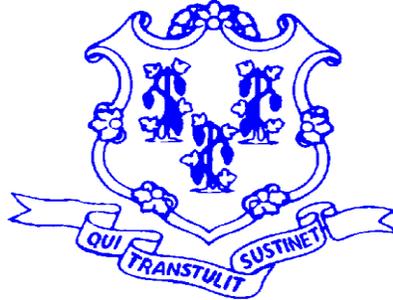


STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES



**SPECIAL OPERATIONS PLAN
FOR EMERGENCY RELOCATION**

for Persons Served in
Group Residential and Group Day Programs
Operated or Funded by
The Connecticut Department of Developmental Services



**UPDATED
JULY, 2010**

Originally Issued February 15, 2002
Peter H. O'Meara, Commissioner

The Department of Developmental Services' (DDS) Special Operations Plan for Emergency Relocation has been in effect since the winter of 2002 and was last updated in July of 2010.

Special Operations Plan for Emergency Relocation

I. Situation

Emergency Management Planning for persons served by the DDS is essential. We must be prepared for any potential man-made or natural disaster. Due to recent heightened states of national alert based on threats of potential terrorist activity, there exists a possibility of a major incident that could result in the need to relocate large numbers of Connecticut citizens, including individuals with developmental disabilities who receive supports at group residential and group day service settings.

In the event of a major emergency, providing specialized care and support to individuals with significant disabilities who have complex and multiple health-care and/or behavioral support needs can best be met by people knowledgeable in providing these supports – specifically, private and DDS provider support personnel. Communication and cooperation with local emergency management personnel will also be essential in responding to any emergency.

The threat of a major emergency due to man-made or natural disaster is most significant along the southern coastline of the state, where there is the presence of major water, rail and ground transportation systems as well as nuclear power plants.

This emergency plan is designed to establish basic communication and relocation plans in the event an emergency event necessitates the evacuation of group residential and day program settings.

Program types **APPLICABLE** to this plan include:

Group Residential Programs:

- Community Living Arrangements (CLAs)
- Residential Campuses (RCs)
- Habilitative Nurseries (HABs)

Group Day programs:

- Day Support Options (DSOs)
- Sheltered Employment (SHEs)
- Group Supported Employment (GSEs)

Program types **NOT APPLICABLE** to this plan include:

Residential programs:

- Community Training Homes (CTHs)
- Supported Living (SLVs)
- Residential Schools (SCRs)

Day programs:

- Individual Supported Employment (SEIs)

Emergency Event Levels

It is generally not possible to pre-determine the specific location(s) and nature of a significant emergency event. Therefore, the department has designated two (2) levels of emergency that may require evacuation and relocation of individuals from service sites.

Level I Emergency Event

(Single Site Emergency Relocation)

Defined as: An emergency event that occurs in a very small geographic area affecting a single group residential or group day service site. Such an event may require evacuation and relocation of service participants from the affected site or from the immediate area to protect their health and safety.

Examples include: a fire at the service site or in the immediate area, a prolonged power outage affecting the service site and/or others in the immediate neighborhood, street flooding, a toxic spill at the service site or in the immediate area, etc.

*** Relocation sites for Level I Emergency Events may be located within a 10-mile radius of the affected service site.**

(All Level I relocation sites should have the capacity to meet the health and safety needs of service participants and their support staff.)

Level II Emergency Event

(Limited Multiple Site Emergency Relocation)

Defined as: An emergency event that occurs in a community or limited geographic area, comprised of contingent towns. Such an event may require evacuation and relocation of service participants from the affected community or limited geographic area to protect their health and safety.

Examples include: major fire with toxic fumes, significant damage to utilities affecting a local area, a major toxic spill or release of hazardous chemicals or biological agents that affect water systems or are expected to be airborne over short distances.

(Expanded Multiple Site Emergency Relocation)

Defined as: A catastrophic emergency event that affects a wide area and that requires immediate mass relocation of the populace of large geographic areas. Public confusion and panic are anticipated.

Examples include: major leakage of radioactive material due to an incident at a nuclear power plant or other significant events that result in state or national direction to evacuate and relocate people in a wide area or region.

*** Relocation sites for Level II Emergency Events are to be located beyond a 10-mile radius of the affected service site.**

(All Level II relocation sites should have the capacity to meet the health and safety needs of service participants and their support staff.)

II. PREPARATION

Provider Preparation

The following actions are to be taken to prepare for the potential need to relocate individuals with developmental disabilities attending private and public operated group residential and day service settings during an emergency event:

1. Provider Completion of an Emergency Relocation Plan (“Red Book”)

An Emergency Relocation Plan is to be maintained in each residential and day service site in a special notebook, the “Red Book”, easily accessible to staff. The Emergency Relocation Plan shall be stored with the existing Facility Emergency Plan.

Contents of the Red Book are to include a *General Relocation Plan* with associated up-to-date attachments. Red Book contents are to include:

- A. General Relocation Plan** for the service site
- B. Emergency Relocation Summary** including Relocation Site directions to each alternate relocation site
- C. Emergency Individual Fact Sheets** for all persons in the service **with medical Medication Administration Record (e.g., Kardex)** – to be transported at the time of an emergency relocation
- D. Individual Identification Badges** (lanyards optional) for use in identifying persons if relocated

Further details of Red Book contents follow:

A. The General Relocation Plan is to include for:

Level I

- An identified relocation site which may be within a 10-mile radius of the provider facility in the event of a Single Site Emergency
- A procedure to orient staff to the plan (e.g., relocation sites, directions, and transport of the Red Book)
- A procedure for the periodic review and assurance all emergency relocation plans are up-to-date

Level II

- An identified relocation site beyond at least a 10-mile radius from the service site in the event of a Limited Multiple Site or Expanded Multiple Site Emergency. (If the Level I relocation site is over 10 miles from the facility, these two sites may be the same.)
- A procedure to orient staff to the plan (e.g., relocation sites, directions, and transport of the Red Book)
- A procedure for the periodic review and assurance all emergency relocation plans are up-to-date
- A procedure to acquire and prepare individual identification badges for personal identification
- A procedure to acquire identification cards for staff who may be required to transport individuals away from an affected area (Police or other emergency officials may require these.)
- A procedure to communicate to DDS your circumstances as soon as possible after an event
- A plan to assure adequate human resources capable of transporting everyone to a relocation site (e.g., identify, mobilize and supervise additional/replacement support personnel if an adequate number of regularly assigned staff are not present to manage event circumstances)
- A plan to assure adequate transportation for relocation (Plans should not rely on state emergency resources; these resources may be overtaxed)
- A procedure to orient staff to the plan (e.g., relocation sites, directions, and transport of the Red Book)
- A procedure for the periodic review and assurance all emergency relocation plans are up-to-date

B. Emergency Relocation Summary including Relocation Site directions to each alternate relocation site

The Emergency Relocation Summary is a quick reference to needed relocation information. It is to be referenced to get people to safe places when an emergency occurs. This summary includes Relocation Site names, addresses, phone numbers, contact names and directions to the Relocation Sites associated with each of the three levels of emergency.

Residential and day programs will be responsible for completing the Emergency Relocation Summary for their Facility.

C. Emergency Individual Fact Sheets for all persons in the program with medical Medication Administration Record (e.g., Kardex) – to be transported at the time of an emergency relocation

Emergency Individual Fact Sheets provide necessary information about individual needs for anyone requiring vital information about an individual. Fact Sheets include an individual's name, address, facilities in which he or she participates, physician, pharmacy and critical dietary, medical and other information necessary to keep the person safe.

