Instructions for using the Emergency Preparedness Packet

1. **Emergency Preparedness Plan**: Included in this plan, you will find the following:
   A. The All-Hazard of the policy.
   B. Plan Activation / Deactivation
   C. Organizational Chart for Disaster Response Team and Assignment Sheet
   D. Incident Command Center
   E. Planning:
      a. Administration: Each office’s current list of contact information for staff, staff family members, vendors, emergency services, hospitals and other community resources.
   F. Patient Care and Planning
   G. Plan Activation
   H. After Receiving Notification of an Emergency – Direct Care Staff
   I. Away from Home when Emergency Happens – Direct Care Staff
   J. Emergency Happens during Working Hours – Direct Care Staff
   K. Assignments
   L. Security
   M. Public Information
   N. Regional Resource Center
   O. Emergency Assessments
   P. Unsafe Home Situation
   Q. Emergency Supply Storage Area
   R. Emergency Supervisor Tasks
   S. Emergency During Working Hours
   T. Drills
   U. Staff Phone Tree: Location for each branch is in Network/jcfsr00/go to your branch/choose Caregiver/then print it out.
   V. Emergency Contacts
   W. Priority Classification

2. A.18 Emergency Management Plan Policy for Minnesota and Wisconsin
3. MN and WI Emergency Management Coordinators and Directors
   This is the list of Emergency Contacts for each branch in the state of Minnesota and Wisconsin.

4. Incident Command Structure
   This is the tree that designates the structure used for communication to each section and who the person is designated to manage it.

5. Patient Emergency Preparedness Plan
   This is the document that is taken with the nurse or Branch Coordinator to review with the client and complete. One copy comes back to the branch and one goes in the home folder for the client to have and to assist them if needed.

   This is a packet to give to each client we service to review with staff/nurse and to assist them in preparing themselves for use in an emergency.

7. Mock Drill Schedule – Performance Assessment
   This is a schedule for each branch to use to plan out
Emergency Preparedness Plan

All-Hazard Emergency Preparedness Policy

This plan uses the term “all hazard” to address all types of incidents. An incident is an occurrence, caused either by humans or by a natural phenomenon, which requires or may require action by home care and emergency service personnel to prevent or minimize loss of life or damage to property and/or the environment.

Examples of incidents include:
- Fire, both structural and wildfire
- Weather related emergencies including snow, ice storms, heat and flooding
- Hazardous materials accidents
- Power outages
- Transit and worker strikes
- Natural disasters
- Terrorist/WMD events.
- Incidents of naturally occurring disease outbreak
- Planned Public Events, such as political conventions, sports events

Plan Activation/Deactivation

The Director, who serves as the Incident Commander, has the authority to activate and deactivate this Emergency Preparedness Plan based on information known to her/him at the time which indicates such need. If the Director is not available, the Assistant Director, and then the Chief Clinical Officer will have the authority to activate the response plan.

Goal: Allow smooth transition of patient services and ensure continuity of care for all patients served by this agency.

Objectives

- To identify the chain of command /Incident Command System
- To identify primary and alternative command centers
- To allow for the timely identification of the patients who are affected in the case of an emergency.
- To provide those patients with the care and assistance that they need in the event of an emergency.
- To be readily available to assist emergency responder personnel in first aid care for those in the community.
- To assess patient’s home environment for safety and assist them to a safe environment if needed.
- To coordinate Agency staff members in patient care and evaluation, as well as any Agency personnel assistance with care of those in the community who are affected by the emergency.
- To identify staff roles and responsibilities
Emergency Preparedness Plan

Organizational Chart for Disaster Response Team & Assignment Sheet
See Addendum “Organizational Chart for Disaster Response Team & Assignment Sheet” for assigned roles during emergency response.

Incident Command Center

Unless the emergency renders the agency office unusable, the Incident Command Center will be located at the main office 3261 19th St NW Rochester, MN 55901 Phone: (507) 252-8117. The alternative site will be at the branch office 328 N Main St Westfield, WI 53964 Phone (800) 854-5376.

Both offices will maintain data backup through e-vaulting, hard-wired phones, emergency generators.

Planning

Administration

1. Each office will keep and maintain a current list of contact information for staff, staff family members, vendors, emergency services, hospitals and other appropriate community resources. This list should be updated quarterly.
2. The Director will ensure the existence of an incident command system and team to respond to an emergency situation.
3. All staff shall receive emergency preparedness training appropriate for their position on a yearly basis.

