

- Provision of emergency power that could include identification of suppliers of backup generators
- Responding to individual residents' needs in the event the emergency call buttons are inoperable
- Process for communicating with residents, families, hospice providers, and others, as appropriate, which might include landline telephones, cellular telephones, or walk-talkies
- Assistance with, and administration of, medications
- Storage and preservation of medications
- The operation of assistive medical devices that need electric power for their operation, including, but not limited to, oxygen equipment and wheelchairs
- A process for identifying residents with special needs, such as hospice, and a plan for meeting those needs

In addition to the requirements specific to content of the emergency plan, section 1569.695 also outlines who can access the plan and at what times:

- ▶ RCFEs shall make a plan available upon request to residents onsite and available to local emergency responders.
- ▶ Community Care Licensing Division (CCLD) shall confirm, during comprehensive licensing visits, that the plan is on file at the facility.

Section 87212 of Title 22 regulations, which predates section 1569.695 of the Health and Safety Code, requires each community to have a disaster and mass casualty plan of action in writing and made readily available. The regulations do not completely reflect the new statute (which trumps the regulations), but it is important to be aware of and follow them:

- ▶ Designate administrative authority and staff assignments
- ▶ Provide evacuation guidelines for the following:*
 - Fire safety plan
 - Means of exiting
 - The assembly of residents to a predetermined evacuation site
 - Transportation arrangements
 - Relocation sites equipped to provide safe temporary accommodations for residents
 - Supervision of residents during evacuation or relocation and contact after relocation to assure that relocation has been completed as planned
 - Means of contacting legal agencies such as fire departments, law enforcement agencies, civil defense, and other disaster authorities.
- ▶ Provide contact information to notify a resident's hospice agency, if any, in the event of evacuation and/or relocation*

*All emergency exiting plans and telephone numbers specified above shall be posted.

Furthermore, section 87555 of Title 22 regulations states that Assisted Living communities must have enough non-perishable

food for seven days and perishable food for two days on the premises at all times. Adequate equipment must be maintained for in-house preparation and service of food in emergencies. Some possible solutions for emergency food preparation include, but are not limited to, barbecues, gas burners, disposable plates, cup, napkins, utensils, and other cooking equipment.

In alignment with the Health and Safety Code requirement for RCFEs to prepare to be self-sufficient for 72 hours, the Center for Disease Control (CDC) recommends keeping a three-day supply of one gallon of water per person per day, for both residents and staff. CDC also recommends having enough food and water—at least three days' worth—for residents' pets. If many of your residents have pets, learn more about caring for animals during disasters at the FEMA site: www.ready.gov.

Reviewing and Updating Your Plan

First, be sure that your plan is complete and includes all the requirements outlined in section 1569.695 of the Health and Safety Code section, as well as Title 22 Regulations. It is advised that you review the plan periodically and update it when necessary; your local emergency services authority can be a good resource. Also, it is important to familiarize newly hired staff with all emergency procedures and to incorporate them into the plan as needed.

Partnering with neighboring Assisted Living communities to prepare for disasters can be beneficial for many reasons, specifically when planning evacuation sites. Your evacuation plan should list a few potential relocation sites that will suit the



CALA Tips for Disaster Planning (offered by CALA Members): http://www.caassistedliving.org/web/resources/disaster_prep.asp

ALFA Emergency Preparedness Tool Kit: http://www.alfa.org/images/store/Emergency_Preparedness_Tool_Kit.pdf

Care & Compliance Group's Disaster and Emergency Manual: <http://www.advhs.com/servlet/the-84/Disaster-and-Emergency-Manual/Detail>

CDC Emergency Preparedness and Response: <http://emergency.cdc.gov>

CCLD Self-Assessment Guide for Emergency and Disaster Preparedness: <http://cclد.ca.gov/res/pdf/DisasterGuide.pdf>

The Federal Emergency Management Agency: www.fema.gov

The U.S. Department of Homeland Security: www.ready.gov

number of residents and staff in your community. The most preferable evacuation sites are similar licensed communities that will make for an easier transition for residents, especially residents with dementia.

Planned evacuation sites should be aware that they are in your plan. Likewise, it is helpful to know which surrounding communities have your community listed in their plans as an evacuation site. Be sure to periodically check in with your evacuation sites, especially as they experience staff changes. For example, if the administrator from one of your listed evacuation sites leaves that particular community, it is wise to communicate your plans with the new administrator. The licensed capacity of evacuation sites has been questioned in the past, but the department has recognized the need for flexibility in times of crisis.

CCLD's Self-Assessment Guide for Emergency and Disaster Preparedness is designed to help communities perform periodic self-assessments. The guide is a useful tool, but when you use it, keep in mind that it was last updated in 2007 before the law changed. To most effectively assess your disaster preparedness, it is best to reference the guide in conjunction to section 1569.695 of the Health and Safety Code. Your community's planning efforts will help to maintain compliance, create an action plan for unforeseen events, and, most importantly, provide invaluable peace of mind to your residents, their families, and your staff. ■



How do you know if you're prepared?

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