

PROVIDERS

EMERGENCY PREPAREDNESS:

**BEST PRACTICES
GUIDELINES**



Developed by Louisiana Provider Agencies

In collaboration with the

Office for Citizens with Developmental Disabilities

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INTRODUCTION

The purpose of these guidelines is to provide a framework whereby individual providers can design emergency preparedness procedures in order to insure the health and safety of people receiving services and supports through their agencies during times of crisis.

The guidelines are divided into sections which address: Readiness, Response, and Recovery. The section on Readiness is considered to be the key component in the process, and therefore, contains the most information. Through attachments, forms and other information are included which may be helpful to a provider in the formulation and preparation of an agency emergency plan.

READINESS

I. EVACUATION SITES

A Site visit considerations

Providers should complete the following actions when reviewing evacuation sites:

1. a. Consider the distance and direction from the storm/disaster. (Storm directions and intensities may require the provider to find more than one site).
b. Complete an assessment of hotels, churches, shelters, and providers in other states as potential residential evacuation sites.
c. Identify back-up contingencies in the event pre-planned agreements fail to materialize.
2. Consider multiple aspects of housing accommodations such as:
 - a. safe sheltering, including a review of building integrity, size and location of trees near the building, etc.;
 - b. sleeping arrangements;
 - c. bathroom facilities (accessible by wheelchair and/or ramps);
 - d. family and pet accommodations;
 - e. communication (telephone, internet, and cable);
 - f. meal time (kitchen for preparation/storage of food, dining area, and restaurants).
3. Consider available fleet/vehicle parking that is clear of trees and loose objects.
4. Consider the distances to local stores, medical facilities, restaurants, pet boarding, veterinarians, as well as recreation/field trip locations.

5. Consider whether the site will provide room accommodations such as towels, bedding, and refrigeration or whether the agency will need to bring these items.
6. Consider the site cost per day per person.
7. Consider the availability of long-term versus short-term accommodations.
8. **Waiver participants:**
 - a. Consider the option of providers reserving hotel rooms in the name of the person supported, which will enable the possibility of FEMA (Federal Emergency Management Agency) reimbursement to the person.
 - b. Require that the person supported/family sign a reimbursement agreement in advance for this cost in the event the family/person supported is reimbursed the cost of the lodging/meals by FEMA.

B. Site Confirmations/Written Contracts

The Provider agency site confirmation/written contract should:

1. List the items for which each party will be responsible, such as the amount of building(s) space, food, water, bathroom facilities, bedding, laundry, and housekeeping.
2. Document phone numbers of both parties. [The site should provide alternate contact numbers which will allow the provider to make contact with site personnel at the time of the emergency (24-hours a day).]
3. State the following:
 - i. advance time notice requirements for need or possible need of reservations;
 - ii. terms of cancellations; and,
 - iii. terms of possible long-term arrangements in the event of catastrophic events.
4. State the agreed upon cost per day per person, including the date that payment is due to the site facility.
5. State the length of the original contract. (Recommend updating of contracts annually or as stated in the original agreement.)
6. State liability insurance information of each entity (i.e., the evacuating provider and the evacuation site provider).
7. Include the signature of authorized staff persons for each entity.

II. TRANSPORTATION

Providers should develop an agency emergency transportation process to assure vehicle availability in the event of an evacuation and to include/address the following related actions:

- A. Identify the most reliable fleet vehicles; maintain a higher level of preventative maintenance assigned to these vehicles, such as services, belts, hoses, brakes, tires and vehicle inspections.
- B. Assure that updated insurance cards and registrations are in the vehicles.
- C. Prohibit overloading of vehicles. (Bring more vehicles than needed in case of a break down to allow the people supported and their staff to transfer to another vehicle.)
- D. If the provider agency does not have a fleet vehicles, secure reliable transportation through rentals or use private vehicles. [Other ways to assure the availability of transportation may include: 1) Development of interagency agreement(s) with other agencies/entities to assist in evacuation (e.g., Council on Aging, Association for Retarded Citizens, transit systems, church with buses, or school with buses); 2) Collaboration with providers (e.g., ARC of LA., Council on Aging, etc.) in the opposite part of the state (e.g., southern with northern; northern with southern) to arrange for assistance, with or without cost reimbursement, for transportation. The provider should consider possible barriers, such as insurance prohibitions and unavailability of vehicles with wheelchair accessibility, to avoid lack of transportation in an emergency evacuation.]
- E. Ensure that drivers assigned to aid in evacuation are familiar with all fleet vehicles; ensure that assigned drivers have a specialized license, such as Chauffeur's license or C.D.L., if required.
- F. Ensure that provider agency staff and provider fleet vehicle drivers are knowledgeable of the Louisiana State Police Interstate Contra Flow plans; continually monitor the Contra Flow plans to identify changes or possible changes that may be implemented in the plan and assure that a copy of this plan is in each vehicle.
- G. Design vehicle logs to include documentation of the following: 1) vehicle number, 2) the name of the driver, 3) the head count in the specific vehicle, 4) the presence of small two-way radios, and 5) cell phone numbers assigned to each vehicle.
- H. Ensure that each vehicle has the following information in the vehicle before leaving: 1) the route that will be taken to the destination/location, including all planned stops, 2) the evacuation site phone/contact numbers, and 3) the health/personal information for the people (served) being transported in the vehicle.

