

*The Arc  
of  
Prince George's County*

*Disaster/Emergency/Fire  
Evacuation  
Plan*

# *Disaster/Emergency/Fire Evacuation Plan*

## **Policy:**

*In the event of a locally declared emergency The Arc will comply with the instructions of the local authorities. In the event of a household/program emergency, staff will implement established procedure (COMAR Regulation 10.22.02.10(17)).*

*Staff will strive to prevent emergencies by following good safety habits. In the event of a fire or other emergency, it is the primary goal of The Arc to first protect the health and safety of individuals served and employees. Procedures and drills are tools to acquaint staff with the actions to take in the event of a fire or other emergency. Prompt, accurate assessment of an emergency situation and immediate appropriate response by all staff can mean the difference between life and death for everyone in the home/program site. Employees must be aware of all emergency procedures and fully understand their responsibilities in the event of an emergency.*

*NOTE: A notebook containing the Emergency and Disaster Plan is located in each program site in which The Arc provides services.*

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# PART 1: FIRE SAFETY PLAN

## Procedure

### **Fire Safety Plan Education Orientation**

All employees are provided Fire Safety Plan (FSP) information in orientation and are updated as the FSP is revised. Employees are required to know and be prepared to carry out their responsibilities in the event of an emergency. The emergency telephone number is 911. This number is posted by each telephone.

### **Fire Drills**

Fire drills, which simulate emergency conditions, are conducted based on the requirements for the specific program. For example, monthly drills are conducted within Residential Services, for a minimum of twelve drills per year. Drills will duplicate emergency procedures including the complete evacuation of individuals to the exterior of the home/program site and proper fire containment procedures. Days and times of the drills will be varied.

*Note:* The water temperature, dryer lint traps, furnace filter, and last date of fire extinguisher was service, are to be checked at the time of the fire drill.

Individuals will receive training in emergency evacuation, based on the needs of the individual, at sufficient intervals and numbers as identified in his/her Individual Plan (IP).

### **Drill Evaluations**

Staff will evaluate each drill upon completion and submit a the evaluation to the appropriate Administrative Assistant by the fifth (5<sup>th</sup>) of the month. For Residential Services, the drills will be completed on a monthly basis. For Day Program Services, drills will be completed a minimum of every 3 months. These written reports shall be available for staff to review.

## **Conducting Drills**

To conduct a fire drill, the assigned staff member will proceed to the smoke detector and activate the alarm. All staff members on duty shall assist individuals in evacuating to a pre-determined "safe area" away from the program site.

Choose an area away from the program site; try to locate the "safe area" away from major streets.

Immediately following the evaluation, the staff member who pulled the alarm shall record pertinent information on the Fire Drill Report Form. After the individuals have evacuated the program site according to the procedures in "Response to a Fire Alarm", a staff member will reset the smoke detector. Staff will then assist individuals in returning to the program site.

## **Discovery of a Fire**

Upon discovering a fire, staff and individuals will immediately evacuate the program site and follow the emergency and disaster plan.

All program sites are equipped with smoke detectors. These devices will sound an alarm when smoke is detected. Strobe devices will be used in program sites in which individuals, who are hearing impaired, are receiving services.

**ALL STAFF SHOULD IMMEDIATELY RESPOND TO ANY ALARM REGARDLESS OF THE SOURCE.**

## **Response to a Fire Alarm**

The senior and/or lead staff person on duty shall provide the overall management of emergency procedures.

The staff will accompany all individuals outside the program site, and will remain with them until either an "all clear" is sounded, or transportation to an alternate location arrives.

After ensuring the individuals are safe, staff will contact the Fire Department. Call 911, and tell the person who answers the telephone:

a. location of the program:

- b. nature of the program site: a home, day program, etc. which provides services to individuals with developmental disabilities
- c. location of the fire: i.e., kitchen, laundry room, garage, grass fire in the back yard

Then, the staff person shall:

- Fight the fire, only if this can be done safely;
- Notify the Supervisor of the emergency situation.

## **Fire Containment Procedures**

All staff shall be trained in fire containment methods and using fire-fighting equipment during their initial orientation training and at designated times throughout their employment.

It is crucial that all staff understand that their first and foremost responsibility is to safely and quickly evacuate all individuals from the home.

The Arc accepts the guidelines of the National Fire Protection Association, for the containment of small fires using a fire extinguisher.

