Emergency Plan Template

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The Ventura County Public Health Emergency Preparedness Office (EPO) and the Ventura County Health Care Coalition (VCHCC) have collaborated with subject matter experts to consolidate the latest disaster preparedness, response, and recovery information available in an easy to use emergency plan template.

The purpose of this template is to assist in making the process of emergency planning routine; it should help planners – at all levels – in their efforts to develop and maintain a viable, all-hazards emergency plan. All members of a community share a critical role in taking appropriate actions to protect themselves, their families, patients, residents, staff, and properties. Planning that engages the whole community serves as a focal point for building a resilient community.

We truly hope that you find this template useful in the development of your emergency plan and preparedness efforts!

Sincerely,

Steve Carroll
Administrator
Emergency Medical Services

Dan Wall
Manager
Emergency Preparedness

Janelle Leza
Coordinator
Health Care Coalition

Emergency Planner

Congratulations! You have taken the first step in developing your Emergency Plan. This template is intended to assist you in your planning efforts; whether you are revising your current plan or writing one for the first time. As you move through the process of compiling your plan, it is advised that you utilize the references included in the back of this document to further your research.

> *"Preparation, planning, and one comprehensive approach for emergency preparedness are key. One life lost is one too many."*
> -CMS Deputy Administrator and Chief Medical Officer Patrick Conway, M.D., MSc.

Background

Upon review of the current emergency preparedness regulations for providers and suppliers, Centers for Medicare & Medicaid Services (CMS) found that existing requirements were not comprehensive enough to address the complexities of modern emergencies and that emergency preparedness needed to be more poignant.

The CMS finalized a rule to: (1) establish consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid, (2) increase patient safety during emergencies, and (3) establish a more coordinated response to natural and man-made disasters.

Over the past several years, some natural and man-made disasters have put the health and safety of Medicare and Medicaid beneficiaries – and the public at large – at risk. The new CMS requirements will assist participating providers to plan for disasters and coordinate with federal, state, tribal, regional, and local emergency preparedness systems to ensure that facilities are adequately prepared to meet the needs of their patients during disasters and emergency situations.

Objective

This template will address the requirements in the newly implemented CMS Emergency Preparedness Rule which states that Medicare and Medicaid participating providers and suppliers must meet the following four core elements:

1. Emergency plan: Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier.

2. Policies and procedures: Develop and implement policies and procedures based on the plan and risk assessment.

3. Communication plan: Develop and maintain a communication plan that complies with both Federal and State law. Patient care must be well coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems.

4. Training and testing program: Develop and maintain training and testing programs, including initial and annual training, and conduct drills and exercises or participate in an actual incident that tests the plan.

Disclaimer

The Ventura County Public Health Department, Emergency Medical Services Agency, Emergency Preparedness Office, Ventura County Health Care Coalition, and individual authors are not responsible for any errors or omissions contained in the Emergency Plan Template and assume no responsibility for the misuse or erroneous interpretation of its contents, or the failure to include appropriate information. Use of this Emergency Plan is not constrained by political or other boundaries.

Under no circumstances does this Emergency Plan Template contain or constitute legal advice in any form; nor does it make any assurance or representation that the information contained herein will be determined to constitute compliance with any local, state or federal law or regulation.

We strongly recommend that each facility consult with its governing body and legal counsel regarding the appropriateness and completeness of language included in its final Emergency Plan. The Emergency Plan should be reviewed and updated as necessary and/or as required by regulations.

Funding

This Emergency Plan Template – provided by the Ventura County Public Health Department – was developed with funding from the Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Grants awarded by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR). HPP funding assists healthcare organizations and coalitions in strengthening healthcare preparedness capabilities across the nation.

"As people with medical needs are cared for in increasingly diverse settings, disaster preparedness is not only a responsibility of hospitals, but of many other providers and suppliers of healthcare services. Whether it is trauma care or long-term nursing care or a home health service, patients' needs for health care do not stop when disasters strike; in fact, their needs often increase in the immediate aftermath of a disaster."
-Dr. Nicole Lurie, HHS Assistant Secretary for Preparedness and Response.

Structure

The Emergency Plan Template is offered as a foundation from which a provider or supplier can build a comprehensive Emergency Plan that is compliant with the newly implemented CMS Emergency Preparedness Rule. The Template incorporates various ideas in addition to references to regulatory requirements and is intended to be expanded and modified, as necessary, by the user.

The Emergency Plan Template is organized so that the Emergency Planner can prioritize the sections to address their individual, strategic objectives. The front section of the Emergency Plan, however, is intended to be standardized with the following topics arranged as the first three tabs within the binder: (1) Facility Profile, (2) Priority Tasks, and (3) Disaster Response.

How to use this template

The content proposed in this template should be carefully evaluated in the context of risks, capabilities, organizational structure, and legal considerations. The template should be modified to accurately reflect your facility- or family-specific information, circumstances, and federal, state and local regulatory requirements.

To assist you in understanding the structure of the Emergency Plan Template and how to modify it to your individual needs, please see the following descriptions of included components:

Tab Stickers   Included in the template is a sheet of tab stickers which has been populated with topics deemed – by Subject Matter Experts – to be of high importance in planning efforts for disaster preparedness. The topics are ordered alphabetically (aside from the top three tabs which make up the standardized, front section of the Emergency Plan).

It is recommended that Emergency Planners choose the topics that fit their individual, strategic objectives and rearrange the tabs in the order that suites your needs. Face Sheets, Supporting Documents, and References can serve to assist planners in deciding suitable topics/tabs to be included in their plan.

There are blank tabs provided to allow planners to add any sections that were omitted from the Emergency Plan Template. Additionally, there are three tabs included for Planners to write in their top three identified hazards, as noted by their Hazard Vulnerability Assessment. There are no face sheets or supporting documents included for these tabs as the content will vary.

Front Section   Forms in this section should be kept in the front of the binder to allow for quick and easy retrieval during an emergency.

Facility Profile   Information on this form is intended to create efficiencies in response to an incident by assisting staff in providing facility-specific information to first responders.

Priority Tasks   Use this as a quick guide to help you determine your first steps in an emergency.

Disaster Response   Information pertaining to (1) Situational Status Reports and (2) Resource Requests should be included behind this tab.

Facilities only   It is recommended that CMS providers and suppliers include tabs which incorporate the Core Elements within the new Emergency Preparedness Rule including, but not limited to: (1) Hazard Vulnerability Assessment, (2) Communication, (3) Policies & Procedures, (4) Training & Testing, (5) Shelter in Place, (6) Evacuation, (7) MOUs & Agreements, and (8) Top Identified Hazards 1, 2, and 3.

Face Sheets	For each topic, concise checklists are provided to assist Planners with tasks to consider in efforts of preparedness, response, recovery, and mitigation. Checklists are organized in the following manner:

Green Box	Efforts to take BEFORE an emergency
Red Box	Actions to follow DURING an emergency
Purple Box	Efforts to follow AFTER an emergency
Font Color	Facilities = follow **Common** AND **Facility**
	Families = follow **Common** AND **Family**
Tab References	**(Tab)** = see tab of topic reference
	(Supporting Doc.) = see supporting document of topic referenced

Supporting Documents	Behind most Face Sheets, the following documents are included to provide Planners with detailed information on the topic: sample forms, guidance, references, etc.

References	This section includes a list of sources utilized in compiling the Face Sheets and Supporting Documents. Planners will find URLs and documents, categorized by topic, to assist in further research for their Emergency Plan compilation.

CD	A CD has been provided to offer Emergency Planners with an electronic version of: the Emergency Plan Template, forms, and documents. Additionally, the electronic copy of the reference page is on the CD and includes: clickable links, embedded forms, documents, and [HVA-specific] excel tools.
	A folder named, ICS forms, is included on the CD. It is recommended that Planners locate the sub-folder with facility-appropriate forms (e.g. HICS, NHICS, etc.) and print hard copies of the forms to be placed in the ICS section of the plan.

Definitions	The terminology used in the Emergency Plan Template is defined as follows:

Residents	Used interchangeably with the term, **Patients**, this refers to those receiving treatment/care who are occupying a facility for period of time (inclusive of short- and long-term).
Emergency	Used interchangeably with the following terms: **Disaster**, **Incident**, and **Event**. These terms refer to a situation that poses an immediate risk to health, life, property, or environment.
Regulatory Parties	Refers to any regulatory agency, authority, or body that is responsible for exercising autonomous authority over some area of human activity in a regulatory or supervisory capacity inclusive of, but not limited to: The Joint Commission (TJC), Accreditation Association for Ambulatory Health Care (AAAHC), Det Norske Veritas (DNV), California Department of Public Health Licensing and Certification (CDPH L&C), Emergency Medical Services Agency (EMSA), Long Term Care Services of VC (Ombudsman), etc.
External Stakeholders	Refers to individuals, groups, and entities from outside that are affected by the consequences and outcomes of an organization's decisions inclusive of, but not limited to: consumers, suppliers, other providers, vendors, government entities, emergency management, and communities.

Acknowledgements

The following agencies and groups provided valuable input, direction, and counsel regarding this plan.

Ventura County Public Health Department
Ventura County Emergency Medical Services Agency
Ventura County Emergency Preparedness Office
Ventura County Health Care Coalition
Ventura County Medical Reserve Corps
Ventura County Animal Services
Ventura County Office of Emergency Services
California Association of Healthcare Facilities

Dedication

The completion of this template could not have been possible without the participation and assistance of many people, whose contributions are sincerely appreciated and gratefully acknowledged. However, Administration would like to express our appreciation specifically to Janet Nichol from the Ventura County Medical Reserve Corps. Janet's commitment to the success of the project was evident in the number of hours she invested and in her passion and dedication to bettering our community.
Thank you, Janet!

Facility Profile

Facility Name	
Facility Address	
Facility Location *(Cross streets, Landmarks, Long. / Lat. GPS)*	
Facility Telephone #	
Facility Fax #	
Facility Email	
Facility Web Address	
Administrator Name & Phone #	
Owner & Phone #	
Emergency Contact Person & Phone #	
Maintenance or Facilities & Phone #	
Security Alarm System & Contact #	
Facility-Owned Transportation & Vehicle(s) Type	
# of Licensed Beds	
Average Patient Population Type *(e.g. Ambulatory vs. Non-ambulatory, trach, ventilator dependent, dialysis, etc.)*	
Average # of Staff – Days	
Average # of Staff – Nights	
Emergency Power Generator *Type & Model*	
Emergency Power Generator *Fuel Type & # of run-time hours*	
#1 Evacuation destination (within 10 miles) & Phone #	
#2 Evacuation destination (within 10 miles) & Phone #	
#1 Evacuation destination (beyond 10 miles) & Phone #	
#2 Evacuation destination (beyond 10 miles) & Phone #	

AS A FACILITY, you may find that this list provides quick access to pertinent information for staff and details about your facility population for first responders (to assist facility compliance with the CMS Emergency Preparedness Rule).

AS A HOMEOWNER (Family), providing some of the above information may be useful to first responders, especially if you have relatives or roommates with access and functional needs.

Facility Approval

This document is _____'s **Emergency Plan** and states our understanding of how we manage and conduct actions under emergency conditions. It will be reviewed and updated on an annual basis and as deemed necessary.

This Emergency Plan has been reviewed and approved by our organization's leadership.

