

## SUPPLEMENTAL EMERGENCY DISASTER PLAN FOR RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

### INSTRUCTIONS:

*Make available to emergency responders, and upon request, to residents on-site. Information should be up to date at all times. Licensees may post a copy, with the LIC 610E, in a prominent location in facility, near telephone. Licensees are required to have an emergency plan that includes elements on this form. This form is provided as a courtesy to licensees.*

Name Of Facility			Administrator Of Facility	
Street Address	City	State	Zip Code	Telephone Number
Fax Number		Cell Phone Number		

### I. FACILITY STAFF WILL OBSERVE THE FOLLOWING EVACUATION PROCEDURES:


*Note: If evacuation location is on-site, licensee may include location(s) on Facility Sketch (LIC 999).*

### II. IF EVACUATING, FACILITY STAFF WILL ARRANGE FOR TRANSPORTATION, INCLUDING COMMUNICATING WITH EMERGENCY PERSONNEL AND ACCESSING INFORMATION NECESSARY TO CHECK THE EMERGENCY ROUTES, IN THE FOLLOWING WAYS:


### III. FACILITY STAFF WILL PREPARE FACILITY TO BE SELF-RELIANT FOR A PERIOD OF NOT LESS THAN 72 HOURS IMMEDIATELY FOLLOWING ANY EMERGENCY OR DISASTER, INCLUDING, BUT NOT LIMITED TO, A LONG-TERM POWER FAILURE, IN THE FOLLOWING WAYS:


*Note: If evacuation location is on-site, licensee may include location(s) on Facility Sketch (LIC 999).*

**IV. THE FOLLOWING FACILITY PROCEDURES ARE IN PLACE TO ADDRESS:****a) PROVISION OF EMERGENCY POWER (COULD INCLUDE IDENTIFYING SUPPLIERS OF BACK-UP GENERATORS):**

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*Note: If back-up generator is on-site, licensee may include location on Facility Sketch (LIC 999).*

**b) INDIVIDUAL RESIDENTS' NEEDS IN THE EVENT THAT EMERGENCY CALL BUTTONS ARE INOPERABLE:**

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**c) COMMUNICATION WITH RESIDENTS, FAMILIES, HOSPICE PROVIDERS, AND OTHERS:**

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**d) ASSISTANCE WITH, AND ADMINISTRATION OF, MEDICATIONS:**

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**e) STORAGE AND PRESERVATION OF MEDICATIONS:**

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**f) OPERATION OF ASSISTIVE MEDICAL DEVICES THAT NEED ELECTRIC POWER FOR THEIR OPERATION, INCLUDING, BUT NOT LIMITED TO, OXYGEN EQUIPMENT AND WHEELCHAIRS:**

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**g) PROCESS TO IDENTIFY AND RESPOND TO RESIDENTS WITH SPECIAL NEEDS, SUCH AS HOSPICE:**

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DATE: \_\_\_\_\_