## **When to Fight a Fire**

Fight the fire only if **all** the following are true:

- Everyone has left or is leaving the home; and
- The Fire Department has been called; and
- The fire is small and confined to the immediate areas where it started (i.e. wastebasket, furniture cushion, and small appliance, etc.); and
- You can fight the fire with your back to a safe escape route;-and
- Your extinguisher is rated for the type of fire you are fighting; and
- Your extinguisher is in good working order; and
- You have had training in the use of the extinguisher; and
- You are confident that you can operate it effectively.

If you have the slightest doubt about whether or not to fight the fire - don't! Instead, leave the house, closing the door behind you.

## **Portable Fire Extinguisher**

All program sites are equipped with fire extinguishers. Portable extinguishers can save lives and property by putting out a small fire or containing it until the Fire Department arrives. These types of extinguisher are not designed to fight a large or spreading fire. Even against small fires they are useful only under the right conditions:

- An extinguisher must be large enough for the fire at hand. It must be available and in working order, fully charged.
- The operator must know how to use the extinguisher quickly, without taking time to read direction during an emergency.
- The operator must be able to lift and operate the extinguisher.

When fighting a fire, protect yourself at all times. Stay low; avoid breathing the heated smoke and fumes or the extinguishing agent. If the fire starts to spread or threatens your escape route, get out immediately.

Most portable extinguishers work in the following manner:

PULL ... Pull the pin. Some extinguishers require releasing a lock latch, pressing a puncture lever or other motion.

AIM ... Aim low, pointing the extinguisher nozzle (or its horn or hose) at the base of the fire.

SQUEEZE ... Squeeze the handle. This releases the extinguishing agent.

SWEEP ... Sweep from side to side **at the base of the fire**, until it appears to be out. Watch the fire area in case fire breaks out again, and repeat the above procedures, if necessary. Stand as far away from the fire as possible, while assuring the extinguisher is effective.

Staff receives training in understanding how to extinguish different types of fires. Multipurpose extinguishers are rated for more than one type of fire and can put out most fires that start in any environment -- wood, paper, cloth, flammable liquid, and electrical fires. Using an extinguisher that is not rated for the fire you are fighting may make the fire worse.

**Evacuation Routes**

The evacuation routes are posted throughout each program site. Appropriate places may include the office area, living room or common area, and bedroom area.

**Following Evacuation**

The staff responsible for evacuation shall account for all individuals served immediately after evacuating the home. Staff and individuals should stay in their assigned areas until otherwise instructed. A status report of persons still in the program site (if any) shall be given to the Fire Department.

**Re-Entry**

No one is to re-enter the program site until the Fire Department determines that it is safe to do so. The senior and/or lead staff person at the scene shall convey information from fire fighters to other staff and individuals served.

**Notifying Management Staff**

The senior and/or lead staff person will immediately contact his/her administrative supervisor.

If medications could not be removed from the home, the nurse shall contact the pharmacist to obtain an emergency supply of all medications.

## **PART 2: Explosions**

**Evacuate and Report**

Explosions may occur for a number of reasons, many of which may not be apparent to you. Because of this, in the event of an explosion, staff should immediately evacuate the program site following the evacuation procedures and report the explosion as outlined in **Part 1: Fire Safety Plan**.

**Additional  
Safety  
Measures**

Due to the unknown nature of the explosion and the risk of triggering additional explosions, do not turn on or off any light switches. **Do not start any vehicles in the garage, per the agency's Transportation policy.**

## **PART 3: Severe Weather Plan**

**Tornado and  
Severe Weather  
Alerts**

When there is a tornado alert, staff on duty should request that individuals stay close to their homes so that they may seek shelter quickly, in the event that severe weather occurs. When severe weather is threatening, staff will be informed of the storm conditions through radio and television stations.

During tornadoes, move to the interior of the program site, away from windows. If possible, everyone should move to the basement level of the home/site.

During severe weather, seek shelter away from windows, and follow the advice of the weather forecaster.

School closings in the county of residence shall dictate whether staff shall transport individuals to daily services. If the schools are closed, the Arc will assume that persons served will be safer at home until the roads are clear.

In preparation for weather-related emergencies:

- a) Telephone numbers for radio stations that report emergencies are posted in a visible location.
- b) All vehicles used to transport individuals will carry emergency supplies.
- c) Sites will be prepared for electrical outages by maintaining battery lights and battery radios.

