

*Sample of an
Orange
County Approved
Emergency Plan for
Assisted Living Facilities*

ALF NAME

ADDRESS

ADDRESS

PHONE:

FAX:

ALF EMERGENCY MANAGEMENT PLAN

ALF IS AN ASSISTED LIVING FACILITY

Owned and Operated By:

I. INTRODUCTION

A. 1. ALF Name
ADDRESS
ADDRESS
PHONE:
FAX:

ASSISTED LIVING FACILITY
LICENSE NUMBER

2. OWNER
ADDRESS
ADDRESS

3. BUILDING IS 26 YEARS OLD PURCHASED BUILDING IN 1998
CONSTRUCTION TYPE: 1 STORY BUILDING FOUNDATION IN
CONCRETE SLAB AND CONCRETE AND BLOCK EXTERIOR
WALLS.

4. PRIMARY CONTACT
PHONE:
PAGER:

ALTERNATE:

NAME
ADDRESS
ADDRESS
PHONE:

5. PLAN IMPLEMENTED BY ADMINISTRATOR

6. NAME
STREET
ORLANDO, FLORIDA 32825
PHONE:

7. ORGANIZATION CHART OF MANAGEMENT POSITION
1ST IN CHARGE: NAME PHONE
2ND IN CHARGE: NAME PHONE

II. AUTHORITIES AND REFERENCES

A. THIS COMPREHENSIVE EMERGENCY MANAGEMENT PLAN WAS
DEVELOPED IN ACCORDANCE

WITH THE REQUIREMENTS FOR ASSISTED LIVING FACILITIES AS SET FORTH IN RULE 58A-5, 024(I) (J) OF THE FLORIDA ADMINISTRATIVE CODE FOR ASSISTED LIVING FACILITIES AND IN CHAPTER 252 AND 400.441 (1), FLORIDA STATUTES.

- B. REFERENCE MATERIALS USED IN DEVELOPING THIS PLAN INCLUDES:
 - 1. EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ALF.
 - 2. DISASTER PLANNING FOR ASSISTED LIVING FACILITIES.

- C. CHAIN OF COMMAND: SAME AS 1.14.7
 - 1ST IN CHARGE: NAME: PHONE
 - 2ND IN CHARGE: NAME: PHONE

III. HAZARD ANALYSIS

- A. THIS IS VULNERABLE TO HURRICANES, TORNADOES AND FIRE BECAUSE THESE ARE UNPREDICTABLE. WE ARE NOT NEAR TO ANY FIXED HAZARDOUS MATERIAL FACILITIES OR NUCLEAR POWER PLANTS.

THEREFORE, THESE DO NOT POSE ANY IMMEDIATE THREATS. WE HAVE EXPERIENCED POWER OUTAGES IN THE PAST BUT HAVE ALWAYS HAD EMERGENCY SUPPLIES SUCH As:

BATTERY POWERED LIGHTS AND FLASHLIGHT BATTERIES.

- B. (1) ALF IS LICENSED FOR SIX CLIENTS. WE CAN ACCOMODATE SIX , AT THE TIME OF DEVELOPING THIS PLAN, WE HAVE NO CLIENTS,

- (2) ALF IS LOCATED IN SOUTHEAST ORANGE COUNTY.

- (3) ALF ACCEPTS ELDERLY RESIDENTS.
 - (A) WE WILL HAVE SIX SELF SUFFICIENT RESIDENTS. No ALZEIMER 'S PATIENTS WILL BE ACCEPTED. IS LOCATED IN FLOOD ZONE "C".

- (5) ALF IS LOCATED BETWEEN HIGHWAY 1436 (SEMORAN BLVD.) AND DEAN ROAD. MORE THAN 7 MILES FROM AN ACTIVE RAILROAD.

- (6) ALF IS APPROXIMATELY 67 MILES WEST OF A NUCLEAR POWER PLANT.

