

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT ON DISABILITY SERVICES**



Department on Disability Services	Policy Number: 2012-DDA 6-1
Responsible Program or Office: Office of the Director	Number of Pages: Two (2)
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Supersedes Policy Dated: N/A	
Cross References and Related Policies: Fire and Natural Disasters Policy	
Subject: Continuity of Operations Plan Requirements for Providers of Residential Services	

**1. PURPOSE**

The purpose of this policy is to establish the standards and guidelines by which the Department on Disability Services (DDS) will require entities that enter into certain Human Care Agreements with the DDS to develop and maintain a Continuity of Operations Plan (COOP).

**2. APPLICABILITY**

This policy applies to all organizations that provide residential services to individuals with intellectual and developmental disabilities under the authority of the Department on Disability Services

**3. AUTHORITY**

The authority for this policy is established in the Department on Disability Services as set forth in D.C. Law 16-264, the "Department on Disability Services Establishment Act of 2006," effective March 14, 2007 (D.C. Official Code § 7-761.01 *et seq.*); and D.C. Law 2-137, the "Mentally Retarded Citizens Constitutional Rights and Dignity Act of 1978," effective March 3, 1979 (D.C. Official Code § 7-1301.01 *et seq.*).

**4. POLICY**

It is the policy of DDS that all providers of residential services to persons with intellectual and developmental disabilities (ID/DD) served by DDS must be prepared to continue their minimum essential functions throughout the spectrum of possible threats from natural disasters through acts of terrorism. DDS requires all providers of residential services to prepare and maintain a COOP to help facilitate the effective delivery of services during an emergency that may disrupt normal operations.

## **5. RESPONSIBILITY**

All providers of residential services who enter into a Human Care Agreement for room and board costs are responsible for developing a basic plan to shelter-in-place for a minimum of five (5) days. The shelter-in-place protocols' mandate is that there is adequate and appropriate food, water, medications, and medical supplies for all individuals receiving DDA services, as well as the provider's staff members. Preparation and plans also must address adequate staffing during the shelter period, and the ability to transport and provide additional staff during the emergency period as needed.

Plans must also address methods for communication to first responders and emergency coordination personnel, as well as plans for transportation in the event that a shelter-in-place scenario is not possible.

The responsibility for this policy is vested in the Director, Department on Disability Services. Implementation of this policy is the responsibility of the Deputy Director for DDA and the designated DDS Risk Management/Emergency Response Officer.

## **6. STANDARDS**

A COOP must be in place for all essential functions of the provider as related to the services and support of the individuals under their care. At a minimum, the COOP must address:

### **A. Succession Plans and Delegations of Authority**

The plan should establish orders of succession to all key positions. The orders of succession must be of sufficient depth to ensure a provider's ability to perform essential functions of providing services throughout the duration of an emergency.

### **B. Alternate Facilities**

Providers should identify alternate facilities in the event that a short-notice (or no-notice) emergency relocation of essential functions, staff, and individuals is required. Facilities may be identified from existing infrastructure or external sources. Alternate facilities should provide the capability to perform essential functions under various threat conditions and offer sufficient space and equipment to sustain operations for up to thirty (30) days. The site will need to include equipment to support communications with essential internal and external organizations, partner organizations, and the public. In planning for operations at alternate sites, it is important to consider the necessary durable medical supplies, medications, food, water, and clothing for individuals, as well as the ability and methods to transport the individuals to the alternate site.

### **C. Mutual Aid**

Providers are encouraged to work with other organizations to forge mutual aid agreements. These agreements should provide a mechanism to cooperate in sharing resources, such as space, equipment, materials, and staff.

### **D. Staff**

Plans to address staffing and communication requirements for these employees must be addressed as part of the plan. Providers must have adequate plans for refreshing staff.

**E. Equipment and Supplies**

Providers must develop plans for the positioning of all durable medical equipment, as well as adequate equipment to provide drinking water and the preparation of food during the shelter-in-place period. Plans must also include the ability to secure and provide adequate medications during the shelter period. Plans must address telephone, text and email communications.

**F. Transportation**

Providers should have a plan in place in the event that a relocation of individuals is required including transportation, vehicles, and the ability to move the necessary equipment, supplies, and records. Providers must identify individuals that will require extensive preparation and special vehicles for transportation.

**G. Contamination**

Biological agents and other hazardous materials, as well as debris and water may contaminate your buildings, supplies and equipment. Providers are required to develop a plan to minimize risks of contaminations of their facility with the primary emphasis on the protection of the individuals. Be prepared to decontaminate facilities and equipment and understand the impact of contamination. Plans should include salvage and drying of important documents and equipment, as well as the disposal of contaminated supplies and medications.



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Laura L. Nuss, Director



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Approval Date