



Ready When It Matters: Emergency Preparedness for Colorado Assisted Living Communities

FROM WRITTEN PLANS TO OPERATIONAL READINESS

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Emergency Preparedness

Session Goals

By the end of today's session, participants should be able to:

- + Recognize the principal preparedness expectations affecting Colorado assisted-living residences.
- + Identify frequently observed planning and readiness deficiencies.
- + Evaluate whether the evacuation and relocation arrangements are operationally usable.
- + Identify improvements in communication, drills, training, resident accountability, and plan maintenance.
- + Apply a practical leadership test to the current emergency preparedness program.



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Emergency Preparedness

The 2:00 AM Test

It is 2:00 AM. A fire alarm activates, smoke is reported in one part of the building, the executive director is unavailable, and the overnight staff must decide what to do.

- + Who takes charge?
- + Where do residents go?
- + How are residents accounted for?
- + How are families notified?
- + Can staff access the information they need?



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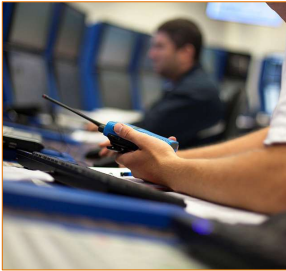
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Emergency Preparedness

An Interconnected System

- + Risk assessment
- + Plans and procedures
- + People and assigned responsibilities
- + Training and exercises
- + Communications and information
- + Equipment and resources
- + External partners
- + Evaluation and improvement



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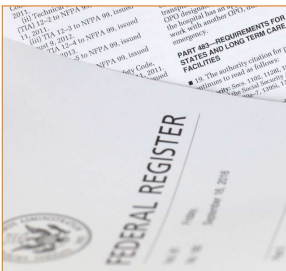
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Emergency Preparedness

The Preparedness Landscape

Overlapping Sources of Expectations

- + Colorado assisted-living regulations
- + Fire and life-safety requirements
- + Local emergency management and public safety expectations
- + Occupational safety requirements
- + Federal requirements, when applicable to the organization
- + Accreditation, insurance, contractual and organizational requirements



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Emergency Preparedness

What Regulators Expect to See

Basic Preparedness Cycle

- + Risks assessed
- + Policies and procedures developed
- + Responsibilities assigned
- + Established communications and coordination arrangements
- + Trained staff and oriented residents, as appropriate
- + Drills conducted and well documented
- + Deficiencies corrected and updates made to the program



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Emergency Preparedness

Colorado's All-Hazards Expectation

Assisted-living residences must complete an assessment of hazards and establish preparedness measures addressing natural and human-caused crises.

Examples specifically identified include:

- + Fire
- + Gas explosion
- + Power outage
- + Tornado
- + Flooding
- + Threatened or actual violence



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Emergency Preparedness

The Gap Between Compliance + Readiness

A Plan May Be Present

- + A policy says "evacuate"
- + A destination is named
- + Contact information exists
- + Staff attended training
- + A drill was documented

Operational Readiness Means

- + Staff who orders and manages evacuation
- + The destination can receive the residents
- + Contact information is accessible during the emergency
- + Staff can perform their assignments
- + Problems were identified and corrected

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Emergency Preparedness

Common Areas of Concern

Examples recently identified by a Colorado Health Department contact include:

- + Missing or incomplete evacuation plans
- + No predetermined relocation destination
- + Insufficient staff training and drills
- + Unsupported use of "defend in place"
- + Incomplete or inaccessible resident information
- + Plans that are not routinely reviewed and updated
- + Communication information stored in only one location



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Finding 1: No Actionable Evacuation Plan

Evacuation Plans

Evacuation Plans should address emergencies such as:

- + Fire
- + Flooding
- + Utility or structural failure
- + Hazardous conditions inside the building
- + Violence or other threats requiring movement
- + Other conditions identified through the risk assessment

Evacuation Plans should answer:

- + Who can order an evacuation?
- + Who contacts 911 and partner organizations?
- + How will residents be moved?
- + Which residents require assistance?
- + Which routes and exits will be used?
- + Where will everyone assemble?
- + How will residents be accounted for?
- + What happens when the entire property is unsafe?