- I. Consider identification of pre-planned rest stops; determine whether or not the specific planned stops can accommodate the individuals in the evacuation group.
- J. Assure that necessary monetary resources are available for the trip. Examples of such resources are: 1) cash, 2) travelers checks, 3) money orders, 4) checks, 5), credit cards, and 6) fuel cards, if available.
- K. Bring an extra set of keys for all vehicles; consider using a hide-a-key on each vehicle.
- L. Equip each vehicle with a First Aid kit, including personal protective equipment such as gloves and sanitizing hand cleaners.
- M. Equip each vehicle(s) with flashlights, spare batteries, spare bulbs, and/or batteries with chargers.
- N. Organize a caravan so that each driver can track the other vehicles in the convoy; plan to maintain communication with other drivers through the use of walkie-talkies (have spare batteries or battery charger) or cell phones with chargers; and assure that each vehicle has a complete list of all communication numbers within the caravan.
- O. Consider contingencies for transporting pets to new evacuation sites; assure that where and how pets will be cared for at the evacuation site has been pre-determined through agency planning.

III. PEOPLE SUPPORTED

Providers should ensure that people served are prepared/ready in the event of an emergency by completing the following actions:

- A. Maintain, review periodically, and keep an updated list of people served that will be evacuated by the provider versus those who will be evacuated by their families or other means.
- B. Review each person's individualized emergency plan at regular intervals including, but not limited to the person's annual meeting and in the second quarter of the year prior to the storm season.
- C. Complete a checklist of required information for each person supported:
 1. Compile/obtain records for people supported to minimally include the following: 1) Form 90-L, 2) Nutritional/Physical/Behavioral Support plans, 3) Medicaid/Medicare cards, 4) physician order form(s), 5) Social Security Numbers and insurance cards, and 6) all other special needs information.
 2. Assure availability of necessary medication.
 - a. Bring ALL medications in labeled prescription bottles or over-the-counter bottles with name of physician and refill information (include PRN medications).
 - b. Bring the Medication Administration Record (MAR) Book including pharmacy advisories listing side effects of medications.
 - c. Assure that medications are secure from tampering or theft (e.g., a locking storage bin).
 - d. Bring medication dispensing items (e.g., dose cups, measuring cups, small drinking cups, hand sanitizer, supplies for gastrostomy tube medication administration, pudding, etc.).
 - e. Anticipate the purchase medications, as needed if the evacuation stay is extended.
 3. Develop plan to inform families of people served when they are being evacuated; include evacuation locations with contact numbers, email address, and State 1-800 contact information number.

4. Maintain emergency contact information for people supported including their primary contact, one additional local contact, and an out-of-the-area contact; include as many contact information options as possible such as: 1) home telephone number; 2) business telephone number; 3) address; 4) email; 5) cell number; and 6) alternate family contacts that live out of the affected path of the disaster.
 5. Prepare to take personal items, such as: 1) extra clothing, 2) bedding and air mattresses (with pumps if needed), 3) personal products, 4) hygiene items, 5) incontinence items, 6) medical equipment, 7) assistive living devices, and 8) items for recreational activities (e.g., games, cards, magazines, puzzle books, etc).
 6. Consider packing rain gear such as rain coats and umbrellas.
 7. Prepare to bring an ample supply of water, as well as snack foods such as chocolate, granola bars, crackers, chips, nuts, etc.; assure that adjustments are made for people with specific dietary restrictions and special needs such as diabetics, etc.
 8. Ensure that people supported are prepared to bring cash, checks, and important papers like titles or deeds and insurance policies.
 9. Assign roles and responsibilities of people served, families, and provider staff at annual planning meetings; document provider versus family evacuation responsibilities with signatures.
- D. Obtain a signed waiver of liability form at service onset (see attachment); review the form annually and periodically at team meetings.
1. Include a team assessment of the person's capacity to decline to evacuate.
 2. Document the Provider's responsibility to ensure that there is an adequate supply of food, water, and medications for a specified amount of days.
 3. Document the team's discussion on the consequences of a person's choice to refuse to evacuate when developing, revising and reviewing the person's individualized disaster/emergency plan (i.e., during and immediately following a disaster there may be a lack of medications, food, water, emergency services, electricity, etc.).
 4. Document provision of current emergency numbers such as: the nearest OEP (Office of Emergency Preparedness), FEMA (1-800-621-3362), local hospital, local law enforcement, Red Cross, etc. to the person and his/her family.

