

EMERGENCY EVACUATION SAFETY PLAN

GUIDELINES

HANDBOOK

DEPARTMENT OF DEVELOPMENTAL SERVICES

**MARCH, 2005
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EMERGENCY EVACUATION SAFETY PLAN MANUAL

I. Introduction

Since 1995, the Department of Developmental Services has required provider agencies of day, residential, and site based respite supports to develop a safety plan for each service site. The purpose of the safety plan is to demonstrate how all individuals supported at a specific site would be supported to evacuate safely in an emergency.

The safety plan process outlines the procedure for compliance with the safety section of the DDS regulations, 115 CMR 7.08. It recognizes that individual safety should be viewed in a holistic manner, as safety is composed of a number of inter-related factors including individual capabilities and needs, staff support and training, environmental modifications and adaptive technology. Although guidelines were developed that outlined 10 required components for all safety plans, there was no mandated format for plan development.

While the safety plan process has been an important and valuable tool in ensuring individual safety, the lack of a standard format for the development of safety plans led to variability in expected plan format and requirements between DMR Area Offices. Additionally, the narrative format of the safety plan was time consuming and was not found to be the most effective teaching tool for staff.

In response to these issues, a number of changes have been developed that streamline and standardize the process while maintaining the original intent of safe evacuation in an emergency. Input was gathered from both the DDS and provider agency community and proposed changes were piloted in all areas of the state.

Based on all of the input received, the safety plan process has been revised with the key elements as follows:

- While recognizing the importance of ensuring individual safety in a variety of areas, it is important to maintain the limits of the safety plan process to the original intent of safe evacuation in an emergency. Other areas of safety should be addressed through other identified processes.
- The name “Safety Plan” in many ways became a misnomer, in that safety plans often took on a broader meaning than the original intent. This further contributed to the wide variation in requirements for acceptable safety plans. In an effort to focus the safety plan process on safe evacuation only, the Safety Plan is being renamed the Emergency Evacuation Safety Plan.
- The Emergency Evacuation Safety Plan continues to cover the essential elements as required in the original safety plan process.
- Provider agencies will now complete Emergency Evacuation Safety Plans using a standardized format. There are separate forms for work/day supports and for residential supports (which includes site based respite supports).

- Individuals who receive less than 15 hours a week of provider agency support will not utilize the Emergency Evacuation Safety Plan format to address evacuation safety. The involved DDS Area Office and provider agency should address the safety needs of these individuals through other processes.
- Individual assessments will continue to be completed at the time of each individual ISP.

II. Filing Emergency Evacuation Safety Plans

A. Who Has To File?

Provider agencies offering the following services and supports are required to submit Emergency Evacuation Safety Plans for each location where supports are provided:

1. Residential Supports – individuals who reside in a licensed/certified staffed residential home.
2. Less Than 24 Hour Residential Supports - limited services and supports (15 or more hours per week, but less than 24 hours per day) that are provided regularly or intermittently to enable adults not living with their families to retain or improve skills related to personal finance, health, shopping, use of community resources, community safety and other adaptive skills to live in the community
3. Shared Living – supports of at least 15 hours per week under the following conditions:
 - The individual receives DDS funded support from a residential support provider agency.
 - The individual lives in the home of the care provider.
 - Care provider(s) can be a family or single person who is unrelated to the individual.
 - Care provider(s) are not employees of the residential support agency.
 - A residential support provider agency provides placement, guidance and oversight.
 - The DDS Office of Quality Enhancement or other state agency licenses/certifies the agency for placement services.
4. Home Sharing – supports of at least 15 hours per week under the following conditions:
 - The individual lives in his/her own home.
 - The care provider(s) lives in the home of the individual receiving supports.
 - Care providers are not employees of the residential support agency.
 - A residential support agency provides placement, guidance and oversight.
 - The DDS Office of Quality Enhancement or other state agency licenses/certifies the agency for placement services.
5. Respite Facility – temporary placement for individuals outside of their own home at a site licensed/certified by the DDS Office of Quality Enhancement.
6. Work/Day Supports – supports provided during the day, which would include Employment Supports and Community Based Day Supports.

B. Phase In Of Revisions

The transition to the revised Emergency Evacuation Safety Plan (EESP) process will take place over the next two years. Provider agencies will need to continue completing individual safety assessments as part of the ISP process for those individuals being supported through any of the above identified supports. The process for the safety assessments is outlined in Section IV of this manual. As new Emergency Evacuation Safety Plans are developed or existing ones are modified, provider agencies should use the new standardized format required for that service.

Emergency Evacuation Safety Plans will need to be developed according to the following schedule:

1. Within two years if there have been no changes in the location that affect safe evacuation.
2. When existing evacuation plans are no longer effective or changes are proposed, such as staffing ratios, individual evacuation skills or fire drill protocols.
3. When an existing home, respite facility or work/day service relocates.
4. When a new home, respite facility or work/day service is opened.
5. When the provider agency of an existing home, respite facility or work/day service changes.

III. Process For Filing

A. Initial Filing

For those services for which an Emergency Evacuation Safety Plan are required, the provider agency beginning a new support is required to submit the EESP to the DDS Area Director for review and approval prior to starting the new support. Quality Enhancement Specialists will assure that an approved plan is in place whenever a pre-occupancy approval is required.

B. Refiling

Provider agencies are required to update an Emergency Evacuation Safety Plan for each site every two years as long as no changes have occurred that warrant a revised plan in the intervening period. Changes that require the submission of a revised plan include:

1. Change in the provider of services;
2. Change in the types and/or quantity of supports and services provided at the location;
3. Change in the location where supports and services are provided;
4. Change in the individuals living in the home; change in an individual's ability to evacuate; and change in the individuals served at the work/day location or to be served at the respite facility such that the change necessitates revision to the Emergency Evacuation Safety Plan.

5. Determination that the plan is no longer effective.

C. Approval

The DDS Area Director has the responsibility to review and approve all Emergency Evacuation Safety Plans. Typically the DDS Area Director for the DDS geographic area in which the service is located will be responsible for approving the plan. This may be done in conjunction with other DDS Area Directors who have individuals served at the site. There may be situations where who should approve the Emergency Evacuation Safety Plan cannot be easily identified, such as when 4 individuals from 4 different DDS geographic areas reside in one home. The decision about who should approve the Emergency Evacuation Safety Plan should be negotiated between the involved DDS area and regional offices.

Staff of the Quality Enhancement Office are available to consult with the provider agency or DDS Area Office in the development and approval of sound and effective plans. Quality Enhancement Specialists will also review Emergency Evacuation Safety Plans during licensing reviews. Should concerns for safe evacuation be noted during this review, the Quality Enhancement Specialist would work with the provider agency and appropriate DDS Area Office to address these concerns.

IV. Individual Assessments

A. Introduction

The cornerstone of the Emergency Evacuation Safety Plan is an assessment of the unique capabilities and needs of each individual. It is from this assessment that a determination is made concerning the adaptations an individual may require in order to be safe in their residential or work/day support. The assessment of each individual's capabilities and needs is combined with the assessment of other individuals being supported at the same residential or work/day location to form the basis for the location specific Emergency Evacuation Safety Plan.

The Individual Service Plan (ISP) is the most appropriate context for this assessment to be completed. DDS regulations specifically require an assessment of the safety and ability of the individual to evacuate (with or without assistance) their home within 2 ½ minutes or their work/day support in a timely manner. The assessment should describe the supports needed (i.e., skill teaching, staffing assistance, environmental modifications) to assist the individual to be as independent and safe as possible.

As with any assessment conducted as part of the ISP process, the individual safety assessment should be guided by the following principles:

1. It should focus on strengths and abilities rather than weaknesses. Therefore, it should focus on providing "safe roads to independence" rather than an exclusive focus on risk prevention.
2. It should result in a determination of which supports are the least restrictive and most appropriate for the individual.

B. When Assessments Should Be Done

The individual safety assessment should be completed at the time of the Individual Service Plan development, with follow-up assessments as determined necessary by the Individual Service Plan team. The assessment and safety strategies associated with it should be reviewed by the team when the individual's health, mobility or other capabilities affecting safety and evacuation change.

C. Guidelines

In order to assess an individual's skills and abilities to evacuate the home or work/day support in the event of an emergency, the Individual Service Plan team must ask the following key questions:

1. **Can the individual recognize danger or an alarm that signals danger?**
2. **Can the individual respond appropriately to danger or an alarm that signals danger?**
3. **Can the individual evacuate in 2 ½ minutes from a residential support or in a timely manner from a day/work support with or without assistance? If the answer to this question is "yes," are any supports being provided?**

Guidelines

Members of the ISP team need to come to the ISP meeting prepared to answer the above questions. There are a number of effective formats that can be used to arrive at these answers. Provider agency staff, service coordinators and others should use tools that have been effective in the past, that include both individual responses to specific questions, knowledge of staff or family familiar with the individual, and actual observations of behavior in emergency situations or drills. Regardless of what format is utilized, the Individual Service Plan team must be able to determine the following:

- Can the individual recognize a fire or other emergency that would require evacuation?
- Can the individual call 911 or staff for help?
- Can the individual leave their home or workplace through the appropriate main exit or through an alternative exit if the main exit is blocked?
- Can the individual respond when they are asleep as well as when they are awake?
- Can the individual respond independently, or do they need verbal and/or physical prompts or hands-on physical assistance?