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Finding 1: No Actionable Evacuation Plan

Evacuation: More Than Leaving the Building

Different Movement Options

- + Movement away from immediate danger
- + Horizontal relocation within the building
- + Vertical movement between floors
- + Evacuation to an exterior assembly area
- + Relocation to another building or facility
- + Longer-term displacement and continuity of resident care



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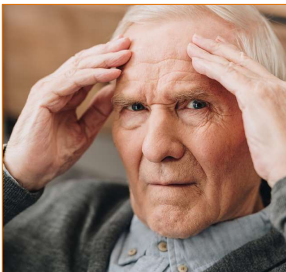
14

Finding 1: No Actionable Evacuation Plan

Resident-Specific Evacuation Needs

The plan must account for:

- + Mobility limitations
- + Cognitive or behavioral support needs
- + Hearing or visual impairments
- + Oxygen, medications, and medical equipment
- + Residents needing transfer assistance
- + Residents who may resist or wander
- + Transportation requirements
- + Staff assistance ratios during movement



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Finding 2: Nowhere to Go

Resident Relocation

Some plans call for relocating residents but do not identify where residents will be taken.

Plans should establish:

- + Initial assembly locations
- + Short-term shelter locations
- + Alternate locations if the primary destination is unavailable
- + Transportation arrangements
- + Reception and accountability procedures
- + Continuity of medications, records, food, supervision, and care



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Finding 2: Nowhere to Go

Written Relocation Agreements

DOH's expects that facilities establish written agreements with the following:

- + Other health or residential-care facilities
- + Community organizations
- + Transportation providers, when appropriate
- + Other organizations needed to support displaced residents

Agreements should identify the following:

- + Capacity and limitations
- + Activation and contact procedures
- + Transportation responsibilities
- + Information accompanying residents
- + Staffing and supervision
- + Costs or reimbursement, if applicable
- + Effects if both organizations are affected

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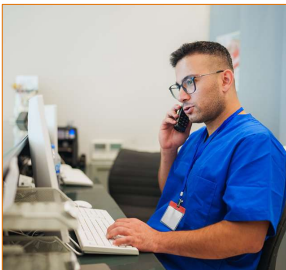
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Finding 2: Nowhere to Go

Test the Relocation Assumption

Considerations

- + Is the agreement current?
- + Does the receiving organization still exist and have capacity?
- + Is the designated location exposed to the same hazards?
- + Can transportation be obtained during a regional emergency?
- + Can the location accommodate residents' functional needs?
- + Who confirms that the destination is ready before residents are sent?



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Finding 3: Staff Have Not Practiced

Evacuation Training

Some facilities do not provide sufficient evacuation training or conduct and document the required drills.

Colorado's expectation, as described by the health department contact, includes:

- + Identifying the facility's highest potential risk
- + Conducting routine drills addressing staff and resident response to that risk
- + Maintaining written documentation of drills

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Finding 3: Staff Have Not Practiced

Training + Drills Are Different

Training

- + Explains what should happen
- + Teaches roles and procedures
- + May use discussion or demonstration
- + Builds knowledge

Drill

- + Tests whether it can happen
- + Requires people to perform them
- + Simulates an emergency condition
- + Reveals operational gaps

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Finding 3: Staff Have Not Practiced

A Useful Drill Cycle

Practical Cycle

- + Select a priority risk or capability
- + Define what the drill should test
- + Brief participants and protect resident safety
- + Conduct the drill
- + Observe decisions and actions
- + Document strengths and gaps
- + Assign corrective actions
- + Retest important improvements

Possible Measures

- + Time to recognize and report the emergency
- + Time to initiate protective action
- + Ability to locate and assist residents
- + Accuracy of resident accountability
- + Ability to contact leadership and emergency services
- + Accessibility of emergency information

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Finding 4: Shelter, Defend, Relocate or Evacuate

"Defend in Place" Is Not a Default Strategy

According to the health department contact, "defend in place" language is permissible only when the Colorado Division of Fire Prevention and Control has conducted the necessary facility-specific survey and provided documentation allowing it.