- E. Supply all provider emergency contact information to every person supported and their families in advance of an emergency situation.
(This information can be placed on a business card for easy access. Emergency contact information may include an e-mail address, a website, the State Toll Free number, the agency 24-hour toll free number, cell phone numbers, etc.)
- F. Consider using ID cards or bracelets or health passport cards for all people receiving services in the event of separation, hospitalization, elopement or wandering during an evacuation.
- G. Prepare individualized kits for each person served to include a minimum 5 day supply of clothing, personal hygiene supplies, etc.
- H. Pre-arrange for inclusion of family members during evacuation for special circumstances as determined by the person's Support Team or Interdisciplinary (ID) Team through the Provider evacuation agreement (see attachment).
- I. Ensure that the Support Team or ID Team has identified specific needs and/or supports necessary to assure a person's health and safety during a disaster/emergency/crisis on the individualized emergency plan.
- J. Ensure that the Support Team or ID Team has developed an individualized disaster/emergency plan for the person served and documented specific discussions which are directly related to a disaster, emergency, or crisis as identified below:
 - 1. Individualized preparedness activities.
 - 2. Identification of various evacuation/resource options, including education and discussion with the person/family of these options, to assure informed choice. (Consider using pictures of actual disaster damaged areas to aid people in making informed choices.)
 - 3. Ability of the person to make an informed decision.
 - 4. Team actions needed for evacuation in short term and long term situations.
 - 5. Education/training needed to assist the person physically and emotionally prepare for a disaster.

- K. Designate a support team or ID team member/position to be responsible for each part of the individualized plan (i.e., team member responsible for transportation, team member responsible for medication, etc.); ensure that designated support team members/position have be advised of the following requirements:
 - 1. Be accessible and available to implement specified plan actions and strategies.
 - 2. Be responsible for assigned actions and strategies.
 - 3. Communicate to the Team any changes in their ability to implement their assigned responsibilities.
 - 4. Ensure that implementation of emergency plan actions and strategies conform with informed decisions.

- L. For Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) and waiver-funded providers: Document plans for addressing transportation needs including essential assistive devices and/or life-sustaining equipment for those intended to be evacuated.

IV. STAFF

A. Administrative Staff

Provider administrative staff should complete the following to assure readiness to implement emergency plans:

- 1. Seek employees who are qualified to serve the needs of people that are being evacuated.
- 2. Inform employees, in writing, of their responsibilities involving evacuation during storms/disasters upon hiring.
- 3. Clarify, in writing, the roles, responsibilities, and job duties of the staff evacuating.
- 4. When staff members are evacuating with the Provider agency, consider the following:
 - a. Personal Items: Inform staff of restricted items during an evacuation (e.g., weapons, limited personal belongings, etc); define what each staff member is permitted to bring (e.g., number/size of suitcases, bags, etc.).

- b. Pets: If pets are allowed, define the size of the pet, the breed type, how they will be maintained (e.g., kennels), and contingencies for transporting pets to new evacuation sites. (Note: Some people supported and staff may refuse to evacuate without their pets.)
 - c. Discuss who will pay for the cost of accommodations, transportation, lodging, and food.
- 5. Clarify, in writing, the responsibilities of non-evacuating staff (e.g., to contact their employer by a specified time, to be prepared to return to work upon request, and to secure the property after the storm clears to allow re-entry into the facilities or homes, etc.).
- 6. Assure continued payroll for employees; consider Direct Deposit for employees include bringing forms to change banks when dealing with direct deposits.
- 7. Consider staffing rotation plans for longer evacuation periods; plan for relief staff for re-opening at the home location; consider dividing staff responsibilities into two alternating teams that can: (a) provide relief during prolonged evacuations or (b) prepare home sites for return of people supported.
- 8. Bring agency policy manual; store it to digital memory.
- 9. Identify staff members who will be administratively responsible [e.g., Officer of the Day O.D.) and grant them the authority to complete all needed supervisory and administrative tasks.
 - a. Ensure that all employees have knowledge of the information and authority of the O.D.
 - b. Define the authority of the O.D. in reference to issues related to people supported, e.g., addressing medical needs, direct care issues.
 - c. Define the authority of the O.D. in reference to personnel issues, e.g., the possibility of placing an evacuated employee on administrative leave.
 - d. Define the authority of the O.D. in reference to financial issues, e.g., handling money/credit cards, purchasing medication/supplies.
- 10. Maintain an information contact list for all staff in the event of an emergency; include up-to-date information with contact names, addresses and phone numbers.

