

# **EMERGENCY PREPAREDNESS PLANNING TOOLKIT**

## **For Michigan's Adult Foster Care and Homes for the Aged**

**FACILITY NAME:**

**ADDRESS:**

**CONTACT NAME:**

**PHONE NUMBER:**

**DATE OF PLAN REVIEW:**

**REVIEWED BY:**

**Accessibility note:** This document has been prepared as a fillable form. If you have any difficulties accessing this document, please contact Alice Frame ([framea@michigan.gov](mailto:framea@michigan.gov))

**EMERGENCY RECORD OF UPDATES**

Updated annually based on latest State and/or Federal guidance as well as any findings revealed during State and/or Program Assessments, if applicable.

Date	Update	Responsible Party

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## **PURPOSE AND ORGANIZATION OF THE TOOLKIT**

This toolkit has been designed to assist with the development of emergency plans for Michigan's Adult Foster Cares (AFC) and Homes for the Aged (HFA). This toolkit is not meant to supersede any facility emergency requirements. Facilities should ensure other requirements, as recommended by the appropriate licensing agency, are incorporated as necessary.

Additional emergency planning resources for Adult Foster Cares and Homes for the Aged are available at [AFC/HFA Emergency Planning](#).

## **PLANNING CONSIDERATIONS**

1. Facilities should review plans quarterly with all staff and have each sign off on review. Acknowledgement of this action is a requirement of the Bureau of Fire Services Fire Marshal for HFAs, and AFCs licensed for seven or more beds in any facility. This serves as a best practice for all homes/facilities.
2. Update the plan when significant changes occur. Note reviews and updates on the maintenance page to keep track of changes.
3. Locate the plan so all staff know where it is located.

### **Requirements by Facility Type**

Contact the appropriate licensing agency to see what, if any, additional planning requirements may apply. The following licensing information is courtesy of Michigan Department of Licensing and Regulatory Affairs (LARA) [Licensing Rules and Statutes](#).

Each Adult Foster Care home has its own set of emergency preparedness rules as defined by LARA. Homes for the Aged also have a separate subset of emergency preparedness rules as defined by LARA. These considerations have been included within this template for planning considerations.

<b>Facility Type</b>	<b>Family Homes</b>	<b>Adult Foster Care Small Group Homes</b>	<b>Small Group Homes</b>	<b>Large Group Homes</b>
Resident Capacity	1-6	12 or less	12 or less	13-20
Evacuation plan with written procedures must be in place in case of fire, medical emergency, or severe weather emergency.	<b>Required</b>	<b>Required</b>	<b>Required</b>	<b>Required</b>
If there is a resident who requires special assistance, that resident must be identified in the written plan.	<b>Required</b>	<b>Required</b>	<b>Required</b>	<b>Required</b>
Emergency and evacuation plans must be prominently posted in the home.	<b>Required</b>	<b>Required</b>	<b>Required</b>	<b>Required</b>
A floor plan specifying evacuation routes as well as the current route to follow in case of a fire must be prominently posted in the home.	Best Practice	Best Practice	<b>Required</b>	<b>Required</b>
A telephone must be available and accessible in the home. Next to the phone must be a list of emergency numbers such as police, fire, EMS, physician, and health agency. In addition, guardian numbers should be available for staff access.	<b>Required</b>	<b>Required</b>	<b>Required</b>	<b>Required</b>
Fire drills will be conducted four times per year. Two of the four fire drills must be during sleeping hours. A record of fire drills will be placed with the evacuation plan.	<b>Required</b>	<b>Required</b>	Does Not Apply	Does Not Apply
Emergency and evacuation procedures will be conducted during daytime, evening, and sleeping hours at least once per quarter. A record of the practices will be available for department review.	Does Not Apply	Does Not Apply	<b>Required</b>	<b>Required</b>
Each resident, staff member, household member, and volunteer will be familiar with the emergency and evacuation plan.	Best Practice	Best Practice	<b>Required</b>	<b>Required</b>
Emergency transportation will be assured using a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.	Does Not Apply	Does Not Apply	<b>Required</b>	<b>Required</b>

Full emergency preparedness rules by facility type:

- For family homes with one to six residents:  
[Admin Code family homes](#)
- Adult Foster Care Small Group Homes (12 or less):  
[Admin Code AFC 12 or less](#)
- Adult Foster Care Family Homes Licensing Rules (12 or less)  
[AFC Licensing Rules 12 residents or less](#)
- Adult Foster Care Large Group Homes (13-20) Licensing Rules [AFC Licensing 13-20 Residents](#)

## **HIPAA Considerations**

During emergent situations, the decision to share private patient/resident health care information is difficult. To ensure that there is continuity of care there may be situations where it is necessary to waive Health Insurance Portability and Accountability Act (HIPAA) during an emergency.