# PART 4: Power Failure or Failure of Mechanical Systems

## Remaining in the Program Site

All program sites will be prepared for electrical outages by maintaining flashlights and battery-powered radios. In case of utilities failure where weather conditions are such that individuals and staff can comfortably remain in the program site, the staff on duty shall contact the appropriate utility company to inquire about projected duration of outage.

(Insert name of company and telephone numbers here.)

\_\_\_\_\_ : Electricity \_\_\_\_\_

\_\_\_\_\_ : Gas \_\_\_\_\_

\_\_\_\_\_ : Telephone company \_\_\_\_\_

911 -- fire, police, medical emergency

In case of a prolonged power or mechanical failure in severe weather, the program or on-call supervisor shall arrange alternate shelter.

In case -of a power or equipment failure:

Keep the refrigerator door closed. Opening the door lets cold air out.

If the power is expected to be out for more than a few hours, add regular ice to the refrigerator. The more ice used, the longer the food will keep cold.

If the refrigerator will be out for an extended period of time, try transferring refrigerated foods to the freezer section of your

refrigerator or to a separate freezer. The products already frozen will keep the refrigerated foods cold longer even with no additional power. Do this only as a last resort.

In case of a power failure or failure of equipment:

Keep the freezer closed. Open it only to add dry ice or refrigerated foods. A fully loaded freezer will keep foods frozen for 2 days. A half-full freezer will keep food cold for a day.

Twenty-five pounds of dry ice added to a 10 cubic foot fully loaded freezer will keep foods frozen up to 3 days. Handle dry ice carefully with tongs or with protective gloves; dry ice burns bare hands. Provide adequate ventilation; vapors can be harmful. Put heavy cardboard directly on the packages of frozen food; place the dry ice on top of the cardboard.

When electric power is restored, check foods to determine the extent of thawing. Discard food that is off-color or has an odor. Do not taste meat or poultry if you suspect it is spoiled; throw it away. Meats that still have ice crystals present or have maintained a 40 degree Fahrenheit or lower temperature (for less than 2 days) may safely be refrozen. Use refrozen food quickly.

## **PART 5: Electronic Data**

**Back up  
of Electronic  
Data at  
Offsite Facility**

All critical Arc program participant records, human resource records, policies and financial records are stored on the network server which is backed up everyday and copied and saved off-site monthly.

## **PART 6: Gas Leak**

If you detect the odor of gas, do not light a match, use a candle, or turn lights off or on. Evacuate all persons from the program site. Leave the doors open. Do not start a vehicle in the garage or near the program site.

Residential staff should go to a nearby telephone and page their Program Coordinator and/or the Weekend Coordinator.

Submit an Incident Report to the program supervisor within 24 hours.

## **PART 7: Telephone Out of Order**

Call the telephone repair service from a cell phone or a nearby phone. The Telephone Repair number for this program site is:

\_\_\_\_\_.

For the Residential programs, staff should notify the Program or Weekend Coordinator. During the time the phone is out of order and the use of a cell phone is not possible, the Program Coordinator or Weekend Coordinator will designate one staff person to leave the residence to use a nearby phone in case of an emergency.

Submit an Incident Report to the program supervisor within 24 hours.

## **PART 8: Missing Individual**

The program staff are responsible for knowing the whereabouts of each individual when that individual's plan indicates a need for supervision. Staff shall review the whereabouts of individuals including those participating in special activities outside the home, i.e., physician's appointments, shopping trips, family visits, etc. During each shift, staff shall periodically account for all individuals.

If an individual cannot be accounted for, staff shall:

- a. Immediately notify the program or on-call supervisor.
- b. Conduct a thorough search of the program site. The search is to include all areas of the program site,

places, which are accessible or inaccessible to individuals, locked or unlocked, private or public.

- c. In the event of severe weather at the time an individual is determined to be missing, the lead staff or designee will immediately assign staff to begin searching the neighborhood. The program or on-call supervisor may need to assist in the search.

If the individual is still missing after 20 minutes, the program or on-call supervisor will take the following actions:

- a. Organize a search center.
- b. Review details of the search.
- c. Repeat steps a., b., c., above.
- d. Notify the local police department.

If the individual is still missing after 45 minutes, the person on call will:

- a. Contact the family/guardian.
- b. Pursue other search strategies with the local police department.
- c. Follow procedures for reporting an unusual incident.