11. Obtain a Yahoo or Hot Mail electronic address to aid in submission of information and maintenance of communication with state program offices; consider establishing and distributing an alternate e-mail account in case the company's/agency's server goes down.
12. Consider transporting computers/software required for billing process in order to maintain a cash flow during prolonged evacuation periods.
13. Consider purchasing a business interruption insurance policy.
14. Be prepared to evacuate when OEP issues a mandatory evacuation for the area. [Note: In the absence of an evacuation order, providers should establish their own criteria for other emergencies with priority given to the safety of the people served (e.g., evacuate 48 hours in advance for storms category 3 and above)]and include the provider's evacuation criteria in each person's plan of support.]
15. Consider having off-site storage of important documents, via scanning of medical, financial, legal and personal identification information from each service recipient's record.
16. Consider pre-arrangements for inclusion of family members of direct support staff during evacuation planning.
17. Consider conducting a mock evacuation drill(s) which may include loading equipment, medication, supplies, etc.
18. Ensure that drivers assigned to vehicles are familiar with the vehicles. If a Chauffeur's License or C.D.L. is required, that driver must have the appropriate license.
19. Designate a support team member or position to be responsible for each part of the evacuation plan (i.e., transportation, packing, etc.).

B. Direct Support Team Members

Designated support team members should be prepared to respond and understand the following responsibilities:

1. Be accessible and available to implement specified plan actions and strategies.
2. Agree to carry out their assigned actions and strategies.
3. Agree to communicate to the Support Team or ID Team any changes in implementing their designated responsibilities.

V. MISCELLANEOUS - Other Supplies

1. Consider providing or securing site location recreational items: TV, DVD, radios, games, puzzles, books, etc.
2. Consider having the following items available: Ice Chests, paper towels, anti-bacterial wipes and soaps, plastic plates and utensils, folding chairs, Kleenex, small fans, and insect spray.
3. Provide for refrigeration needs of medications by obtaining a small 12-volt refrigerated unit or cold chemical packs.
4. Specify equipment necessary to support each person evacuated: extra wheelchair, changing tables, mats, positioning items, etc.

RESPONSE

I. TRANSPORTATION

The staff assigned to transport during an emergency should be responsible for the following:

- A. Complete logs to document the vehicle number, the driver, the head count in the specific vehicle, small two-way radios, and cell phone numbers assigned to each vehicle.
- B. Bring an extra set of keys for all vehicles; consider using a hide-a-key on each vehicle.
- C. Make Pit Stops at identified locations that can accommodate the specific group being evacuated and their specialized needs; complete head counts in each vehicle prior to departure from the pit stop.
- D. Fuel vehicles prior to site arrival or after unloading; refuel all vehicles as soon as possible due to the possible scarce availability of fuel after the storm.
- E. Upon arrival at the evacuation site, complete a post trip vehicle inspection; address all problems or concerns identified in a timely manner.
- F. Upon arrival at the evacuation site, park the vehicles in a safe location away from trees and other objects that are not secured; ensure all vehicle electrical systems are off, windows are up and doors are locked.
- G. Use walkie-talkies for open communication among staff and vehicles during the evacuation process and at the evacuation site.

II. STAFF

A. Administrative Staff

The Office of the Day, or Administrative Staff designated in charge during the evacuation, should be assigned responsibility for the following:

1. With prior authority given, make decisions including employee related issues, service delivery, purchasing needs, etc.
2. Inform the following in writing by fax or e-mail that the provider has initiated the evacuation and again upon arrival at the evacuation site (including a complete list of people evacuated):
 - a. The local OEP;
 - b. The applicable state office;
 - c. Support Coordinators;
3. Bring a copy of the Evacuation Site Contract.
4. Bring a copy of the emergency/medical facilities and phone numbers near the Evacuation Site.
5. Bring a Master List of Health and Medical Information for service recipients and forms that document each individual's name, Social Security Number, date of birth, Medicaid #, Medicare #, diagnosis, medications and any other special needs information.
6. Bring blank forms for documentation such as Critical Incident Forms, Behavior Forms, Accident Forms, Daily Documentation, Activities Log, and/or Time Lines, Seizure Reports, Med Error Reports, Physician's Orders, Payroll Timesheets, Billing Forms, etc.
7. Bring a Master List of other emergency contact names and numbers.
8. Document positive and negative outcomes so that improvements can be completed to correct any issues for future evacuations.
9. Bring the original pre-signed refusal to evacuate forms.
10. Inform the local and state authorities of all service recipients that have refused to evacuate (include the person's name, address, and telephone number).