If the President declares an emergency or disaster and the Secretary of Health and Human Services (HHS) declares a public health emergency, the Secretary may waive sanctions and penalties against a facility that does not comply with certain provisions of the HIPAA Privacy Rule.

**Caution: To confirm status of HIPAA and how to proceed with this information for residents, contact Health and Human Services (HHS) Office for Civil Rights at (800) 368-1019, TDD toll-free: (800) 537-7697, or by emailing [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov).**

## PREPARE TO MAKE THE PLAN

When creating an emergency plan, keep in mind some basic assumptions:

1. Depending on the emergency, local services may not be able to help for three or more days.
2. Cell towers could be knocked out, rendering cell phones useless. Cell towers can be out for extended periods and/or days. If electricity is out cordless phones may be unusable. If phones do work, local circuits may be busy, making outside calls difficult. It may be easier to reach someone out of the area (maybe even in another state) than to reach someone in the same city. Plan at least two ways to communicate with staff and others. Make sure this plan details the backup phone system.
3. Power outages are common during many natural disasters and may occur in a localized fashion, due to an accident or other cause. An extended outage may have especially serious implications for residents who use life-sustaining equipment or rely on refrigerated medications. A power outage will also impact communications, as cellular and portable phones become useless. **Consider purchasing a home generator to support each facility when feasible or know how access a generator on loan in an emergency.**
4. Many shelters are designed for the public at large. They do not typically provide for special dietary needs or for people with special needs. Sheltering options, including special kinds of shelters, are discussed on [pg. 16 – Evacuation](#).
5. Include and maintain an up-to-date list of phone numbers for residents' family or guardians and include within the [Emergency Contact List](#).
6. Even with a comprehensive plan, situations change based on the type and scale of the emergency. Plan to be flexible and resourceful.
7. Hospitals will likely be overwhelmed during an emergency. Planning for residents will help ensure their safety and help prevent a surge with EMS agencies and at the hospital.
8. Be sure to plan for facility pets as well as residents.
9. Check expiration dates of batteries, at least annually.

### Drills

Practicing drills within the emergency preparedness plan can help reveal things that may have been overlooked or might work better.

#### For example:

1. Practice fire drills.
2. Use only emergency supplies for care and feeding for a weekend.



3. Test the phone tree monthly and update monthly.

4. Verbally walk through the steps of contacting potential evacuation sites and arranging transportation for current residents.
5. Include local emergency management numbers on all contact sheets. Have conversations with them about each home and what may be needed during an emergency.
6. Contact the Emergency Preparedness Coordinator at the local health department to discuss opportunities for each home to participate in any upcoming exercises.
7. Participate in the Regional Healthcare Coalition monthly meetings.

### **Assess disasters likely to occur in the area**

Below are some natural disasters and emergencies that are likely to happen in Michigan. For each event, rank how likely it is to occur (one being the least likely to occur and 10 being the most likely to occur) and how it would impact the facility (one being a low impact to the facility/residents and 10 being high impact to the facility/residents). Include any resources to assist with helping the facility. Add any other disasters that might occur in the community. Think about how each might affect the usual evacuation route and the ability of staff and suppliers to reach the facility.

<b>Hazard</b>	<b>Likelihood to Occur</b>	<b>Impact on Facility Residents</b>
Wildfire		
Flood		
House fire		
Severe summer weather (e.g., extreme heat, tornado torrential rain)		
Severe winter weather (e.g., blizzard, extreme cold, ice and sleet)		
Hazardous material spill (e.g., freeway accessibility, location to business)		
Pandemic or disease outbreak		
Civil disturbance or episodes of violence (e.g., shooting, bomb threat)		

## CHAIN OF COMMAND

During an emergency, it is important for staff, residents, and first responders to know who oversees the facility. Develop a line of succession. First, write down who is in “command,” then think about who would be in charge if that person could not act. Ideally, write down the primary command person and two substitutes.

When possible, have two phone numbers for each point of contact. This list should also contain tasks for the facility and how to divide up responsibilities if there are one, two, or more people involved. Assign every task so nothing gets missed in the rush.

Use the [emergency resource contact list](#) and add other staff and their numbers specific to the facility when needed.

## COMMUNICATION PLAN

**Establish communication plans with necessary phone numbers/fax/e-mail addresses and post in easy-to-access locations.**

1. When feasible, have at least one landline in the facility.
2. Cell phone numbers of all management and staff should be included in phone list.
  - a. Identify an emergency contact outside the area.
3. Identify Local Emergency Management.
4. Have a list of phone numbers for residents’ family or guardians.
5. Post emergency contacts where they are easily accessible. Staff should know where to find them.
6. If the facility is part of a corporation, clarify corporate communication requirements.
7. Plan to keep residents and staff informed.
8. Plan to keep residents’ families/guardians informed.

