QUALITY IN ASSISTED LIVING COLLABORATIVE

Emergency Operations Guidelines for Assisted Living Communities

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ASSOCIATION

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NATIONAL CENTER FOR ASSISTED LIVING



Four Phases of the Emergency Management Cycle

Mitigation Actions

Mitigation involves proactive measures to minimize disaster risks and their potential impacts before an incident occurs.

Preparedness Planning

Preparedness focuses on training, planning, and readiness activities to ensure an effective response to emergencies.

Response Actions

Response includes immediate actions taken during an emergency to protect lives, property, and the environment.

Recovery Efforts

Recovery aims to restore normalcy, rebuild communities, and repair infrastructure following an emergency.

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DISCLAIMER

The information provided in these Emergency Operations Guidelines has been compiled to inform and aid assisted living community professionals with decision making on issues related to Emergency operations. When using these Emergency Operations Guidelines, please be aware that Emergency planning will be enhanced as new technologies become available, crisis communication strategies in Emergency services improve, and data analysis reveals evolving threats and hazards. These elements need to be considered and may necessitate revisions and updates to these Guidelines. Accordingly, the Quality in Assisted Living Collaborative ("QALC") provides no assurances and makes no representations about the reliability or accuracy of the information provided in these Guidelines. As used in this Disclaimer the term "QALC" shall include its Partnering Organizations (including their respective Board of Directors, officers, staff, and members), as well as all volunteers, consultants, and others who contributed to the creation of the Emergency Operations Guidelines for Assisted Living.

The use, adoption or compliance with these Guidelines is voluntary. Each individual assisted living community professional must independently determine what is in the best interest of the health and safety of Residents, staff, and visitors within their jurisdiction or population, and may also take into account requirements related to building type, configuration and size, as well as pertinent geographic conditions.

It is recommended that any entity that adopts some or all of these Guidelines consider applicability to the various Resident populations, its context and relationship to existing legislation and regulation, and take steps to avoid duplication and conflicts. To ensure appropriateness and to develop a comprehensive understanding of the impact on Resident care and safety, it is also recommended that provider and other stakeholder input be collected. Resources available to small and rural assisted living providers should also be considered prior to adoption.

The use of a professional's independent judgment may affect use of the information provided in these Guidelines. Furthermore, these Guidelines are not intended to be either exhaustive or inclusive of all pertinent information, requirements, or considerations that may influence the use, adoption, or application of these Guidelines. Applicable laws and regulations shall supersede any contradictory information included in these Guidelines.

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EMERGENCY OPERATIONS GUIDELINES FOR ASSISTED LIVING COMMUNITIES

INTRODUCTION

Emergency Operations Plans (EOP) (which may also be referred to as Emergency Preparedness Plans or some other descriptor) are essential for ensuring public safety and protecting lives and property during Emergencies and Disasters. Assisted living Residents are particularly vulnerable in these situations due to a higher likelihood of mobility limitations, cognitive limitations, and chronic health conditions. These factors increase the risk for falls and injuries, create challenges during evacuation, and highlight the importance of ongoing care support during Emergency situations. Therefore, it is crucial for assisted living communities to have a comprehensive Emergency Operations Plan in place to safeguard the well-being of their Residents, staff, and any other individuals on premises during such events.

A comprehensive Emergency Operations Plan encompasses processes and protocols for planning, training, and responding to a variety of Emergencies and Disasters, based on a risk assessment specific to the assisted living community. The goal of the Plan is to Mitigate and Prepare for relevant Emergencies and Disasters, outlining the procedures for Responding to and Recovering from any incidents that may occur.

The Emergency Operations Guidelines are designed to aid assisted living communities in developing and implementing a comprehensive All-hazards Emergency Operations Plan. Since within the assisted living sector terminology can vary, terms which appear in *Appendix A: Definition of Terms* are capitalized throughout the document to provide clarity. Additionally, terms or phrases which may benefit from additional explanation or are supported by useful resources are linked to *Appendix B: Examples and Resource Links*.

Key elements of these Guidelines include recommendations for Mitigation measures, staff training topics with an emphasis on drills and exercises, and preparations for sheltering in place or evacuation. Additionally, it outlines communication strategies, coordination with Emergency services and other Authorities, and components of performance reviews to strengthen outcomes. This document will be updated periodically as needed. Ideally, these Guidelines will, over time, improve emergency response coordination and interoperability across the assisted living sector and contribute to quality Resident care.

The use, adoption of, or compliance with these Guidelines is voluntary, and they are not intended to be exhaustive or all-inclusive of every pertinent aspect or requirement for effective Emergency Operations Planning.

Along with these Guidelines, assisted living communities may want to review the recommendations of the National Incident Management System (NIMS) and the Guidelines of the Assisted Living Incident Command System (ALICS) when creating and updating their Emergency Operations Plan. By choosing to follow NIMS/ALICS concepts, Emergency response efforts may be more effective overall, since all Emergency and Disaster Authorities have mutual understanding of the Plan elements.

The Emergency Operations Guidelines for Assisted Living were developed using reliable sources, including materials from the American Assisted Living Nurses Association (AALNA) and the Federal Emergency Management Agency (FEMA). A diverse group of stakeholders — including assisted living providers, state regulatory officials, safety and Disaster experts, and others — reviewed these materials to ensure their relevance to the assisted living sector. This validation was crucial, as much of the publicly available Emergency Operations guidance has not been adequately adapted for assisted living communities and several state regulations do not address more contemporary hazards such as active shooters or cyber attacks.

These Emergency Operations Guidelines were created by the Quality in Assisted Living Collaborative (QALC), which consists of five partnering organizations: the American Seniors Housing Association (ASHA), Argentum, LeadingAge, the National Association for Regulatory Administration (NARA), and the National Center for Assisted Living (NCAL). Together, these organizations worked to identify, define, and develop model guidance specifically for assisted living communities.

REVIEW PROCESS CONTRIBUTORS

These guidelines were developed by the QALC Emergency Operations Workgroup and are the result of a consensus-driven process authorized for use by the QALC Advisory Board. Special acknowledgment is extended to the industry stakeholders, subject matter experts, and other dedicated reviewers who participated in the review process. The comprehensive reviews and valuable editorial comments received were vital to improving the clarity and quality of the guidelines.

