

# COMPREHENSIVE AGENCY PLAN FOR EMERGENCIES (CAPE)

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This document provides an outline of issues for you to consider in developing your emergency response plan for disasters. It is not intended to limit or exclude other information that you may decide to include in order to address other arrangements that have been made for emergency preparedness. It is recommended that you review your plans with the emergency management officials in your local jurisdiction for additional guidance. Copyright permission is granted for agency use, provided the author's name is cited in the final document.

<b>Action:</b>	<b>Addressed in Plan:</b>		
	Not Started	In Progress	Completed
<b>I. INTRODUCTION</b>			
A. Provide a brief introduction to the plan which describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process.			
B. Provide the following agency information:			
1. Name of agency, address, telephone number, emergency contact telephone number and pager number if available, email address, fax number, and type of agency.			
2. Address and telephone number and contact person for			
a. Agency licensee, and			
b. Building owner/ landlord, if different from licensee.			
3. Year facility was built, type of construction, and date of any subsequent construction.			
4. Name, address, work/home/cell telephone numbers of:			
a. Agency administrator,			
b. Alternate administrator/ designee,			
c. Person implementing the provisions of this plan, if different from the administrator/ alternate administrator, and			
d. Person(s) who developed this plan.			
5. Provide an organizational chart, including phone/ cell numbers, with key management positions identified.			
C. Provide site specific information concerning the agency to include:			
1. Number of agency beds, maximum number of residents on site, average number of residents on site.			
2. Type of residents served by the agency to include, but not limited to:			

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a. Residents with Alzheimer Disease. b. Residents requiring special equipment or other special care, such as I.V.'s, oxygen or dialysis. c. Number of residents who are self-sufficient. d. Other characteristics requiring consideration. 3. Number and type of clients or consumers served who are not residents.			
D. Identify reference materials used to develop this plan.			
(NOTES)			
<b>II. ORGANIZATIONAL STRUCTURE</b>			
A. Provide an organizational chart that identifies key emergency positions, with names and contact information: 1. Administrator 2. Director of Nursing/ Director of Resident Services 3. Maintenance Supervisor 4. Food Service Supervisor 5. Activities Director 6. Director of Housekeeping 7. Financial Officer/ Person authorized to obligate funds (Clearly identify and authorize specific individual(s) to make emergency purchases and enter into emergency contracts.) 8. Other key staff positions and subordinates			
B. Identify a community spokesperson who will communicate for the agency during a disaster, and during the recovery period.			
C. Identify an Incident Command Leader who will be in charge of operations during a disaster.			
(NOTES)			

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<b>III. HAZARD ANALYSIS</b>			
<p>A. List the potential hazards that the Plan addresses, such as:</p> <p><b>Natural Disasters</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hurricanes</li> <li><input type="checkbox"/> Tornadoes</li> <li><input type="checkbox"/> High winds</li> <li><input type="checkbox"/> Winter storms/heavy snow/ice</li> <li><input type="checkbox"/> Earthquakes</li> <li><input type="checkbox"/> Volcanic eruptions</li> <li><input type="checkbox"/> Landslides/debris flow</li> <li><input type="checkbox"/> Tsunamis</li> <li><input type="checkbox"/> Building fires</li> <li><input type="checkbox"/> Wild fires</li> <li><input type="checkbox"/> Droughts</li> <li><input type="checkbox"/> Floods</li> <li><input type="checkbox"/> Other:</li> <li><input type="checkbox"/> Other:</li> </ul> <p><b>Man-Made Threats</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hazardous material spills</li> <li><input type="checkbox"/> Nuclear power plant accidents</li> <li><input type="checkbox"/> Other:</li> <li><input type="checkbox"/> Other:</li> </ul> <p><b>Terrorism</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explosions</li> <li><input type="checkbox"/> Biological threats</li> <li><input type="checkbox"/> Chemical threats</li> <li><input type="checkbox"/> Nuclear blasts</li> <li><input type="checkbox"/> Other:</li> <li><input type="checkbox"/> Other:</li> </ul> <p><b>Communicable Diseases</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pandemic Flu:</li> <li><input type="checkbox"/> Other:</li> <li><input type="checkbox"/> Other:</li> </ul>			