IV CONCEPTS OF OPERATION

A. DIRECTIONS AND CONTROL

1. ADMINISTRATOR, IS FIRST IN CHARGE DURING AN EMERGENCY. ALF IS THE ALTERNATE.

2. ALF IS FIRST
ALF IS SECOND

THIS IS THE CHAIN OF COMMAND TO ENSURE CONTINUOUS LEADERSHIP AND AUTHORITY FOR IMPLEMENTING PLAN.

3. IN AN EMERGENCY, ALF WILL INITIATE CHAIN OF COMMAND. STAFF ON DUTY WILL START EMERGENCY PROCEDURES. ALL WILL BE ALERTED TO GO INTO ACTION.

4. ALF WILL COLLECT ALL MEDICATIONS AND RECORDS AND SECURE FOR TRANSPORTATION TO HOST FACILITY. WHEN ALL CLIENTS AND STAFF ARE OUT OF THE FACILITY AND IS SECURED IN TRANSPORTATION, WHICH INCLUDES 5 PASSENGER , 4 DOOR SEDANS ON PREMISES, OWNED AND OPERATED BY ALF AND ALF, STAFF PERSONNEL WILL COUNT RESIDENTS. A MASTER LIST WITH ADMINISTRATOR OR DESIGNEE, WHO WILL CONDUCT AN

ADDITIONAL COUNT AFTER CONVOY WILL PROCEED TO HOST FACILITY.

ALL STAFF MEMBERS WILL ASSIST RESIDENTS OUT OF THE FACILITY AND INTO TRANSPORTATION.

ALF WILL GET ALL MEDICATION AND RESIDENT RECORDS AND SECURE THEM IN VEHICLE IN WHICH HE WILL BE TRAVELING. HE WILL THEN DO A HEAD COUNT AFTER ALL RESIDENTS AND STAFF ARE PLACE IN VEHICLES BEFORE LEAVING ALF. ALL PRESENT STAFF MEMBERS, WHICH WILL INCLUDE ALF, WILL ASSIST CLIENTS OUT OF BUILDING AND INTO VEHICLES, SECURING THEM WITH SEAT BELTS.

ALF WILL GATHER ALL THE EMERGENCY SUPPLIES ON THE EMERGENCY LIST.

ALF WILL HAVE ALL MEDICATIONS, RESIDENT RECORDS AND SUPPLIES IN WHICH HE IS TRAVELING.

5. A. ALF WILL TAKE A THREE-DAY SUPPLY OF FOOD AND WATER FOR RESIDENTS AND STAFF DURING THEIR STAY IN HOST FACILITY.
 - B. ALF HAS CAMP STOVES AND GAS POWERED LAMPS, WHICH COULD ONLY BE USED OUTSIDE.
 - C. ALF HAS ACCESS TO TWO CARS: BOTH 5 SEATERS OWNED AND OPERATED BY THE OWNERS. THESE VEHICLES ARE READILY AVAILABLE. THERE WILL BE ADEQUATE ROOM FOR RESIDENTS, STAFF AND SUPPLIES.
 - D. ALF HAS A TWO WEEK SUPPLY OF ALL ESSENTIALS ON HAND AT ALL TIMES.
6. A. STAFF HAS BEEN INSTRUCTED AND THEY HAVE AGREED TO BEING ON DUTY UNTIL EMERGENCY IS OVER. STAFF MEMBERS HAVE BEEN GIVEN OPTION OF HAVING THEIR FAMILY WITH THEM; AND, IN THAT CASE, ADDITIONAL SUPPLIES WILL BE TAKEN TO HOST FACILITY. HOST FACILITIES HAVE BEEN CONSULTED ABOUT POSSIBLE ADDED PERSONS AND HAVE AGREED.

B. NOTIFICATION

ALF HAS IN PLACE PROCEDURES FOR THE FACILITY TO RECEIVE TIMELY INFORMATION ON IMPENDING THREATS AS WELL AS ALERTING DECISION MAKERS, STAFF AND RESIDENTS OF ANY POTENTIAL EMERGENCY CONDITION.

