ORS Personal Care Home
DISASTER PREPAREDNESS PLAN .06(4)

Facility:_____County:_____
_
Date Reviewed:_____:_____

Surveyor:_____

1. Is the plan approved by person/persons legally responsible for facility's operation? Yes___ No___

2. Does the plan designate who has primary responsibility for rehearsals and implementation of plan? Yes___No___

3. Does the plan stipulate that any subsequent change be forwarded to the Department for approval? Yes___No___

4. Does the plan identify emergency situations to be addressed? And for each emergency situation does the plan identify how the emergency procedures are to be carried out? Yes___No___

	Emergencies Identified	Procedures Identified
A. Fire	Yes_____No_____	Yes_____No_____
B. Explosion	Yes_____No_____	Yes_____No_____
C. Bomb Scare	Yes_____No_____	Yes_____No_____
D. Missing Resident	Yes_____No_____	Yes_____No_____
E. An interruption of each utility		
1. Electricity	Yes_____No_____	Yes_____No_____
2. Gas	Yes_____No_____	Yes_____No_____
3. Other Fuel	Yes_____No_____	Yes_____No_____
4. Water	Yes_____No_____	Yes_____No_____
F. Loss of:		
1. Air Conditioning	Yes_____No_____	Yes_____No_____
2. Heat	Yes_____No_____	Yes_____No_____
G. Floods	Yes_____No_____	Yes_____No_____
H. Severe Weather	Yes_____No_____	Yes_____No_____
I. Physical Damage to Facility	Yes_____No_____	Yes_____No_____

5. Does the plan contain written procedures that address:
   - A. Assigning responsibility to staff members Yes_____No_____
   - B. Care of residents Yes_____No_____
   - C. Notification of resident physician and responsible party Yes_____No_____
   - D. Arrangement of transportation & hospitalization Yes_____No_____
   - E. Availability of appropriate records Yes_____No_____
   - F. Alternate living arrangements Yes_____No_____
   - G. Emergency energy sources Yes_____No_____

6. Does the plan outline:
   - A. Frequency of Rehearsals Yes_____No_____
   - B. Procedures to follow during rehearsals Yes_____No_____

7. If plan is contingent on services/resources of other agencies/facilities/institutions, a written agreement with each agency is attached to plan. Yes_____No_____

8. Does plan contain statement the Department will be notified within 24 hours if an emergency situation occurs which dictates implementation of plan and results in injury or loss of life. Yes_____No_____

9. Does plan stipulate that when other emergency situations dictate implementation of plan, a written incident report and critique of performance under that plan be done. Yes_____No_____

10. Does the home keep and make available to the Department upon request:
    A. Copy of Plan
    B. Records of Rehearsals
    C. Records of Incidents requiring implementation of plan

Approved by Surveyor:_____ Date Approved:_____