Approved By:

Date	Signature	Printed Name/Title

Reviewed/Revised:

Date	Signature	Printed Name/Title

Reviewed/Revised:

Date	Signature	Printed Name/Title

Reviewed/Revised:

Date	Signature	Printed Name/Title

Reviewed/Revised:

Date	Signature	Printed Name/Title

Emergency Plan • Record of Changes

Date	Change No.	Description of Change	Individual Making Change	Specific section Updated

Plan Maintenance

1. Review – This Emergency Plan will be reviewed annually, or as necessary.

2. Revisions – Revisions or changes will be documented in the above table. Changes should be made to the plan when:

➢ Documents, requirements, etc. are no longer current;

➢ hazards or risks change;

➢ the policies and protocols for emergencies change;

➢ communications systems are upgraded;

➢ a training exercise or an actual emergency reveals significant deficiencies in existing planning documents; or

➢ state or federal planning standards for documents are revised

Priority Tasks

FACILITY

STEP 1	**Practice life safety.** Are lives at risk? Can you help? Ensure all staff have appropriate clothing and personal protective equipment (e.g. masks, gloves, sturdy shoes, hard hat, etc.). *Remember, life safety is the first priority!*
STEP 2	**Assess the damage.** *If safe*, take a walk around the building. Try to determine what has happened, what is happening now, and how many people are involved. Assess the facility's ability to provide care and involve critical system components (e.g. compromised: medical gas, water, electricity, fuel capacity, etc.)
STEP 3	**Keep informed.** Listen to Emergency Alert System notifications, AM/FM emergency broadcast stations, and/or NOAA weather radio. Check www.vcemergency.com
STEP 4	**Communicate the damage.** Sound the facility alarm and/or overhead code in accordance with facility Policies & Procedures. Contact your immediate supervisor to report the incident and receive further instructions. If you are unable to contact your supervisor, activate Incident Command and your Emergency Plan.
STEP 5	**Report your status.** Notify additional authorities as indicated by protocols. Complete and send a Situation Status Report (SitRep) including, but not limited to the following: • Facility condition • Type of incident, including specific hazard/agent • Location of incident • Number and types of injuries • What has been done
STEP 6	**Document.** Follow facility policy for documenting actions and incident reporting. If the situation allows, begin to document your actions. Record incident details, as appropriate, for insurance and reimbursement purposes.
STEP 7	**Establish priorities.** Check on residents, patients, visitors, and staff. Be prepared to give first aid. *Trust your instincts. If something feels unsafe, stay out.*
STEP 8	**Develop an incident-dependent plan of action.** Follow facility written plans, but be aware that plans are flexible and incident dependent. Assign roles and responsibilities.
STEP 9	**Take action.** Execute your plan, documenting deviations and status changes so that you can report the situation accurately to first responders.
STEP 10	**Evaluate progress.** Have you met your objectives in the plan of action? Determine what changes need to be made and adjust plan accordingly.

Priority Tasks

FAMILY

STEP 1	**Practice life safety.** Are lives at risk? Can you help? Ensure you have appropriate clothing and personal protective equipment (e.g. masks, gloves, sturdy shoes, hard hat, etc.). *Remember, life safety is the first priority!*
STEP 2	**Assess the damage.** *If safe*, take a walk around the building. Try to determine what has happened, what is happening now, and how many people are involved.
STEP 3	**Keep informed.** Listen to Emergency Alert System notifications, AM/FM emergency broadcast stations, and/or NOAA weather radio. Check www.vcemergency.com
STEP 4	**Identify unforeseen events.** Check the natural gas or propane at your home. Shut off if necessary. *This is one of the best ways to prevent fire.* Shut off water at the house main to trap water in your home plumbing. *This will keep pollutants out of possible drinking water,* like that in your water heater.
STEP 7	**Establish priorities.** Check on neighbors, especially those who are elderly, disabled, or young children who may be alone. Be prepared to give first aid. Trust your instincts. *If something feels unsafe, stay out.*
STEP 8	**Develop a plan of action.** Assign roles and responsibilities. Plans should be simple and verbal.
STEP 9	**Take action.** Execute your plan and adjust as necessary.
STEP 10	**Evaluate progress.** Is your plan of action working? Determine what changes need to be made and adjust plan accordingly.

Disaster Response

This page intentionally left blank pending implementation of County-wide Situational Status Report policy & protocol.

Access & Functional Needs

BEFORE

Common
- ❑ Compile list of all **(Important Documents)**
- ❑ Compile list of all life sustaining treatments you need such as dialysis, oxygen, medications, etc.
- ❑ Stock all prescription medication/supplies
- ❑ Stock all over-the-counter medication, wipes, pads, and other medical supplies
- ❑ Compile a list of **(Contacts)** for all primary medical providers

Facility
- ❑ Reference your facility-specific **(Policies & Procedures)**
- ❑ Consider staffing employees to address potential barriers of communication
  - ❑ English as a Second Language
  - ❑ Dementia
  - ❑ Other physiological deficits

Family
- ❑ See **Common**

DURING

Common
- ❑ Be ready with your **(Go Bag)** and all prepared lists/supplies/documents in case of **(Evacuation)**

Facility
- ❑ Follow facility-specific **(Policies & Procedures)**
- ❑ Ensure appropriate staff is on duty to address communication barriers

Family
- ❑ See **Common**

AFTER

Common
- ❑ Restock supplies
- ❑ Determine gaps/deficiencies and revise your lists

Facility
- ❑ Create an **(After Action Report)** that includes issues and recommended solutions

Family
- ❑ See **Common**

Remember your unique needs and prepare in such a way that allows you to remain comfortable and fully functional.

Access & Functional Needs

It is very important to consider unique needs and to ensure that each individual has a personal support network…

Maintain a list of important information
- Doctors
- Pharmacy
    - List of your prescription
    - Medically durable equipment
    - Consumable Medical Supplies
    - Assistive devices
- Service providers (e.g. transportation)
- Medical facilities
- Medical insurance cards & Medicare or Medicaid card
- List of your health history (e.g. allergies, conditions, illnesses, etc.)
- If you own a medical alert tag or bracelet, wear it in case you are unable to describe the situation in an emergency
- Stock extra over-the-counter and prescription medication/supplies
- Stock extra supplies for maintaining medical equipment (e.g. filters, cleaners, etc.)
- If you receive services (e.g. mental and behavioral health), in-home assistance (e.g. caregiving), and/or life-sustaining medical treatment (e.g. dialysis, chemotherapy, etc.):
    - Work with your service/medical providers to identify a plan for continued care/services during a disaster & include potential, alternate locations

Possible Evacuation Needs
- Have a laminated, emergency medical information card ready for first responders in case of evacuation
- Plan ahead for accessible transportation
- Be sure all of your assistive devices are permanently and clearly labeled with your name and contact information

Mobility Disability
- If you use a power wheelchair/scooter, have a lightweight manual chair to use for evacuation
- Keep an extra mobility device such as a cane or walker
- Don't forget your comfort items (e.g. seat cushion)
- If you have electric-dependent medical devices, be sure to register with your local utility company

After Action Report

BEFORE

Common
- ❑ N/A

Facility
- ❑ Identify a position for documentation of activities during an incident
- ❑ Identify forms to be used during an event for notetaking and documentation
- ❑ Have a After Action Report template available
- ❑ Conduct exercises to train on development of AAR using your **(Training & Testing)** procedures

Family
- ❑ Identify how you will document an account of the incident for insurance purposes

DURING

Common
- ❑ Use identified form of documentation
  - ❑ Take notes during incident that will be useful to identify actions that need to be added or improved

Facility
- ❑ See **Common**

Family
- ❑ See **Common**

AFTER

Common
- ❑ N/A

Facility
- ❑ Informal meeting: Immediately after an incident, briefly share experiences and discuss/document findings
- ❑ Consolidate findings
- ❑ Formal meeting: invite all staff and stakeholders involved in the incident to:
  - ❑ Discuss what worked well
  - ❑ Discuss what went wrong
  - ❑ Discuss options for improvement
- ❑ Compile corrective actions to improve
  - ❑ What needs to change in the plan
  - ❑ What needs to change in the organization
  - ❑ What needs to change in management
  - ❑ What equipment or resources are needed
  - ❑ Lessons learned for future situations
- ❑ Finalize After-Action Report/ Improvement Plan
- ❑ Implement your improvement plan to address corrective actions

Family
- ❑ Meet with your family/friends to discuss
- ❑ What went well
- ❑ Gaps/areas for improvement
- ❑ How to implement improvements

Organizations are responsible for developing implementation processes and timelines, and keeping their regulatory bodies and local officials informed of the implementation status.

After Action Report

The After Action Report (AAR) summarizes key exercise- and incident-related evaluation information, including the exercise overview and analysis of objectives and core capabilities. The AAR is usually developed in conjunction with an Improvement Plan (IP). The lead evaluator and exercise planning team draft the AAR and submit it to meeting participants before the After Action Meeting

The main focus of the AAR is the analysis of core capabilities. The AAR should include an overview based on performance to identify strengths/areas for improvement and if objectives and goals were met.

AARs should include basic exercise/incident information:

- Exercise/Incident name
- Type of exercise/incident
- Dates
- Location
- Participating organizations

- Mission area(s)
- Specific threat or hazard
- A brief scenario description
- Name of the exercise/incident Point of Contact (POC)

Improvement Planning

Exercises afford organizations the opportunity to evaluate capabilities and assess progress toward meeting capability targets in a controlled, low-risk setting.

Corrective Actions

Corrective actions are concrete, actionable steps that are intended to resolve capability gaps and shortcomings identified in exercises or real-world events.

The reviewers should use the following questions to guide their discussion when developing corrective actions:

- What changes need to be made to plans and procedures to improve performance?
- What changes need to be made to organizational structures to improve performance?
- What changes need to be made to management processes to improve performance?
- What changes to equipment or resources are needed to improve performance?
- What training is needed to improve performance?
- What are the lessons learned for approaching similar problems in the future?

Corrective Action Tracking and Implementation

Corrective actions captured in the AAR/IP should be tracked and continually reported on until completion. Organizations should assign points of contact responsible for tracking and reporting on their progress in implementing corrective actions. By tracking corrective actions to completion, preparedness stakeholders are able to demonstrate that exercises have yielded tangible improvements in preparedness.

After-Action Report/Improvement Plan Finalization

Once all corrective actions have been consolidated in the final IP, the IP may be included as an appendix to the AAR. The AAR/IP is then considered final, and may be distributed to exercise planners, participants, and other preparedness stakeholders as appropriate.

Animals
Pets, Domestic, Service & Companion Animals

BEFORE

Common
- ❑ Build an (Animals' Go Bag)
- ❑ Place items in convenient, accessible location as time will be limited
- ❑ Adhere ID, with your name and an emergency telephone number, to collar or harness
- ❑ Identify a staging area to confine your animal prior to evacuation
- ❑ Make sure crates and carriers are suitable size, type and portability

Facility
- ❑ Identify residents who have a pet or service animal and how they will be cared for in an emergency
  - ❑ Note: relocation site for residents may not take pets but service animals are always allowed
  - ❑ Arrange ahead of time for someone to take the pet e.g. family, a friend, a veterinarian, a boarding kennel, etc.
- ❑ Ensure that staff know where leash and other pet supplies are kept
- ❑ Include animals in evacuation practices

Family
- ❑ See **Common**

DURING

Common
- ❑ Grab (Animals' Go Bag)
- ❑ Retrieve animals and confine
- ❑ Assign a family/staff member to be responsible for animals
- ❑ Keep photos or ID with you in case of separation
- ❑ Be prepared to leave animals behind if responders say to

Facility
- ❑ See **Common**

Family
- ❑ See **Common**

AFTER

Common
- ❑ Bring crates, carriers or trailers, and leashes/harnesses to retrieve animals
- ❑ Collect animals from drop off point
- ❑ Be prepared to have proof of ownership with pictures or other documentation
- ❑ Replenish (Animals' Go Bag)

Facility
- ❑ See **Common**

Family
- ❑ See **Common**

Don't forget your animals when you have to evacuate; there is often very little time so planning ahead will pay off.