## SHELTER IN PLACE

When an emergency occurs, whether big or small, there are two response options: either shelter in place or evacuate.

**Sheltering in place** means staying in the facility to wait out an emergency. Sometimes, the facility is the safest place to be. When deciding whether it is safe to stay in the facility, consider the following things:

- How long will the emergency conditions last?
- Is it possible to safely get out of the facility if it becomes necessary to evacuate?
- Is the facility structurally safe to stay in?
- Can staff and suppliers access the facility?
- Is there a plan in case vital services are interrupted, such as power, water, or telephone?
- Are there supplies available to care for staff and residents?
- What is the best option for those in the care of the facility?

### Shelter in place

1. Keep on hand enough shelf-stable food plus a gallon of water per day per person (residents, staff, and pets) to survive for at least three days. These items must be rotated periodically <https://www.ready.gov/kit>.
2. Make special plans for residents who require electricity for life-support.
3. Keep extra quantities on hand of essential medical, incontinence, and other necessary supplies that residents need, including cylinders of oxygen for residents who normally use concentrators.
4. Make special plans for residents who have medically modified diets.
  - What kinds of special dietary items need to be stored?
  - How are pureed or other specialty diets managed?
  - Do they require refrigeration?
  - Do they need to be rotated more often than other supplies?
  - Is there an updated standing dietary order from the physician on file?
5. Have a battery-operated or crank radio and several flashlights. Keep fresh batteries on hand. Check expiration dates of batteries, at least annually.
6. Write out the communication plan if the phones are out. Create a list that is specific to the facility and community. Make sure to add important numbers such as residents' families or guardians, local emergency management, local public health department, infectious disease, and the state licensing agency. Make sure everyone knows where to access the list in case of emergency
  - **Always call 911 if staff and residents may be in danger.**

- If feasible have at least one land line in the facility that is not portable and dependent on electricity.
  - Remember that long distance phone service often remains active after local service is lost. Have an out-of-the-area contact identified.
  - Report the incident as directed to licensing agency based on the scope of the incident.
  - The plan must include an option to contact family members or guardians of residents. They may wish to pick up their loved-one from the facility.
7. Maintain constant contact with resident families to ensure they know what is happening during the entire emergency response. This should be done whether sheltering in place or evacuating residents.
  8. The emergency plan should include ways to address communicable diseases which includes stocking up on personal protective equipment (PPE) such as: masks, gowns, gloves, goggles/face shields, and disinfectant.
  9. If there is capacity and willingness to take additional residents, let local Emergency Management know at the time of the emergency.

Once preparations have been made to stay in the facility for three days, begin to store enough items for a longer period. Some disasters may require staying in the facility for longer than three days, or there may be a lack of vital services for a longer period of time. For example, after snowstorm or ice storm the facility may be safe but may be without power or water for weeks. During a pandemic, staff and residents may not want to leave the facility. Vital services, such as staffing agencies, may not be able to assist if workers get sick. As such, each facility should have a contingency plan in place for staffing.

### **Considerations when sheltering in place**

Is there sufficient food, water, and supplies in the facility to last three days if there is a need to shelter in place?

If the answer is no:

1. How many people are normally in the facility on a given day? (Include residents, staff and family members who live there.)
2. What day of the week/month are normal food and supplies at their lowest point? Thinking of that level of supply, what additional canned goods and supplies should be put aside to always have three days' worth on hand?
3. What other supplies must be on hand? Consider paper goods if there is not access to water, incontinence supplies, hand sanitizer, other sanitizing supplies, and other daily needs of the facility and the residents. If residents require oxygen concentrators, keep extra oxygen cylinders on hand.

4. While gathering emergency supplies, consider each resident individually. In addition, consider each necessary activity such as toileting needs, medication and feeding assistance, and behavioral plans. Each resident may already have an individualized service plan containing this information.

## **Food**

1. Add a manual can opener, cooking and eating utensils, and basic food seasonings.
2. Remember to store special dietary items for residents. If items are expensive, consider asking the resident's family members or guardians for assistance in purchasing them. Be sure to pay special attention to rotating these items so none are wasted.
3. Do not forget pets and service animals! Store canned and dry pet food along with an extra collar and leash. Be sure to include food and water bowls.