Emergency Individual fact Sheets are to be completed for all current residents of public and private group residences (specifically CLAs, RCs, HABs) and individuals participating at group day programs (specifically DSOs, GSEs, SHEs) who reside at their family homes.

- Residential programs will be responsible for completing fact sheets on all individuals receiving residential support and for providing a copy to the day program providing such service for each individual.
- Day programs will be responsible for completing fact sheets for all individuals residing at residence program types not a part of this plan (e.g., family homes, Community Training Homes, etc.).

D. Individual Identification Badges (lanyards optional) for use in identifying persons if relocated

Individual Identification Badges are to be attached to individuals' clothing if they are likely to be in the care of others who do not know them. ID information is a reduced copy of the Emergency Information Fact Sheet with photograph.

- ❖ Residential and day programs identified in this plan will be responsible for acquiring and setting up badges for all individuals.

E. Directions to DDS Relocation Sites

Directions to Relocation Sites are provided

F. A Facility Emergency Plan copy

- ❖ Residential and day programs identified in this plan provide a copy

2. Provider Completion of an Emergency Response Fact Sheet

The Emergency Response Fact Sheet provided vital information necessary for DDS to communicate with a provider during an emergency. Information includes names, addresses, phone and fax numbers and e-mail addresses of provider emergency contact personnel.

- ❖ The Emergency Response Fact Sheet will be completed by a provider and forwarded to the DDS Director of Quality Management.

3. Provider Establishment of Community Emergency Management Communication with Local Emergency Management Officials.

Provider communication with local emergency management officials in preparation for an emergency is essential. Know your local emergency management plan. Communicate any special or unique needs that your program participants have to local officials. Knowledge of local community emergency management protocols will help shape your plans for response to an emergency.

- ❖ Residential and day programs are responsible for communicating with local emergency management officials in preparation for an emergency.

III. IMPLEMENTATION

In An Emergency (Any Level)

The level of the emergency will be defined by the nature of the event and/or public advisories. Follow your relocation plan to the extent possible when not in conflict with state or local emergency directives.

- ❖ Initial and immediate response to an emergency event:
 1. Account for and make sure all individuals are safe by following your agency's emergency plan.
 2. Stay with your clients until formally relieved by a DDS or private program manager.
 3. Call your program manager.
- ❖ When ready for relocation, departure:
 1. Take the Red Book, including Medication Administration Records and badges, with you.
 2. Attach identification badges to individuals if they are likely to be in the care of others who do not know them.
 3. Check your directions.

4. Turn on your radio to a radio station providing Emergency Alert System (EAS) information such as:
 - a. WTIC-1080 AM and 96.5 FM (Hartford)
 - b. WDRC-1360 AM and 102.9 FM (Hartford)
 - c. WCTY-97.7 FM (Norwich)
 5. Go to your relocation site promptly.
 6. Go to the closest alternate relocation site not in a location in a state of emergency if you cannot reach your initial relocation site for any reason
 7. Follow the directions of personnel at the relocation site upon arrival.
- ❖ When ready for relocation, departure:
1. Call your agency emergency number or
 2. Call the DDS Command Center @ 860 418-8700 during a Level II or Level III Emergency.

IV. DDS Support During a Level II or Level III Relocation

All DDS personnel are considered essential and are to report for duty to their assigned location, regional office or nearest relocation site.

Regional personnel including case managers and all other staff not directly assigned to client care activities will focus on locating and reporting on the status of all persons who reside outside of their family home. This is the first priority of business for DDS personnel not directly assigned to other emergency related duties. Emergency status updates will be communicated to regional management and the DDS Command Center as instructed.

DDS will seek support from other state and federal agencies through the Emergency Operations Center (EOC). EOC Support includes emergency transportation of personnel and supplies and protective services.

DDS Relocation sites will contact additional direct support and professional staff as circumstances necessitate.

V. DDS Communication, Personnel Mobilization and Resource Management

DDS will serve as a communication link, as applicable, among departmental personnel, private sector providers and the State Office of Emergency Management's (OEM) Emergency Operations Center (EOC).

In the event of a Level II or Level III Emergency, upon notification of the Commissioner or designee, the Central Office Command Center will be operational within 90 minutes.

The Commissioner or designee will mobilize personnel and other resources as deemed necessary by the event.

The Central Office Command Center, operated by DDS Managers, will serve as the communication center for receiving status reports from regional, provider and facility representatives. Status information will be organized and reported to the Commissioner and Deputy Commissioner at the Emergency Operations Center.

APPENDICES

Special Operations Plan Appendices: Documents associated with this plan are included with this communication in the following order.

A1. Commissioner Memo to Private Providers – November 1, 2001

Safety and Security/Emergency Response

encl. **Emergency Response Fact Sheet**

A2. Commissioner Memo to Providers & Regional Directors – January 18, 2002

Department of Developmental Services Emergency Operations Plan Preparation – Individual Fact Sheets & Associated Materials

Attachments:

(a). **DDS Regional Emergency Management Coordinators** – listing

(b). **Instructions for Completing the Emergency Individual Fact Sheet**

(c). **Emergency Individual Fact Sheet:**

Blank Protected Form – Electronic Form Copy

(d). **Emergency Individual Fact Sheet:**

Blank Typewriter Form Copy

(e). **Emergency Individual Fact Sheet:**

Sample Completed Unprotected Form

A3. Emergency Relocation Summary:

Blank Protected Form – Electronic Form Copy

A4. Emergency Relocation Summary:

Blank Typewriter Form Copy

A5. Directions to DDS Relocation Sites

A6. Radiological Annex

For those communities surrounding the Millstone Nuclear Power Station in Waterford, CT

A7. Shelter In Place Guidelines

A1.

MEMORANDUM

TO: Private Providers
FROM: Peter H. O'Meara, Commissioner
DATE: November 1, 2001
RE.: SAFETY AND SECURITY/EMERGENCY RESPONSE

The Department of Developmental Services is preparing an Emergency Response Protocol in keeping with national, state and local initiatives.

In order to accomplish this important objective please complete the enclosed form and submit one copy to the region office(s) with which you contract (attention Regional Director) and one copy to Daniel A. Micari, Director, Division of Quality Management. Please submit this information no later than Friday, November 9, 2001. Forms should be faxed to the Division of Quality Management, (860) 418-6002. The information requested will be a critical component in our agency protocol that will include a 24-hour communication capacity in the event of an emergency that impacts DDS clients.

Thanks for your cooperation.

1 ENCL

Cc: Kathryn Dupree, Deputy Commissioner
James P. Welsh, Esq., Director of Legal and Government Affairs
Regional Directors
Daniel A. Micari, Director, Division of Quality Management
Martin Zito, Chief of Staff
Ronald Cretaro, CAN
Margaret Dignoti, ARC/CT
Terry Edelstein, CCPA

EMERGENCY RESPONSE FACT SHEET

Agency Name: _____

Executive Director: _____

Agency Address: _____

* Agency Contact Person: _____

Telephone: _____

Cell Phone: _____

Paper Fax: _____

E-Mail: _____

* Please identify one senior manager as your agency designee, who will serve as the primary linkage with DDS in the event of a major emergency. **Please note that communication between DDS and your agency will be directed through this person.**

**PLEASE FAX ONE COPY TO DANIEL A. MICARI AT (860) 418-6002
AND ONE COPY TO YOUR REGIONAL OFFICE**

A2.

