

Complete one Emergency Plan Worksheet for each Facility. Keep completed worksheet in a visible place for quick reference by staff members.

Care Facility Name:									
Address:									
Cross Street:									
On Site Phone:									
Administrator's Phone:									
Administrator's Phone:									
Other Phone:									
Neighbor name: Phone:									
Neighbor name: Phone:									
Neighbor name: Phone:									
Secondary Evacuation Facility									
Care Facility Name:									
Home phone:									
Cell phone:									
Address:									
<b>Evacuation Transportation Information:</b>									
Facility Vehicle(s):									

Staff Vehicle: \_\_\_\_\_ Number of seats: \_\_\_\_\_

Staff Vehicle: \_\_\_\_\_ Number of seats: \_\_\_\_\_

Transportation Company: \_\_\_\_\_

Other:

Care Facility Information

#### Out of Area Contact Person

Designate an out of area contact for resident's family to contact in the event they are unable to reach your facility directly. Ensure your staff knows to contact this person to provide status updates. Often long distance phone lines are operational when local lines are not.

Name:

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

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

e-mail: \_\_\_\_

### **Emergency Phone Numbers**

## Emergency 9 -1-1

Police: \_\_\_\_\_\_

Fire: \_\_\_\_\_

Ambulance:

### **Emergency Alert Stations**

Check with emergency management agencies for your local emergency broadcast stations:

Write them here:

This document is intended to be used as part of your facility emergency plan, similar to the emergency contact list shown in the video.

## Emergency Evacuation/Utility Map

Use	thi	s pa	ge to	dra	aw a	floo	r pla	an o	f yo	ur h	ouse	e. N	1ake	a fl	oor	plan	for	eac	h sto	ory c	of yo	ur f	acili	ty.		
	I Identify location of emergency supplies.  Mark location of utility valves, circuit breakers or fuses.  Be sure all staff members know where utilities are and how to turn them off.  Be sure all staff members know how to use a fire extinguisher.  Share your plan with visitors and each resident's family.  Residents and staff will reunite at our meeting spot located at																									
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# **Emergency Actions**

After all disasters, remember to:  ☐ Stay calm & evaluate your surroundings.  ☐ Turn your portable radio on and listen for instructions.  ☐ Check for injuries (for life threatening injuries only, call 9-1-1).  ☐ Locate flashlights & emergency supplies.  ☐ Wear protective clothing (shoes, gloves, etc.).	For Immediate Danger  □ Call 9-1-1. □ Alert other staff and visitors of danger and direct them to assist in evacuating residents. □ Begin evacuating residents in order of least assistance needed to most assistance needed. □ Take/direct residents to your designated meeting place.									
Earthquake/Aftershocks  During the earthquake	Evacuation from your Neighborhood									
<ul> <li>□ Duck, cover and hold.</li> <li>□ Move away from windows, bookshelves, cabinets, and exterior walls.</li> <li>□ If indoors, "ride it out" until the shaking stops.</li> <li>After the earthquake</li> <li>□ Pay attention to damaged utilities. Shut off those utilities that are damaged.</li> <li>□ Check for structural damage.</li> <li>□ Check on neighbors.</li> <li>□ Prepare for aftershocks.</li> <li>□ Keep streets clear for emergency traffic.</li> </ul>	If you have to evacuate out of your neighborhood, what do you do?  Take emergency "Go Kits".  If time permits:  Close windows, blinds, and doors.  Shut off damaged utilities.  Leave a note on the front door, to let others know where you have evacuated.  Lock doors and windows when leaving.  Listen to your local radio station for information.									
Fire  ☐ Stay calm - alert other staff and visitors. ☐ Call 0.1.1	Resident's Family Checklist									
<ul> <li>□ Call 9-1-1</li> <li>□ For fires smaller than a wastebasket size use your fire extinguisher.</li> <li>□ Evacuate if necessary.</li> </ul>	<ul> <li>□ Make certain your resident's emergency contact card is accurate and up-to-date.</li> <li>□ We have shared our care facility's plan with</li> </ul>									
Shelter in Place  ☐ If outdoors, go indoors; if indoors, stay put. ☐ Ensure you have enough food and supplies for your residents for the duration of the shelter in place order.	resident's family.  We have an up to date list of individuals who have permission to take residents from our facility.  We have encouraged resident's family to prepare for emergencies and disasters in their own homes. We have shared with them the Family Emergency Plan									
☐ Close and lock all doors, windows and chimney flues.	Worksheet and Preparedness Calendar.									
☐ Turn off all fans, heating and air conditioning systems.										
☐ If directed, use duct tape and plastic sheeting to seal areas where outside air can enter the house.										
☐ Tune your radio to the emergency broadcast sta-										
tion and listen for instructions.										
☐ Answer the telephone, instructions maybe given by your emergency management agency through										
recorded messages.										

Immediate Evacuation from Facility

#### **Emergency Supplies Plan** Fire Hazard Mitigation Plan **Protecting lives from fire Protecting lives from fire** $\square$ We have food for our residents and staff for 3 - 7 ☐ We have at least one A-B-C fire extinguisher in our home and know how to use it. ☐ We have emergency shelter and supplies in one ☐ We have changed the batteries in all our smoke place. (Tip: Tent, lanterns, sleeping bags and alarms. portable stoves can double as emergency equip-☐ We use surge protectors to protect against ment.) electrical issues. ☐ We have "Go Kits" for each resident. ☐ We store flammable liquids outside in air-tight ☐ We have a minimum of 1 gallon of water per containers away from ignition sources such as person per day for at least 3 -7 days. The more pilot lights. (Example location: outdoor shed) water you can store, the better off you will be. Calculate how much water you will need: Landscaping against fire ☐ We have cleared our property of excess and dead Residents/staff in home x 1 gal = \_\_\_\_ gals. vegetation and highly flammable plants. ☐ We have trimmed branches that hang over our I know where I have: care home. ☐ Cash and coins. ☐ We trim grass and vegetation at least 100 feet ☐ First aid items. around our care home. ☐ Flashlight, radio, tools and sanitation supplies. ☐ We have garden hoses connected to outside faucets. ☐ We store firewood away from our care home. Maintenance Plan Home maintenance **Every six months:** Date last checked ☐ Our house numbers are large and easily read from Check and replace as needed: the street. Batteries for flashlights, smoke ☐ We have spark arresters on our chimneys. ☐ Our roof is fire-resistant. alarms, radio, etc. ☐ We keep leaves and debris out of our Review facility emergency plans rain gutters. Conduct a fire drill Rotate water supply Earthquake Mitigation Plan **Every year:** Rotate canned goods. Surviving the event Replace emergency medications. ☐ My staff and I have reviewed the information on the www.usgs.gov website for reducing **Every two years:** earthquake damage. Review and photograph property inventory. Home preparedness Update insurance policies.

☐ We have attached the necessary tools to the

☐ We have done a home hazard hunt and

corrected hazards we found.

utility shut-off valves.