

**THE OFFICE OF LONG TERM CARE
EMERGENCY PREPAREDNESS READINESS TOOL**

NAME OF FACILITY		PROVIDER #	EXIT DATE
ADDRESS OF FACILITY		NAME OF SURVEYOR	
		COMMENTS	
1. For what kind of emergencies and disasters (specific to your geographical area) does the facility have a preparedness plan(s) and procedure(s)?			
2. How are <u>safe zones</u> for sheltering in place, <u>storage areas</u> for supplies, <u>emergency power outlets</u> , <u>emergency communication center</u> , <u>location of emergency plan</u> , and the <u>pre-designated emergency command post identified in your facility</u> ?			
3. How would you identify and notify the responsible parties and next of kin during an emergency?			
4. How would you contact and inform both on-duty and off-duty critical staff of emergency situations?			
5. When were your ambulance transportation and emergency evacuation and ambulance transportation agreements signed? How often are they reviewed or renewed?			
6. How would you identify the residents for transport, i.e., armbands, name tags. What information would need to be included for each resident (i.e. face sheet, medications)?			
7. How would you triage residents for transportation needs with totals for each type? (# needing: ambulance w/ life support, ambulance, wheelchair vehicle, regular transport)			
8. If your facility is rendered unusable or is destroyed where will you send the residents? When did you sign agreements with those other facilities or locations? How many miles away are these facilities?			
9. How have you collaborated and shared your Emergency Preparedness Plan with, the Local Emergency Management Agency? What date was it submitted and by what means (email, copy on Compact Disk, other)?			
9. What were the results of the flood zone maps for your area? Is your facility at risk for flooding?			
10. How do you classify your generator (emergency standby only or sheltering in place)?			
11. List the name, phone number of your local Emergency Coordinator and Ombudsman.			
12. List the emergency training by subject and dates that have been provided to staff in the last 12 months (i.e. actions to be taken during emergencies such as sheltering in place and evacuation in case of a disaster).			
13. Provide documentation that the facility's plans for sheltering in place and facility evacuation were activated for a planned exercise or actual event within the last 12 months. Documentation of plan evaluation.			
14. List any other training that your facility has participated related to Emergency Preparedness (i.e. AIPP).			
15. What is the facility's protocol for ensuring availability of potable & non-potable water (i.e. source, storing provisions, distributing and estimating the volume needed) when normal water supply is lost?			