

*Sample
Emergency Plan for
Assisted Living Facilities*

FACILITY NAME

ADDRESS

PHONE

I. INTRODUCTION

Healthcare practices are not immune to emergencies. Many factors can cause or lead to an emergency, including an accident, a medical event, trauma, a natural disaster, or an act of violence. These events can occur in healthcare practices just like they can happen in any other environment. With proper planning and training for emergency situations, healthcare providers and staff can minimize risks and potentially prevent adverse outcomes

A. **Facility name** is licensed for # residents. The types of residents we care for are **(memory care, elderly, traumatic brain injury)**.

Emergency contact.....

B. Organization Chart (Succession Chart Attached)

II. REFERENCES

This emergency management plan was developed in accordance with the requirements for assisted living facilities as set forth in IDAPA 16.03.22 *Residential Care or Assisted Living Facilities in Idaho*.

III. PREPAREDNESS AND RESPONSE

Facility name is vulnerable to fire, explosion, flood, earthquake, high wind, or other emergencies **(explain other emergencies)** Examples Below

Natural Disasters	Technological Disasters	Other Disasters
Fire both internal and external	Bomb Threats	Missing Residents
Explosion	Utility Outages	Pandemic Influenza
Severe Thunderstorms	Electric Power Failure	COVID-19
Tornado	Water Main Break	
Flooding	Hazardous Materials	
Winter Storms	Civil Disturbances	
Earthquakes	Armed Intruder	

IV: NOTIFICATION PLAN

- A. Key staff will be notified by telephone or by messenger
- B. Primary/alternate facilities will be notified by telephone when possible or by messenger
- C. Families of residents will be notified by telephone after arrival at primary/alternate facilities 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 relocation.

V. EVACUATION PLAN

- A. The person in charge will be responsible for implementing the evacuation procedures.
- B. Transportation arrangements will be implemented as follows:
 - 1. All residents will travel in Bus, Van, Car, Train, Airplane
 - 2. Records, medication, food, water and other resources
- C. To evacuate all residents from facility to the primary relocation facility will take approximately ____ minutes, a distance of about ____ miles.
- D. To evacuate all residents from facility to the alternate relocation facility will take approximately ____ minutes, a distance of about ____ miles

VI. EVACUATION ROUTE MAP

- A. Attached is a map of the evacuation routes to primary shelter.
- B. Attached is a map of the evacuation routes to alternate shelter.

SAMPLE

Mutual Agreement or Statement of Understanding Between Facility and Primary/Alternate Facilities (Support Agencies)

This agreement is to provide a pre-arranged shelter as needed in case of an emergency evacuation of residents and staff from (name of facility). This shelter provides adequate space for all residents and staff until the facility can be re-occupied.

The "support agency" (name) agrees to provide emergency shelter during the time of a disaster

Name of Facility:	Relocation Facility
Address	Address
Phone	Phone
Signature	Signature
Date	Date

The "support agency" (name) agrees to provide emergency shelter during the time of a disaster

Name of Facility	Relocation Facility
Address	Address
Phone	Phone
Signature	Signature
Date	Date