

**State of Florida  
Department of Health**



**Bureau of Environmental Health  
Group Care Program Preparedness Toolkit  
June 2013**

Facility Name: \_\_\_\_\_  
Group Care Program – File/Permit # \_\_\_\_\_  
Completed By: Name: \_\_\_\_\_  
Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

**Facility Emergency Assessment: Pre-Disaster**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

Facility Owner – Name \_\_\_\_\_  
Contact Phone Number(s): Work - \_\_\_\_\_  
Cell - \_\_\_\_\_ Home - \_\_\_\_\_

Facility Administrator (if different from owner) – Name: \_\_\_\_\_  
Contact Phone Number(s): Work - \_\_\_\_\_  
Cell - \_\_\_\_\_ Home - \_\_\_\_\_

Facility Maintenance –  
Name and Phone Number: \_\_\_\_\_

After Hours Emergency Facility Contact and Phone Number(s) - (if different from Owner/Administrator):

\_\_\_\_\_

1. Does facility have procedures, guidelines, or a plan to follow in case of an evacuation, sheltering in place or an emergency (fire, flood, etc.)?  
Yes \_\_\_\_\_ What type? \_\_\_\_\_

No \_\_\_\_\_

2. Has facility provided training or information to its staff on facility's emergency preparedness procedures and/or plan?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
How often is training or information provided to staff (including new staff)? \_\_\_\_\_  
Last Day of Training: \_\_\_\_\_  
Who provides the training (including new staff)?  
Name: \_\_\_\_\_

3. Does facility conduct exercises or drills with both staff and residents to practice and improve the plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

How often? \_\_\_\_\_

Last Date Exercised \_\_\_\_\_

4. How will staff be informed in case of an evacuation, sheltering in place, or emergency disaster?

\_\_\_\_\_  
\_\_\_\_\_

5. Does facility house residents that have special needs such as visual impairment, hearing impairment, mobility impairment, etc.? See Special Considerations for Residents with Special Needs

Yes \_\_\_\_\_ No \_\_\_\_\_

How many residents? \_\_\_\_\_

How is facility prepared to accommodate these residents in case of a disaster, emergency, evacuation or shelter in place?

\_\_\_\_\_  
\_\_\_\_\_

6. Does facility house residents that speak languages other than English?

Yes \_\_\_\_\_ No \_\_\_\_\_

How many residents? \_\_\_\_\_ What language(s)? \_\_\_\_\_

How is facility prepared to accommodate these residents in case of a disaster, emergency, evacuation or shelter in place?

\_\_\_\_\_  
\_\_\_\_\_

7. What is the nearest hospital and how far is it from the facility?

Name: \_\_\_\_\_ Miles: \_\_\_\_\_

8. In case of an evacuation, would any residents need to be evacuated to the nearest hospital?

Yes \_\_\_\_\_ No \_\_\_\_\_

How many? \_\_\_\_\_

How will resident(s) be evacuated to hospital?

\_\_\_\_\_

9. Does facility have a system/method in place to identify its residents during an evacuation?

Yes \_\_\_\_\_ No \_\_\_\_\_

What is the system/method? \_\_\_\_\_

10. Does facility have its residents assigned to designated staff in case of an evacuation or an emergency disaster?

Yes \_\_\_\_\_ No \_\_\_\_\_

How many residents per staff person? \_\_\_\_\_

11. Does facility have a need for a specially equipped vehicle or accessible transportation in case of an evacuation or an emergency disaster?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a contract in place? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, who is the contracted business?

Phone #: \_\_\_\_\_

12. Has facility identified transportation services for its residents in case of health problems developing and/or need for evacuation due to the emergency or a disaster?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Phone Number of Contractor \_\_\_\_\_

13. Does facility have an established pharmacy or prescription provider(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Provider Name and Phone #: \_\_\_\_\_

14. Has facility identified who will transport its resident's medications in case of an evacuation or an emergency disaster?

Yes \_\_\_\_\_ Assigned Staff: \_\_\_\_\_

Alternate Staff: \_\_\_\_\_

No \_\_\_\_\_

15. Has facility identified how the assigned staff will transport its resident's medications in case of an evacuation or an emergency disaster?

Yes \_\_\_\_\_ Assigned Staff: \_\_\_\_\_

No \_\_\_\_\_

16. Does facility have a plan to shelter in place?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, does facility have a three to seven day supply of food and potable (drinking) water (one gallon of water per person per day)?

Yes \_\_\_\_\_ No \_\_\_\_\_

- If Yes, how many residents in facility? \_\_\_\_\_  
How many gallons of potable water are available per resident (one gallon per person per day)? \_\_\_\_\_

- If No, is there a contractor/supplier who will provide food and water for the facility ?

a. Yes \_\_\_\_\_

Name of contractor/supplier \_\_\_\_\_

How often will food and potable water be provided?

- Frequency:

As Requested by Facility? Yes \_\_\_\_\_ No \_\_\_\_\_

Every \_\_\_\_\_ Days; Every \_\_\_\_\_ Week(s)

b. No \_\_\_\_\_

How will facility provide food and potable water for residents and staff?

\_\_\_\_\_  
\_\_\_\_\_

17. Does facility have an established contract with a sanitation company to provide portable toilets and handwashing stations for staff and residents if sheltering in place?