## **PART 9: Terrorism**

### **Remaining In a Program**

A “safe room(s)” will be determined for each program site. A safe room will be a windowless space in the middle of the program site. It provides an extra barrier between a room that has been taped and sealed and the rest of the site.

In buildings that do not have windowless spaces, the area to be designated as the “safe room” should be a room that is closest to, or under, ground level. Any windows between the room and the

outside should be taped and sealed, and a barrier should be created between the window and the room whenever possible.

A safe room is only a short-term means of protection. A person should remain in a safe room for one to five hours only, depending on the size of the room. While in the safe room, staff should listen to the radio/television for current information and instructions.

### **Suspicious Piece of Mail**

You should not open a piece of mail if:

- It's unexpected or from someone you don't know.
- It's addressed to someone no longer at the address.
- It's handwritten and has no return address or bears one that can't be confirmed as legitimate.
- It's lopsided or lumpy in appearance
- It's sealed with excessive amounts of tape.
- It's marked with restrictive endorsements such as "Personal" or "Confidential."
- It has excessive postage.

In the event that a suspicious piece of mail is received:

- Don't handle a letter or package that you suspect is contaminated.
- Don't shake it, bump it, or sniff it.
- Wash your hands thoroughly with soap and water.
- Notify local law enforcement authorities.

### **Radio Amateur Civil Emergency Services**

Radio Amateur Civil Emergency Services or RACES is a unit of radio broadcasters who provide communication via two-way radios to assist during emergencies. RACES maintains information on Channel 29B, which is a public safety channel for the County.

### **Emergency Radio Stations**

In order to obtain information during an emergency situation, have a battery-operated radio tuned to a local all-news or talk-radio station. Information can be obtained from the following radio stations:

WMAL – 630 AM  
WTNT – 570 AM  
WAMU – 88.5 FM  
WMZQ – 98.7 FM

WTOP – 103.5 FM  
WASH – 97.1 FM  
WBIG – 100.3 FM  
WRC – 1260 AM

Bioterrorism Information Line: \_\_\_\_\_

Prince George's County Website: [www.co.pg.md.us](http://www.co.pg.md.us)

Community Television of Prince George's (CTV) – which can be found on Channel 76

## **Part 10: Evacuation of Program Site(s)**

### **Evacuation, Transportation, Shelter in Place**

All of the emergency conditions outlined in this policy may require program participants to be either evacuated or take emergency shelter in an Arc home, an Arc facility or a community shelter. In each of the emergency scenarios, the safety of program participants and staff should be topic priority and dictate all decisions made by Arc administrators and direct service professionals.

The decision whether to evacuate or take prolonged shelter will be made by the Executive Director or his/her designee. If the Executive Director is unavailable to make the decision, the Deputy Executive Director will take on this responsibility. If the Deputy Executive Director is unavailable, the Residential Director(s) and the Associate Executive Director for Program Services will make the decision for their respective program areas.

The decision will be transmitted from the Executive Director to the Deputy Executive Director, Associate Executive Director for Program Services and the Residential Directors who will in turn notify his/her staff using the telephone as the primary means of communication. If landline phone service is not available, cell phone, e-mail, and/or personal visits will be utilized to transmit the decision. If none of these methods are available, staff should

follow directives provided by government emergency management officials. This information can be found at [www.princegeorgescountymd.gov](http://www.princegeorgescountymd.gov) on the web and will be transmitted on radio at WTOP 103.5 FM or WTEM 980AM.

### **Arc Day Center Evacuations**

If the decision is made to evacuate an Arc day center, Metro Access, Arc transportation staff and Arc day center staff will be called upon to transport program participants to their home or a designated public shelter. If the evacuation is related to a single facility emergency, the Executive Director may decide to transport these individuals to another Arc day center or The Arc headquarters. Each respective Program Director will be required to notify families of the evacuation by telephone. If possible, notification will be provided on The Arc website ([www.thearcofpgc.org](http://www.thearcofpgc.org).) Notification of the evacuation will also be posted on the front door of the evacuated facility. Program participants will not be dropped off at a home in which no family member is present. They will be returned to either an Arc facility or Arc home until a family member can be found.

If the evacuation is due to actual and/or potential damage to the facility, the facility will not reopen until staff are advised to do so by appropriate professional (firefighter, electrician, police, etc...)

