

2 Emergency Preparedness Guidelines for
3 Assisted Living Communities

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17 Proposed – July 14, 2025
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EMERGENCY PREPAREDNESS GUIDELINES FOR ASSISTED LIVING COMMUNITIES

DISCLAIMER

The information provided in these Emergency Preparedness Guidelines has been compiled to inform and assist Assisted Living Community professionals with decision making on issues related to emergency preparedness. When using these Emergency Preparedness 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 Preparedness 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.

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. Any regulation, instruction or directive issued by a governmental or regulatory authority having jurisdiction with respect to Assisted Living Communities shall supersede any contradictory information included in these Guidelines.

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EMERGENCY PREPAREDNESS GUIDELINES FOR ASSISTED LIVING COMMUNITIES

INTRODUCTION

Emergency Preparedness Plans (which may also be referred to as Emergency Operations 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, chronic health conditions, and cognitive impairment. These factors increase the risk of 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 Preparedness Plan in place to safeguard the well-being of their Residents, staff, and any other individuals on premises during such events.

A comprehensive Emergency Preparedness 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 Preparedness Guidelines for Assisted Living are designed to aid Communities in developing and implementing a comprehensive All-hazards Emergency Preparedness 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: Resources and 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, enhance consistency in the approach to the Assisted Living sector across states 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 Preparedness 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 Preparedness Plan. Although the sector is not required to adhere to NIMS standards now, it may be in the future. By choosing to follow NIMS/ALICS Guidelines, emergency response efforts will be more efficient overall, since all Emergency and Disaster Authorities have mutual understanding of the Plan elements.

The Emergency Preparedness Guidelines for Assisted Living were developed using reliable sources, including materials from the American Assisted Living Nurses Association (AALNA) and

153 the Federal Emergency Management Agency (FEMA). A diverse group of stakeholders—including
154 Assisted Living providers, state regulatory officials, safety and disaster experts, and others—
155 reviewed these materials to ensure their relevance to the Assisted Living sector. This validation was
156 crucial, as much of the publicly available Emergency Preparedness guidance has not been
157 adequately adapted for Assisted Living Communities and several state regulations do not address
158 more contemporary hazards such as active shooters or cyberattacks. These Emergency
159 Preparedness Guidelines were created by the Quality in Assisted Living Collaborative (QALC),
160 which consists of five partnering organizations: the American Seniors Housing Association (ASHA),
161 Argentum, LeadingAge, the National Association for Regulatory Administration (NARA), and the
162 National Center for Assisted Living (NCAL). Together, these organizations worked to identify,
163 define, and develop model guidance specifically for assisted living communities.

EMERGENCY PREPAREDNESS GUIDELINES FOR ASSISTED LIVING COMMUNITIES

COMMUNITY SPECIFIC CONSIDERATIONS

It's important to note that the Assisted Living model can differ based on how each community operates and the regulations in their state. This leads to differences in staffing, 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 Preparedness Guidelines for Assisted Living, it is essential that Communities incorporate their independent judgment, taking into account its unique characteristics, such as location, size, and the population it serves. For instance, a smaller Community may have one staff member overseeing multiple areas, while a larger 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 specific needs of the Resident population. For example, evacuation protocols for Residents with memory impairment may require different considerations compared to those for more independent Residents.

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 preparedness 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 Preparedness Guidelines for Assisted Living Communities

Emergency Preparedness: It is recommended that Assisted Living Communities have a written Emergency Preparedness Plan 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 on the Community's Premises (Appendix A).

- 1) **Emergency Preparedness Plan Elements:** It is recommended the Plan include the following elements, each of which will be more clearly defined throughout these Guidelines.
 - a) Use of a Hazard Vulnerability Assessment (HVA) (Appendix A) at designated intervals.
 - b) Designation of an Emergency Preparedness Leader.
 - c) Processes and protocols for relevant, potential Emergencies or Disasters that take into account the HVA results and consider the following:
 - i) Mitigation (Appendix A).
 - ii) Preparation (Appendix A).
 - iii) Response (Appendix A).
 - iv) Recovery (Appendix A).
 - d) Conducting an Emergency Preparedness 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 Preparedness 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 each Community designate an EPL to provide a consistent point of contact to coordinate the development, training, and implementation of the Community's Emergency Preparedness Plan. Criteria for the person assigned the EPL role might include:
 - a) Having contact information for a person with Emergency/Disaster expertise to advise on the Community's Emergency Preparedness Plan and Emergency-related matters.
 - b) Trained in the All-hazards Approach and understands how to apply the measures to their Community.

