

Emergency Preparedness Policy



Emergency Plan

The Administrator of The Cottages accepts the responsibility to assure the safety and well-being of residents in the event); fire; bomb threat; earthquake; flood; windstorm; epidemic; mass casualty or trauma. **Please Note:** The Emergency Manual also contains simple step-by-step procedures for handling specific emergencies.

General Provisions

During any significant emergency, the Administrator or Designee will take charge. If the Administrator is not on the premises, he/she will make every effort to relieve subordinates as soon as possible. The Administrator assumes responsibility to:

- A. Coordinate with state and local emergency and disaster authorities in implementing this Emergency Plan.
- B. Review and update this Emergency Plan annually and as necessary to conform to local emergency plans.
- C. Keep a copy of this plan in The Cottages office for review by personnel, residents and their family members, and the Idaho Department of Health & Welfare, Bureau of Facility Standards.
- D. Distribute the Emergency Plan to staff and residents and train them to respond appropriately in an emergency.
- E. Assure that Fire Evacuation and Disaster Drills are conducted at least once per quarter per shift. *Except when in a State of Emergency with waivers like the 1135 waiver.
 - a. Due to the inadvisability of quarterly fire drills that move and mass staff together, we will instead permit a documented orientation training program related to the current fire plan, which considers current facility conditions. The training will instruct employees, including existing, new, or temporary employees, on their current duties, life safety procedures and the fire protection devices in the home.
- F. Review staff documentation of Fire and Disaster Drills, assuring that the following items are noted:
 1. Date and time of drill
 2. Participants (includes all staff, other health care providers, etc.)
 3. Problems encountered.
 4. A description of all phases of the drill including time for full evacuation.
 5. Suggestions for improvement
 6. Signature of person conducting the drill.
- G. List, organize and maintain emergency equipment, supplies and provisions, including emergency lighting and heating equipment, food and potable water, extra blankets, etc. A partial list follows.
 1. Flashlight and portable radio with extra batteries
 2. Blankets (located in individual resident rooms)

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3. First aid kit
 4. A-B-C fire extinguisher
 5. Non-electric can opener
 6. 2-4 quarts of water per person (the facility will utilize water from the facility hot water heater which is secured in place)
 7. Extra clothing and sturdy shoes (located in the resident's room)
 8. Medication and medical information
 9. Eyeglasses (located in the resident's room)
 10. Dry and canned food (located in the pantry)
 11. Wrench for utility shut-off.
- H. Plan for emergency relocation of residents.
1. Execute an Emergency Housing Agreement with two facilities (see resident relocation plan page 5) willing to shelter residents should an emergency relocation be necessary.
 2. Store completed copies of the Emergency Housing agreement in the Emergency Manual.
 3. The facility bus will be used to transport residents to the Emergency Housing location.
- I. Arrange for emergency heating or relocation if the facility's ambient air reaches 58 degrees Fahrenheit or lower.
- J. Prominently post the following information: evacuation routes, location of fire alarm boxes, fire extinguishers, and emergency phone numbers.
- K. All staff will be called in to aid in resident care during the disaster or emergency. The Administrator will delegate specific assignments at the time of the disaster or emergency.

Fire Safety Plan

Policy statement: To ensure the personal safety of all residents and employees during a fire, The Cottages will implement the following procedures.

Procedures:

- A. Resident Orientation. Within 24
- B. Hours of Admission to the facility, the Administrator or Designee will explain and/or demonstrate the following emergency procedures.
 1. Location of entry/exit doors.
 2. How to open and close windows
 3. Location of smoke-alarms
 4. Location and operation of phones
 5. The evacuation plan and location of Evacuation Maps
 6. Drills for evacuation
 7. Meeting point for assembly areas during drill or emergencies.

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- C. Employee Orientation. The Administrator or Designee will explain and/or demonstrate the following emergency procedures for new employees before allowing them to work in an unsupervised capacity. Successful return demonstrations of all emergency procedures will be a prerequisite for completion of employee orientation.
 - 1. Location of entry/exit doors.
 - 2. How to open and close windows.
 - 3. Location and use of fire extinguishers.
 - 4. Location of smoke-alarms.
 - 5. Location and operation of phones.
 - 6. Location of emergency phone numbers.
 - 7. The evacuation plan and location of Evacuation Maps.
 - 8. Drills for evacuation.
 - 9. Meeting point for assembly areas during drill or emergencies.
- D. The Administrator or Designee will conduct fire drills once per shift per quarter.
 - 1. All residents, visitors and employees are expected to participate.
 - 2. The fire drill will begin by making a general announcement throughout the facility that a fire drill is being conducted.
 - 3. Evacuate residents and records per the evacuation plan.
- E. The Administrator or Designee will provide hands-on training in the use of fire extinguishers for all staff at least once per year.
- F. The Administrator or Designee will maintain a record of each fire drill on the premises for 12 months. Personnel may record fire drill documentation on the Fire Drill Evaluation Report form. Information that must be recorded includes:
 - 1. Date and time of drill
 - 2. Participants (includes all staff, other health care providers, etc.)
 - 3. Problems encountered.
 - 4. A description of all phases of the drill including time for full evacuation.
 - 5. Suggestions for improvements
 - 6. Signature of person conducting the drill
- b. Fire Watch
 - i. This occurs when a required fire alarm system or fire sprinkler system is out of service for more than four hours in a twenty-four-hour period, the authority having jurisdiction must be notified and the building evacuated, or an approved fire watch provided for all parties left unprotected by the shutdown until the alarm system has been returned to service.
 - A. Procedure:
 - 1. Administrator or designee will notify the fire department and building occupants.