### **Arc Day Center Shelter in Place**

If the decision is made to shelter in place beyond normal operating hours, Arc day center staff will be required to provide supervision until such time as they can be relieved of duty. Program Directors will notify families of the shelter in place by telephone and/or other means previously mentioned. If necessary, staff families and families of program participants can also take shelter in The Arc facility. This responsibility will be reviewed with employees during their initial orientation.

Each day center will be adequately supplied with non-perishable food, water and blankets in order to provide basic care for up to 72 hours (See Part 13 Disaster/Emergency Supply Kit for details.) Arc nursing personnel will provide direction related to medication administration in situations where medications may not be available.

## **Evacuation of Group Residence**

In cases where one or more homes are to be evacuated, Arc house staff will be directed by their supervisor to a designated shelter site. Options include another Arc home, an Arc day or office facility, a parents' home, a motel, a public shelter, or an emergency disaster shelter.

Arc staff will be required to stay on duty until such time as they can be relieved. If necessary and practical, staff can have their immediate family members join them at the designated shelter.

The program director or his/her designee will inform families of the location of the shelter. This will be done by telephone or other means if telephone service is not available. A note designating the shelter location will be left on the front door of the home by the house staff.

Each resident will bring a change of clothes, shoes, toiletries, and other items that can be packed in a small bag. Staff will pack medications and related health, contact and other important records in a secure locked bag or suitcase. The house vehicle will be used to transport occupants to the designated shelter unless otherwise directed.

If the evacuation is due to actual and/or potential damage to the home, the facility will not reopen until staff are advised to do so by appropriate professionals inspectors.

## **Reporting Requirements**

A full report will be written by the Program Administrator detailing actions taken, problems, and recommendations related to each evacuation and shelter in place. This report will be submitted to DDA, OHCQ, the Quality Advancement Director, the Director of Administration, The Safety Committee, the Executive Director, and the Program Director. This report must be submitted within 24 hours of resumption of normal operations. The Safety Committee will review the report at its next scheduled meeting.

**Role of Families in Evacuation and Shelter in Place**

Throughout this policy, it must be remembered that the desire to be with family during times of emergency is very important. Therefore, The Arc will make every reasonable attempt to keep families fully informed of emergency actions being taken that are related to their family member. When possible families can drive to an Arc home/facility and pick up their family member. If necessary, family members of program participants and staff will be allowed to shelter in place in Arc homes/facilities. The Arc's primary concern is to accommodate families and staff in ways that assure that program participants are appropriately cared for during any emergency situation.

**Medical Needs and Other Accommodations at Alternative Facilities and Shelters**

Appropriate Arc nursing personnel will be informed of the location of alternative facilities and shelters by the house/program staff. If possible, the nurse will visit the facility/shelter and develop or modify health care delivery plans based upon the given situation. If the nurse cannot physically visit the home due to the situation at hand, then the plan should be modified via a phone call with the house/program staff. Efforts will be made by the administrative staff to fill critical prescriptions through the use of four-wheel drive vehicles if necessary. If this is not possible, public emergency personnel will be contacted to ask for assistance.

**Communication Protocol**

All communications will be sequenced using the regular chain of command. Employees providing information should use the phone tree\* attached to this document. If you are unable to contact the individual directly reporting to you, you are required to fulfill that individual's requirement in the phone tree. Where possible, all information will be provided by e-mail using the e-mail addresses\* attached to this document. If an employee has a question for a supervisor that cannot be reached, the employee should contact the supervisor's supervisor and on up the ladder until someone in charge is found. Using e-mail may be a more expedient route if available.

\*A hard copy and/or electronic version will be provided to all authorized personnel.

### **Staff Coverage for Extended Periods of Shelter in Place or Evacuation**

Every effort possible will be made to relieve staff of extended hours due to shelter in place or evacuation. This being said, no staff member will leave duty until another staff member is on site to take his/her place. Program directors will assign relief or staff based upon the following order:

- Staff that are typically assigned to the individual home/facility in need.
- Staff that are employed by the program in other capacities.
- Staff that are employed by other programs within the agency. For example, if day programs are closed for extended periods due to snow, day program staff can be assigned to residential sites to relieve overworked residential workers
- Administrative staff within the program in need.
- Other Arc administrative staff.
- Families and volunteers (to be used only in conjunction with paid staff.)

Each program director will have a telephone and e-mail list for all staff members within their specific program. They can access lists for other departments by requesting an updated list from any other program director.