Animals' Go Bag

Modified from http://www.vcas.us/programs-services/disasters

Basic Animal Disaster Kits	
- Identification for each animal (i.e. physical description, behavioral information & current pictures) - Veterinarian information & medical records - Prescription medicines (at least 3 day supply) and copy of prescriptions - Emergency numbers (i.e. Veterinarian, Family, Animal Services, etc.) - Microchip information - Collapsible water/food bowls or bucket (at least 1 per animal) - Minimum 3 days feed - Include special dietary needs	- Blanket or sheet depending upon weather - Animal and human first aid kits - Tarp(s) - Flashlights and extra batteries - Shovel - Bleach - Fly repellent - Sharp knife - Hose - Duct Tape - Portable radio with extra batteries - Laundry marking pen

Specific for Animal Type

Small Animals (Pets)	Large Animals (Horses)
- Collar, harness, and/or leash for every animal - Favorite chew toys - Dog/cat bed - Carriers and Crates of suitable size for each animal	- Halter, lead and shank for every animal - Leg and tail wraps - Shipping boots - Fence tool - Hoof Pick 50' x ½ inch or larger cotton rope

Communication

BEFORE

Common
- ☐ Develop a communication plan
- ☐ Procure redundant communications devices (e.g. landline phone, cell phone, two-way radios, HAM radios, satellite radios, etc.), learn how to use them, and mark their locations in **(Maps & Diagrams)**
- ☐ Maintain list of communication devices, their respective locations, and their function
- ☐ Ensure batteries are charged and/or duplicate batteries are in **(Supplies)**
- ☐ Identify **(Contacts)** by device type; cell, landlines, satellite, etc.
- ☐ Identify out of area contact for family and friends to check on status
- ☐ Register individual staff/family/friends in VC Alert

Facility
- ☐ Plan must govern all communications within the facility and external stakeholders to protect resident/patient health, safety and confidentiality
- ☐ Inform residents' responsible parties of the plan
- ☐ Train staff on Communication Plan & test their ability to execute
- ☐ Incorporate an incident command structure in your plan
- ☐ Identify a position for external contact especially to handle the media
- ☐ Ensure your plan integrates with the VCHCC Situation Status Report Protocol
- ☐ Prepare for residents'/patients' with communication special needs
- ☐ Maintain lists of **(MOUs & Agreements)** and ensure they are current

Family
- ☐ Share your communication plan with family/ friends
- ☐ Know your neighbors and include them in your communication plan
- ☐ Identify a safe meeting place where family members can gather
- ☐ Identify a contact person/place for messages should you be separated from family/friends

DURING

Common
- ☐ Reference **(Contacts)** and follow the communication plan
- ☐ Keep a communication device with you at all times
- ☐ Tune into emergency alert stations: KVEN 1450 AM, KHAY 100.7 FM, & KMLA 103.7 FM (Spanish)
- ☐ Check www.vcemergency.com for current, Ventura County emergency information

Facility
- ☐ Identify Incident Commander and designated spokesperson
- ☐ Notify appropriate regulatory parties
- ☐ Keep residents' responsible parties informed and updated

Family
- ☐ Assess your situation and ensure safety of family/friends
- ☐ If possible/necessary:
  - ☐ Go to your meeting place
  - ☐ Check in with your out of area contact

AFTER

Common
- ☐ Restock supplies
- ☐ Update lists and contact information
- ☐ Do maintenance and repair, as necessary, on devices

Facility
- ☐ Prepare an **(After Action Report)** including areas for improvement
- ☐ Update **(MOUs & Agreements)**

Family
- ☐ See **Common**

*Communication often fails. Make it **your plan** to have more than one way to communicate.*

For supporting documents, see URL links and PDFs under the Communication section in **(References)**

Contacts

BEFORE

Common
- ❑ Generate an emergency contact list and update on a regular basis
  - ❑ Prioritize contacts and who to call first
  - ❑ Prioritize each contacts' preferred mode of communication
  - ❑ Include all available forms of communication
- ❑ Test numbers, emails, etc. that are included in the contact list **(Training & Testing)**
- ❑ Consider storing emergency contacts in multiple locations, such as this section of the binder, your **(Go Bag)**, wallet, car, etc.

Facility
- ❑ Consider including emergency contact information for:
  - ❑ All staff/personnel
  - ❑ Local emergency management
  - ❑ Regulatory authorities
  - ❑ Vendors
  - ❑ Those you have agreements with
  - ❑ Volunteers
  - ❑ Others

Family
- ❑ Identify out of state contacts to be included

DURING

Common
- ❑ Reference your **(Communication)** plan
- ❑ Call those identified as priority contacts

Facility
- ❑ Record/document all notifications made to regulatory bodies/local emergency management during the incident

Family
- ❑ See **Common**

AFTER

Common
- ❑ Update all contacts

Facility
- ❑ Keep records of all notifications made to regulatory bodies/local emergency management during the incident

Family
- ❑ See **Common**

✓ *Do you remember all of the numbers stored in your phone?*
PRINT AND SAVE COPIES OF CONTACT LISTS ON A REGULAR BASIS

For supporting documents, see URL links and PDFs under the Contacts section in **(References)**

Evacuation

BEFORE

Common
- ☐ Plan for alternate evacuation locations
- ☐ Plan for appropriate & alternate **(Transportation)**
- ☐ Plan evacuation routes **(Maps & Diagrams)**
- ☐ Stockpile **(Supplies)** to meet evacuation needs
- ☐ Include evacuation considerations in your **(Communication)** plan

Facility
- ☐ Identify a primary and an alternate person with the authority to call for an evacuation
- ☐ Develop decision-making criteria for evacuation & re-entry; see Decision-Making Tree examples in **(References)**
- ☐ Create strategy for expense & resource tracking
- ☐ Create strategy for patient tracking
  - ☐ Consider using **(ICS)** forms
- ☐ Make agreements with like-facilities & vendors **(MOUs & Agreements)**
- ☐ Consider creating a Staffs' Family Support protocol
- ☐ Consider a plan for visitors & residents' family members
- ☐ Create a protocol for emergent retrieval of patient records
- ☐ Create a protocol for assistive devices **(Access & Functional Needs)**

Family
- ☐ Keep vehicle(s) gas tanks at least ½ full at all times

✓ *Contemplate before you evacuate*

DURING

Common
- ☐ Discover shelter/alternate site locations
- ☐ Secure the building **(Security)**
- ☐ Shut off **(Utilities)**
- ☐ Grab **(Important Documents)**
- ☐ Grab **(Go Bag)**

Facility
- ☐ Account for staff, residents & visitors **(Contacts)**
- ☐ Use Decision-Making Tree in **(References)** to determine need for Evacuation
- ☐ Activate Incident Command System **(ICS)**
- ☐ Notify all staff **(Contacts)**
- ☐ Assess each resident's care needs (Facility Resident Assessment Form)
- ☐ Send VCHCC Situation Status Report
- ☐ Notify regulatory agency of evacuation
- ☐ Notify destination facilities **(MOUs & Agreements)**
- ☐ Arrange for transportation **(MOUs & Agreements)**
- ☐ Prepare residents for evacuation **(Go Bag)**
- ☐ Use routes & exits identified for evacuation **(Maps & Diagrams)**
- ☐ Coordinate the staff to accompany evacuating residents
- ☐ Track residents to destinations and notify family
  - ☐ Consider using **(ICS)** forms
- ☐ Ensure evacuees have assistive devices **(Access & Functional Needs)**
  - ☐ Assess residents post-transfer for trauma

Family
- ☐ Account for all family/friends
- ☐ Be aware of evacuation orders/routes and road closures by:
  - ☐ Listen to news/radio **(Communication)**
  - ☐ vcemergency.com
- ☐ Wear weather-appropriate clothing & shoes

AFTER

Common
- ☐ Ensure building is safe prior to re-entry
- ☐ Consider mental health & grief counselors
- ☐ Call insurance company

Facility
- ☐ Reference criteria & authority for decision to re-enter
- ☐ Contact licensing body
- ☐ Notify staff & residents' family
- ☐ Create an **(After Action Report)** that includes issues and recommended solutions

Family
- ☐ Notify family/friends of re-entry/safety

LONG-TERM CARE FACILITY EVACUATION RESIDENT ASSESSMENT FORM FOR TRANSPORT AND DESTINATION

Adapted from the Shelter Medical Group Report: Evacuation, Care and Sheltering of the Medically Fragile.
Available at www.emsa.ca.gov/disaster/files/TOOLKIT.pdf

This form is used to periodically review and assess the facility population for evacuation transport and relocation, transport and relocation needs. How often it is updated is related how often the facility census changes. It can also be done as a "Just in Time" evaluation when a facility is put on an evacuation alert.

FACILITY NAME: _____   **DATE:** _____

COMPLETED BY: _____   **TIME:** _____

LEVEL OF CARE	FACILITY TYPE	TRANSPORT TYPE	NUMBER OF RESIDENTS
LEVEL I **Description:** Patients/residents are usually transferred from in-patient medical treatment facilities and require a level of care only available in hospital or Skilled Nursing or Subacute Care Facilities. **Examples**: ▪ Bedridden, totally dependent, difficulty swallowing ▪ Requires dialysis ▪ Ventilator-dependent ▪ Requires electrical equipment to sustain life ▪ Critical medications requiring daily or QOD lab monitoring ▪ Requires continuous IV therapy ▪ Terminally ill	Like Facility Hospital SNF or Subacute	ALS	____
LEVEL II **Description:** Patients/residents have no acute medical conditions but require medical monitoring, treatment or personal care beyond what is available in home setting or public shelters. **Examples:** ▪ Bedridden, stable, able to swallow ▪ Wheelchair-bound requiring complete assistance ▪ Insulin-dependent diabetic unable to monitor own blood sugar or to self-inject ▪ Requires assistance with tube feedings ▪ Draining wounds requiring frequent sterile dressing changes ▪ Oxygen dependent; requires respiratory therapy or assistance with oxygen ▪ Incontinent; requires regular catheterization or bowel care	Like Facility Medical Care Shelter In some circumstances, may be able to evacuate to family/caregiver home	BLS Wheelchair Van Car/Van/Bus	____
*NOTE: It is unlikely that licensed health facilities such as SNFs will have residents that fall below Level II care needs. Evacuation planning must take this into consideration. Also, **consider cognitive/behavioral issues in evaluating residents' transport and receiving location needs.***			
LEVEL III **Description:** Residents able to meet own needs or has reliable caretakers to assist with personal and/or medical care. *Examples*: ▪ Independent; self-ambulating or with walker ▪ Wheelchair dependent; has own caretaker if needed ▪ Medically stable requiring minimal monitoring (i.e., blood pressure monitoring) ▪ Oxygen dependent; has own supplies (i.e. O2 concentrator) ▪ Medical conditions controlled by self-administered medications (caution: refrigeration *may* not be available at public shelters) ▪ Is able to manage for 72 hours without treatment or replacement of medications/supplies/special equipment	Like Facility Home Setting Public Shelter	Car/Van/Bus	____

CAHF-DPP

Fire Extinguisher

BEFORE

Common
- ❑ Purchase one or more fire extinguishers types (Fire Extinguisher)
    - ❑ Place in appropriate, accessible and visible locations
- ❑ Draw a Map identifying where extinguishers are located **(Maps & Diagrams)**
- ❑ Conduct fire drills with family, staff, and/or residents
- ❑ Practice operating & picking up extinguishers as they can be heavy
    - ❑ Read instructions on side of extinguisher
- ❑ Remember the PASS technique (Fire Extinguisher)
- ❑ Inspect extinguishers every 30 days:
    - ❑ Is it in right location?
    - ❑ Is it visible and accessible?
    - ❑ Does gauge show the right pressure?
- ❑ Conduct annual maintenance
- ❑ Have extinguisher recharged if pressure is low or replace if it is not rechargeable

Facility
- ❑ Follow your regulatory requirements as to the type and location of extinguisher
- ❑ Train staff on RACE & PASS
- ❑ Train on **(Evacuation)** procedures for fire within your facility
    - ❑ Remember that evacuation of non-ambulatory persons will take time

Family
- ❑ See **Common**

DURING

Common
- ❑ Size Up:
    - ❑ Is Fire small and contained?
    - ❑ Do you have the proper type/class of extinguisher?
    - ❑ Is the extinguisher large enough?
    - ❑ Is area hazard free?
    - ❑ Do you have 2 safe exits? Do not allow the fire, heat, or smoke to come between you and your evacuation path.
- ❑ Exit building if fire is too large or if your evacuation path is compromised
- ❑ Report fire location and status to responders
- ❑ If appropriate to fight the fire:
    - ❑ Follow RACE (Fire Extinguisher)
    - ❑ Use the PASS technique to extinguish fire
    - ❑ After completing PASS procedure, back away in case fire flares up again
- ❑ Shut all doors on exit

Facility
- ❑ Follow containment procedures:
    - ❑ Shut off Heat, Ventilation, and Air Conditioning systems
    - ❑ Shut off air flow, oxygen, and other medical gases
    - ❑ Remove or relocate portable oxygen sources & lines
    - ❑ Relocate oxygen-dependent residents away from fire danger
    - ❑ Close all fire doors to reduce smoke exposure to residents

Family
- ❑ See **Common**

AFTER

Common
- ❑ Consult technical experts prior to reinitiating services
- ❑ Replace or recharge used fire extinguishers

Facility
- ❑ Create an **(After Action Report)** that includes issues and recommended solutions

Family
- ❑ See **Common**

Know what kind of fire extinguishers you have, what fires they put out, and how to use them. Have them serviced annually.