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2. Documentation: A log will be kept of each round of patrol (see fire watch log)
 1. Identifying who conducted the fire watch.
 2. Date and time
 3. Situations encountered.
3. Fire watch will involve special action beyond normal staffing.
 1. Assigning staff to walk the area affected.
 2. Specialized training in fire prevention

Evacuation Plan

Policy Statements: To ensure the safety of residents and staff in the event of fire or other disaster, The Cottages will implement the following procedure for facility evacuation. Through its policy of repeated drills and practice The Cottages will ensure that staff and residents will evacuate calmly and in a controlled manner through the closest available exit (see labeled floor plans posted throughout the facility) if an actual disaster occurs.

Procedure:

In the event of fire, fire drill or any incident that presents a real threat to the health, safety, or welfare of the residents:

1. Remove residents from danger. When the alarm sounds or a fire is discovered, quickly identify the location of each resident and any visitors. Instruct each resident and visitor to exit the house, reminding them to proceed calmly to the pre-determined gathering point.
2. Evacuate residents in the following order:
 - a. Remove residents who are in the immediate vicinity of the fire first.
 - b. Instruct residents who ambulate independently to proceed immediately to the pre-determined meeting area.
 - c. Assist slower-moving residents or those requiring assistance with ambulation to the designated meeting place.
 - d. Place residents for whom ambulation is difficult in a wheelchair or other wheeled chair if available and move them quickly to the pre-arranged meeting area.
 - e. Provide full assistance to wheelchair residents to the designated meeting area.
 - f. Remove resident records as soon as possible.
3. Sound the alarm. Alert all residents and visitors regardless of the size of the fire.
4. Dial 911 or call the Fire Department. If you are unable to reach emergency personnel, send someone to a neighbor's house to call. If not on the premises, call the owner or Administrator as soon as residents are safe.
5. As residents exit, remind them to wait at designated meeting point.
6. Assist all residents to safety before leaving the building. The Administrator and staff will leave the building last.

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7. Contain the fire. Close doors as you exit rooms. If you are in a room and the door is closed, feel the door before opening it. If it is hot, find another exit. A hot door indicates a fire burning on the other side. The door is your barrier for 7-10 minutes.
8. Gather and count residents when evacuation is complete. Notify fire fighters if anyone is missing.
 - a. Do not leave residents unattended for more than a few seconds once they are outside.
 - b. Be prepared to move residents to emergency housing if instructed to do so by the Administrator or fire department personnel. Be prepared to move residents to emergency housing if instructed to do so by the Administrator or fire department personnel.
9. Extinguish the fire. Know the location and operation of all fire extinguishers in the facility. If the fire is not burning out of control, use a fire extinguisher. Use common sense. A fire extinguisher is meant for a small, confined fire. Do nothing to extinguish the fire if your efforts will harm either you or your residents.
10. In the event of a fire, always feel each closed door before opening it., if the door feels warm, open it slowly. If the door feels hot, seek a different means of exiting the room (i.e., the window).
11. If an exit route becomes blocked for any reason, assist the resident through the nearest widow and proceed to the designated meeting area.
12. Our top priority is the safety of residents and staff. In the event of a fire use whatever resources or skill you possess to get everyone out of the house quickly.
13. If any or all parts of the facility are deemed uninhabitable, proceed to the Resident Relocation Plan.

Resident Relocation Plan

Policy Statement: If the facility is deemed uninhabitable for any reason, the Administrator and personnel will immediately implement the following procedure to safely move residents and their records to the location of safety noted on the Emergency Housing Agreement (see emergency housing agreements and evacuation map with routes).

Procedure:

1. Plan for a potential emergency relocation by:
 - a. Executing an Emergency Housing Agreement with two different location options who are willing and able to shelter residents should an emergency relocation be necessary.
 - i. Identify and have an agreement with two options for relocation: 1) primary relocation that is approximately 35 minutes away from the facility 2) secondary relocation approximately 50 minutes away from facility.