TO: Private Providers, Regional Directors, STS Director

FROM: Peter H. O'Meara, Commissioner

DATE: January 18, 2002

RE.: Department of Developmental Services' Emergency Operations Plan
Preparation – Emergency Individual Fact Sheets & Associated Materials

In follow-up to the previous notifications, the Department of Developmental Services is preparing emergency response protocols in keeping with national, state and local readiness initiatives.

Presently we are developing the statewide Emergency Operations Plan.

A part of the emergency plan and central to it, is a standardized method of client identification in the event of an emergency which necessitates transfer of clients from public or private group residential or day program settings.

Emergency Individual Fact Sheets must be completed for each client.

Emergency Individual Fact Sheets will provide necessary information about individual needs to personnel at designated relocation centers. Fact Sheets include an individual's name, original color photograph, residential or day program in which he or she participates, program address, physician, pharmacy and critical dietary, medical and other information vital to the person's safety.

Emergency Individual Fact Sheets are to be completed for all clients receiving services at the following settings:

Group Residential programs:

- Community Living Arrangements (CLAs)
- Residential Campuses (RC)
- Habilitative Nurseries (HABs)

Group Day programs:

- Day Support Options (DSOs)
- Sheltered Employment (SHEs)
- Group Supported Employment (GSEs)

Provider Responsibility for Completion, Dissemination, Organization and Updating of Emergency Individual Fact Sheets

Blank Emergency Individual Fact Sheets are attached to this document. Either of two blank forms may be used. One is a paper copy of the electronic version (one page); one is a paper form (two pages) on which information can be typed. It is strongly recommended the electronic form be completed for ease of updating. Instructions for completion of an Emergency Individual Fact Sheet are attached to this document. A completed example form is also attached.

- **Residential programs will be responsible for completing fact sheets on all individuals receiving residential support and for providing a copy to the day program providing such service for each individual.**
- **Day programs will be responsible for completing fact sheets for all individuals residing at residence program types not part of this plan (e.g., family homes, Community Training Homes, etc.).**

Residential Providers:

- Complete one Emergency Individual Fact Sheet for every individual who lives in designated residences (e.g., CLAs, RCs, HABs) operated by your agency/DDS Region.
- For those with a computer with MS Word 97 or later version, please complete electronic forms. For those without computer capacity, please complete paper forms. Electronic forms are attached for those providers receiving this communication via e-mail. All providers, including those with e-mail, are receiving this communication by standard mail with paper forms attached.

Residential Provider Fact Sheet & Photograph Requirements:

1. Fact Sheets

- A. Make three (3) paper copies of the fact sheet for the residence:
 - One full size for a file holder
 - One full size for the Regional Emergency Management Coordinator
 - One reduced to fit a 4" by 3" plastic badge holder * (sample included)
- B. Make two (2) additional paper copies of the fact sheet if the individual participates in a DSO, GSE or SHE day program type:
 - One full size for a file folder
 - One reduced to fit a 4" by 3" plastic badge holder *

2. Original Color Photographs ** of individuals

- A. Make three (3) original color photographs for the residence:
 - One for a file holder
 - One for the Regional Emergency Management Coordinator
 - One to be inserted into a 4" by 3" plastic badge holder *
- B. Make three (3) additional original color photographs if the individual participates in a DSO, GSE or SHE day program type:
 - One full size for a file folder

- One to be inserted into a 4” by 3” plastic badge holder *
- One for the Regional Emergency Management Coordinator

* typically 55% to 60% reduction; cut out the printed area

** these photographs are to be no larger than a passport photograph

Organization of Materials:

- Create and label two file folders with the provider and program name. Organize full size fact sheets by program site, alphabetically by individual, attach an original color photograph to the respective fact sheet and place them in the file folders.
- Fold each reduced fact sheet and insert it into the 4” by 3” badge holder (obtain from your Regional Emergency Management Coordinator) along with an original color photograph (you may optionally attach a lanyard to the badge [not provided]; organize and place them in a manila envelope.
- Keep one file folder and the envelope in a location at each program site readily available to staff at a moments notice. Inform all staff at each residence of the location of these materials.
- Send the other file folder to the respective DDS Regional Emergency Management Coordinator (names and addresses attached to this communication).
- If an individual participates in a DSO, GSE or SHE day program type, send a completed full size fact sheet with three (3) original color photographs to the respective day program.
 - Why are three (3) photographs sent to the day program?
 - The first photograph is for the day program file folder.
 - The second is for the day program badge.
 - The third photograph is necessary to attach to fact sheet copies that the day program will make and send to the Regional Emergency Management Coordinator.
- When any information on any person’s Emergency Individual fact Sheet changes, the fact sheet must be updated/recreated to reflect the change(s) and must replace the previous fact sheet (e.g., forward to day providers and DDS Regional Emergency Management Coordinators as indicated).

Day Providers:

- Complete one Emergency Individual Fact Sheet for all individuals attending your program(s), who live at residential program types not part of this plan (e.g., family homes, Community Training Homes, etc.). If a day program participant lives in a CLA, RC or HAB residence, you will receive a copy of the completed form from the residential provider – you will not have to complete a duplicate form for the same individual.
- For those with a computer with MS Word 97 or later version, please complete electronic forms. For those without computer capacity, please complete paper forms. Electronic forms are attached for those providers receiving this communication via e-mail. All providers, including those with e-mail, are receiving this communication by standard mail with a paper form attached.

Day Provider Fact Sheet & Photograph Requirements:

1. Fact Sheets

- A. Make three (3) paper copies of each fact sheet if you completed a form for an individual not residing at a CLA, RC or HAB program type; make two (2) paper copies for an individual if residing at a CLA, RC or HAB program type:
- One full size for a file holder (do not make if fact sheet received from the residence)
 - One full size for the Regional Emergency Management Coordinator
 - One reduced to fit a 4" by 3" plastic badge holder * (sample included)

2. Original Color Photographs ** of individuals

- A. If you received three (3) original color photographs from the residence for an individual (the person resides at a CLA, RC or HAB program type):
- Make no photographs for that person
- B. **If an individual does not reside at a CLA, RC or HAB program type (you received no photographs) make:**
- One for a file folder
 - One to be inserted into a 4" by 3" plastic badge holder *
 - One for the Regional Emergency Management Coordinator

* typically 55% to 60% reduction; cut out the printed area

** these photographs are to be no larger than a passport photograph

Organization of Materials:

- Gather paper copies of forms and photographs received from participants' residential programs (e.g., if individuals reside in CLAs, RCs, HABs).
- Create and label two file folders with the provider and program name. Organize full size fact sheets by program site, alphabetically by individual, attach an original color photograph to the respective fact sheet and place them in the file folders.
- Fold each reduced fact sheet and insert it into the 4" by 3" badge holder (obtain from your Regional Emergency Management Coordinator) along with an original color photograph (you may optionally attach a lanyard to the badge [not provided]); organize and place them in a manila envelope.
- Keep one file folder and the envelope in a location at each program site readily available to staff at a moments notice. Inform all staff at each residence of the location of these materials.
- Send the other file folder to the respective DDS Regional Emergency Management Coordinator (names and addresses attached to this communication).
- When any information on any person's Emergency Individual fact Sheet changes, the fact sheet must be updated/recreated to reflect the change(s) and must replace the previous fact sheet (e.g., forward to day providers and DDS Regional Emergency Management Coordinators as indicated).