Yes \_\_\_\_\_

Company contracted: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of Days contracted? \_\_\_\_\_

Pick up/Removal of Portable Toilets Date? \_\_\_\_\_

18. Does facility have residents that medically need the use of oxygen tanks on premises?

Yes \_\_\_\_\_

- If Yes, how many residents need them? \_\_\_\_\_
- What type? \_\_\_\_\_

Supplier Name and Phone Number: \_\_\_\_\_

No \_\_\_\_\_

19. Does facility have a designated primary staff, and 2 alternate staff, to obtain residents' extra prescription refills in preparation for, an evacuation, or in an emergency disaster (overnight and on weekends too)?

Yes \_\_\_\_\_

Designated staff \_\_\_\_\_

First Alternate staff \_\_\_\_\_

Second Alternate staff \_\_\_\_\_

20. Has facility staff identified and kept in working condition necessary tools and equipment needed before, during, and after a disaster? Tools and equipment include flashlights, batteries, tarps, radios, old fashion cord (land) phone, cell phones and respective chargers (wall and car), fans, NOAA weather radio, etc.

Yes \_\_\_\_\_ No \_\_\_\_\_

21. Is facility prepared for a loss of power or blackout?

Yes \_\_\_\_\_

Describe how: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No \_\_\_\_\_ If No, see Attachment H: Considerations for Power Loss

22. Does facility provide alternative means for handwashing?

Yes \_\_\_\_\_ No \_\_\_\_\_

Method: \_\_\_\_\_

23. Does facility provide alternative means for personal sanitation (bathing, flushing toilets, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what is the method? \_\_\_\_\_

Contracted Company: \_\_\_\_\_ Phone: \_\_\_\_\_

24. Does facility have First Aid kit(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

How many? \_\_\_\_\_

Are all staff aware of location of first aid kit? \_\_\_\_\_

Location of the First Aid Kit – see Attachment D

25. Does facility have Fire Extinguishers?

Yes \_\_\_\_\_ No \_\_\_\_\_

How many? \_\_\_\_\_ Date when last time tested: \_\_\_\_\_

Location throughout the facility - see Attachment D

26. Does facility have smoke alarms?

Yes \_\_\_\_\_ No \_\_\_\_\_

How many? \_\_\_\_\_ Date when last time tested: \_\_\_\_\_

Location throughout the facility - see Attachment D

27. Does facility have carbon monoxide detectors?

Yes \_\_\_\_\_ No \_\_\_\_\_

How many? \_\_\_\_\_ Date when last time tested: \_\_\_\_\_

Location throughout the facility - see Attachment D

28. Does facility maintain a reserve supply of linen?

Yes \_\_\_\_\_ No \_\_\_\_\_

If No, are residents responsible to have their own reserve supply of linens? Yes \_\_\_\_\_ No \_\_\_\_\_

29. During an emergency or disaster, how will facility handle:

Trash? \_\_\_\_\_

Debris? \_\_\_\_\_

Soiled linen? \_\_\_\_\_

Biomedical waste? \_\_\_\_\_

Other waste material? \_\_\_\_\_

**30. Does facility have any residents, or staff, that require the need of a service animal?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, does facility have a plan to cover the service animal needs in case of an emergency or in case of an evacuation?

Describe plan including water, food, vaccinations, vet contact (please include any attachments if needed)

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**31. If service animal is required by staff or resident, will service animal be evacuated to same facility?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

**32. Has facility provided its staff with family personal preparedness tools and/or information in the event of an emergency?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Are staff allowed to shelter in place at facility with family members?

- Yes \_\_\_\_\_  
- For how many days? \_\_\_\_\_
- No \_\_\_\_\_  
- Are staff allowed to communicate with family members while sheltering in place at facility? Yes \_\_\_\_\_ No \_\_\_\_\_

**33. Does facility have a back-up system to cover for each staff member in preparation for an emergency (absence, illness, or affected by the disaster themselves)?** Yes \_\_\_\_\_ No \_\_\_\_\_

**34. Has facility provided training or information to its residents and the residents' families on its emergency preparedness procedures?**

Yes \_\_\_\_\_ How often? \_\_\_\_\_

No \_\_\_\_\_ How and when will they be prepared or informed?

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**35. Has facility provided its residents, and their families, with personal preparedness tools and/or in the event of an evacuation or emergency disaster ?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**36. Are residents allowed to shelter in place at facility with their family members?**

Yes \_\_\_\_\_ No \_\_\_\_\_

For how many days? \_\_\_\_\_

If Yes, does facility have a three to seven day supply of food and potable (drinking) water (one gallon of water per person per day)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Facility Name: \_\_\_\_\_  
Group Care Program – File/Permit # \_\_\_\_\_  
Completed By: Name: \_\_\_\_\_  
Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

**Facility Emergency Assessment Form: Post- Disaster**

Facility Address: \_\_\_\_\_  
Facility Phone Number: \_\_\_\_\_  
Facility Administrator – Name \_\_\_\_\_  
Phone Number(s): Work - \_\_\_\_\_  
Cell - \_\_\_\_\_ Home - \_\_\_\_\_

Facility Maintenance –  
Name and Phone Number: \_\_\_\_\_  
After Hours Emergency Facility Contact and Phone Number(s) - (if different  
from Administrator): \_\_\_\_\_

1. Is facility currently open and operating?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Was it necessary to evacuate the facility?