- + Very few facilities in Colorado currently have that authorization
- + A facility should not assume that building construction, sprinklers, resident needs, or staffing automatically permit defending in place
- + The emergency plan must match the facility's documented fire and life-safety strategy



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Finding 4: Shelter, Defend, Relocate or Evacuate

Which Applies to You?

The following terms are NOT interchangeable:

- + **Shelter-in-Place:** Remain indoors to avoid an external hazard
- + **Defend-in-Place:** Use an approved building and life-safety strategy to protect residents without immediate total evacuation
- + **Relocate:** Move residents from an affected area to a safer internal or external location
- + **Evacuate:** Move people out of the threatened building or area



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Finding 5: Resident Accountability

Responders Cannot Locate or Account for Residents

There is the stated expectation that the residence maintain readily available:

- + A current resident roster
- + Room assignments
- + Emergency contact information
- + A facility diagram showing room locations

This matters because:

- + Directs responders to occupied rooms
- + Identifies residents requiring assistance
- + Supports systematic evacuation searches
- + Helps detect missing residents
- + Supports reunification and family communication

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Finding 5: Resident Accountability

Accountability Must Follow the Resident

The accountability process should address:

- + Who has the master roster?
- + Who marks residents as evacuated or relocated?
- + How are residents tracked between locations?
- + How are hospital transports recorded?
- + Who reconciles conflicting information?
- + How are staff, visitors, and contractors accounted for?
- + Who reports missing persons to responders?



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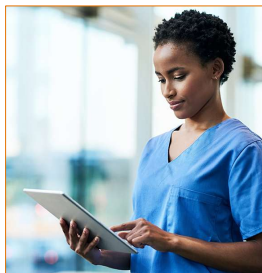
Finding 6: Emergency Contact Information

Critical Information Stored in One Place

Facilities sometimes keep all resident or emergency contact information at one physical location. If that part of the building is inaccessible, the information may be unavailable when it is most needed.

Plans should provide secure, redundant access through appropriately controlled methods, such as:

- + More than one secure physical location
- + A protected electronic system accessible to authorized personnel
- + An emergency packet or go-kit
- + A current off-site or cloud-based backup
- + A process for maintaining consistency among copies



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Finding 7: Emergency Plans

Plans Become Obsolete

Plans should be reviewed and updated:

- + On an established schedule
- + When resident needs or facility conditions change
- + When leadership or staff assignments change
- + When telephone numbers or partners change
- + After drills and actual emergencies
- + After regulatory or organizational changes
- + When construction changes routes, exits, or assembly locations.



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Finding 7: Emergency Plans

A Predetermined Communication Strategy

Plans should address communication with:

- + Residents
- + Families and responsible parties
- + Staff
- + Emergency services
- + Public health and regulatory agencies
- + Relocation and transportation partners
- + Healthcare and pharmacy providers
- + Organizational leadership
- + Media, when applicable

For each group, determine specifically:

- + Who communicates
- + What information is shared
- + Which method is used
- + What backup method is available
- + How communication is documented

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Finding 7: Emergency Plans

What if Normal Communications Fail?

Consider the loss of the following:

- + Landline telephone service
- + Cellular service
- + Internet access
- + Electrical power
- + Mass-notification systems
- + Access to the main office or records area



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Finding 7: Emergency Plans

Leadership During the First 15 Minutes

The plan should establish the following:

- + Who initially assumes leadership
- + How leadership succession works
- + Who contacts emergency services
- + Who evaluates protective actions
- + Who directs staff assignments
- + Who maintains resident accountability
- + Who communicates with families and partners
- + How command transfers when senior leadership arrives