Further reading:

- FEMA *Food and water in an emergency* (URL: <https://www.fema.gov/pdf/library/f&web.pdf>)
- *Build a Kit* (URL: <https://www.ready.gov/kit>)
- Mayo Clinic, *Emergency planning with a three day meal plan* (URL: <https://newsnetwork.mayoclinic.org/discussion/emergency-planning-with-three-day-meal-plan/>)

## **Water**

1. Be sure to store the water in a way that is easy; there is difficulty lifting heavy items, store water in smaller containers that are easier to handle.
2. Plan on at least one gallon of water per resident, and staff person day. If there are residents with special dietary needs, be sure to include special items with the extra food for the facility.
3. Don't forget about the water for pets within the home.
4. Learn how to remove water from hot water heater. Be sure to turn off the gas or electricity to the tank before draining off the water for emergency use.

Further reading:

- CDC, *Creating and storing a three day water supply* (URL: <https://www.cdc.gov/healthywater/emergency/creating-storing-emergency-water-supply.html>)
- *Build a Kit* (URL: <https://www.ready.gov/kit>)

## **Mental health resources for residents and staff**

To ensure residents and staff have resources to address their well-being during an emergency, the following resources are suggested:

- [MDHHS - Community Mental Health Services](#)
- [Community Mental Health Association of Michigan Directory](#)
- [Community Mental Health Association of Michigan](#)
- [Coronavirus - Mental Health Resources](#) (Michigan's Stay Well Helpline)
- [SAMHSA Home Page](#)
- [SAMHSA Resource Center](#)
- [SAMSHA Disaster Technical Assistance Center](#)

### **Assembling a first aid kit**

- Red Cross, [First Aid Kits](https://www.redcross.org/get-help/how-to-prepare-for-emergencies/anatomy-of-a-first-aid-kit.html) (URL: <https://www.redcross.org/get-help/how-to-prepare-for-emergencies/anatomy-of-a-first-aid-kit.html>)

### **Staffing**

Will an adequate number of staff be in the facility during an emergency? Depending on the staffing, needs may change based on the day and time the emergency occurs.

1. What is the minimum number of staff needed to safely maintain the residents and facility?
2. Who would be able to work?
  - a. Who thinks they would/could not be available to work?
  - b. Are there steps to assist those people to be able to work?
3. Who is available for emergency backup for staff?
4. Use time at regular staff meetings to share resources about family emergency preparedness. Talk to staff about emergency planning in case they are called in during an emergency. What will that look like for their family? If they are unable to come into work what will that mean for the facility and what are the expectations?
5. Is there a plan to ensure the continued safety of residents and staff?
  - a. Someone must be tasked to stay updated on the status of the emergency. They must know how to alert management if the status changes. They must know how to gather information regarding emergency phone numbers as well as the locations of shelters as they are opened.
  - b. If management is not on site at the time of the event, a chain of command has been established, so someone is in charge and others know to respect their decisions.

### **Resident special needs**

Has adequate planning been taken for the special needs of residents?

1. If there is a resident on a ventilator, purchase a back-up generator and safely store fuel to run it for three days or until the person can be evacuated.
2. If the plans call for specialized transport, a transportation provider should be put

on alert as soon as possible.

3. The receiving hospital or nursing home should immediately be put on alert.



## Extended Sheltering in Place/Pandemic Considerations

Many professionals in emergency management recommend that everyone be prepared to shelter in place for longer than three days. Some also recommend a month or more of essential supplies. Plan for as long as realistically possible based on location and circumstances. Winter storms can result in trees and limbs across many roads, heavy snow, or major flooding. Many natural disasters result in a power outage or disruption of other essential services for an extended period.

Ask the facility pharmacist about the pharmacy's plan to continue providing prescription medications under extended emergency situations for each resident. If residents receive oxygen or other supplies and equipment from a medical equipment provider, ask them about their plan to continue deliveries if roads or power are out.

During an incident, illness may affect suppliers, staff, and residents. Plan for what to do if management or staff are ill for 1-2 weeks. As people become ill throughout the community, absenteeism increases. The products and services that are normally purchased may not be available in the same quantity, may not arrive on schedule or may not be available at all. Keeping essential supplies on hand to last as long as possible is strongly advisable. Make a list of alternate places to get essential supplies.

Think about the specific supplies and materials to stock to prevent the spread of influenza or respiratory illness in the home. Tissues, waterless hand sanitizer, plenty of soap, paper towels, gloves and masks will go a long way towards helping to stop or slow the spread of illness. Depending on what can be stored and what is available during a pandemic, it may be easier to use disposable supplies such as plastic silverware and paper plates for residents that are ill. Think about what would work best for the facility (disinfection or disposable supplies) and plan accordingly. **Remember, careful and frequent hand washing is essential.**

By studying past pandemics, experts have found that limiting contact with others is the best way to slow the spread of disease. This is called "social distancing." It is recommended to limit contact with other people as much as possible. If it is necessary, it is recommended to try to maintain three to six feet between people.