4. ***If the individual is not able to evacuate independently, what are the individual characteristics that affect his or her ability in these areas; e.g. health, mobility cognitive level, behavior?***

Guidelines

If an individual cannot recognize danger or respond appropriately, it is important for the ISP team to understand why this is so. The primary rationale for assessing these areas is so that the team may more appropriately determine what types of supports an individual needs.

The ISP team should review the following domains:

a. **Health**

- What conditions exist that might impede an individual's response time, or which may be exacerbated under the stress of an emergency? This would include conditions such as heart disease, stroke, seizure disorder, Alzheimer's disease, mental illness, cerebral palsy, and respiratory illness such as asthma.
- Is the person ambulatory, non-ambulatory, or in need of assistance to walk? Can the person transfer independently?
- Is the person hearing impaired or visually impaired?
- Is the person taking any medications that might impede response time?

b. Cognitive Level

- Is the person able to understand and follow directions?
- Can the person communicate his or her needs?
- Can the person be educated to understand and respond to emergency situations?

c. Social and Behavior Needs

- Will the person cooperate when necessary?
- Does the person become anxious easily?
- Is the person afraid of unfamiliar people, such as a new or relief staff person?

5. What supports are necessary to assist the individual to evacuate safely within 2 ½ minutes from a residential support or in a timely manner from a work/day support?

Guidelines

The final and most important question that must be answered for the individual safety assessment relates to what supports need to be provided in order to assist an individual to safely evacuate a home in 2 ½ minutes or a work/day support in a timely manner. In all likelihood, there will be a variety of supports that will be used in combination. It is incumbent upon the ISP team to consider those supports that are the least intrusive measures available to support an individual. They should be respectful of an individual's dignity, privacy and need for as much independence as possible. The ISP team should look at the following:

- What supports are currently in place? Are they sufficient?
- What are the most effective methods to help the individual become familiar with and responsive to an Emergency Evacuation Safety Plan?
- What adaptive devices (e.g., bed shakers, visual alarms, enhanced 911 systems, walkers, wheelchairs) can be provided to assist an individual in an emergency?
- What environmental modifications (e.g., first floor bedroom, proximity to exit) should be considered?
- What staffing supports and what staff training are required?

D. Summary

When completed, the individual assessment should provide the individual, family, Area Director, service coordinator and provider agency with a thorough analysis of the person's support needs. The next step, which is outlined in Section V, details the components of the Emergency Evacuation Safety Plan.

V. Emergency Evacuation Safety Plan Guidelines

A. Introduction

Emergency Evacuation Safety Plans must be completed on the forms located in the appendix of this manual. There is a separate Emergency Evacuation Safety Plan form for work/day supports and for residential supports (which includes site based respite supports).

It is planned for the EESP forms to also be available on the DDS Website so that providers can choose to download the forms and complete them electronically. However, the forms cannot be submitted electronically, in compliance with HIPPA requirements.

Although each plan will be developed in a specified format, each Emergency Evacuation Safety Plan will be unique to each residential, respite or work/day location. Individuals, staff (if present), and the residential, respite or work/day location itself will vary; therefore each location's approach to safety will be different. There will be different ways to achieve safety in different settings and with different individuals.

Three key building blocks are examined through the Emergency Evacuation Safety Plan: individual needs, the physical environment and staff. A careful analysis of these three factors will determine the character and emphasis of each plan.

The Emergency Evacuation Safety Plan formats contain 10 key areas and are intended to be a reflection of the capacities of the individuals being supported. The plan should assure safety, but it should not restrict or overprotect people or interfere with their activities. Individuals should not be considered passive "benefactors" but should be integral contributors to their safe evacuation from their residential or work/day location.

The 10 elements that are addressed in the Emergency Evacuation Safety Plan are:

1. Environmental standards
2. Individual abilities and safety strategies
3. Adaptive technology
4. Group interactions/dynamics
5. Staff
6. Evacuation
7. Fire Drills
8. Methods to notify police, fire, emergency personnel, provider on-call staff, families and DDS
9. Transportation and immediate temporary resettlement
10. Continuity of services and supports

In each location, the interplay of these ten factors will vary and this will be reflected in the Emergency Evacuation Safety Plan. For example, one scenario could be four individuals with a long history of successful evacuations during fire drills living in a single story ranch house. The house design is basic. There is nothing unusual about the house or the home environment that would cause excess risk. The individuals do not have any special mobility or health concerns. Based on an assessment of all these factors, the Emergency Evacuation Safety Plan would be very straightforward in addressing the required elements.

On the other hand, should these variables change in any way, the provider may need to change the emphasis of the plan. Should the design of the home be such that it poses additional risk, then adaptations such as a fire suppression system may be considered. Should the individuals have hearing deficits, then adaptive equipment such as flashing strobe lights and bed shakers could be tied into a fire alarm system.

B. Emergency Evacuation Safety Plan Documents

Please note that the actual Emergency Evacuation Safety Plan documents themselves have basic instructions for completing the forms that will make the documents easier to complete and understand. Through this manual more complete guidelines for completing the plans are provided and are divided into five distinct categories: homes providing 24 hour supports, homes providing less than 24 hour a day supports but more than 15 hours per week of support, shared living/home sharing, site based respite supports and work/day supports.

C. Revised Emergency Evacuation Safety Plans

If individuals do not evacuate in 2 ½ minutes from a residential support or in a timely manner from a work/day support, it is the provider's responsibility to notify the appropriate Area Office(s) of the issue and how the evacuation need is being addressed. Depending on the circumstances, the need could be addressed in one of the following ways:

Verbal Plan for Resolution – This action would be appropriate for a situation that has just developed and the provider is determining whether this is an ongoing issue. For example, one individual who has typically exited independently does not exit within 2 ½ minutes during an asleep drill. The provider would inform the Area Office of the difficulty and could state that another drill will be done within a specified period of time to see if this difficulty needs further intervention.

Addendum to Existing EESP – This action would be appropriate for a situation that is considered temporary in nature and requires a short term response. For example, in the illustration outlined above, the provider may determine after doing another drill that this situation requires a more involved intervention, such as a short term teaching program so the individual understands the importance of exiting during practice drills. The provider would inform the Area Office(s) of the ongoing difficulty and submit an addendum to the existing EESP outlining the training program to be implemented and the length of time expected for resolution.

Revised EESP – This action would be appropriate for a situation that requires a permanent revision to the safety plan. In the above example, the provider may find that the teaching program is not successful in ensuring that the individual again exits independently during asleep fire drills. In order

to ensure safe evacuation at night, staff need to physically prompt the individual to evacuate. Since this situation now requires a permanent change in the supports provided for safe evacuation, the Area Office(s) should be notified and a revised EESP submitted for approval.

D. Plans For Homes Providing 24-Hour Supports

COMPONENTS	DDS REGULATORY REQUIREMENTS		
1. Individual Safety Strategies	Derived from Assessments in ISP		
2. Group Interactions	115 CMR 7.08(3)(b)2 Provider Analysis		
3. Environmental Standards	Provider Leased/Owned 115 CMR 7.07(1)-(8) a. two means of egress b. fire extinguisher c. interconnected smoke detectors d. sealed vertical chutes e. no locks on bedrooms with access to egress f. locks on bedroom doors with no access to an egress g. bedroom at grade for people with mobility impairments h. no smoking in bedroom	Individually Leased/Owned 115 CMR 7.07(1)-(2)	<u>PLANS</u> <u>FOR</u> <u>HOMES</u> <u>PROVIDING</u> <u>24 HOUR</u>
4. Adaptive Technology	115 CMR 7.08(3)(b)4 Derived from Assessments in ISP		<u>SUPPORTS</u>
5. Staff	115 CMR 7.06(3)(a)-(e) a. 3 or more individuals requiring assistance: 2 staff at all times b. 5 or more individuals, 2 or more requiring assistance: 2 staff at all times; c. 1 or more requiring assistance: Required staff must include 1 overnight awake		
6. Evacuation	115 CMR 7.08(3)(b)6 2 ½ minutes with or without assistance		
7. Fire Drills	115 CMR 7.08(3)(b)7 a. Quarterly drills b. Two of which shall be night-time		
8. Notification to Police/Fire	115 CMR 7.08(3)(b)8 Provider knowledge of local resources		
9. Transportation/Resettlement	115 CMR 7.08(3)(b)9 Provider/Area Office Collaboration		
10. Continuity of Services & Supports	115 CMR 7.08(3)(b)10 Provider/Area Office Collaboration		

Homes Providing 24 Hour Supports

Introduction

The guidelines in this section refer to all situations where individuals are receiving 24-hour provider agency staffed supports in homes when those supports are offered and controlled by a public or private provider agency. Provider agencies offering 24-hour supports are required to develop Emergency Evacuation Safety Plans even if the individuals own or lease their own home. In this latter instance all components of the Emergency Evacuation Safety Plan will apply except for the environmental requirements of 115 CMR 7.07 outlined under “General Safety Requirements.”

The guidelines in this section are intended to provide the safeguards necessary for individuals who require the greatest level of support in order to live safely in their homes. As such, the key building blocks of staffing and environmental requirements rely heavily on the regulatory and building code requirements as applicable in 115 CMR Chapter 7.00.

Provider agencies proposing alternatives to any of the requirements in 115 CMR 7.06 (3) (a)-(e) (staffing requirements), 7.07 (environmental standards), or 7.08 (safety), must recognize that there will be a substantial “burden of proof” imposed upon them to demonstrate how alternative approaches safeguard individuals whom they support.