B. Direct Support Staff:

Direct Support Staff should be assigned responsibility for the following:

1. Document on payroll timesheets daily.
2. Document on service timesheets daily (e.g., communication logs, service delivery logs, LAST logs, etc.)
3. Non-evacuating direct support staff: Contact their employer to report a current location and to provide contact information immediately after the disaster.

RECOVERY

I. STAFF

A. Administrative Staff

1. Assist all service recipients to identify and access community relief aids (e.g., financial resources, food stamps, FEMA, Red Cross, Housing Authority, charitable organizations such as churches, grants, philanthropists, etc.).
2. Explore options and aid in providing an alternate place of living for the person receiving services, including contacting other provider agencies, families, etc.
3. Actively seek additional employees to provide coverage and services; network with others out of the local area (and state) to find providers of services.
4. Notify the applicable program office, the local OEP (Office of Emergency Preparedness), and Support Coordinators of the return to home site.
5. Maintain the ability to complete payroll, billing processes, and computer access to provide services for people served.
6. Maintain a plan for alternate communication.
7. Be flexible to facilitate roles and duties not typically assigned (e.g., job sharing).
8. Community Home Staff (as per licensing LAC 48:I.51188) and Provider Agency Staff - Inspect each home site and agency building to assess safety issues in the following areas: damage, flooding, safety, electricity, infrastructure, availability of services (food, medication, doctors, water, etc.).

B. Direct Support Staff

1. Inspect each home site to assess safety issues in the following areas: damage, flooding, safety, electricity, infrastructure, availability of services (food, medication, doctors, water, etc.).
2. Assist the service recipient to clean their home and dispose of ruined foods.
3. Aid all service recipients to identify and access community relief aids (e.g., financial resources, food stamps, FEMA, Red Cross, Housing Authority, Charitable Organizations such as Churches, Grants, Philanthropist, etc.).
4. Be flexible to facilitate roles and duties not typically assigned (e.g., job sharing).

ATTACHMENTS

1. Individual Determination of Evacuation	MS WORD Document
2. Emergency Site/Host Evacuation Agreement	MS WORD Document
3. Service Recipients Evacuation List	Excel Document
4. Staff Evacuation List (2 forms)	Excel Document
5. Service Recipients ID Information	Excel Document
6. Disaster Binder Set Up	MS WORD Document
7. Evacuation Items Checklist	MS WORD Document
8. The Take and Go Emergency Book	MS WORD Document
9. Evacuation Vehicle Line Up Master List	Excel Document
10. Evacuation Vehicle Passenger Information	Excel Document
11. Residential Administrative Procedural Emergency Preparedness Checklist	MS WORD Document
12. Service Recipient / Family Evacuation Request	MS WORD Document
13. Service Recipient / Family Evacuation Notification	MS WORD Document
14. Staff Response Sheet	MS WORD Document

INDIVIDUAL DETERMINATION OF EVACUATION

In the event of an emergency when _____ (the agency) has activated its emergency plan, it is my intent to (check one of the options below):

_____ remain with the agency, whether evacuating to a local shelter, out of town, or out of state.

or

_____ remain with a friend or family member, regardless of where they endure the emergency.

I will hold _____ (the agency) harmless of any responsibility while I am not under the supervision of the agency.

I will be with (person's name): _____

Address: _____

City/State/Zip: _____

Phone (_____) _____ - _____ Alternate Phone (_____) _____ - _____

or

_____ refuse to evacuate.

I understand that if I do not evacuate and choose to remain in the emergency area, there is a possibility that I will be without utilities (electricity, air-conditioning, water) and/or community services such as police and fire protection, medical services, etc.

I also understand that I might also be at risk of serious injury or even death.

_____ Individual Served Printed Name	_____ Signature	_____ Date
_____ Responsible Relative Printed Name	_____ Signature	_____ Date
_____ Agency Rep Printed Name	_____ Signature	_____ Date
_____ Witness Printed Name	_____ Signature	_____ Date

EMERGENCY SITE/HOST EVACUATION AGREEMENT

The following is an agreement between (PROVIDER), a private, non-profit agency located at (ADDRESS) and (HOST) regarding emergency lodging arrangements should evacuation from the (TOWN) area become necessary. It is understood that this agreement involves individuals supported by (PROVIDER), their staff and essential family members.