Patient Care & Planning

1. On admission, the admitting nurse will assign each patient a priority code, dictating that patient’s emergency rating. The admitting nurse will obtain a list of contact numbers, and discuss emergency planning options with the patient and family. All information will be kept in the patient’s chart and shall be kept in paper as well as electronic format. At that time, each patient will be given a list of items to have prepared and available for use in the event of an emergency.
2. Any patients requiring power for life support equipment will be registered with the local utility companies and local emergency offices. Each patient and family will receive education that will assist them in managing emergencies.
3. A list of vendors who supply each patient’s medical supplies will be obtained and kept in the patient’s chart.

Plan Activation—Emergency Call Down Procedure (refer to Calling List)

Once the emergency response plan is activated, the Director will notify the Assistant Director and Office Manager to initiate the staff call down procedure.
Emergency Preparedness Plan

- Office Manager will notify Secretary, and then each will notify persons listed below them on the calling list. If they are unable to reach an employee on the telephone, they will proceed to the next listed person on the list.
- The Office Manager and Secretary will call the office and list the employees available for assistance then come to the office. Upon arrival, every five (5) minutes, Office Manager and Secretary will try those employees not found with the first call attempt and notify the Disaster Supervisor(s) of any other employees found to be available to be on standby. They will also manage calls upon arrival at the office.
- If Office Manager is not able to reach the Secretary, Office Manager will notify all persons under Secretary on the calling list.
- If phones are not available, the information officer will contact two (2) prearranged radio stations (KROC 106.9FM for Incident Command Center 1 - Rochester, MN; WBJZ 104.7FM for Alternate Command Center 2 - Westfield, WI) with an announcement for staff and patients.

After Receiving Notification of an Emergency - Direct Care Staff

- Do not leave your home until you receive your assignment.
- Do not ask questions when you are called. This will only slow down the rate of calling and response time to the emergency.
- When you receive a call with your assignment, you will receive all of the necessary information about the emergency and those affected.
- Please wear your nametag and Agency shirt so you can be easily recognized by other cooperating agencies.
- Stay off the phone so your second call can come through uninterrupted.
- If phone lines are down listen to radio stations (KROC 106.9FM for Incident Command Center 1 - Rochester, MN; WBJZ 104.7FM for Alternate Command Center 2 - Westfield, WI) for instructions.
- If there is no power, or phone lines, open the emergency kit provided to you by the agency which includes a battery operated radio, and bus/subway tokens which will enable you to go to your prearranged meeting area if you do not have your own transportation.

If You Are Away From Home When an Emergency Happens - Direct Care Staff

- Call the Agency office to let the Emergency Supervisors know that you are available to help. You will receive an assignment at that time.
- If there are no working telephones, either come to the triage site or to the Agency office (whichever is closest) for assignment. In the event that the telephones are not working, the Emergency Supervisors will be at the triage site and all assignments will be made from there.
Emergency Preparedness Plan

If an Emergency Occurs During Working Hours - Direct Care Staff

- When you report for assignment of emergency patients, give a list of those patients you have yet to see to the Emergency Supervisor.
- A decision will be made by one of the Emergency Supervisors as to whether you will be pulled to help with the emergency assessments, or be assigned to continue with your regular assignments or to assume some patients left from those nurses who are assigned to work on the emergency assessments.
- Those staff members who have had first aid training will be high priority to be assigned to emergency assessments.

Assignments

- The Chief Clinical Officer will have power to assign staff to specific tasks, and with the coordinator will work with appointed Team Leaders to assist in pinpointing patients affected by the emergency and assigning clinical staff members to check on those patients by utilizing the pre-arranged priority classification system (see last page).
- After Office Manager and Secretary have called and put a staff member on alert, that staff member will wait for an Emergency Supervisor to call back with their assignment and where to meet their partner or security escort, if assigned.

Security

- The Security Officer will make assessments regarding the security of the command center, the safety and travel conditions for staff and make arrangements for relocation of the command center, transportation and/or safety escorts as needed.
- The Security Officer will also ensure all staff have needed identifying badges and/or uniforms which will allow them access to their agency.

Public Information

- The Public Information Officer (PIO) will confer with the Incident Command Officer and other members of the Disaster Response Team to reach a joint decision regarding the information, if any, to be released to the media. The PIO will also be in charge of determining alternate means of contacting staff.

Regional Resource Center

- The Director will obtain and maintain a list of contacts for the local Regional Resource Center as well as a list of possible resources and supplies available through that center.

