**Emergency Plan for Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **General description of the program:**
   * **Bedroom overview (single/shared):**
   * **Bathroom overview (single/shared):**
   * **Shared space overview:**
   * **Isolated space overview:**
   * **Environmental Modifications currently in place:**
2. **COVID-19 Emergency Plan:**

* **Based on the individual evaluations for**: (Summary of each person from Individualized COVID-19 Plan)
  + Person 1
  + Person 2
  + Person 3
  + Person 4
* **Additional Individual Plans of Action/Modifications required to ideally support residents during a COVID-19 outbreak:** (If there are individual plans/modifications that pertain to a section listed below, please list them in both this section and the one they pertain to)
* **Staffing Level of Service needed:** (ideal staffing and nursing needs to support program)
* **Personal Protective Equipment plan:** (ideal amount of PPE needed in the home to fully support program for a 2-week period of time – speak with DCS and HNCA/ where is PPE stored)
* **Personal Protective Equipment disposal plan:** (where in the home is PPE removed and disposed of depending on each individual)
* **Personal Protective Equipment re-use plan:** (where in the home is re-used PPE safely sanitized and stored)
* **Self-isolation plan:** (where/how will the individual(s) self-isolate?)
* **Cleaning plan:** (how often will spaces be cleaned/sanitized? With what products? Will an outside professional cleaning company provide assistance?)
* **Laundering plan:** (how often will clothes/linens be laundered? How will this be done to avoid cross contamination?)
* **Personal assistance and Medication Administration Plan:** (How will providing personal assistance and medications be modified during an outbreak?)
* **Dining plan:** (how will meals be prepared and served to ensure sanitary conditions?)
* **Community outing and appointment plan:** (How will community outings and attending medical appointments change during an outbreak?)
* **Fire Evacuation Plan modifications needed:**

Plan Coordinator: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Approved by: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_