**DEPARTMENT OF DEVELOPMENTAL SERVICES**

## STRIKE CONTINGENCY PLAN FOR EACH RESIDENCE

**IN ACCORDANCE WITH THE REGULATIONS OF**

# CONNECTICUT STATE AGENCIES, SECTION 17a-227-12

[ ]  CLA [ ]  CRS **(Check one)**

AGENCY NAME:

ADDRESS:

PHONE #:       FAX#:       EMAIL:

1. NAME AND ADDRESS OF RESIDENCE :

TELEPHONE AND FAX (IF AVAILABLE): (HOME):       (FAX):

IF CLA, LICENSED CAPACITY; IF CRS, CAPACITY:

PLANNED CAPACITY DURING JOB ACTION:

2. NAME OF LABOR ORGANIZATION THAT HAS NOTIFIED THE FACILITY OF ITS INTENTION TO STRIKE.

3. DATE AND TIME THE STRIKE IS EXPECTED TO BEGIN

4. CATEGORIES AND NUMBERS OF PERSONNEL EXPECTED TO STRIKE:

     5. NAME, ADDRESS AND PHONE NUMBERS OF THE FOLLOWING:

a. RESIDENCE OWNERS

b. ADMINISTRATOR

c. RESIDENTIAL DIRECTOR

d. MEDICAL STAFF (i.e. RN, MD)

e. CLINICAL STAFF

6. NAMES AND EMERGENCY TELEPHONE NUMBERS OF THE FOLLOWING:

a. FIRE DEPARTMENT

b. LOCAL POLICE DEPARTMENT

c. STATE POLICE DEPARTMENT

d. UTILITY COMPANIES

 WATER:

 GAS:

 ELECTRIC:

 TELEPHONE:

e. AMBULANCE SERVICE

f. CLOSEST HOSPITAL

7. LIST ALL PROVIDERS OF BASIC SERVICES TO THE RESIDENCE:

 (include NAME, ADDRESS, PHONE NUMBER)

a. FUEL SUPPLIER

b. ELECTRICAL SERVICES

c. PLUMBING SERVICE

d. PHARMACY AND EMERGENCY MEDICAL SUPPLIES

8. STAFF PERSON WITH OVERALL COORDINATION OF THE RESIDENTIAL SERVICES DURING THE STRIKE

9. INDIVIDUAL SPECIALIZED NEEDS:

 (i.e., PERSONS WITH VISUAL, AUDITORY, AMBULATION, MEDICAL, 24-HOUR NURSING SUPPORT)

10. PROCEDURE BY WHICH THE NOTIFICATION OF THE PARENTS OR GUARDIANS WILL OCCUR

11. PROVIDE THE STAFFING PATTERN THAT WILL BE USED DURING THE STRIKE. INCLUDE THE NEED FOR 1:1 COVERAGE OR OTHER ENHANCED STAFFING REQUIREMENTS

12. SOURCES FOR ADDITIONAL PERSONNEL (i.e. TEMP POOLS, VNA)

13. IDENTIFY THE TRAINING PLAN, INCLUSIVE OF a-d FOR ALL RELIEF STAFF INVOLVED IN PROVIDING DIRECT CONTACT SERVICES TO THE INDIVIDUALS.

a. INDIVIDUAL FACT SHEETS (ATTACH TO PLAN)

b. EMERGENCY PROCEDURES OF RESIDENCE

c. INDIVIDUALS BASIC HEALTH AND BEHAVIORAL NEEDS.

d. EMERGENCY FIRST AID PROCEDURES

14. Transfer Logistics: If necessary, what is the plan to move individuals to another location? Within the plan, address at minimum, the following, to include:

LOCATION

TRANSPORTATION

RECORDS

MEDICATIONS

ADAPTIVE EQUIPMENT

CLOTHING

INDIVIDUAL FACT SHEET

OTHER CONSIDERATIONS:

      **Date**       **Administrator**

**Send copies of Strike Contingency Plan and Individual Client Fact Sheets to:**

* DDS Division Director, Quality Improvement
* DDS Regional Strike Coordinator

**\* Maintain copies of Strike Contingency Plan and Individual Client Fact Sheets in each residence.**

**\* Attach directions to residence location**

DDS Division Director of Quality Improvement: Jackson.Pierre-Louis@ct.gov