Emergency Assessments

- Each nurse or aide making home visits to patients must check in with the Agency office with an update ________ (frequency). Any new assignments will be made at that time. When the nurse has completed the list of patients assigned to them, they will be assigned to a community assistance first aid site to help with triage if needed, or will be assigned to specific patients from the regular caseload to complete that day’s schedule. At least one (1) Emergency Supervisor will be present at the designated check in site to further assign Agency

Updated Nov 2017 LAS
employees as they arrive and coordinate the staff members. If a patient needs to be moved to another site, the following procedure will be followed:

**Emergency Preparedness Plan**

1. If the patient is unharmed but the home is damaged or unsafe and the telephone system is working, contact family or friends that the patient may request and make arrangements for the patient’s transportation. Keep track of where the patient is going and all necessary telephone numbers, or contact the Emergency Supervisor for arrangements to be made through the county emergency planners for transportation to an alternate care facility if other arrangements cannot be made.

2. If the patient is injured and needs transport, contact an Emergency Supervisor for arrangements to be made through the county emergency planners for transport to a hospital/emergency room/triage site, depending on the need as determined by the county emergency planners. Be sure to have a complete list of the patient’s needs when notifying the Emergency Supervisor.

- Remember-The official personnel who are at the site (police, ambulance personnel, etc.) have had training in handling emergencies, as well as potentially hazardous situations. If they tell you not to go to a certain area, don’t go. In the event of damaged, blocked or impassable roads, staff members will take alternate routes or notify an Emergency Supervisor of inability to reach an area.

**Unsafe Home Situation**

- Before entering a patient’s home, determine if there is a safety issue possible gas leak, exposed electric wire, etc.). Assess the situation and report to an Emergency Supervisor, who will report to the county emergency planners for proper emergency personnel to secure that site.

**Emergency Supply Storage Area**

- An emergency supplies storage area will be maintained at the Agency office for employees during the time period that they are working in the event of an emergency, and will be updated and maintained by Emergency Preparedness Coordinator.
Emergency Preparedness Plan

**Emergency Supervisor Tasks**

- Each month, all Emergency Supervisors will get an updated copy of the emergency list and keep it at home for reference if an emergency occurs after hours, or if the Agency office is damaged or destroyed. When Director gets a call asking for assistance with an emergency, she will call Assistant Director and Office Manager. Both will then go to the Agency office immediately. Immediate tasks for the Emergency Supervisors will be:

1. Determine the area struck and those patients of the Agency’s affected by the emergency.
2. The priority classification for each of these patients.
3. An assignment list.
4. While this is being determined, calls will be made to nursing homes and residential care facilities to determine the number of rooms which will be available for temporary placement of displaced patients and to local authorities to determine shelter options and locations. The Emergency Supervisors will also maintain a list of employees who have been notified and are available to assist in the emergency assessments. The patients who need assessments will be reassigned among the staff available and an Emergency Supervisor will then call each employee with assignments for who their team member is as well as the patient assignments.
5. Calls will be made for prearranged transportation of patients in need of evacuation.

**Emergency During Working Hours**

- When the Director gets a call asking for assistance with a disaster, she will notify Assistant Director, as well as the Office Manager and Secretary to begin the calling chain. Director and Assistant Director will determine the patient and staff assignments and keep a list of those staff members the callers have been able to contact, as well as a list of those patients each nurse has yet to see, so that any necessary redistribution of the patient assignments can be made.
- Office Staff will report to an Emergency Supervisor on those staff members that they have been able to contact, as well as which patients each of those nurses has yet to see. The Emergency Supervisors will in turn determine the assignments for those patients affected by the disaster. The teams will be notified of their assignments and the current patient caseload will also be assigned to the staff. Teams will need to meet their partner(s) at one of the three sites listed below:
  1. If the phone system is working and the disaster is local meet at the Agency and receive your disaster supplies packet from one of the Emergency Supervisors.
  2. If there is no phone system and the disaster is local, meet at the triage site and receive your disaster supplies packet from one of the Emergency Supervisors.
  3. If the disaster is at another town, meet at the triage site and receive your disaster supplies packet from one of the Emergency Supervisors or at an assigned location.
Emergency Preparedness Plan

- The emergency supply packet will consist of various supplies that may be needed, as well as emergency worksheets.
- An Emergency Supervisor will then go to the triage site to coordinate any patient needs that may exist, for problem solving and coordination of our efforts with the Emergency Response personnel and the county emergency planners. If the phone system is working, Director or Assistant Director will remain at the office to manage information and coordinate calls from staff, family members, etc. If the phone system is not working, Director will also go to the triage site and Assistant Director will remain at the office to sign out other emergency supply packets and assist any staff members who may arrive.
- Each emergency assessment team will fill out the emergency worksheet and turn them in to the Emergency Supervisors at least hourly with a report on the condition of patients that they have assessed during that time frame. This emergency worksheet will enable the Emergency Supervisors to maintain a tracking list for identification of those patients assessed, their status and what location they were moved to, if necessary.
- If assistance is requested by the County Defense Director, those Emergency Supervisors who are at the triage site will coordinate Agency staff assignments for this. If our assistance is not requested, we will meet at the Agency office for a debriefing, allowing all involved to express their feelings, as well as ideas to improve for the next emergency plan implementation.