Yes\* \_\_\_\_\_ No \_\_\_\_\_

\* See Evacuation Considerations and Attachment E

If Yes, where? \_\_\_\_\_

3. Did facility shelter in place?

Yes \_\_\_\_\_

Does facility have a three to seven day supply of food, potable  
drinking water (one gallon of water per person per day)?

Yes \_\_\_\_\_

How many residents and staff are currently in the facility? \_\_\_\_\_

No \_\_\_\_\_

Is there a contractor/supplier who will provide food and potable  
water to the facility (residents and staff – one gallon per day per  
person for 3 to 7 days)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of contractor/supplier \_\_\_\_\_

Phone #: \_\_\_\_\_

4. How often will food and potable water be provided?

Frequency:

As Requested by Facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

Every \_\_\_\_\_ Days; Every \_\_\_\_\_ Week(s)



5. If facility is currently open and operating, has facility experienced loss of power?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is there an emergency back up plan, or method, to restore power?

Yes \_\_\_\_\_

What is the back-up method? \_\_\_\_\_

6. Does facility have potable water supply for cooking, drinking, and sanitation?

Yes \_\_\_\_\_ No \_\_\_\_\_

What type of water supply system?

Municipal/city \_\_\_\_\_

Well \_\_\_\_\_ What type? \_\_\_\_\_

Permit Number: \_\_\_\_\_

• Is well functioning properly? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, is it flooded? Yes \_\_\_\_\_ No \_\_\_\_\_

- If Yes:

Water samples taken? Yes \_\_\_\_\_ No \_\_\_\_\_

- Is there a boil water notice in effect for your facility area?

Yes \_\_\_\_\_ No \_\_\_\_\_

- Does facility have bottled water for residents and staff (one gallon of water per person per day)?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Does facility have power?

Yes \_\_\_\_\_ No\*\* \_\_\_\_\_ \*\* Also see Attachment J

If No, does facility have emergency generator? Yes \_\_\_\_\_ No \_\_\_\_\_

• If Yes, what is the generator size? \_\_\_\_\_

• What type of fuel does generator use?

Gasoline \_\_\_\_\_ Diesel \_\_\_\_\_ Natural Gas \_\_\_\_\_

• How long will the fuel last until it must be replenished?

Amount of Hours \_\_\_\_\_ Amount of Days \_\_\_\_\_

• Where is fuel from (gas station or contracted from)?

\_\_\_\_\_

8. What areas of the facility will the generator power be used for?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Does facility maintain a list of the serial number of medical devices, such as dialysis machine, pacemakers, respirators or electric-powered medical equipment, that may be medically necessary for residents?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Does facility have oxygen tanks on premises medically necessary for residents?

Yes \_\_\_\_\_ No \_\_\_\_\_

- If Yes, how many? \_\_\_\_\_ What type? \_\_\_\_\_

Supplier Name and Phone Number: \_\_\_\_\_

- If No, does facility have residents that require medically necessary oxygen tanks?

Yes \_\_\_\_\_ How many? \_\_\_\_\_ What type? \_\_\_\_\_

Supplier Name and Phone Number: \_\_\_\_\_

No \_\_\_\_\_

11. Did assign staff obtain extra prescription refills for its residents in preparation for sheltering in place (overnight and on weekends too)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Provider/Supplier Name and Phone Number:

\_\_\_\_\_

12. Has facility staff identified and kept in working condition necessary tools and equipment needed before, during, and after a disaster? Tools and equipment include flashlights, batteries, tarps, crank or battery operated radios, old fashion cord (land) phone, cell phones and respective chargers (wall and car), fans, NOAA weather radio, etc.

Yes \_\_\_\_\_ No \_\_\_\_\_

13. Does facility provide alternative means for handwashing?

Yes \_\_\_\_\_

What is the alternate means? \_\_\_\_\_

No \_\_\_\_\_

14. How is facility handling:

Trash? \_\_\_\_\_

Soiled linen? \_\_\_\_\_

Biomedical waste? \_\_\_\_\_

Other waste material? \_\_\_\_\_

15. Does facility have or allow residents to keep a service animal or pet(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a plan to cover service animal or pet's needs in case of an emergency or in case of an evacuation? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe plan \_\_\_\_\_

\_\_\_\_\_

16. Has facility provided training or information to its staff on facility's emergency preparedness procedures?

Yes \_\_\_\_\_

- How often is training or information provided to staff (including new staff)? \_\_\_\_\_

No \_\_\_\_\_

- How will staff be prepared or informed? \_\_\_\_\_

17. Has facility provided its staff with family personal preparedness tools and/or information in the event of an emergency?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are staff allowed to shelter in place at facility with family members?

- Yes \_\_\_\_\_  
- For how many days? \_\_\_\_\_
- No \_\_\_\_\_  
- Are staff allowed to communicate with family members while sheltering in place at facility? Yes \_\_\_\_\_ No \_\_\_\_\_

18. Does facility have a "back-up" system to cover for each staff member in preparation for an emergency (absence, illness, or affected by the disaster themselves)? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Has facility provided training or information to its residents and the residents' families on its emergency preparedness procedures?

