Safety Plan Guidance:
Key Elements & Common Provider Questions

Office of Quality Enhancement (OQE) • Department of Developmental Services

Provider Overview Training

Revised January 2026

OQE

Department of Developmental Services

Safety Plan Guidance Overview

What we'll cover

- Answers to common provider questions have been considered and are addressed within each of these areas:
- Which sites require a Safety Plan (and which do not)
- Filing/approval, updates, and what triggers a revision
- Staffing + evacuation planning (Appendix D + site floor plans)
- Fire drill rules by service type (including simulation)
- How to respond when evacuation fails or staffing is not adequate
- Shared Living / IHS: what "assurances" and "mock drills" can look like

Safety Plan Guidance Overview

Key updates

- Updated evacuation + fire drill guidance (including simulated drills)
- Staffing expectations tied to assessed evacuation needs
- Filing requirements aligned with DDS service definitions
- Updated Safety Plan template

Transition (begins April 1, 2026)

- All revised guidance standards take effect April 1, 2026
- The revised Safety Plan template will be phased in over a 2-year transition period.

When a Safety Plan is required

A Safety Plan is required for each physical location providing eligible supports

Residential Supports (site-specific)

- 24-Hour Residential Group Homes (incl. ALTR, State Operated, ABI/MFP)
- Shared Living Services (incl. ABI/MFP)
- Site-Based Respite Services
- *Less than 24-hour Supports (3798) when ≥15 hours/week to an individual

No Safety Plan required:

- In Home Supports in a family home (3703)

Day Supports (site-based)

- CBDS (site-based)
- CBDS/Employment Support Services (site-based) when shared

No Safety Plan required:

- Employment Supports
- Sublocations
- Mobile/CBDS Without Walls

*Note: This applies to Independent Living Supports (formerly IHS) only and does not apply to less than 24 hour supports (3703) in a family home.

Filing, approval & update cycles

Update requirements (what triggers a revised plan)

Safety Plans must be developed or updated:

- Within two years if no changes affect safe evacuation
- When Safety Plans are no longer effective or proposed changes occur
- When a site relocates or a new site opens
- When the provider agency operating a site changes

CBDS and Respite:

Update Appendix D

- If individuals' abilities/evacuation needs change

Update Safety Plan

- If maximum daily census/capacity changes
- staffing ratios change
- evacuation procedures change

Provider question

"We have many plans per person/site already. What's the 'happy medium' so this stays manageable?"

Answer: Treat the Safety Plan as the single, site-level evacuation document. Keep it version-controlled (date + change log) and update Appendix D + staffing/evacuation sections first when changes occur.

Staffing tied to evacuation needs

Evacuation staffing is based on who is present, not just site capacity

Provider question

"If attendance changes throughout the day, what should we put in Section 6(A)?"

Section 6(A): Baseline minimum staffing for safe evacuation

Document the minimum staffing normally needed to carry out the Safety Plan safely.

This is the evacuation baseline, not a fixed staffing ratio for all times of day.

Section 6(B): How staffing is monitored and adjusted

Describe how the provider tracks who is on site.

Describe how staffing decisions are informed by evacuation needs, including Appendix D.

Explain how the provider ensures enough staff remain on site to evacuate the individuals actually present.

Key point: Providers must ensure staffing remains sufficient as attendance and support needs change throughout the day.

Fire drill requirements (by service type)

Minimum drill requirements depend on the service type

Service type	Minimum drill / assurance requirement
24-hour Residential Group Homes	Quarterly drills; ≥2 at night. Must include blocked primary egress scenario (use secondary exit).
CBDS / Site-based Employment	At least 2 drills annually. Provider sets a site-specific expected evacuation time (no statewide time).
Shared Living + Independent Living Supports	Fire drills not required. Provider must document "assurances" that the plan is effective (training, review, contacts/equipment, etc.).

Four quarterly drills per year means at least one drill in each calendar quarter: Jan–Mar, Apr–Jun, Jul–Sep, and Oct–Dec. Drills do not need to be evenly spaced. For example, a drill in March, another in April, and the next in September would still meet the quarterly requirement.

Drill implementation: make it realistic

Drills must account for time-of-day staffing and individual needs

Time-of-day considerations

- All drills: Conduct using the minimum staff ratios identified in the Safety Plan.
- Wheelchair supports: Conduct at least one awake-hour drill per year when individuals are not seated in wheelchairs (to reflect transfer needs).

Provider question

- Purpose: Drills test the Safety Plan and staff's ability to follow it.
- Run drills using the minimum staff ratios in the Safety Plan (even if extra staff are present).
- Extra staff should not participate in any way.