Drills
Agency staff members will participate in an annual desktop drill to determine the effectiveness and efficiency of the current policy and any forms developed for use in a disaster.

Staff Phone Tree:
See Addendum “Emergency Contact List” for Corporate as well as each Branch Location. This information will be updated on an annual basis. (Location of each branch list is in Network/jcfsr00/go to the branch/choose Caregiver then print it out)

Emergency Contacts:
See Addendum “Organizational Emergency Contact Numbers Per Location)
Emergency Preparedness Plan

Priority Classification

*LEVEL 4 - Critical

Patients in this priority level need uninterrupted services. The patient must have care. In case of a disaster or emergency, every possible effort must be made to see this patient. The patient's condition is highly unstable and deterioration or inpatient admission is highly probable if the patient is not seen. Examples include patients requiring life sustaining equipment or medication, those needing highly skilled wound care, and unstable patients with no caregiver or informal support to provide care.

*LEVEL 3 – High

Services for patients at this priority level may be postponed with telephone contact. A caregiver can provide basic care until the emergency situation improves. The patient's condition is somewhat unstable and requires care that should be provided that day but could be postponed without harm to the patient.

*LEVEL 2 - Moderate

The patient may be stable and has access to informal resources to help them. The patient can safely miss a scheduled visit with basic care provided safely by family or other informal support or by the patient personally.

**LEVEL 1 - Low

Visits may be postponed 72 hours or more with little or no adverse effects. Willing and able caregiver available or patient is independent in most ADLs.
Purpose
To describe the International Quality Homecare Corporation’s approach in responding to internal and external emergencies that would suddenly and significantly affect the need for services or the ability to provide such services. An emergency is defined as a natural or man-made disaster that significantly:

- Disrupts the IQHC’s environment, e.g., damage to the IQHC’s building and grounds due to thunderstorms, wind, ice/snow storms, flooding, explosion, fire or bomb.
- Disrupts care and services, e.g., loss of utilities (power, water or telephone), floods, snow/ice storms, severe thunderstorms, hazardous chemical spills, accidents and multiple staff illnesses.
- Results in a sudden, significant change or increase in demand for IQHC’s services, e.g., terrorism attack, bio terrorism attack, communicable disease outbreak and community mass casualty event.

Policy
IQHC has a written plan of action to facilitate the management of the client’s care and services in response to a natural disaster, such as flood and storms, or other emergencies that may disrupt the IQHC’s ability to provide care or services.

IQHC provides adequate orientation and training of staff on emergency preparedness.

The IQHC’s Administrator, Director of Clinical Services and staff implement emergency management, as appropriate.

Procedure
1. Hazard Vulnerability Analysis (HVA) will be conducted and evaluated annually.

2. IQHC will coordinate efforts with area emergency management agencies, to mitigate, prepare, respond and recover from high priority emergencies that impact the community, e.g., local health department, law enforcement and office of emergency management.

3. Mitigation activities will be undertaken in an effort to lessen the severity and impact of a potential emergency. Such activities include:
   - Individual patient preparation: prioritizing patients who might require care/service during emergency and advanced planning for extra supplies/equipment.
   - Communication systems, including back-up systems.
   - Conducting the Hazard Vulnerability Analysis.
   - Maintenance of Agency fire detection equipment, e.g., smoke detectors.
   - Maintenance of Agency fire suppression equipment, e.g., fire extinguishers.
   - Maintenance of Agency information systems, including process for back-up of computer files.

4. Preparation activities will be undertaken to build capacity. Resources that may be used during an emergency include: ambulance transport, hospitals, National Guard, Red Cross, law enforcement, fire departments, state highway patrol, other home care organizations, suppliers and vendors. Other preparation activities include:
   - Staff orientation and ongoing training.
   - Maintenance of back-up supplies, e.g., flashlights and patient medical supplies.

5. IQHC will work with the county emergency response agencies as requested to triage, treat and/or provide requested services.
6. The common (all hazards) command structure for responding to and recovering from emergencies is the IQHC’s parent office.

7. Emergency response phase: In the event of interruption of patient services due to an emergency, the Director of Clinical Services and/or Managers will immediately implement the emergency management plan and will be responsible for triaging patients based on needs, severity of illness and availability of staff. The Director of Clinical Services and/or Managers is responsible for contacting staff when emergency measures are implemented.