- c) Having the authority to make decisions necessitated by an Emergency or Disaster until the Incident Command System (ICS) (Appendix A) goes into effect, meaning the designated Incident Commander (IC)(Appendix A) is instated.
- d) Having the ability to communicate clearly and calmly and instill confidence during a crisis.
- e) Availability 24/7 and/or has trained designee(s) as back-up.

4) **Processes and Protocols:** It is recommended the Community use 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 prevent Emergencies/Disasters, reduce the likelihood of an occurrence, and/or limit the damaging effects of unavoidable Hazards by applying the HVA findings. Mitigation measures might include:
 - i) Adhering to local, state, and federal safety standards.
 - ii) Reviewing insurance coverage and adjusting as needed.
 - iii) Securing an Alternate Energy Source (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 for escalating weather/Disaster/Hazard information and taking appropriate precautions.
 - vi) Determining Business Continuity (Appendix A) Plans.
 - vii) Securing Written Agreements (Appendix A) with vendors for materials needed to protect the building, such as sandbags, boards for boarding windows, etc.
 - viii) Securing outdoor and indoor fixtures, equipment, and other objects. (e.g., patio furniture, outdoor trash cans, indoor shelving, etc.)
 - ix) Posting building floor plans with exits clearly marked and fire extinguisher locations.
 - x) The ability to secure entry into the Community.
 - xi) Establishing Resident, visitor, and vendor sign-in and sign-out.
- b) **Preparation:** It is recommended the Community prepare 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 testing and drills to ensure staff awareness and EPL's and any other Safety Officers' level of competence in implementing the Incident Command System, with consideration of Resident limitations and disabilities. The Program may outline the following elements:
 - (1) Training intervals which may occur as follows:
 - (a) During new hire orientation and annually.
 - (b) Proactive to seasonal, weather-related risks.
 - (c) As needed before, during, and after an Emergency or Disaster.
 - (d) As needed in the event of significant Plan updates/revisions.
 - (2) Training topics which may include:
 - (a) Types of Emergencies/Disasters 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.

(i) Natural Disasters/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 may include ice, snow, hail, or freezing temperatures.

(ii) Human-made 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.
7. Pandemics, epidemics, and foodborne illness outbreaks.
8. Workplace violence.
9. Vehicular accident.

(iii) Technological 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. Hazardous material exposure.
9. HVAC failure.
10. Information system failure.
11. Natural gas failure.
12. Sewer failure.
13. Structural damage.
14. Supply shortage.
15. Water systems failure.

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

1. Casualties due to hazardous material incident.
2. Chemical exposures.
3. Chemical spills.

- 494 4. Chemical terrorism.
- 495 5. Radiological disaster.
- 496 (b) Awareness of available supportive resources (Appendix B) for
- 497 Resident/families/staff.
- 498 (3) Drills/Exercises (Appendix B): Considerations may include:
- 499 (i) Drills or exercises to occur in accordance with state regulations.
- 500 (ii) Involvement of Residents when deemed feasible and appropriate.
- 501 (iii) Evaluation of drill outcomes and readiness to make process improvements
- 502 and retrain staff as necessary.
- 503 (4) Adherence to federal and state staff training requirements and documentation.
- 504 ii) The EPL and other designated Community Safety Officers participating in local
- 505 Response planning with public safety officers as deemed necessary.
- 506 iii) Monitoring credible outlets for escalating weather/Disaster/Hazard information and
- 507 taking appropriate precautions.
- 508 iv) Securing Written Agreements to address potential needs during and after an Emergency
- 509 or Disaster. Recommended agreements include:
- 510 (1) Alternative housing/shelter and evacuation transportation partners, who must
- 511 demonstrate the ability to meet the access and functional needs of the Residents
- 512 served.
- 513 (2) Access to Emergency fuel for generators and/or vehicles used for evacuation.
- 514 (3) Restoration vendors(s) to mobilize significant resources for any needed repairs as
- 515 soon as possible after an event.
- 516 v) Ensuring electronics remain adequately charged at all times, such as phones and
- 517 computers.
- 518 vi) Maintaining an adequate inventory of emergency supplies and rations (Appendix B).
- 519 This may include:
- 520 (1) Process to determine supply and ration needs for Residents, staff and others who
- 521 may be on the Community's premises at any given time.
- 522 (2) Routine inspection to ensure supplies and rations are within expiration date.
- 523 (3) Plan for replenishing supplies and rations as needed.
- 524 vii) Identification of essential information in the event of an Emergency. If electronic,
- 525 consider an alternate process to retrieve the information in anticipation of
- 526 technology/power disruption (Appendix B). Essential information may include:
- 527 (1) Sign-in/sign-out log or some other process to track individuals (Appendix B) entering
- 528 and exiting the community.
- 529 (2) Resident roster with room assignments, ambulatory status, access and function
- 530 needs.
- 531 (3) Resident health records which may include medications, MARs (medication
- 532 administration records), physician(s), and a Resident photo for identification
- 533 purposes.
- 534 (4) Employee schedule (to know who is on-site and/or who may be in transit).
- 535 (5) Identification of emergency contacts including:
- 536 (a) State and local emergency management services, state regulatory agencies,
- 537 and any other relevant Authorities (Appendix A).