Fire Extinguisher

- ❑ Types of fire extinguishers:
    - ❑ **Class A** extinguishers are for ordinary combustible materials such as paper, wood, cardboard, and most plastics. The numerical rating on these types of extinguishers indicates the amount of water it holds and the amount of fire it can extinguish. Geometric symbol (green triangle)
    - ❑ **Class B** fires involve flammable or combustible liquids such as gasoline, kerosene, grease and oil. The numerical rating for class B extinguishers indicates the approximate number of square feet of fire it can extinguish. Geometric symbol (red square)
    - ❑ **Class C** fires involve electrical equipment, such as appliances, wiring, circuit breakers and outlets. Never use water to extinguish class C fires - the risk of electrical shock is far too great! Class C extinguishers do not have a numerical rating. The C classification means the extinguishing agent is non-conductive. Geometric symbol (blue circle)
    - ❑ **Class D** fire extinguishers are commonly found in a chemical laboratory. They are for fires that involve combustible metals, such as magnesium, titanium, potassium and sodium. These types of extinguishers also have no numerical rating, nor are they given a multi-purpose rating - they are designed for class D fires only. Geometric symbol (Yellow Decagon)
    - ❑ **Class K** fire extinguishers are for fires that involve cooking oils, trans-fats, or fats in cooking appliances and are typically found in restaurant and cafeteria kitchens. Geometric symbol (black hexagon)

- ❑ **RACE** for fighting fire:
    - ❑ **Rescue**—assist persons in danger to exit building
    - ❑ **Alarm**—sound alarm and/or call 911
    - ❑ **Confine**—by closing doors
    - ❑ **Extinguish**—attempt to extinguish fire (i.e. PASS)

- ❑ **PASS** technique
    - ❑ **Pull** the pin which breaks the seal
    - ❑ **Aim** low, point nozzle at base of fire. If using a CO_2 extinguisher, do not touch plastic tip as it is cold and can damage skin
    - ❑ **Squeeze** the handle to release extinguishing agent
    - ❑ **Sweep** from side to side at the base of the fire until it appears to be out, watch area for reignition

First Aid

BEFORE

Common
- ❑ Buy or make several first aid kits
- ❑ Label and store items in an organized manner for quick and easy retrieval
- ❑ Make an inventory list of all items (First Aid Supplies)
- ❑ Mark location of supplies on a map of the building **(Maps & Diagrams)**
- ❑ Keep a personal first aid kit in your car, home & work space
- ❑ Maintain sufficient supplies for one week of treatments (First Aid Supplies)
- ❑ Maintain a 30-day supply of necessary prescription & non-prescription drugs for each patient/resident/family member

Facility
- ❑ Keep staffed trained on First Aid and CPR/AED
- ❑ Place first aid kits on every floor/station
- ❑ Encourage staff to maintain a cache of their prescription drugs with them in case of a prolonged emergency
- ❑ Create a plan for victim triage and treatment
  - ❑ Conduct **(Training & Testing)** for staff

Family
- ❑ Learn First Aid and CPR

DURING

Common
- ❑ Identify and organize volunteers
- ❑ Retrieve your first aid kit and identify a safe place to treat victims
- ❑ If possible, sort victims by severity and your ability to treat

Facility
- ❑ Activate your triage system

Family
- ❑ See **Common**

AFTER

Common
- ❑ Restock first aid kits and return to designated location

Facility
- ❑ Create an **(After Action Report)** that includes issues with first aid supplies and include solutions

Family
- ❑ See **Common**

✔ *You may not have access to professional first aid so you should do what you can with what you have.*

First Aid Supplies

Common—Consider the following items for your inventory:

Bleeding/Wounds:
- ❑ Small quality First Aid manual
- ❑ Nitrile gloves
- ❑ dust mask
- ❑ eye protection
- ❑ Tweezers
- ❑ Scissors
- ❑ Safety pins
- ❑ Sterile dressings (several sizes)
- ❑ Compound tincture of benzoin
- ❑ Finger/knuckle bandage
- ❑ Regular bandages (several sizes)
- ❑ Butterfly bandages
- ❑ Liquid bandage (Superglue)
- ❑ Gauze dressings (2x2, 4x4)
- ❑ Trauma Pads (could use Kotex)
- ❑ Triangular bandage (sling)
- ❑ Cotton balls/cotton swabs
- ❑ Rolled gauze bandage (2". , 4")
- ❑ Nylon sutures w needle (#3,#5)
- ❑ Needle Puller (or hemostat)
- ❑ Adhesive tape
- ❑ Needle/thread
- ❑ Quick Clot- Celox (bleeding)
- ❑ Hydrogen Peroxide

Fever/Pain:
- ❑ Thermometer
- ❑ Aspirin, Non-aspirin pain relievers
- ❑ Emergency blanket
- ❑ Pain relieving spray
- ❑ Oral pain gel
- ❑ Icy Hot
- ❑ Cooling towel

Sprains/Breaks:
- ❑ Flexible splint (or Cardboard)
- ❑ Finger splint/tongue depressor
- ❑ Cold packs
- ❑ Elastic bandages (3")

Burns:
- ❑ Cold water (not-ice) or Water
- ❑ Jel Burn Jel
- ❑ Water Jel Burn Dressing

Dehydration:
- ❑ MediLyte
- ❑ Oral IV

Cream/Spray/Ointments:
- ❑ Sting/bite relief
- ❑ Hydrocortisone
- ❑ Triple Antibiotic ointment
- ❑ Providine-iodine pads
- ❑ Antiseptic pads
- ❑ Antiseptic hand wipes
- ❑ Chap stick
- ❑ Bug spray
- ❑ Sunscreen
- ❑ Tube Petroleum jelly

First Aid Supplies
continued

Medications OTC (Adult and Child if necessary)/Rx:

- ❑ Anti-diarrhea medication
- ❑ Nausea medication
- ❑ Cold medicine
- ❑ Antacids
- ❑ Syrup of Ipecac (induce vomiting)
- ❑ Laxative
- ❑ Vitamins (esp C, D, and E)
- ❑ Cough Drops

- ❑ Antihistamines (Benadryl)
- ❑ 7 -30 da supply RX med (keep rotated)
- ❑ Copies of all Prescriptions*
- ❑ Activated Charcoal (neutralize poisons)
- ❑ (if advised by Poison Control Center)

Miscellaneous:

- ❑ Eye Pads
- ❑ CPR shield/mask
- ❑ Bandage scissors
- ❑ Waterproof tape
- ❑ Moleskin

- ❑ Pink eye relief
- ❑ Zip Lock bags
- ❑ Trash bags
- ❑ Pen light

Sanitation Needs:

- ❑ Hand Sanitizer
- ❑ Moistened towelettes
- ❑ Soap

- ❑ Clorox wipes
- ❑ Bleach 5.25% (1/2 c/gal H2O)

FACILITIES—In addition to the above Facilities should consider the following:

Medical equipment and supplies

- ❑ Oxygen tanks, tubing, masks
- ❑ Glucose
- ❑ Tracheotomy
- ❑ Colostomy bags
- ❑ Biohazard bags for waste
- ❑ Prosthesis

- ❑ Special testing kits eg. Diabetes
- ❑ Assistive Devices:
- ❑ Dentures (cleaner)
- ❑ Eye Glasses
- ❑ Hearing Aids batteries

Food & Water

BEFORE

Common
- ❑ Gather a 3 day supply of:
  - ❑ Water: one gallon/person per day for drinking and sanitation
  - ❑ Non-perishable food
- ❑ Generate a list of alternate water sources.
  - ❑ Drinking: Ice cubes, liquid in canned fruit/ vegetables, water from pipes, water heater.
  - ❑ Sanitation only: Swimming pools and spas (Managing Water)
- ❑ Keep food in a cool, dry place
- ❑ Store packaged food in tightly closed plastic or metal containers
- ❑ Dispose of any canned food that becomes swollen, dented or corroded
- ❑ Use foods before expiration and replace them with fresh supplies
- ❑ Rotate stored food and water supplies every six months. Write date on all containers.
- ❑ Store items for easy access and visible contents
- ❑ Pack small containers of water and breakfast bars, hard candy or energy foods for **(Go Bag)**

Facility
- ❑ Include water and food for Staff and Residents/ Patients
- ❑ Consider including water/food for Staff/ Resident/Patient families

Family
- ❑ See **Common**

DURING

Common
- ❑ Consolidate all food/water resources
- ❑ Track use of supplies
- ❑ Conserve food/water
- ❑ Plan resupply of food/water on Day 2
  - ❑ Identify food
  - ❑ Purify Replacement water (Managing Water)
- ❑ If power is out, eat:
  1. Perishable food in refrigerator/ pantry/ garden; then
  2. Food from freezer: usually lasts at least 2 days & food with ice crystals is safe to eat; then
  3. Non-perishable foods and staples

Facility
- ❑ Be sure patients/residents have enough water/food before staff
- ❑ Consider Staff families

Family
- ❑ See **Common**

AFTER

Common
- ❑ Remember to restock
- ❑ Evaluate adequacy of stock and prepare to adjust if needs were not fully met

Facility
- ❑ Include issues experienced with food/ water in **(After Action Report)**

Family
- ❑ See **Common**

Remember: some disasters last longer than 3 days; plan for resupply & purification.

Food & Water

Common—Consider the following items for your inventory:

Water:
- ❑ 1 gal/person/day for food and sanitation

Suggested Foods:
- ❑ Choose salt-free crackers, whole grain cereals and canned foods with high liquid content.
- ❑ Ready-to-eat canned meats, fruits, vegetables and a can opener
- ❑ Protein or fruit bars
- ❑ Dry cereal or granola
- ❑ Powdered mild
- ❑ Peanut butter
- ❑ Dried fruit
- ❑ Nuts
- ❑ Crackers
- ❑ Canned juices
- ❑ MREs (meals ready to eat)

TIPS:
- ❑ Choose foods your family will eat
- ❑ Remember any special dietary needs
- ❑ Avoid foods that will make you thirsty
- ❑ Include foods that are high in calories and nutrition
- ❑ Foods that require no refrigeration, water, special preparation, or cooking

DON'T FORGET:
- ❑ Items to make water safe (Bleach, Distilling supplies, Purification tablets, Filtration straws/bottles, a water filter)
- ❑ Plan what food to pack
- ❑ Supplies to prepare food: can opener, pocket knife, Stove, cook set, mess kit, easy recipes
- ❑ Supplies to eat with: Cup, bowl, plate, cups, bottles, utensils, wipes/napkins, spork, mess kit.
- ❑ Rotate, update and test every 6 months

FACILITIES—In addition to the above Facilities should consider the following:

- ❑ Special Diets
    - ❑ Pre prepared or manual means to prepare food (masher)
    - ❑ Ensure
    - ❑ Supplemental food sources

Managing Water

Modified from **www.ready.gov/managing-water**

Water Tips
- Allow people to drink according to their needs
- Never ration drinking water unless ordered to do so by authorities
- Drink water that you know is not contaminated first
- Do not drink carbonated beverages instead of drinking water
- Turn off the main water valves

Safe Sources for Drinking, Food Washing/Preparation, Cleaning and Related Uses
- Melted ice cubes
- Liquids from canned goods such as fruit or vegetables
- Water drained from pipes
- Water drained from the water heater

Unsafe Sources for drinking, food washing/preparation, washing dishes, brushing teeth or making ice
- Radiators Hot water boilers (home heating systems)
- Water from the toilet bowl or flush tank
- Water beds
- Swimming pools and spas (OK for personal hygiene, cleaning and related uses)

Water Treatment Methods:
Let any suspended particles settle and strain with coffee filters or clean cloth. Have necessary materials in disaster supplies for chosen treatment method.

Boiling: Boiling is the safest treatment method. Bring water to rolling boil for 1 full minute, avoid excessive evaporation, let cool before drinking.

Chlorination: Use household liquid bleach (5.25-6.0% sodium hypochlorite). Do not use scented, color safe or bleaches with added cleaners.
Add 16 drops (1/8 teaspoon) bleach per gallon water, stir, let stand 30 minutes.
Water should have slight bleach odor, if not repeat and let stand 15 minutes.
If still no smell of chlorine discard and find another source of water.

Distillation: Consists of boiling water and then collection of only the vapor that condenses. Fill a pot halfway with water, tie a cup to the handle on the pot's lid so that the cup will hang right side up when lid is upside-down place lid upside down on pot (make sure not touching the water) boil the water for 20 minutes. Water that drips in cup is distilled.

Effectiveness of Water Treatment Methods

Methods	Kills Microbes	Removes other contaminants (heavy metals, salts, and most other chemicals)
Boiling	Yes	No
Chlorination	Yes	No
Distillation	Yes	Yes

NOTE: There are also commercially available water purification tablets and filters for addition purification. Use per manufacturer's instruction.