American Assisted Living Nurses Association (AALNA)

American Seniors Housing Association (ASHA)

Argentum and their state partners

Arizona Health Care Association (AzHCA)

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Chicago Department of Public Health

Direct Supply

Dockerty Health Care Services

Hospital Association of Pennsylvania

LeadingAge and their state partners

Marsh

National Association for Regulatory Administration (NARA)

National Center for Assisted Living (NCAL) and their state affiliates

National Center for Excellence in Assisted Living (CEAL@UNC)

National Consumer Voice for Quality Long-Term Care

Nebraska Health Care Association

Pennsylvania Assisted Living Association (PALA)

Pennsylvania Department of Human Services, Office of Long Term Living

The Arbor Company

The Partnership for Inclusive Disaster Strategies

Vintage Knolls

EMERGENCY OPERATIONS GUIDELINES FOR ASSISTED LIVING COMMUNITIES

COMMUNITY SPECIFIC CONSIDERATIONS

It's important to note that the assisted living model varies based on a number of things including the operational practices of each operator's individual community, the regulations of the state in which the community operates, and the specific needs of the population the community serves. Assisted living model variations may include resident acuity, staffing levels, services offered, and resources available. As a result, some measures outlined in this tool may not be suitable or feasible for every assisted living setting.

When applying the Emergency Operations Guidelines for Assisted Living, it is essential that communities incorporate their independent judgment, taking into account the community's unique characteristics, such as location, size, and the needs of their Residents. For instance, a smaller community may have one staff member overseeing multiple areas, while a larger or corporately managed community may have the resources to delegate responsibilities among several staff members. It is also critically important to develop processes and protocols that meet the needs of the Resident population. For example, evacuation protocols for Residents with Individualized Care Needs, such as mobility or cognitive limitations, may require special considerations as compared to protocols for Residents who function more independently.

Additionally, these Guidelines are intended to be used alongside all applicable guidance, directives, and orders from federal, state, and local Emergency and Disaster Authorities, and any other recommendations provided by qualified community partners. Assisted living communities are licensed and must adhere to regulations specific to their state. Each state approaches Emergency operations regulations for assisted living communities differently. This document is not intended in any way to override those regulations or any directives from local, state, or federal Emergency and Disaster Authorities. Instead, its purpose is to provide Guidelines that assisted living providers can consider, adapt, and implement as they find appropriate, either in whole or in part.

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EMERGENCY OPERATIONS GUIDELINES FOR ASSISTED LIVING COMMUNITIES

Emergency Operations: It is recommended that assisted living communities have a written Emergency Operations Plan (EOP) (Appendix A) which describes a community's comprehensive, All-hazards Approach (Appendix A) to meeting the health, safety, and security needs of the community and its Residents, staff, and other persons on the premises before, during, and after an Emergency (Appendix A) or Disaster (Appendix A). Using the guidance of local, state, and federal Emergency and Disaster agencies, it is recommended the Plan be based on the community and geographic risk assessment and implemented by staff and any Other Individuals Providing Community or Resident Services (Appendix A) on the community's premises.

1.) **Emergency Operations Plan Elements:** It is recommended the Plan includes the following elements, each of which will be more clearly defined throughout these Guidelines.

   a.) Use of a Hazard Vulnerability Assessment (HVA) (Appendix A) (Appendix B).

   b.) Designation of an Emergency Preparedness Leader.

   c.) Processes and protocols for potential, relevant Emergencies or Disasters that take into account the HVA results and considers the following (Appendix C):

      i.) Mitigation (Appendix A).

      ii.) Preparation (Appendix A).

      iii.) Response (Appendix A).

      iv.) Recovery (Appendix A).

   d.) Conducting an Emergency Operations Plan review at designated intervals which considers performance improvements to strengthen outcomes.

2.) **Hazards Vulnerability Assessment (HVA):** It is recommended that an assisted living community complete a HVA applying the following considerations:

   a.) Complete the HVA prior to creating an Emergency Operations Plan and review the HVA annually or more frequently if new information becomes available or new Hazards (Appendix A) are identified.

   b.) Conduct the HVA using the input from outside experts, such as local Emergency and Disaster experts, insurance brokers, and other risk management or qualified safety professionals.

   c.) Evaluate and prioritize the community's risk and vulnerability for each relevant Hazard, taking into consideration probability, human impact, property impact, business impact, and Response.

3.) **Emergency Preparedness Leader (EPL):** It is recommended that the community designates an EPL to provide a consistent point of contact to coordinate the development, training, and preparation of the community's Emergency Operations Plan. Criteria for the person assigned the EPL role may include:

   a.) Having contact information for a person with local Emergency/Disaster expertise (public or private entity) to advise on the community's Emergency Operations Plan and Emergency-related matters.

b.) Trained in the All-hazards Approach and understands how to apply the principles to their community.

c.) Having the authority to make decisions necessitated by an Emergency or Disaster until the Incident Command System (ICS) (Appendix A) (Appendix B) goes into effect, meaning the designated Community Incident Commander (CIC) (Appendix A, Appendix B)) is instated.

d.) Trained to communicate clearly and calmly and instill confidence during a crisis.

e.) Being available at all times and/or has trained designee(s) as back-up.

4.) **Processes and Protocols:** It is recommended the community uses the results of their HVA to establish relevant processes and protocols which may address the following:

a.) **Mitigation:** It is recommended the community establish measures to reduce the likelihood of Emergencies or Disasters, minimize the damaging effects of such occurrences, and potentially speed the recovery after such occurrences. Mitigation measures may include:

i.) Adhering to local, state, and federal safety standards including the use and storage of oxygen.

ii.) Reviewing insurance coverage and adjusting as needed with consideration to policy requirements.

iii.) Securing Backup Power Resources (Appendix A) appropriate for essential community operations.

iv.) Completing routine preventative maintenance including safety inspections of fire extinguishers and AEDs and testing of alarms, generators, and other essential equipment.

v.) Determining credible outlets, which report escalating weather/Disaster/Hazard information, and taking precautions based on relevant information.

vi.) Determining Business Continuity (Appendix A) Plans.

vii.) Securing Mitigation supplies, equipment, and materials to protect the building from potential, relevant Emergencies/Disasters, such as sandbags, boards for boarding windows, sump pumps, generators, etc.

viii.) Securing outdoor and indoor fixtures, equipment, and other objects. (Ex.: patio furniture, outdoor trash cans, indoor shelving, etc.)

ix.) Posting building floor plans with exits clearly marked and fire extinguisher locations.

x.) Controlling access into the community.

b.) **Preparation:** It is recommended the community prepares for an Emergency or Disaster by developing and maintaining processes and protocols that may address the following:

i.) Staff Training: The community is advised to have an Emergency Preparedness Training Program (Appendix B) to include exercises, drills, and testing to ensure staff awareness and for the EPL, Community Incident Commander (Appendix A), and any other designated Community Safety Directors (Appendix A) to have a level of competence in implementing the Emergency Operations Plan, with consideration of Residents' Individualized Care Needs (Appendix A and B). The Program may outline the following elements:

(1) Training intervals, which may occur during new hire orientation, proactively to seasonal or weather-related risks, as needed during and after an Emergency/Disaster, as needed in the event of significant Plan updates/revisions, or at least once within a 12-month period.