All tasks associated with Emergency Operations Plan preparation described in this communication, including submission of products to identified recipients, are to be accomplished by February 22, 2002.

Residential providers: Be aware that Day provider preparation of materials is dependent on receiving completed materials from you; please forward completed materials to Day providers as soon as reasonably possible so they may finish their work by the February 22, 2002 deadline.

I recognize the complex nature of this task and that these actions are only part of the preparation for the Department Of Developmental Services' Emergency Operations Plan. In the very near future, the full text of the plan will be forwarded to you. Follow these step-by-step instructions and if you have questions, please contact your Regional Emergency Management Coordinator or Daniel A. Micari, Director Division of Quality Management.

Cc: Kathryn Dupree, Deputy Commissioner
Martin Zito, Chief of Staff
James P. Welsh, Esq., Director of Legal and Government Affairs
Daniel A. Micari, Director, Division of Quality Management
Captain Roy Beavers, Director, Division of Investigations
Marcia Noll, Director, Division of Health and Clinical Services
Andrew Wagner, Director, Revenue Enhancement
Ronald Cretaro, CAN
Margaret Dignoti, ARC/CT
Terry Edelstein, CCPA

A2.(a)

DDS EMERGENCY MANAGEMENT COORDINATORS

North Region	Amy Chase phone: (860) 263-2504 fax: (860) 263-2525 DDS North Region 255 Pitkin Street 155 Founders Plaza East Hartford, CT 06108 amy.chase@ct.gov	
South Region	Carin Mancini phone: (203) 294-5065 Norwich phone: (860) 859-5406 fax: (860) 706-5687 DDS South Region 35 Thorpe Avenue Wallingford, CT 06492 carin.mancini@ct.gov	
West Region	Jackson Pierre-Louis phone: (203) 586-2006 fax: (860) 586-2700 DDS West Region P.O. Box 872 Southbury, CT 06488-0901 jackson.pierre-louis@ct.gov	
Central Office Statewide Coordinators	Daniel A. Micari phone: (860) 418-6081 fax: (860) 418-6002 DDS Central Office 460 Capitol Avenue Hartford, CT 06106 daniel.micari@ct.gov	Dennis Mitchell phone: (860) 418-6081 fax: (860) 418-6002 DDS Central Office 460 Capitol Avenue Hartford, CT 06106 dennis.mitchell@ct.gov

A2.(b)

Instructions for Completing the DDS Emergency Individual Fact Sheet

- Residential programs (CLAs, RCs and HABs only) will be responsible for completing fact sheets on all individuals receiving residential support and for providing a copy to the day program providing such service for each individual.
- Day programs (DSOs, SHEs and GSEs only) will be responsible for completing fact sheets for all individuals residing at residence program types not part of this plan (e.g., family homes, Community Training Homes, etc.).

The Emergency Individual Fact Sheet is an **MS Word 2000** document template (.dot) that is protected. It can be used in **MS Word 97**. All label blocks of the form are dark gray with white lettering; all field (data entry) blocks are white. You can Tab through the field blocks one at a time from the top to the bottom of the form to easily enter data. You can use your mouse if you wish to enter data fields as well. Questions all show **YES** (by default) but can be changed to **NO** by entering the field and clicking the down arrow: a small **Yes/No** graphic appears – simply click **NO**. To update changes, simply change the **Completion/Update** field to the date you are making the changes and then update other fields as appropriate.

Installation: You can copy the document to the **TEMPLATE** directory on your computer and access it using **FILE, NEW** and then opening it (a new copy is made). You can also open it as an existing document in **MS Word** using **FILE, OPEN** and immediately save it using **FILE, SAVE AS** (You will need to set **Files of Type** in the **OPEN** dialog box to **ALL FILES** to see the document template name [file type is a **.dot NOT a .doc**] to open it).

BE BRIEF AND DESCRIBE ONLY CRITICAL ISSUES ASSOCIATED WITH AN INDIVIDUAL'S SAFETY

Completion/Update Date:	Date this for is initially completed, and thereafter, date of update
Photo Date:	Date the individual's color photograph was taken
Individual:	Name of individual participating in program
DDS Number:	DDS identification number of individual
DOB:	Date of Birth of individual
Residential Address:	Residential address of individual
Provider: & Phone	Name of Provider/Agency serving the individual & phone number
Program & Address: & Phone	Name of Program & Address of Program serving the individual & phone number
Physician: & Phone	Name of individual's primary care physician & phone number
Pharmacy: & Phone	Name of individual's pharmacy & phone number
Medicaid Number:	Individual's Medicaid number
Family Contact: & Phone	Name of individual's primary contact & phone number
Medical Guardian: & Phone	Name of individual's medical guardian & phone number
Blood Type (if known):	Individual's blood type, if known – if unknown, please acquire at next health care appointment
Medical Diagnoses:	Individual's medical diagnoses

Critical Requirement: Any requirement that can cause serious harm or death if not adhered to

Medications?	Yes or No
Meds Taken at Day Program?	Yes or No
Medical? & Description, if YES	Yes or No examples: g-tube, oxygen, repositioning, transfer lifting methods

Allergies? & Description, if YES	Yes or No examples: penicillin or other medications, bee stings, lactose, peanut butter
Dietary? & Description, if YES	Yes or No examples: food consistency (e.g., ground, pureed, chopped food items); restrictions (e.g., salt, calories, gluten, nuts)
Eating? & Description, if YES	Yes or No examples: hand-over-hand assistance, nothing by mouth
Ambulation/Mobility? & Description, if YES	Yes or No examples: custom wheelchair, walker, cane, AFOs
Communication? & Description, if YES	Yes or No examples: speak close to him due to hearing loss; uses sign language; no apparent understanding of what you say; uses gestures frequently to communicate and acknowledges when you point to something
Adaptive Equipment? & Description, if YES	Yes or No examples: shower chair, hand splint, hospital bed, hip abduction braces, barrier free lift, transfer lift device
Supervision? & Description, if YES	Yes or No examples: inability to understand directions, expressive communication deficits, bathing & personal care, eats cigarette butts, choking, rapid eating, food or medication refusal, assault, self-abuse, running into the road
Behavior Management? & Description, if YES	Yes or No Examples: written behavioral management plans addressing behavior such as eats shoe laces, food or medication refusal, punches people intermittently, self-abuse, running into the road, undue anxiety

A2.(c & d & e)



Connecticut State Department of Developmental Services
EMERGENCY INDIVIDUAL FACT SHEET

**DMR Command Center Phone Number
 (860) 41 8-8700**

**ATTACH
 PHOTOGRAPH**

SAMPLE

COMPLETION/UPDATE DATE	1/8/02	PHOTO DATE:	12/31/01
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INDIVIDUAL:	John Doe	DMR NUMBER:	000008765	DOB:	5/21/47
RESIDENTIAL ADDRESS:	17 Main Street Newington, CT 06788				
PROVIDER:	Alameda, Inc.	PHONE:	(860) 777-7777		
PROGRAM & ADDRESS:	Market Street GSE 49 Market Street Middletown, CT 06754	PHONE:	(860) 777-7777		
PHYSICIAN:	Dr. Jordon	PHONE:	(860) 777-7777		
PHARMACY:	Pelton's	PHONE:	(860) 777-7777		
MEDICAID NUMBER:	999999999999				
FAMILY CONTACT:	Mrs. James Doe	PHONE:	(860) 777-7777		
MEDICAL GUARDIAN:	Mrs. James Doe	PHONE:	(860) 777-7777		
BLOOD TYPE(If known):	O positive				
MEDICAL DIAGNOSES:	profound mental retardation; seizure disorder; atrophy of limbs; lactose intolerance, allergic to penicillin; significant hearing loss				