- (b) Resident contact information including Resident, Resident designated Emergency contact(s)(Appendix B), and Resident physician(s).
- (c) Employee contact information and employee designated Emergency contact(s) information.
- (d) Utility providers.
- (e) Healthcare providers.
- (f) Pharmacy.
- (g) Vendor information for Business Continuity services. These services may include:
- (i) Alternative housing/shelter.
 - (ii) Evacuation transportation.
 - (iii) Supply delivery.
- (h) Parent organization contacts if relevant.
- viii) Method and timeliness of contacting each Resident’s designated emergency contact(s).
- (1) In the event of an Emergency or Disaster, provide updates on the status of the Resident and the Community.
 - (2) When there is advanced warning of a potential Disaster, such as a hurricane or flood, consider the Resident’s designated emergency contact(s) temporarily caring for the Resident off site during the Disaster if appropriate and feasible.
- ix) Evacuation and sheltering in place protocols which may include:
- (a) 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:
 - (i) Decision criteria between evacuation and shelter in place.
 - (ii) Process to communicate the outcome of the assessment to Residents, staff, all appropriate Authorities, Resident designated emergency contact(s), and any Other Appropriate Persons (Appendix A).
 - (iii) 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 when applicable.
 - (b) 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(s) temporarily caring for the Resident off site during the 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 person(s) have vacated.
- (x) Having staff at alternative shelter to assist with Resident arrival.
- (xi) Facilitation of Resident transfer to another type of care delivery service when appropriate with all pertinent information, medications, and valuables. Facilitation includes keeping Resident designated emergency contact(s) and Other Appropriate Persons informed of any transferred Residents' 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 (carrier), vaccination records, medicines, food and water, litter, and other necessary supplies. Service animals must stay with their residents; pets may be separated for transport.
- (xiii) Providing Residents, staff, and any Other Appropriate Persons an orientation to alternative housing/shelter, including safety and security, hours of operation, and dining options.
- (xiv) Assigning roles and responsibilities for Essential Functions to staff prior to, during, and once at alternative housing/shelter(s), which may consider the following:
1. Span of control, meaning the reporting structure and number of direct reports for each designated Safety Officer.
 2. Division of responsibility if alternative housing/shelter is a similar setting and has 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.