1. Limit potential exposure by limiting the number of people that encounter staff and residents. This includes visitors to the home and excursions out of the home.
2. List the critical suppliers and vendors who provide goods and services that are needed to operate on a daily/weekly/monthly basis. List other vendors to use as an alternate supply option.

## EVACUATION

A second option to consider during an emergency is evacuation.

### **Evacuation to Another Location (e.g, a neighboring facility, hotel, shelter, or designated location)**

It is important to plan for where staff and residents will go and how they will be transported if evacuation is necessary. If there are residents with special needs, contact the local emergency management in advance to discuss general population and special needs sheltering. In addition, it may be beneficial to talk to other facilities in the area to see if they can accept additional residents in case evacuation is necessary. Having more than one option for evacuation is very important.

If transportation assistance is needed, contact transportation providers, family, and friends and other large providers in the area to see if they can assist. Again, having more than one option is very important.

### **Transport of residents to other facilities as appropriate that includes pre-designated guardianship approval should be identified for each resident.**

While making agreements with others regarding transportation and sheltering, determine whether arrangements with others for this same service have previously been made in the case of a widespread disaster, many facilities could all be counting on the same resource.

When making an evacuation plan, consider the following:

- Will there be a need for special transportation to accommodate residents' disabilities? Who provides it? Make sure there are at least two options for transportation. If possible, pre-arrange with the provider(s)? Keep phone numbers on an emergency checklist.
- Pre-arrange a neighborhood solution, a solution across town and one out of the county, depending on the scale of the emergency.
- Solutions could be a similar home, a larger Assisted Living Facility, an apartment, or a motel, if appropriate. *Reminder that any licensed facility receiving residents cannot exceed its capacity and resident placement is temporary due to capacity increase.* Make formal or informal agreements with those sites and include contact information.
- General population shelters do not typically take persons with special needs. Check with the local Red Cross chapter to find out which residents can go to a general population shelter. Find out what other accommodations Red Cross will make if there are residents that cannot go to a general population shelter.

- Consider how residents who have special adaptive or medical equipment will be evacuated. Plan to gather and take residents' medications, oxygen supply, medical supplies, incontinence supplies, etc.
- Plan to take a change of clothing (including warm outer clothing in cold weather) and personal hygiene items for each resident.
- Plan to take the important records of residents, such as medical records, care plans and emergency phone numbers of family members/guardians.
- Identify important personal and business documents that would need to be transported. Store them for easy access and list the locations on the emergency checklist.
- Ensure resident has identification that includes information about how to contact staff, management, or administration in case they become separated from people who know them. **This is especially important if residents have difficulty with communication in a stressful situation or due to disability.**
- Keep a tracking log of where each resident is transported, who transported them, the time and date they left, and when they arrived at their destination.
- Communicate the intended destination of each resident to the state or federal licensing office such as but not limited to: Licensing and regulatory affairs (LARA), Area Agencies on Aging (AAA), Community Mental Health (CMH), Medicaid, and Medicare. Include those contacts in the emergency checklist.
- Contact family members or guardians to let them know where their loved ones are. They may wish to pick up their loved-one and take him/her home.
- Plan to send staff members who are familiar with residents along with them to shelter location(s).
- If possible, learn the process for returning to the facility if it is damaged by the incident. If it is not possible to return to the facility, contact residents' family members/guardians and the regional licensing office for assistance with temporary and/or permanent placing of residents.
- Know how to shut off the utilities (water, gas, etc.) if there is a need to evacuate and be sure staff and other members in the facility have been trained. If possible, include instructions in this plan. Once the gas is turned off, **never** have it turned back on without instructions from the gas company. A trained person needs to do this.
- Due to health concerns, pets are not allowed in Red Cross shelters. Keep a phone list of pet-friendly hotels and animal shelters that are along the evacuation route in case a designated pet shelter is not available. Contact the local humane society or animal shelter to ask if pet emergency shelters will be opened in a disaster.

## ADDITIONAL PLANNING SUGGESTIONS AND COMPONENTS

### “do 1 thing”

The mission of “do 1 thing” is to encourage individuals, families, businesses, and communities to prepare for all hazards and become disaster resilient.

The “do 1 thing” program is a unique step-by-step monthly approach for people to get started preparing for disasters and emergencies. This program is a recognized State of Michigan leader in community preparedness. This step-by-step planning resource can be found at [do1thing.com](https://do1thing.com). Using the “do 1 thing format”, facilities can focus on one emergency preparedness planning aspect each month.