(2) Training topics, which may include:

(a) Types of Emergencies/Disasters that pose risk to the community and the protocols related to each (Appendix B), recognizing a Natural Disaster (Appendix A) may instigate other types of Emergencies/Disasters or that other types of Emergencies/Disasters may occur independently and concurrently.

(i) Natural Disasters/Emergencies due to severe weather for geographical area which may include:

1. Earthquakes.
2. Extreme heat.
3. Floods.
4. Hurricanes.
5. Land/mudslides.
6. Lightning.
7. Tornadoes.
8. Tsunamis.
9. Volcano eruptions.
10. Wildfires.
11. Winter weather including ice, snow, or freezing temperatures.

(ii) Human-made Emergencies/Disasters (Appendix A), which may include:

1. Active shooter.
2. (Bio)Terrorism.
3. Bomb threat/ suspicious packaging.
4. Civil unrest.
5. Mass casualty incidents.
6. Missing Resident/elopement.
7. Pandemics, epidemics, and foodborne illness outbreaks.
8. Workplace Violence (Appendix A).
9. Vehicular accident.

(iii) Technological Emergencies/Disasters (Appendix A), which may include:

1. Communication interruptions such as cyberattacks.
2. Electrical failure.
3. Fire alarm system failure.
4. Fire, internal.
5. Flood, internal.
6. Fuel shortage.
7. Generator failure.
8. HVAC failure.
9. Information system failure.
10. Natural gas failure.
11. Sewer failure.

12. Structural damage.
13. Supply shortage.
14. Water systems failure.

(iv) Hazardous Materials (HAZMAT) Emergencies/Disasters (Appendix A), which may include:

1. Chemical exposures.
2. Chemical spills.
3. Chemical terrorism.
4. Radiological event.

(b) Awareness of available supportive resources (Appendix B) for Resident/ families/staff who may benefit from emotional support during or after an Emergency/Disaster.

(3) Drills/Exercises (Appendix B): Considerations may include:

(a) Drills or exercises to occur in accordance with state regulations.

(b) Involvement of Residents when deemed feasible and appropriate.

(c) Evaluation of drill outcomes and readiness in order to make process improvements and retrain staff as necessary.

(4) Adherence to federal and state staff training requirements and documentation.

ii.) Creation of a written EOP summary to make available to Residents and/or their designated Emergency contact(s) (Appendix B)/responsible parties. Notify appropriate contact if/when the summary undergoes significant revisions.

iii.) The EPL and other designated Community Safety Directors participating in local Response planning with Public Safety Officers (Appendix A) as deemed necessary.

iv.) Monitoring credible outlets for escalating weather/Disaster/Hazard information and taking appropriate precautions.

v.) Securing Written Agreements (Appendix A) to address potential needs during and after an Emergency/Disaster. Recommendations include:

(1) Consulting with local Emergency agencies for vendor/provider referrals.

(2) Securing vendors/providers from outside the immediate area in case local infrastructure is compromised by an Emergency/Disaster.

(3) Types of agreements to secure may include:

(a) Alternative housing/shelter accommodations and evacuation transportation partners, who must demonstrate the capacity and ability to meet the access and functional needs of the Residents served with special consideration to those who have mobility limitations, cognitive limitations and/or any other Resident Individualized Care Needs. Note, multiple shelters or transportation partners may be needed.

(b) Access to Emergency fuel for generators and/or vehicles used for evacuation.

(c) Restoration vendors(s) to mobilize significant resources for any needed repairs as soon as possible after an event.

vi.) Electronics being adequately charged at all times, such as phones, radios, and computers.

vii.) Maintaining an adequate inventory of emergency supplies and rations (Appendix B). This may include:

(1) Process to determine supply, potable water, and ration needs for Residents, staff and others who may be on the community's premises at any given time.

(2) Routine inspection to ensure supplies and rations are within expiration date.

(3) Plan for replenishing supplies and rations as needed.

viii.) Identification of essential information in the event of an Emergency/Disaster. If electronic, consider an alternate process to retrieve the information in anticipation of technology/ power disruption (Appendix B). Essential information may include:

(1) Sign-in/sign-out log or some other process to track individuals (Appendix B) entering and exiting the community.

(2) Resident roster with room assignments, ambulatory status, and any other relevant Resident Individualized Care Needs.

(a) Communities are advised to be aware of and have a plan for Residents who have Individualized Care Needs and have a way to communicate those needs to public Emergency responders.

(3) Resident Health Records (Appendix A) including medications, TAR/MARs (treatment/ medication administration records), physician(s) name and contact information, and a Resident photo for identification purposes.

(4) Staff work schedule (to know who is on-site and/or who may be in transit).

(5) Identification of Emergency contacts including:

(a) State and local Emergency management services, state regulatory agencies, and any other relevant Authorities (Appendix A).

(b) Resident contact information including Resident, Resident designated Emergency Contact(s)/responsible parties, and Resident physician(s). (Update these records as needed and at least within a 12-month period.)

(c) Staff contact information and each staff member's designated Emergency Contact(s) information.

(d) Utility providers.

(e) Healthcare providers.

(i) For Residents receiving hospice, home health care, or some other service in-house, determine if the provider has an Emergency Plan and agree upon execution.

(f) Pharmacy.

(g) Vendor information for Business Continuity services. These services may include:

(i) Alternative housing/shelter accommodations.

(ii) Evacuation transportation.

(iii) Supply delivery

(h) Parent organization contacts if relevant.

ix.) Evacuation and sheltering in place protocols which may include:

(1) A needs assessment (Appendix B) and Plan for sheltering/evacuating Residents, staff, pets, and any other person(s) on premises, which may include the following elements:

(a) Decision criteria between evacuation and shelter in place.

(b) Process to communicate the outcome of the assessment to Residents, staff, all appropriate Authorities, and any Other Appropriate Persons (Appendix A). (See Establishing a Communications Plan — section 4.x. on page 17.)

(i) When there is advanced warning of a potential Emergency/Disaster, such as a hurricane or flood, consider the Resident's designated Emergency Contact/responsible party to temporarily accommodate the Resident (and/or Resident pets and valuables if relevant) off-site during the event if appropriate and feasible.

1. For multi-story communities, an established method to transport Residents with ambulatory limitations down a staircase in the event elevators are inoperable and relocation to ground level is necessary.
2. A tracking mechanism to ensure all Residents/staff/and any other person(s) known to be on the premises are accounted for and a process to search for missing individuals as applicable.

(c) Evacuation criteria that, when met, will trigger the evacuation protocols which may include:

(i) Staging Mobilization (Appendix A).

(ii) Tracking tools for evacuation.

(iii) Pre-established off-site meeting place if evacuation is deemed necessary.