### **Annual Practice Drills**

Each facility/home will have one practice evacuation or shelter-in-place drill per year. This event will be coordinated with local emergency planners. An after-action report for improvements will be generated after each practice identifying areas for improvement and corrective action. This report will be submitted to the Safety Committee for review and comment.

## **PART 11: Vehicle Accident**

In the event of a vehicle accident, administer first aid as appropriate. Vehicles are equipped with a first aid kit and a fire extinguisher. Whenever possible move individuals to a sheltered area away from the vehicle. Notify the local police department at 911 and have a police report filed.

Exchange standard accident information such as:

driver's name,  
insurance company,  
license tag number,  
driver's license number,  
driver's address,  
driver's home and business phone number, and  
make and model of the other automobile.

The Arc's insurance information is in the glove compartment of the vehicle.

Notify the program supervisor, who will then arrange for other transposition. The program supervisor will arrange for insurance coverage and vehicle repair. The primary responsibility of the staff is individuals' safety and protection.

The staff member shall complete a detailed report of the incident after another staff person is available to support the individuals.

## **Part 12: Vehicle Safety**

Staff shall assure that vehicles on the premises of homes, vocational programs, and offices are kept locked at all times when not in use.

Staff shall park in designated parking spaces, and obey all parking signs on the street, around buildings, and in parking lots. At no time will any staff double park or block other vehicles for their convenience. This might present a hazard to other drivers or to the Arc vehicles. Employees of our organization are to be models of appropriate and legal behavior regarding the use, parking and storage of vehicles. Therefore, staff shall not use the handicapped accessible parking places for their personal convenience. These spaces are to be used by vehicles that have handicapped parking tags and only when there is a person in the van who may need close-in parking.

Staff are to assist individuals into and out of vehicles with caution, paying particular attention to entering from or exiting to sidewalks and will at no time enter or exit vehicles from or onto a roadway or street area.

During the process of individuals getting into or out of a vehicle, the vehicle is to be "off" (not running). Staff will assure that keys are on their person until it is time to start the vehicle. At no time will keys be left in the ignition of a vehicle.

At no time will staff start a vehicle (to warm it up, etc.), and leave the vehicle unattended. At no time will staff allow individuals to enter a running vehicle. Staff are encouraged to use good judgment and refrain from leaving consumers in parked cars even if the individual requests to be left alone in the vehicle. The individual should be encouraged to accompany the staff and be given information about the hazards of staying alone in a parked vehicle.

If the vehicle is parked in a garage, staff shall open the garage door before starting the vehicle. At no time should a vehicle be running in a closed garage.

Infractions of the above policies are considered safety hazards, and employees who do not follow these guidelines are subject to disciplinary action.

## **PART 13: Safety Program**

Most accidents can be prevented. Eighty five percent of accidents are caused by unsafe behaviors, while unsafe environment cause the remaining 15 % of accidents. The safety program shall emphasize:

- training employees and individuals to perform tasks in a safe manner;
- maintaining a safe, clean, orderly environment;
- developing a concern about safety; and
- reacting appropriately if an accident does occur.

## **PART 14: Emergency Plan for Accidents**

Arc staff providing direct care have current CPR and First Aid training. Each program site has a stocked, readily accessible first aid kit.

For accidents resulting in an emergency, health-threatening injury, staff will give first aid and call 911 for Emergency Medical Services. After the individual has received care, the staff will immediately notify the direct or on-call supervisor and the delegating or on-call nurse.

For accidents resulting in non-emergency, non-health threatening injury, staff will give first aid and report to the program supervisor or person on-call within 24 hours.

Staff will submit an Accident/Incident Report to the program supervisor or person on-call within 24 hours after any accident.

Emergency conditions may arise from a number of causes including: injuries, illnesses, complications and unwanted effects of medication. It is not your responsibility to attempt to diagnose what has caused the condition. Your job is to react swiftly and appropriately to any emergency situation. There are no rules to follow in deciding what is and what is not an emergency situation. However, the most common conditions involve:

- Excessive or uncontrollable bleeding;
- Accidents involving severe injury, choking or failure in breathing;
- Uncontrollable behavior which is dangerous to self or others,- or
- Loss of consciousness unrelated to predictable seizure activity.

### **Report emergency conditions immediately.**

In case of an emergency, call 911 first. Then contact the delegating or on-call nurse.

The Poison Control number is: 202-625-3333, and is posted by all phones along with other emergency numbers.