### Planning for Infectious Disease Outbreaks

Infectious diseases can have an impact on day-to-day operations. The following may be of assistance to planning. NOTE: although some of the procedures listed below are specific to COVID-19, the methods for donning and doffing personal protective equipment (PPE) remain universal:

1. Development of a policy for when and how staff should use PPE when working with residents who are suspected or confirmed with an infectious disease.
2. Appropriate use on types of PPE when caring for residents can be found on CDC’s [Using Personal Protective Equipment \(PPE\)](#) page.
3. Specific guidelines to safely use [cloth and surgical face masks](#).
4. [Instruction on appropriate hand hygiene practices](#)  
<https://youtu.be/eZw4Ga3jg3E>
5. How to practice [Social Distancing](#).
6. [Isolation and Quarantine measures](#) as identified for public health.
7. Other healthcare provider resources and recommendations for medical grade COVID 19 PPE resources identified by MDHHS’ Infection Prevention Resource and Assessment Team (IPRAT)
  - <https://youtu.be/H4jQUBAIBrI> for donning (put on)
  - <https://youtu.be/PQxOc13DxvQ> for doffing (take off)
  - Don/doff for extended wear of PPE need new visual
  - MIOSHA information on respiratory protection plan requirements.
  - Resources available for [developmental and behavioral disorders](#), guidance for caregivers [living with people with dementia](#), [older adults](#), and residents with [certain medical disorders](#).
8. Development of a training plan or policy for when and how staff will be trained on use of PPE and social distancing strategies.

9. Development of yearly training strategies for other communicable disease prevention considerations through local health department or the MDHHS Infection Prevention Resource Assessment Team (IPRAT) for staff.
10. Detailed description on how infectious disease cases are reported to the local health department as required.
11. Identification of resources availability defined for use through local public health and the MDHHS IPRAT.

#### **Considerations to Reduce Disease Transmission Within Facilities**

- Gatherings of residents and staff in the home (e.g., mealtimes, entertainment) should be carefully considered and redesigned, as necessary, to reduce prolonged close contact in the home.
- Consider staggering schedules and arranging tables and chairs to be at least 6 feet apart for group activities and meals with infectious disease outbreaks.
- Development of a [cleaning and disinfecting](#) guideline for frequently touched surfaces with [EPA-registered disinfectants](#).
- Residents who use services outside of the home should be encouraged and reminded to practice diligent hand hygiene and practice social distancing (staying at least six feet apart, or as far apart as able) when they return.
- Staff should also be reminded to practice diligent hand hygiene.
- Encourage residents and staff to wear a mask for prevention when in shared spaces or when in close contact with other individuals in the home is likely to occur.
- Additional resources offering guidance related to preparing and managing COVID-19 can be found at [CDC's Living in Shared Housing](#) webpage.
- Communication to resident's information related to COVID-19 and changes related to facility policies and procedures should be provided in an accessible and easy-to-understand format, in an appropriate language, and at a literacy level appropriate for all staff and employees. Examples include [fact sheets and posters](#) and [American Sign Language videos](#).
- Resources for [developmental and behavioral disorders](#), [caregivers living with people with dementia](#), [older adults](#), and residents with [certain medical disorders](#).
- For additional suggestions on ways to reduce disease transmission in group homes, visit CDC: [Guidance for Group Homes for Individuals with Disabilities](#) (URL:[www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html](http://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html)).

## **Cleaning and Disinfecting Considerations**

- Let visitors know about any new policies or procedures within the preparedness plan and how they will impact visits.
- Communicate with staff about any new policies and procedures within the preparedness plan that will impact how they do their work and what to do when sick.

Further reading:

CDC, [\*Cleaning and disinfecting your facility\*](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)

(URL:<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>)

## **FINISHING TOUCHES**

Keeping this information on a computer and in a hard binder ensures that planning resources are in one place and can be accessed by staff at any given point within an emergency.

Should the need arise for any additional planning strategies, reach out to the local health department and work with the Emergency Preparedness Coordinator (EPC) who can assist with ideas for planning elements that will be helpful. There is an EPC in every health department throughout Michigan.

Each county or large jurisdiction has a local emergency manager. They are the first line of defense and will generally coordinate any non-medical response within communities. In addition, the regional Healthcare Coalitions (HCC) are a valuable resource, should the need arise. Creating relationships with the local emergency manager, the Local Health Department (LHD), and the HCC is an important step in emergency planning. Contact each agency with the details of the potential needs of the home/facility during an emergency. Creating these relationships proactively will provide the LHD, Local Emergency Manager, and the HCC an opportunity to become familiar with each facility which will aid in response when an emergency arises.

