

# COMMUNITY CARE LICENSING DIVISION

*"Promoting Healthy, Safe and  
Supportive Community Care"*

**TECHNICAL  
SUPPORT  
PROGRAM**

## **Self-Assessment Guide DISASTER PREPAREDNESS FOR COMMUNITY CARE FACILITIES**



**CDSS**

CALIFORNIA  
DEPARTMENT OF  
SOCIAL SERVICES

# COMMUNITY CARE LICENSING DIVISION TECHNICAL SUPPORT PROGRAM

## DISASTER PREPAREDNESS FOR COMMUNITY CARE FACILITIES

The disaster preparedness guide is designed to assist licensees and facility staff to perform periodic self-assessments of a facility's ability to respond in the event of a disaster. This guide summarizes regulations and other conditions which commonly lead to citation. It is not an exhaustive list or a full summary of regulations relating to disaster preparedness. ***It cannot be used as a substitute for having a good working knowledge of the regulations.*** For that reason, licensees should refer to the regulation sections (listed in parentheses) for complete information on requirements. Items contained in this tool which have an asterisk (\*) are not required by licensing regulation. They are, however, recommended practices that can assist licensees to avoid situations which may lead to violating regulations and being better able to prepare for disasters.

The assessment should be used periodically to review the facility's performance in a variety of areas to identify and correct deficiencies and to identify areas of weakness in the facility's operation and staff training needs in preparing for disasters. It can also be used as a training tool to familiarize staff with basic Licensing requirements. Facilities may wish to add items to the form which have historically been problem areas for their operations or to implement program standards that exceed Licensing requirements.

Community Care Licensing Regulations require children, adult, and elderly residential care facilities, and adult day programs to notify their local licensing office immediately or within one working day (80061, 87561, 87861) of any disaster that threatens the health and safety of facility clients. To ensure that community care facilities are able to respond appropriately in the event of a disaster, licensees are also required to develop and maintain a current and well-practiced Emergency Disaster Plan (LIC 610C, 610D, 610E). Facility plans must be developed according to regulatory requirements (80023, 87223, 87823).

Facilities must thoroughly train and inform their staff and clients, have established transportation services identified and available, and have knowledge of and work closely with disaster preparedness agencies. Facilities are encouraged to have several potential relocation sites (preferably licensed facilities that care for clients with needs similar to those of your clients) that can accommodate their clients, particularly those with special medical needs. It is important to remember that, depending on individual client needs, an emergency shelter or other relocation site may not be able to provide care for all of your clients.

Although there are multiple services that are potentially available during any disaster, it is imperative that each facility have the means and capacity to be self-reliant for up to 72 hours immediately following a disaster ("sheltering-in-place"). The following guide will help you plan and prepare to meet the needs of the clients you serve in the event of a disaster.

As a first step in creating a viable disaster plan, obtain expert input from local disaster planning authorities. Contact the local county Office of Emergency Services listed in the phone book under County Government Offices. (In larger cities there may also be an Office of Emergency Services with a full-time Emergency Services Coordinator.) State your need to have local input regarding disaster planning for your facility and obtain the name and phone number of the most appropriate contact person. With the assistance of

the local disaster or emergency services contact, determine what events are most likely to occur in your community, what specific actions must be in the plan, and the amount and type of emergency supplies your facility should maintain. Community-wide or regional threats that may occur include earthquakes, floods, fires, hazardous material events or the threat of terrorism and chemical or biological events.

## **STAFF ASSIGNMENTS AND TRAINING**

**MET    NOT MET**

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|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.    | Provide staff with their specific responsibilities in writing. Keep the Emergency Disaster Plan current (80023, 87223, 87823).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.    | Maintain current staff first aid training (80075, 87575, 87823).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.    | Train staff to assist with any special medical, physical or mental health needs of clients such as oxygen, wheel chair and dementia care. Have equipment instructions available (80090, 87724, 80092.1, 87565, 87575, 80075). |
| <input type="checkbox"/> | <input type="checkbox"/> | 4.    | Review your Disaster Preparedness Plan with new hires, and with all staff during emergency drills (80023, 87223, 87823).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5.    | Familiarize staff with the relocation sites to be used in case of evacuation (87223, 80023, 87823).   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6.    | Ensure the availability of trained staff for all shifts (80023, 87223, 87823).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7.    | Ensure staff know what to do and who to contact in case of injuries (80065, 87865, 87565).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8.    | Train staff regarding the use and operation of egress control devices (80022, 87724).   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9.    | Have staff conduct regular safety inspection checks in the facility buildings and grounds (87887, 80087, 87691). Safety checklists are available from your local Office of Emergency Services.                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. * | Provide staff with applicable disaster training given through such agencies as American Red Cross and the Office of Emergency Services. Participate in local disaster preparedness briefings and trainings.                   |

## **STAFF ASSIGNMENTS AND TRAINING**

(continued)

