PREPARE FOR THE UNEXPECTED: BUILDING A SAFER, STRONGER RESPONSE

Presented by
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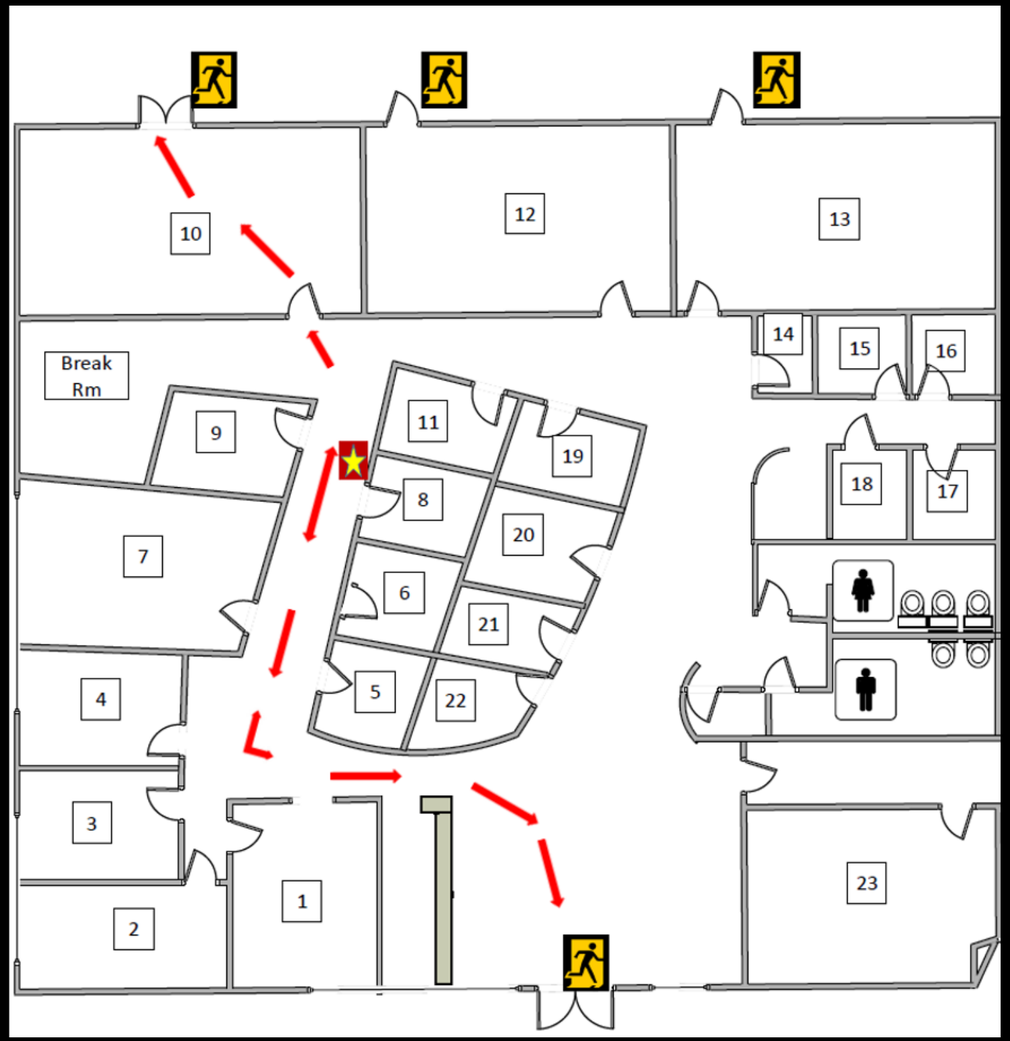
COPA HEALTH