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<p><b>IV. OPERATIONS DURING A DISASTER</b>  This section of the plan defines the policies, procedures, responsibilities and actions that the agency will take before, during and after any emergency situation. At a minimum, the agency plan needs to address: control authority; notification and communication; and evacuation and sheltering.</p>			
<p><b>A. Incident Command Team</b>  Define the management function for emergency operations. The Incident Command Team provides a basis for decision making and identifies who has the authority to make decisions for the agency during an emergency.</p>			
<p>1. Identify, by name and title, who is in charge during an emergency, and one alternate, should that person be unable to serve in that capacity.</p>			
<p>2. Identify the chain of command to ensure continuous leadership and authority in key positions.</p>			
<p>3. Identify a community spokesperson who will make public announcements during a disaster- as needed.</p>			
<p>4. State the procedures to ensure timely activation of emergency staffing and ongoing twenty-four hour staffing of the agency in emergency situations.</p>			
<p>5. State the agency’s policies to address the staff’s responsibilities to their families and agency residents.  Consider:</p> <ul style="list-style-type: none"> <li>a. How far away the staff lives from the agency and how much time would it take to travel between home and the agency during the emergency, if travel is possible.</li> <li>b. The ages and numbers of dependent family members.</li> <li>c. Other emergency supports available to staff members’ families, such as other family or neighbors.</li> <li>d. The advantages and disadvantages of staff families</li> </ul>			

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coming to the agency so staff would not be torn between residents and families.			
6. Define the specific roles, tasks and responsibilities for each staff person/ position for each type of emergency, i.e. staff responsibilities may be different in cases of an agency fire and an earthquake and an extended power outage. This may be accomplished through the development of Standard Operating Procedures which should be attached to this plan.			
<b>B. Specific Incident Command Team Roles</b> State the procedures to ensure the following needs are supplied for a <u>minimum of 5 days</u> .			
1. Food			
a. Emergency menus planned ahead			
b. Food storage without refrigeration			
c. Ability to prepare food without normal functioning of kitchen appliances			
d. Sanitation, including means of washing utensils/ plates or disposable/ one-time use of utensils/ plates, etc.			
2. Water: sources of, or means to produce, water suitable for:			
a. Drinking			
b. Cooking			
c. Personal hygiene			
3. Medications			
a. Proper conditions of storage			
b. Security/ accountability			
4. First aid and medical supplies			
5. Sanitation and infection control			
a. Medical and human waste			
b. Garbage/ refuse			
c. Personal hygiene			
d. An extended supply of personal protective equipment (gloves, masks, etc.) to be used during an outbreak of infectious disease.			
6. Sleeping arrangements			
7. Backup source of heat and lights			
8. Transportation (may be covered in evacuation section).			
9. Other essential supplies for staff and residents.			

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10. Develop plans for responding to requests for assistance from the surrounding community, especially in Continuing Care Retirement Communities.			
11. Develop plans for mental health support for residents and staff.			
12. Develop a business continuity plan that includes an off-site copy of all important business records and resident and employee information, including off-site backup of electronic files.			
13. Develop plans to enforce isolation or quarantine procedures if necessary to respond to an outbreak of pandemic flu/ infectious disease.			
<b>C. Critical Services, Suspended Services, Modified Services</b> Identify the services which will be provided during a disaster.			
1. Identify critical services which must be continued for the health and safety of clients.			
2. Identify services which will be suspended during a disaster.			
3. Identify services which will be modified and describe how they will be modified during a disaster.			
<b>D. Identify triggers for initiating disaster plans that correspond to the disaster threats identified in Section III of this document</b>			
<b>E. Policies for limiting visitation during disasters.</b> Identify the policies that will be in place related to isolation, quarantine, and social distancing.			
1. Isolation			
2. Quarantine			
3. Social distancing			
<b>E. Notification/ Communication Plan.</b> Procedures must be in place for the agency to receive timely information on impending threats, and the alerting of agency decision makers, staff and residents of potential and current emergency conditions.			
1. Define primary and alternate means for how the agency will receive warnings and current emergency information,			