Yes \_\_\_\_\_ How often? \_\_\_\_\_

No \_\_\_\_\_ How and when will they be prepared or informed?  
\_\_\_\_\_

20. Has facility provided its residents, and their families, with personal preparedness tools and/or in the event of an emergency?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are residents allowed to shelter in place at facility with their family members?

Yes \_\_\_\_\_  
For how many days? \_\_\_\_\_

No \_\_\_\_\_

Are residents allowed to communicate with family members while sheltering in place at facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, who will ensure that residents contact their families?  
\_\_\_\_\_

Facility Name: \_\_\_\_\_  
Group Care Program – File/Permit # \_\_\_\_\_  
Completed By: Name: \_\_\_\_\_  
Sign: \_\_\_\_\_

## ATTACHMENT A- HAZARD VULNERABILITY ANALYSIS INSTRUCTIONS

Facility Name \_\_\_\_\_

Date \_\_\_\_\_ Completed By: \_\_\_\_\_

- List potential hazardous events for your facility
- Evaluate each event for probability, vulnerability and preparedness
- Probability and Vulnerability are rated on a three level scale from high to low. Probability and Vulnerability are ranked with a score of “3” for high, “2” for moderate and “1” for low.
- In the Preparedness category, a score of “3” represents a low ranking while a score of “1” represents a high level of preparedness. A score of “2” represents a moderate ranking for preparedness
- When evaluating probability, consider the frequency and likelihood an event may occur
- When evaluating vulnerability, consider the degree with which the facility will be impacted, such as, infrastructure damage, loss of life, service disruption etc.
- When evaluating preparedness, consider elements, such as, the strength of your preparedness plans and the facility’s previous experience with a disaster event
- Multiply the ratings for each event in the area of probability, vulnerability and preparedness. The total values with the higher scores will represent the events most in need of planning for emergency preparedness.  
Using this method, 1 is the lowest possible score, while 27 is the highest possible score.

**NOTE:** The scale for preparedness is in reverse order from probability and vulnerability where by “low” =3 and “high”=1.

- The facility should determine which values represent an acceptable risk level and which values require additional planning and preparation

## ATTACHMENT A: HAZARD VULNERABILITY ANALYSIS

Facility Name \_\_\_\_\_

Date \_\_\_\_\_ Completed By: \_\_\_\_\_

<b>Hazard</b>	<b>Probability</b>	<b>Vulnerability</b>	<b>Preparedness</b>	<b>Score</b>
<b>Natural</b>				
Hurricane				
Tornado				
Heavy Thunderstorm				
Flash Flooding				
High Winds				
Severe Weather				
Extreme Heat				
Flooding				
Drought				
Wildfire				
<b>Man-made</b>				
Tidal wave/Tsunami				
War (conventional, biological, chemical or nuclear)				
Toxic materials emissions/spill				
Nuclear plant breakdown or nuclear disaster				
Terrorism				
Fire				
<b>Technological</b>				
Electrical				
Heating/Cooling				
Communications				
<b>Other</b>				
Disease Outbreak				
Community Infrastructure (bridge collapse, road, building collapse)				
Utility Failure				
Transportation Failure				
Other				

**ATTACHMENT B – FACILITY’S CONTACT LIST**

<b>EMERGENCY CONTACT</b>	<b>NUMBER</b>	<b>OTHER</b>
Police Department		<b>Non-Emergency #:</b>
Sheriff’s Department		<b>Non-Emergency #:</b>
Fire Department - local		<b>Non-Emergency #:</b>
Fire Department – county (if applicable)		<b>Non-Emergency #:</b>
Ambulance Services/Company		
FL Poison Control Center	1-800-222-1222	
Hospital- Name:		
Local Coroner’s Office:		<b>After Hours:</b>
Funeral Home:		<b>After Hours:</b>
Local Shelter:		Accepting (circle one) Pets or Service Animals: Yes      No
Special Needs Shelter:		Accepting (circle one) Pets or Service Animals: Yes      No
Utility Contacts:		
Water:		
Electric:		
Gas:		
Garbage:		
Solid Waste Disposal:		
Facility’s Plumber:		
Facility’s Electrician:		
Facility’s Heating and Air Contractor		

Local County Health Department		<b>Office Hours:</b>
Local Mental Health Center		
Local Dialysis Center		
Local Church		
Local Soup Kitchen		
County Emergency Manager		
FL Department of Health – Environmental Health		<b>Office Hours:</b>
FL Division of Emergency Management		
FL Department of Elder Affairs		<b>Office Hours:</b>
FL Department of Children and Families		<b>Office Hours:</b>
FL Persons with Disabilities		<b>Office Hours:</b>
FL Department of Health Care Administration		<b>Office Hours:</b>
FL Independent Living Council		
FL Commission for the Transportation Disadvantaged		
FL Department of Education – Division of Blind Services		
FL Highway Patrol		
American Red Cross		<b>Other:</b>
Other -		





Facility Name: \_\_\_\_\_  
Group Care Program – File/Permit # \_\_\_\_\_  
Completed By: Name: \_\_\_\_\_  
Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