1. WE WILL RECEIVE WARNING DURING A CRISIS VIA RADIO, TELEVISION AND TELEPHONE.
2. ALF 24 HOUR CONTACT NUMBER IS (407) OR (407) IF BOTH NUMBERS ARE DISFUNCTIONAL, THEN, THE ALTERNATIVE NUMBERS (407) OR (800) WILL BE NOTIFIED.
3. KEY STAFF WILL BE NOTIFIED BY TELEPHONE OR BY MESSENGER.
4. EMPLOYEES WILL USE THEIR OWN/PUBLIC TRANSPORTATION TO REPORT TO WORK.
5. RESIDENTS WILL BE INFORMED IN A CALM AND REASSURING MANNER, KEEPING IN MIND THAT THEIR SAFETY IS OUR FIRST CONCERN.
6. IF THE PRIMARY TELEPHONE SYSTEM FAILS, THEN MESSENGER WILL BE UTILIZED.
7. HOST FACILITIES WILL BE NOTIFIED BY TELEPHONE WHEN POSSIBLE OR NY MESSENGER.
8. FAMILIES OF ALF RESIDENTS WILL BE NOTIFIED BY TELEPHONE AFTER ARRIVAL AT MUTUAL AID FACILITY OR BY PUBLIC ANNOUNCEMENTS AS TO WHERE THEIR LOVED ONES ARE HOUSED. IT WILL BE POLICY TO PROVIDE IN ADVANCE FAMILIES WITH THE NAMES AND PLACES WHERE RELATIVES WILL BE ACCOMMODATED DURING CRISIS.

C. EVACUATION

1. THE PERSON IN CHARGE WILL BE RESPONSIBLE FOR IMPLEMENTING THE EVACUATION PROCEDURE.
2. TRANSPORTATION WILL BE SUPPLIED BY THE OWNERS.

3. TRANSPORTATION ARRANGEMENTS ARE AS FOLLOWS:
 - A. ALL RESIDENTS WILL TRAVEL IN 2 VEHICLES OWNED AND OPERATED BY THE OWNERS OF ALF.
 - B. ALL RECORDS, MEDICATION, FOOD, WATER AND OTHER

NECESSITIES WILL BE BOXED AND LABELED, THEN PUT INTO THE CARS OWNED BY THE ADMINISTRATOR.
4. TO EVACUATE ALL CLIENTS FROM ALF TO THE ALF FACILITY CENTRE (SEMINOLE COUNTY) WILL TAKE APPROXIMATELY 35 MINUTES, A DISTANCE OF ABOUT 16 MILES.
5. A STAFF FROM ALF WILL BE ASSIGNED BY THE PERSON IN CHARGE TO EACH VEHICLE TO ACCOMPANY CLIENTS AND REMAIN WITH THEM TO HOST FACILITY.
6. THE ONE IN CHARGE WILL TAKE A HEAD COUNT AND A ROLL CALL OF EVERYONE INCLUDING STAFF BEFORE LEAVING ALF AND UPON ARRIVAL AT HOST FACILITY. ALF CLIENTS WILL NOT BE A BURDEN ON HOST STAFF. ALF STAFF WILL BE THERE TO CARE FOR ALF RESIDENTS, AS LONG AS THE EMERGENCY EXISTS.
7. EACH CLIENT AND STAFF WILL TAKE A THREE DAY SUPPLY OF NECESSARY ITEMS WITH THEM.
8. THE FAMILIES OF RESIDENTS WILL BE NOTIFIED BY TELEPHONE OR PUBLIC ANNOUNCEMENT, RADIO OR TELEVISION, NAME, LOCATION AND TELEPHONE NUMBER OF HOST FAMILY WHERE THEIR RELATIVES ARE BEING HOUSED UPON ARRIVAL AT MUTUAL AID FACILITY.
9. TO BE SURE ALL RESIDENTS ARE ACCOUNTED FOR, RESIDENTS

WILL BE COUNTED BY AT LEAST TWO STAFF MEMBERS, AS WELL AS A ROLL CALL. MASTER LIST WILL BE GIVEN TO PERSON IN CHARGE AS WELL AS TO HOST ADMINISTRATOR OR DESIGNEE UPON ARRIVAL.