When more than one staff member is involved

The program or on-call supervisor must take charge of the situation. This person is responsible for telling others what to do and for providing immediate emergency assistance to the individual. All staff members are trained in emergency procedures such as Cardio-Pulmonary Resuscitation (CPR) and advanced First Aid techniques.

The other staff members have a variety of tasks to perform:

- a. Call 911 for emergency help.
- b. Collect the individual's medical records, so that the physician who will treat the individual has complete information on the individual.
- c. Return to the individual to help administer aid, if necessary.
- d. Accompany the individual to the hospital, making sure to take the individual's medical records.

When you are the only staff-person involved

When you are the only staff person present, you will obviously have to deal with the emergency independently (unless other individuals or bystanders may be able to help). Remember that your primary responsibilities are to see that the phone call to an emergency service is made and to provide whatever assistance you can to the individual until help arrives. As soon as possible notify the program or on-call supervisor.

After all emergencies:

- a. As soon as the emergency situation is under control, call the

program or on-call supervisor and the delegating or on-call nurse and inform him or her of what happened.

- b. After notifying the program supervisor and nurse, complete an incident report.
- c. Each staff member involved should write an independent report of the incident as soon as possible and send it to the direct supervisor.

Non-emergency, potentially health-threatening conditions are indicated by those physical or behavioral signs which lead you to believe that the health or safety of the individual or others is

endangered. You know the individuals,- you know what their usual behavior patterns and physical signs are. Use this information to determine when a health-threatening condition exists.

In your judgment, these are situations where treatment is needed, but not urgently enough to call for emergency medical support. Examples of such situations are:

- a. A fever which is not reduced by normal procedures, such as aspirin, etc.;
- b. Repeated episodes of angry or aggressive behavior which, while controllable, are not typical;
- c. Diarrhea which is not affected by approved non-prescription relief medicines;
- d. A rash which lasts for several days or a rash which appears to be getting worse;
- e. A persistent sore throat;
- f. A severe seizure for an individual who has a history of mild seizures;

- g. An increase in seizure activity; and/or
- h. Unusually withdrawn behavior on the part of a person who ordinarily has frequent interactions with others.

Report as soon as possible after the condition is observed.

When a health-threatening condition arises, contact the delegating or on-call nurse. Report your observations and reasons why you feel this is a health-threatening situation. The delegating or on-call nurse will advise whether to call the person's primary physician or to go to the emergency room.

Follow-up your phone call as soon as possible with a written report of your observations, using forms supplied. Continue to observe the individual for any further changes in his or her condition. Notify the program supervisor of the situation.

Any physical or behavioral changes other than those covered above are included in this category. Any significant changes in an individual's physical condition or general behavior could be important. They must be recorded for later use in planning sessions. Examples of conditions covered by this category are:

- a. Changes in sleep patterns (especially sleeping too much or too little);
- b. Seemingly minor problems such as colds, low fevers, mild diarrhea, etc.;
- c. Unexplained minor bruises;
- d. Lack of coordination; and/or
- e. Slight rash.

There are many more examples, which could have been listed. The important thing to remember is to report anything, which could possibly be of significance.

Report as soon as possible after the condition is observed. Write a written description of what happened or what you observed, using forms supplied and send the report to the program supervisor. Continue to observe the individual for any further changes in his or her condition.

You may not always be certain whether a situation is an emergency. The difference between an emergency and a non-emergency, health-threatening situation may not always be clear. Be cautious and report events even if you are uncertain.

In a life-threatening emergency, the individual's life and safety are your primary considerations. **USE COMMON SENSE IN DETERMINING WHOM TO CALL.** The following guidelines are suggestions, and may not be applicable in every situation:

- a. Call 911 for emergency medical situations.
- b. Remain with the individual and provide First Aid as trained (i.e., direct pressure over a wound, etc.).
- c. Report the situation to the delegating or on-call nurse and the program or on-call supervisor

## **PART 15: Disaster/Emergency Supply Kit**

The following supplies should be maintained at all programs sites:

1. **Water:** Store at least one and one half (1.5) gallons of bottled water per person.
2. **Food:** Store at least a three-day supply of non-perishable food. Select foods that require no refrigeration, preparation, or cooking and little or no water. If you must heat food, pack a can of sterno. Select food items that are compact and lightweight.