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to include off hours and weekends/holidays. (Consider battery operated radios/ weather radios, volunteer HAM radio operators, walkie-talkies, Citizen Band radios, cell phones, couriers, etc. Coordinate with local emergency management officials.)			
2. Identify the agency's 24 hour contact number, if different than number listed in introduction.			
3. Define primary and alternate means of how key staff will be contacted.			
4. Define the procedures and policy for key workers reporting to work.			
5. Define how residents and clients will be alerted and the precautionary measures that will be taken. Develop procedure for immediately accounting for residents and staff after the emergency.			
6. Identify alternative means of notification should the primary system fail.			
7. Identify procedures for notifying those facilities to which agency residents will be evacuated.			
8. Identify procedures for notifying families of residents that agency is being evacuated, and the location where residents will be transferred to.			
<b>F. Technology Plan.</b> What technical services including computer services will be critical during a disaster? What policies and procedures will be in effect?			
1. Develop a comprehensive plan for technology continuity and recovery.			
2. Provide for backup power during a disaster.			
3. Identify procedures to safeguard technology during a disaster.			
4. What plans have been made to transport backup data to and from a safe location before, during, and after a disaster?			
5. How will critical services be documented if technology is not available during a disaster?			
6. Has a disaster plan-building exercise been conducted with key employees? What procedures were recommended?			
7. Identify which aspects of operations can be suspended temporarily and which must be maintained. List the business tools needed to perform operations essential to sustaining business during a disaster and the recovery period that follows.			
8. Review communications capabilities for maintaining contact			

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with employees. Email and text messaging should play a large role in employee communications planning.			
9. What alternative operational locations have been identified? Are any agreements in place for use of the alternative locations?			
10. Have backup operations sites been equipped with critical equipment, data files and supplies;			
<b>H. Plan for Safeguarding of Critical Documents</b> Originals of the noted (*) documents will be stored in a safe deposit box off-site. All other documents and records will be backed up- both electronically and with hard copies.			
<b>A. Financial Documents</b>			
1. Annual Budget			
2. Applications and awards			
3. Articles of incorporation			
4. 501c3 and 501c2			
5. Non profit status			
6. Insurance policies			
7. Contracts and agreements			
8. Monthly financial reports for previous 3 years			
9. Financial policies			
10. Business licenses			
<b>B. Consumer / Client Documents</b>			
1. Files / Records			
2. Service policies and procedures			
3. Active / inactive client / consumer list			
<b>C. Personnel Documents</b>			
1. Policies and procedures			
2. Files			
3. Organizational chart			
4. Job descriptions			
5. Evaluations			
<b>D. Fund Development Documents</b>			
1. Donor / contact list			
<b>E. Organizational Information Documents</b>			
1. Strategic plan			
2. State plan			
3. Board minutes for previous 3 years			
4. 704 reports for previous 3 years			
5. Program descriptions			
6. By Laws			
7. Insurance policies			

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8. Contracts			
9. Inventory			
10. Deeds			
11. Bank accounts			
<b>F. Contacts</b>			
1. Board Member list			
2. Staff list			
3. Incident Command Team Members			
<b>I. Quarantine Plan</b>			
1. Have provisions been made to update vaccinations for staff and clients?			
2. Have provisions been made for identification and quarantine of infected individuals?			
3. Have provisions been made for tight-fitting face masks for staff and clients?			
4. Have staff and clients been educated to distance themselves from others by not going to public places (school, religious events, cultural events, sporting events, and other public events or places?			
5. Have staff and clients been educated to wash hands frequently and avoid touching self and others?			
6. What plans are in place to cleanse surfaces which may be touched?			
7. Are sufficient quantities of vaccines and medications in place?			
8. Are procedures in place for proper disposal of tissues used to cover sneezing and coughing?			
9. Have provisions been made for safe food and water during quarantine?			
<b>J. Fire Safety Precautions and Plan</b>			
1. Have smoke detectors been installed and tested in all possible locations? Have fire alarms been tested?			
2. Have escape routes been planned and rehearsed by staff and clients?			
3. Are evacuation chairs available for evacuating people with mobility impairments in multi-level buildings?			
4. Make sure windows are not nailed or painted shut. Make sure security gratings on windows have a fire safety opening feature so they can be easily opened from the inside.			
5. Consider escape ladders if your residence has more than one level, and ensure that burglar bars and other antitheft mechanisms that block outside window entry are easily			