It is agreed that (HOST) will provide:

1. Lodging space for sleeping and bathroom facilities at the projected cost of _____ per day per person;
2. Food will be furnished and prepared by _____ at a cost of \$ _____ per meal;
3. Dining accommodations [tables, chairs, utensils] to be furnished by Host facility;
4. Access to landline telephones should cellular towers be out of service.

It is agreed that (PROVIDER) will be responsible for:

1. Transportation to and from the Host facility
2. Support staff to provide assistance and supervision to (PROVIDER) evacuees
3. Snacks for (PROVIDER) evacuees
4. Medications for the people (PROVIDER) serves
5. Beds, Bedding and Linens
6. Towels for bathing
7. Personal Hygiene Supplies
8. First Aid Supplies
9. Necessary wheelchairs and other adaptive equipment for services
10. Assisting with/maintaining cleanliness of buildings and grounds utilized by (PROVIDER)
11. Liability Insurance to cover (PROVIDER) staff, recipients and related family members staying on the Host's premises

Additional stipulations/conditions (if any) will be negotiated between (PROVIDER) and (HOST) including changes in fees or other arrangements that may arise:

To help expedite the evacuation process, (PROVIDER) will contact (HOST) when a hurricane/storm enters the Gulf of Mexico or another type Natural Disaster occurs which might necessitate an evacuation. (PROVIDER) will again contact (HOST) if the projected path of a storm includes the (TOWN) area. (PROVIDER) will have organized its resources and be ready to evacuate no later than 48-hours before projected landfall for any Category 3-5 hurricane.

This agreement is to cover the evacuation of approximately _____ individuals. It is understood that this agreement is based upon available space but that (PROVIDER) will be given priority status.

The effective date of this agreement is _____.

Owner/Administrator

Host Signature

Title / Provider Name

Title / Host Business Name

Email: _____

Email: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

Fax: _____

Fax: _____

SERVICE RECIPIENTS EVACUATION LIST

DATE:

GROUP HOME # 1			
RESIDENT	EVACUATE WITH PROVIDER	CONTACT PERSON	CONTACT PHONE #

GROUP HOME # 2			
RESIDENT	EVACUATE WITH PROVIDER	CONTACT PERSON	CONTACT PHONE #

GROUP HOME # 3			
RESIDENT	EVACUATE WITH PROVIDER	CONTACT PERSON	CONTACT PHONE #

SERVICE RECIPIENTS' IDENTIFYING INFORMATION

DATE:

Name ID # Date of Birth MEDICAID # MEDICARE # Social Security # Diagnosis Medications

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
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DISASTER BINDER SET UP

- I. Preparation
 - Service Recipient Evacuation checklist
 - Request for Staff Volunteers and Response Sheet
 - Service Recipient/Family Evacuation Request Forms
 - SIL (Supported Independent Living) Service Recipient according to Selected Support Coordination Agency
 - Service Recipient Participant/Family Notification Forms
 - Evacuation Notification letters and evacuees lists for OEP (Office of Emergency Preparedness), DHH (Department of Health and Hospitals), OCDD (Office for Citizens with Developmental Disabilities and Support Coordination Agencies)

- II. Site Information
 - Signed contract
 - OEP's approval letter for plan
 - Site information – phone and FAX numbers, contact person
 - Map and directions to site

- III. Guidelines
 - Hurricane Policy
 - Community Homes/SIL Emergency Plan
 - Guidelines for evacuation – Items, supplies needed from each area needed
 - Evacuation Daily Living needs – Packing guide for each evacuee
 - Evacuation MAR (Medication Administration Record) Books/First Aid supplies
 - Transportation Pre and Post Hurricane Procedures, Vehicle Evacuation Preparedness Instructions
 - Maintenance Hurricane Preparation Instructions and Post Hurricane Procedures
 - Accounting Department Pre and Post Hurricane Procedure
 - Residential Post Disaster Procedure

- IV. Medical Information
 - Area hospitals information near evacuation site
 - Homes and SIL Medical Information
 - Related Health/Medical Information for the evacuation group

- V. Evacuees Information
 - Home and SIL Service Recipients evacuation list – contact numbers
 - Staff volunteers – contact numbers and number of family members going
 - Drivers - contact information

- VI. Telephone numbers
 - OEP, Radio/TV stations
 - Support Coordination Agencies
 - OCDD
 - Staff – All departments, Residential Department, all staff

VII. General Information/Forms for Actual Evacuation

- Vehicle passenger assignments
- Vehicle information
- Vehicle/passenger information
- Cabin/sleeping assignments
- Contraflow
- Terrebonne Readiness & Assistance Coalition (TRAC) Information (1-877-872-2452 or 1-877 TRAC4LA): Serves 21 parishes through providing contact numbers, shelters, brochures, etc. on hurricane preparedness for residents, children, and the elderly.

