

 <b>Seniors and People with Disabilities</b>  <b>State Operated Community Program (SOCP)</b> <b>Policies and Procedures</b>	Supersedes: July 1, 2004	Policy Number: 5.003
	Effective Date: March 1, 2005	
	Approval Signature:	
Subject: Emergency Plan		

**REFERENCE:**

OAR 411-325-0160, OAR 411-325-0230; 411-345-0240

**POLICY:**

All staff in SOCP will be trained upon hire in emergency procedures for fire, explosion, earthquake, flooding, illness, injury, death, missing individuals, accident or other emergency including evacuation of the individuals served at the residence. Staff will be certified in CPR and First Aid within three (3) months of hire and at least one staff who is certified will be available to individuals on all shifts at all times.

**PROCEDURE:**

**GENERAL**

All program phones shall post emergency phone numbers for fire, police, ambulance and ambulance services as well as Program Administrator, SOCP Director and emergency physician (others as necessary).

1. When a medical emergency occurs, designate one staff member to remain with individual and provide immediate first aid (i.e., bee sting prophylaxis for severe allergy).
2. A second staff member should be instructed to dial 911 to summon an ambulance if appropriate.
3. When calling 911 be prepared to give the 911 operators the following information clearly and concisely:
  - a. Who you are,
  - b. Where you are,
  - c. Your telephone number,
  - d. Who you are calling about,
  - e. The nature of the emergency,
  - f. Pertinent medical history (i.e., seizure disorder); and
  - g. What is happening now, etc.

*Do not hang up after giving the operator the information requested. If unable to stay on the line, advise the operator and keep the telephone connection so that updated information can be provided as needed.*

4. When emergency help has arrived, follow their instructions. Notify the Site Manager/Team Leader or Program Administrator AND the R.N. Consultant. Arrangements should be made to have one staff member accompany the individual to the hospital. Be sure to take individual's medical file notebook.
5. If the primary physician is not involved in the immediate care of the individual, advise them at the first opportunity.

## **FIRE, EXPLOSION, EARTHQUAKES, FLOODING, OR OTHER EMERGENCIES**

(These are general guidelines. For specifics refer to house procedures.)

### **IF REMAINING IN THE HOUSE IS HAZARDOUS** (e.g. fire, natural gas leak, etc.)

1. Evacuate all occupants – ensure all individuals are present.
2. Call 911 if immediate, emergency assistance is needed and report:
  - a. Who you are;
  - b. Address; and
  - c. Nature of problem.
3. If a second staff person is available and client safety is not jeopardized, that person shall get the medical charts, ensure everyone has vacated the premises, close doors and shall seek the location/source of the smoke/fire and, if practical, use the fire extinguisher to extinguish the fire. (Staff shall be trained in use of fire extinguishers.)
4. During the emergency, all individuals will be assembled in the designated staging area.
5. If the home is uninhabitable, individuals will be taken to the designated safe place. Site Manager will immediately notify Administration if a purchase order needs to be completed for payment.
6. Notify Case Manager as soon as possible.
7. Complete Incident Report.

### **IF EVACUATING THE HOUSE IS MORE DANGEROUS THAN STAYING INSIDE**

(e.g., some earthquake situations, outdoor chemical spills, windstorms, etc.)

1. During the incident, stay away from windows and from furniture or objects that could fall and cause injury. (In an earthquake “duck, cover, and hold.”)
2. After the incident, turn off the natural gas to the house and evaluate the house for structural damage. (Usually aftershocks follow an earthquake and should be taken into consideration when evaluating the safety of the house.) Allow no smoking.
3. If remaining in the house is unsafe, the evacuation protocol above will be followed.

## **INJURY**

Evaluate degree of injury per First Aid/CPR training. Follow all emergency interventions as outlined in the training.

## DEATH

In the event of a death the Checklist in the Event of Death (Attachment A) will be used to assure all issues are addressed in a timely manner. Unexplained deaths must have an autopsy requested through the County Medical Examiner's System.

## MISSING INDIVIDUALS

<u>Responsibility</u>	<u>Action</u>
ISP Team	Complete at least at annual ISP a Staffing Expectation form (Attachment B) and Safety Plan that includes what procedure to follow in the event they are "missing."
Search Coordinator	Immediately coordinate and initiate a search for the missing individual.  Duties: a. Assume duties as Lead Person (act as the contact person) b. Coordinate and assign search parties, c. Assure all parties contact Search Coordinator every 15 minutes d. Assure all documentation is completed after finding the individual  If not found notify Police/Site Manager.
Site Manager	Upon notification of missing individual, determine what other support is needed to facilitate the search in the most timely/safe manner which may include assuming the role of Search Coordinator upon arrival at the home.  Notify Program Administrator of missing status of individual.
Program Administrator	Notify SOCP Director/Guardian/Family or Advocate of situation and assist as needed with searching for individual.

Attachment A: Checklist in the Event of Death

Attachment B: Staffing Expectations