**ATTACHMENT D – FACILITY FLOOR PLAN with Fire Extinguisher Locations, Carbon Monoxide and Smoke Alarm Locations. Include SAFE PLACE (Tornado Safe Room) - NOTE: When picking a safe place in your facility, consider a room inside the facility that has no windows like an inside bathroom or closet, but one that has ventilation.**

Facility Name: \_\_\_\_\_  
Group Care Program – File/Permit # \_\_\_\_\_  
Completed By: Name: \_\_\_\_\_  
Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

**ATTACHMENT E – EVACUATION FLOOR PLAN**

**NOTE: Your evacuation floor plan should include exit locations, who authorizes evacuation, evacuation meeting place outside facility, and staff/resident accountability.**

Facility Name: \_\_\_\_\_  
Group Care Program – File/Permit # \_\_\_\_\_  
Completed By: Name: \_\_\_\_\_  
Sign: \_\_\_\_\_  
Date: \_\_\_\_\_

**ATTACHMENT F – EVACUATION CONSIDERATIONS**

**In the event of an evacuation:**

**If your area is ordered to evacuate, DO NOT wait until it is too late.**

- Know the evacuation route for your city or county area and the Emergency information radio station to tune into for evacuation notices
- Know where the nearest approved shelters are located within your county
- Residents requiring to go to a Special Needs Shelter (SNS) should be registered ahead of time – check you local county dates for registration period
- If there is a resident that requires the use of a service animal, know what shelters in your area allow service animals. Include the animal’s needs (Food, water, medications, vaccination records) along with the resident’s in your evacuation plans
- Always consider the transportation needs of residents and staff evacuating. In most cases those residents that are ambulatory may be evacuated first. Staff should be familiar with the specific capabilities of residents and their mobility limitations.

1. List the circumstances that would dictate an evacuation of the residents (for example: major fire, flood, or flood damage, tornado destruction, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Identify the person/staff who will authorize the relocation of the residents if they need to be evacuated. If relocating to another facility (temporarily) it is recommended that a memorandum of understanding between facilities is established.

Authorizing staff member: \_\_\_\_\_

1st Authorizing Alternate Staff: \_\_\_\_\_

Phone #: \_\_\_\_\_

2<sup>nd</sup> Authorizing Alternate Staff: \_\_\_\_\_

Phone#: \_\_\_\_\_

Facility Administrator: \_\_\_\_\_

Facility Owner (if different from Administrator): \_\_\_\_\_

Facility Administrator/Owner: \_\_\_\_\_

Other (specify title): \_\_\_\_\_

3. Identify the person/staff who will authorize the refill of medications for the residents. If relocating to another facility (temporarily) it is recommended that a memorandum of understanding be established.

Authorizing Staff Member: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
1st Authorizing Alternate Staff: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
2<sup>nd</sup> Authorizing Alternate Staff: \_\_\_\_\_  
Phone#: \_\_\_\_\_

**Accounting for residents and personnel:**

Important issues to consider when establishing a system for accounting for residents and staff:

1. Does the facility have a list of the types of residents that would be evacuated first, second, and third? Staff should become familiar with the list and where the list is stored for easy access in case of a disaster and/or emergency situation.
2. Are hallways and doorways wide enough or does their width present a problem to evacuate residents (wheelchairs, stretchers, etc.)?
3. If building has multiple floors, are the residents on all floors mobile enough to be evacuated through hallways and/or stairways?
4. If loss of power is experienced while evacuating, does facility have light sources/emergency lighting to continue and complete the evacuation?
5. If the residents refuse to evacuate, does facility have an alternate method to ensure residents will be safe if sheltering in place (food, water, etc.)?
6. Where are residents and staff evacuated to? See Attachment F
7. How many residents were evacuated? How were residents' locations accounted for?
8. Who transported residents to evacuation location?
9. Where medications transported to evacuation location? By whom?
10. Make a list of potential problems found when planning for evacuation

**Methods of identifying the facility:**

Some considerations of methods of identification of the facility and its residents include the following:

- Clothing labels with name of resident, name of facility and address
- An identifying band (already labeled and ready to use) for residents and for residents that require special care
- A photograph, kept in the resident's records, with pertinent information listed on the back
- Special care information should include information as name, address of facility, special medication needs and prescribed dosage, and next-of-kin and phone number, etc. (See Attachments G, H and I)

It is essential that the facility's list of residents is up-to-date and available to accompany a group evacuated. This list of residents can be kept at the facility's office. A staff member should be responsible for keeping lists up to date and ready to go at all times. It is suggested that the staff member assigned the responsibility for the emergency medication should also have a copy of this list.

**Evacuation Sites – Off-site Locations:**

1<sup>st</sup> Evacuation Location

Location:

Address:

City, State Zip:

Telephone Number:

2<sup>nd</sup> Evacuation Location

Location:

Address:

City, State Zip:

Telephone Number:

Is there an agreement established with the off-site location?