EVACUATION ITEMS CHECKLIST

Everyone Bring The Following:

	Sleeping Bag, Pillow, and Blanket
	All medications no less than 14 days and travel bottles for any medication taken in the middle of the day
	Clothes for 7 days
	Sleeping Clothes – T-Shirts & Shorts or Sweatpants – No Short Night Shirts, No Thin/See-Through Tops, No Spaghetti Straps or Low Cut Tops for Females
	Hygiene Items – Deodorant, Toothpaste, Toothbrush, Razor, Sanitary pads/Incontinence supplies (if applicable), Shampoo, Bath Soap, etc.
	Towels and Washcloths

Supported Independent Living (SIL) Specific List:

	Insurance Cards and/or Important Papers (e.g., house insurance)
	Service Recipient Data Sheets
	Blank Physician Order Forms

All Homes Bring The Following:

	Service Recipient Data Sheets
	Insurance Cards
	Evacuation MAR (Medication Administration Record) Book and Special Diet Information
	Flashlights and Batteries
	Snack Foods
	Petty Cash
	Extra Wheelchairs
	Ice Chest
	Activity Items: Tape Player, Music Tapes, TV, Videos, Radios, Basketball, Horse

	Shoes, Cards, Activity Books, Writing Paper, Pencils, Colors, Cards, Puzzles, Etc.
	Paper Towels, Toilet Paper
	Plastic Cups, Medicine Cups
	Cleaning Supplies, Disinfectants
	Kleenex
	Water
	First Aid Supplies
	Gloves (Various Sizes And Types)
	Wet Wipes
	Pump Soap
	Heavy Duty Garbage Bags
	Cell Phones, Chargers & Phone Lists
	Walkie Talkies And Chargers
	Provider Credit Cards, Extra Cash
	Provider Purchase Orders
	Records Binder
	Abuse/Critical Incident Reports – Homes And SIL
	Accident, Behavior, Seizure Reports
	Physician Order Forms – Homes And SIL
	ISPs (Individual Service Plans), CPOCs (Comprehensive Plan of Care), POCs (Plans of Care), Form 90Ls, Immunization Records
	Service Recipient Data Sheets, ID Cards/Information
	Service Logs, Service Provision Forms
	Employee Timesheets
	Lap Top And Uninterruptible Power Supply (UPS)

**EMERGENCY PREPAREDNESS for
PEOPLE WITH DISABILITIES
AND THEIR FAMILIES**

**“The Take and Go Emergency
Book”**



Developed by Individuals with Disabilities and Their Families

in collaboration with the

Office for Citizens with Developmental Disabilities

Issued: May 10, 2006

THE TAKE AND GO EMERGENCY BOOK

For

Paste

Picture

Here

I communicate by:

- Speaking
- Using sign language
- Using a communication device
- Using gestures

My Name

Date Prepared

NAME:

DATE PREPARED:

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-mail: _____

Date of Birth: _____ SS#: _____

These are my family members:

Contact #s:

Father: _____

Mother: _____

Spouse: _____

Brother(s): _____

Sister(s): _____

Grandparent(s): _____

Other Family: _____

These are people that are important to me:

Contact #s:

My History: _____

NAME:

DATE PREPARED:

Medical Information

My legal status is (circle one): Minor Interdicted Competent Major

Blood Type: _____

Cautions for Emergency Medical Technicians: _____

My emergency contact person is: _____

My insurance is: _____

Medicaid/Medicare #s: _____

Primary Care Physician: _____

Address: _____ Phone: _____

_____ Pager: _____

Hospital: _____

Secondary Care Physician: _____

Address: _____ Phone: _____

_____ Pager: _____

Hospital: _____

I use **Durable Medical Equipment:** _____

Medical Equipment Brand/Where Purchased: _____

I use **Life Support Equipment:** _____

Life Support Equipment Brand/Where Purchased: _____

I have the following **conditions** and have had these **procedures:** _____

NAME:

DATE PREPARED:

