

CONSUMER SPECIFIC EMERGENCY RESPONSE PLANS – (policy)

PURPOSE

- Provide direction to staff to enhance their ability to respond to natural or manmade emergencies and to provide services to identified vulnerable consumers.

POLICY

- The WCCMH Consumer Specific Emergency Response Plan shall coordinate with the Washtenaw County Emergency Management Division and with Washtenaw County Emergency Procedures.
- Staff training appropriate to their responsibilities is provided.
- The organization will evaluate its response to emergencies.
- All WCCMH consumers will have the opportunity to develop a personal emergency preparedness plan.
 - This plan may include staff intervention to ensure a safe environment.
 - The plan will identify critical services the person may require during an emergency, including the need for medication, crisis intervention and other basic needs.
- Materials such as those provided by the American Red Cross, Washtenaw County Emergency Management or other recognized resources shall be made available to consumers and families.
- Consumers living in the community who may have heightened vulnerability during an emergency and who do not have natural or paid supports available will be offered the opportunity for more in-depth planning.

PROCEDURES

See procedures manual

REFERENCES

(None)

EXHIBITS

- A. CMH Safety Checklist for Individuals with less than 24 hour supports

Washtenaw County Community Mental Health

Safety Checklist for Individuals with less than 24 hour supports

This checklist has been developed to assist in addressing safety issues/concerns that a consumer living in their own home/apartment without 24 hour supports may have during a community emergency. It is intended as a guide in developing safety plans as part of the Person Centered Planning process.

Directions: Place a check in the appropriate column for each question. Put comments in the spaces provided.		At risk	Independent
1.	I am prepared for the power being out and my apartment turning cold. (Blankets, food, water) Comments:		
2.	I am able to prepare basic food on my own. Comments:		
3.	I am able to express my needs to emergency personnel if an emergency occurs and I need assistance. Comments:		
4.	I am able to take prescribed medications without assistance. Comments:		
5.	I am able to survive for (circle one) 24, 48, 72 hours without staff assistance. Comments:		
6.	I have natural supports that will help me during an emergency. Comments:		
7.	My natural supports will be able to get me to a safe place. Comments:		
8.	I am able to follow Public Safety directions from the radio or television. Comments:		
9.	I am homeless and would need to be contacted. Comments:		

Consumer Name

Consumer ID number

Consumer/parent/guardian signature

Date

Supports Coordinator/Client Service Manager