Attention Relocation Site: Contact Pharmacy if Medication Administration Record is NOT available

**CRITICAL REQUIREMENT
 ANY REQUIREMENT THAT CAN CAUSE SERIOUS HARM OR DEATH IF NOT ADHERED TO**

CRITICAL REQUIREMENT	?	DESCRIPTION
Medications?	YES	Facility medication administration records (e.g., Kardex) are to be transported with fact sheets when an emergency occurs.
Meds taken at Day Program?	YES	
Medical?	YES	repositioning every 2 hours
Allergies?	YES	milk & all milk products; penicillin
Dietary?	YES	no milk & milk products; ground diet (pea size maximum)
Eating?	YES	hand over hand assistance required; food refusal by pushing out food with tongue; chokes on food greater than the size of pea
Ambulation/Mobility?	YES	custom wheelchair
Adaptive Equipment?	YES	Hoyer lift; shower chair
Communication?	YES	John can hear you if you speak directly to him, within one foot from him; significant hearing loss
Supervision?	YES	food or medication refusal; may choke on food; severe seizures when manifested thrashes causing potential injury; make sure no milk & milk products are available; bites others unexpectedly
Behavior Management?	YES	Behavior Management Plan for Biting Others- keep non-support persons at arms length

TRANSPORT FACT SHEET TO RELOCATION SITE WITH EACH INDIVIDUAL

A3 & A4.

Existing Version



STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES
**SPECIAL OPERATIONS PLAN FOR
EMERGENCY RELOCATION SUMMARY**

Facility Name:			
Facility Address:			
Facility Type: (Residential or Day)		Facility RDID:	
Provider Name:			
Number of Persons Served:			

Relocation Plan for LEVEL I Emergency

Relocation Site:			
Relocation Address:			
Relocation Phone:			
Relocation Contact:			
Relocation Directions:			

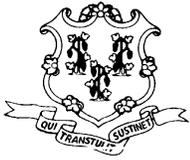
Relocation Plan for LEVEL II Emergency

Relocation Site:			
Relocation Address:			
Relocation Phone:			
Relocation Contact:			
Relocation Directions:			

Relocation Plan for LEVEL III Emergency

Relocation Site:			
Relocation Address:			
Relocation Phone:			
Relocation Contact:			
Relocation Directions:			

Proposed Version – 11/09



STATE OF CONNECTICUT
 DEPARTMENT OF DEVELOPMENTAL SERVICES
**SPECIAL OPERATIONS PLAN FOR
 EMERGENCY RELOCATION SUMMARY**

Updated as of:

Facility Name:			
Facility Address Details (if applicable - <i>Apt. #, Suite #, etc.</i>):			
Facility Address (<i>street #, street name, designation—"Road", "Street", etc.</i>):			
Facility Town:		Facility Zip Code:	
Facility Service Type: (identify "Public Residential" or "Public Day" or "Private Residential" or "Private Day")		Facility RDID:	
Provider Name:			
Number of Persons Served:			

Relocation Plan for LEVEL I Emergency

Relocation Site Name:			
Relocation Address Details (if applicable - <i>Apt. #, Suite #, etc.</i>):			
Relocation Address (<i>street #, street name, designation—"Road", "Street", etc.</i>):			
Relocation Town:		Relocation Zip Code:	
Relocation Site Service Type: (only if applicable, identify "Public Residential" or "Public Day" or "Private Residential" or "Private Day")		Relocation Site RDID: (only if applicable)	
Relocation Phone:			
Relocation Contact:			
Relocation Directions:			

Relocation Plan for LEVEL II Emergency

Relocation Site Name:			
Relocation Address Details (if applicable - <i>Apt. #, Suite #, etc.</i>):			

Relocation Address (<i>street #, street name, designation—"Road", "Street", etc.</i>):			
Relocation Town:		Relocation Zip Code:	
Relocation Site Service Type: (<i>only if applicable, identify "Public Residential" or "Public Day" or "Private Residential" or "Private Day"</i>)		Relocation Site RDID: (<i>only if applicable</i>)	
Relocation Phone:			
Relocation Contact:			
Relocation Directions:			

Relocation Plan for LEVEL III Emergency

Relocation Site Name:			
Relocation Address Details (<i>if applicable - Apt. #, Suite #, etc.</i>):			
Relocation Address (<i>street #, street name, designation—"Road", "Street", etc.</i>):			
Relocation Town:		Relocation Zip Code:	
Relocation Site Service Type: (<i>only if applicable, identify "Public Residential" or "Public Day" or "Private Residential" or "Private Day"</i>)		Relocation Site RDID: (<i>only if applicable</i>)	
Relocation Phone:			
Relocation Contact:			
Relocation Directions:			

A5.

Directions to DDS Relocation Sites

THIS SECTION UNDER REVIEW

RADIOLOGICAL ANNEX

Situation: Nuclear Power Plant Emergency:

The Millstone Nuclear Power Station – Waterford, Connecticut

■ General Overview

The Millstone Nuclear Power Station in Waterford is the only active nuclear power plant in Connecticut. Radioactive material is contained within the plant by a number of protective barriers and systems. In the event protective barriers or systems fail to work properly, radioactive material in the form of gases or small particles could escape from the plant into the air in the form of a cloud or plume. This could result in people being exposed to radioactivity and receiving a radiation dose.

Communities close to the Millstone Nuclear Power Station have adopted specific response plans to deal with a plant emergency incident. Local, state, and federal officials in partnership with power plant personnel have developed these plans.

These response plans deal with a 10-mile radius around the Millstone Nuclear Power Station. This area, referred to as the Emergency Planning Zone (EPZ), includes all, or part of the communities of East Lyme, Groton (City & Town), Ledyard, Lyme, Montville, New London, Old Lyme, Waterford and Fishers Island, N.Y. Experts have identified the communities in the EPZ as being most likely to be immediately affected by an unplanned radiological release from the power station. The map below shows the Millstone Station EPZ.



EPZ SIREN WARNING SYSTEM

A significant feature of communities located in the Millstone Station EPZ is the siren warning system. Sirens are located throughout the approximate 10-mile Emergency Planning Zone. These are designed to alert the public of a nuclear power plant emergency, natural disaster, or other major emergency. When necessary, these sirens will be activated by community officials.

The sirens have the ability to emit several different tones. Each tone serves a different emergency function:

- A steady tone for three minutes (that may be repeated) signals a natural or commercial disaster such as severe weather, chemical spills, floods, or a nuclear plant emergency.
- A long wavering tone signals an enemy attack.
- A short wavering tone signals a fire.
- A public address loudspeaker can transmit announcements over a limited distance from the community's emergency operations center.



Remember, if you hear a steady siren tone for three minutes or more, tune in to the Emergency Alert System (EAS) on radio or television.