- 624 7. Securing or movement of hazardous materials.
- 625 (c) Shelter in place criteria that, when met, will trigger shelter in place protocols
- 626 which may include:
- 627 (i) Location of shelter(s), dependent on type of Emergency or Disaster.
- 628 (ii) Roles and responsibilities assigned to staff.
- 629 (iii) Life safety, sanitation, and comfort measures including:
- 630 1. Maintaining temperatures to protect the health of Residents, staff, and
- 631 others sheltering in place and the safe and sanitary storage of food,
- 632 water, and medical provisions.
- 633 2. Resident call system or alternative solution (Appendix B) if
- 634 power/technology outages.
- 635 3. Emergency lighting/Wayfinding (Appendix A).
- 636 4. Fire detection, extinguishing, and alarm systems.
- 637 5. Sewage and waste disposal.
- 638 6. Linen and laundry services as needed.
- 639 7. Securing and operating Resident medical devices, such as CPAP
- 640 machines, oxygen concentrators, nebulizers, etc.
- 641 8. Utilizing Alternative Energy Source, such as a generator and fuel, to
- 642 maintain the above if the primary source of energy is unavailable.
- 643 (iv) Assessing damage and/or monitoring the continuation of utilities and
- 644 functional equipment.
- 645 (v) Securing delivery of supplies, including medications and oxygen, when
- 646 normal delivery routes/access may be disrupted.
- 647 (vi) Method for dispensing supplies, medications, and food and water to
- 648 Residents, staff, and other person(s) sheltering in place.
- 649 x) Establishing a Communication Plan: The Community's Communication Plan may
- 650 include:
- 651 (a) Appointing a trained and qualified Public Information Officer (PIO) or
- 652 designated spokesperson to work in tandem with local responders on any
- 653 releases/statements to the media.
- 654 (b) Proactively developing standardized communication messages outlining the
- 655 risks associated with relevant types of Emergencies/Disasters that may affect
- 656 the Community and the measures to be taken. Edit as needed and distribute at
- 657 appropriate times prior to, during, and after an event.
- 658 (c) Method and timeliness of notifying appropriate Authorities (such as local
- 659 emergency management services, health departments, and regulatory
- 660 agencies), corporate/legal office if applicable, vendors as needed, utilities as
- 661 needed, and any Other Appropriate Persons of the situation and the possible
- 662 need to evacuate.
- 663 (d) Distribution of radios and auxiliary phones to staff and any Other Appropriate
- 664 Persons on site and establishing alternative means for communication
- 665 (Appendix B) in the event technology fails.

- (e) Method and timeliness for communicating situations and safety information to Residents, staff, Resident designated emergency contact(s), and any Other Appropriate Persons. Methods of communication may include:
- (i) Email, text or voice-to-voice communication.
 - (ii) Recorded phone messages for incoming calls.
 - (iii) Website and social media outlets.
 - (iv) Signage.
 - (v) Runners. (Appendix A)
- (f) Addressing public comments/social media reviews with consideration of liability.
- (g) 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 a Staffing Plan: The Community's Staffing Plan may include:
- (a) A list of backup or relief staff which may include volunteers or agency personnel assuming the person(s) are in compliance with state regulations to provide Resident assistance.
 - (b) A list of staff who may be used in alternative roles.
 - (c) A plan to modify staffing and work hours.
 - (d) Organizing staff transportation to and from the Community or alternative housing location if normal transit is disrupted.
 - (e) A provision for emergency housing for staff as needed in proximity of Community or, in the event of an evacuation, the Residents' alternative housing location.
 - (f) Requesting curfew extensions/exemptions within the locality if needed.
 - (g) Protocol if staff are joined by their family members and/or pets during an Emergency either on site or at an alternative housing location.
 - (i) Consider whether a plan is deemed necessary to meet child and/or pet care needs for employees' children and pets.
- xii) A plan if the Community accepts evacuees from other locations according to state regulations, and with consideration of staffing needs.
- xiii) Rationing supplies if needed.
- xiv) Tracking cost expenditures and reporting to insurance companies, appropriate Authorities, and other entities who may require the information.
- xv) Accessing cash in the event other payment systems are disrupted.
- xvi) Recovering lost data or damaged documents and files.
- xvii) Contingency Plans for all Essential Functions which may include:
- (a) Identifying back-up Community Safety Officers and realignment of responsibilities.
 - (b) Evaluating the need for additional staff including contingency staff utilization and support.
 - (c) Protocol in event 911 is unavailable, which includes identifying staff with CPR and First Aid certification.