10. THE PREPOSITIONING OF NECESSARY MEDICAL SUPPLY AND PROVISIONS WILL BEGIN AS SOON AS THE CRISIS IS ANNOUNCED.
11. THE MUTUAL AIDE AGREEMENT FOR TRANSPORTATION (SHOULD OUR AUTOMOBILES BE DAMAGE OR DISABLED) OF CLIENTS AND NOTIFICATION OF ALTERNATE FACILITIES WILL BEGIN AS SOON AS NOTIFICATION OF DISASTER IS RECEIVED.

D. RE-ENTRY

1. THE OWNER/ADMINISTRATOR IS RESPONSIBLE FOR AUTHORIZING RE-ENTRY TO ALF. THE ADMINISTRATOR WILL INITIATE THE RE-ENTRY TO THE FACILITY.
2. THE ADMINISTRATOR WILL CLEAR WITH COUNTY, BUILDING AND FIRE INSPECTORS IF THE BUILDING WAS SERIOUSLY DAMAGED FOR PERMISSION TO RE-ENTER ALF.
3. RESIDENTS AND STAFF WILL RETURN TO ALF BY THE SAME MEANS BY WHICH THEY LEFT ALF BY AUTOMOBILES, UTILIZING THE SAME PROCEDURES USED IN EVACUATION PROCESS, STAFF AND PERSON IN CHARGE WILL TAKE A HEAD COUNT AS WELL AS ROLL CALL PRIOR TO LEAVING HOST FACILITY, WHEN ALL RESIDENTS AND SUPPLIES ARE ACCOUNTED FOR, CONVOY WILL RETURN TO ALF.

E. SHELTERING

ALF WILL NOT BE USED AS A SHELTER FOR EVACUATION.

V. INFORMATION, TRAINING AND EXERCISES

- A. ALL KEY WORKERS WILL BE INSTRUCTED IN THEIR EMERGENCY ROLES DURING NON-EMERGENCY TIMES BY IN SERVICE CLASSES, INCLUDING MATERIALS, FILMS, AND LECTURES HELD QUARTERLY BY THE ADMINISTRATOR.

- B. QUARTERLY TRAINING SCHEDULES FOR ALL EMPLOYEES WILL BE CONDUCTED BY THE ADMINISTRATOR.
- C. TRAINING WILL BE GIVEN TO NEW EMPLOYEES AS THEY ARE HIRED WITHIN ONE (1) WEEK DURING ORIENTATION. TRAINING WILL INCLUDE MATERIAL, HAND-OUTS AND LECTURES.
- D. ALF SCHEDULE FOR TRAINING WILL BE DONE ON A QUARTERLY SCHEDULE. FIRE DRILLS WILL BE DONE MONTHLY, ONCE DURING THE YEAR, PREFERABLY DURING A SUMMER MONTH, ALL STAFF AND CLIENTS WILL PERFORM A PORTION OF THE DISASTER PLAN, EVACUATION.
- E. ALL MISTAKES AND DEFICIENCIES NOTED DURING TRAINING EXERCISES WILL, AT THAT TIME, BE CORRECTED, REINFORCED WITH ADDITIONAL CLASSES UNTIL ALL PROCEDURES ARE UNDERSTOOD CLEARLY AND CAN BE PERFORMED FAST, EFFICIENTLY AND SAFELY.