Pre-Placement Fire Drill Requirement (Approval to Occupy)

Observed drill to confirm the Safety Plan works in real conditions

Requirement

- Use the most challenging time-of-day scenario for staffing and individual needs.
  - Example: If transfers (bed/couch → wheelchair) are expected, include the transfer (don't start with the person already in the wheelchair).
- Primary egress is typically used for the drill.
- If the secondary egress requires extra steps that may be difficult for people with mobility needs (e.g., not ramped/stairs), the drill and Safety Plan must reflect those realities.

Shared Living, ILS, SCL, Site Based Respite

No required fire drills — but you must show the plan is effective

Required "assurances" examples

- Training for staff/caregivers on evacuation plan and individual needs
- Review evacuation procedures with the individual and household members
- Confirm emergency contacts, equipment, and supports are available and functional
- Document any other practices used to demonstrate effectiveness

Provider question

"Shared Living: what are "mock drills" and what counts?"

- Walk-through practice of routes and meeting location
- Scenario discussion (e.g., "What if the primary exit is blocked?")
- Practice key steps (e.g., transfers, ramps, mobility supports) without activating alarms
- Document: who, what was practiced, and any updates needed

Provider question

"For home-alone time, what staffing ratio do we list?"

Answer: List typical caregiver coverage expectations and include home-alone time consistent with the ISP/assessment.

Simulated fire drills (when and how)

Used during a required drill when participation is unsafe/unreasonable

How simulation is used (during the drill)

- Simulation is completed as part of the required fire drill.
- Mixed participation is allowed: others evacuate normally while staff simulate the person who cannot participate.
- Purpose: confirm staff can evacuate everyone using the staffing pattern + equipment in the Safety Plan within required timeframes (e.g., 2½ minutes residential, unless waived).

Safety Plan documentation (must-haves)

- The Safety Plan must state when simulation is used: who/why, temporary vs ongoing, and exact procedure (roles, equipment, steps).
- Include a reassessment plan to confirm whether simulation is still needed and to ensure staffing adequacy.
- If simulation becomes new or long-term, revise the Safety Plan and submit to the Area Director for approval.
- Providers must still show safe evacuation for all individuals (participation or simulation).

When evacuation fails

Fail → re-test quickly → escalate if it persists

If time exceeds required/expected evacuation time

- Residential: conduct a follow-up drill within 24–48 hours
- CBDS/day: conduct a follow-up drill as soon as feasible
- If follow-up succeeds within timeframe, no further action required

If failure persists (or other failure reasons)

- Notify the Area Office immediately
- Implement a remedial pathway:
  - Immediate corrective plan + rapid re-test
  - Addendum (short-term change)
  - Revised Safety Plan (long-term/permanent change) for approval
- Provider remains responsible to maintain safe evacuation within required time until an updated plan is approved

Provider question

"Who handles requests for additional staffing needed?"

Answer: The provider is ultimately responsible to ensure adequate staffing to evacuate within the required timeframe. If a drill fails, notify the Area Office immediately and coordinate a remedial plan.

Environment, floor plans, and inspections

Keep ALL egress routes clear at all times — including exits not listed in the Safety Plan

Provider question

"Floor plan: do we have to redo using new Appendix E form?

Existing floor plans may be used if they show all required elements

Provider question

"Extinguisher: gauge check vs inspection?"

- With a pressure gauge: check the gauge is in the operable range.
- Without a pressure gauge: requires annual inspection and must be tagged (keep records available).

High-rise buildings & building-owner coordination

High-rise + mobility impairments require coordination with building management

High-rise definition + expectation

- High-rise: highest occupied floor >70 ft (often 6+ stories)
- Drills/practice must align with the building's Emergency Action Plan (EAP)
- Safety Plan must reflect unit-specific procedures and individual support needs

Provider responsibilities (what to obtain)

- Coordinate with building owner/management (EAP owner)
- Notify management when an individual needing assistance moves in/needs change
- Obtain/keep EAP procedures (e.g., Areas of Refuge, assisted evacuation, alarms/communication)
- Update EAP copy at least every 2 years (or sooner if changed)

Provider question

"Building owner won't provide EAP docs—now what?"
Request the tenant-facing EAP information for your unit (posted evacuation routes/alarms/meeting location/assisted evacuation steps). If the full EAP isn't provided, build your unit-level plan using what you can verify, and document all attempts to obtain the building EAP procedures.

Thank you

Questions, additions, or follow-ups?