**PLANNING WORKSHEETS ANNEX**

## On Hand Pandemic Supplies Planning Guide

Item	Amount	Size	Location	Expiration
Gloves				
Masks				
Gowns				
Goggles/face shields				
Paper towels				
Soap				
Hand sanitizer				
Disinfectant wipes				



## Vendor Supplies Planning Tool

For each row, indicate vendor/supplier, vendor type, and alternate vendor

<b>Vendor/Supplier</b>	<b>Vendor Type</b>	<b>Alternate Vendor</b>
(e.g., Meijer, Walmart, CVS)	(e.g., food, medications)	(e.g., Kroger, Rite Aid, Hometown Pharmacy)
(e.g., Health Care Supplier)	(e.g., medical equipment, oxygen)	
Other supplies		

Emergency Supply List Preparation

Food, water, and supplies are stored for \_\_\_\_\_ people. These items are stored in the following locations:

These items will be rotated every \_\_\_\_\_. These items will be rotated at the same time as \_\_\_\_\_ to make it easy to remember.

Special Dietary Items Required

Item	Location

General Emergency Items

Item	Location
Flashlight	
Batteries	
Radio	
Landline (corded phone)	

### Supplies to Assist If the Power Goes Out

Item	Location
Generator	
Batteries	

### Other Emergency Supplies

Item	Location

## Shelter in Place Checklist

- ☐ Review shelter in place plan
- ☐ Review cache of emergency supplies to ensure preparedness for duration of time facility must shelter in place
- ☐ Review individual resident care plans to ensure needs can be met while sheltering in place
- ☐ Notify other staff of the disaster
- ☐ Contact all staff to discuss plans (e.g., come in, work at home)
- ☐ Notify residents of the plan to shelter in place
- ☐ Notify licensing agency
- ☐ Notify residents' families or guardians
- ☐ Decide how to stay informed (e.g., radio, TV); inform staff and residents

## Evacuation Plan

I have \_\_\_\_\_ residents in my care. I have \_\_\_\_\_ family members and \_\_\_\_\_ pets.

If we had to go to a shelter, the following people could stay in a "general population" shelter:

The following people would need to stay in a special needs shelter/accessible shelter:

If my pets cannot go with me, I will take them:

I have checklists of the items I need to bring with me and each person I am responsible for. These checklists are located:

My plan for contacting other staff and family members of my residents to let them know where we have gone is:

## Temporary Housing/Shelter

Potential Evacuation/Temporary Housing Locations I can pre-arrange. I have spoken with them, and we have a  
(choose one): ☐ written ☐ verbal agreement

### Location in my neighborhood:

Facility name	Contact	Address	Phone

### Location across town:

Facility name	Contact	Address	Phone

### Location out of the area:

Facility name	Contact	Address	Phone

## Emergency Transportation

If we must evacuate all residents – State Licensing Agency contact information	
Contact Name:	
Phone Number:	
Personal cars we could count on with short notice and number of seats available, cell phone numbers of drivers.	
Taxi/Transport Companies that know where my home is and know the needs of my residents, phone numbers:	
Name:	Phone:
Name:	Phone:

## Resident Evacuation and Relocation Tracking Log

Facility Name:

Resident Name	Destination	Responsible party who received Resident/ Contact information	Date / Time pick up	Date / Time drop Off	Staff initials who made transfer	Comments

## Resident Evacuation Checklist Planning: Before an Emergency

This checklist can be used to plan for each person to plan for essential items to take when evacuating. In addition to the supplies listed below, add anything else that might be needed in case of a hurried evacuation.

**Resident's Name:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

**Alternate Emergency Contact:** \_\_\_\_\_

Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

<input type="checkbox"/>	Medications (list)	<input type="checkbox"/>	Insurance information
<input type="checkbox"/>		<input type="checkbox"/>	Important phone numbers
<input type="checkbox"/>		<input type="checkbox"/>	Identification
<input type="checkbox"/>		<input type="checkbox"/>	Cell phone
<input type="checkbox"/>		<input type="checkbox"/>	Other important papers
<input type="checkbox"/>		<input type="checkbox"/>	Special dietary items
<input type="checkbox"/>		<input type="checkbox"/>	Several changes of clothes
<input type="checkbox"/>		<input type="checkbox"/>	Mobility Device
<input type="checkbox"/>		<input type="checkbox"/>	Oxygen
<input type="checkbox"/>		<input type="checkbox"/>	Sanitary supplies
<input type="checkbox"/>		<input type="checkbox"/>	Personal care or feeding equipment
<input type="checkbox"/>	Glasses	<input type="checkbox"/>	Water
<input type="checkbox"/>	Hearing aids	<input type="checkbox"/>	Snacks
<input type="checkbox"/>	Dentures	<input type="checkbox"/>	Copies of prescriptions
<input type="checkbox"/>	Cane	<input type="checkbox"/>	Medical records
<input type="checkbox"/>		<input type="checkbox"/>	



Behavioral issues that may impact the ability to transport, re-house or shelter this individual under emergency conditions:

Other considerations for resident:

Residents Requested Items:

Reviewed and updated with resident and/or guardian-DATE: \_\_\_\_\_

Keep a photocopy of this sheet within resident's care folder. Update and replace annually.