Specific Guidelines For The Plan

GENERAL INFORMATION

Date of Completion – date the plan is developed

Agency – provider agency’s full name

Address of Residential Support – address of home for which the plan is developed

Names of Individuals Served At Site – names of all individuals living in the home

Home is owned/rented/leased by – indicate in box provided whether the provider agency or all of the individuals living in the home own/rent/lease the home

Type of Residential Support – put an X in the box for “24 Hour Staffed Home.”

Type of Building – put an X in the appropriate box that best describes the home. Only one box should be marked. Fill in, as appropriate, the number of floors in the home, including the basement, or the floor(s) the home is located on in a multiple family or apartment building.

When identifying the floors that bedrooms are located on, use the following guide:

Basement – partially below ground floor.

1st floor – ground level floor

2nd floor – floor one story above ground level

ENVIRONMENTAL STANDARDS

Fire Safety Equipment – put an X in as many boxes as apply for this home. Under “other,” list any additional equipment that is not included; e.g. fire extinguishers in other parts of the home beyond the kitchen.

Floor Plan – a floor plan should be developed, using page 13 of the EESP form, for each floor of the home used by the individuals living in the home. Add additional pages as needed. Each egress should be clearly marked using the possible egress types provided on the form. These are:

- a. Interior Stairs
- b. Elevator
- c. Door to Exterior Stairs to Grade
- d. Door Directly to Grade
- e. Handicap Accessible Ramp
- f. Basement Interior Stairs
- g. Basement Stairs to Grade
- h. Door to common hallway to egress(s) – this would typically be found in a multiple family or high rise apartment/condominium
- i. Other (describe)

The floor plan provides important information needed for the DDS Area Office to fully evaluate the Emergency Evacuation Safety Plan. This plan will clearly show the layout of the home, the location and type of egress for each floor, proximity of egresses to bedrooms and distance of egresses from each other.

GENERAL SAFETY REQUIREMENTS

This section ensures that regulatory requirements addressing safety in homes and respite facilities providing 24 hour staffed supports are in place. By putting an X in each box, the provider agency is confirming that the site is in compliance with the regulations either because the situation does not exist in the home or respite facility, such as there are no vertical chutes in a home, or that the proper precautions are in place should the situation exist, e.g. all individuals in a home that require physical assistance to evacuate have bedrooms located on a floor at grade level. If there is not an X in each box, there must be a proposed alternative identified as outlined in the following section.

The first question in this section addresses egresses from the home. There need to be two means of egress from floors at grade level. Other floors need to have one means of egress and one proven, usable escape route leading to grade. This means that the escape route has been tested to ensure individuals can safely use the escape route in an emergency with or without staff assistance.

PROPOSED ALTERNATIVES

This section would only be completed if an agency is proposing an alternative to the environmental standards outlined in the regulations under 115 CMR 7.07. Since a provider agency would need to provide compelling evidence, it should be very rare that an alternative would be proposed. The agency would need to provide the following information:

- Identification of the regulation standard for which an alternative is proposed.
- Clear description of the proposed alternative to the standard.
- Explanation of why the standard is not needed.
- How the proposed alternative will assure that a comparable level of safety is achieved.
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INDIVIDUAL ABILITIES AND SAFETY STRATEGIES

The first component of this section gives a snapshot of the needs of individuals supported at this location. Answer each of the following questions as they apply:

1. *Does the level of ability (cognitive) of any individual prevent or limit their ability to evacuate independently in 2.5 minutes?*
2. *Does any individual have mobility issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
3. *Does any individual have health related issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
4. *Does any individual have social or behavioral issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
5. *Does any individual need adaptive devices or equipment to ensure safe and timely evacuation?*

If the answer to all of the questions above is no, skip the rest of this section and go to the section on group interactions. If the answer to any of the questions above is yes, the following information on the chart provided in the Emergency Evacuation Safety Plan form needs to be completed for each individual supported in the home.

Instructions for completing the individual chart

If any individual living in the home has needs that affect safe evacuation, the individual chart should be completed for every individual living in the home even if an individual is independent in evacuation. This gives the involved DDS Area Office a comprehensive picture of everyone living in the home. Instructions for the specific elements of the chart are as follows:

Ability to Evacuate – this section should include a comprehensive description of each individual's ability to evacuate and those individual characteristics that could affect timely evacuation.

Staff Assistance Provided – this section should include the most extensive staff assistance required to evacuate as outlined in the following list.

- a. Independent – individual requires no assistance to evacuate.
- b. Verbal Prompt – individual requires only verbal direction to evacuate.

- c. Physical Prompt – individual requires only light physical prompt to evacuate, such as a light directional touch on the arm, after which the individual evacuates independently.
- d. Physical Escort – individual requires actual physical assistance to evacuate, such as staff physically guiding the individual out of the home.
- e. Full Physical Assistance – individual is totally dependent on staff for evacuation, such as physical transfer to a wheelchair needed for evacuation.

Adaptive Devices/Equipment Needed – this section should identify any supportive devices needed by an individual including wheelchair, walker, bed shaker, etc.

GROUP INTERACTIONS

This section addresses any interactions between the individuals in the home that could positively or negatively affect any individual's ability to evacuate. For example, one individual could push housemates during evacuation so that others refuse to evacuate. In another example, one individual could verbally encourage others to evacuate, enhancing other housemates' evacuation skills.

EVACUATION PLAN

All of the information previously provided in this document culminates in the actual development of the evacuation plan. Before developing the plan, the following questions need to be answered:

Minimum ratio of staff to individuals during awake hours – This should be the lowest ratio that would ever be present in the home during the hours individuals are typically awake. For example, if there are typically 2 staff on in the afternoon but during early evening hours there is one staff present to four individuals, the minimum ratio would be 1:4. The actual evacuation plan needs to describe how one staff person will safely evacuate the four individuals.

Minimum ratio of staff to individuals during asleep hours – Again, this should be the lowest ratio that would ever be present in the home during the overnight hours. The agency needs to identify whether staff are asleep or awake staff during the overnight hours. The agency also needs to identify what are considered the asleep or overnight hours. For example, in one home the hours may be from 11 p.m. to 7 a.m. while in another home these hours may be from 10 p.m. to 6 a.m.

The above questions give the reviewing DMR Area Office additional context for the actual evacuation plans that follow.

Evacuation Plans

A separate plan needs to be developed for awake and asleep hours.

Each evacuation plan should be presented in a bullet point format.

Each evacuation plan needs to clearly articulate the sequencing of individual evacuation, using the information provided in the Individual Abilities and Safety Strategies section of the plan.

Each evacuation plan needs to clearly describe the staff support provided for safe evacuation, again using the information provided in the Individual Abilities and Safety Strategies section. If the use of any adaptive device or equipment affects safe, timely evacuation, the specific staff assistance needed to address this should be outlined here, e.g., staff needs to lower a bed rail or put on an individual's

brace. If more than one staff person is needed for safe evacuation, each staff person's role should be clearly outlined and include how each staff person is trained to understand their specific role. One way to do this could be to label staff as A or B with staff knowing their role based on their specific job position or being informed at the beginning of their work day which person(s) each would support.

Amount of time needed for safe evacuation

This should be the maximum time needed to evacuate all individuals safely. For existing homes, this amount should be based on the results of fire drills during the previous year. For new homes the time should be based on individual assessments. The amount of time should never be more than 2 ½ minutes unless a Fire Safety Equivalency System (FSES) waiver has been processed and approved by the DDS Area Office, Region Office, and Quality Enhancement Office.

Primary Escape Route

This should be the exit(s) that would typically be used during an evacuation unless it is blocked.

Secondary Escape Route

This should be the exit(s) that would typically be used if the primary escape route was blocked.

Central Meeting Place

This should be the place where everyone will meet when all have safely evacuated the home.

FIRE DRILLS

DDS regulations 115 CMR 7.08 require that fire drills be conducted quarterly, with two of those drills being conducted during asleep hours. The provider agency should fill in the requested information to outline how many drills are conducted annually during awake and asleep hours. Additionally, the provider agency needs to identify the range of hours during which asleep fire drills will take place.

Any deviation in the number, schedule and/or format of the fire drills that is different from what is required by regulation must be clearly identified along with the reason for the change and a description of how individual safety will not be compromised.

METHODS TO NOTIFY POLICE, FIRE, EMERGENCY PERSONNEL, FAMILIES, DMR

It is important to have clear procedures for notifying others of an emergency. Provider agencies need to acknowledge in this section that staff understand the procedures for notifying emergency personnel and describe what that procedure is. Additionally there needs to be a description of how other key people would be contacted.

Key people to be contacted should include the Area Offices for each individual supported at the site as well as the Area office in which the site is located even if that Area Office does not support any individuals at the site.

TRANSPORTATION AND IMMEDIATE/TEMPORARY RESETTLEMENT

It is important that provider agencies have a well thought out plan of how to support individuals after an emergency. Therefore, provider agencies need to describe the plans for immediate shelter; temporary resettlement if needed including transportation plans; staff knowledge of these plans; and plans for the continuity of services and supports.

PROVIDER ASSURANCE FORM

This form needs to be completed by the provider and signed by the provider and submitted with the EESP to the appropriate Area Office. This form must be signed by the Area Director or his/her designee, signifying approval of the EESP as submitted.