8. Those patients who must have home visits performed will be considered as top priority patients and every effort will be made by staff to perform home visits during the emergency. At the time of admission, each patient's acuity level is determined. Level I patients are high priority patients and include patients who require daily or more frequent skilled nursing visits. IQHC will maintain a list of patients with acuity level established. The list will be updated weekly. Administrative person on-call maintains current lists. The Director of Clinical Services and/or Managers will be responsible for assigning available staff for completing those visits. Efforts will be made to attempt to contact the remaining patients by telephone to ascertain needs for services, if any.

9. In the event that staff is not able to perform home visits as a result of the emergency, patients will be instructed to use local hospital emergency rooms for needed services that must be rendered.

10. During an emergency, staff will primarily communicate by telephone or cellular phone. When no internal or external means of communication exists, available staff should report to the command structure at IQHC as soon as feasible for assignment. The Director of Clinical Services and Managers are ultimately responsible for assuring continuation of service.

11. Patient care providers who will be assigned during an emergency include: nurses, therapists, social workers and home health aides.

12. Ancillary staff (receptionist, biller, etc.) are to report to the command structure at the home office to the Director of Clinical Services for assignments.

13. During an emergency, the following activities will be managed:
   - Patient care-related activities, including patient communication, scheduling, modifying or discontinuing services, control of patient information and patient transfer or referral will be managed by the Director of Clinical Services and/or Managers.
   - The Director of Clinical Services and supervisory and ancillary staff will manage logistics related to critical equipment and supplies.

14. Recovery phase includes those activities undertaken after an emergency to restore the Agency to normal function. The Director of Clinical Services will activate the recovery phase as soon as possible following the emergency. Activities will include:
   - Restoring Agency site.
   - Restoring normal operating hours.
   - Re-establishing normal business operating procedures.
   - Re-establishing full staffing and scheduling.
   - Resuming normal patient care visits and services.
   - Testing communication systems and implementing.
   - Testing information systems (computer) and implementing.
• Ascertaining current inventory and returning to pre-emergency inventory levels for supplies and equipment.

15. If a community wide emergency occurs and the community command structure is implemented, staff should report to the community command site for assignment.

16. All new staff will be oriented to the emergency management plan. Ongoing staff education will occur annually as part of a drill or in response to an actual emergency.

17. The plan will be tested and evaluated annually, either in response to an actual emergency or in a planned drill. The drill will focus on IQHC’s ability to continue to serve patients in the event of an emergency.

Resources:
# Hazard Vulnerability Analysis

<table>
<thead>
<tr>
<th>Type of Emergency</th>
<th>Human Impact (Low, Moderate, High)</th>
<th>Property Impact (Low, Moderate, High)</th>
<th>Ability to Provide Service (Low, Moderate, High)</th>
<th>Preparedness Level (Low, Moderate, High)</th>
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<td>Utility Failure:</td>
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<td>Electrical</td>
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<td>Sewer</td>
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<td>Hazardous Materials:</td>
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<td>Internal Exposure</td>
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<td>External Exposure</td>
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<td>Security:</td>
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<td>Bomb Threat</td>
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<td>Hostage Situation</td>
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<td>Workplace Violence</td>
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<td>Explosion</td>
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<td>Community Mass Casualty:</td>
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<td>Trauma</td>
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<td>Medical or Infectious</td>
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<td>Other:</td>
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<td>Multiple Staff Illness</td>
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<td>Flood: Internal</td>
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<td>Flood: External</td>
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<td>Transportation Failure</td>
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<td>Fire: Internal</td>
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<td>Fire: External</td>
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<td>Supply/Equip Shortage</td>
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<td>Building Damage</td>
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</table>
1. Have types of emergencies changed?
   No _____ Yes _____ If Yes, list: ____________________________________________
   ________________________________________________

2. Has probability/likelihood of each emergency’s occurrence changed?
   No _____ Yes _____ If Yes, describe: ____________________________________________
   ________________________________________________________________

3. Has the potential human impact (deaths & injuries) changed for each emergency?
   No _____ Yes _____ If Yes, describe: ____________________________________________
   ________________________________________________________________

4. Has the potential property impact (damage) for each emergency changed?
   No _____ Yes _____ If Yes, describe: ____________________________________________
   ________________________________________________________________

5. Has the potential business impact for each emergency changed?
   No _____ Yes _____ If Yes, describe: ____________________________________________
   ________________________________________________________________

6. Have the internal resources for each emergency changed?
   No _____ Yes _____ If Yes, describe: ____________________________________________
   ________________________________________________________________

7. Have the external resources for each emergency changed?
   No _____ Yes _____ If Yes, describe: ____________________________________________
   ________________________________________________________________

