

Evacuation to Alternate Care Site Emergency Preparedness Survey

Facility Name:	
Completed by:	Date:
Name of Administrator:	
Phone #:	Administrator E-Mail:
Physical or Geographic address of Facility:	
Longitude:	Latitude:
Who is responsible for making the decision to evacuate?	
Name:	Title/Position:
Facility Description	
What year was the facility built?	
Are the windows resistant to or protected from wind and windblown debris?	Yes or No
Have the facility's internal and external environments been evaluated to identify potential chemical or biological hazards?	Yes or No
Has the facility's external environment been evaluated to identify potential hazards that may fall or be blown onto or into the facility?	Yes or No
Operational Considerations	
Resident's information:	
What is the facility's total number of state licensed beds?	
<i>If the facility had to be evacuated today-- answer the following using current resident census and their transportation requirements:</i>	
How many high risk patients will need to be transported by advanced life support ambulance due to dependency on mechanical or electrical life sustaining devices or very critical medical condition?	
How many residents will need to be transported by a basic ambulance who are not dependent on mechanical or electrical life sustaining devices, but who cannot be transported using normal means (buses, cars, vans). This may include patients who cannot sit up, are medically unstable or not fit for regular transportation.	
How many residents can only travel using wheelchair accessible transportation?	
How many residents need no specialized transportation and could travel by car, van or bus?	
<i>Is the following provided in the facility emergency preparedness plan?</i>	
Each resident's current and active diagnosis?	Yes or No
Each resident's current list of medications including dosages and times?	Yes or No
Each resident's allergies, if any?	Yes or No
Each resident's current dietary needs or restrictions?	Yes or No
Each resident's current transportation requirements?	Yes or No
Staff	
<i>Is each of the following provided in the facility emergency preparedness plan?</i>	
Emergency contact information for all current staff?	Yes or No
Acknowledgement of whether staff will work during emergency events?	Yes or No
What is the total number of planned staff and other non-residents that will require facility transportation for an evacuation?	
Transportation	
Does facility have transportation, or have current contracts or agreements for emergency evacuation transportation?	Yes or No
Is the capacity of planned emergency transportation adequate for the transport of all	Yes or No

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residents, planned staff and supplies to the evacuation host site?	
Is there a specified time or timeline that transportation supplier will need to be notified by?	Yes or No
Does each contract or agreement for NON-AMBULANCE transportation contain the following information?	
The complete name of the transportation provider?	Yes or No
The number of vehicles and type of vehicles contracted for?	Yes or No
The capacity of each vehicle?	Yes or No
Have copies of each signed and dated contract/agreement been included for submitting?	Yes or No

Evacuation Site	
Does the facility have current contracts or verified agreements for a primary evacuation site outside of the primary area of risk?	Yes or No
Provide the following information:	
What is the name of each primary site?	
What is the physical address of each host site?	
What is the distance to each host site?	
Is the host site located outside of the risk area?	Yes or No
Does plan include map of route to be taken and written directions to host site?	Yes or No
Who is the contact person at each primary host site?	Name: _____ Phone: _____ Email: _____ Fax: _____
What is the capacity of each primary host site?	
Is the primary site a currently licensed nursing home?	Yes or No
If primary site is not a licensed nursing home provide a description of host site including:	
<ol style="list-style-type: none"> 1. What type of facility is it? _____ 2. What is host site currently being used for? _____ 3. Is the square footage of the space to be used adequate for the residents? Yes or No 4. Are there adequate provisions for food preparation and service? Yes or No 5. Are there adequate provisions for bathing and toilet accommodations? Yes or No 6. Are any other facilities contracted to use this site? Yes or No 7. Is the capacity of primary host site adequate for staff? Yes or No 8. Is there a specified time or timeline that primary host site will need to be notified by? Yes or No 9. Does the facility have current contracts or verified agreements for an alternate or secondary host site? Yes or No 	
Provide the following information:	
<ol style="list-style-type: none"> 1. What is the name of each secondary site? _____ 2. What is the physical address of each secondary site? _____ 3. What is the distance to each secondary site? _____ 4. Is the site located outside of the risk area? Yes or No 5. Does plan include map of route to be taken and written directions to site? Yes or No 6. Who is the contact person at each secondary site? Name: _____ Phone: _____ Email: _____ Fax: _____ 7. What is the capacity of each secondary site? _____ 8. Is the secondary site a currently licensed nursing home? Yes or No 	

