

# EMERGENCY DISASTER PLAN FOR RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

## INSTRUCTIONS:

*Post a copy in a prominent location in facility, near telephone.*

Licensee is responsible for updating information annually.

Return a copy to the licensing office.

NAME OF FACILITY		ADMINISTRATOR OF FACILITY	
FACILITY ADDRESS (NUMBER, STREET,		CITY,	STATE, ZIP CODE)
FAX NUMBER ( )		CELL PHONE NUMBER ( )	
		TELEPHONE NUMBER ( )	

### I. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED)

NAME(S) OF STAFF	TITLE	ASSIGNMENT
1.		DIRECT EVACUATION AND PERSON COUNT
2.		HANDLE FIRST AID
3.		TELEPHONE EMERGENCY NUMBERS
4.		TRANSPORTATION
5.		NOTIFY FAMILY MEMBERS
6.		NOTIFY CCL AND OTHER AGENCIES

### II. EMERGENCY NAMES AND TELEPHONE NUMBERS (IN ADDITION TO 9-1-1)

FIRE/PARAMEDICS	POLICE OR SHERIFF
RED CROSS	OFFICE OF EMERGENCY SERVICES
PHYSICIAN(S)	POISON CONTROL
HOSPITAL(S)	AMBULANCE
DENTIST(S)	ADULT PROTECTIVE SERVICES
LONG TERM OMBUDSMAN	OTHER AGENCY/PERSON
COUNTY MENTAL HEALTH	

### III. FACILITY EXIT LOCATIONS (USING A COPY OF THE FACILITY SKETCH [LIC 999] INDICATE EXITS BY NUMBER)

1.	2.
3.	4.

### IV. TEMPORARY RELOCATION SITE(S) (IF AVAILABLE, SUBMIT LETTER OF PERMISSION FROM RENTER/LEASEE/MANAGER/PROPERTY OWNER)

NAME	ADDRESS	TELEPHONE NUMBER ( )
NAME	ADDRESS	TELEPHONE NUMBER ( )

### V. UTILITY SHUT—OFF LOCATIONS (INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999])

ELECTRICITY
WATER
GAS

### VI. FIRST AID KIT (LOCATION)

### VII. AED (IF AVAILABLE - LOCATION)

### VIII. EQUIPMENT

SMOKE DETECTOR LOCATION
FIRE EXTINGUISHER LOCATION
TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED)
LOCATION OF DEVICE

### IX. AFFIRMATION STATEMENT

**AS ADMINISTRATOR OF THIS FACILITY, I ASSUME RESPONSIBILITY FOR THIS PLAN FOR PROVIDING EMERGENCY SERVICES AS INDICATED BELOW. I SHALL INSTRUCT ALL CLIENTS/RESIDENTS, AGE AND ABILITIES PERMITTING, ANY STAFF AND/OR HOUSEHOLD MEMBERS AS NEEDED IN THEIR DUTIES AND RESPONSIBILITIES UNDER THIS PLAN.**

SIGNATURE	DATE
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