8. Is current HVA still appropriate?
   No _____ Yes _____ If No, recommendations for improvement: __________________
   ________________________________________________________________

______________________________________________
Signature                                      Date
ANNUAL EMERGENCY MANAGEMENT DRILL
AND PLAN EVALUATION

Date: ____________________ Type of Emergency: ________________________________

1. Who declared the emergency drill or actual implementation of plan? ________________

2. Yes ____ No ____ Were all staff notified?
   If No, who was not notified? ________________________________________________

3. Yes ____ No ____ Did patient care staff know what to do?
   If No, describe: ____________________________________________________________

4. Yes ____ No ____ Did ancillary staff know what to do?
   If No, describe: ____________________________________________________________

5. Yes ____ No ____ We were able to quickly retrieve list of priority patients.

6. Yes ____ No ____ All staff could identify Agency command structure.

7. Yes ____ No ____ All staff could identify community command structure.

8. Yes ____ No ____ Back-up communication systems effective.

9. Yes ____ No ____ Staff knew what to do if no communication exists.

10. Yes ____ No ____ Staff able to verbalize community resources to use, if needed.

11. Yes ____ No ____ Staff able to verbalize other emergencies that would require plan initiation.

12. Yes ____ No ____ Current emergency management plan is effective.

13. Yes ____ No ____ Current emergency management plan meets objectives.

14. Yes ____ No ____ Current emergency management plan meets scope of emergencies.

15. Yes ____ No ____ Current emergency management plan is functional.

Recommendations for improvement:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

__________________________________________________
Signature                                    Date
## MN EMERGENCY MANAGEMENT COORDINATORS / DIRECTORS

<table>
<thead>
<tr>
<th>Name</th>
<th>Jurisdiction</th>
<th>Address</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maurer, Mike</td>
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<td>Office: (507) 725-5834 Mobile: (507) 615-7057 Email: <a href="mailto:Olivia.niday@co.houston.mn.us">Olivia.niday@co.houston.mn.us</a></td>
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<tr>
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<tr>
<td>Haas, Scott</td>
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<td>Office: (952) 445-1411 Mobile: (952) 496-8381 Fax: (952) 496-8715 Email: <a href="mailto:shaas@co.scott.mn.us">shaas@co.scott.mn.us</a></td>
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<td>Office: (651) 775-7354</td>
</tr>
</tbody>
</table>

## WI EMERGENCY MANAGEMENT COORDINATORS / DIRECTORS

<table>
<thead>
<tr>
<th>Name</th>
<th>Jurisdiction</th>
<th>Address</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esh, Tyler</td>
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<tr>
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<tr>
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<tr>
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<tr>
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</tr>
<tr>
<td>Position</td>
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<td>Responsibilities</td>
<td>Assigned to</td>
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<td>---------------------------</td>
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<tr>
<td>Incident Commander (IC)</td>
<td>Chief Executive Officer/Vice President</td>
<td>Establish/maintain command</td>
<td>Dr. Aderonke Mordi &amp; Pastor Michael Mordi</td>
</tr>
<tr>
<td>Information Officer</td>
<td>Emergency Preparedness Coordinator</td>
<td>Central Point for Information dissemination</td>
<td>Gilmore</td>
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<tr>
<td>Liaison Officer</td>
<td>Emergency Preparedness Coordinator</td>
<td>Point of Contact for other agencies</td>
<td>Gilmore</td>
</tr>
<tr>
<td>Safety &amp; Security</td>
<td>Director of Compliance &amp; Internal Control</td>
<td>Anticipates, detects, and corrects unsafe situations</td>
<td>Jayne Johnson</td>
</tr>
<tr>
<td>Operations</td>
<td>Director of Operations</td>
<td>Directs all incident tactical operations</td>
<td>Dr. Ayodeji Oyebola</td>
</tr>
<tr>
<td>Planning &amp; Intelligence</td>
<td>Director of Technology</td>
<td>Collects, analyzes key information; Formulates Incident Action Plan; Maintains documents, prepares for demobilization</td>
<td>Dean Smith</td>
</tr>
<tr>
<td>Logistics</td>
<td>Director of HR &amp; Communication</td>
<td>Responsible for acquisition and maintenance of facilities, staff, equipment, materials</td>
<td>Leslie Sutter</td>
</tr>
<tr>
<td>Finance/Administration</td>
<td>Chief Financial Officer</td>
<td>Monitors costs, contracts, financial and time reporting</td>
<td>Mark Kellen</td>
</tr>
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International Quality Homecare (MN /WI)  Patient Emergency Preparedness Plan

Patient Name: ____________________________________________

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<tr>
<th>EMERGENCY CONTACT INFORMATION:</th>
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<td>Police</td>
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<td>Relatives:</td>
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<tr>
<td>Radio or TV Stations</td>
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MAKE A LIST

