

**(Name of Facility)**

**Personal Care  
Emergency  
Plan**

**Part III  
Supporting Documents**

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

**ATTACHMENT 1 – NOTIFICATION PHONE LIST**

<b>PERSONAL CARE FACILITY/OFFICE/AGENCY</b>	<b>TELEPHONE #</b>
<b>Facility Director</b>	<b>(O) (H)</b>
<b>Facility Staff Roster</b>	<b>(O) (H)</b>
<b>County Emergency Management Agency</b>	
<b>Municipal Emergency Services</b>	
<b>Personal care facility Relocation Facility</b>	
<b>Facility Transportation Provider(s)</b>	<b>(O) (H)</b>
<b>Family member Roster</b>	

## ATTACHMENT 2 – TRANSPORTATION ASSETS

If it becomes necessary to relocate the personnel to a safer location, the following transportation will be used.

Number of personnel/staff who will need to be moved \_\_\_\_\_

Amount of supplies/records that will need to be moved \_\_\_\_\_

Vehicles that will be used.

- Owner \_\_\_\_\_ Type of vehicle \_\_\_\_\_  
Driver \_\_\_\_\_ # of passengers (including driver) \_\_\_\_\_  
Normal location of vehicle \_\_\_\_\_  
Means of contacting owner \_\_\_\_\_
- Owner \_\_\_\_\_ Type of vehicle \_\_\_\_\_  
Driver \_\_\_\_\_ # of passengers (including driver) \_\_\_\_\_  
Normal location of vehicle \_\_\_\_\_  
Means of contacting owner \_\_\_\_\_
- Owner \_\_\_\_\_ Type of vehicle \_\_\_\_\_  
Driver \_\_\_\_\_ # of passengers (including driver) \_\_\_\_\_  
Normal location of vehicle \_\_\_\_\_  
Means of contacting owner \_\_\_\_\_
- Owner \_\_\_\_\_ Type of vehicle \_\_\_\_\_  
Driver \_\_\_\_\_ # of passengers (including driver) \_\_\_\_\_  
Normal location of vehicle \_\_\_\_\_  
Means of contacting owner \_\_\_\_\_

**ATTACHMENT 3 – FACILITY LAYOUT AND ASSEMBLY AREA**

*(Provide sketch and identify shelter areas and staffed checkpoints.)*

**ATTACHMENT 4 – EVACUATION PLAN MAP TO RELOCATION CENTER**

**DRAWING OF EVACUATION ROUTE FROM \_\_\_\_\_ PERSONAL  
CARE FACILITY, \_\_\_(address)\_\_\_\_\_, \_\_\_\_\_ COUNTY TO  
\_\_\_\_(address)\_\_\_\_\_, \_\_\_\_\_, COUNTY**

*(Provide sketch or map from day care to relocation center)*

## ATTACHMENT 5 – COMMUNICATIONS WITH FAMILY MEMBERS

*Family members need to be informed of provisions in the Emergency Plan. This letter will provide the information that they need. A copy of this letter should be given to family members of newly enrolled personnel.*

***Insert your own wording here or use this suggested script.***

To the Family member of **(personnel's name)**:

This letter is to assure you of our concern for the safety and welfare of your family member living or attending **(insert name of personal care facility)**. Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation* Personnel are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- *In-place sheltering* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- *Evacuation* Total evacuation of the facility may become necessary if there is a danger in the area. In this case, personnel will be taken to the relocation facility at **(insert name of relocation facility)**.
- *Modified Operation*, May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for personnel but may be necessary in a variety of situations.

Please listen to **(list your local radio/television stations here)** for announcements relating any of the emergency actions listed above.

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

*The facility director may provide an alternate phone number (i.e. cell phone number, etc.) to call in an emergency event.*

The form designating persons to pick up your family member is included with this letter for you to complete and have returned to the personal care facility no later than **(insert reasonable response time here)**. This form will be used every time your family member is released. Please ensure that only those persons you list on the form attempt to pick up your family member.