Health and Safety

Medical Conditions: _____

Medications: _____

Pharmacy and Prescription #s: _____

Note: Bring Pill Bottles

Allergies: _____

Important things you need to know before you help me: _____

This is the type **diet** (regular, diabetic, salt restricted) that I am on and **how my food is prepared** (regular, chopped, pureed):

This is **how I eat:** _____

NAME:

DATE PREPARED:

This is **how I drink:** _____

This is **how I take my medication:** _____

I do not receive any supports and services; these are the people who know me best:

These are the **programs that assist me:** _____

This is my **Support Coordination Agency:** _____

Support Coordinator's Name: _____

Address: _____

Contact Numbers: _____

E-mail: _____ Fax: _____ Cell Phone: _____

This is my **Provider Agency:** _____

My contact there is: _____

Address: _____

Contact Numbers: _____

E-mail: _____ Fax: _____ Cell Phone: _____

This is **where I go to School:** _____

Address: _____

Contact Numbers: _____

NAME:

DATE PREPARED:

I have this plan(s) (circle all that you have): IEP ITP 504

Physical Support Plan Behavioral Support Plan Nutritional Support Plan

This is **where I Work:** _____

Supervisor's Name: _____

Address: _____

Contact Numbers: _____

E-mail: _____ Fax #: _____ (For each agency)

Web address and cell phone: _____

This is **where I Bank:** _____

Contact Numbers: _____

NAME:

DATE PREPARED:

Likes and Dislikes

Things that I like (people, places, things, activities that create excitement, happiness and engagement):

This is **how I show I'm happy**: _____

Things that I do not like (people, places, things, and situations that cause upset, anger, sadness, and/or frustration):

This is **how I show my anger**: _____

If I'm scared, this is **how I react**: _____

When I am scared, I **need you to**: _____

I **communicate best** when (gesturing, speaking, behaving a certain way, using a communication device, using sign language):

Disaster Evacuation		MASTER LIST		DATE:		
Evacuation Vehicle Line Up Information						
Vehicle # & Description		Driver	Line-Up #	Cell #	Head Count with Driver	
			1			
			2			
			3			
			4			
			5			
			6			
			7			
			8			
			9			
			10			
			11			
			12			
			13			
			14			
			15			
				Total Evacuees --->		
Notes	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					

DISASTER EVACUATION VEHICLE/PASSENGER INFORMATION

DATE:

STORM NAME:

Vehicle # & Description

Driver Name

Passenger's Name

1

2

3

4

5

6

7

8

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Notes:

RESIDENTIAL ADMINISTRATIVE PROCEDURAL EMERGENCY PREPAREDNESS CHECKLIST

A. DUE EACH MAY:

1. Review evacuation plan
2. Contact program service recipients and/or families to determine who will evacuate with provider and complete the Individual Determination of Evacuation Form.
3. Update all home and SIL service recipients information.
4. Send out requests for evacuation volunteers.
5. Prepare service recipients' bedding evacuation bags and attach name tags.
6. Update all phone lists – staff, agencies, etc.
7. Record binders and/or disk prepared with ISPs, CPOCs, POCs, Form 90-Ls, immunization records, etc.

B. WHEN HURRICANE THREAT IS PRESENT:

1. Prepare service recipients' evacuation supplies – clothes, hygiene items, and medications.
2. Notify volunteers to prepare to leave.
3. Recheck and/or update service recipients/ information. Make an extra copy of ID badges.
4. Contact evacuation site.
5. Follow the provider hurricane policy.

C. WHEN EVACUATION IS NECESSARY:

1. Notify volunteers, service recipients, and families and review and revise if needed, the Individual Determination of Evacuation form.
2. Decide on departure time.
3. Prepare food and drinks to take.
4. Contact evacuation site with estimated time of arrival.
5. Complete evacuation site ID cards for service recipients and staff.
6. Secure provider and service recipients' property prior to departure, if possible.
7. Notify in writing (fax or email) OEP, DHH, OCDD, and Support Coordination agencies of departure.

D. AFTER HURRICANE THREAT IS PAST:

1. Follow instruction in the provider's Post Disaster Procedure.
2. Notify families, OEP, DHH, OCDD, and Support Coordination agencies upon return home.

STAFF RESPONSE SHEET

Subject: Hurricane Evacuation Volunteers

Date: _____

Coordinator: _____

Staff Please Respond Below:

Print Name:

EVACUATION WITH PROVIDER (Circle Yes or No)	SIGNATURE	FAMILY EVACUATION (Circle Yes or No)	HOW MANY FAMILY MEMBERS	TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
Yes or No		Yes or No			

PLEASE RETURN THIS FORM TO ADMINISTRATION BY: _____