E. Plans for Homes Providing Less Than 24-Hour Supports

COMPONENTS	DMR REGULATORY REQUIREMENTS		
1. Individual Safety Strategies	Derived from Assessments in ISP		
2. Group Interactions	115 CMR 7.08(3)(b)2 Provider Analysis		<u>PLANS</u>
3. Environmental Standards	Provider Leased/Owned 115 CMR 7.07(1)-(5)	Individually Leased/Owned 115 CMR 7.07(1)-(2)	<u>HOMES</u> <u>PROVIDING</u> <u>LESS</u> <u>THAN</u> <u>24 HOUR</u> <u>SUPPORTS</u>
4. Adaptive Technology	115 CMR 7.08(3)(b)4 Derived from Assessments in ISP		
5. Staff	No regulatory requirements		
6. Evacuation	115 CMR(3)(b)6 2 1/2 minutes without assistance		
7. Fire Drills	No regulatory requirements		
8. Notification to Police/Fire	115 CMR 7.08(3)(b)8 Individual/Provider knowledge of local resources		
9. Transportation/Resettlement	115 CMR 7.08(3)(b)9 Individual/Provider Collaboration		
10. Continuity of Services & Supports	115 CMR 7.08(3)(b)10 Individual/Provider Collaboration		

Homes Providing Less Than 24-Hour Supports

Introduction

The guidelines for homes providing less than 24-hour supports are based on the premise that the individual is capable of living alone or with a roommate without continuous staff presence. The requirement for Emergency Evacuation Safety Plans applies equally to homes that are individually owned/leased or provider owned/leased. As with all homes, safety remains the principal factor.

The DDS regulations included in 115 CMR 7.08 (safety) provide the framework for the elements that need to be included in the Emergency Evacuation Safety Plan. In homes where staff are not present on a 24-hour basis, the main focus of the plan is on the individual's actions in an emergency. The staffing ratios in 7.06(3) do not apply.

Because the staff presence in the home is decreased and the individual's control over the physical environment is increased, the role of the provider agency in the Emergency Evacuation Safety Plan will be vastly different than in a 24-hour setting. The provider agency's obligations take on a true training and support role in this situation, supporting individuals to evacuate safely in an emergency.

Specific Guidelines For The Plan

GENERAL INFORMATION

Date of Completion – date the plan is developed

Agency – provider agency's full name

Address of Residential Support – address of home for which the plan is developed

Names of Individuals Served At Site – names of all individuals living in the home

Home is owned/rented/leased by – indicate in box provided whether the provider agency or all of the individuals living in the home own/rent/lease the home

Type of Residential Support – put an X in the box for “15 to 24 Hour Staffed Home”. Fill in the number of hours of staff support and indicate whether this support is per day or per week.

Type of Building – put an X in the appropriate box that best describes the home. Only one box should be marked. Fill in as appropriate, the number of floors in the home, including the basement, or the floor(s) the home is located on in a multiple family or apartment building.

When identifying the floors that bedrooms are located on, please use the following guide:

Basement – partially below ground floor.

1st floor – ground level floor

2nd floor – floor one story above ground level

ENVIRONMENTAL STANDARDS

Fire Safety Equipment – put an X in as many boxes as apply for this home. Under “other,” list any additional equipment that is not included; e.g. fire extinguishers in other parts of the home beyond the kitchen.

Floor Plan – a floor plan should be developed, using page 13 of the EESP form, for each floor of the home used by the individuals living in the home. Add additional pages as needed. Each egress should be clearly marked using the possible egress types provided on the form. These are:

- a. Interior Stairs
- b. Elevator
- c. Door to Exterior Stairs to Grade
- d. Door Directly to Grade
- e. Handicap Accessible Ramp
- f. Basement Interior Stairs
- g. Basement Stairs to Grade
- h. Door to common hallway to egress(s) – this would typically be found in a multiple family or high rise apartment/condominium
- i. Other (describe)

The floor plan provides important information needed for the DMR Area Office to fully evaluate the Emergency Evacuation Safety Plan. This plan will clearly show the layout of the home, the location of type of egress for each floor, proximity of each egress to bedrooms and distance of egresses from each other.

GENERAL SAFETY REQUIREMENTS

This section is not required for homes providing less than 24-hour supports.

PROPOSED ALTERNATIVES

This section is not required for homes providing less than 24-hour supports.

INDIVIDUAL ABILITIES AND SAFETY STRATEGIES

The first section of this area gives a snapshot of the needs of individuals supported at this location. The five questions outlined below should be answered:

1. *Does the level of ability (cognitive) of any individual prevent or limit their ability to evacuate independently in 2.5 minutes?*
2. *Does any individual have mobility issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
3. *Does any individual have health related issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*

4. *Does any individual have social or behavioral issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
5. *Does any individual need adaptive devices or equipment to ensure safe and timely evacuation?*

Typically the answers to the above questions would be no, since the individual(s) is capable of living independently with minimal staff assistance. If all of the questions are answered no, then the individual chart would not need to be completed. There may be times, however, when question #5 would be answered yes if the individual needs specific adaptive devices to maintain independence, such as a bed shaker or flashing lights for a deaf individual. In that situation the individual chart should be completed as outlined below:

Instructions for completing the individual chart

If any individual living in the home has needs that affect safe evacuation, the individual chart should be completed for every individual living in the home even if an individual is independent in evacuation. This gives the involved DDS Area Office a comprehensive picture of everyone living in the home. Instructions for the specific elements of the chart are as follows:

Ability to Evacuate – this section should include a comprehensive description of each individual's ability to evacuate and those individual characteristics that could affect timely evacuation.

Staff Assistance Provided – this section should confirm that with the adaptive device or equipment the individual is independent in evacuation.

Adaptive Devices/Equipment Needed – this section should identify any supportive devices needed by an individual including wheelchair, walker, bed shaker, etc.

GROUP INTERACTIONS

This section addresses any interactions between the individuals in the home that could positively or negatively affect any individual's ability to evacuate. For example, one individual might ensure his roommate is awake when the smoke detector goes off, although the roommate is capable of exiting independently.

EVACUATION PLAN

The first component of the section on staffing ratios should not be answered.

Evacuation Plans

A separate plan needs to be developed for awake and asleep hours.

Each evacuation plan should be presented in a bullet point format.

Because individuals in this home live more independently, the focus of the plan should include a description of how individuals are educated and trained on safe evacuation.

Amount of time needed for safe evacuation

This should be the maximum time needed for all individuals to exit their home. The time could be determined by the training provided to individuals or practice drills. At no time should the time for evacuation exceed 2 ½ minutes.

Primary Escape Route

This should be the exit(s) that would typically be used during an evacuation unless it is blocked.

Secondary Escape Route

This should be the exit(s) that would typically be used if the primary escape route was blocked.

Central Meeting Place

This should be the place where everyone will meet when all have safely evacuated the home.

FIRE DRILLS

Since there are no required fire drills for homes with less than 24-hour staff support, the first component on number of fire drills is not required. While there are no required fire drills, fire drills are nevertheless a useful tool for assessing and demonstrating safe evacuation. The provider agency may want to conduct fire drills or “mock fire drills” with the individual’s agreement, on a periodic basis. In certain settings, particularly multi-family dwellings, fire drills are conducted regularly by the management/landlord. Such drills are required for all residents. This should be incorporated into the evacuation plan and should be described in the second component of the Fire Drill Section of the plan (proposed changes to 24-hour fire drill requirements and information about fire drills for individuals in other residential settings).

METHODS TO NOTIFY POLICE, FIRE, EMERGENCY PERSONNEL, FAMILIES, DMR

It is important to have clear procedures for notifying others of an emergency. Because staff will not be present to assume the responsibility of notifying police, fire and emergency personnel, this becomes the individual’s responsibility. The first question can be skipped, with the remaining questions being answered as to how the individual(s) will notify fire, police and/or emergency personnel as needed, and the training provided by the agency to ensure individual competency in notifying others of an emergency. If any other individuals provide support in this area, such as building management security, this should be noted.

The provider agency’s procedures for notifying staff on-call, families/guardians (as appropriate) and the DDS Area Office should be outlined.

Key people to be contacted should include the Area Offices for each individual supported at the site as well as the Area office in which the site is located even if that Area Office does not support any individuals at the site.

TRANSPORTATION AND IMMEDIATE/TEMPORARY RESETTLEMENT

It is important that provider agencies have a well thought out plan of how to support individuals after an emergency. Therefore, provider agencies need to describe the plans for ensuring immediate shelter; temporary resettlement, if needed, including transportation plans; staff knowledge of these plans; and plans for the continuity of services and supports.

PROVIDER ASSURANCE FORM

This form needs to be completed by the provider and signed by the provider and submitted with the EESP to the appropriate Area Office. This form must be signed by the Area Director or his/her designee, signifying approval of the EESP as submitted.

F. Plans for Shared Living/Home Sharing Supports

COMPONENTS	DDS REGULATORY REQUIREMENTS		
1. Individual Safety Strategies	Derived from Assessments in ISP		
2. Group Interactions	115 CMR 7.08(3)(b)2 Provider Analysis		
3. Environmental Standards	Provider Leased/Owned 115 CMR 7.07(1)-(6)	Individually Leased/Owned N/A	<u>PLANS</u> <u>FOR</u> <u>SHARED</u> <u>LIVING/</u> <u>HOME SHARE</u> <u>SUPPORTS</u>
4. Adaptive Technology	115 CMR 7.08(3)(b)4 Derived from Assessments in ISP		
5. Staff	115 CMR 7.08(3)(b)5 and 7.10		
6. Evacuation	115 CMR 7.08(3)(b)6 2 1/2 minutes with or without assistance		
7. Fire Drills	No regulatory requirements		
8. Notification to Police/Fire	115 CMR 7.08(3)(b)8 Home provider knowledge of local resources		
9. Transportation/Resettlement	115 CMR 7.08(3)(b)9 Placement service provider responsibility		
10. Continuity of Services & Supports	115 CMR 7.08(3)(b)10 Placement service provider/Area Office collaboration		

Shared Living/Home Sharing Supports

Introduction

The guidelines in this section refer to all 24-hour living situations in which an individual lives with another person in the other person's own home (shared living) or has a roommate providing support in the individual's own home (home sharing). The guidelines for developing the Emergency Evacuation Safety Plan for these homes are somewhat unique since they are a balance between having the least disruption on family life as possible and providing safeguards in the event of an emergency that necessitates the home being evacuated.