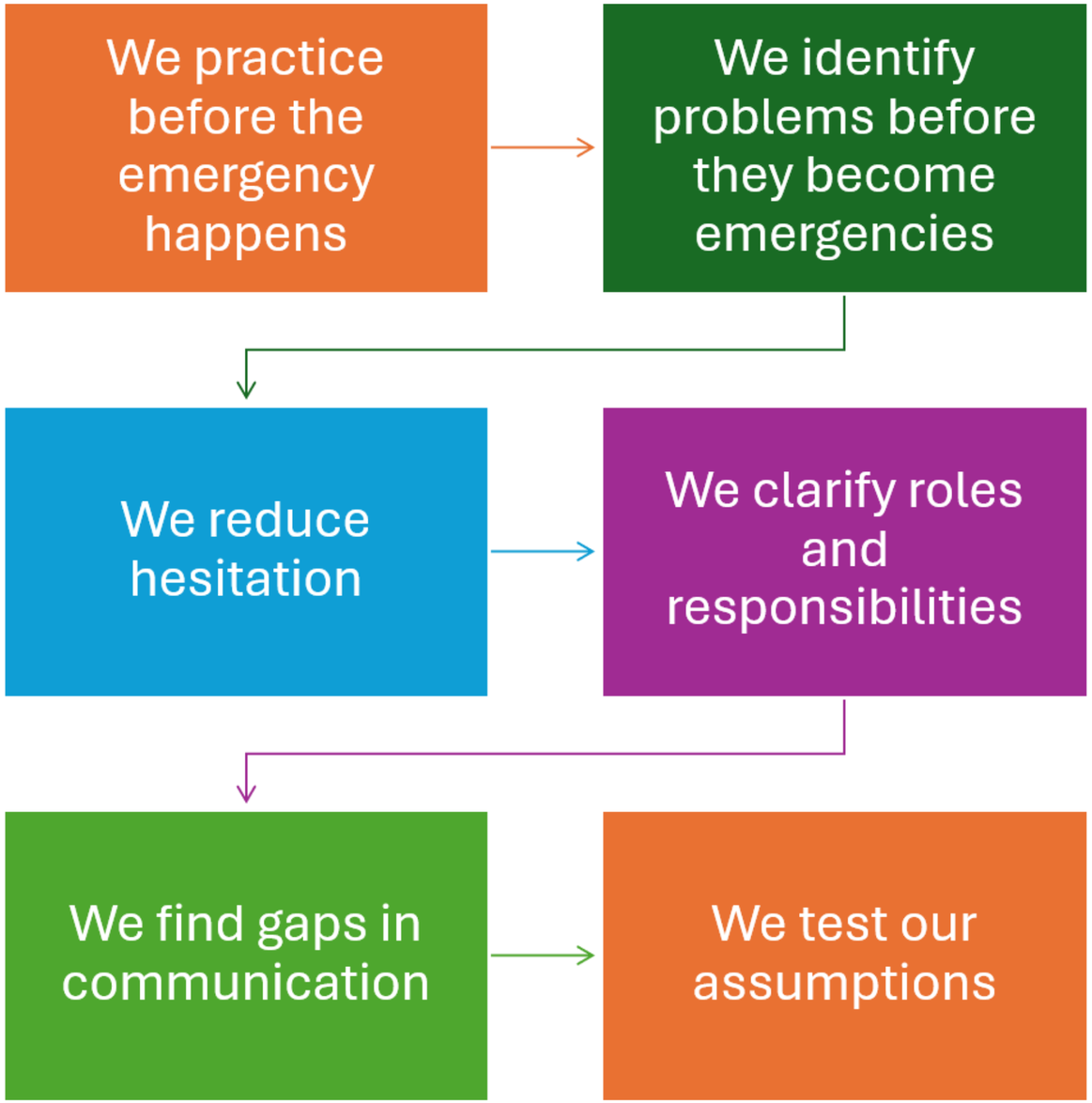
James Pike

Security & Safety Manager

EVACUATION PLAN



WHY DO WE DO DRILLS?



FIRE EXTINGUISHER READINESS

What does “ready” look like?

- Accessible
- Visible
- Inspected
- Appropriate

CALL 911

- CALL
- LOCATION
- WHAT'S HAPPENING
- SAFETY INFORMATION
- FOLLOW DISPATCH INSTRUCTIONS

INFORMATION IS KEY

WHERE

WHAT

WHO

WEAPONS?

