

Guidelines for Evacuation/Fire Drills with the Use of Participant Simulation (Including during the COVID-19 emergency) 4/30/2020

Introduction:

The development of a Safety Plan includes an assessment of each person's abilities and the practicing of evacuation strategies with direct participation of individuals with their supporters. While this should remain the rule, there are a few unique situations where an individual's specific needs may make direct participation unsafe. These situations would be limited to serious medical conditions such as:

- Severe health/physical limitations
- Clinical considerations that seriously impact the safety of the individual or those around them.
- Under Hospice Care

The following guidelines are intended to outline the conditions and considerations that should be made in proposing the use of simulated fire drills through a safety plan. This document reflects adjustments that can be made in how fire drills are conducted, and under what conditions direct participation by the individual may be replaced with a **simulation by a staff member**.

Although, the individual may not have to directly participate, it remains the regulatory standard expectation that:

- At least 4 fire drills per year will be conducted
- 2 drills will be at night when individuals are in bed and asleep.
- Fire drills should be conducted with the minimum number of staff designated in the EESP for awake or asleep hours.

Providers will continue to be required to meet the regulatory standard for frequency of conducting evacuation/fire drills and that **individuals can be evacuated in 2 ½ minutes**.

Practice of fire drills routinely helps to ensure that everyone, staff included, are familiar with what to do in a real emergency. Furthermore, the practice of fire drills at night when individuals are in bed and asleep are an essential mechanism to ensure that under the most difficult of circumstances, staff are knowledgeable concerning what to do in the event of an emergency, and that all individuals are able to evacuate in 2 ½ minutes or less.

The Provider needs to ensure that staff are adequately trained and knowledgeable of how to evacuate the individual in the event of an actual emergency.

Determination of Need:

COVID-19 Guidance:

Pre-placement fire drills with Simulated Participation for people being relocated to temporary residential locations can be automatically considered for someone who tests positive for COVID-19 and is not well enough to participate.

The rationale for proposing a simulated fire drill with particular person(s) at the time of the pre-placement is met if the team determines that it puts the individual at risk if one proceeds with active participation by the individual due to their COVID-19 status. The need for the provider to forgo the individual's actual participation should be documented in the Safety Plan. The Emergency Evacuation Safety Plan (EESP) should reflect the use of simulated evacuation/fire drills and for whom. The EESP should also include the rationale for this determination, with a notation in the Fire Drill Section in the area that states "Do the proposed fire drills differ?"

Current Guidance:

The risk of an individual's direct participation in evacuation drills must be carefully weighed. Prior to considering an evacuation strategy that does not include direct participation the following should occur:

1. Consult with the individual's Health Care Provider (HCP) regarding conditions or issues that would be detrimental to an individual participating in evacuation/fire drills.
2. Based on information from HCP, a rationale needs to be developed to justify the proposal of evacuation/fire drills with participant simulation. The rationale needs to demonstrate why participation would increase the likelihood of harm to occur due to the individual's medical/clinical condition.
3. The ISP team needs to review the proposed rationale for the individual to forgo actual participation.
 - o *If the team determines that the individual's participation would pose risk of harm due to their medical/clinical condition, then this is an acceptable rationale for the use of evacuation/ fire drills with simulated participation.*
4. The Emergency Evacuation Safety Plan should reflect the use of evacuation/fire drills with simulated participation and for whom. The EESP should also include the rationale for this determination.
 - o Add this in the Fire Drill Section in the area that states "Do the proposed fire drills differ?"

Direct participation in a fire drill to assess the support needs of individuals should occur at some periodic frequency (periodic assessment). In some situations direct participation could conceivably be somewhat less frequent, but not less than once per year. The following summarizes those situations in which evacuation/fire drills with simulated participation may be appropriate and considered:

Situation	Periodic Assessment	Simulation can be used	Minimum # of Drills
A. Individual evacuates independently.	Y	N	Quarterly (2 asleep)
B. Individual requires some assistance to evacuate.	Y	N	Quarterly (2 asleep)
C. Individual needs total physical assistance (chronic condition) to evacuate.** <ul style="list-style-type: none"> • Person needs lift equipment or two person transfer 	Y	May Apply	Quarterly (2 asleep)
D. Individual has serious medical/clinical condition making practice dangerous or harmful to person. <ul style="list-style-type: none"> • A short-term medical condition such as an injury (e.g., fractured leg) or following surgery. • A long-term or degenerative medical condition posing extreme risk at this point in time. • Hospice Care 	Y	Y	Quarterly (2 asleep)

**** C. Individual requires total physical assistance to evacuate- Simulation May Apply**

In this situation, the actual participation of the individual is less critical to the assessment process and is focused more on the performance of the supporters. So, as an example, an individual's direct participation may be important as part of an annual assessment or staff training but simulation may be used on other practice drills.

Practice Evacuation/Fire Drills Procedures:

Participant simulated fire drills can be simulated in part or in full. All other strategies for conducting evacuation/fire drills, such as the support housemates need to evacuate should remain as consistent as possible.

Participant Simulation in Part: (C)

An assessment is completed to determine the amount of time it takes to use lift equipment or do a two person transfer of the person from a bed to a wheelchair. During an evacuation/fire drill the person is evacuated in

their wheelchair and the time it took to evacuate is recorded. These two portions are added together to get a total evacuation time.

- For example:
 - Assessed transfer time – 1 minute and 30 seconds
 - Individual evacuation Time – 25 seconds
 - Total Time = 1 minute and 55 seconds

Full Participant Simulation: (D)

A participant simulated drill involves a staff person taking the place of the individual. Thus, the staff person is evacuated using the strategies outlined in the safety plan for the person for whom participant simulated drills are needed.

Careful consideration is required to ensure that all strategies needed to evacuate the individual in a real emergency are practiced.

- For example, if the person is receiving oxygen or G-tube feeding during the night, staff conducting the drill needs to practice how they would transfer the individual, and disengage and transfer the necessary equipment to a wheelchair.

When the EESP needs to be revised:

A short-term medical condition: Examples include: an injury (e.g., fractured leg), following surgery, or intermittent health condition that impedes their abilities such as severe pneumonia.

In these situations, since an individual cannot safely participate in a drill, it would be critical that a determination be made as to whether the current level of staffing is sufficient to ensure the evacuation during the time of recuperation.

For a shorter-term change in an individual's status, the plan may not require full revision. In these situations, the provider should ensure that the necessary supports are in place and make any necessary revisions to the evacuation procedures for the interim period. This would not require a new approval by the DDS Area Director.

Once the individual has recovered, their direct participation is expected and the use of simulated drills will be eliminated. If the individual's ability to evacuate has permanently changed, then they should be re-assessed to determine their support needs.

A long-term or degenerative medical condition:

There should be medical documentation in the individual's record regarding this medical condition. The individual safety assessment should also reflect this concern as part of the analysis of factors impacting the individual's abilities and support needs.

Finally, the safety plan needs to specify the procedure for how the drills will be practiced, and for ensuring staff are adequately trained to evacuate the individual in the event of an actual emergency.

Once the team determines that the use of simulated drills is warranted, the EESP needs to be revised to specify the procedure for how the drills will be practiced (including the use of simulated drills). Area Office approval of the revised plan is needed.