The responsibility for developing the Emergency Evacuation Safety Plan rests with the provider agency providing support, with the provider agency working with the shared living or home sharing provider in preparing the plan.

Specific Guidelines for The Plan

GENERAL INFORMATION

Date of Completion – date the plan is developed

Agency – provider agency's full name

Address of Residential Support – address of home for which the plan is developed

Names of Individuals Served At Site – names of all individuals living in the home

Home is owned/rented/leased by – indicate in box provided whether the provider agency (this includes the home sharing provider), or all of the individuals living in the home own/rent/lease the home

Type of Residential Support – put an X in the box for “Shared Living” or “Home Sharing.” Fill in the number of hours of staff support and indicate whether this support is per day or per week. Please note, definitions for these residential supports are included in Section II: Who Has To File Emergency Evacuation Safety Plans.

Type of Building – put an X in the appropriate box that best describes the home. Only one box should be marked. Fill in as appropriate, the number of floors in the home, including the basement, or the floor(s) the home is located on in a multiple family or apartment building.

When identifying the floors that bedrooms are located on, please use the following guide:

Basement – partially below ground floor.

1st floor – ground level floor

2nd floor – floor one story above ground level

ENVIRONMENTAL STANDARDS

Fire Safety Equipment – put an X in as many boxes as apply for this home. Under “other,” list any additional equipment that is not included; e.g. fire extinguishers in other parts of the home beyond the kitchen.

Floor Plan – a floor plan should be developed, using page 13 of the EESP form, for each floor of the home used by the individuals living in the home. Add additional pages as needed. Each egress should be clearly marked using the possible egress types provided on the form. These are:

- a. Interior Stairs
- b. Elevator
- c. Door to Exterior Stairs To Grade
- d. Door Directly to Grade
- e. Handicap Accessible Ramp
- f. Basement Interior Stairs
- g. Basement Stairs to Grade
- h. Door to common hallway to egress(s) – this would typically be found in a multiple family or high rise apartment/condominium
- i. Other (describe)

The floor plan provides important information needed for the DDS Area Office to fully evaluate the Emergency Evacuation Safety Plan. This plan will clearly show the layout of the home, the location of type of egress for each floor, proximity of each egress to bedrooms and distance of egresses from each other.

GENERAL SAFETY REQUIREMENTS

This section is not required for shared living or home sharing settings and should be skipped.

PROPOSED ALTERNATIVES

This section is not required for shared living or home sharing settings and should be skipped.

INDIVIDUAL ABILITIES AND SAFETY STRATEGIES

The first section of this area gives a snapshot of the needs of individuals supported at this location. Answer each of the following questions as they apply:

1. *Does the level of ability (cognitive) of any individual prevent or limit their ability to evacuate independently in 2.5 minutes?*
2. *Does any individual have mobility issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
3. *Does any individual have health related issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*

4. *Does any individual have social or behavioral issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
5. *Does any individual need adaptive devices or equipment to ensure safe and timely evacuation?*

If the answer to all of the questions above is no, skip the rest of this section and go to the section on group interactions. If the answer to any of the questions above is yes, the following information needs to be completed on the chart provided for each individual supported in the home.

Instructions for completing the individual chart

If any individual living in the home has needs that affect safe evacuation, the individual chart should be completed for every individual living in the home even if an individual is independent in evacuation. This gives the DDS Area Office a comprehensive picture of everyone living in the home. Instructions for the specific elements of the chart are as follows:

Ability to Evacuate – this section should include a comprehensive description of each individual’s ability to evacuate and those individual characteristics that could affect timely evacuation.

Staff Assistance Provided – this section should include the most extensive home provider assistance required to evacuate as outlined in the following list.

- a. Independent – individual requires no assistance to evacuate.
- b. Verbal Prompt – individual requires only verbal direction to evacuate.
- c. Physical Prompt – individual requires only light physical prompt to evacuate, such as a light directional touch on the arm, after which the individual evacuates independently.
- d. Physical Escort – individual requires actual physical assistance to evacuate, such as staff physically guiding the individual out of the home.
- e. Full Physical Assistance – individual is totally dependent on staff for evacuation, such as physical transfer to a wheelchair needed for evacuation.

Adaptive Devices/Equipment Needed – this section should identify any supportive devices needed by an individual including wheelchair, walker, bed shaker, etc.

GROUP INTERACTIONS

This section addresses any interactions between the individuals in the home that could positively or negatively affect any individual’s ability to evacuate. For example, one individual could push a housemate, affecting evacuation. In another example, one individual could verbally encourage a housemate, enhancing evacuation.

EVACUATION PLAN

All of the information previously provided in this document culminates in the actual development of the evacuation plan. Before developing the plan, the following information should be provided:

The section on minimum staffing should address the support needs of the individual(s) living in the home in order to evacuate safely. If there needs to be two supporters in the home during asleep hours, this would be important to identify and assure.

Evacuation Plans

A separate plan needs to be developed for awake and asleep hours.

Each evacuation plan should be presented in a bullet point format.

Each evacuation plan needs to clearly articulate the sequencing of individual evacuation, using the information provided in the Individual Abilities and Safety Strategies section of the plan.

Each evacuation plan needs to clearly describe the support provided for safe evacuation, again using the information provided in the Individual Abilities and Safety Strategies section of the plan. If the use of any adaptive device or equipment affects safe, timely evacuation, the specific staff assistance needed to address this should be outlined here, e.g., staff needs to lower a bed rail or put on an individual's brace. If more than one supporter is needed for safe evacuation or the care provider might need to go out for a period of time during the day or evening and other members of the family assume temporary responsibility for supporting the individual during that time, the evacuation plan should include assurances that those family members are trained in all procedures to assist the individual to evacuate in an emergency.

If more than one individual lives in the home, the evacuation plan should outline the sequence for each person to be approached and evacuated and by whom.

Amount of time needed for safe evacuation

This should be the maximum time needed to evacuate all individuals safely. For existing homes, this amount should be based on the results of any fire drills or assessments completed during the previous year. For new homes the time should be based on individual assessments. The amount of time should never be more than 2 ½ minutes.

Primary Escape Route

This should be the exit(s) that would typically be used during an evacuation unless it is blocked.

Secondary Escape Route

This should be the exit(s) that would typically be used if the primary escape route was blocked.

Central Meeting Place

This should be the place where everyone will meet when all have safely evacuated the home.

FIRE DRILLS

There are no requirements in the DDS regulations for shared living and home sharing providers to conduct fire drills. An initial drill may need to be conducted by the provider in order to assess the individual's capabilities and needs to evacuate in an emergency. After that, the provider could periodically review the evacuation plan with the individual(s) and other family members to make sure that everyone continues to understand what to do in an emergency.

Should the home provider feel that it is necessary, he or she may conduct fire drills or "mock" drills. This should be done only if more practice is needed or if a re-assessment of the individual's capability for evacuation is needed. This information should be incorporated into the evacuation plan and should be described in the second component of the Fire Drill Section of the plan (proposed changes to 24-hour fire drill requirements and information about fire drills for individuals in other residential settings).

METHODS TO NOTIFY POLICE, FIRE, EMERGENCY PERSONNEL, FAMILIES, DMR

It is important to have clear procedures for notifying others of an emergency. Protocols for notification should be known to all family members and the individual. This should be described in this section. Additionally there needs to be a description of how other key people would be contacted.

Key people to be contacted should include the Area Offices for each individual supported at the site as well as the Area office in which the site is located even if that Area Office does not support any individuals at the site.

TRANSPORTATION AND IMMEDIATE/TEMPORARY RESETTLEMENT

It is also important that the provider agency in conjunction with the home provider have a well thought out plan of how to support individuals after an emergency. Therefore, provider agencies need to describe the plans for immediate shelter; temporary resettlement if needed including transportation plans; staff knowledge of these plans; and plans for the continuity of services and supports.

PROVIDER ASSURANCE FORM

This form needs to be completed by the provider and signed by the provider and submitted with the EESP to the appropriate Area Office. This form must be signed by the Area Director or his/her designee, signifying approval of the EESP as submitted.