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opened from the inside.			
6. Have staff and clients been taught to stay low to the floor (where the air is safer in a fire) when escaping from a fire.			
7. Are storage areas frequently cleaned to avoid accumulation of trash, such as old newspapers and magazines?			
8. Are flammable liquids stored in approved containers in well-ventilated storage areas?			
9. Has smoking been prohibited or limited to safe areas?			
10. Discard all rags or materials that have been soaked in flammable liquids after you have used them. Safely discard them outdoors in a metal container.			
11. Have chimneys been insulated and equipped with spark arresters on top. The chimney should be at least three feet higher than the roof. Remove branches hanging above and around the chimney.			
12. Are heaters placed at least three feet away from flammable materials? Make sure the floor and nearby walls are properly insulated.			
13. Are ashes stored in a metal container outside and away from your facility?			
14. Have heating units inspected and cleaned annually by a certified specialist?			
15. Has the electrical wiring in your facility been checked by an electrician?			
16. Has the local fire department inspected your facility for fire safety and prevention?			
<b>K. Sheltering Plan</b> If your agency will provide emergency shelter or temporary shelter during a disaster, have the following provisions been made?			
1. Is there adequate space for each sheltered person (40 – square feet per bed)?			
2. Does your facility have secured storage areas, separate rooms for Elderly and families with children, disabled (as needed), nursing, and office space.			
3. Have adequate supply of drinking water (5 Gal/person/day for all uses); toilet and bathing facilities (one toilet/40 people).			
4. Does your plan include provisions for cooking, serving, and storing food (each person will need 2500 calories per day).			
5. Does your plan provide for fire and police protection?			
6. Does your facility have adequate parking?			

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7. Can your facility provide for persons with disabilities and persons who have limited mobility?			
8. Describe the receiving procedures for residents arriving from evacuating agency.			
9. Identify where additional residents will be housed.			
10. Provide a floor plan which identifies the space allocated for additional residents			
11. Identify provisions of additional food, water, medical needs of those residents being housed at the receiving agency for a minimum of 72 hours.			
12. Describe the procedures for ensuring 24 hour operations.			
13. Describe procedures for providing sheltering for family members of critical workers.			
14. Describe procedures for tracking additional residents or residents sheltered within the agency.			
L. Evacuation Plan. Describe the policies, roles, responsibilities and procedures for the evacuation of residents from the agency.			
1. Identify the individual responsible for implementing agency evacuation procedures, including coordination with local emergency management officials. Separately consider plans for building evacuation, such as in the case of a fire, and the need to evacuate the building and transport residents to another location.			
2. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.			
3. Has provision been made for the movement of residents, clients, and/or consumers and staff to an immediate area of safe refuge within the agency in the event the area must be evacuated or staff and consumers relocated?			
4. Have satellite locations been pre-determined and confirmed for the housing of consumers and staff in the event of an evacuation?			
5. Is there a written, mutual assistance partnership agreement or memorandum of understanding, or contract, or similar document concerning evacuation?			
6. Have transportation requirements been pre-designated for movement of clients and staff?			
7. Is there a copy of written documentation confirming the			

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commitment of primary and secondary transport resource availability when needed?			
8. Has provision been made for the movement of client records and documents? Is there a process to assure security and confidentiality of these records until returned to the agency?			
9. Is there a procedure to secure the transport of 3 days of supplies and controlled substances during a disaster?			
10. What are the procedures to ensure agency staff will accompany evacuating residents, including: a. Identifying individuals whose personal/ family situations allow them to accompany residents. b. Plans for supervising residents with cognitive impairments and providing essential care during evacuation, such as medication administration and care for incontinence?			
11. Identify procedures that will be used to keep track of residents once they have been evacuated (to include a log system).			
12. Establish procedures for responding to family inquires about residents who have been evacuated.			
13. Is there a time sequence in the evacuation plan designating appropriate moving times, assigned personnel, including professional staff assignments, and priority of clients when moving to specific locations?			
14. Determine what personal items and how much each resident should take. Provide for a minimum 72-hour absence from the agency, including medications, water, emergency food, blankets, incontinent supplies, essential medical equipment.			
15. Are procedures established for the orderly disposition of consumers and clients to their homes or residential facilities, if applicable?			
16. Is there a process to verify that all offices, rooms, restrooms, maintenance, and kitchen facilities have been evacuated and visually documented?			
17. Is there an Evacuation Road Map?			
M. Work Schedule and Compensation Plan. Identify work schedules for use during a disaster, and how employees will be compensated for extra work.			