- The EAS allows local and state officials to interrupt radio and television programming with emergency information. Refer to the following EAS radio and TV stations:

Primary EAS Radio Stations

WTIC – 1080 AM	96.5 FM (Hartford)
WDRC – 1360 AM	102.9 FM (Hartford)
WCTY – 97.7 FM (Norwich)	

Other EAS Radio Stations

WQGN – 105.5 FM	WSUB – 980 AM
WNLC – 98.7 FM	WICH – 1310 AM
WBMW – 106.5 FM	WXML – 102.3 FM
WNPR – 89.1 FM	WKNL – 100.9 FM
WPKT – 90.5 FM	WLIS – 1420 AM
WIHS – 104.9 FM	WMRD – 1150 AM
WHJM – 107.7 FM	

EAS TV Stations

WFSB – Channel	3 WVIT – Channel 30
WTNH – Channel 8	WTIC – Channel 61
WHPX – Channel 26	

Host Communities & Host Community Reception Centers

The towns in the Emergency Planning Zone have made arrangements with other towns for support during a Milstone Power Station incident. Supporting towns are known as “Host Communities” and are at least 15 miles from the nuclear power plant site. There are five Host Communities: East Hartford, New Haven, Norwich, Windham, and UCONN/Mansfield.

Each Host Community has designated a “Host Community Reception Center” which will provide monitoring, decontamination (if necessary) and temporary shelter to “evacuees” from the EPZ. DDS representatives in conjunction with American Red Cross staff will be available at activated Host Community Reception Centers to assist clients and staff with connecting with family members, accessing medical attention, and if need be making shelter arrangements.

During a power plant emergency public officials may direct people in any or all of the EPZ zones to evacuate, via designated evacuation routes, to their assigned Host Community Reception Center.

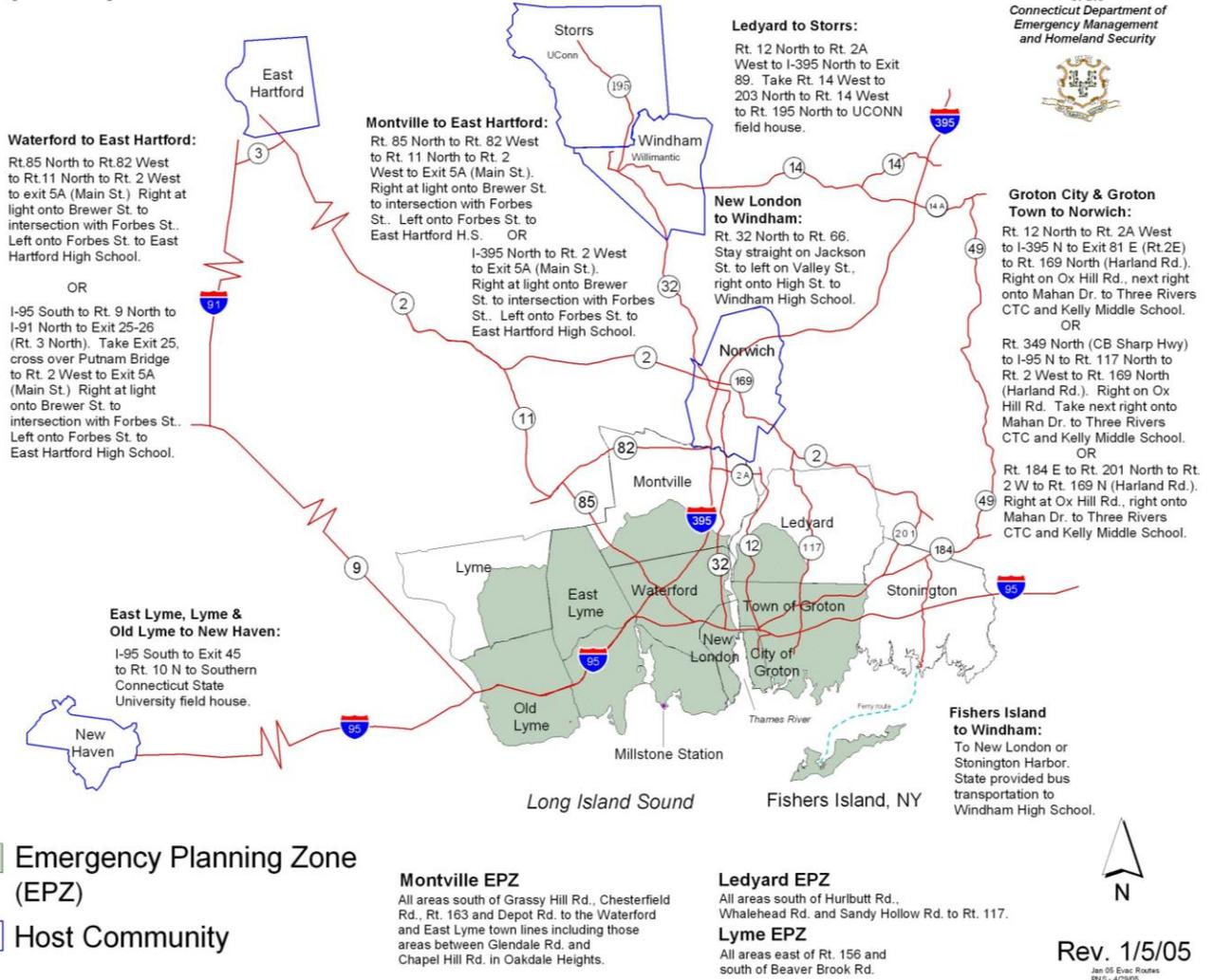
To find your designated Host Community and Host Community Reception Center, see the table below.

EPZ Town	Host Community	Host Community Reception Center
East Lyme	New Haven	Southern Connecticut State University Field House
Fishers Island, NY	Windham	Windham High School
Groton City	Norwich	Kelly Middle School
Groton Town	Norwich	Kelly Middle School
Ledyard	UConn/Mansfield	UConn Field House
Lyme	New Haven	Southern Connecticut State University Field House
Montville	East Hartford	East Hartford High School
New London	Windham	Windham High School
Old Lyme	New Haven	Southern Connecticut State University Field House
Waterford	East Hartford	East Hartford High School

The following map shows the designated evacuation routes from EPZ Towns to their assigned Host Community Reception Centers.

EMERGENCY PLANNING ZONE (EPZ) Evacuation Routes

The Radiological Emergency Preparedness Division of the Connecticut Department of Emergency Management and Homeland Security



The DDS Nuclear Power Plant Emergency Plan Overview

At the first indication that there may be a concern at the power plant;

- Millstone Station personnel alert federal, state and local officials.
- The Department of Environmental Protection's Division of Radiation immediately sends a representative to the plant's emergency operations facility to monitor the utility data and forwards it to the State Emergency Operations Center (State EOC).
 - The State EOC is operated by the State Department of Emergency Management and Homeland Security (DEMHS). DEMHS directs and coordinates all available resources to protect the life and property of the citizens of Connecticut in the event of a disaster or crisis.

- State EOC personnel contact a pre-designated DDS administrator and briefs them of the situation.
- If directed by the State EOC, the DDS Commissioner and/or designee attend the State EOC to help direct and coordinate resources.
- The DDS Commissioner and/or designee may elect to activate any or all DDS's EOCs.
 - These EOC sites are the locations from which department officials coordinate, monitor, and direct information and resources during an emergency to support the department's emergency response activities.
- The DDS Commissioner and/or designee, prior to the State EOC issuing "shelter in place" or evacuation notifications to the general public, may direct public and private providers to:
 - cancel or suspend day services,
 - prepare to evacuate,
 - "shelter in place,"
 - evacuate and seek shelter outside the EPZ (possibly at a designated DDS relocation site).
- The DDS Commissioner and/or designee may at any time, direct DDS personnel to activate any or all DDS relocation sites. Should such activation become necessary this information would be communicated to providers via the Emergency Alert System (EAS).