(iv) Predetermined routes (from building, from geographic area) for evacuation.

(v) Ensuring provisions for Resident evacuation are secured, such as medications, food and water, and first aid supplies.

(vi) Ensuring any other necessary supplies and equipment (Appendix B) are on hand and predetermined resupply points along the route have been identified.

(vii) Ensuring Residents have an identifier on their person (identification card, wristband, lanyard, etc.) and other pertinent Resident information is readily accessible.

(viii) Specific protocols to support the type of evacuation. Evacuation types to consider include:

1. Planned evacuation: If planned evacuation, consider having/allowing the Resident's designated Emergency Contact/responsible party to temporarily accommodate the Resident (and/or Resident pets and valuables if relevant) off-site during the Emergency/Disaster if appropriate and feasible.

2. Immediate evacuation: If immediate evacuation of the community, have established meeting places away from the building.
3. Same premise evacuation: Dependent on building damage or safety risks, vertical and horizontal movement may be required.

(ix) Securing the building after evacuation is complete, including a final sweep to ensure all persons have evacuated.

(x) Having staff at alternative housing accommodations to assist with Resident arrival.

(xi) Facilitation of Resident transfer to another type of care delivery service when appropriate and providing the alternate service with all pertinent information, medications, and valuables. Facilitation includes keeping Resident designated Emergency Contact(s)/responsible parties and Other Appropriate Persons and Authorities informed of any transferred Resident's location and status (and subsequent transfers) until Resident is officially discharged.

(xii) Evacuating service animals and pets which includes ensuring clear identification and owner, transport method (carrier), vaccination records, medicines, food and water, litter, and other necessary supplies. Service animals must stay with their Resident; pets may be separated for transport. Ensure alternate housing/shelter accommodations allow pets or make alternate arrangements for non-service animals.

(xiii) Providing Residents, staff, and any Other Appropriate Persons an orientation to alternative housing/shelter accommodations, including safety and security, hours of operation, and dining options.

(xiv) Assigning roles and responsibilities for Essential Functions (Appendix A) to staff prior to, during, and once at alternative housing/shelter accommodation(s). Considerations may include:

1. Span of control, meaning the reporting structure and number of direct reports for each designated Community Safety Director.
2. Division of responsibility if alternative housing/shelter accommodation(s) are similar settings and have its own staffing.

(xv) Completing a safe community shutdown, which may include:

1. Computers and other electrical equipment.
2. Heating/ventilation/air conditioning (HVAC) systems including air dampers.
3. Power, water, and gas.
4. Securing and protecting paper records not being evacuated.
5. Securing pharmaceuticals.
6. Maintaining community security in all areas during and after closure, including windows.
7. Securing or movement of hazardous materials.

(d) Shelter in place criteria that, when met, will trigger shelter in place protocols which may include:

(i) Location of shelter(s), dependent on type of Emergency/Disaster.

(ii) Roles and responsibilities assigned to staff to complete, which at minimum includes Essential Functions.

(iii) Safety, sanitation, and comfort measures which may include:

1. Maintaining temperatures to protect the health of Residents, staff, and others sheltering in place and the safe and sanitary storage of food, water, and medical provisions.
2. Maintaining Resident call system or alternative solution (Appendix B).
3. Emergency lighting/Wayfinding (Appendix A).
4. Fire detection, extinguishing, and alarm systems.
5. Sewage and waste disposal.
6. Linen and laundry services as needed.
7. Securing and operating Resident medical devices, such as CPAP machines, oxygen concentrators, nebulizers, etc.
8. Utilizing Backup Power Resources, such as a generator and fuel, to maintain the above if the primary source of energy is unavailable.

(iv) Assessing damage and/or monitoring the continuation of utilities and functional equipment.

(v) Securing delivery of supplies, including medications and oxygen, when normal delivery routes/access may be disrupted.

(vi) Method for dispensing supplies, medications, and food and water to Residents, staff, and other persons on premises sheltering in place.

x.) Establishing a Communication Plan: The community's Communication Plan may include:

(1) Proactively developing standardized communication messages outlining the risks associated with relevant types of Emergencies/Disasters that may affect the community and residents, and the measures to be taken. Edit as needed and distribute at appropriate times prior to, during, and after an event.

(2) Method and timeliness of notifying appropriate Authorities (such as local Emergency management services, health departments, and regulatory agencies), corporate/legal office if applicable, vendors as needed, utilities as needed, and any Other Appropriate Persons of the situation and the possible need to evacuate.

(3) Method and timeliness for communicating situations and safety information to Residents, staff, Resident designated Emergency Contact(s)/responsible parties, and any Other Appropriate Persons. Methods of communication may include:

(a) Email, text and voice to voice communication.

(b) Recorded phone messages for incoming calls.

(c) Website and social media outlets.

(d) Signage.

(e) Runners. (Appendix A)

(4) Protocol to distribute radios and auxiliary phones to staff and any Other Appropriate Persons on-site, and an established alternative means for communication (Appendix B) in the event technology fails.

(5) Appointing a trained and qualified community Public Information Officer (PIO) or designated spokesperson to work in tandem with local responders and/or public health officials on any releases/statements to the media.

(6) Collaboration with other relevant stakeholders, such as clinical experts, legal counsel, risk management, and human resources to address public and social media comments.

(7) In the event of executing a necessary Contingency Plan (Appendix A), protocol to share the Plan with Residents, staff, appropriate Authorities, and any Other Appropriate Persons.

xi.) Establishing an Emergency Workforce Protocol (Appendix B): The community's Emergency Workforce Protocol may include:

(1) A list of backup or relief staff which may include vetted volunteers or agency personnel assuming the person(s) are in compliance with state regulations to provide Resident assistance.

(2) A list of staff who may be used in alternative roles.

(3) A plan to modify staffing and work hours.

(4) Requesting curfew extensions/exemptions within the locality if needed.

(5) Organizing staff transportation to and from the community (or Residents' alternative housing accommodation(s) in the event of evacuation) if normal transit is disrupted.

(6) A provision for temporary, emergency housing accommodations for staff as needed in proximity of community or, in the event of an evacuation, the Residents' alternative housing accommodation(s).

(7) Protocol for staff to be joined by their dependents and/or pets during an Emergency/Disaster at a temporary, emergency housing accommodation if needed and it is feasible and appropriate.

xii.) A plan if the community accepts evacuees from other locations according to state regulations, and with consideration of staff competency and staffing needs.

xiii.) Rationing supplies if needed.

xiv.) Tracking cost expenditures for appropriate Authorities and other entities who may/will require the information in the future.

xv.) Accessing cash in the event other payment systems are disrupted.

xvi.) Protecting data and/or documents and files.

xvii.) Contingency Plans for all Essential Functions which may include:

(1) Identifying backup Community Safety Directors and realignment of responsibilities.