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1. Who will have to work during a disaster to guarantee critical services?			
2. Have you developed a work schedule identifying employees and time slots?			
3. How will employees be notified that a disaster schedule is in effect?			
<b>N. Re-Entry Plan</b> Once an agency has been evacuated, procedures need to be in place for allowing residents to re-enter the agency.			
1. Identify who is the responsible person(s) for authorizing re-entry into the agency, and who will be in charge of recovery operations.			
2. Has your agency registered with the local Emergency Management agency if re-entry before the general public is necessary?			
3. Identify procedures for inspecting the agency to ensure it is structurally sound.			
4. Identify procedures for inspecting the agency should the building become toxic due to mold, chemical spills, etc.			
5. Identify how residents will be transported from the host agency back to their home agency and identify how you will receive accurate and timely data on re-entry operations.			
6. Does your re-entry plan make provision for the following during recovery?			
a. Documentation			
b. Financial matters			
c. Inventory and resupply			
d. Records preservation			
e. Cleanup			
f. Hazard removal and cleanup			
g. Salvage			
h. Garbage and waste removal			
i. Utility and equipment services			
j. Physical plant restoration and renovation			
7. Which operations and client services will be initiated, and in what order of priority?			
8. What security will be in place while the facility is closed, and during re-entry?			
9. Does the re-entry plan address the following programs?			

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a. Critical Incident Stress Debriefing Program			
b. Employee Assistance Program			
c. Group/Individual Counseling Services			
d. Family Support Program			
(NOTES)			
<b>V. TRAINING PLAN</b>			
<b>A. Staff / Employee Training</b> Provide detailed plans for training of staff.			
1. Develop initial training materials			
2. Develop ongoing training materials			
3. Develop training materials for new employees			
4. Develop a schedule for training			
<b>B. Resident Training</b> Provide training for residents in fire safety, evacuations, etc.			
<b>C. Training for Clients / Consumers</b>			
1. Develop brochures, manuals, PowerPoint presentations, etc.			
2. Develop schedules for ongoing training			
<b>VI. AGREEMENTS AND UNDERSTANDINGS</b>			
A. Identify and describe Host Agency Agreements.			
B. Identify and describe Transportation Agreements			
C. Identify and describe Vendor Agreements			
D. Identify and describe Inter-Agency Agreements			
(NOTES)			

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<b>VII. PROCEDURES FOR PROBABLE INCIDENTS</b> Attach the following information if the material is not included in the body of the plan:			
A. Procedures for responding to each of the threats identified in Section III Hazard Analysis, and describe staff responsibilities and required actions.			
(NOTES)			
<b>VIII. EMERGENCY SERVICES CONTACTS</b>			

<b>NAME</b>	<b>PHONE</b>
Fire Department	
Police/Sheriff Department	
Paramedics/Ambulance	
Local Emergency Management Director	
Public Health Department	

<b>UTILITIES/NAME</b>	<b>PHONE</b>
Electric Company:	
Gas Company:	
Water Company:	
Propane Company:	

Other:	
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<b>OTHER EMERGENCY SERVICES/NAME</b>	<b>PHONE</b>
Medical Rental Supply:	
Medical Supply:	
Food Suppliers:	
1.	
2.	
3.	
Fire Alarm Company:	
Fire Extinguisher Company:	
Heating Company:	
Bottled Water Company:	
Emergency Transportation Resource:	

<b>EMERGENCY ORGANIZATIONS</b>	<b>PHONE</b>
Red Cross	
Salvation Army	
Other:	
(NOTES)	

<b>IX. LOCATION OF EMERGENCY SHUT-OFFS</b>		
<b>UTILITY</b>	<b>BUILDING/LOCATION</b>	<b>COMMENTS</b>
Electrical		

Gas		
Water		
Generator		
Oxygen		
Alarm system		
Elevator(s)		
(NOTES)		
<b>X. ATTACHMENTS</b>		
Attachment A. Hurricane and Storm Surge Evacuation Routes		
Attachment B. Facility Evacuation Diagram and Plan.		
Attachment C. Shelter Locations		
Attachment D. Special Needs Shelter Locations		
Attachment E. Inter-Agency Agreements		
Attachment F. Staff Roster		
Attachment G. Incident Command Team Roster		
Attachment H. Fire Safety Precautions and Plan		
Attachment I: Other		
Attachment J. Other		
(NOTES)		