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- b. Storing completed copies of the Emergency housing Agreement in the Emergency Manual.
 - c. Keeping in touch with Emergency Housing facility contact persons.
 - d. Creating a list of individuals available for emergency resident transport to the Emergency Housing location should evacuation be required.
2. If Emergency Personnel determine that residents must be moved, the licensee or Administrator will notify the contact person at the location listed on the Emergency Housing Agreement and begin to arrange resident transfer.
 - a. The resident's representative, family member, facility personnel or public transportation services may be utilized to transport residents.
3. The Administrator will contact each resident's representative to determine if continued placement in one of these facilities is acceptable until repairs on the facility can be made.
4. The Administrator will make every effort to meet resident or resident's representative desires. A referral/placement service may be called upon to facilitate resident transfer.

Internal Disaster Plan

Policy Statements: In the case of a gas explosion, bomb threat, power outage or other internal disaster, the Administrator and staff of The Cottages will implement the following procedures to preserve and protect the physical, mental, and emotional well-being of residents.

Procedure:

1. Evacuate residents to Emergency Housing locations until the Administrator, in conjunction with local authorities, has deemed the facility to be habitable (documented by the Emergency Housing Agreement).
2. Notify all families and guardians of residents' whereabouts.
3. Call in all staff to aid in resident care during a disaster or emergency. The Administrator will delegate specific assignments at the time of the disaster or emergency.
4. Transport residents to the designated Emergency Housing Facility.
5. Transport medication and medical information to Emergency Housing location.

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External Disaster Plan

Policy Statements: In the case of a tornado, severe storm, earthquake or other external disaster, the Administrator and staff of The Cottages will implement the following procedures to protect residents.

Procedure:

1. Remain calm.
2. Check for injuries and provide first aid.
3. Check for safety. Check for gas, water, or sewage breaks. Check for downed electric lines and shorts. Turn off appropriate utilities if a break in the system is identified. A wrench to be used to perform gas shut-off will be kept in the facility. All employees will be instructed on utility shut-off procedures during orientation and on-going in-services. UTILITIES MAY NOT BE RECONNECTED WITHOUT APPROVAL OF UTILITY PROVIDER. Check building for damage and potential safety problems.
4. Clean up dangerous spills.
5. Wear shoes.
6. Turn on radio and listen for instructions from public safety agencies.
7. Use telephone for emergency use only.

Wandering/Missing Resident Plan

Policy Statements: A resident may wander due to a permanent, degenerative cognitive disorder (Alzheimer's disease or other Dementia); temporary disorientation, stroke, or TIA; short-term memory loss; and/or in an attempt to return home or find family members. Whatever the cause, a wandering resident risks becoming lost and jeopardizes both personal safety and physical health. Personnel of this facility will make every effort to ensure resident safety and security, to avoid wandering incidents, and to speedily relocate missing residents by adhering to the following procedures.

Safety procedure for residents who may wander:

1. Verify the presence of residents in the facility at least every 2 hours.
2. Know and agree to adhere to the resident's negotiated service plan.
3. If a resident starts to focus on leaving the facility attempt to redirect thoughts or behavior.
4. Maintain security of home, yard, and hazardous areas always.
5. If the facility uses security alarms, monitor the system's operation daily. Immediately investigate any sounding alarm.
6. Refer any resident who cannot be safely secured within the facility to a higher care facility or a more secure living environment to support the individual's personal health and safety.
7. Maintain a recent photograph of the resident to aid staff and police in locating a missing resident.

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Missing Resident Procedure:

If you suspect that a resident is missing, conduct an immediate search of the usual and obvious places (resident rooms, rest rooms, patio, etc.). If the resident is not located immediately the following procedures:

1. Immediately notify the Administrator or Designee who shall assume responsibility for and implement the following steps.
2. Direct a thorough search of the home and grounds. Begin comprehensive search effort.
 - a. Direct a thorough search of the home and grounds.
 - b. Conduct a door-to-door search of the neighborhood. Call in additional staff if necessary.
3. If the resident is not found within 15 minutes, notify family, guardian, or responsible party.
4. After an elapsed “missing” time or not more than 30 minutes, notify the local Police.
5. If the resident is a Medicaid recipient or State client, notify the case manager and/or State Licensing Agency.
6. After the incident has been resolved, the Administrator and staff shall take steps to prevent recurrence.
7. File an “Incident Report” describing the incident and outcome.
8. Implement corrective action if necessary.

Family members, guardians or case workers may request different time frames for notification of missing relative or resident. Such a request should be made in writing at the time of admission.