



AGENCY EMERGENCY PLAN for COMMUNITY-BASED ORGANIZATIONS SERVING OLDER PERSONS

*In a major emergency, response systems will be overwhelmed (e.g., police & fire departments, hospitals, utility companies, etc.). Officials tell us we will be virtually on our own the first 72-hours. The following outline will help your organization plan and prepare to meet the needs of both your staff and the people you serve in this event. **Please complete and keep this form.***

Agency: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Cell Phone:** (____) _____ **Fax:** (____) _____

County/Counties Served: _____ **Email:** _____

A. Facility Preparation: *On the space provided list the date accomplished and initials of the staff person responsible for completing this task.*

Move heavy items to lower shelves in closets and cabinets. _____

Check cabinet doors to be sure they can be closed securely. _____

Remove or isolate flammable materials. _____

Clearly mark gas and water shut-off valves and post legible instructions on how to shut off each one. _____

Maintain a conveniently located set of tools (including pipe and crescent wrenches) to facilitate prompt gas shut-off. _____

Place a facility evacuation plan in an area accessible to the public. _____

Indicate the location at each site where the following items, in working condition, can be found.

Portable radio and extra batteries: _____

Emergency first aid supplies: _____

Flashlights and spare batteries: _____

Wrenches and other tools: _____

Fire extinguishers: _____

B. Inventory of Neighborhood Resources

In an extended power outage, where can you rent or borrow a generator? (*List name, address and phone #*)

If phones at your agency are not working, where is the nearest pay phone? (A pay phone may operate sooner than a normal business phone; are there coins in petty cash?)

Identifying the following neighborhood resources can strengthen your response to emergencies:

Nearest public health clinic? (name, address and phone:)

Nearest place to go for help, if phones aren't working? (name and address)

Does the nearest *fire* station know about you? (address and phone:)

Does the nearest *police* station know about you? (address and phone:)

C. Meeting the Needs of People You Serve

How many total clients could be at your site in a disaster?

How will you find out about the condition of people you serve who are off site?

In an emergency, who else needs information about the status of people you serve? Off site staff? Families of clients? List the most critical contacts that need to be made: (Include phone numbers)

1. _____

2. _____

3. _____

The following assumes an emergency may require you to provide shelter to clients at your facility :

Where can you go for an additional source for *water*?

Where can you go for an additional source for *food*?

Where can you go for an additional source for emergency supplies?

Where can you go for an additional source for medical equipment?

What immediate medical staff is available? (Red Cross MDs and nurses may not be available at the exact time of the emergency, and community physicians and nurses may have insurance coverage issues that prevent their provision of care).

What arrangements are in place for prescription delivery services?

What arrangements are in place on site for separate heating/cooling units for food and medications?

What arrangements/training are in place for volunteers to assist with persons with memory disorders, mental/behavioral problems, or to help with activities of daily living?

What arrangements are in place with hospitals for transfer of patients directly to your site – for example, discharge planner contact information, hospital chart sheet, instructions for care, medications list, and prescriptions to filled in route to your site?

What resources are in place to provide bath, clean clothes, and/or personal care at your site?

What arrangements are in place to secure interpreters for persons with language barriers and/or hearing impairments? _____

What arrangements are in place to accommodate oversize wheelchairs?

What other special equipment, arrangements need to be in place for your site?

1. _____

2. _____

3. _____

D. Preparing Staff for Emergencies

In an emergency, the first concern of staff will be the safety and welfare of family members.

The agency will want to ensure that all staff members have an opportunity to check on their homes and family members as soon as possible following a disaster.

All staff have been trained in basic emergency preparedness. Accomplished: _____

All staff have received an outline for an individual/family emergency plan and have been encouraged to complete it. Date accomplished: _____

All staff have received and reviewed a copy of the agency plan. Accomplished: _____.

E. Personnel Resources:

Staffing necessary for post-disaster response

Realistically, how many staff will work after a disaster, if it strikes during work?

If it is during a work week, but before the day begins?

If it happens on a weekend?

Which staff should automatically report to work in a disaster?

To support the work of staff in an emergency, we will use volunteers for the following activities:

1. _____ 2. _____ 3. _____.

A volunteer list has been developed and volunteers were notified that they are on the list to help in emergencies. Date accomplished _____.

An updated hard copy of the volunteer list is printed monthly. Yes _____ No _____.

The hard copy of the list is stored/filed _____.

Who/what position is responsible for initiating contact with volunteers in the event of an emergency? _____

A list of home telephone numbers for staff for emergency use has been completed and a hard copy of the list is located _____.

Who/what position is responsible for initiating calls to staff? _____

F. Immediate Response in Emergencies

Inform staff of the responsibilities required of each function and assign as appropriate:

1. **Site Security:** Check and turn off gas, and/or electricity only if you can smell gas or if other damage is evident. Turn off water if pipes are broken or leaking.

Responsible staff person: _____

2. **Fire Suppression:** Check for and suppress small fires. Attempt to notify fire department.