# FACE SHEET: RESIDENT EVACUATION

Resident name:	
Date of birth:	Medical Record #:
Physician:	Admission Date:
Allergies:	
Guardian/other surrogate decision maker? <b>Yes</b> <b>No</b> (if yes, list as primary emergency contact below)	

	Name	Phone	Alternate Phone	Notification Restrictions
<b>Emergency Contact Primary</b>				
<b>Emergency Contact Secondary</b>				

## FUNCTIONAL STATUS (please check)

### Ambulation

	Independent
	Independent, assisted
	Cane, walker, wheelchair
	Confined to bed or chair

### Toileting

	Independent
	Dependent

### Dietary

	Supervision
	Assisted
	Special diet
	Mech soft
	Fluid restrictions

### Bathing

	Supervision
	Assisted

## COMMUNICATION

	Follows verbal instructions
	Visual impairment
	Hearing impairment

## COGNITIVE OR BEHAVIORAL NEEDS:

--

## ISOLATION PRECAUTIONS

	Contact
	Droplet
	Airborne
	Standard

## ADVANCED DIRECTIVES

(Code status)

## OTHER SPECIAL CARE NEEDS

# CHECKLIST: FOR RESIDENT EVACUATION

	Initials
<input type="checkbox"/> Face sheet with current emergency contact information	
<input type="checkbox"/> History and physical needs	
<input type="checkbox"/> Medication and treatment administration record	
<input type="checkbox"/> Advance directive / preferred intensity of care	
<input type="checkbox"/> Care plan and discharge note	
<input type="checkbox"/> Disaster ID tag with picture, ID information and medical alerts	
<input type="checkbox"/> Medications	
<input type="checkbox"/> Essential medical supplies and equipment (e.g., tracheotomy, colostomy, O2, glucose monitoring)	
<input type="checkbox"/> Nutritional supplies of special diet	
<input type="checkbox"/> Wheelchair / Walker	
<input type="checkbox"/> Denture / Eyeglasses / Hearing Aids / Prosthesis	
<input type="checkbox"/> Change(s) of clothing in bag labeled with resident's name	
<input type="checkbox"/> Incontinence supplies	
<input type="checkbox"/> Other supplies/equipment (required or requested by resident):	

## Employee Emergency Preparedness Training Plan

EMPLOYEE: \_\_\_\_\_

DATE OF TRAINING: \_\_\_\_\_

- ☐ Internal Alarm Notification
- ☐ Evacuation/Re-entry Procedures/Assembly Point Locations
- ☐ Emergency Incident Reporting
- ☐ External Emergency Response Notification
- ☐ Location and Contents of Emergency Response Plan
- ☐ Facility Evacuation Drills
- ☐ Safe Methods for Handling and Disposal of Hazardous Materials
- ☐ Locations and Proper Use of Fire Extinguishers
- ☐ Proper Use of Personnel Protective Equipment

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Emergency Contact List

## STAFF

Contact Name

Phone

Alternate Phone

## STAFF

Contact Name

Phone

Alternate Phone

## STAFF

Contact Name

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Alternate Phone

## STAFF

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# Emergency Contact List

## RESIDENT'S FAMILY

Contact Name

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Alternate Phone

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# Emergency Contact List

## REGIONAL LICENSING AGENCY

Contact Name

Phone

Alternate Phone

## OUT OF STATE CONTACT

Contact Name

Phone

Alternate Phone

## STATE LICENSING AGENCY

Contact Name

Phone

Alternate Phone

## LOCAL EMERGENCY MANAGEMENT

Contact Name

Phone

Alternate Phone

## PHYSICIAN

Contact Name

Phone

Alternate Phone

## LOCAL HEALTH DEPARTMENT COMMUNICABLE DISEASE

Contact Name

Phone

Alternate Phone

## EMERGENCY SERVICES

Police/Ambulance: **911**

Fire Department:

Poison Control:

## LOCAL SERVICES

Gas Company:

Electric Company:

Water Company:

## NATIONAL WEATHER SERVICE

Contact Name

Phone

Alternate Phone

## MENTAL HEALTH SERVICES

Contact Name

Phone

Alternate Phone