(2) Evaluating the need for additional staff including contingency staff utilization and support.

(3) Protocol in the event 911 is unavailable, which includes identifying staff with CPR and First Aid Certification.

(4) Establishing backup Written Agreements with providers/vendors for potential needs during an Emergency/Disaster outside of the immediate geographical area if an original provider/vendor is unable to fulfill their obligation.

(5) Determining alternate evacuation meeting places and routes.

(6) Establishing a process in the event Residents are separated from staff during an evacuation.

(7) Identifying alternatives and means in the event of disruption of services, such as the internet, phone service (landline and cell), utilities, water pressure, etc.

c.) **Response:** It is recommended the community develop and maintain Emergency and Disaster processes and protocols in the event Preparedness Plans are put into action. These may include:

i.) Contacting appropriate Authorities as needed, which includes Emergency management services (which may be calling 911) and state regulatory agencies.

ii.) Continually monitoring available information and aligning with criteria to shelter in place or evacuate. In the event a different or new action is determined, alert appropriate Authorities, Residents, staff, and any Other Appropriate Persons.

iii.) Assessing, providing first aid, and documenting Resident, staff, and other people on premises experiencing injuries or fatalities.

iv.) Coordinating with internal/external resources to assess and document the damage to building structure, infrastructure (HVAC, water, sewage, etc.), and supply inventory when relevant.

v.) Implementing relevant components of the Business Continuity Plan of Essential Functions including waste disposal, food, laundry, medication assistance, etc.

vi.) Accurate and on-going documentation, dated appropriately, which may include:

(1) Resident care issues.

(2) Incident management.

(3) Other noteworthy actions, decisions, and activities related to Response.

(4) Response expenses.

vii.) Deploying equipment, supplies, and medications.

viii.) Maintaining the security of the community, which may include the immediate area and restricting entrance or exit of non-essential staff and visitors in accordance with local and federal Authorities' guidance.

ix.) Providing respite areas, nutrition, and hydration to Residents, staff, and any other authorized persons on premises.

x.) Implementation of the community's Communication Plan which may include:

(1) Maintaining contact with appropriate Authorities and providing updates as required.

(2) Notifying Residents, Resident Emergency Contact(s)/responsible parties, staff and any Other Appropriate Persons of the Emergency situation and providing accurate and timely updates.

(3) Notifying appropriate Authorities in the event of injuries, treatments, illnesses, transfers, and/or fatalities of Residents, staff, and/or any other persons on premises or at alternative housing accommodation(s).

xi.) Restrictions on Resident, staff, and any other persons on premises movement within the community or alternate housing accommodation(s) as deemed necessary.

xii.) Fatality management protocols that may address:

(1) Integration with local or state medical examiner or coroner.

(2) Preservation of evidence and chain of custody.

(3) Religious and cultural concerns.

(4) Family/guardian notification protocol.

(5) Site security/ temporary morgue as needed.

(6) Removal of the deceased by a pre-arranged vendor.

(7) Documentation including time stamps for sequential order of events.

xiii.) Conserving electronic batteries (Appendix B) in the event of power outages.

xiv.) Prioritizing emergency power allocation to critical infrastructure.

d.) **Recovery:** It is advised the community return to normal operation as soon as feasible.

i.) Recovery may include:

(1) Evaluating the damage post incident and reporting to appropriate Authorities and insurance companies as deemed necessary.

(2) Following an established community restoration and reconstruction framework (Appendix B) to assess, prioritize, and execute essential reconstruction for safe return to the community as needed.

(3) Ensuring all necessary equipment is usable and safety-checked, and needed equipment and supplies are reordered, repaired, and/or replaced as warranted.

(4) Securing kitchen and laundry areas. Securing medications. Returning non-traditional community areas used for Resident care, rest areas, pet shelters, etc. during an Emergency to pre-incident status.

(5) Restoring processes for non-essential service operations.

(6) Evaluating Business Continuity and communicating community process and protocol updates to appropriate Authorities, Residents, staff, and Other Appropriate Persons, which may include securing authorized clearance to stay/return to community after event.

(7) Provisions for the safe return of staff which may include the following:

(a) Correcting any compensation issues if the payroll process was disrupted.

(b) Training on any adjusted protocols and/or Contingency Plans in place.

(c) Ensuring staff are in compliance with other annual training and/or employment regulations.

(8) Provisions for the safe return of Residents which may include the following:

(a) Safe recovery and return of Residents' belongings if possible.

(b) The possibility of residents returning to an alternate location within the community. (Ex.: A resident who had been living in memory care may be housed in a previously designated AL section temporarily.)

(c) Resident transportation coordination if returning to the community after an evacuation.

(d) Resident health records organization and management.

(e) Unit/apartment assignments.

(f) Restoration company and/or appropriate Authorities certification/approval for occupancy.

(9) Offering information and contacts, in collaboration with local social service agencies, to staff and Residents affected by an Emergency or Disaster, with the intent to address any potential emotional distress/trauma.

ii.) If it is determined the community is unable to continue operations after an Emergency/ Disaster or if a Resident is unwilling to return to the community, it is advised the Resident, staff, Other Appropriate Persons, and appropriate Authorities be notified in a timely manner and formal Resident discharge processes are followed. The community may provide relocation assistance if feasible and appropriate.

5.) **Emergency Operations Plan Review (Appendix B):** It is recommended that the community conduct an Emergency Operations Plan review at designated intervals and considers performance improvements to strengthen outcomes using the most recent HVA results, updating the Plan as needed.

a.) Designated intervals may be:

i.) When new guidance or regulations are published by local, state and/or federal safety and Emergency service agencies or any other appropriate Authorities.

ii.) In advance of seasonal threats, such as hurricanes, tornadoes, extreme heat, extreme winter weather, and wildfires.

iii.) Changes in Resident population, meaning the community may need to consider a unique Resident Individualized Care Need not previously addressed, which may occur with an admission or Resident change in condition.

iv.) During and after an Emergency or Disaster when feasible.

v.) At least once within a 12-month period.

b.) Evaluate all aspects of the Plan, including Business Continuity elements such as:

i.) Staffing needs.

ii.) Essential Functions and Contingency Plans.

iii.) Vital records and IT data protection, if applicable.

iv.) Pre-arranged Written Agreements with vendors and providers for necessary goods and services needed before, during, and after an Emergency or Disaster.

v.) Financial resources including cash in the event of financial access disruptions.

vi.) Any other critical resources.

6.) **Emergency Provisions:** When it is impossible to adhere to regulations or recommended Guidelines, notify state and local Authorities, and collaborate on decisions related to suspension of such regulations or Guidelines.

APPENDIX A: DEFINITION OF TERMS

Note the following:

The resource links listed are not inclusive and in no way supersede information or direction provided by state regulations or local public health authorities.