- Medications
- Medical information
- Allergies
- Copies of Health Insurance Cards

HAYE ON HAND

- Seven-day supply of essential medications
- Cell phone
- Standard telephone
- Flashlight and extra batteries
- Emergency food
- Assorted sizes of re-closeable plastic bags for storing, food, waste, etc.
- Small battery-operated radio and extra batteries
- Assemble a first aid kit (Appendix A)

EVACUATION PLAN

- Know where the shelter is located that can meet your special needs
  Where ________________________
- Plan for alternate locations
  Where ________________________
- Plan for transportation to a shelter or other location
- Have a “grab bag” prepared (Appendix B)
- Arrange for assistance if you are unable to evacuate by yourself

SHELTER-IN-PLACE

- Maintain a supply of non-perishable foods for seven days
- Maintain a supply of bottled water; one gallon per person
- Be prepared to close, lock and board/seal windows and doors if necessary
- Have an emergency supply kit prepared (Appendix C)
SPECIAL NEED CONSIDERATION

| VISION ISSUES | ASSISTIVE DEVICE USERS |
|---------------|------------------------|-----------------------|
| • Mark your disaster supplies with fluorescent tape, large print, or Braille | • Label equipment with simple instruction cards on how to operate it (for example, how to “free wheel” or “disengage the gears” of your power wheelchair) Attach the cards to your equipment. |
| • Have high-powered flashlights with wide beams and extra batteries | • If you use a cane, keep extras in strategic, consistent and secured locations to help you maneuver around obstacles and hazards. |
| • Place security lights in each room to light paths of travel | • Know what your options are if you are not able to evacuate with your assistive device. |

<table>
<thead>
<tr>
<th>HEARING ISSUES</th>
<th>SPEECH OR COMMUNICATION ISSUES</th>
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<tr>
<td>• Have a pre-printed copy of key phrase messages handy, such as “I use American Sign Language (ASL)” “I do not write or read English well” “If you make announcements, I will need to have them written simply or signed”</td>
<td>• If you use a laptop for communication, consider getting a power converter that plugs into the auto power adapter</td>
</tr>
<tr>
<td>• Consider getting a weather radio, with a visual/text display that warns of weather</td>
<td></td>
</tr>
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</table>

Reviewed by: ____________________________ Date: ____________

Client Signature: ____________________________ Date: ____________
Appendix A

First Aid Kit

Assemble a first aid kit for your home and one for each car. The following are recommended items to be included in a comprehensive first aide kit. Attachment A(2) is a list of recommended items for a basic first aid kit.

- Sterile adhesive bandages in assorted sizes
- 2-inch sterile gauze pads (4-6)
- 4-inch sterile gauze pads (4-6)
- Hypoallergenic adhesive tape
- Triangular bandages (3)
- 2-inch sterile roller bandages (3 rolls)
- 3-inch sterile roller bandages (3 rolls)
- Scissors
- Tweezers
- Needle
- Moistened towelettes
- Waterless alcohol based hand sanitizer
- Antiseptic
- Thermometer
- Tongue blades (2)
- Tube of petroleum jelly or other lubricant
- Assorted sizes of safety pins
- Cleansing agent/soap
- Latex gloves (2 pair)

Non-prescription drugs

- Sunscreen
- Aspirin or non-aspirin pain reliever
- Anti-diarrhea medication
- Antacid (for stomach upset)
- Syrup of Ipecac (use to induce vomiting if advised by the Poison Control Center)
- Laxative
- Activated charcoal (use if advised by the Poison Control Center)

Basic First Aid Kit

- Two pairs of Latex or other sterile gloves
- Sterile dressings
- Cleansing agent/soap
- Antibiotic ointment
- Adhesive tape
- Adhesive bandages (variety of sizes)
- Eye wash solution
- Thermometer
- Scissors
- Prescription medication and/or supplies
- Aspirin and non-aspirin pain relievers

Source: American Red Cross and Department of U.S. Homeland Security
Appendix B

Emergency Preparedness Kits

Prepare different kits for different places and situations (Carry on You, Grab-and-Go, Bedside, Home)

- A “carry-on you” kit is for the essential items, such as medications, contact names and phone numbers, health information etc., you need to keep with you at all times.
- “Grab-and-go kits” are easy-to-carry kits you can grab if you have to leave home (or school, workplace, etc.) in a hurry. They have the things you cannot do without but are not so big or heavy that you cannot manage them.
- A “home kit” is your large kit with water, food, first aid supplies, clothing, bedding, tools, emergency supplies, and disability-specific items. It includes all the things you would most likely need if you had to be self-sufficient for days either at home or in an evacuation shelter.
- A “bedside kit” has items you will need if you are trapped in or near your bed and unable to get to other parts of your home.
- A “car kit” has items you will need if stranded in your car.
- Keep important items in a consistent, convenient and secured place, so you can quickly and easily get to them. (Items such as teeth, hearing aids, prostheses, canes, crutches, walkers, wheelchairs, respirators, communication devices, artificial larynx, sanitary aids, batteries, eyeglasses, contact lens with cleaning solutions, etc.)