Go Bag

BEFORE

Common
- ❑ Include items for individual (Go Bag)
- ❑ Conserve space and weight, as you may have to walk and carry this bag
- ❑ Store your Go Bags in an easily accessible place

Facility
- ❑ Ensure residents have **(Important Documents)** in a personal Go Bag (Resident Go Bag)
- ❑ Ensure that all adaptive aids are properly labeled
- ❑ Include critical medical information
- ❑ Schedule updates for all resident information
- ❑ Ensure that all supplies include a 3 day stock

Family
- ❑ Include contact information for at least one out-of-state person to check in with
- ❑ Include **(Important Documents)** and an external hard/flash drive to store electronic copies in your go bag

DURING

Common
- ❑ Retrieve your Go Bag
- ❑ Add last minute items you may not have packed such as: keys, cash/checks, contact lists or address book
- ❑ If you are taking cell phones, portable GPS, eBooks or computers/tablets be sure you have the appropriate charger cables and if possible a solar charging unit

Facility
- ❑ Keep resident and their Go Bag together
- ❑ Place resident ID on their person by using wrist band, tape, or triage tag
- ❑ If you are evacuating call the identified destination before you leave to identify what additional supplies/equipment you need to bring

Family
- ❑ See **Common**

AFTER

Common
- ❑ Restock your Go Bag(s)

Facility
- ❑ Include issues with Go Bags and equipment/supplies in an **(After Action Report)**

Family
- ❑ See **Common**

Remember this is a bag you may have to grab in a hurry and carry a distance.

GO BAG

Place contents of this list in a backpack or other easy-to-carry container/carrier.

Important: keep a copy of this checklist in your Go Bag

ITEM	NOTES
□ **Water**-1 gal /person/day/ at least 3 days	For drinking and sanitation **(Food & Water)**
□ **Food**-for at least 3 days	Non-perishable—**(Food & Water)**
□ **Identification & important papers**	emergency contact info, Medical history, Financial info **(Important Docs)**
□ **Radio-**battery or hand crank □ **NOAA Weather Radio-**with tone alert battery	Extra batteries for both
□ **Flashlight**	Extra batteries and bulbs
□ **Basic First Aid Kit**	**(First Aid)**
□ **Whistle** □ **Light sticks**	To signal for help
□ **Dust Mask**	To filter contaminated air
□ **Personal sanitation**	Moist towelettes, garbage bags, plastic ties
□ **Multi-functional tool**	Leatherman, Swiss Army Knife
□ **Local Maps**	With elevation preferred
□ **Prescription Medications**	30 days and/or copies of prescription
□ **Eye glasses-Sun Glasses**	Back up pair of glasses and/or copies of prescription
□ **Cash, travelers checks and change**	Small denominations, rolls of quarters
□ **Emergency Reference Material**	Disaster Prep Handbook, Small quality First aid manual
□ **Sleeping Bag/warm blanket**-per person	Consider your climate
□ **Personal hygiene/grooming**- for at least 3 days	Hair brush/comb, Sm bar Soap, tooth brush, tooth paste, in Ziploc bag
□ **Complete change of clothing** - for at least 3 days	Include: long sleeved shirt, long pants, underwear, socks, sturdy shoes, jackets—consider climate & sizes
□ **Household chlorine bleach & medicine dropper**	Disinfectant—1 part bleach:9 parts water Water Treatment—16 drops bleach:1 gal water Use bleach w/ no scents, color safe, or added cleaners
□ **Matches/lighter**	Store in waterproof container
□ **Mess kit**	Paper cups, plates and plastic utensils, paper towels
□ **Paper and pencil**	Small notepad, box of pens/pencils, and sharpener
□ **Books, games, puzzles & entertainment**	Additional activities and/or crayons for pediatrics
□ **Duct tape**	At least one roll
□ **Rope or paracord**	
□ **Pair of leather palmed work gloves**	
□ **Ziploc bags**	Assorted sizes
□ **Extra heavy duty lawn bags**	
□ **Travel sewing kit**	Include some heavy duty thread, scissors, safety pins
□ **Keys**	Copies of keys: car, house, safety deposit box etc.
□ **Emergency rain poncho**	One or two per person
□ **Hat**	For sun and/or warmth
□ **Emergency blanket**	
□ **Special needs**	Items for children, elderly, handicapped relatives

Resident GO BAG:

Place contents of this list in a backpack or other easy-to-carry container/carrier.
Important: keep a copy of this checklist IN your Go Bag

ITEM	NOTES
☐ **Water-**1 gal /person/day/at least 3 days	For drinking and sanitation **(Food & Water)**
☐ **Food-**for at least 3 days	Non-perishable **(Food & Water)**
☐ **Personal care kits**	Hygiene items
☐ **Incontinence products**	Store in waterproof bags/boxes
☐ **Toiletry kits-**for Staff also	Comb, brush, shampoo, soap, toothpaste, toothbrush, tissues
☐ **Denture holders/cleaners**	
☐ **Towels**	Store in waterproof bags/boxes
☐ **Bedding**	Blankets, sheets, pillows (Store in waterproof bags/boxes)
☐ **Changes of clothing-** for at least 3 days	Including underwear and socks
☐ **Equipment for special diet**	food preparation & delivery
☐ **Nutritional supplies of special diet-** for at least 3 days	Sugar-free items, supplements such as Ensure, etc.
☐ **Essential medical supplies and equipment**	Oxygen tanks, suction tubes, etc. and replacement parts
☐ **Dentures/eyeglasses/ hearing aids/ prosthesis**	Include extra pairs (when possible), batteries, and prescriptions
☐ **Wheelchair/walker/cane**	Consider including tools/parts for repairs
☐ **Resident identity bracelet and name badges**	With picture, ID info, and Medical Alerts; Schedule regular updates; store in waterproof bags/containers
☐ **Resident Evacuation Tracking form**	Personal tracking for individual resident **(Evacuation) (ICS)**
☐ **Current emergency contact information**	Schedule regular updates; store in waterproof bags/containers
☐ **Medical history, physical & mental health status**	Include vaccination history; schedule regular updates; store in waterproof bags/containers
☐ **Special functional needs**	Independent/ambulation, incontinent/continent
☐ **Medication and treatment administration record**	Schedule regular updates; store in waterproof bags/containers
☐ **Advance Directive/Preferred Intensity of Care**	Schedule regular updates; store in waterproof bags/containers; if appropriate, include Transfer Trauma Plan and discharge note
☐ **Medications-** for at least 3 days	Include copy of prescriptions
☐ **Activity supplies of choice**	Books, puzzles, games, cards
☐ **Large plastic bag labeled with name for accumulation of laundry**	

Hazard Vulnerability Assessment

BEFORE

Common
- ❑ Define what constitutes a vulnerability
- ❑ Develop an understanding of your vulnerabilities

Facility
- ❑ Assemble multi-disciplinary team
- ❑ Identify vulnerabilities:
    - ❑ Identify critical systems
    - ❑ Evaluate system interactions
    - ❑ Determine system vulnerabilities
    - ❑ Identify critical components
    - ❑ Assess component vs. threats
- ❑ Develop mitigation measures that reduce the vulnerability to top ranked hazards
- ❑ Conduct annual evaluation of HVA
    - ❑ Consider using the tools in **(References)**
- ❑ Educate staff on the contents of your HVA
- ❑ Utilize your completed HVA to write your plans
    - ❑ Conduct **(Training & Testing)**

Family
- ❑ Have a family meeting to discuss disasters that may affect you. Considerations may include:
    - ❑ Geographic location
    - ❑ Neighborhood/Surroundings
    - ❑ Weather
    - ❑ Utilities

DURING

Common
- ❑ Conduct a scene size up **(Priority Tasks)**

Facility
- ❑ See **Common**

Family
- ❑ See **Common**

AFTER

Common
- ❑ Review and revise HVA as required
- ❑ Document incident details for insurance purposes

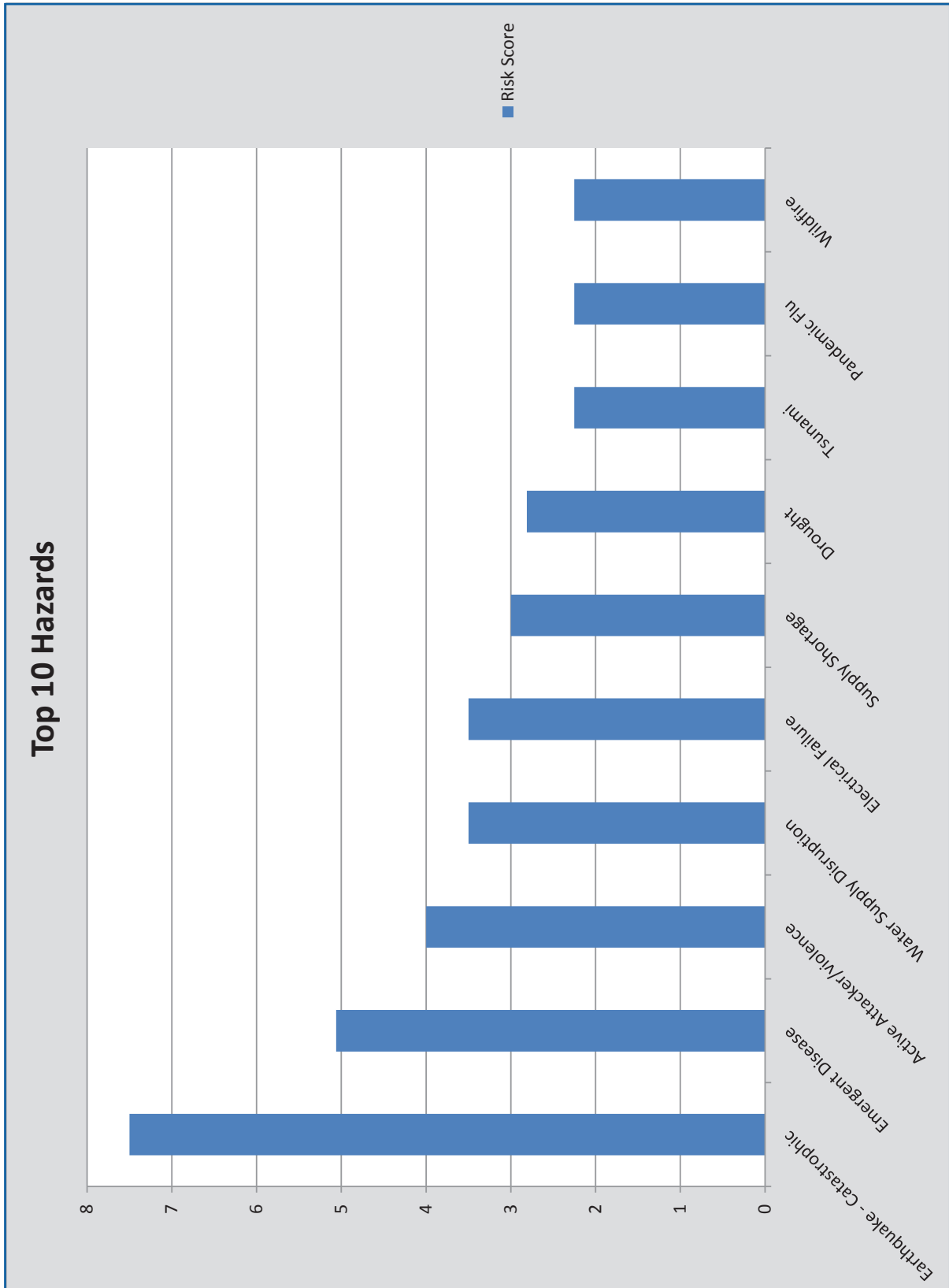**Facility**
- ❑ Create an **(After Action Report)** that includes issues and recommended solutions

Family
- ❑ See **Common**

✓ *"Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier." -CMS*

Ventura County Public Health
Emergency Preparedness Office
2017 Hazard Vulnerability Assessment

VENTURA COUNTY
PUBLIC HEALTH
A Department of Ventura County Health Care Agency

Top 10 Hazards

■ Risk Score

Hazards (top to bottom): Wildfire, Pandemic Flu, Tsunami, Drought, Supply Shortage, Electrical Failure, Water Supply Disruption, Active Attacker/Violence, Emergent Disease, Earthquake - Catastrophic

X-axis: 8, 7, 6, 5, 4, 3, 2, 1, 0

ICS
Incident Command System

Common
- ❏ N/A

Facility
- ❏ Find forms by facility-type, such as:
    - ❏ ICS
    - ❏ Hospital ICS
    - ❏ Nursing Home ICS
    - ❏ National Incident Management System
- ❏ Download and populate forms with your facility-specific information that will remain the same regardless of the event, such as:
    - ❏ Facility name, location, etc.
- ❏ Print and include your populated forms within this tab in case you lose your ability to do so during an incident
- ❏ Educate staff on purpose/usage of forms and where they can locate more
- ❏ Utilize forms during an incident and when conducting **(Training & Testing)**
- ❏ Ensure staff have created a FEMA Student ID and have taken the following online courses:
    - ❏ ICS 100
    - ❏ ICS 200
    - ❏ ICS 700
    - ❏ ICS 800 – for management
- ❏ Reimbursement/regulatory/accrediting agencies may require use of Incident Command System

Family
- ❏ N/A

DURING

Common
- ❏ N/A

Facility
- ❏ Establish Incident Command
    - ❏ Consider Unified Command
- ❏ Establish incident priorities
- ❏ Determine incident objectives
- ❏ Establish incident command post
- ❏ Establish an appropriate response organization
- ❏ Authorize release of information to media
- ❏ Implement incident action plan
- ❏ Ensure safety measures are in place
- ❏ Coordinate with key staff and officials

Family
- ❏ N/A

AFTER

Common
- ❏ N/A

Facility
- ❏ Create an **(After Action Report)** that includes issues and recommended solutions
- ❏ Update **(Policies & Procedures)** based on findings in your **(After Action Report)**

Family
- ❏ N/A

ICS aids those who do not usually work together to seamlessly respond to, and recover from, a disaster.