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9. If secondary site is not a licensed nursing home provide a description of host site including:	
i. What type of facility is it? _____	
ii. What is the site currently being used for? _____	
iii. Is the square footage of the space to be used adequate for the residents? Yes or No	
iv. Are there adequate provisions for food preparation and service? Yes or No	
v. Are there adequate provisions for bathing and toilet accommodations? Yes or No	
vi. Are any other facilities contracted to use this site? Yes or No	
vii. Is the capacity of secondary site adequate for staff? Yes or No	
viii. Is there a specified time or timeline that secondary site will need to be notified by? Yes or No If so, what is that time?	
Have copies of each signed and dated contract. Agreement been included for submitting?	Yes or No
Non-perishable food or nourishment	
For evacuations, does facility have provisions for food/nourishment supplies at evacuation site?	Yes or No
Is there a means to prepare and serve food/nourishment at evacuation site?	Yes or No
Does evacuation site have an adequate supply of water for all needs?	Yes or No
Medications	
For evacuations, does facility have provisions for medications at evacuation site?	Yes or No
For evacuations, does facility have provisions for medical, personal hygiene, and sanitary supplies at evacuation site?	Yes or No
Communications/ Monitoring	
<i>Monitoring alerts:</i>	
What equipment/ system does facility use to monitor emergency broadcasts or alerts?	
Is the equipment tested?	Yes or No
Is the monitoring equipment powered and operable during utility outages?	Yes or No
<i>Communication- send and receive – with emergency services and authorities:</i>	
What equipment does facility have to communicate during emergencies?	
Is the equipment tested?	Yes or No
Is the communication equipment powered and operable during utility outages?	Yes or No
All Hazard Analysis	
Has the facility identified potential emergencies and disasters that facility may be affected by, such as fire, severe weather, chemical or biological releases?	Yes or No
Plans for evacuation	
Does facility have written viable plans for adequate transportation for transporting all residents to the evacuation site?	Yes or No
Does facility have written viable plans for adequate staffing for the loading of residents and supplies for travel to evacuation site?	Yes or No
Does facility have written viable plans for adequate staffing to ensure that all residents have access to licensed nursing staff and appropriate nursing services during all phases of the evacuation?	Yes or No
Does facility have written viable plans for adequate staffing for the unloading of residents and supplies at evacuation host site?	Yes or No
Does facility have written viable plans for adequate transportation for the return of all residents to the facility?	Yes or No
Does facility have written viable plans for the management of staff, including provisions for adequate qualified staffing and the distribution and assignment of responsibilities and functions at the evacuation site?	Yes or No
Does facility have written viable plans to have sufficient supplies at or delivered to the evacuation site prior to or to coincide with arrival of residents? (potable and non-potable water, food, fuel, medications, medical goods, personal hygiene, sanitary, clothes, bedding, etc.)	Yes or No

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Does facility have written viable plans for communication during evacuation?	Yes or No
Does facility have written viable plans to provide emergency medical care if needed while at evacuation site?	Yes or No
Does facility have written viable plans for all identified potential hazards?	Yes or No
Does facility have written viable plans for communication during all emergencies?	Yes or No
Does facility have written viable plans for monitoring emergency alerts and broadcasts at all times?	Yes or No
Does facility have written viable plans for notifying authorities and responsible parties of the locations of all residents and any changes of those locations?	Yes or No
Does facility have written viable plans for triaging residents according to their transportation needs?	Yes or No
<i>Who has been designated or assigned to the following required duties?</i>	
<p>Title or position of person assigned to notify the responsible party of each resident of the following information within 24 hours of the decision:</p> <ul style="list-style-type: none"> i. If facility is going to evacuate. ii. The date and approximate time that the facility is evacuating. iii. The name, address, and all contact information of the evacuation site. iv. An emergency telephone number for the responsible party to call for information. 	<hr/> <hr/> <hr/> <hr/>
<p>Title or position of person assigned to securely attach the following information to each resident during an emergency so that it remains with the resident at all times:</p> <ul style="list-style-type: none"> i. Resident's identification ii. Resident's current or active diagnoses iii. Resident's medications, including dosages and times administered iv. Resident's allergies v. Resident's special dietary needs or restrictions vi. Resident's next of kin, including contact information 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Title or position of person assigned to ensure that an adequate supply of the following items accompany residents on buses or other transportation during all phases of evacuation:</p> <ul style="list-style-type: none"> i. Water, Food, Nutritional supplies and supplements, all other necessary supplies for the resident 	<hr/> <hr/> <hr/>
<p>Title or position of person assigned for contacting emergency services and monitoring emergency broadcasts and alerts:</p>	<hr/> <hr/> <hr/>
Plan Development and Maintenance	
Has the plan been developed in cooperation with the local Office of Emergency Management?	Yes or No
If not, was there an attempt by facility to work with the local Office of Emergency Management?	Yes or No