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Scenario: 2:00 AM

Smoke Detected

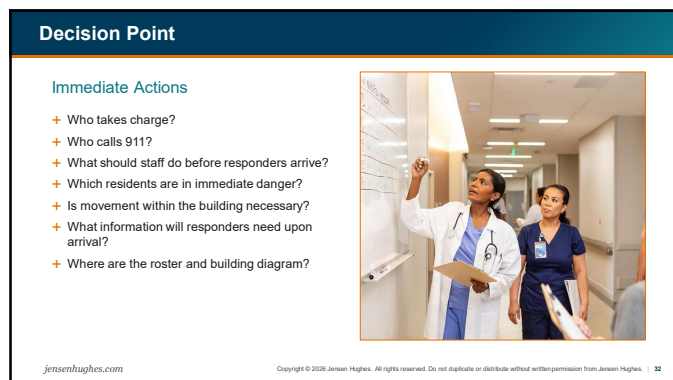
An overnight employee smells smoke near a utility or laundry area. The alarm activates. There are limited staff in the building, several residents need mobility assistance, and the executive director does not immediately answer the telephone.



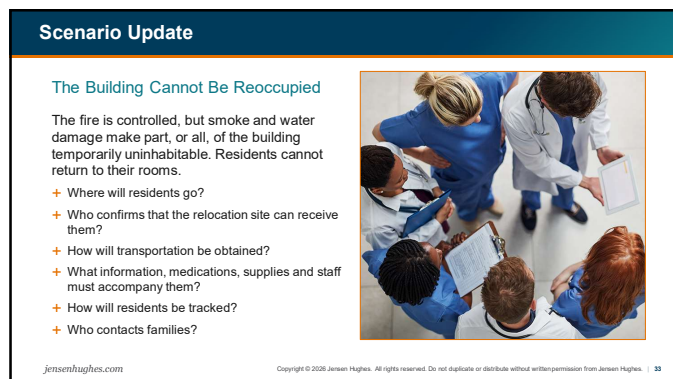
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Scenario Update

Communications + Records Are Inaccessible

The office containing the primary resident files and contact list is within the affected area. Staff cannot enter it, and internet service is interrupted.

- + Is a current roster accessible elsewhere?
- + Can staff identify each resident's room and support needs?
- + How will families be contacted?
- + What redundant information systems are available?
- + How will privacy be protected while information is shared?



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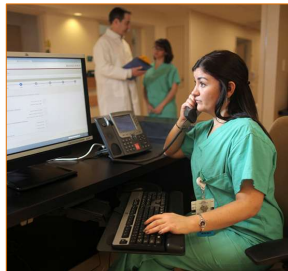
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Emergency Preparedness

What Made the Difference?

- + A hazard-informed plan
- + Clear authority and succession
- + A viable evacuation strategy
- + Current relocation agreements
- + Trained and practiced staff
- + Accessible and redundant resident information
- + Reliable communications and accountability



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Emergency Preparedness

Leadership Readiness Checklist

- + Do we have an actionable evacuation plan?
- + Do we know which protective strategies are legally and operationally available to us?
- + If our plan uses "defend in place," do we have facility-specific DFPC documentation?
- + Do we have viable, current relocation destinations and written agreements?
- + Does our plan reflect current residents and their needs?
- + Can authorized staff access rosters, room assignments, diagrams and emergency contacts if the office is inaccessible?
- + Are staff trained for their assigned responsibilities?
- + Do we conduct and document meaningful drills based on our highest-priority risks?
- + Can we communicate if normal systems fail?
- + Do we routinely update the plan and correct problems identified through drills or actual events?

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Emergency Preparedness

Five Takeaways

- 1 Validate the evacuation strategy.** Ensure it is specific, actionable, and consistent with the facility's approved life-safety approach.
- 2 Confirm relocation arrangements.** Review written agreements, capacity, transportation, and activation procedures.
- 3 Make critical information accessible.** Maintain secure, current, redundant access to resident and emergency information.
- 4 Conduct a meaningful drill.** Test the highest-priority risk and document both performance and corrective actions.
- 5 Review and update the program.** Assign responsibility, establish a review schedule, and make changes when conditions or lessons require them.

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Questions?

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Presentation and Workshop
Evaluation CO Leading Age



Thank You
Please complete a 10-Question Survey

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