For supporting documents, see URL links and PDFs under the ICS section in **(References)**

Important Documents

BEFORE

Common
- ❑ Locate and gather (Important Documents)
- ❑ Consider including phone numbers in **(Contacts)**
- ❑ Consider saving electronic copies of all important documents to an external hard/ flash drive & store in your **(Go Bag)**
- ❑ Review & update as needed

Facility
- ❑ Ensure residents have identification and important documents in a personal **(Go Bag)**

Family
- ❑ See **Common**

DURING

Common
- ❑ Keep Important Documents safe and accessible

Facility
- ❑ See **Common**

Family
- ❑ See **Common**

AFTER

Common
- ❑ Update any changes to documentation

Facility
See **Common**

Family
- ❑ See **Common**

Important documents assist in identification, verification, and beyond...

Important Documents

Vital Records

- Birth
- Marriage
- Divorce
- Adoption
- Child Custody
- Passport
- Driver's license
- Social Security card
- Green Card
- Military Service

Financial & Legal Documents

- Housing (mortgage, lease or rental agreement)
- Home Equity line of Credit
- Deed
- Credit Card(s)
- Automatic Payments (bills)
- Checking/Savings account info.
- Retirement plan/number/ID
- Insurance Policies
    - Homeowners
    - Renters
    - Auto
    - Life
    - Flood
    - List of Valuable Items
    - Photos of valuable items
- Sources of Income
- Tax Documents
- Powers of Attorney
- Will
- Trust

Medical Information

- Health/dental Insurance
- Medicare/Medicaid
- List of Medications
- Immunizations
- Allergies
- Prescriptions/Pharmacy Information
- Medical Equipment/Devices
- Advance Directive
- Medical Power of Attorney
- Caregiver contract/service agreement
- Disabilities Documentation
- Contact Information
    - Doctors
    - Specialists
    - Dentists
    - Pediatricians
    - Veterinarians

Pediatric Considerations

- Fingerprints and photos of your children
- Copies of school records
- Copies of Immunization records
- Current family pictures to show relationship child/sibling/parents
- Update all documents on a regular basis

Maps & Diagrams

BEFORE

Common
- ❑ Create a map and diagrams of your house/facility. Map out the following:
    - ❑ Fire extinguishers
    - ❑ First aid equipment
    - ❑ Supplies
    - ❑ Communication devices
    - ❑ Safe meeting places in your neighborhood
    - ❑ Emergency shutoff valves
    - ❑ Emergency exits
    - ❑ Designated evacuation routes

Facility
- ❑ Map locations of:
    - ❑ Evacuation equipment
    - ❑ Alarm pull stations

Family
- ❑ See **Common**

DURING

Common
- ❑ Leverage maps to assist you in responding to the incident

Facility
- ❑ See **Common**

Family
- ❑ See **Common**

AFTER

Common
- ❑ Review maps for any items or routes that need adjustments

Facility:
- ❑ Prepare an **(After Action Report)** including areas for improvement
- ❑ Update maps & diagrams as needed

Family
- ❑ See **Common**

✓ *Maps are essential in successful disaster planning*

For supporting documents, see URL links and PDFs under the Maps & Diagrams section in **(References)**

MOUs & Agreements

Memorandums of Understanding (MOUs)
& Memorandums of Agreement (MOAs)

BEFORE

Common
❑ N/A

Facility
❑ Print and include your current, emergency-related MOUs & Agreements within this tab
❑ Consider including elements of reimbursement within your various MOUs & Agreements
❑ Regulatory/accrediting agencies may require some of the following MOUs & Agreements:
  ❑ Patient transport
  ❑ Vendors
    ❑ Supplies
    ❑ Equipment
    ❑ Pharmaceuticals
    ❑ Services
  ❑ Temporary Personnel
  ❑ Security
  ❑ Like-facilities
  ❑ Mutual Aid
  ❑ Volunteers Organizations
    ❑ Medical Reserve Corps
    ❑ American Red Cross
    ❑ Disaster Service Workers
  ❑ Points of Dispensing
  ❑ Alternate Care Sites
  ❑ Ventura County Health Care Coalition
❑ Update your **(Contacts)** for MOUs & Agreements on an annual basis, at minimum
❑ Educate staff on MOUs & Agreements

Family
❑ N/A

DURING

Common
❑ N/A

Facility
❑ Refer to your MOUs & Agreements
  ❑ Implement as necessary

Family
❑ N/A

AFTER

Common
❑ N/A

Facility
❑ Create an **(After Action Report)** that includes issues and recommended solutions
❑ Update MOUs & Agreements based on findings in your **(After Action Report)**
❑ Update your **(Contacts)** for MOUs & Agreements

Family
❑ N/A

MOUs & Agreements help organizations coordinate before, during and after an emergency to ensure an effective response.

For supporting documents, see URL links and PDFs under the MOUs & Agreements section in **(References)**

Policies & Procedures

BEFORE

Common
- ❏ N/A

Facility
- ❏ Print and include your current, emergency-related policies & procedures within this tab
- ❏ Regulatory/accrediting agencies may require some of the following policies & procedures:
  - ❏ Hazardous Materials
  - ❏ Resident Tracking/Missing Resident
  - ❏ Incident Command System
  - ❏ Medical Info
  - ❏ Behavioral Health
  - ❏ Volunteers
  - ❏ Surge
  - ❏ Emergency Codes
  - ❏ Weapon-Free Workplace
  - ❏ Safety
- ❏ Educate staff on Policies & Procedures
- ❏ Conduct **(Training & Testing)** on Policies & Procedures
- ❏ Update your Policies & Procedures annually, at minimum

Family
- ❏ N/A

DURING

Common
- ❏ N/A

Facility
- ❏ Follow your Policies & Procedures

Family
- ❏ N/A

AFTER

Common
- ❏ N/A

Facility
- ❏ Create an **(After Action Report)** that includes issues and recommended solutions
- ❏ Update Policies & Procedures based on findings in your After Action Report

Family
- ❏ See **Common**

✓ *"Develop and implement policies and procedures based on the emergency plan and risk assessment."* -CMS

For supporting documents, see URL links and PDFs under the Policies & Procedures section in **(References)**

Reunification

BEFORE

Common
- ❑ N/A

Facility
- ❑ Train staff on the **(Communication)** plan
- ❑ Test and exercise the **(Communication)** plan

Family
- ❑ Sit down with your family to discuss your **(Communication)** plan
- ❑ Practice your **(Communication)** plan

After a disaster, letting your family/friends know that you are safe and well can bring your loved ones great peace of mind.

DURING

Common
- ❑ Reference **(Contacts)** and follow **(Communication)** plan
  - ❑ If unreachable/out of service, reattempt calling at regular intervals in case a restoration of services has occurred
- ❑ Discover shelter/alternate care site locations
  - ❑ Bring your **(Important Documents)** with you to shelter locations for easy identification
- ❑ If evacuating, leave a note of:
  - ❑ When you left
  - ❑ Who you left with
  - ❑ What time you left
  - ❑ Where you were headed

Facility
- ❑ Account for all residents and staff

Family
- ❑ Tune into emergency broadcasts for evacuation orders/routes
- ❑ Account for family/friends
- ❑ If you have not found your family or friends, contact your local American Red Cross Chapter

AFTER

Common
- ❑ Adjust **(Communication)** plan and **(Contacts)** to meet problems identified during the incident

Facility
- ❑ Prepare an **(After Action Report)** including areas for improvement

Family
- ❑ Notify family/friends of re-entry/safety

Reunification

When an emergency occurs, communication is most important. Your household and others you help or rely on for assistance should work together. Create networks of neighbors, relatives, friends and co-workers who will assist each other in an emergency. People in the network can assist each other with communication, care of children, pets, or specific needs.

Plan locations where your family will meet, both within and outside of your immediate neighborhood.
- o Practice getting there

Call or email the out-of-state contact in your family communication plan. Tell them where you are going.
- o Pick the same person for each family member to call or email. It might be easier to reach someone who's out of town.

Text is best. Limit phone usage to free up phone lines for emergency workers.

Secure your home by closing and locking doors and windows.

Leave a note telling others when you left and where you are going.

Wear sturdy shoes and clothing that provides some protection such as long pants, long-sleeved shirts, and a cap.

Check with neighbors who may need a ride.

Security

BEFORE

Common
- ❑ Develop a **(Hazard Vulnerability Assessment)**
  - ❑ Consider cyber security
- ❑ Identify location-specific threats
- ❑ Develop perimeter control
  - ❑ Monitoring devices
  - ❑ Remote door access
- ❑ Establish secure areas/pre-identified safe rooms
  - ❑ Stock with communication equipment, food, water, first aid, supplies, etc.
- ❑ Know your exits **(Maps & Diagrams)**
- ❑ Identify Law Enforcement **(Contacts)**
- ❑ Develop check-in procedures

Facility
- ❑ Establish access and lockdown procedures
  - ❑ Keys and/or Key Cards
- ❑ Limit public access to building areas
- ❑ Control entry and exit points
  - ❑ Prevent missing residents
  - ❑ Establish security guard protocol
  - ❑ Consider installing metal detectors

Family
- ❑ Establish family security plan
- ❑ Consider installing a home monitoring system
  - ❑ Alarm/camera systems
- ❑ Establish neighborhood networks

Remember, lockdown incidents can last longer than 3 hours…

DURING

Common
- ❑ If possible, get to pre-identified safe room/rooms with hardened walls
  - ❑ Lock/block doors
  - ❑ Bring backup communication devices
- ❑ RUN, HIDE, FIGHT, TREAT
  - ❑ Get away from threat
  - ❑ Hide from threat
  - ❑ Prepare to neutralize threat
  - ❑ Treat victims when safe

Facility
- ❑ Check for facility-type regulatory requirements regarding security
- ❑ Establish facility-specific emergency code terminology **(Policies & Procedures)**
- ❑ Implement emergency code notifications

Family
- ❑ See **Common**

AFTER

Common
- ❑ Restock safe rooms
- ❑ Evaluate adequacy of stock and prepare to adjust if needs were not fully met

Facility
- ❑ Prepare an **(After Action Report)** including areas for improvement

Family
- ❑ See **Common**

For supporting documents, see URL links and PDFs under the Security section in **(References)**

Shelter in Place (SIP)

BEFORE

Common
- ☐ Assemble a **(Go Bag)** for each person
- ☐ Maintain & rotate food/water supply **(Food & Water)**
- ☐ Stockpile **(Supplies)**

Facility
- ☐ Review & modify Decision-Making strategies
  - ☐ See Decision-Making Tree examples in **(References)**
- ☐ Train staff on Decision-Making strategies
- ☐ Identify a primary and an alternate person with the authority to call for SIP vs. evacuation
- ☐ Consider using **(ICS)** forms to maintain a resource directory
- ☐ Create strategy for expense & resource tracking
- ☐ Create strategy for patient tracking
  - ☐ Consider using **(ICS)** forms
- ☐ Consider creating a Staffs' Family Support protocol
- ☐ Consider a plan for visitors & residents' family members
- ☐ Create a protocol for emergent retrieval of patient records
- ☐ Write list of specific resident needs & update frequently

Family
- ☐ See **Common**

Be sure you know whether you should *STAY* **(Shelter in Place)** *or GO* **(Evacuation)**

DURING

Common
- ☐ Account for everyone and move to a safe area
- ☐ Assess building & identify safe/unsafe areas
  - ☐ Shut off **(Utilities)** if needed
  - ☐ Lock doors
  - ☐ Close windows, air vents & fireplace
  - ☐ Seal any gaps, including doors/vents
  - ☐ Turn off fans, A/C & forced air heating systems if appropriate
- ☐ Determine whether to SIP or evacuate
- ☐ Continually reassess the safety of SIP & evacuate if SIP is posing greater risks than evacuation