- (d) Establishing backup Written Agreements with vendors for potential needs during an Emergency or Disaster if an original vendor is unable to fulfill their obligation.
- (e) Determining alternate evacuation meeting places and routes.
- (f) Establishing a process in the event Residents are separated from staff during an evacuation.
- (g) 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) Maintaining contact with 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 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 persons' on premises injuries or fatalities.
 - iv) Assessing 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 continuous documentation, including:
 - (1) Resident care issues.
 - (2) Incident management.
 - (3) Other noteworthy actions, decisions, and activities related to response.
 - (4) Response expenses.
 - vii) Quickly 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 rest and sleep areas, nutrition, and hydration to Residents, staff, and any other 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 designated emergency contact(s), 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 location.
 - xi) Restrictions on Resident, staff, and any other persons' on premises movement within the Community or alternate housing location 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) Site security/ temporary morgue as needed.
- (4) Religious and cultural concerns.
- (5) Management of contaminated decedents.
- (6) Family/guardian notification protocol.
- (7) Behavioral health support for survivors.
- (8) Documentation.
- (9) Restoration and recovery (Appendix B).
- 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 (Appendix B) as soon as feasible. Recovery may include:
 - i) Evaluating the damage post incident and reporting to appropriate Authorities.
 - ii) Evaluating Business Continuity and communicating Community process and protocol updates to appropriate Authorities and Other Appropriate Persons, which may include securing authorized clearance to stay/return to community after event.
 - iii) Provisions for the safe return of staff (Appendix B).
 - iv) Provisions for the safe return of Residents (Appendix B) and the safe recovery and return of any resident belongings.
 - v) Providing assistance, supported by social services, in the event staff or Residents encountered loss of loved ones and/or personal possessions.
- 5) **Emergency Plan Review:** It is recommended the Community conducts an Emergency Preparedness 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.
 - ii) In advance of seasonal threats, such as hurricanes, tornados, extreme heat, and wildfires.
 - iii) During and after an Emergency or Disaster when feasible.
 - iv) At least annually.
 - 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 and contracted (MOA/MOU) vendors 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.

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

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Appendix Items

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.

Appendix A: Definition of Terms

- **All-Hazards Approach:** The All-Hazards Approach is 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, and Respond to the impact of any adverse event. (Based on the Assisted Living Incident Command System (ALICS) definition.)
- **Alternative Energy Source:** 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.
- **Authorities:** For the purpose of these Guidelines, the term Authorities includes any Authority with jurisdiction, such as local, state, and federal emergency management services, regulatory bodies, tribal sovereignty, and any other organization which it is legally required and/or appropriate to notify in the event of an Emergency/Disaster. Where required, it also refers to Authorities that must review and approve Emergency Plans prior to implementation.
- **Business Continuity:** Business Continuity refers to the ability of an organization to maintain critical operations and Essential Functions and minimize disruption, ensuring a swift resumption of normal activities after a crisis or disruption.
- **Disaster:** A disaster is 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.
- **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 Essential Functions.
- **Emergency:** An emergency is 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.
- **Essential Functions:** Essential Functions are Community services and operations which may include medication assistance, personal care services, meal service, safety and security, and administrative duties like staff scheduling, hiring, payroll, other accounting functions, and pertinent documentation.

- Hazard: A Hazard is a source of potential danger or adverse conditions either natural or human-made 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): HVA is 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 assessments.)
- Human-made Disasters: Disasters which have an element of human intent, negligence, or error involving a failure of a human-made system.
- Incident Command System (ICS): The ICS is a standardized, on-the-ground, all-hazard management concept. It 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.
- Incident Commander (IC): IC is a term used by NIMS for the person who holds the critical role of having ultimate authority and responsibility for managing an incident. Depending on the scale of the incident and the size of the community, the IC may appoint “officers” or “helpers.” (As defined by ALICS) For more information, consider referencing [ALICS GUIDE PDF](#) Page 8-11.
- Mitigation: Mitigation includes any structural and nonstructural measures taken to prevent or limit the impact of an Emergency/Disaster, reduce the chance of an Emergency/Disaster happening, or reduce the damaging effects of unavoidable Emergencies/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, and heatwaves.
- Other Appropriate Persons: For the purpose of these Guidelines, based on the situation this may include one or more of the following: other person(s) on the premises, Resident and employee designated emergency contact(s), and those who provide Community or Resident services.
- Other Individuals Providing Community or Resident Services on the Community’s Premises: For the purposes of these Guidelines, this may include individuals who are not employed by the Community, such as volunteers, students, agency personnel, healthcare providers, and any other outside vendors. Note, some states may have specific emergency preparedness regulations related to one or more of those included in this definition.
- Preparation: Actions taken to plan, organize, equip, train, and exercise to build and sustain the capabilities necessary to prevent, protect against, mitigate the effects of, respond to, and recover from those threats that pose the greatest risk.
- 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.
- Runners: Person(s) who physically moves from one area to another to share information.