I specifically urge you **not** to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your family member and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures contact **(name of individual designated to handle inquiries and their telephone number/extension).**

Sincerely,

---

**(Title)**

---

## ATTACHMENT 6 – FAMILY MEMBER PICK-UP AUTHORIZATION

I, \_\_\_\_\_, authorize **(facility name)** to release my Family member to the person(s) designated . This is in consonance with the **(facility name)** Emergency Plan.

**Personnel  
Name**

**Designated Family member  
Name & Relationship**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work)

\_\_\_\_\_  
(Cell)

*NOTE: Family members should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated.  
PLEASE PRINT CLEARLY.*

## **ATTACHMENT 7 – SELECTION OF “CLOSEST SHELTER”**

If it is unsafe for the occupants of the facility to go outside, provisions should be made to provide “protected spaces” inside. Depending on time available, staff should move their groups of personnel to the “closest shelter” inside the facility.

These spaces should:

- Be in the interior of the building, away from glass that may shatter.
- Not be in rooms with large ceiling spans (like gymnasiums or auditoriums) that may fall if subjected to shaking from an earthquake or tornado.
- Have furniture and wall-hangings secured so that they will not fall onto occupants.

Suggestions are:

- Interior halls,
- Rest rooms, closets or other small areas
- If hallways are not suitable, use the inside wall of a room.

Have everyone sit facing the wall, protecting their head and face with their arms against the wall.

## ATTACHMENT 8 – SELECTION OF INTERIOR SHELTER

If it is unsafe for the occupants of the facility to go outside, and there is time to move to the best available shelter, provisions should be made to provide “protected spaces” inside the facility.

These spaces should:

- Be in the interior of the building, away from glass that may shatter.
- Not be in rooms with large ceiling spans (like gymnasiums or auditoriums) that may fall if subjected to shaking from an earthquake or tornado.
- Have furniture and wall hangings secured so that they will not fall onto occupants.

Suggestions on where to find these “protected spaces” are:

- In multi-story facilities.
  - Use identified shelters or basements.
  - Use first floor interior halls.
  - Use rest rooms or other enclosed small areas away from large glassed-in areas or large open rooms.
- In one-story facilities.
  - Use identified shelters.
  - Use basements and interior hallways.
  - Use rest rooms or other areas away from large glassed-in areas or open rooms.

If hallways are not suitable, use the inside wall of a room on the opposite side of the corridor from which the storm is approaching.

In either one or multi-story facilities rest rooms are usually suitable, especially if the room is centrally located.

**PERSONAL CARE FACILITY**

**MEMBERS AND STAFF**

**HAVE**

**RELOCATED TO**

---

**(Facility Name)**

**NOTE:** The facility is located at \_\_\_\_\_

## ATTACHMENT 10 – EMERGENCY KITS AND SUPPLIES

This list contains the **minimum** items you should have in your center in case of an emergency.

### Center Emergency Kit

*(Should be packed in a backpack or other container that is mobile in the event of an evacuation and be located in a central and easily accessible location.)*

- Copies of all contact lists
  - *For families **and** staff, include the name, phone number, and e-mail as well as information for someone preferably out-of-state, at least out of the immediate area*
  - *Phones numbers and e-mails for your Sponsor Liaison and/or immediate Supervisor*
- Flashlights with extra batteries
  - *Long-life, emergency flashlights*
- Battery-operated radio and extra batteries
  - *AM/FM, weather band/TV band*
- Manual can-opener
- First Aid Kit
  - *Add gloves and Kleenex*
- Notepad and pens/pencils
- Scissors
- Hand-Sanitizer and cleansing agent/disinfectant
- Whistle
- Disposable Cups
- Wet Wipes

### In the Center in General

- Charged cell phone
- One gallon of water for every four personnel and staff
- Disposable cups
- Non-perishable food items like soft granola bars, cereal, cheese and crackers, cans of fruit.
- Extra supplies of critical medication such as insulin, epi-pens, etc. for personnel and staff

### **All Personnel Should Have:**

- A change of seasonally appropriate clothing
- A blanket

Location of Emergency Kits: \_\_\_\_\_

Locations of Additional Emergency Supplies: \_\_\_\_\_

Location of Cell Phone: \_\_\_\_\_