INJURIES?

STATUS

ACCESS

Charles (Chuck) Castillo

Director of Facility - Transportation

IMPACT OF DISRUPTIONS ON FACILITIES

- Impact on employees, clients, visitors, and operations
- Effects on HVAC, security, access control, communications, and IT systems
- Financial impacts, including downtime and repair costs
- Maintaining safe operations during extended disruptions

STEPPING STONE

POWER OUTAGE RESPONSE PRIORITIES

- Verify occupant safety and accountability
- Determine outage scope and estimated duration
- Assess generators and critical infrastructure
- Communicate with leadership, staff, and stakeholders
- Document response actions and key decisions

STORM DAMAGE RESPONSE

- Conduct initial damage and safety assessments
- Secure hazardous areas and prevent further damage
- Document damage for insurance and restoration efforts
- Prioritize repairs based on safety and operational needs
- Coordinate contractors, vendors, and utility providers

RECOVERY & LESSONS LEARNED

- Restoration priorities and return-to-service timelines
- Post-incident reviews and team debriefs
- Communication successes and challenges
- Equipment, staffing, and process improvements
- Building long-term organizational resilience

Jessica Cruz

Sr. Program Director of Community Housing

EMERGENCY PREPAREDNESS FOR HOUSING & DIRECT SERVICES

PLAN • ASSIST • ACCOUNT • PROTECT

A safe evacuation starts before the emergency.

The objective: every resident exits safely — and every person is accounted for.

PREPARE

Maintain a current resident roster and unit assignments.

Identify access & functional needs: mobility, communication, cognitive, sensory and medical.

Pre-plan support for residents using wheelchairs, walkers, canes or other essential equipment.

Assign staff roles and practice the evacuation process.

EVACUATE

Use clear, simple instructions.

Conduct unit checks/sweeps according to the emergency plan.

Assist residents without taking away their independence.

Bring essential mobility equipment, medications and service animals when safely possible.

Direct residents to the designated assembly/safe location.

ACCOUNT

Complete a second headcount at the safe location.

Reconcile the resident roster with evacuation check-in.

Document residents who are off-site, transferred, missing or otherwise unaccounted for.

Report discrepancies immediately to emergency personnel.

From evacuation to stabilization.

Once residents are out of danger, direct services shifts from movement to needs, connection and continuity.

1	2	3	4
RECONNECT	ASSESS	SUPPORT	CONNECT

THE 4 S QUESTIONS

SAFE?

Any immediate medical, environmental or physical safety concern?

STABLE?

Is the resident overwhelmed, disoriented, agitated or in behavioral health crisis?

SUPPORTED?

Do they have access to mobility equipment, medication, communication support, food, restroom access or a caregiver?

CONNECTED?

Who is the next support: family, housing staff, clinical partner, crisis team or emergency services?

DIRECT SERVICES ROLE Observe → Identify → Support → Document → Escalate / Connect

Trauma-informed response after the exit.

An emergency may end before a resident's nervous system knows it is over.

REGULATE BEFORE WE REDIRECT

LOWER STIMULATION
Move to a quieter space when safe.

CONNECT
Use the resident's name. Explain what is happening.

GIVE CHOICE
Offer small, realistic choices to restore control.

VALIDATE
Acknowledge fear, frustration or confusion without arguing.

DE-ESCALATE
Calm voice • simple language • one communicator • physical space • time to process

IF A RESIDENT IS IN CRISIS

- Stay calm and reduce stimulation.
- Ask what they need right now; avoid unnecessary demands.
- Use the least restrictive response consistent with safety.
- Engage trained behavioral health / clinical partners when available.
- Use 988 for behavioral health crisis support when appropriate.
- Call 911 for an immediate medical emergency or imminent safety threat.

OUR GOAL

SAFETY • DIGNITY • STABILIZATION • CONNECTION

The resident is not a problem to manage — they are a person responding to an extraordinary event.

Thank You

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