The examples and resources linked are public domain found on the Internet and are not specifically provided by QALC or its affiliates.

All-Hazards Approach: A comprehensive Emergency strategy that outlines actions for a wide range of relevant, potential Emergencies or Disasters, regardless of their cause. This approach ensures that the community is ready to respond to any type of incident, whether it is Natural, Human-made, Technological, or Hazardous Material related. It involves developing processes and protocols that are flexible and scalable to address various scenarios, ensuring that the community can effectively Mitigate, Prepare, Respond, and Recover from the impact of any adverse event. (Based on the Assisted Living Incident Command System (ALICS) definition.)

Authorities: For the purposes of these Guidelines, unless otherwise specified, the term Authorities includes any Authority with jurisdiction, such as local, state, tribal, territorial, and federal emergency management services (STTL), and any other organization which it is legally required and/or appropriate to notify in the event of an Emergency/Disaster. *Note: In some states/localities, it is required that certain Authorities must review and approve Emergency Plans prior to implementation*.

Backup Power Resources: An alternative, Emergency power or electrical source is a backup power supply that provides electricity when the main power source fails. Some examples of alternate electrical sources include generators, deep-cycle batteries, solar energy, portable power banks, fuel cells, and flywheel energy storage. Charging electronics through car or bus batteries, using an adapter, is another example of a power source. In lieu of an on-site generator, a proactive measure is to install a quick connect system if an Emergency generator needs to be utilized.

Business Continuity: The ability of an organization to maintain critical operations and perform Essential Functions, ensuring a swift resumption of normal activities after a crisis or disruption.

Disaster: A large-scale event that causes widespread damage, loss of life, and/or disruption to a community, exceeding the capacity of local resources to respond effectively. Note: Different organizations may have varying descriptions of Disaster/Emergency categories.

Communication Plan: A structured strategy for sharing crucial information with appropriate Authorities Residents, Staff, and any Other Appropriate Persons during a crisis. The Plan often defines who is responsible for communicating, what information to share, and which method to use for communication to ensure safety, minimize confusion, and maintain operations.

Community Incident Commander (CIC): For the purposes of these Guidelines, a CIC is whomever is on site and has been trained on community Emergency operations until such time another trained person of Authority can assume responsibility for the CIC role. The CIC is responsible for the on-site response to a Disaster or Emergency in a unified effort with the Incident Commander of local first responders.

Community Safety Director(s): A staff member who has been trained on the All-hazards approach and is competent in implementing the community's EOP under the direction of the Community Incident Commander. Depending on the scale of the incident and the size of the community, the Community Incident Commander may appoint "directors" or "helpers." Example titles may be Public Information Officer or Care Specialist. For more detail on the Incident Command System, outlined responsibilities, and possible roles, consider referencing ALICS GUIDE PDF, Page 8–11.

Contingency Plan: A detailed, pre-emptive strategy outlining actions to be taken in the event of unforeseen, potentially disruptive events, ensuring a coordinated and effective response to maintain critical business operations and execution of Essential Functions.

Emergency: An urgent, sudden, and potentially dangerous situation that requires immediate action to address a threat to life, property, or public health. *Note: Different organizations may have varying descriptions of Disaster/Emergency categories*.

Emergency Operations Plan: A document outlining a community's procedures and the roles and responsibilities of the staff to Mitigate, Prepare for, Respond to, and Recover from Emergencies/Disasters. It typically provides a flexible framework, often adapting an All-hazards approach, to guide actions that minimize impact and assist in resuming normal operations.

Emergency Operations Guidelines for Assisted Living: These Guidelines are designed to aid communities in developing and implementing a comprehensive All-hazards EOP. The use, adoption of, or compliance with these Guidelines are voluntary, and they are not intended to be exhaustive of all-inclusive of every pertinent aspect or requirement for effective Emergency Operations Planning. See the introduction of this document for more detail.

Emergency Workforce Protocol: This suggested protocol is to plan for unusual staffing needs during an Emergency/Disaster which may not be addressed in what state regulations require for day to day operations. It may include guidance on protecting staff, ensuring safety, and reassigning roles and responsibilities to maintain critical business operations and the execution of Essential Functions during unexpected, high-stress, or hazardous events.

Essential Functions: Community services and operations that are crucial to maintaining Business Continuity during an event that disrupts normal operations. These functions may include medication assistance, personal care services, meal service, scheduled safety and security checks, and administrative duties like staff scheduling, hiring, payroll, other accounting functions, and pertinent documentation.

Go Bag: For the purposes of these Guidelines, a Resident go bag is a pre-packed bag with personal supplies, identification, and necessary valuables to be kept ready for use in the event of an Emergency/Disaster that requires evacuation. Communities are recommended to ensure Go Bags are practical and realistic in size and contents and reviewed at least annually.

Hazard: A source of potential danger or adverse condition, Natural, Human-made, Technological, and/or Hazardous Materials, which could result in an Emergency or Disaster.

Hazardous Materials (HAZMAT) Disaster: HAZMAT disasters involve the release of dangerous substances that pose a threat to people, property, and the environment, potentially resulting in death, injury, or long-lasting health effects.

Hazard Vulnerability Assessment (HVA): A systematic process of identifying potential Hazards that could affect a community, analyzing the likelihood of occurrence, and evaluating the potential severity of the impact. (See Appendix B: Resources for example HVA assessments.)

Human-made Disasters: Disasters which have an element of human intent, negligence, or error involving a failure of a human-made system.

Incident Commander (IC): For the purposes of these Guidelines, an Incident Commander is the Authority in charge of local first responders. IC is a term used by the National Incident Management System (NIMS) for the person who holds the critical role of having ultimate authority and responsibility for managing an incident. (As defined by ALICS) For more information, consider referencing ALICS GUIDE PDF Page 8–11. The Community Incident Commander will work in a unified effort with the Incident Commander as the CIC implements their community's EOP.

Incident Command System (ICS): A standardized, on-the-ground, All-hazard management concept, which is part of the National Incident Management System (NIMS). The intent is to provide a common command structure and shared terminology among the community and responding emergency agencies. (As defined by ALICS) For more information, consider referencing ALICS GUIDE PDF Page 4–7.

Mitigation: Mitigation involves sustained structural and nonstructural actions taken to reduce the likelihood of Emergencies or Disasters, lessen the severity, limit the damaging effects, and potentially speed the recovery of unavoidable Emergencies or Disasters. Mitigation activities take place before and after the event.

Natural Disaster: Also referred to as natural Hazards, Natural Disasters are extreme, sudden events caused by environmental factors such as storms, floods, droughts, fires, heatwaves, and winter weather events.