Responsible staff person: _____

3. **Search and Rescue:** If evacuation is required, ensure everyone has evacuated. Quickly search the facility for people who may be trapped or injured. Help if possible. Note and record situation for other responders, including names and location.

Responsible staff person: _____.

4. **First Aid:** Administer first aid to injured persons. **Note:** This may require providing first aid training for selected staff persons. Responsible staff person: _____.

G. Evacuation/Transportation

Fire or structural damage may require you to evacuate your building in an emergency.

If in a Chemical Stockpile Emergency Preparedness Program (CSEPP) area, know your zone, the zone evacuation route, and the zone destination. If not in a CSEPP zone, know alternate routes and the closest shelter.

Nationally, the CSEPP includes ten states. Three of these states are Kentucky, Indiana, and Illinois.

In Kentucky, the CSEPP involves the following counties: Clark, Estill, Fayette, Jackson, Garrard, Laurel, Madison, Powell, and Rockcastle. For further information contact the Madison County Emergency Management Agency CSEPP at (859) 624-4787.

What is your zone? _____.

Where is your evacuation route? _____.

What is your evacuation destination? _____.

Are there program participants who will need assistance evacuating your facility? Have you assigned staff or other participants to help these individuals? ____ Yes ____ No

If your facility must be evacuated, who is the staff person responsible for taking a head count to ensure all staff and program participants have exited? _____.

Conduct periodic drills at your facility for emergencies. Date of most recent drill for

Fire ____ Flood ____ Earthquake ____ Chemical Spill ____ Other _____.

The following questions anticipate that you must evacuate your building, and that you have responsibility for the care and shelter of people you serve.

1. Temporary shelter to be used (consider churches, nearby community centers, schools, other residential facilities, etc.). You may want to develop mutual aid agreements with these sites.

Temporary shelter name: _____

Address: _____

Contact person name: _____ Phone: _____

2. Will you need a phone list or system for letting authorities, family and friends know where you are sheltering program participants? Date phone list developed:_____

Where the hard copy is located _____.

Person responsible for initiating calls _____.

3. Identify and plan for alternative transportation to the shelter, or clients' homes, if necessary.

Who is responsible for the care of your clients at the alternate site?

Name: _____ Telephone: _____ Cell Phone _____.

If evacuated, what will your clients need that may not be available in mass shelters?

1. _____

2. _____

H. Emergency Management -- the Incident Command System (ICS)

In a situation where you will provide disaster relief to people you serve, community organizations can develop structures for emergency work that parallels the government's Incident Command System (ICS). This clarifies the key functional areas that need your attention when responding to emergencies. Using the ICS conforms to Kentucky's Standard Emergency Management System. This increases the likelihood of your being eligible for reimbursement of disaster-related costs.

Please indicate which staff persons are responsible for the following emergency functions:

In community agencies, these functions can be assumed by the same staff person or by volunteers.

1. **Incident Command** - *the person who will lead.* This person manages the overall response effort including the other functions below. Generally this position is filled by the agency director.

Responsible staff person: _____

Home phone:(_____)_____ Cell Phone: (_____)_____

2. Operations - *the person who will do the work.* Has responsibility for whatever the agency does in an emergency to respond to client needs. Directs the carrying out of initial response functions, some of which may be delegated to other staff identified in Section F (e.g., utility checks, fire suppression, search and rescue, and first aid).

Responsible staff person: _____

Home phone: (____) _____ Cell Phone: (____) _____

3. Logistics - *the person to get the resources.* Responsible for getting everything operations (above) needs to function to ensure the health and safety of clients, staff and volunteers.

Responsible staff person: _____

Home phone: (____) _____ Cell Phone: (____) _____

4. Finance - *the person who will track all activities and costs.* Oversees the processing and documenting of all disaster-related costs (includes keeping track of all receipts, etc.). This person must also ensure there are safe backup copies for the following agency documents:

1. Articles of Incorporation (e.g., verification of tax exempt status);
2. Recent Photographs documenting the interior and exterior of your facility;
3. Insurance Documentation,
4. Licensing documentation, if appropriate;
5. Updated Mission Statement on your letterhead.

Responsible staff person: _____

Home phone: _____

Cell Phone: (____) _____

5. Information/Planning - *keeps everyone in the know.* Gathers facts and provides current information on the agency situation. Projects short (i.e., what are we going to do in the next 24-hours), and longer term needs for client and agency recovery.

Responsible staff person: _____

Home phone: _____ Cell Phone: (____) _____

I. Ensuring Service Continuation

Building Collaborations - What is needed to continue providing services after a disaster.

List the primary services you will continue to provide following an emergency:

What are the critical material resources necessary to maintain these operations?

1. _____
2. _____
3. _____

What neighboring agencies or businesses can you join with to share resources in an emergency, to maintain operations and ensure the care of people you serve?

1. _____
2. _____
3. _____

Plans should be reviewed and updated at six-month intervals

Date Plan developed: _____

Date Plan last updated: _____

Thank you for completing this emergency preparation plan and becoming better prepared to know what to do in an emergency. The safety and security of your clients, agency, and community depend upon it.

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