G. Plans for Site-Based Respite Services

COMPONENTS	DDS REGULATORY REQUIREMENTS	
1. Individual Safety Strategies	115 CMR 7.08(3)(b)2 Derived from assessments in ISP, if available	
2. Group Interactions	115 CMR 7.08(3)(b)2 Provider Analysis	<u>PLANS</u>
3. Environmental Standards	Provider Leased/Owned 115 CMR 7.07 (1)-(8) a. two means of egress b. fire extinguisher c. interconnected smoke detectors d. sealed vertical chutes e. no locks on bedrooms with access to egress f. locks on bedrooms with no access to an egress g. bedroom at grade for people with mobility impairments h. no smoking in bedroom	<u>FOR</u> <u>SITE</u> <u>BASED</u> <u>RESPITE</u>
4. Adaptive Technology	115 CMR 7.08(3)(b)4 Derived from assessments in ISP	
5. Staff	115 CMR 7.06(3)(a)-(e) a. 3 or more individuals requiring assistance: 2 staff at all times b. 5 or more individuals, 2 or more requiring assistance, 2 staff at all times c. 1 or more requiring assistance: required staff must include 1 overnight awake	
6. Evacuation	115 CMR 7.08(3)(b)6 2 1/2 minutes with or without assistance	
7. Fire Drills	115 CMR 7.08(3)(b)7	
8. Notification to Police/Fire	115 CMR 7.08(3)(b)8 Provider knowledge of local resources	
9. Transportation/Resettlement	115 CMR 7.08(3)(b)9 Provider/Area Office Collaboration	
10. Continuity of Services & Supports	115 CMR 7.08(3)(b)10 Provider/Area Office Collaboration	

Site Based Respite Services

Introduction

Site based respite supports are usually short-term supports (under 30 days) planned by the individual and family or provided in response to an emergency situation. By their very nature, respite houses are designed to serve a wide variety of individuals. The number, abilities, needs and interests of individuals who stay at the house may change from day to day. This means that staff may not know a great deal about an individual, including the individual's ability to evacuate the respite house in 2 ½ minutes. Because the provider agency can only "anticipate" individual needs, the respite house provider agency must have safeguards in place to ensure that all individuals staying at the respite house can be evacuated safely in the event of an emergency.

Because each respite house is a unique service, factors such as capacity, staffing, and staff training will be spelled out in the contract with the provider. These are not defined in the regulations. However, at a minimum, site based respite supports must meet the same environmental requirements as homes providing 24 hour staff.

Because staff may not be aware of the individual's capabilities for evacuation, the emphasis in the Emergency Evacuation Safety Plan will be on two of the three building blocks: the environmental requirements and the staffing at the house, including staff preparedness to assist individuals to evacuate the house within 2 ½ minutes. The 2½ minute evacuation standard cannot be modified through the Emergency Evacuation Safety Plan.

Specific Guidelines For The Plan

GENERAL INFORMATION

Date of Completion – date the plan is developed

Agency – provider agency's full name

Address of Residential Support – address of home for which the plan is developed

Names of Individuals Served At Site – this would be left blank for respite since the individuals using the facility would change.

Home is owned/rented/leased by – This section is used to indicate whether the provider agency or all of the individuals living in the home own/rent/lease the home. A respite home by its nature would be owned/rented/leased by the provider agency.

Type of Residential Support – put an X in the box for “Site Based Respite Support.”

Type of Building – put an X in the appropriate box that best describes the home. Only one box should be marked. Fill in as appropriate, the number of floors in the home, including the basement, or the floor(s) the home is located on in a multiple family or apartment building.

When identifying the floors that bedrooms are located on, please use the following guide:

Basement – partially below ground floor.

1st floor – ground level floor

2nd floor – floor one story above ground level

ENVIRONMENTAL STANDARDS

Fire Safety Equipment – put an X in as many boxes as apply for this home. Under “other,” list any additional equipment that is not included; e.g. fire extinguishers in other parts of the home beyond the kitchen.

Floor Plan – a floor plan should be developed, using page 13 of the EESP form, for each floor of the home used by the individuals living in the home. Add additional pages as needed. Each egress should be clearly marked using the possible egress types provided on the form. These are:

- f. Interior Stairs
- g. Elevator
- h. Door to Exterior Stairs To Grade
- i. Door Directly to Grade
- j. Handicap Accessible Ramp
- k. Basement Interior Stairs
- l. Basement Stairs to Grade
- m. Door to common hallway to egress(s) – this would typically be found in a multiple family or high rise apartment/condominium
- n. Other (describe)

The floor plan provides important information needed for the DDS Area Office to fully evaluate the Emergency Evacuation Safety Plan. This plan will clearly show the layout of the home, the location of type of egress for each floor, proximity of each egress to bedrooms and distance of egresses from each other.

GENERAL SAFETY REQUIREMENTS

This section ensures that regulatory requirements addressing safety in homes providing site based respite supports are in place. By putting an X in each box, the provider agency is confirming that they are in compliance with the regulations either because the situation does not exist in the home, such as there are no vertical chutes in a home, or that the proper precautions are in place should the situation exist, e.g. all individuals in a home that require physical assistance to evacuate have bedrooms located on a floor at grade level.

The first question in this section addresses egresses from the home. There need to be two means of egress from floors at grade level. Other floors need to have one means of egress and one proven, usable escape route leading to grade. This means that the escape route has been tested to ensure individuals can safely use the escape route in an emergency with or without staff assistance.

PROPOSED ALTERNATIVES

Site based respite supports cannot vary from the environmental standards outlined in the regulations under 115 CMR 7.07. Therefore, this section should not be completed.

INDIVIDUAL ABILITIES AND SAFETY STRATEGIES

In general there will not be an assessment of each individual's capabilities and needs in responding to an emergency within the respite house. However, the following must be considered for each individual as part of their receiving site based respite services:

The provider agency's intake or application form for site based respite must include a request for information about the individual's anticipated capabilities for evacuation. This information may derive from the ISP if the person has one, or from those who know the individual best.

If the individual is being referred from another DDS residential support, he or she will have an ISP that includes an individual safety assessment. Because the person is already known they may have a successful history of performance in fire drills. The respite provider agency must require that this information be included as part of the intake or application for site-based respite supports.

The first component of this section, as outlined below, should be answered in terms of the abilities of individuals that could be served at the respite home. It gives a snapshot of the needs of individuals that could be supported at this location:

1. *Does the level of ability (cognitive) of any individual prevent or limit their ability to evacuate independently in 2.5 minutes?*
2. *Does any individual have mobility issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
3. *Does any individual have health related issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
4. *Does any individual have social or behavioral issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?*
5. *Does any individual need adaptive devices or equipment to ensure safe and timely evacuation?*

Since the actual individuals to be supported at the site are not known, the chart in the next component of this section should not be completed.

GROUP INTERACTIONS

Since it is not known who will be served in the home, group interactions are not a factor in developing a comprehensive Emergency Evacuation Safety Plan. The emphasis will be on the number of staff as well as staff knowledge, skills and training to assist all individuals to evacuate the house in the event of an emergency.

This section should not be completed.

EVACUATION PLAN

All of the information previously provided in this document culminates in the actual development of the evacuation plan. Before developing the plan, the following questions need to be answered:

Minimum ratio of staff to individuals during awake hours – The staffing is designed to meet the “anticipated” needs of the individuals who will be staying at the respite house. Thus the number of staff may vary from day to day. At a very minimum and based on the “anticipated” needs of the individuals, the provider must meet the staffing requirements described in 115 CMR 7.06(3)(a-e). These include:

- Where 3 or 4 individuals who require assistance will be staying at the respite house, there will be at least two staff present;
- Where there are 5 or more individuals staying at the respite house and at least two of the individuals require assistance, there will be at least two staff present;
- There will always be staff present at the house during the overnight hours. If at least one individual needs assistance to evacuate, at least one staff will be awake during the overnight hours.

Because the number of individuals at the respite house will vary, for purposes of the Emergency Evacuation Safety Plan, the provider should include the staffing associated with the maximum capacity of the house.

The components asking for minimum ratio of staff to individuals should not be completed. Rather, staffing should be more fully addressed in the evacuation plan itself so that the DDS Area Office will have the needed context for evaluating the evacuation plan.

Evacuation Plans

A separate plan needs to be developed for awake and overnight/asleep hours.

Each evacuation plan should be presented in a bullet point format.

Each evacuation plan needs to fully describe how staff will be allocated to the house and how staff will be trained to support timely evacuation, based on the needs of individuals being served. If more

than one staff person is needed for safe evacuation, each staff person's role should be clearly outlined and include how each staff person is trained to understand their specific role. One way to do this is to label staff as A or B with staff knowing their role based on their specific job position or being informed at the beginning of their work day which person(s) each would support.

Amount of time needed for safe evacuation

This should be the maximum time needed to evacuate all individuals safely. The amount of time should never be more than 2 ½ minutes

Primary Escape Route

This should be the exit(s) that would typically be used during an evacuation unless it is blocked.

Secondary Escape Route

This should be the exit(s) that would typically be used if the primary escape route was blocked.

Central Meeting Place

This should be the place where everyone will meet when all have safely evacuated the home.

FIRE DRILLS

Because one of the key building blocks may not be present, that of the individual safety assessment, staff preparedness is an essential component of ensuring that individuals will be safe while staying at the respite house. While it is not expected that there will be fire drills with individuals who are staying at the respite house, it is anticipated that staff will practice the evacuation procedures in the safety plan on a routine basis through "mock" fire drills.

Practice drills will use a variety of scenarios, from worst to best case, including blocking different exits, drills conducted during different times of night and day, assisting individuals with potentially varying abilities and needs (e.g. totally independent, needing hands-on assistance). Information should include how individuals are oriented to emergency evacuation to the extent possible. If appropriate, such drills could include practice with the individuals themselves. This information should be incorporated into the evacuation plan and should be described in the second component of the Fire Drill Section of the plan (proposed changes to 24-hour fire drill requirements and information about fire drills for individuals in other residential settings).

METHODS TO NOTIFY POLICE, FIRE, EMERGENCY PERSONNEL, FAMILIES, DMR

It is important to have clear procedures for notifying others of an emergency. Provider agencies need to describe what that procedure is and acknowledge in this section that staff understand the procedures for notifying emergency personnel. Additionally there needs to be a description of how other key people will be contacted.