Facility
- ☐ Activate Incident Command System
- ☐ Notify staff **(Contacts)**
- ☐ Assess need to move equipment, supplies, pharmaceuticals, water & food to safe areas
- ☐ Identify locations appropriate for patient care
- ☐ Assess available resources
- ☐ Send VCHCC Situation Status Report
- ☐ Assess residents/staff for signs of distress & treat
- ☐ Secure occupants **(Security)**

Family
- ☐ Listen to news/radio for information
- ☐ Bring your family/pets inside
- ☐ If safe, grab your **(Go Bag)**

AFTER

Common
- ☐ Call appropriate org./companies for clean up

Facility
- ☐ Collect all documentation from the incident
- ☐ Contact licensing body
- ☐ Notify staff and residents' family of "All Clear"
- ☐ Prepare an **(After Action Report)** including areas for improvement

Family
- ☐ Notify family/friends of your safety

For supporting documents, see URL links and PDFs under the SIP section in **(References)**

Supplies

BEFORE

Common
- ❑ Label and store items in an organized manner for quick and easy retrieval
- ❑ Mark location of supplies on a map of the building **(Maps & Diagrams)**
- ❑ Include and inventory (Supplies):
  - ❑ Basic tools & equipment
  - ❑ Tools/parts for repair of equipment
  - ❑ Items that will shelter everyone from the elements
  - ❑ Supplies to keep you warm and dry
  - ❑ Items for personal hygiene including water **(Food & Water)**
- ❑ Pack all items to protect from moisture
- ❑ Stock materials to protect your building such as plywood, tarps, etc. (Supplies)

Facility
- ❑ Consider manual wheelchairs to replace battery operated chairs
- ❑ Stock cots, sleeping bags, etc. for staff
- ❑ Stock an adequate supply of blankets, bath towels, washcloths, pillows and disposable sheets (Supplies)
- ❑ Stockpile medical specialty items e.g. oxygen, catheters, IV bags/tubing, etc.
- ❑ Consider nutritional supplements and hydration products for special populations

Family
- ❑ Plan for most basic needs and consider use of multi-tools such as a Leatherman

DURING

Common
- ❑ Check **(Maps & Diagrams)** for supplies' location
- ❑ Track supplies removed from cache for accountability (Supplies)
- ❑ When removing items, repack remaining to protect from moisture
- ❑ Take essential supplies with you in a portable container upon evacuation

Facility
- ❑ Delegate staff to monitor, track, and control supply use
- ❑ Consider using **(ICS)** forms for supply usage & tracking

Family
- ❑ Use (Supplies) inventory list to track usage

AFTER

Common
- ❑ Restock all supplies
- ❑ Address deficiencies

Facility
- ❑ Create an **(After Action Report)** to address issues/solutions with supplies

Family
- ❑ See **Common**

*These items can be used to **(Shelter in Place)** but you may need to grab some to take with you for **(Evacuation)**.*

Supplies

❑ **Assemble and Set Aside Basic tools:**

Can opener	Pocket knife
Scissors	Shovel/Trowel
Pocket chainsaw	Axe
Hammer	Cribbing bar
Philips screwdrivers	Flat screwdrivers
Utility shut off tool	Wrench
Pliers	Hammer/nails
Wire cutters	Staples
Staple gun	Work gloves
Ear plugs	Respirator mask
Safety glasses	

❑ **Larger equipment:**

Hand crank flashlight	Headlamp/batteries
Cell phone/charger	First aid kit (see Tab)
Flashlights/batteries/bulbs	5 gal buckets/tops
Stove/Fuel	Have spare parts/ equipment
Generator/fuel/filters/belts	Ladder to evacuate upper floors
Power cords	Ham or FRS radio
Solar charger	Hand crank NOAA weather radio
Fire extinguishers (see Tab)	

❑ **Shelter/warmth:**

Drop Cloth	Tube/Pop-up tent
Hand/body warmers	Air mattresses/pump
Rope/paracord	Sleeping bag/blanket/person
Matches (waterproof)/ Lighter	Folding chairs

❑ **Miscellaneous:**

Duct tape	Heavy duty garbage bags
Misc. sizes/zip lock bags	Sewing kit
CASH small denomination	Local maps
Pens, paper, pencils	Spare keys
USB stick w important info	Zip ties
Plastic sheeting	

❑ **Sanitation Needs:**

5-gal bucket w/seat & tight lid	Kitty litter or other adsorbent
Shower/bath size wipes	Hand sanitizer
Chlorox wipes	Water boxes/pouches
Antiseptic towelettes	Alcohol pads
Soap/Liquid detergent	Neosporin
Nitrile gloves	Toilet paper
Plastic garbage bags with ties	Household bleach (no scent)
Disinfectant	Paper towels
Privacy tent/drop cloth	Hand sanitizer

Facilities Supplies

FACILITIES—In addition to the above Facilities should consider the following:

❑ **Tools on hand for extraction of patients:**

Chain saws	Tarps
Hand tools	Large machinery

Prepare for Shelter in Place: (include enough for Staff to remain on site—May need to provide for staff families and visitors at facility)

❑ **Materials to secure building**

Plywood	Extra wheel chairs (manual)
Particle board	Gurneys
Sand bags	Stair chairs
Rubber non-slip floor mats	Sled devices
Evacuation devices	

❑ **Adequate emergency power**

Back-up generators (preferably natural gas)	Way to maintain fuel supply

❑ **Spare parts for all equipment and Extra supplies**

Oxygen	Vital equipment
Linens	

❑ **Contracts established with vendors**

Transportation	Fuel
Supplies	Security
Water	

❑ **Miscellaneous Items**

Adequate beds	Linens

Prepare for evacuation:

❑ **Evacuation routes**

Identify several routes	Maps and/or GPS

❑ **Individual items to transfer with Residents:**

Identification	Medications
Assistive devices	Comfort items
Individual Go Bags	

❑ **Adequate supplies of:**

Incontinent supplies	Transfer boards

❑ **Provisions to transfer with Residents:**

Flashlights	Ice
Food	Oxygen
Water	Emergency medications

❑ **Check receiving facility re equipment needed:**

Lifts	Raised toilet seats
Grab bars	Extra mobility aids

Training & Testing

BEFORE

Common
- ❏ N/A

Facility
- ❏ Develop and maintain training and testing programs including:
  - ❏ initial and annual trainings, and
  - ❏ drills and exercises, or
  - ❏ participate in an actual incident that tests the plan
- ❏ Consider leveraging your **(Hazard Vulnerability Assessment)** findings to generate scenario-based exercises
- ❏ Consider attending VCHCC quarterly meetings to participate in community-based Table Top Exercises with a variety of facilities and organizations within the operational area

Family
- ❏ Consider practicing emergency drills such as:
  - ❏ Components of your Disaster Plan
    - ❏ Stop, Drop, and Cover
    - ❏ **(Fire Extinguisher)**
    - ❏ **(Communication)**
    - ❏ Etc.
  - ❏ Roles/responsibilities assigned to each member of the family team

"Preparation, planning, and one comprehensive approach for emergency preparedness is key. One life lost is one too many."

-Assistant Secretary for Preparedness & Response (ASPR)

DURING

Common
- ❏ N/A

Facility
- ❏ Consider "Just in Time" training for volunteers, such as Medical Reserve Corps

Family
- ❏ N/A

AFTER

Common
- ❏ Restock supplies
- ❏ Update lists and **(Contacts)**
- ❏ Do maintenance and repair, as necessary, on devices

Facility
- ❏ Create an **(After Action Report)** for every drill/exercise that includes issues and recommended solutions
  - ❏ Actual event/incidents will qualify
- ❏ Update the following based on findings in your After Action Report:
  - ❏ **(Hazard Vulnerability Assessment)**
  - ❏ Plans
  - ❏ **(Policies & Procedures)**

Family
- ❏ Hold a family meeting to discuss findings from drills and areas for improvement

For supporting documents, see URL links and PDFs under the Training & Testing section in **(References)**

Transportation

BEFORE

Common
- ❑ Keep vehicles in good repair and tank full of fuel
- ❑ Consider storing extra fuel in a gas can
- ❑ Identify alternate travel (Commuter Emergency Plan)

Facility
- ❑ Plan for transportation of your residents, staff, and necessary supplies/equipment
- ❑ Plan for the type of vehicles that will be needed and the quantity of each type
- ❑ Create **(MOUs & Agreements)** with transportation companies; it is recommended that you have agreements with at least 3 companies
- ❑ Keep emergency management/VCHCC/EMS informed of your average census & maximum capacity in case they need to help you evacuate during an emergency
- ❑ If providing own transportation, conform to all CA laws

Family
- ❑ See **Common**

DURING

Common
- ❑ Refer to your (Commuter Emergency Plan)
- ❑ Conserve fuel
- ❑ Assess availability of vehicles
- ❑ Assess road conditions, listen to news/radio for road closures/ blocks & decide what is the safest:
  - ❑ **(Evacuation)**; or
  - ❑ **(Shelter in Place)**

Facility
- ❑ Contact vendors with **(MOUs & Agreements)** to obtain necessary vehicles
- ❑ Send VCHCC Situation Status Report

Family
- ❑ See **Common**

AFTER

Common
- ❑ Refuel & repair vehicles, if necessary
- ❑ Assess effectiveness of your (Commuter Emergency Plan) and revise, if necessary

Facility
- ❑ Create an **(After Action Report)** that includes issues/recommended solutions
  - ❑ Assess effectiveness of transportation agreements and revise or make new agreements, if necessary

Family
- ❑ See **Common**

There are less than 40 ambulances in the entire County of Ventura

Commuter Emergency Plan

Ready ®
Prepare. Plan. Stay Informed.

FEMA

Make sure you have a plan for traveling between work and home, and other commonly visited locations, in case of an emergency. Before an emergency happens, list your normal and some alternative routes you can use to get to your destinations. Keep a copy of this plan in your wallet or another safe place where you can access it in the event of a disaster.

Public transportation mode (bus, train, ferry, etc.):

MODE:	LINE:	STOP:	FARE: $
MODE:	LINE:	STOP:	FARE: $
MODE:	LINE:	STOP:	FARE: $
MODE:	LINE:	STOP:	FARE: $
			TOTAL FARE: $

Daily driving directions and alternative routes to and from work or other location:

DAILY ROUTE

TO:

FROM:

ALTERNATIVE ROUTE

TO:

FROM:

ALTERNATIVE ROUTE

TO:

FROM:

Other transportation options:

	PHONE NUMBER	NOTES
LOCAL TAXI COMPANY:		
COMMUTER RAIL:		
LOCAL BUS LINE:		
OTHER:		
OTHER:		

Links to local traffic and transportation information:
Visit http://www.fhwa.dot.gov/trafficinfo/511.htm to see if your jurisdiction participates in the Department of Transportation's traveler information program.

	NOTES
LOCAL LINK 1:	
LOCAL LINK 2:	
LOCAL LINK 3:	

Be Informed, Make a Plan, Build a Kit, and Get Involved. For more information, visit www.ready.gov.

