

# Appendix G: Evacuation Plan and Checklists. Transportation Agreements

## Estimated Number and Types of Vehicles Needed to Evacuate

Vehicle	Supplied By	Date of Contact	MOU Signed Date / Initials	Next Review Date
Ambulance				
Ambulance				
Bus				
Bus				
Bus				
Bus				
Medi-van/care cab				
Medi-van/care cab				
Medi-van/care cab				
Other (Describe)				
Other (Describe)				
Other (Describe)				

## Transportation Agreement/Contract Contacts

(Include copies of agreement in the plan)

<b>Company Name</b>	
<b>Contact Person</b>	
<b>Office</b>	
<b>Cell</b>	
<b>Type and # of vehicles</b>	

## Evacuation Logistics

Based on your residents' needs, levels of mobility, cognitive abilities, and health status, your LTC community should develop evacuation logistics as part of your Disaster Plan. The following table is an example of such a logistics plan.

### Evacuation Plan

#### Transportation

- **Residents who are independent in ambulation:** will be accompanied by a designated staff member to the designated mode of transportation.
- **Residents who require assistance with ambulation:** will be accompanied by designated staff member to the designated mode of transportation.
- **Residents who are non-ambulatory:** will be transferred by designated staff members via the designated mode of transportation.
- **Residents with cognitive impairments:** will be accompanied by an assigned staff member via the designated mode of transportation.
- **Residents with equipment/prosthetics:** equipment/prosthetics should accompany residents and should be securely stored in the designated mode of transportation.

#### Medical Records

At a minimum, each resident will be evacuated with the Critical Resident Information.

#### Medications

Each resident will be evacuated with a minimum of a 3-day supply of medications. If medications require refrigeration, indicate plan to keep medications cool.

#### Estimated Evacuation Time

Calculate based on the number of residents and estimated time for each based on assistance required.

#### Resident Tracking

Indicate who is responsible for keeping the log of residents' locations post-evacuation (some situations may require residents going to numerous locations).

#### Resident Justification

Indicate who is responsible for making a final check and head count of residents to ensure all residents have been evacuated.

## Evacuation Checklists

### Preparedness: Items potentially needed for evacuation

Check off	Item
	Appropriate ramp to load residents on buses or other vehicles
	First aid kit(s)
	Medical record of some type for residents
	Special legal forms, such as signed treatment authorization forms, do not resuscitate orders, and advance directives
	Clothing with each resident's name on their bag
	Water supply for trip- staff and residents (one gallon/resident/day)
	Emergency drug kit
	Non-prescription medications
	Prescription medications and dosages labeled), to include physician order sheet
	Communications devices: cell phones, walkie-talkies (to communicate among vehicles), 2 way radios, pager, Blackberry, satellite phone, laptop computer for instant messaging, CB radio (bring all you have)
	Air mattresses or other bedding (blankets, sheets, pillows)
	Facility checkbook, credit cards, pre-paid phone cards
	Cash, including quarters for vending machines, laundry machines, etc
	Copies of important papers: insurance policies, titles to land and vehicles, etc.
	List of important phone numbers
	Emergency prep box: trash bags, baggies, yarn, batteries, flashlights, duct tape, string, wire, knife, hammer and nails, pliers, screwdrivers, fix-a-flat, jumper cables, portable tire inflator, tarps, batteries, etc.
	Non perishable food items- staff and residents
	Disposable plates, utensils, cups, straws
	Diet cards
	Rain ponchos
	Battery operated weather radio and extra batteries, to include hearing aid batteries and diabetic pump batteries
	Hand sanitizer
	Incontinence products
	Personal wipes
	Toiletry items (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues)
	Denture holders/cleansers
	Toilet Paper
	Towels
	Latex Gloves
	Plastic Bags
	Bleach sterilizing cleaner
	Coolers
	Lighters

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Check off	Item
	Office supplies, such as markers, pens, pencils, tape, scissors, stapler, note pads, etc.
	Laptop computer with charger; Flash drives or CDs with medical records
	Maps – County and State
	Insect Repellant
	Vehicle Emergency Kit (Safety Triangles, road flares, engine oil, transmission fluid, funnels, jumper cables, tow rope or chain, tool kit, etc.)

**Response: Prior to Evacuation**

Date/Time Completed	Initials	Item
		Determination made of number of residents that must be transported by ambulance, van, car, bus or other method
		Transport services contacted and necessary transportation arranged.
		Receiving facilities contacted and arrangements made for receipt of residents.
		Contact made with facility's medical director and/or the patient's physician
		Necessary staff contacted for assistance in transporting residents and caring for residents at the receiving facility.
		County Emergency Management Agency contacted and informed of the status of the evacuation.
		Roster made of where each patient will be transferred and notify next of kin when possible.
		Residents readied for transfer, with the most critical residents to be transferred first. Include:
		a. change of clothes
		b. 3 day supply of medications
		c. 3 day supply of medical supplies
		d. patient's medical chart to include next of kin
		e. patient identification, such as a picture, wrist band, identification tag, or other identifying document to ensure residents are not misidentified
		Adequate planning considerations given to needs of residents, such as dialysis patients.
		Adequate planning considerations given to residents on oxygen.
		Adequate planning considerations given to residents using durable medical equipment such as masks, nasal cannulas, colostomy equipment, g-tube, etc.

## Sample Resident Profile

Resident Name: \_\_\_\_\_ AKA \_\_\_\_\_

DOB \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ M/F \_\_\_\_\_

**Assistive Devices Used** (Circle all that apply)

Dentures *Partial or Full*

Cane

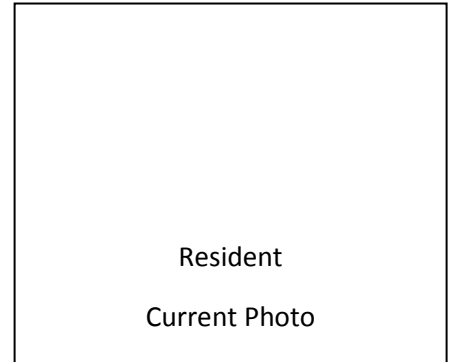
Walker

Wheelchair

Eyeglasses

Hearing Aid

Oxygen *Indicate Concentration* \_\_\_\_\_



### Emergency Contact Information

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

### Physician

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

### Pertinent Medical Information:

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### Medications:

Name \_\_\_\_\_ Dosage \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_

**Allergies:**

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**Medical Devices:**

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**Pet** \_\_\_\_\_ **Name** \_\_\_\_\_

**Age** \_\_\_\_\_

**Sheltering Facility Agreement/Contract Contacts**

(Include copies of agreement in the plan)

Company Name	
Contact Person	
Office	
Cell	
Pager	
Will Accept # and Type of Residents	