Key people to be contacted should include the Area Offices for each individual supported at the site as well as the Area office in which the site is located even if that Area Office does not support any individuals at the site.

TRANSPORTATION AND IMMEDIATE/TEMPORARY RESETTLEMENT

It is important that provider agencies have a well thought out plan of how to support individuals after an emergency. Therefore, provider agencies need to describe the plans for immediate shelter; temporary resettlement if needed including transportation plans; staff knowledge of these plans; and plans for the continuity of services and supports.

PROVIDER ASSURANCE FORM

This form needs to be completed by the provider and signed by the provider and submitted with the EESP to the appropriate Area Office. This form must be signed by the Area Director or his/her designee, signifying approval of the EESP as submitted.

H. Plans for Work/Day Supports

COMPONENTS	DDS REGULATORY REQUIREMENTS	
1. Individual Safety Strategies	Derived from assessments in ISP	
2. Group Interactions	115 CMR 7.08(3)(b)2 Provider Analysis	<u>PLANS</u> <u>FOR</u> <u>WORK</u> <u>AND</u> <u>DAY</u> <u>SUPPORTS</u>
3. Environmental Standards	115 CMR 7.07(1)-(4)	
4. Adaptive Technology	115 CMR 7.08(3)(b)4 Derived from assessments in ISP	
5. Staff	115 CMR 7.08(3)(b)5	
6. Evacuation	115 CMR 7.08(3)(b)6 Safe, orderly, timely evacuation with staff assigned to people needing assistance	
7. Fire Drills	115 CMR 7.08(3)(b)7 Two fire drills annually	
8. Notification to Police/Fire	115 CMR 7.08(3)(b)8 Provider knowledge of local resources	
9. Transportation/Resettlement	115 CMR 7.08(3)(b)9 Provider/Area Office Collaboration	
10. Continuity of Services & Supports	115 CMR 7.08(3)(b)10 Provider/Area Office Collaboration	

Work/Day Supports

Introduction

The guidelines in this section apply to locations where work/day supports are provided. They do not apply to individuals who are in supported employment situations at businesses or organizations in the community. The requirements may be different depending on whether the work/day support is located in a building with other organizations or businesses or if it is in a free standing building. For example, the provider agency may not want to conduct fire drills in a building with other businesses, as it may be stigmatizing. The Emergency Evacuation Safety Plan should not have features where individuals stand out as noticeably different from other employees in the building.

The guidelines in this section are based on the premise that all individuals are able to evacuate the building in a safe, orderly and timely manner with staff assigned to people needing assistance; and that staff are knowledgeable about the evacuation procedures at the site.

The major focus of the Emergency Evacuation Safety Plan is primarily on two of the building blocks: the environmental standards and the staffing at the work/day support. Although each person will have an individual safety assessment, aspects of the assessment will be incorporated into the Emergency Evacuation Safety Plan only for those individuals who actually need “hands on” physical assistance to evacuate the building.

Specific Guidelines For The Plan

GENERAL INFORMATION

Date of Completion – date the plan is developed

Agency –provider agency’s full name

Day Support Site and Address – Day support name, if appropriate, and full address.

Number of Individuals Served At Site – total unduplicated number of individuals supported at the site that would need to evacuate in an emergency.

Typical Daily Census – total unduplicated number of individuals that would be at the site on most days. This number could be different from the number of individuals served at the site if on a regular daily basis a number of individuals are out of the site, such as at a work site, for the day

Type of Day Support – Put an X in the box for each support provided at the site to be included in the Emergency Evacuation Safety Plan.

Type of Building – Put an X in the appropriate box. Then enter the total number of floors in the building and for a multiple use building, indicate on which floors supports are provided. The floors should include the ground floor (unless supports are provided on a basement floor) and all of those

above the ground floor. When identifying the floors where supports are provided, please use the following guide:

- Basement – partially below ground floor.
- 1st floor – ground level floor
- 2nd floor – floor one story above ground level

If the types of buildings described do not reflect the site for which a plan is being developed, describe in detail in the area provided.

ENVIRONMENTAL

Fire Safety Equipment – put an X in all appropriate boxes that apply. Describe additional equipment not previously identified in the area provided.

Floor Plan – a floor plan for each floor of the day/work support accessed by individuals should be submitted, using page 7 of the EESP form. Each egress should be clearly marked using the possible egress types provided on the form. These are:

- a. Interior Stairs
- b. Elevator
- c. Door to Exterior Stairs To Grade
- d. Door Directly to Grade
- e. Handicap Accessible Ramp
- f. Basement Interior Stairs
- g. Basement Stairs to Grade
- h. Door to Common Hallway to Egress – this would typically be found in
- i. a large multiple floor office building
- j. Other (describe)

The floor plan provides important information needed for the DMR Area Office to fully evaluate the Emergency Evacuation Safety Plan. This plan will clearly show the layout of the work/day site, the location of type of egress for each floor, and distance of egresses from each other.

INDIVIDUAL ABILITIES AND SAFETY STRATEGIES

This section is a summary description of individual characteristics that affect the ability to evacuate the work/day site safely within a reasonable period of time during an emergency. This summary does not replace the need for a thorough assessment of individual skills at the time of the ISP, but rather is taken from those assessments.

Total unduplicated number of individuals requiring assistance – This number will alert the DMR Area Office as to the actual number of people who need support to evacuate out of the total number of individuals served.

1. *What is the total number of individuals that require assistance to evacuate?* _____

Individual characteristics that affect evacuation – Individuals could fall into more than one area if any individual(s) have multiple needs that affect evacuation.

2. *Does the level of ability of any individual prevent or limit their ability to evacuate independently? If yes, how many individuals?_____*
3. *Does any individual have mobility issues that would prevent or limit their ability to evacuate independently? If yes, how many individuals?_____*
4. *Does any individual have health related issues that would prevent or limit their ability to evacuate independently? If yes, how many individuals?_____*
5. *Does any individual have social or behavioral needs that prevent or limit their ability to evacuate independently? If yes, how many individuals?_____*
6. *Does any individual need adaptive devices or equipment to ensure safe and timely evacuation? If yes, how many individuals?_____*

These questions should be answered by reviewing the information in Section IV on individual assessments.

GROUP INTERACTIONS

This section describes any interactions between the individuals being supported that could affect timely evacuation either positively or negatively. For example, one individual might always take the hand of a friend who sits by them and helps that person to evacuate. Or another individual might hit peers if he is near them during evacuation so he will need to be escorted separately.

EVACUATION PLAN

The evacuation plan incorporates components discussed during earlier sections of the plan including individual abilities, group interactions and dynamics, staff responsibilities, adaptive equipment, and egresses.

The minimum number of staff to individuals should be the lowest number that would be in the building at any one time to help individuals evacuate. This is the number the evacuation plan should reference when describing the actual plan.

1. **Describe the sequence for safe evacuation** - A bullet point format should be used when describing the sequence for ensuring the specific plan for evacuating individuals in an emergency. The plan should include specific information about each staff person's responsibilities and should identify the accommodations and level of assistance for each individual who is not able to evacuate independently including,
 - verbal prompt
 - physical prompt (light physical direction)
 - physical escort (actual physical support to evacuate)
 - full physical assistance.

It should also include a description of how/when staff will know all individuals have evacuated the building.

2. **State the amount of time needed to safely evacuate all individuals** - This number should be based on the time of actual drills or, for a new program, the projected time to evacuate everyone.
3. **Identify the primary escape route** – This should be the exit(s) that would typically be used unless blocked.
4. **Identify the secondary escape route** – Identify the exit(s) that would be used if the primary route was blocked.
5. **Identify the escape route(s) for individuals using wheelchairs** – outline the specific exit(s) that would be used for individuals exiting in wheelchairs.
6. **Identify the location of the central meeting place** – identify the place where everyone meets after exiting the building in an emergency.

FIRE DRILLS

State how many fire drills will be held annually and whether this differs from the 2 that are required in the DMR regulations. If the number of drills is fewer than 2, a clear description will need to be given as to how individual safety is maintained.

METHODS TO NOTIFY POLICE, FIRE, EMERGENCY PERSONNEL, FAMILIES, DMR

Specific questions relate to who, where, and when these calls will be made in the event of an emergency. The plan should clearly describe how families/guardians and DMR would be notified.

Key people to be contacted should include the Area Offices for each individual supported at the site as well as the Area office in which the site is located even if that Area Office does not support any individuals at the site.

TRANSPORTATION AND IMMEDIATE/TEMPORARY RESETTLEMENT

Describe the plan for providing immediate shelter during the emergency.

OPTIONAL

Include any other relevant information not previously addressed.

PROVIDER ASSURANCE FORM

This form needs to be completed by the provider and signed by the provider and submitted with the EESP to the appropriate Area Office. This form must be signed by the Area Director or his/her designee, signifying approval of the EESP as submitted.

APPENDICIES

- 1. Emergency Evacuation Safety Plan For Residential Supports**
- 2. Emergency Evacuation Safety Plan for Day Supports**
- 3. Emergency Evacuation Safety Plan Components For All Services And Supports**
- 4. Chart Depicting DDS Requirements For Homes And Work/Day Supports**
- 5. Sample Emergency Evacuation Safety Plans**

1. EMERGENCY EVACUATION SAFETY PLAN
FOR RESIDENTIAL SUPPORTS

2. **EMERGENCY EVACUATION SAFETY PLAN**
FOR WORK/DAY SUPPORTS

3. **CHART DEPICTING DMR REQUIREMENTS**
FOR HOME AND
WORK/DAY SUPPORTS

KEY TO REQUIREMENTS FOR DDS SUPPORTS AND SERVICES

OE Category: An alphabetical method for referring to the "Type of Service" in the next column.