ANNEXES

- A. ROSTER OF EMPLOYEES AND COMPANIES WITH KEY DISASTER RELATED ROLES.
 - 1. A LIST OF ADDRESSES AND TELEPHONE NUMBERS OF STAFF WITH DISASTER RELATED ROLES ARE INCLUDED IN THE PLAN PROPER.
 - 2. NAMES OF COMPANIES, CONTACT PERSON, TELEPHONE NUMBER AND ADDRESSES OF EMERGENCY SERVICE PROVIDER ARE AS FOLLOWS:
 - A) TRANSPORTATION
(TO BE PROVIDED BY OWNER AND POSITIONED AT THE ALF)
ORLANDO, FL 32822

B) EMERGENCY POWER

ORLANDO, FL 32822

(407)

C) FUEL

STREET

ORLANDO, FL 32822

D) DEPARTMENT OF CHILDREN & FAMILIES, AGING & ADULT

SERVICES (407) 245-0440

E) ELECTRIC

FLORIDA POWER

(407) 629-1010

F) POLICE

911

G) FIRE

911

H) RED CROSS

(407) 894-4141

B. AGREEMENT OF UNDERSTANDING

ALL COPIES OF MUTUAL AID AGREEMENTS ARE ATTACHED TO THIS PLAN.

C. EVACUATION ROUTE MAP

A MAP OF THE EVACUATION ROUTES TO HOST FACILITIES ARE ATTACHED.

D. SUPPORT MATERIAL

1. ADDITIONAL MATERIAL IS USED IN THE PLAN
2. A COPY OF ALF SAFETY PLAN IS ATTACHED TO THIS PLAN.

E. ADDITIONAL FIRE PRECAUTIONS

TWO (2) 5 LB FIRE EXTINGUISHERS, SERIAL NUMBERS PL103760 AND PL103685, ARE IN PLACE IN THE FACILITY. ONE IN THE KITCHEN AND ONE IN THE FAMILY ROOM. IN CASE OF FIRE, 911 WILL BE NOTIFIED, CLIENTS EVACUATED AND EXTINGUISH SMALL FIRES AS POSSIBLE.

MUTUAL AID AGREEMENT
OR
STATEMENT OF UNDERSTANDING
BETWEEN
AND

NAME OF FACILITY

NAME OF SUPPORT

ADDRESS

ADDRESS

ORLANDO FL

ORLANDO FL

TELEPHONE

TELEPHONE

PURPOSE:

TO PROVIDE THE "FACILITY" WITH PRE-ARRANGED SUPPORT TO ALTERNATIVE EMERGENCY RESOURCES, AS NEEDED DURING ACTUAL DISASTER SITUATIONS, TO MINIMIZE AND LOSS OF LIFE, INJURY OR PROPERTY DAMAGE, (I.E. EMERGENCY SUPPLIES, EVACUATION, PATIENT TRANSPORTATION, HOUSING SUBSISTENCE, ETC.) WE HAVE 180 BEDS.

MISSION:

THE "SUPPORT AGENCY" (NAME) AGREES TO FURNISH THE "FACILITY" GOODS, OR FACILITIES DURING THE TIME OF ACTUAL DISASTER AS FOLLOWS:

"THE FACILITY AGREES TO PAY THE "SUPPORT AGENCY" A NORMAL AND REASONABLE FEE FOR ALL GOODS AND SERVICES RENDERED.

EXECUTION:

THE "SUPPORT AGENCY" WILL MAKE THE TERMS AND CONDITIONS OF THIS STATEMENT OF UNDERSTANDING KNOWN TO THOSE WHO MIGHT HAVE TO RESPOND, POSSIBLY ON A 24-HOUR BASIS, AND MAKE SUCH TELEPHONE NUMBERS AVAILABLE TO THE "FACILITY" SO THAT THE NECESSARY GOODS AND SERVICES ARE REASONABLY AVAILABLE AT ANY TIME.