Utilities

BEFORE

Common
- ❑ Locate main utilities shutoffs such as:
  - ❑ Gas: usually connected to the pipe that runs from the ground to your gas meter
  - ❑ Electric: main panel usually located on the side of the building
  - ❑ Water: usually located near the front of the building facing the street
- ❑ Label valves, as appropriate, for easy identification
- ❑ Take photos of utility shut offs & place in **(Maps & Diagrams)**
- ❑ Become familiar with the proper ways to shut off each utility
- ❑ Gather important contact numbers for utilities service **(Contacts)**
- ❑ Keep appropriate tools for shutting off utilities in a readily accessible place

Facility
- ❑ Locate and label medical gas shutoff locations
- ❑ Ensure staff are familiar and trained on proper shut off procedures **(Training & Testing)**

Family
- ❑ See **Common**

✓ *Safety first: plan ahead and follow proper utility shut off procedures*

DURING

Common
- ❑ Assess for damage to structure and utilities
- ❑ If you hear any hissing or smell gas evacuate immediately then secure utilities only if safe to do so **(Evacuation)**
- ❑ If any electrical issues are found locate main power panel
  - ❑ Turn off all smaller breakers before turning off the main breaker
- ❑ If any major water leaks or breaks are found turn off the water

Facility
- ❑ Shut off medical gas as appropriate

Family
- ❑ See **Common**

AFTER

Common
- ❑ Always contact a licensed professional to turn all utilities back on
- ❑ Never turn the gas back on without contacting the local gas company first

Facility
- ❑ Ensure that all utilities including medical gases function properly
- ❑ Notify all appropriate regulatory authorities and ensure that protocols are met prior to reinitiating services

Family
- ❑ See **Common**

Violence Prevention

BEFORE

Common
- ❑ Develop an active role in violence prevention
- ❑ Practice Vigilance and be aware of:
  - ❑ Your surroundings
  - ❑ Potential for being followed
  - ❑ Unfamiliar, dimly light, or secluded areas
  - ❑ Sharing too much information
- ❑ Consider installing/maintaining **(Security)** measures
  - ❑ Security cameras
  - ❑ Lighting
  - ❑ Trimmed hedges
  - ❑ Physical security i.e. door locks
- ❑ Implement prevention strategies for security/ bullying related to Cyber/I.T.
- ❑ Be aware of available services, such as:
  - ❑ Behavioral Health, Critical Incident Stress
  - ❑ Management, and Counseling

Facility
- ❑ Be thorough when hiring/firing personnel:
  - ❑ Background check/finger printing
  - ❑ How you talk to them
- ❑ Conduct **(Training & Testing)** in:
  - ❑ Workplace violence prevention
  - ❑ Conflict resolution
  - ❑ De-escalation

Family
- ❑ Know who you are allowing in your home, such as:
  - ❑ Maids, gardeners, nanny, repair workers, dog sitter, etc.
- ❑ Know your neighbors

Implement effective strategies to reduce, respond to, report, and resolve issues of violence.

TRUST YOUR INSTINCTS!

DURING

Common
- ❑ Don't ignore threats of violence
- ❑ Rapidly assess situations for increased violence
  - ❑ Call 911 if warranted
- ❑ Remain calm
- ❑ Make space between you and individual
- ❑ Run, hide, fight, treat if warranted
- ❑ If involved in an incident document or record only when safe

Facility
- ❑ Consider message/information needs
  - ❑ PIO/Media considerations
  - ❑ Liaison duties
- ❑ Establish Incident Command

Family
- ❑ Assess your situation
- ❑ Ensure your personal safety and that of your family

AFTER

Common
- ❑ Provide counseling services to those affected

Facility
- ❑ Create an **(After Action Report)** that includes issues and recommended solutions
- ❑ Update the following based on findings in your After Action Report:
  - ❑ **(Hazard Vulnerability Assessment)**
  - ❑ Plans
  - ❑ **(Policies & Procedures)**

Family
- ❑ See **Common**

Violence Prevention, Preparedness & Response Basics

Modified from: www.violenceprevention.com

Behavioral Health
- ❑ It is important to understand mental illness and its warning signs. To protect your family from suicide or other volatile situations that relate to mental health, take a course on Mental Health First aid www.mentalhealthfirstaid.org
- ❑ Seek counseling if you have been a victim or near victim of harm and violence
- ❑ Take family conflict, violence and harm seriously. Seek help from law enforcement and social services

Bullying and Harassment
- ❑ Bullying can threaten physical and emotional safety that can have prolonged, negative affects
- ❑ Early and affective intervention is the best way to address bullying
- ❑ Be aware of the types of bullying: verbal, social, cyber, and physical
- ❑ Use a team approach to combat bullying and remember to offer support to both the victim, bully, and other people impacted

Communications
- ❑ Communicate the incident to the public with clarity and accuracy of information and update this communication regularly
- ❑ Prevent Cyber intrusions and attacks by installing anti-virus software, using strong passwords and updating them regularly
- ❑ If you are moving to a new area looking for a new home use safety websites and apps to determine the level of crime and sex offenders located in an area. Crimereports.com and the offender locator app are useful tools
- ❑ Use a safety app like life360 to connect, check on, and communicate with your family members

Human Resources
- ❑ Be thorough when hiring people who have access to your home and loved ones - insist on and check references, use background checks, and ask direct questions about issues that concern you
- ❑ Follow safety procedures when firing someone
- ❑ Create a violence prevention team
- ❑ Report concerning behavior of a fellow employee/customer to HR or a manager
- ❑ Offer counseling to your employees after a violent incident

Personal
- ❑ If you have been involved in a minor accident and do not feel safe to exit your vehicle request the other driver follow you to a public place
- ❑ Do not leave your valuables in plain sight in a vehicle
- ❑ Be aware of the dangerous and seriousness of intimate partner violence (domestic violence). If you or a loved one is being threatened with violence or being harmed contact   law enforcement and social services
- ❑ Be aware of messages on voicemails - do not indicate that you are away from home

- ❑ Try to park or move your car closer to the facility if you are going to be working after hours
- ❑ Control your breathing to remain calm - Take steady and deep breaths
- ❑ If a situation feels dangerous, try to make space between you and the person(s) who is being aggressive or violent
- ❑ Don't ignore or brush off threats of violence - take threats seriously and assess whether you need to call for help from others around you and call 911
- ❑ When calling 911 for help or reporting violence try to remain calm and give as many relevant details as possible
- ❑ Only record video or take photos if it safe to do so. Do not use taking video or photos or the threat of recording as a way to defuse a situation
- ❑ Ensure that physical injuries are seen and treated by a healthcare provider
- ❑ Seek help from law enforcement immediately if you or a loved one have been a victim of an attempted strangulation or someone has placed their hands around your neck
- ❑ Be aware of TMI - giving out too much information. Be aware of someone asking you inappropriate questions that encourage you to reveal more personal information than what is needed for the situation that you are in

Security
- ❑ Invest in strong sturdy doors and locks
- ❑ Install security devices (alarm systems, camera, monitor, intercom all in one units) that allow you to view and communicate with visitors before granting them entry
- ❑ If you own a firearm keep it in a safe place and out of reach from children, volatile, and unstable individuals
- ❑ Create a good habit of remembering to lock exterior doors/windows
- ❑ Do not place hidden keys in an obvious location, like under the doormat or a potted plant
- ❑ If you are renting and moving into a new home make sure the locks have been changed
- ❑ Always be cautious when answering the door to strangers
- ❑ Ensure that your home/facility has sufficient lighting
- ❑ Create a buddy program (e.g. friend, security officer, etc.) to walk you to your car if it is parked in a secluded or dark area
- ❑ If there an active shooter or a person(s) wanting to harm many people, keep yourself safe using the RUN HIDE FIGHT method https://www.dhs.gov/active-shooter-preparedness
- ❑ Assess if your security and safety plan needs to be revised
- ❑ Ensure that you have reported the incident according to local and federal laws

Vigilance/Surroundings
- ❑ Be aware of your surroundings - pay attention to anything out of the ordinary
- ❑ When exercising outdoors choose places where other people are around, avoid secluded areas, and at night make sure there is sufficient lighting
- ❑ Trim hedges around your property to ensure visibility
- ❑ Be aware of the potential of being followed or being the victim of a carjacking - only exit your vehicle if you feel safe
- ❑ Try to avoid using an ATM in an isolated area or at night
- ❑ Rapidly assess concerning situations and call 911 if the situation is violent or seems to be heading towards violence, especially if there is weapon involved, there is an attack or assault, or physical injuries

REFERENCES

For clickable links, embedded documents, and tools, please see the electronic copy of this Reference page on the Emergency Plan Template CD. The CD is located inside the front cover of this binder.

TAB NAME	URLs
Access & Functional Needs	http://www.bu.edu/nerscic/files/2013/03/DPC-Personal-Prep-Guide.pdf https://www.ohsu.edu/xd/outreach/occyshn/upload/ReadyNowToolkit.pdf https://www.ada.gov/pcatoolkit/chap7shelterchk.htm https://www.fema.gov/office-disability-integration-and-coordination https://www.fema.gov/media-library-data/20130726-1445-20490-6732/fema_476.pdf
After Action Report	https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf
Animals	https://www.ready.gov/animals http://www.vcas.us/programs-services/disasters https://emilms.fema.gov/IS909/assets/12_Pets&ServiceAnimals.pdf
Communication	https://aoa.acl.gov/AoA_Programs/HCLTC/Caregiver/docs/Just_in_Case030706_links.pdf https://www.ahcancal.org/facility_operations/disaster_planning/Documents/EP%20Comm%20and%20Media%20Plan.pdf https://www.ready.gov/make-a-plan https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Provider.pdf http://www.vcemergency.com/
Contacts	https://www.ready.gov/make-a-plan https://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240194_ECCard.pdf
Evacuation	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Persons_LTCFacilities_Ombudsmen.pdf http://www.cahfdownload.com/cahf/dpp/LTC_FacilityEvacuationsPlanningConsiderations.pdf https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Facility-Transfer-Agreement-Example.pdf http://webcache.googleusercontent.com/search?q=cache:2Q7pm7L7SuQJ:dpapp.cahf.org/files/2015/11/DisasterPlanningGuide_LTC_FacilityEvacResidentAssessFormTransportDest1.doc+&cd=2&hl=en&ct=clnk&gl=us
Fire Extinguisher	https://www.osha.gov/SLTC/etools/evacuation/portable_use.html http://www.fireextinguishertraining.com/en/introduction.html www.cahfdownload.com/cahf/dpp/SNF_EOP_Template_Oct2015.pdf http://www.fire-extinguisher101.com/

TAB NAME	URLs
First Aid	http://www.redcross.org/prepare/location/home-family/get-kit/anatomy
	https://www.ready.gov/kit
	http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240170_Adult_ready_reference.pdf
Food & Water	https://www.ready.gov/managing-water
	https://www.ready.gov/water
Go Bag	Go Bag http://www.redcross.org/get-help/prepare-for-emergencies/be-red-cross-ready/get-a-kit
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	http://www.earthquakecountry.org/downloads/StayingSafeWhereTheEarthShakes_SouthernCaliforniaCoastEdition.pdf
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	http://www.bu.edu/nerscic/files/2013/03/DPC-Personal-Prep-Guide.pdf
	https://www.ready.gov/evacuating-yourself-and-your-family
Hazard Vulnerability Assessment	https://www.fema.gov/hazard-mitigation-planning
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Maps & Diagrams	www.cahfdownload.com/cahf/dpp/SNF_EOP_Template_Oct2015.pdf
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	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Facility-Transfer-Agreement-Example.pdf

TAB NAME	URLs
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Reunification	https://www.fema.gov/how-do-i-find-my-family https://www.disasterassistance.gov/information/immediate-needs
Security	https://www.dm.usda.gov/physicalsecurity/workplace.htm https://www.us-cert.gov/ncas/tips
Shelter in Place	https://www.ready.gov/shelter http://www.calhospitalprepare.org/evacuation http://www.mutualaidplan.org/Common/Document.aspx?DDID=9439&klv=1&key=sQKRINbp8EK%2bztX0ii774p9O6hQ%3d http://www.calhospitalprepare.org/sites/main/files/file-attachments/evac_sip_ii_0.pdf https://www.ahcancal.org/facility_operations/disaster_planning/Documents/SIP_Guidebook_Final.pdf www.cahfdownload.com/cahf/dpp/SNF_EOP_Template_Oct2015.pdf https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Persons_LTCFacilities_Ombudsmen.pdf
Supplies	http://www.smrrc.org/LTC/Emergency%20Preparedness%20and%20Planning%20Toolkit.pdf https://www.ready.gov/kit https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Persons_LTCFacilities_Ombudsmen.pdf https://www.fema.gov/media-library/assets/documents/90354 http://www.phe.gov/Preparedness/planning/abc/Pages/older-adults.aspx http://www.aoa.gov/AoA_Programs/HCLTC/Caregiver/docs/Just_in_Case
Training & Testing	https://www.fema.gov/media-library/assets/documents/32326 https://asprtracie.hhs.gov/cmsrule
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Violence Prevention	www.mentalhealthfirstaid.org Crimereports.com https://www.dhs.gov/active-shooter-preparedness

CORE Sources	**American Red Cross** http://www.redcross.org/
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	CA Association of Healthcare Facilities (CAHF) www.cahfdownload.com/cahf/dpp/SNF_EOP_Template_Oct2015.pdf http://cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/DisasterPlanningGuide.aspx

	California Legislation
	    Department of Social Services Title 22
	    http://www.dss.cahwnet.gov/ord/PG295.htm
	
	    § 87212. Emergency Disaster Plan.
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	Centers for Medicare & Medicaid Services (CMS) https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-09-08html?DLPage=3&DLEntries=10&DLSort=0&DLSortDir=descending
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	Ready.gov https://www.ready.gov/
	Violence Prevention Agency http://www.violencepreventionagency.com/