★ Remember, if you hear a steady siren tone for three minutes or more, tune in to the Emergency Alert System (EAS) on radio or television. State or local officials will provide specific instructions through the EAS.
- **★ Activation of any or all Host Community Reception Centers will be communicated via the Emergency Alert System (EAS).** Should a "Host Community Reception Center" be activated, the DDS Commissioner and/or designee will direct DDS representatives to go there. DDS representatives in conjunction with American Red Cross staff at the Host Community Reception Centers will assist clients and staff connecting with family members, accessing medical attention, and if need be making shelter arrangements.

“Shelter-in-Place” in an Emergency

What Shelter-in-Place Means:

One of the instructions you may be given in an emergency where hazardous materials may have been released into the atmosphere is to shelter-in-place. This is a precaution aimed to keep you safe while remaining indoors. (*This is not the same thing as going to a shelter in case of a storm.*) Shelter-in-place means selecting a small, interior room, with no or few windows, and taking refuge there. It does not mean sealing off your entire home or office building. If you are told to shelter-in-place, follow the instructions provided in this Fact Sheet.

Why You Might Need to Shelter-in-Place:

Chemical, biological, or radiological contaminants may be released accidentally or intentionally into the environment. Should this occur, information will be provided by local authorities on television and radio stations on how to protect you and your family. Because information will most likely be provided on television and radio, it is important to keep a TV or radio on, even during the workday. The important thing is for you to follow instructions of local authorities and know what to do if they advise you to shelter-in-place.

- How to Shelter-in-Place -

At Home:

- Close and lock all windows and exterior doors.
- If you are told there is danger of explosion, close the window shades, blinds, or curtains.
- Turn off all fans, heating and air conditioning systems.
- Close the fireplace damper.
- Get your family disaster supplies kit and make sure the radio is working.
- Go to an interior room without windows that's above ground level. In the case of a chemical threat, an above-ground location is preferable because some chemicals are heavier than air, and may seep into basements even if the windows are closed.
- Bring your pets with you, and be sure to bring additional food and water supplies for them.

- It is ideal to have a hard-wired telephone in the room you select. Call your emergency contact and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door and any vents into the room.
- Keep listening to your radio or television until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

At Work:

- Close the business.
- If there are customers, clients, or visitors in the building, provide for their safety by asking them to stay – not leave. When authorities provide directions to shelter-in-place, they want everyone to take those steps now, where they are, and not drive or walk outdoors.
- Unless there is an imminent threat, ask employees, customers, clients, and visitors to call their emergency contact to let them know where they are and that they are safe.
- Turn on call-forwarding or alternative telephone answering systems or services. If the business has voice mail or an automated attendant, change the recording to indicate that the business is closed, and that staff and visitors are remaining in the building until authorities advise it is safe to leave.
- Close and lock all windows, exterior doors, and any other openings to the outside.
- If you are told there is danger of explosion, close the window shades, blinds, or curtains.
- Have employees familiar with your building's mechanical systems turn off all fans, heating and air conditioning systems. Some systems automatically provide for exchange of inside air with outside air – these systems, in particular, need to be turned off, sealed, or disabled.
- Gather essential disaster supplies, such as nonperishable food, bottled water, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- Select interior room(s) above the ground floor, with the fewest windows or vents. The room(s) should have adequate space for everyone to be able to sit in. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors.
- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door(s) and any vents into the room.
- Bring everyone into the room(s). Shut and lock the door(s).

- Write down the names of everyone in the room, and call your business' designated emergency contact to report who is in the room with you, and their affiliation with your business (employee, visitor, client, customer.)
- Keep listening to the radio or television until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

At School:

- Close the school. Activate the school's emergency plan. Follow reverse evacuation procedures to bring students, faculty, and staff indoors.
- If there are visitors in the building, provide for their safety by asking them to stay – not leave. When authorities provide directions to shelter-in-place, they want everyone to take those steps now, where they are, and not drive or walk outdoors.
- Provide for answering telephone inquiries from concerned parents by having at least one telephone with the school's listed telephone number available in the room selected to provide shelter for the school secretary, or person designated to answer these calls. This room should also be sealed. There should be a way to communicate among all rooms where people are sheltering-in-place in the school.
- Ideally, provide for a way to make announcements over the school-wide public address system from the room where the top school official takes shelter.
- If children have cell phones, allow them to use them to call a parent or guardian to let them know that they have been asked to remain in school until further notice, and that they are safe.
- If the school has voice mail or an automated attendant, change the recording to indicate that the school is closed, students and staff are remaining in the building until authorities advise that it is safe to leave.
- Provide directions to close and lock all windows, exterior doors, and any other openings to the outside.
- If you are told there is danger of explosion, direct that window shades, blinds, or curtains be closed.
- Have employees familiar with your building's mechanical systems turn off all fans, heating and air conditioning systems. Some systems automatically provide for exchange of inside air with outside air – these systems, in particular, need to be turned off, sealed, or disabled.
- Gather essential disaster supplies, such as nonperishable food, bottled water, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- Select interior room(s) above the ground floor, with the fewest windows or vents. The room(s) should have adequate space for everyone to be able to sit in. Avoid overcrowding by selecting several rooms if necessary. Classrooms may be used if there are no windows or the windows are sealed and can not be opened. Large storage closets, utility rooms, meeting rooms, and even a gymnasium without exterior windows will also work well.

- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- Bring everyone into the room. Shut and lock the door.
- Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door(s) and any vents into the room.
- Write down the names of everyone in the room, and call your schools' designated emergency contact to report who is in the room with you.
- Listen for an official announcement from school officials via the public address system, and stay where you are until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

In Your Vehicle:

If you are driving a vehicle and hear advice to “shelter-in-place” on the radio, take these steps:

- If you are very close to home, your office, or a public building, go there immediately and go inside. Follow the shelter-in-place recommendations for the place you pick described above.
- If you are unable to get to a home or building quickly and safely, then pull over to the side of the road. Stop your vehicle in the safest place possible. If it is sunny outside, it is preferable to stop under a bridge or in a shady spot, to avoid being overheated.
- Turn off the engine. Close windows and vents.
- If possible, seal the heating/air conditioning vents with duct tape.
- Listen to the radio regularly for updated advice and instructions.
- Stay where you are until you are told it is safe to get back on the road. Be aware that some roads may be closed or traffic detoured. Follow the directions of law enforcement officials.

Local officials on the scene are the best source of information for your particular situation. Following their instructions during and after emergencies regarding sheltering, food, water, and clean up methods is your safest choice.

Remember that instructions to shelter-in-place are usually provided for durations of a few hours, not days or weeks. There is little danger that the room in which you are taking shelter will run out of oxygen and you will suffocate.

To: Private Providers, DDS Regional Directors, STS Director, Quality Management Personnel

From: Daniel A. Micari, Director, Quality Management Services

Date: November 5, 2013

Subject: Required Revisions to the “DDS Special Operations Plan for Emergency Relocation – Emergency Relocation Site Summary Form” Nov. 2013

To private and public sector service providers who operate the following group residential and day service sites: Community Living Arrangements (*CLAs*), Continuous Residential Supports (*CRS*), Residential Campuses (*RCs*), Sheltered Employment (*SHEs*), Day Support Options (*DSOs*), Group Supported Employment (*GSEs*).