DATE

FOR THE "SUPPORT AGENCY"
MUTUAL AID AGREEMENT

OR

STATEMENT OF UNDERSTANDING

BETWEEN

AND

NAME OF FACILITY

NAME OF SUPPORT

ADDRESS

ADDRESS

ORLANDO, FL

ORLANDO, FL

TELEPHONE

TELEPHONE

WE THE UNDERSIGNED HAVE AGREED THAT IN THE EVENT OF AN EMERGENCY
AT THE ABOVE NAMED AND THEIR OWNERS CANNOT PROVIDE THE INDICATED
TRANSPORTATION I WILL PROVIDE TRANSPORTATION WITH MY _____

DATE

FOR THE SUPPORT GENCY

DATE

FOR THE FACILITY

NAME OF RECEIVING FACILITY
ADDRESS

Phone:

Fax:

DIRECTIONS TO THE RECEIVING FACILITY (MUST BE AT LEAST TEN (10) MILES
AWAY.

PRIMARY ROUTE (DESCRIBE HOW TO GET TO RECEIVING FACILITY)

SECONDARY ROUTE (DESCRIBE ALTERNATE ROUTE TO RECEIVING FACILITY)

FIRE PLAN

August 5, 1998

RE Fire & Disaster Plan
Clare Bridge of Orlando

Dear Ms.

The Disaster Plan For Fire has been reviewed for procedure to be used in case of fire, by our Fire Loss Management Bureau. The plan was found to provide in Depth and easy to follow instructions to safe guard lives and property during a fire incident.

Signature of Fire Inspector

DISASTER PLAN FOR FIRE

PROCEDURE IN CASE OF FIRE

General Instructions:

1. Avoid panic. The greatest danger in most fires is panic. Do not alarm residents by excited motions, etc. Never shout "Fire!". Residents look to you for protection. Remain calm and move with assurance.
2. Be alert for signs of fire. In case of fire, pull the nearest fire alarm pull station. Always aware of the locations of all fire extinguishers.

Person discovering fire:

Call 911 immediately (suggested comments follow):

FIRE DEPARTMENT TELEPHONE NUMBER 911.

You will be asked if you are calling for a Police, Fire or Medical emergency. Answer appropriately. Verify address as _____, cross streets are _____ and _____ Blvd.

We have a _____ fire (Type of fire: _____
Electrical, grease, gas, etc.)
in the _____ (Location: kitchen,
Laundry, etc.)

Pull fire alarm. Implement R.A.C.E.

- | | |
|----------------|---|
| R Rescue | remove anyone in immediate danger to a safe area away from the fire. |
| A - Alarm | Sound the alarm within the ALIF (if fire alarm pull box has not been pulled). |
| C - Confine | Confine or contain the fire by closing doors after everyone has been removed. Isolate the burning area if possible. |
| F - Extinguish | Fight the fire with an extinguisher or fire hose if this can safely be done. |

All Other Personnel: Evacuate residents as quickly as possible.

[Continued on next page]

Key Person: (Administrator, Department Head, Charge Nurse, [Person who takes charge]).

Work with available staff to accomplish the following:

- 1. Direct all residents and staff to pre-determined sites away from the building (as outlined on evacuation plan drawings).**
2. Assure the safety of all residents and employees by checking to see that everyone has been evacuated. (Conduct a head count in the area to which residents have been evacuated to ensure all individual are present).
3. Meet and direct the first fire unit. Let them know if everyone is out, or the location of individuals still inside.
4. Telephone Director if she is not on site: home telephone # beeper #
5. Contact the responding Fire Department's Incident Commander to obtain information about the condition of the facility and to obtain permission to reenter unaffected sections of the building to obtain resident medications, charts and/or other emergency supplies.
6. Conduct an examination of all residents to determine if any injuries were sustained during the fire, or the evacuation and notify the Fire Department's Incident Commander who will assess and arrange for treatment as appropriate.

PLEASE INCLUDE A COPY OF YOUR FACILITY FLOOR PLAN SHOWING HOW YOUR RESIDENTS WOULD ESCAPE FROM THE FACILITY IN CASE OF FIRE.

PLEASE INCLUDE A MAP SHOWING BOTH ROUTES FROM YOUR FACILITY TO THE ALTERNATE FACILITY.

IF YOU HAVE QUESTIONS PLEASE CALL OUR OFFICE (407) 836-9140