Yes \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Administrator/Manager: \_\_\_\_\_

No \_\_\_\_\_

**NOTE: Special Needs Shelter (SNS)** - If a resident(s) is medically dependent on electricity, need transportation to evacuate, or assistance due to a disability, register the resident(s) through your county's Special Needs Registry. Each county handles the registry of persons with special needs and the services a little differently. Call your local county emergency management office or local law enforcement office – see Attachment C

**NOTICE OF EVACUATION**

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**FACILITY:**

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**RESIDENTS AND STAFF HAVE  
EVACUATED TO:**

---

**ADDRESS:** \_\_\_\_\_

---

**PHONE #:** \_\_\_\_\_

**TRANSPORTED BY:**

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**FOR UPDATE OR INFORMATION, PLEASE  
CONTACT <FACILITY  
MANAGER/ADMINISTRATOR/OWNER NAME>**

**AT Phone #:** \_\_\_\_\_

**OR:**

**<ALTERNATE DESIGNATED STAFF NAME>:**

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**AT Phone #:** \_\_\_\_\_

**ATTACHMENT G – Daily Living Assessment Checklist**

This checklist\* can be used to detail the daily living requirements and medical needs of each resident with disabilities or special needs when preparing for an evacuation or in preparation for a disaster.

**Resident’s Name:** \_\_\_\_\_

<b>Daily Need</b>	<b>Need</b>	<b>Have</b>	<b>Do Not Have</b>	<b>Not Applicable</b>
Adaptive Feeding equipment (special utensils, feeding tubes, etc.)				
Special Equipment for Respiration				
Special Dietary items – non perishable food				
Personal Care Equipment (Shower chair, tub-transfer bench, etc.)				
Communication Equipment (adaptive hearing or visual/sight devices, etc.)				
Minimum two week to 30 day supply of medicine or prescriptions				
Mobility Aids (wheelchair, walker, cane, etc.)				
Electricity Dependent Equipment (dialysis machine, electrical lift, electrical wheelchair or scooter, etc.)				
Service Animals and supplies for their feeding and care				

\*This checklist is not all inclusive and may be amended to fit your facility’s residents needs.

**ATTACHMENT H – Resident Emergency Health Information**

Date Updated: \_\_\_\_\_ Updated By: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Health Plan: \_\_\_\_\_

Individual #: \_\_\_\_\_ Group #: \_\_\_\_\_

Family member/Relative: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Special Conditions:**

Medications/Dosages – see Attachment I: Medication Log

Allergies: \_\_\_\_\_

Communications/Devices/ Equipment: \_\_\_\_\_

Other: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ After Hours: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Pharmacy/ Prescription Provider- Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_



**ATTACHMENT I – MEDICATION LOG – Prescription and Non-Prescription**

Resident's Name \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Physician's Name \_\_\_\_\_

Food Allergies \_\_\_\_\_

Symptom Treated: \_\_\_\_\_

Month/Year \_\_\_\_\_

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<b>Medication &amp; Dosage</b>	<b>Time</b>																																
	A.M.																																
	Noon																																
	P.M.																																
	<b>Bed Time</b>																																
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	Noon																																
	P.M.																																
	<b>Bed Time</b>																																

## ATTACHMENT J- CONSIDERATIONS FOR LOSS OF POWER

**Before there is a loss of power in the event of a disaster, facilities should consider the following:**

Do your facility rely on **battery powered equipment** (hearing aids, alarms, phone alerts).

- If yes, do you have spare batteries for them?

Can facility get replacement batteries easily or do they have to be special ordered?

Does anyone in the facility use any **electrical equipment** that is critical to their well-being?

Does facility have electrical extension cords? ( i.e. 9 foot, 10 foot, 15 foot)

What will happen if you lose power?

Is there a manual or battery operated substitute that you can use?

### **Suggestions to Better Prepare:**

#### **1. Assemble essential supplies such as:**

- Flashlight (s)
- Batteries (for flashlights, radios, alarms and detectors)
- Portable Radio(s)
- Standard corded telephone
- Food Thermometer
- Fire Extinguisher(s)
- Clean Plastic containers to fill with water to freeze (as water expands when it freezes, it's important to leave room inside the container for the water to expand: do not fill to top!)
- Stock up on Ready to Eat food that DOES NOT require refrigeration – see Attachment L
- Power converter: for laptop, cell phone that may be operated from the cigarette lighter of a vehicle

NOTE: If facility loses power and/or is evacuated, can you call-forward the facility's landline to an administrator, manager, or staff supervisor's cell phone?

- High quality surge protector for your office equipment
- Hard copy of staff contacts lists – see Attachment C
- Hard copy of residents information – see Attachments G, H, and I

#### **Specific Information for Persons with Disabilities:**

- Have electrical back-up for any medical equipment
- If facility has residents that require the use of a battery-operated wheelchair, or scooter, or other power-dependent type of equipment, contact your local utility company to inform them that your facility has power-dependent residents
- An extra battery for the motorized equipment. A car battery can also be used, but may not last as long

- Manual wheelchair(s) for back-up
  - Can these fit through the hallways, or in case of, down the stairs?
- If facility has visually impaired, or blind, residents, store a talking or Braille clock, or a large-print clock with extra batteries
- If facility has hearing impaired, or deaf, residents, consider having a portable battery-operated television set

## **2. Facility Lost Power: Things to Do**

- Staff should assess resident's status and ensure that all residents are accounted for and are safe
- Turn on your battery operated, or crank, radio so that you are aware of the latest news from your emergency managers: water safety, any boil water notices, etc.
- Turn off or disconnect any appliances, equipment or electronics that were in use when the power went out
- Leave one light turned on so you know when the power returns
- Leave refrigerator and freezer doors closed so that food and/or medicine stays as cold as possible
- If the facility houses residents that take medication that requires refrigeration, ensure that those medications are kept in a refrigerator that will not be opened or used frequently. Most medications can be kept in a closed refrigerator for several hours without a problem
- If the power is out longer than two hours, check food temperatures in the refrigerator and throw away food that has a temperature higher than 40 °F