### **MET      NOT MET**

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|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 11. * | Train staff in the use and maintenance of smoke alarms, fire extinguishers and other safety equipment such as carbon monoxide detectors. Replace batteries every six months. Check all equipment regularly to ensure it is accessible and operable. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. * | Ensure that staff know where emergency supplies are kept. Your local Office of Emergency Services can provide you with recommended supply lists.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. * | Train staff to know what to do in case of power outages.  |

## **EMERGENCY DRILL AND EXITING PLANS**

### **MET      NOT MET**

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|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.   | Conduct and document emergency drills for different types of disasters at least every six months (80023, 87823) unless otherwise required (87724). This should include how to evacuate non-ambulatory clients and those with special medical needs and/or mental health needs.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.   | Post and regularly review the Emergency Disaster Plan and the LIC 999 Facility Sketch. The exiting plans should contain the exiting routes, the designated outside meeting area(s) and the locations of all utility shut off controls (80023, 87223). It is recommended that the Emergency Disaster Plan and the LIC 999 be posted on all floors, wings and in separate buildings. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.   | Have at least two exits from each room (80023, 87223). Fire departments consider windows as an additional exit.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4.   | Keep all windows, passageways, doors and sliding glass doors operable, repaired and clear for passage (80087, 87577, 87691, 87887).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5.   | Keep all inside passageways and outside exiting routes clear and well-lit (87691, 87577, 80088).   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6.   | Contact the appropriate relocation site person(s) as part of your disaster drill to ensure their readiness (80023, 87223)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7.   | Ensure that all window security bars systems are operable, checked regularly, kept in compliance with fire code and that staff know how they function (H & S Code 1569.6991).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. * | Place exiting signs over doors identified as exiting routes.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. * | Consider using local disaster drill training services.   |

## TRANSPORTATION PLANNING

<u>MET</u>	<u>NOT MET</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1. * Always have vehicles fueled, maintained, clean and supplied for emergencies including first aid kits. Have your vehicles facing out from your facility.
<input type="checkbox"/>	<input type="checkbox"/>	2. * Keep roads, driveways and potential exit routes clear and maintained.
<input type="checkbox"/>	<input type="checkbox"/>	3. * Have maps, travel bags, emergency supplies and your client's Disaster Preparedness Health Passport packed and/or close to the exiting area.
<input type="checkbox"/>	<input type="checkbox"/>	4. * Regularly review and post local emergency services transportation routes. Have the means to check on emergency routes to be used at the time of each emergency.
<input type="checkbox"/>	<input type="checkbox"/>	5. * Post active television channels, radio stations and phone number providing emergency transportation-related information.
<input type="checkbox"/>	<input type="checkbox"/>	6. * Make arrangements for transportation assistance, if needed, with local transportation services that can accommodate clients with minimal and/or special medical needs. Confirm arrangements with transportation services in a memorandum of understanding or contract. Where possible, include neighbors and volunteers in your plans.
<input type="checkbox"/>	<input type="checkbox"/>	7. * Be prepared to be directed by law enforcement or traffic control personnel. Be familiar with local emergency signs and emergency personnel clothing.
<input type="checkbox"/>	<input type="checkbox"/>	8. * Have large address numbers on your facility and street so that emergency personnel can more easily locate your facility.
<input type="checkbox"/>	<input type="checkbox"/>	9. * Know the location at your facility where ambulances, buses, vans and other vehicles may need to pick up your clients.

## EMERGENCY AGENCY CONTACTS

<u>MET</u>	<u>NOT MET</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1. Regularly review Section II (Emergency Names and Telephone Numbers) of the Emergency Disaster Plan to ensure the information is current (87223, 80023, 87823).
<input type="checkbox"/>	<input type="checkbox"/>	2. Have staff available that can communicate with each agency and who has knowledge and access to any facility and resident information needed (87865, 80065, 87565).
<input type="checkbox"/>	<input type="checkbox"/>	3. Make advanced emergency plans and arrangements with home health agencies, hospice services, placement agencies and/or authorized representatives (87575, 80070). This is especially important for those clients with special medical needs.

## **EMERGENCY AGENCY CONTACTS**

(continued)

<b><u>MET</u></b>	<b><u>NOT MET</u></b>	
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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. * Know the location, primary contact person and function of each contact/agency listed. Obtain any handouts they provide. This includes any 911 or 911 call-back function. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. * Utilize any disaster preparedness guides(s) provided by your local Office of Emergency Services.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. * Consider developing a neighborhood support disaster preparedness system.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. * Be familiar with local emergency alarm and warning signals.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. * Give the local emergency service agency your facility profile that includes special needs, number of non ambulatory clients and capacity.                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. * Develop an emergency information binder or reference book containing information on local disaster preparedness agencies and resources.                                  |

### **DISASTER PREPAREDNESS BINDER**

It is recommended that the following items be placed in a single binder, kept current and in an accessible, central location so that staff can take it should evacuation and/or relocation be necessary.

