

Emergency Evacuation Plan (Nursing Homes)

| | | | | |
|---|--------------------------|--------------------------|----------------------------|-------------------------------|
| Name | | | | |
| Organization/Agency | | | | |
| Address | | | | |
| E-mail | | | | |
| Phone | | | | |
| PROCEDURES DEVELOPED FOR: | COMPLETED | NOT COMPLETED | DATE FOR COMPLETION | INDIVIDUAL RESPONSIBLE |
| Evacuation of individuals served/staff including posting of evacuation floor plans | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Transportation of individuals served/staff with documented agreements with each transportation source | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Identifying an emergency planning liaison for the facility and providing their contact information to local emergency management | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Ensuring staff is immediately oriented to individual responsibilities upon date of hire and documentation of their acknowledgement recorded | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Holding quarterly fire drills on each shift with documentation of each staff's participation and drill completion | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Holding and documenting semi-annual practice drills or table top exercises on shelter-in-place and evacuation on each shift so that both types of drills are practiced annually | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Documenting opportunities for improvement identified from drill | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Notifying families regarding the action that will be taken concerning the safety/wellbeing of individuals served | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Notifying staff regarding the action that will be taken concerning safety/wellbeing of individuals served | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Planning continuity of operations, including financial capabilities and logistical arrangements | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Planning staff coverage, organization and assignment of responsibilities for ongoing sheltering in place or evacuations | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | |
|--|--------------------------|--------------------------|--|--|
| Identifying staff members available to report to work or remain during extended periods | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Planning for reasonable efforts to continue care to residents | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Ensuring continuity of the procurement of essential goods, equipment, and services (for 72 hours) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Ensuring the identification of and relocation to alternate facilities in the event of evacuation via documented agreements with each facility or location | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Ensuring an adequate tracking system for residents in the event of relocation | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Ensuring adequate, frequently reviewed medical fact sheet for resident is sent to alternate facility | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Ensuring facility's emergency and disaster plans are reviewed at least annually and then shared with local emergency management organizations upon request | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Providing executive summaries of the evacuation procedures to the resident, family member or legal representative upon request | <input type="checkbox"/> | <input type="checkbox"/> | | |

Additional Comments:

Procedures

| | | |
|---|---|--|
| EVACUATION OF INDIVIDUALS SERVED/STAFF INCLUDING POSTING OF EVACUATION FLOOR PLANS, INCLUDING ROUTES FOR EACH FLOOR: | CONSIDERATION 1: Person responsible for ordering evacuation | CONSIDERATION 2: Person responsible for overall evacuation |
| Procedures: | | |

| | | |
|--|---|--|
| IDENTIFYING AN EMERGENCY PLANNING LIAISON FOR FACILITY AND PROVIDING THEIR CONTACT INFORMATION TO LOCAL EMERGENCY MANAGEMENT: | CONSIDERATION 1: Liaison's name and contact information | CONSIDERATION 2: Person or position to provide this information to local emergency management. |
| Procedures: | | |

| | | |
|---|---|--|
| ENSURING STAFF IS IMMEDIATELY ORIENTED TO INDIVIDUAL RESPONSIBILITIES UPON DATE OF HIRE AND DOCUMENTATION OF THEIR ACCEPTANCE IS RECORDED: | CONSIDERATION 1: Must be done within 24 hours of hire | CONSIDERATION 2: Signed documentation of employee placed in personnel file |
| Procedures: | | |

| | | |
|--|---|--|
| HOLDING QUARTERLY FIRE DRILLS ON EACH SHIFT WITH DOCUMENTATION OF EACH STAFF MEMBER'S PARTICIPATION AND DRILL COMPLETION: | CONSIDERATION 1: Maintain documentation for minimum 2 years | |
| Procedures: | | |

| DOCUMENTING OPPORTUNITIES FOR IMPROVEMENT IDENTIFIED FROM DRILL | CONSIDERATION 1: Person responsible for preparing | CONSIDERATION 2: Person responsible for ensuring corrective action is taken | CONSIDERATION 3: Documentation on file for minimum 2 years |
|--|---|---|--|
| Procedures: | | | |

| NOTIFYING FAMILIES REGARDING THE ACTION THAT WILL BE TAKEN CONCERNING THE SAFETY/WELL-BEING OF INDIVIDUALS SERVED | CONSIDERATION 1: Person(s) responsible for notifying families |
|--|---|
| Procedures: | |

| NOTIFYING STAFF REGARDING THE ACTION TAKEN CONCERNING SAFETY/WELL-BEING OF INDIVIDUALS SERVED | CONSIDERATION 1: Person(s) responsible for notifying staff |
|--|--|
| Procedures: | |