## **3. Facility Lost Power: What NOT to DO:**

- Do NOT use candles during a power outage
- NEVER use a generator, grill, or similar items, inside the facility – these items should only be used outdoors
- Use the phone only for emergency calls. Do NOT call 9-1-1 for information  
USE ONLY to report a life threatening emergency
- If there is an elevator in the facility, Do NOT use it

Make prior arrangements with residents' physicians or check with the oxygen supplier(s) about emergency plans for those on respirators or other electric-powered medical equipment. Be sure to have electrical back-up for any medical equipment that residents

## **ATTACHMENT K- Ready to Eat: NO Cook Foods Considerations Checklist**

Meals Ready to Eat (MREs): heat sensitive

Energy bars (high calorie)

Sugar or sugar substitute

Salt and Pepper

Whole grain cereals

Almonds and other nuts (if no food allergies for residents or staff)

Canned ready to eat foods

Canned pasta

Peanut butter (if no food allergies for residents or staff)

Trail Mix (if no food allergies for residents or staff)

Jerky

Dried fruit

Canned fruit

Applesauce/fruit cups

Fruit leather

Rice cakes

Crackers/Triscuits/ Salt-free Crackers

Hard candies

Tuna packs

Cookies

Cheese spread in jars

Pudding cups

Breakfast bars

Sunflower seeds

Potable drinking water (1 gallon per person per day- suggested 3 to 7 day supply)

Shelf-stable juice (boxes or cans)

Gatorade mix

Cocoa mix

Instant coffee

Packets of dry milk

Shelf stable milk/almond milk/soy milk

Utensils:

Plastic utensils

Metal Cup

Metal Pans

Can Opener

## **ATTACHMENT L- SPECIAL CONSIDERATIONS FOR RESIDENTS WITH SPECIAL NEEDS\***

**\*This is not an inclusive list of questions, but serves as guidance for facilities to plan ahead\***

Facilities housing residents with disabilities or special needs should consider having a detailed list of daily living requirements and medical needs for its residents (see Attachment A – Daily Living Assessment Checklist)

Does facility have audible and visual alarms, smoke detectors installed throughout the facility?

- Check that all of the visual and vibrating alerting devices throughout the facility have battery back-up in the event of a power outage
- Replace the batteries every six months
- If needed, install audible alarms as well as visual smoke alarms throughout the facility

### **I- OXYGEN/BREATHING MEDICATION DEPENDENCIES**

Does the facility have residents that take any **breathing prescription medicines**? If yes, see Attachment I

Does the facility have residents that take any over the counter breathing medicines? If yes, see Attachment I

Does the facility/residents have at least a two week supply of breathing medications (prescription and non-prescription)?

- How will facility get breathing medications replaced or refilled (if lost or run out)?

Does the facility have residents that use any **nebulizer breathing prescription medicines**? If yes, see Attachment I

Does the facility/residents have at least a two week supply of breathing medications (prescription and non-prescription)?

- How will facility get breathing medications replaced or refilled (if lost or run out)?

Does the facility have residents that take **medicine that need to be refrigerated**? If yes, how will be done without normal power (battery-powered refrigerator, cooler with ice, with dry ice)?

- How long can you keep your medicine without regular power?

Does facility keep any spare tubing? Any spare face masks?

- How will facility get more if needed?

### **II- MOBILITY DEPENDENCY:**

If the facility has residents who have mobility impairments, consider including the following items:

1. Are there any residents that use an **electric wheelchair** or **scooter**? If yes, are there any extra/spare batteries? Does wheelchair or scooter have an **Oxygen bracket**?

2. Does facility have a **manual wheel chair** or can a **substitute a manual chair** be used to replace the electric model?
  - If needed? Does it have an **Oxygen bracket or Oxygen bag**?
  - Keep a pair of heavy gloves in your supply kit to use while wheeling or making your way over glass and debris.
  - If you do not have puncture proof tires, keep a patch kit or can of "seal-in-air product" to repair flat tires and/or also keep an extra supply of inner tubes
  - Store a lightweight manual wheelchair, if available

**Depending on the chair type and specific needs, here are some additional items to consider:**

- Portable Ramp
- Heavy gloves for use while possibly wheeling over broken glass and debris
- A spare battery for the chair and/or adapter for recharging your battery from a vehicle
- Tire patch kit and portable air compressor or canned "seal-in-air product" to repair flat tires
- Spare cane or walker (if appropriate) in case your chair becomes unusable
- Whistle to signal for help

**Check with the vendor to see if the wheelchair will be able to charge batteries by either connecting jumper cables to a vehicle battery or by connecting batteries to a specific type of converter that plugs into your vehicle's cigarette lighter in the event of loss of electricity.**

Arrange and secure furniture and other items to provide paths of travel and barrier free passages. If residents spend time above the first floor of an elevator building, plan and practice using alternate methods of evacuation.