Type of Service: This column describes the type and intensity of the residential or work/day services and supports being provided to an individual(s). Categories A through E refer to residential supports. Category F is the day supports. For the residential supports, there are numerous contracting program codes or informally used terms that could apply to any or all of these living situations. For example, the term "Shared Living" could be applied to any category. Because of this, the actual service that the person is receiving is described. For categories A through E, the homes, the type of service is defined in two ways: the intensity of the staffing support provided to the individuals and who leases or owns the home.

Environmental Standards: This column refers to the physical site standards that are set in the DDS regulations for home and work/day services and supports. These standards are found in CMR 115 7.07(1)-(4). The column describes the standards that the particular living or working situation must adhere to from this section of the regulations. As a quick reference the standards are as follows:

- 7.07(1) - standard that refers to all applicable requirements (e.g. building code, sanitary code)
- 7.07(3) - general standard promoting healthy, safe environments
- 7.07(4) - standard for a barrier-free environment, when needed
- 7.07(5) - more specific standards of "ambiance" for residential supports and site based respite
- 7.07(6) - more specific standards regarding # individuals sharing a bedroom and bedroom size
- 7.07(7) - the most specific standards that apply safeguards to some homes and site based respite

Emergency Evacuation Safety Plan (EESP): This column defines the category of residential and work/day services and support that must develop an EESP as defined in the DDS regulation 115 CMR 7.08(3). Each category has a corresponding set of guidelines for developing an EESP in the "Emergency Evacuation Safety Plan Guidelines Handbook."

Site Feasibility: This column defines the services that are required to have a "Site Feasibility Assessment" completed by the Office of Quality Enhancement in order to occupy a DMR home. The assessment includes standards set by the Massachusetts State Building Codes, the Sanitary Codes, and the DDS Regulations. For categories with "Upon Request", the Office of Quality will conduct an assessment upon request by the DDS Area/Regional Office or the provider and, because it is not required, the findings in the assessment are made as "recommendations to the provider and Area/Regional Director.

Approval to Occupy: This column defines the services that must have an approval to occupy by the Office of Quality Enhancement in order to enable individual to live or

work at the particular location. The approval to occupy is a review of the environment and well as the documentation (e.g. Safety Plan, emergency Fact Sheets, Medications) to ensure that basic safeguards are in place before individuals move into a home.

REQUIREMENTS DDS SUPPORTS AND SERVICES

QE CAT.	Type of Service	Environmental Standards [7.07(1)-(8)]	EESP	Site Feasibility	Approval to Occupy
A	Provides 24 hour staffing supports; <u>Provider</u> leases or owns the home.	All regulations apply: 7.07(1)-(8)	Applies	Applies	Applies
B	Provides 24 hour staffing supports; <u>Individual</u> leases or owns the home and is competent to make informed decisions.	Only 115 CMR 7.07(1)-(2) apply, however outcomes in the regulations refer to supporting individuals in living in safe, secure homes that are typical of other homes in the community	Applies	Upon Request (Area Dir. and/or Provider)	Does not apply
C	<u>Less</u> than 24 hour staffing supports; <u>Provider</u> leases or owns the home.	Some regulations apply: 7.07(1)-(5)	Applies	Upon Request (Area Dir. and/or Provider)	Does not apply
D	<u>Less</u> than 24 hour staffing support; <u>Individual</u> leases or owns own home.	Only 115 7.07(1)-(2) apply, however outcomes in the regulations refer to supporting individuals in living in safe, secure homes that are typical of other homes in the community	Applies	Upon Request (Area Dir. and/or Provider)	Does not apply
E	Shared Living/Home Sharing	Some regulations apply: 115 CMR 7.07(1)-(6)	Applies	Does not apply	Does not apply
F	Site-based respite/emergency residence where the services are provided in a location <u>other</u> than the home of the individual or the home of the respite provider.	All regulations apply: 115 CMR 7.07(1)-(8) Note: this is based on the assumption that site based respite would need to meet the same environmental requirements as category "A" above.	Applies	Applies	Applies
G	Work or Day supports	Some regulations apply: 115 CMR 7.07(1)-(4)	Applies	Applies	Applies

4. EMERGENCY EVACUATION SAFETY PLAN
SAFETY PLAN COMPONENTS FOR
ALL SERVICES AND SUPPORTS

EMERGENCY EVACUATION SAFETY PLAN COMPONENTS FOR ALL SUPPORTS

COMPONENTS	Plans For Homes Providing 24-Hour Supports		Plans for Homes Providing Less Than 24-Hour Supports		Shared Living Home Sharing		Plans for Site-Based Respite Services	Plans for Work/Day Supports
1. Individual assessment and safety strategies	Derived from Assessments in ISP		Derived from Assessments in ISP		Derived from Assessments in ISP		Derived from Assessments in ISP, if available	Derived from assessments in ISP
2. Group interactions/ dynamics	115 CMR 7.08(3)(b)2 Provider Analysis		115 CMR 7.08(3)(b)(2) Provider Analysis		115 CMR 7.08(3)(b)2 Provider Analysis		115 CMR 7.08(3)(b)(2) Provider Analysis	115 CMR 7.08(3)(b)2 Provider Analysis
3. Environmental standards	Provider Leased/Owned	Individual Leased/ Owned	Provider Leased/ Owned	Individually Leased/ Owned	Provider Leased/ Owned	Individually Leased/ Owned	Provider Leased/ Owned	N/A
	115 CMR 7.07(1)-(8) a. two means of egress b. fire extinguisher c. interconnected smoke detectors d. sealed vertical chutes e. no locks on bedrooms with access to egress f. locks on bedrooms with no access to egress g. bedroom at grade for people with mobility impairments h. no smoking in bedroom	115 CMR 7.07(1)-(2)	115 CMR 7.07(1)-(5)	115 CMR 7.07(1)-(2)	115 CMR 7.07(1)-(6)	N/A	115 CMR 7.07(1)-(8) a. two means of egress b. fire extinguisher c. interconnected smoke detectors d. sealed vertical chutes e. no locks on bedrooms with access to egress f. locks on bedrooms with no access to egress g. bedroom at grade for people with mobility impairments h. no smoking in bedroom	115 CMR 7.07(1)-(4)
4. Adaptive technology	Derived from Assessments in ISP		Derived from Assessments in ISP		Derived from Assessments in ISP		Derived from assessments in ISP	Derived from assessments in ISP
5. Staff	115 CMR 7.06(3) a. 3 or more individuals requiring assistance: 2 staff at all times b. 5 or more individuals, 2 or more requiring assistance: 2 staff at all times; c. 1 or more requiring assistance: required staff must include 1 overnight awake staff		No regulatory requirements		115 CMR 7.08(3)(b)5 and 7.10		115 CMR 7.06(3) a. 3 or more individuals requiring assistance: 2 staff at all times b. 5 or more individuals, 2 or more requiring assistance, 2 staff at all times	115 CMR 7.08(3)(b)5

EMERGENCY EVACUATION SAFETY PLAN COMPONENTS FOR ALL SUPPORTS

				c. 1 or more requiring assistance: required staff must include 1 overnight awake staff	
6. Evacuation	115 CMR 7.08(3)(b)6 2 1/2 minutes with or without assistance	115 CMR 7.08(3)(b)6 2 1/2 minutes without assistance	115 CMR 7.08(3)(b)6 2 1/2 minutes with or without assistance	115 CMR 7.08(3)(b)6 2 1/2 minutes with or without assistance	115 CMR 7.08(3)(b)6 Safe, orderly, timely evacuation with staff assigned to people needing assistance
7. Fire Drills	115 CMR 7.08(3)(b)7 a. Quarterly drills b. Two of which shall be night-time	No regulatory requirements	No regulatory requirements	115 CMR 7.08(3)(b)7	115 CMR 7.08(3)(b)7 Two fire drills annually
8. Methods to notify police, fire, emergency personnel	115 CMR 7.08(3)(b)8 Provider knowledge of local resources	115 CMR 7.08(3)(b)8 Individual/Provider knowledge of local resources	115 CMR 7.08(3)(b)8 Home provider knowledge of local resources	115 CMR 7.08(3)(b)8 Provider knowledge of local resources	115 CMR 7.08(3)(b)8 Provider knowledge of local resources
9. Transportation and immediate temporary resettlement	115 CMR 7.08(3)(b)9 Provider/Area Office collaboration	115 CMR 7.08(3)(b)9 Individual/Provider collaboration	115 CMR 7.08(3)(b)9 Placement service provider responsibility	115 CMR 7.08(3)(b)9 Provider/Area Office collaboration	115 CMR 7.08(3)(b)9 Provider/Area Office collaboration
10. Continuity of services and supports	115 CMR 7.08(3)(b)10 Provider/Area Office collaboration	115 CMR 7.08(3)(b)10 Individual/Provider collaboration	115 CMR 7.08(3)(b)10 Placement service provider/Area Office collaboration	115 CMR 7.08(3)(b)10 Provider/Area Office collaboration	115 CMR 7.08(3)(b)10 Provider/Area Office collaboration

5. EMERGENCY EVACUATION SAFETY PLANS

SAMPLE PLANS