Effective 1/1/2014, due to the changing capacity of many Department of Developmental Services’ (DDS) locations to serve as emergency relocation sites, and in an effort to promote flexibility for service providers to plan and identify emergency relocation options that work best for the people they serve, the following modifications to emergency relocation plans shall occur.

Private Sector emergency relocation plans;

- shall, under no circumstance, pre-identify any DDS location as an emergency relocation site,
- shall identify one or more **Level I** emergency relocation site(s),
(All Level I relocation sites should have the capacity to meet the health and safety needs of service participants and their support staff, and may be located within a ten mile radius of the affected service site.)
- shall identify one or more **Level II** emergency relocation site(s),
(All Level II relocation sites should have the capacity to meet the health and safety needs of service participants and their support staff, and should be located beyond a ten mile radius of the affected service site.)
- shall no longer require the inclusion of a **Level III** emergency relocation site

Public Sector emergency relocation plans;

- shall not include any DDS Regional Center or the Southbury Training School as an emergency relocation site, without the approval of the DDS Regional Director in whose Region the potential emergency relocation site is located,
 - shall include one or more **Level I** emergency relocation site(s),
(All Level I relocation sites should have the capacity to meet the health and safety needs of service participants and their support staff, and may be located within a ten mile radius of the affected service site.)
 - shall include one or more **Level II** emergency relocation site(s),
-

(All Level II relocation sites should have the capacity to meet the health and safety needs of service participants and their support staff, and should be located beyond a ten mile radius of the affected service site.)

- shall no longer require the inclusion of a **Level III** emergency relocation site.

Note: In the event of an emergency, private and public sector service providers may call upon DDS for relocation assistance if their existing relocation plans are not viable at the time of the emergency event.

Private and public sector service providers shall use the attached revised “Emergency Relocation Site Summary Form” to incorporate the above changes. An electronic version of the “Emergency Relocation Site Summary Form” and a copy of this cover letter, “Required Revisions to the “DDS Special Operations Plan for Emergency Relocation – Emergency Relocation Site Summary Form” Nov. 2013” can be accessed via the DDS website under the “DDS Agency Forms” section (<http://www.ct.gov/dds/cwp/view.asp?a=3&q=335596>)

Service providers shall ensure emergency response plans include a copy of the completed, revised “Emergency Relocation Site Summary Form” and that a copy of the service provider’s complete emergency response plan is available at the service site for use during an emergency event. Service providers shall inform all individuals involved in implementing emergency response plans of any changes made to the plans.

Emergency Relocation Site Summary – Provider Update as of: _____

**Prior to relocation it is advisable to contact emergency relocation sites to confirm they have the capacity to meet the health and safety needs of relocated service participants and their support staff and to ensure the relocation sites are safely beyond the area affected by the emergency.*

Home Service Site

Home Service Site Name:		DDS Region:	
Home Service Site Address Details: (if applicable - Apt. #, Suite #, etc.)			
Home Service Site Address: (street #, street name, designation—"Road", "Street", etc.)			
Home Service Site Town:		Home Service Site Zip Code:	
Home Service Site Type: (identify "Public Provider Residential" or "Public Provider Day" or "Private Provider Residential" or "Private Provider Day")		Home Service Site RDID #:	
Home Service Site Provider Name:			
Number of Persons Served:			

LEVEL _____ Emergency Relocation Site

Relocation Site Name:		DDS Region: (only if applicable)	
Relocation Site Address Details: (if applicable - Apt. #, Suite #, etc.)			
Relocation Site Address: (street #, street name, designation—"Road", "Street", etc.)			
Relocation Site Town:		Relocation Site State:	Relocation Site Zip Code:
Relocation Site Service Type: (identify "Public Provider Residential" or "Public Provider Day" or "Private Provider Residential" or "Private Provider Day" or "Hotel" or "Motel" or "Family/Relative Home" or "Staff Home" etc.)		Relocation Site RDID : (only if applicable)	
Relocation Site Provider Name: (e.g.; DDS West Region, ABC Co., etc)			
Relocation Site Primary Phone #:			
Relocation Site Alternate Phone #:			
Relocation Site Contact(s):			
Directions to Relocation Site:			

LEVEL _____ Emergency Relocation Site

Relocation Site Name:		DDS Region: (only if applicable)	
Relocation Site Address Details: (if applicable - <i>Apt. #, Suite #, etc.</i>)			
Relocation Site Address: (<i>street #, street name, designation—"Road", "Street", etc.</i>)			
Relocation Site Town:		Relocation Site State:	Relocation Site Zip Code:
Relocation Site Service Type: (identify "Public Provider Residential" or "Public Provider Day" or "Private Provider Residential" or "Private Provider Day" or "Hotel" or "Motel" or "Family/Relative Home" or "Staff Home" etc.)		Relocation Site RDID : (only if applicable)	
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Relocation Site Primary Phone #:			
Relocation Site Alternate Phone #:			
Relocation Site Contact(s):			
Directions to Relocation Site:			

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Relocation Site Name:		DDS Region: (only if applicable)	
Relocation Site Address Details: (if applicable - <i>Apt. #, Suite #, etc.</i>)			
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Relocation Site Town:		Relocation Site State:	Relocation Site Zip Code:
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Relocation Site Primary Phone #:			
Relocation Site Alternate Phone #:			
Relocation Site Contact(s):			
Directions to Relocation Site:			

LEVEL _____ Emergency Relocation Site

Relocation Site Name:		DDS Region: (only if applicable)	
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Relocation Site Address Details: (if applicable - <i>Apt. #, Suite #, etc.</i>)				
Relocation Site Address: (<i>street #, street name, designation—"Road", "Street", etc.</i>)				
Relocation Site Town:		Relocation Site State:		Relocation Site Zip Code:
Relocation Site Service Type: (identify "Public Provider Residential" or "Public Provider Day" or "Private Provider Residential" or "Private Provider Day" or "Hotel" or "Motel" or "Family/Relative Home" or "Staff Home" etc.)			Relocation Site RDID : (<i>only if applicable</i>)	
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Relocation Site Primary Phone #:				
Relocation Site Alternate Phone #:				
Relocation Site Contact(s):				
Directions to Relocation Site:				

LEVEL _____ Emergency Relocation Site

Relocation Site Name:			DDS Region: (<i>only if applicable</i>)	
Relocation Site Address Details: (if applicable - <i>Apt. #, Suite #, etc.</i>)				
Relocation Site Address: (<i>street #, street name, designation—"Road", "Street", etc.</i>)				
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Relocation Site Contact(s):				
Directions to Relocation Site:				

LEVEL _____ Emergency Relocation Site

Relocation Site Name:			DDS Region: (<i>only if applicable</i>)	
Relocation Site Address Details: (if applicable - <i>Apt. #, Suite #, etc.</i>)				

Relocation Site Address: <small>(street #, street name, designation—"Road", "Street", etc.)</small>			
Relocation Site Town:		Relocation Site State:	Relocation Site Zip Code:
Relocation Site Service Type: <small>(identify "Public Provider Residential" or "Public Provider Day" or "Private Provider Residential" or "Private Provider Day" or "Hotel" or "Motel" or "Family/Relative Home" or "Staff Home" etc.)</small>		Relocation Site RDID : <small>(only if applicable)</small>	
Relocation Site Provider Name: <small>(e.g.; DDS West Region, ABC Co., etc)</small>			
Relocation Site Primary Phone #:			
Relocation Site Alternate Phone #:			
Relocation Site Contact(s):			
Directions to Relocation Site:			