\*A selection of the following foods should be included in the

## Disaster Supply Kit .....

- Ready-to-eat canned meats, fruits, and vegetables
- Canned juices, milk, and soup (if powdered, store extra water)
- Staples – sugar, salt, pepper
- High energy foods – peanut butter, jelly, crackers, granola bars, trail mix
- Foods for persons on special diets
- Comfort/stress foods – cookies, hard candy, sweetened cereals, lollipops, instant coffee, tea bags

3. **First Aid Kit\***: A first aid kit should be available at each program site at all times. In addition, a smaller kit kept within each agency vehicle. The first aid kit should include:

- Different sized bandages: “Band-Aids”
- Adhesive tape
- Elastic “Ace” type bandages.
- Ice pack
- Tweezers
- Thermometer
- Syrup of Ipecac (use to induce vomiting if advised by the Poison Control Center)
- Hydrogen peroxide
- Cotton balls
- Gauze
- Neosporin ointment or equivalent ointment

### 4. **Tool & Supplies:**

- Disaster/Emergency/Evacuation Plan manual\*
- Paper cups, plates, and plastic utensils\*
- Battery operated radio\*
- Flashlights\*
- Extra batteries (stored no more than three months)\*
- Non-electric can opener, utility knife\*
- Fire extinguisher (ABC type)
- Waterproof Matches

- Aluminum foil
- Plastic storage containers
- Plastic sheeting
- Duct tape
- Paper and pencils
- Needles and thread
- Medicine dropper
- Shut off wrench, to turn off site gas and water
- Whistle
- Map of the area (for locating shelters)
- Shovel
- Scissors
- Vinyl and/or latex gloves

#### *Sanitation*

- Toilet paper, towelettes\*
- Soap, liquid detergent\*
- Feminine supplies\*
- Personal hygiene supplies\*
- Plastic garbage bags, ties
- Plastic bucket with tight lid
- Disinfectant
- Household chlorine bleach (to purify drinking water)

5. **Clothing & Bedding:** \*At least one complete change of clothing and footwear per person should be kept at the day program sites.

Additional items to include in the “home” kit: rain gear, hats, and gloves, work boots/sturdy shoes, thermal underwear, and sunglasses.

At least one blanket or sleeping bag should also be available per person at all program sites.

#### **6. Special Items:**

- Entertainment – games & books\*
- Individual, program records and other important

documents (Keep these items in a watertight container).\*

## **7. Additional Medications:**

The Developmental Disabilities Administration (DDA) Regional Office Nurse recommends not keeping additional medications at the day program sites. In addition, staff should call 911 in the event of an emergency situation involving a program participant.

Supplies listed with an asterisk (\*) are those items most likely needed for an evacuation and therefore should be placed/stored in an easy-to-carry container(s).

Depending on the nature of the emergency, it may be necessary to purchase supplies such as ice or dry ice. The closest place where dry ice may be obtained is:

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## **PART 16: Staff Training**

Staff will participate in initial and periodic refreshers to review the emergency procedures.

## **PART 17: Evaluating the Emergency and Disaster Plan**

The Safety Committee shall evaluate the effectiveness of the Emergency and Disaster Plan, and will revise as needed.

## **PART 18: Implementation and Oversight**

The Director of Administration will have the primary responsibility to assure that this policy is implemented, reviewed, and updated, and that staff is properly and systematically trained.

## **Part 19: Policy Availability**

An electronic copy of this plan will be stored in the manner stated above and on The Arc website. This plan is shared and updated with the Prince George's County Office of Emergency Management. It will be available upon request (or directly accessible on the website) for state, and federal emergency management organizations.

This policy will also be available to any party upon request. A shortened executive summary of this policy will also be available.

## **Part 20: Useful Telephone Numbers**

<b>Emergencies (Fire/Rescue/Police)</b>	<b>911</b>
<b>Police Non-emergency</b>	<b>301-390-2100</b>
<b>Fire Non-emergency</b>	<b>301-499-8400</b>
<b>American Red Cross</b>	<b>202-737-8300</b>
<b>Verizon (Telephone Repair)</b>	<b>1-800-275-2355</b>
<b>BG&amp;E</b>	<b>1-800-685-0123</b>
<b>Crisis Hotline</b>	<b>301-731-0004</b>
<b>PEPCO (To report outages)</b>	<b>1-877-737-2662</b>
<b>Poison Control Center</b>	<b>202-625-3333</b>
<b>Washington Gas</b>	<b>1-800-752-7520</b>
<b>WSSC</b>	<b>301-206-4002</b>