Other Appropriate Persons: For the purposes of these Guidelines, based on the situation this may include one or more of the following: other person(s) on the premises, Resident and staff's designated Emergency Contact(s)/responsible parties, and Other Individuals Providing Community or Resident Services on the community's premises.

Other Individuals Providing Community or Resident Services: For the purposes of these Guidelines, this may include individuals who are not directly employed by the community, such as volunteers, students, agency personnel, healthcare providers, and any other outside vendors. Note, some states may have specific Emergency operation regulations related to one or more of those included in this definition.

Preparation: Actions taken to plan, organize, equip, train, and exercise/drill to build and sustain the capabilities necessary to protect against, Mitigate the effects of, Respond to, and Recover from those threats that pose the greatest risk.

Public Safety Officer(s): The Incident Command System (ICS) Public Safety Officer is a command staff position responsible for monitoring incident operations, identifying hazardous situations, and developing measures to ensure the safety of all personnel. They have the authority to alter or suspend unsafe acts immediately, advising the Incident Commander on all safety-related issues. (FEMA/NIMS definition.)

Resident: An individual who resides in the assisted living community.

Response: An immediate, systematic response to an unexpected or dangerous occurrence.

Recovery: Activities that continue beyond the Emergency period to restore critical community functions and begin to manage stabilization efforts.

Resident Health Records: Records which may include medications, TAR/MARs (treatment/medication administration records), physician(s) names and contact information, and a Resident photo for identification purposes. May also include DNR order, charting notes, individualized care plans, and any other pertinent medical information. It is recommended communities drill staff on retrieval of pertinent information.

Residents with Individualized Care Needs: For purposes of these Guidelines, this may include needs such as mobility limitations, cognitive limitations, behavioral limitations, hospice care needs, DNR order, prescribed refrigerated medications, special equipment needs/ machinery that require power (CPAP, oxygen concentrator, nebulizer, etc.), and/or other types of unique, individualized care needs.

Runners: Person(s) who physically moves from one area to another to share information.

Staging Mobilization: A strategic assembly of resources during a potential Emergency/Disaster which may include preparing staff and Residents on what to expect in the event of an Emergency/Disaster, identifying the community meeting spot, gathering supplies including medications for transport, and ensuring Residents/staff/any Other Appropriate Persons have valuables, identification, and any other essential items contained in a "Go Bag (Appendix A)."

Technological Disaster: Technological Disasters often come with little to no warning. They originate from technological or industrial accidents, infrastructure failures, or certain human activities. Technological Hazards can cause the loss of life or injury, property damage, social and economic disruption, or environmental degradation.

Wayfinding: Term which encompasses all the ways in which one orients themselves in physical space and navigates from place to place.

Workplace Violence: Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. Ranges from threats and verbal abuse to physical assaults and homicide. Can involve staff, Residents, families, visitors, vendors, or other outside guests. Includes both physical injury and psychological trauma. (OSHA definition).

Written Agreements: Written Agreements may include formal contracts, memos of understanding (MOU), or memos of agreement (MOA). The agreements outline the terms and conditions agreed upon by participating parties, serving as a record of their mutual understanding, intentions, and obligations.

APPENDIX B: EXAMPLES & RESOURCE LINKS

Note the following:

The resource links listed are not inclusive and in no way supersede information or direction provided by state regulations or local public health authorities.

The examples and resources linked are public domain found on the Internet and are not specifically provided by QALC or its affiliates.

- **Adequate inventory of emergency supplies and rations:** Emergency supplies include items like flashlights, batteries, protective equipment, and first aid supplies. Rations include food, water (potable and non-potable), medical supplies, and pharmaceuticals as required by state and local regulations. Follow state and local guidance. As an additional resource, consider referencing the below or consult with trusted vendors such as Sysco.
  ▶ Prepare For Emergencies Now: Information For Older Americans
  ▶ Food and Water in an Emergency
- **Alternate means of communication (between staff)**: Alternate means of communication in the event phones and radios are non-functional may include community message boards, designated meeting times, Runners, and signage.
- **Alternate process to retrieve essential information in anticipation of technological/power disruption:** This may include an emergency binder and physical staff and Resident files with all pertinent information.
- **Community restoration and reconstitution framework:** It is recommended to have an established framework to guide structural and system rebuilding after a Disaster. This framework may include guidance on safe restoration of operations after significant facility damage, independent engineering assessments, environmental contaminant evacuation, leadership-driven decisions on repair or reconstruction, and strict oversight of licensed contractors to ensure compliance. It is advised phased Recovery efforts prioritize essential Resident services, with final re-occupancy contingent on appropriate Authorities' approval as may be required.
- **Community Incident Commander (CIC):** During Emergencies/Disasters, it is recommended Communities have an identifier for the CIC, such as a bright or reflective vest or lanyard and that staff are trained to the role of the CIC and their identifier.
- **Conserve electronic batteries:** In the event of power outages, to conserve battery life of electronics, consider dimming the brightness of the display screen, disabling unnecessary applications, and turning the electronic off when not in use. For additional emergency communication tips, consider referencing FCC/FEMA Emergency Communications Tips.
- **Emergency contact(s):** It is recommended the community has each Resident and staff member specify at least one designated person as the person who should be notified on Resident/staff member's behalf in the event of an Emergency/Disaster. During an Emergency/Disaster when time is limited, the community may request an Emergency contact to relay information to other family members of the staff member or Resident.

- **Emergency Plan review:** A number of resources exist for plan reviews although modifications may be needed. The following is an example:
  - FEMA Preparedness Toolkit: Improvement Planning
- **Emergency preparedness training program:** A number of resources exist for staff training although the content may require modifications to suit the community. The following links are some examples:
  - ALICS WEBINAR PPT
  - CAHF-DPP | NHICS 2017 | Nursing Home Incident Command System (scroll to bottom of page)
  - FEMA Training
  - National Incident Management System (NIMS)
  - Preparing for Disasters | CDC
  - Resources | Emergency Preparedness and Disability Inclusion | CDC
  - Training and Education | FEMA.gov
  - Training and Testing | Ready.gov
  - Training Services for Organizations | Red Cross
- **Exercises/Drills:** For more information on training exercises and drills, consider referencing:
  - Exercises | Ready.gov
  - Exercise Program Management Overview
  - Homeland Security Exercise and Evaluation Program (HSEEP)
  - The Joint Commission: Emergency Management Plans and Codes

Communities may also consider inviting local officials to participate in drills and review Emergency Operations Plan as appropriate.