- **Safety Officers:** Depending on the scale of the incident and the size of the Community, the IC may appoint “officers” or “helpers.” Example titles may be Public Information Officer or Care Specialist. For more detail on ICS responsibilities and possible roles, consider referencing [ALICS GUIDE PDF](#), Page 8-11.
- **Staging Mobilization:** It is recommended a Community has an established Plan for Staging Mobilization in anticipation of an evacuation. This includes preparing staff and Residents on what to expect, 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.
- **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:** Wayfinding encompasses all of the ways in which one orients themselves in physical space and navigates from place to place. For more information consider referencing [The Importance of Indoor Wayfinding in Emergency Situations | by VAISHAK | Medium](#).
- **Written Agreements:** Written Agreements may include formal contracts, memos of understanding (MOU), or memos of agreement (MOA) which are formal agreements that outline the terms and conditions agreed upon by parties, serving as a record of their mutual understanding, intentions and obligations.

Appendix B: Resources and Links

- 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
 - [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 employee and Resident files with all pertinent information.
 - 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 employee specify at least one designated person as their emergency contact.
 - 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:
 - [FEMA Training](#)
 - [Training and Education | FEMA.gov](#)
 - [National Incident Management System \(NIMS\)](#)
 - [Training and Testing | Ready.gov](#)
 - [Training Services for Organizations | Red Cross](#)
 - [Preparing for Disasters | CDC](#)
 - [Resources | Emergency Preparedness and Disability Inclusion | CDC](#)
 - NCAL/AALNA/ALICS (requires membership): [ALICS WEBINAR PPT](#)
 - Exercises/Drills: For more information on training exercises and drills, consider referencing:
 - [Exercises | Ready.gov.](#)
 - [Exercise Program Management Overview](#)
 - [OVERHEAD EMERGENCY CODES Facility Alert](#)
- Communities may also consider inviting local officials to participate in drills and review Emergency Preparedness 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:
 - [Hazard Vulnerability/Risk Assessment | ASPR TRACIE](#)
 - [Analysis Tool: Hazard Vulnerability - California Hospital Association](#)
 - NCAL/AALNA/ALICS (requires membership)

- 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 person(s) 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 have the ability to access and maintain real-time information in the event of a technology failure.
- Provisions for the safe return of Residents: Examples of provisions may include the following:
 - Safe recovery and return of residents' belongings if possible.
 - The possibility of residents returning to an alternate location within the community. (e.g., A resident who had been living in memory care may be housed in a previously designated AL section temporarily.)
 - If residents are unable/unwilling to return to community, providing relocation assistance, supported by social service agencies, for long or short-term needs.
 - Resident transportation coordination if returning to the community after an evacuation.
 - Medical records management.
 - Room assignments.
- Provisions for the safe return of staff: Examples of provisions may include correcting any compensation issues if the payroll process was disrupted and training on any adjusted protocols.
- 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.
- Restoration and recovery (in the event of fatalities): It is recommended to contract an outside vendor to remove the bodies of the deceased. It is also recommended to provide emotional support/counseling services for survivors.
- Return to normal operation: Items to consider when returning to normal operation may include the following:
 - Maintaining the security of building and property as appropriate including visitor protocols as needed.
 - Prioritizing service restoration activities and initiating repairs.
 - Ensuring all necessary equipment is usable and safety checked, and needed equipment and supplies are reordered, repaired, and/or replaced as warranted.
 - Securing the 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.
 - Monitoring contractor services (work quality, costs, etc.).

- Returning any borrowed equipment.
- Restoring processes for non-essential service operations.
- Applying for financial assistance if necessary and applicable.
- Supportive resources: It is recommended that the Community gather and provide 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 <https://www.cdc.gov/emergency/index.html>
 - Cybersecurity: [Cybersecurity | NIST](#)
 - Active Shooter: [ACTIVE SHOOTER PLANNING AND RESPONSE IN A HEALTHCARE SETTING | ALICE Training](#)

1015 **Appendix C: Acknowledgements**

1016 QALC would like to thank the **American Assisted Living Nurses Association** (AALNA) for granting
1017 permission to include content from the Assisted Living Incident Command System (ALICS),
1018 including the document entitled ***All-Hazards Incident Planning Guide*** (2023), which in part
1019 contributed to and informed the development of the Emergency Preparedness Guidelines for
1020 Assisted Living.

1021 Link: [ALICS - AALNA - American Assisted Living Nurses Association](#)

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