



## Emergency Preparedness Plan Checklist for Foster Care Homes

Licensing/Certification		Notes	Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Training documentation</b> available for all caregivers.	<p>Documentation of EP training for all caregivers is required within 30 days of employment, including staff name, date training completed and caregiver signature. Must include the caregiver's assigned duties during an emergency.</p> <p>Updates required when a significant change in the home occurs, including change in household composition. <i>(Example: increase in capacity, significant change in individual care needs, such as loss of ambulation.)</i></p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Updates documented</b>	<p>The EP plan must be practiced at least annually from date of initial completion. Documentation of the annual review must be present including date of review, participants, method of review and outcome of exercise. Examples are: staff demonstrating actions that are part of the plan such as turning off natural gas, starting a generator, locating emergency supplies <i>(flashlights/light sources, food, water)</i> and demonstrating ability to follow protocols per EP for evacuation.</p> <p>This can include discussion or role playing around a theoretical exercise, such as a natural disaster.</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Reviewed annually</b>		

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**Notes**

**Comments**

<input type="checkbox"/> Yes <input type="checkbox"/> No	There is a clear <i>communication plan</i> .	Staff has clear direction about who they are to contact in the event of an emergency. This includes instruction to contact the CDDP. Requested family members/guardians are on the list.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The plan <i>addresses all events likely to happen in the area</i> .	At a minimum, this must include earthquake, fires and pandemic. For areas known for extreme weather, this should include weather-related events ( <i>wind, flood, freeze etc</i> ). For homes in the inundation zone, this includes tsunamis.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The plan addresses lack of <i>caregiver availability</i> .	In the event of an emergency, caregivers may not show up to provide care. Plan should address how provider will meet the needs of the individuals should this occur. This can include having on-call staff, or a plan for individuals to stay with family as appropriate.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The plan takes into account <i>the unique needs of the individuals</i> in the foster home.	Individual emergency information should consider the unique needs of the individual including such things as, physical care needs ( <i>positioning, mobility, hearing/sight impairment</i> ), ability to communicate and follow directions, personal identifying characteristics and a method for identifying the individual ( <i>a recent photo is acceptable</i> ), behavior support needs, equipment needs, special medical considerations.  The plan is updated if needs have changed significantly.	

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Yes  No

Plan is coordinated with each applicable day program.

The plan includes coordination with each applicable employment, alternative to employment and educational program to address the possibility of an emergency during day program hours.

Example for consideration: Does the program expect the foster provider to pick the individual up?

Documentation could be notes or minutes from conversations or meetings with the appropriate program about their emergency plans. ISP/IEP documents are also acceptable. This should include the date of the discussion/meeting, names of participants, content of discussion and agreed upon plan.

Yes  No

Individual(s) who access the community independently has received information on the appropriate steps to take in an emergency.

This should include emergency contact numbers, and how and when to contact 911 and other strategies to obtain assistance.

Documentation of this can be in the individuals ISP, IEP and/or progress notes, noting date, discussion, participants, and includes a plan for the individual. Example: A laminated card with emergency information is maintained by the individual.

**Plan for sheltering in place**

Yes  No

The home has sufficient water for all occupants (including caregivers) to shelter in place for a minimum of three days.

This includes at least one gallon of safe water for each individual (including caregivers) and animals available per day. More may be required if there are unique needs for sanitation, medical equipment, etc.

Plan assumes the foster home does not have access to water.

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**Notes**

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<input type="checkbox"/> Yes <input type="checkbox"/> No	The plan has <b>sufficient food</b> for all occupants ( <i>including caregivers</i> ) for a minimum of three days.	Plan assumes that food supply is otherwise exhausted.  If any of the food is canned, a can opener is available, there is a plan to cook and prepare foods ( <i>including modified textures</i> ) assuming utilities are not available, food is labeled and within expiration date. Home canned foods must meet the standards of the Oregon Extension Service. If any food requires refrigeration, the plan addresses how to keep food safe and uncontaminated.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	At all times each individual has at least a 3 day supply of <b>essential medications, medical supplies and equipment</b> .		
<input type="checkbox"/> Yes <input type="checkbox"/> No	There is an adequate amount of <b>sanitary supplies</b> for all occupants ( <i>including caregivers</i> ).	Items may include incontinence supplies, hand soap/Purell, bathroom tissue, personal care items.  A plan for alternate use of bathroom facilities should they not be operational ( <i>example: unable to flush</i> ), including how to safely contain human waste.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	There are appropriate <b>infection control supplies</b> .	This includes bleach, gloves, plastic bags, sharps containers and other barriers to the spread of germs.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	There is a method for maintaining <b>temperature control for individuals</b> in extreme hot or cold weather.	Plan assumes no access to utilities. Plan may include alternate heating/cooling source, strategies for staff to implement which may include the operation of a generator if applicable.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	There is a method for safe <b>lighting</b> in the event of a power outage.	Flashlights must be available with working and back up battery supply.	

## Plan for relocation

<input type="checkbox"/> Yes <input type="checkbox"/> No	The plan includes <i>evacuation of necessary medication, medical equipment and supplies</i> , to meet the needs of each individual.	Medical records including MARs, individual emergency information and summary sheet, and other critical items required for the health and safety needs of each individual.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The plan has a method for <i>identifying individuals</i> .	This can include personal identification, and must include the individual's name, and the location of their home.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	There is a minimum of one <i>relocation site</i> .	If the plan is a general use community shelter such as the Red Cross or other agency, there must be written documentation with the shelter regarding their ability to meet the individual's needs in those shelters. <i>The Red Cross has indicated they cannot meet the needs of someone who requires care.</i> Alternate plans may be the utilization of available capacity at another foster care home, hotel, relocating to family members, or care givers homes temporarily. The relocation plan must be addressed in the individual's ISP, and there must be a written agreement between the alternate caregiver, or relocation site.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	There is a plan for <i>transportation</i> of individuals during relocation.	Including plan for all alternate transportation providers including name, phone number.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The plan includes a method of <i>tracking the physical location of individuals</i> until someone else assumes responsibility of them.	This can be directions to call a specific contact at certain times from an identified location.  Plan should also address the locations of individuals who relocate with alternate providers and a method for checking in with the licensed or certified provider.  Plan must address the notification to the CDDP and guardians of relocation of individuals.	

**Additional comments:**