- **Hazard Vulnerability Assessment (HVA):** A number of resources exist providing sample HVA tools, which may require modifications to suit the community. For more information, consider referencing:
  - Analysis Tool: Hazard Vulnerability - California Hospital Association (Kaiser)
  - Disaster Ready (Arizona HVA sample and other tools)
  - Hazard Vulnerability Assessment (HVA) Tool | ASHE
- **Incident Command System (ICS):** For more information, consider referencing the following:
  - ALICS GUIDE PDF
  - Emergency Management Guide For Nursing Homes (Source: CMS. May require adaptation to assisted living.)
- **Necessary supplies and equipment (for evacuation):** For more details, consider referencing FEMA Disaster Preparedness Guide for Older Adults, Page 8–9.
- **Need assessment (to shelter in place or evacuate):** For more information, consider referencing FEMA Planning Considerations Evacuation and Shelter In Place, Page 14, 22–25.

- **Process to track individuals:** It is recommended to record people entering and exiting the community for safety purposes, such as being able to account for all Residents, staff, and visitors who may be on premises during an Emergency or Disaster. Examples of this process may include hand-written sign in and sign out logs, time clock records for employees, or some type of electronic sign in/sign out technology. If electronic (keypad entry, engineered access control system, etc.), it is recommended the community has the ability to access and maintain real-time information in the event of a technology failure.
- **Resident call system or alternative solution:** Ensure Resident call system is in place and functional or have alternative protocols in place, such as hourly checks or manual alerts like providing Residents with bells to ring when they need assistance.
- **Resident Individualized Care Needs:** This definition includes Residents who may have cognitive limitations. Useful Alzheimer Association reference materials to consider related to caring for those with cognitive limitations during Emergency/Disasters are as follows:
  - Emergency Tips for Long-Term and Community-Based Dementia Care Settings
  - Emergency Preparedness
- **Supportive resources:** It is recommended that the community gathers and provides staff and Other Appropriate Person(s) supportive resource options. This may include employee assistance programs (EAP), state healthcare coalitions, and information provided by reputable sources on mental health. For more details, consider referencing Mental Health Resources.
- **Types of Emergencies/Disasters and the protocols related to each:** For more information on the types of potential Emergencies/Disasters and sample action plans specific to each incident, consider referencing the following resources:
  - Incident Planning Guides: ALICS — AALNA — American Assisted Living Nurses Association and Emergency Plans | Ready.gov
  - Natural Disasters: Natural Disasters and Severe Weather and CDC Emergency Preparedness and Response
  - Cybersecurity: Cybersecurity | NIST
  - Active Shooter: ACTIVE SHOOTER PLANNING AND RESPONSE IN A HEALTHCARE SETTING | ALICE Training

Other general resource links:

- ALICS — AALNA — American Assisted Living Nurses Association
- CAHF Disaster Preparedness
- Disaster Ready (Arizona HVA sample and other tools)

APPENDIX C: GLOSSARY OF ABBREVIATIONS

AALNA - American Assisted Living Nurses Association

AED - Automated External Defibrillator

ALICS - Assisted Living Incident Command System

ASHA - American Seniors Housing Association

CIC - Community Incident Commander

CPAP - Continuous Positive Airway Pressure

CPR - Cardiopulmonary Resuscitation

DNR - Do Not Resuscitate

EAP - Employee Assistance Program

EOP - Emergency Operations Plan

EPL - Emergency Preparedness Leader

FEMA - Federal Emergency Management Agency

HAZMAT - Hazardous Materials

HVA - Hazard Vulnerability Assessment

HVAC - Heating, Ventilation, and Air Conditioning

IC - Incident Commander

ICS - Incident Command System

IT - Information Technology

MAR - Medication Administration Record

MOA - Memorandum of Agreement

MOU - Memorandum of Understanding

NARA - National Association for Regulatory Administration

NCAL - National Center for Assisted Living

NHICS - Nursing Home Incident Command System

NIMS - National Incident Management System

PIO - Public Information Officer

TAR - Treatment Administration Record

QALC - Quality in Assisted Living Collaborative

APPENDIX D: GRAPHIC: FOUR PHASES OF THE EMERGENCY MANAGEMENT CYCLE



Four Phases of the Emergency Management Cycle

Mitigation Actions

Mitigation involves proactive measures to minimize disaster risks and their potential impacts before an incident occurs.

Preparedness Planning

Preparedness focuses on training, planning, and readiness activities to ensure an effective response to emergencies.

Response Actions

Response includes immediate actions taken during an emergency to protect lives, property, and the environment.

Recovery Efforts

Recovery aims to restore normalcy, rebuild communities, and repair infrastructure following an emergency.

APPENDIX E: EMERGENCY PREPAREDNESS READINESS SCORECARD

The use of this tool is entirely voluntary and is intended to be used solely for self-assessment purposes to support ongoing process improvement.

Scoring Methodology

Each readiness item is scored using the following scale:

0 — Not started/No evidence

1 — In progress/Some documentation or planning exists

2 — Fully implemented/Evidence of practice, training, and review

Each readiness item is scored using the following scale:

85–100% = High Readiness

70–84% = Moderate Readiness

<70% = Needs Improvement

Summary

Total Score Achieve: _____ out of 44

Readiness Percentage: _____ %

Total Score Achieve: ☐ **High**
☐ **Moderate**
☐ **Needs improvement**

Readiness Element	Score (0–2)	Comments/Action Plan
Written All-Hazards Plan in place		
HVA completed		
EPL and Community Safety Directors designated		
Plan reviewed within the last 12 month period at a minimum		
Safety standards followed (local/state/federal)		
Insurance reviewed for emergency risks and reporting guidelines		
Alternate energy source secured/tested		
Safety inspections and preventative maintenance complete		
Staff trained (orientation, drills, required refreshers)		
Drills conducted per state guidance and self-evaluated		
Written Agreements in place (shelter, fuel, vendors)		
Emergency supplies/rations inventoried and replenished		
Backup of essential info (residents/staff, meds, contacts)		
ICS understood and initiated when needed		
Communication Plan (multi-channel, timely updates)		
Evacuation Plan (routes, supplies, transport, ID tags)		
Shelter-in-place plan (comfort, power, food, med devices)		
Business Continuity Plan for essential operations		
Plan for safe return of residents and staff		
Social services support for trauma/loss		
Debrief/performance review conducted post-incident		
Aligned with state/local/federal regulations		
Documentation meets regulatory audit standards		
TOTAL		

APPENDIX F: ADDITIONAL ACKNOWLEDGMENTS

QALC would like to thank the American Assisted Living Nurses Association (AALNA) for granting permission to include content from the Assisted Living Incident Command System (ALICS), including the document entitled All-Hazards Incident Planning Guide (2023), which in part contributed to and informed the development of the Emergency Operations Guidelines for Assisted Living.

Link: ALICS — AALNA — American Assisted Living Nurses Association

QALC would also like to thank the **Arizona Health Care Association** (AzHCA) and the **Hospital Association of Pennsylvania** (HAP) for their contribution of additional resources.

APPENDIX G: REFERENCE SOURCES

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