| PLANNING CONTINUITY OF FINANCIAL OPERATIONS AND LOGISTICAL ARRANGEMENTS: | CONSIDERATION 1: Plans for continuity of operations | CONSIDERATION 2: Plans for financial arrangements | CONSIDERATION 3: Plans for logistical arrangements |
|---|---|---|--|
| Procedures: | | | |

| PLANNING STAFF COVERAGE NEEDS FOR ONGOING SHELTERING IN PLACE OR EVACUATION | CONSIDERATION 1: Short term staffing plan | CONSIDERATION 2: Long term staffing plan |
|--|---|--|
| Procedures: | | |

| | |
|---|---|
| IDENTIFYING STAFF MEMBERS AVAILABLE TO REPORT FOR WORK OR REMAIN DURING EXTENDED PERIODS | CONSIDERATION 1: List of available staff members, including contact information |
| Procedures: | |

| | | | |
|--|--|---|---|
| IDENTIFYING SOURCES OF TRANSPORTATION FOR EMERGENCY EVACUATION AND DOCUMENTATION OF AGREEMENT | CONSIDERATION 1: Name and contact for each transportation source | CONSIDERATION 2: Type of agreement documented (verbal or written) | CONSIDERATION 3: Person responsible for making arrangements |
| Procedures: | | | |

| | |
|---|--|
| PLANNING FOR REASONABLE EFFORTS TO CONTINUE CARE TO RESIDENTS: | |
| Procedures: | |

| | | | |
|---|--|---|---|
| ENSURING AN ADEQUATE TRACKING SYSTEM FOR RESIDENTS IN THE EVENT OF DISPLACEMENT: | CONSIDERATION 1: Include resident's name | CONSIDERATION 2: Include time resident sent to initial alternate location | CONSIDERATION 3: Include name of alternate location |
| Procedures: | | | |

| | | | |
|--|---|---|--|
| ENSURING ADEQUATE MEDICAL FACT SHEET FOR RESIDENT IS SENT TO ALTERNATE FACILITIES: | CONSIDERATION 1: Updated upon occurrence of any change in information on medical fact sheet | CONSIDERATION 2: Reviewed monthly | CONSIDERATION 3: Maintained in central location accessible and available during evacuation |
| Procedures: Fact sheet includes: Name of resident, medical condition or diagnosis, medications, allergies, special diets or dietary restrictions, and family or legal representative contact information | | | |

| | | | |
|---|---|---|---|
| ENSURING IDENTIFICATION OF ALTERNATE LOCATION, INCLUDING DOCUMENTED AGREEMENT WITH EACH LOCATION | CONSIDERATION 1: Name and address of alternate location | CONSIDERATION 2: Name of person agreement made with and date of agreement | CONSIDERATION 3: Type of agreement made-Verbal or written |
| Procedures: | | | |

| | | |
|---|--|--|
| ENSURING FACILITY'S EMERGENCY AND DISASTER PLANS ARE SHARED WITH LOCAL EMERGENCY MANAGEMENT ORGANIZATIONS UPON REQUEST | CONSIDERATION 1: Person responsible for sharing facility's plans with local emergency management | CONSIDERATION 2: Format should be mutually agreed upon |
| Procedures: | | |

| | | | |
|---|--|--|---|
| PROVIDING EXECUTIVE SUMMARIES OF EVACUATION PROCEDURES TO A RESIDENT, FAMILY MEMBER OR LEGAL REPRESENTATIVE UPON REQUEST | CONSIDERATION 1: Person responsible for writing executive summary | CONSIDERATION 2: Policy for when and how to provide requested summary to family member or resident | CONSIDERATION 3: Lists of potential transportation, alternate facilities, and means of communications |
| | CONSIDERATION 4: Description of roles and responsibilities of residents, family members or legal representatives | CONSIDERATION 5: Notification to families that information provided to them may change | |
| Procedures: | | | |

| | | | |
|---|--|---|---|
| HOLDING AND DOCUMENTING SEMI-ANNUAL PRACTICE DRILLS ON SHELTER-IN-PLACE AND EVACUATION ON ALL SHIFTS (EACH TYPE PRACTICED ONCE A YEAR) | CONSIDERATION 1: Person(s) responsible for scheduling drills | CONSIDERATION 2: Documentation of evacuation or SIP and if tabletop or functional | CONSIDERATION 3: Person responsible for documenting drill and staff verification of participation |
| Procedures: | | | |