**Emergency Plans for Home Based Services**

Provider Name:

Address:

Disclaimer:  The Division of Healthcare Financing has provided the following emergency plans as an example.  Providers may use this example as a starting point to develop emergency plans that are specific to their circumstances.  Providers are obligated to follow the emergency plans that they adopt.

***For all plans outlined below, the provider (defined as the provider and, if applicable, provider staff) shall provide the assistance necessary to assure participants are able to navigate situations safely (i.e., ensure wheelchairs are locked, assist participants to evacuate or take cover as required). The provider shall always have a cell phone available to contact help, if necessary. Parents, legally authorized representatives, and primary service providers shall be notified as soon as reasonable after an emergency situation occurs.***

**Fire** – In the event of a fire, participants shall evacuate the building using the closest exit, and meet at the following location: . Emergency services shall be notified once the safety of the participants is established.

**Bomb Threat** – In the event of a bomb threat, participants shall evacuate the building using the closest exit and meet at the following location: . Emergency services shall be notified once the safety of the participants is established.

**Earthquakes** – In the event of an earthquake, participants shall drop to the ground and cover their heads, or take additional cover under a sturdy table if possible. They shall move away from windows or other objects that might fall on them. Participants in wheelchairs shall lock their wheels, bend over, and remain seated while protecting their head and neck with their arms.

**Floods** – In the event of a flood, participants shall be transported to the nearest shelter. Provider shall not drive in water that is over six (6) inches deep, and participants shall not walk across streets that are covered with flood water.

**Tornadoes** – In the event of a tornado, participants shall seek shelter in the following area of the building: (small interior windowless room on the lowest level (below ground or in a basement if possible), away from corners, windows, doors, and outside walls.) Participants shall cover their heads with their arms or cushion if possible.

**Wildfires** – In the event of a wildfire, participants shall follow emergency broadcast system instructions or the instructions of emergency personnel. Precautions shall be taken to decrease the chance of smoke inhalation and respiratory problems.

**Blizzards** – In the event of a blizzard, participants shall remain indoors. Provider shall ensure that adequate food and supplies are available in the event of an extended situation.

**Power Failure** – In the event of a power failure, the following utility company shall be notified: Provider shall ensure that all required specialized equipment is functional during power outages.

**Other Utility Failures** – In the event of a utility failure, the following utility company shall be notified:

Water/Sewer:

Natural Gas: Phone Service:

The following individualized concerns that will be present in the event of a utility failure, and their mitigation, are addressed below:

**Violent Situation** – In the event of a violent situation, participants shall evacuate the area as quickly as possible. Provider shall offer protection as required in order to keep participant safe. If necessary, provider shall call 911 immediately. Neither provider nor participants shall involve themselves in a violent situation that is in progress.

**Vehicle Emergencies** – In the event of a vehicle emergency, participants shall move to a safe location, if possible and necessary. If an injury has occurred, provider shall contact 911 and perform first aid.

**Medical Emergency** – In the event of a medical emergency, 911 shall be called, followed by notification of emergency contact.

**Missing Person** – In the event of a missing person event, 911 shall be called, followed by notification of emergency contact.

**Provider Incapacity** – In the event of an emergency due to the provider of services being incapacitated, the following plan will be followed:

**Staffing Shortages** – In the event of a staffing shortage due to the need for the provider to respond to another emergency situation, the following plan will be followed:

**Contingency Plan** – In the event of an emergency, provider shall adhere to the following contingency plan to assure the continuation of essential services:

**Additional Plans needed based on local circumstances (i.e., wildfire smoke) –**

**I verify that I have read, understand, and shall adhere to the above emergency plans. I shall test all emergency plans, as required by Chapter 45, Section 13, of the Department of Health’s Medicaid Rules.**

**Provider Signature:**

**Date Reviewed:**