If residents cannot use stairs, discuss lifting and carrying techniques that will work for those residents. There will be instances where wheelchair users will have to leave their chairs behind in order to safely evacuate a structure. Sometimes transporting someone downstairs is not a practical solution unless there are at least two or more strong people to control the chair. Therefore, it is very important to discuss the safest way to transport those residents if they would need to be carried out, and alert those assisting these residents to any areas of vulnerability. For example: the traditional "fire fighter's carry" may not be prudent for people with respiratory weaknesses. Staff needs to be able to give brief instructions to others regarding how to move those residents.

### **III- HEARING OR HARD OF HEARING IMPAIRMENT:**

Facility staff should recognize that special arrangements many need to be made for those residents who are hearing impaired or hard of hearing in order to receive emergency warnings. Providing residents with the means of writing and taking down information to assist them with communication in the event of an emergency will be beneficial to residents during an emergency. Have paper, pens and markers, in addition to assistive technology and back-up power supplies for the equipment and/or technology. Example: if facility has residents who are hard of hearing, or have a deaf impairment, have index cards with pre-printed phrases that residents keep in a safe location and can use when communicating with others after a disaster.

Here are some extra suggestions:

- Store hearing aid(s) and/or cochlear implants where residents and/or staff can easily find them after a disaster. For example, you could keep them in a container by the resident's bedside and attach the container to a nightstand or bedpost using a string or Velcro
- Store extra batteries for hearing aids and implants. If possible, store an extra hearing aid with the facility's emergency supplies
- Portable TTYs and batteries
- Keep pagers, captioned telephones and other communication equipment charged
- Provide residents with whistles to signal for help in case of an emergency
- Maintain batteries and store extras for the TTY and other communications equipment that residents may need. Check the owner's manual for proper battery maintenance
- Residents should know how to communicate with emergency personnel if there is no interpreter or if the resident does not have their hearing aids. Store paper and pens around the facility for the residents to use for this purpose
- If evacuated, facility staff should consider having residents carry a pre-printed copy of important messages with them, such as:
  - "I use American Sign Language (ASL) and need an ASL interpreter."
  - "I do not write or read English."
  - "If you make announcements, I will need to have them written or signed."
- If possible, get a battery-operated television that has a decoder chip for access to signed or captioned emergency reports
- Facility staff should determine which broadcasting systems will provide continuous captioned and/or signed news prior to and after a disaster or emergency

Install smoke alarms that give signals that can be both seen and heard by residents throughout the facility. At least one smoke alarm should be battery operated.

#### **IV- VISUAL IMPAIRMENT**

Facility staff should be aware that after a major disaster or emergency, visually impaired individuals lose the auditory cues they usually rely on after a major disaster. Mark emergency supplies with large print, fluorescent tape or Braille. In the case of an evacuation, staff assisting visually impaired residents, should mark clear the residents' items as assistive devices and not just "baggage".

If facility houses residents that have some vision, place security lights in each room to light paths of travel. These lights plug into electrical wall outlets and light up automatically if there is a loss of power. They will, depending on type, continue to operate automatically for 1 to 6 hours and can be turned off manually and used as a short-lasting flashlight.

In addition, to the above, here are some extra suggestions:

- Special Items such as extra folding mobility canes-keep in strategic, consistent and secured locations so residents can easily access them in case of an emergency
- Extra pair of dark glasses (if medically required)
- Tape recorder & extra batteries
- Battery operated or crank operated radio
- Flashlight and extra batteries
- Plastic Emergency whistle
- Portable assistive devices: magnifiers, communication devices, etc.
- Work gloves and sturdy shoes
- Medications: prescription and Over the Counter (OTC)

### **Service/Companion Animals:**

Service or companion animals may become confused or frightened during and after a disaster: keep them confined or securely leashed or harnessed. A leash/harness is an important item for managing a nervous or upset animal. Be prepared to use alternative ways to negotiate its environment.

Create an animal supply kit and Take-Along-Bag (if necessary):

For each animal:

- Two-week supply of water (plastic gallon jugs) and food
- Non-spill food and water dishes
- Manual can opener and spoons
- Animal/Service Animal identification information, veterinary records and proof of ownership
- Cage/carrier (labeled with contact information: pet's name, owner's name, address and phone number and an emergency name and phone number)
- Favorite toys, treats, blankets
- Leash, collar, harness, muzzle, stakes and tie downs
- Litter, litter pan, litter scoop
- Newspaper (for bedding or litter)
- Paper towels and plastic baggies
- First aid kit and manual (call your vet)

### **SPECIAL CONSIDERATIONS FOR A FACILITY IN CASE OF SERIOUS INJURY OR DEATH**

**\*This is to serve as considerations, and in no way is an inclusive list, or a directive that should be followed as is, but merely serves as suggestions and guidance for facilities in order to plan ahead\***

- Ensure that residents remain calm and in an area away from the seriously injured and/or deceased person
- If death occurs in the facility while sheltering in place, the facility administrator (or designated supervisor or staff member) should notify law enforcement authorities and/or local Coroner's office, by telephone, if at all possible, by calling 9-1-1 prior to notifying relatives, emergency contacts, or resident's representative, and follow facility's procedures for this type of incidents.
- Await instructions from law enforcement personnel and/or emergency medical staff