in the appropriate files.
3. The CEO, Regional Coordinator, Support Coordination and the Department of Regulatory Services will be notified within 24 hours of **any**

- situation** that has occurred, how the plan was implemented, and any results concerning injuries or loss of life.
4. A written incident report and an overview of the actual implementation of the disaster plan will be recorded, filed and available upon request to the Department.
 5. All serious and unusual incidents will be reported in compliance with procedures established in DHR policy.

**References: Central State Hospital Emergency Preparedness/Disaster Plan(s)
Personal Care Home Rules**

APPROVED: _____ **TITLE:** Central Care Director **DATE:** _____
George Harris, LCSW