<b><u>MET</u></b>	<b><u>NOT MET</u></b>	
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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Current and complete Emergency Disaster Plan.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Current copies of the posted exiting plan(s) LIC 999 Facility Sketch.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Emergency drill records and procedures.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Phone numbers and directions to relocation sites.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Specific responsibilities for each staff and staff recall lists.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. List of disaster agencies/services that can assist the facility and in what way.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. First Aid manual and kit location.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Instructions on what to do in each type of disaster.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Transportation routes and service options.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. List of contacts outside the facility for authorized persons, placement and/or medical services in cases of actual disasters and evacuation. |

## **DISASTER PREPAREDNESS BINDER**

(continued)

<b><u>MET</u></b>	<b><u>NOT MET</u></b>		
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|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | An LIC 9020 Register of Facility Clients noting where the clients are located in the facility and their physical, medical and mental disposition. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | A Disaster Preparedness Health Passport containing medical information for each client.   |

### **RELOCATION PLANS**

<b><u>MET</u></b>	<b><u>NOT MET</u></b>		
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|--------------------------|--------------------------|-------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.    | Have a written relocation agreement so that each involved party/staff understands their role when a relocation takes place. Give a copy of the agreement to licensing as part of Plan of Operation (80023, 87223, 87823).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. *  | Develop alternate sites (at least three) in and out of the immediate area that can accommodate your client needs. <u>"THINK THREE DEEP."</u>   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. *  | Be prepared to identify the special medical needs of your clients prior to relocating to an alternative site. Ensure that staff are familiar with, and have been trained to meet these needs.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. *  | Have designated staff conduct at least one visit per year to the relocation site.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. *  | Coordinate relocation plans with your local Office of Emergency Services and/or other designated agencies responsible for arranging relocation sites and shelters so that they understand the relocation agreements and/or plans you have with other facilities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. *  | Regularly reassess client needs to ensure that your designated relocation site(s) can accommodate your clients.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. *  | Identify backup or alternative telephone numbers for relatives, placement personnel and/or responsible parties to contact clients/staff should evacuation take place.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. *  | Inform your neighbors if you have a reciprocal agreement with other facilities to use your facility as a relocation site.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. *  | Triage will be a critical function of emergency shelters during an evacuation which requires relocation. Know what potential health facilities might be available for relocating clients, especially to assist those with special medical needs.                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. * | Become familiar with Community Care Licensing's policy for emergency waivers to permit facilities to exceed their licensed capacity.   |

## **FACILITY REOCCUPATION**

<u><b>MET</b></u>	<u><b>NOT MET</b></u>		
<input type="checkbox"/>	<input type="checkbox"/>	1.	Designate a primary person(s) to coordinate the return to the original facility or relocation to a new facility (87223, 80023).
<input type="checkbox"/>	<input type="checkbox"/>	2.	Know what your options are in the Title 22 Regulations for continuing your license under emergency conditions (87114, 80001(e) (3), (u) (2)).
<input type="checkbox"/>	<input type="checkbox"/>	3. *	Ensure you have financial resources in case you cannot return to your facility.
<input type="checkbox"/>	<input type="checkbox"/>	4. *	Be acquainted with any emergency funding resources such as small business loans, your insurance coverage, local, State and/or Federal disaster funding.
<input type="checkbox"/>	<input type="checkbox"/>	5. *	Establish contacts with other licensed facilities for placement of your clients until alternative housing or your own is available. Refer to licensing's facility listing.
<input type="checkbox"/>	<input type="checkbox"/>	6. *	Know about potential financial arrangements that will have to be made with permanent or extended relocation sites.
<input type="checkbox"/>	<input type="checkbox"/>	7. *	Coordinate the return to your facility with the emergency personnel who are in charge of authorizing this action.
<input type="checkbox"/>	<input type="checkbox"/>	8. *	Designate a primary person(s) who will assist insurance companies, disaster personnel and other involved parties in assessing damage, repair needs and time frames for returning to your facility.
<input type="checkbox"/>	<input type="checkbox"/>	9. *	Monitor local television and radio stations for information regarding the conditions in your area and any authorization for the return to your facility.

## **THE ROLE OF COMMUNITY CARE LICENSING DURING DISASTERS**

Upon notification that a facility has experienced a disaster that may threaten the health and safety of facility clients, the local licensing office will perform the following activities:

1. Immediately attempt to contact the facility by telephone or through an on-site visit to assess the situation.
2. If facility clients are evacuated and/or relocated, ensure that the licensee has informed each client's authorized representative of the evacuation/relocation.



## **THE ROLE OF COMMUNITY CARE LICENSING DURING DISASTERS**

(continued)

3. Provide the licensee and the client's authorized representative with technical assistance and information regarding available emergency, social, medical and placement services to assist them to respond to the needs of the facility clients during and after the disaster. If clients cannot return to the facility, ensure that the licensee notifies each client's authorized representative of the need to arrange for an alternative placement.
4. If clients cannot return to the facility, provide lists of licensed facilities that may serve as alternate placements to the licensee and the client's authorized representatives.
5. Conduct follow-up as necessary to ensure appropriate placement and related services for clients impacted by the disaster are provided.
6. Assist, when necessary, in expediting the licensing of another appropriate residential site.