Emergency Supplies Kits (Carry on You, Grab-and-Go, Bedside, Home)

- Emergency health information
- Cell phone
- Standard telephone (does not need to be plugged into an electric outlet)
- Essential medications
- Other medications
- Flashlights and extra batteries. (People with limited reach or hand movement should consider low cost battery-operated touch lamps.)
- Extra batteries for oxygen, breathing devices, hearing aids, cochlear implants, cell phone, radios, pagers, PDAs.
- Copies of prescriptions
- Emergency food
- Assorted sizes of re-closeable plastic bags for storing, food, waste, etc.
- Sturdy work gloves to protect your hands from sharp objects you may try to lift or touch by mistake while walking or wheeling over glass and rubble
- Lightweight flashlight (on key ring, etc.)
- Small battery-operated radio and extra batteries
- Signaling device you can use to draw attention to you if you need emergency assistance (whistle, horn, beeper, bell(s), screecher)
- A container that can be attached to the bed or nightstand (with cord or Velcro) to hold hearing aids, eyeglasses, cell phones, etc., oxygen tank attached to the wall, wheelchair locked and close to bed. This helps prevent them from falling, flying or rolling away during a earthquake or other jarring, jolting event
- A patch kit or can of “sealant” to repair flat tires and/or an extra supply of inner tubes for non-puncture-proof wheelchair/scooter tires Keep needed equipment close to you so you can get to it quickly If available, keep a lightweight manual wheelchair for backup

Source: http://www.ready.gov
Appendix C

Supply List

Recommended Items to Include in a Basic Emergency Supply Kit:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation
- Food, Store at least a three-day supply of non-perishable food
- Dust mask, to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Can opener for food
- Local maps
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- Whistle to signal for help
- Sterile gloves (if you are allergic to Latex).
- Sterile dressings to stop bleeding.
- Cleansing agent/soap and antibiotic towelettes to disinfect.
- Antibiotic ointment to prevent infection.
- Burn ointment to prevent infection.
- Adhesive bandages in a variety of sizes.
- Eyewash solution to flush the eyes or as general decontaminant.
- Prescription medications you take every day such as insulin, heart medicine and asthma inhalers. You should periodically rotate medicines to account for expiration dates.
- Prescribed medical supplies

Additional Items to Consider Adding to an Emergency Supply Kit:

- Glasses
- Infant formula and diapers
- Pet food and extra water for your pet
- Important family documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container
- Cash or traveler's checks and change
- Emergency reference material such as a first aid book or information from www.ready.gov
- Sleeping bag or warm blanket for each person. Consider additional bedding if you live in a cold-weather climate.
- Complete change of clothing including a long sleeved shirt, long pants and sturdy shoes. Consider additional clothing if you live in a cold-weather climate.
- Household chlorine bleach and medicine dropper – When diluted nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.
- Fire Extinguisher
- Matches in a waterproof container
- Feminine supplies and personal hygiene items
- Mess kits, paper cups, plates and plastic utensils, paper towels
- Paper and pencil
- Books, games, puzzles or other activities for children

Source: American Red Cross and Department of U.S. Homeland Security
Family Emergency Preparedness Plan

Family plan should address the following:

- Evacuation routes.
- Family communications.
- Utility shut-off and safety.
- Insurance and vital records.
- Evacuation plan
- Caring for animals

Evacuation Routes
Draw a floor plan of your home. Use a blank sheet of paper for each floor. Mark two escape routes from each room. Make sure children understand the drawings. Post a copy of the drawings at eye level in each child’s room. Establish a place to meet in the event of an emergency, such as a fire.

Family Communications
Your family may not be together when disaster strikes, so plan how you will contact one another. Think about how you will communicate in different situations. Complete a contact card for each family member. Have family members keep these cards handy in a wallet, purse, backpack, etc. You may want to send one to school with each child to keep on file. Pick a friend or relative who lives out-of-state for household members to notify they are safe.

Utility Shut-off and Safety
In the event of a disaster, you may be instructed to shut off the utility service at your home.

Natural Gas
Natural gas leaks and explosions are responsible for a significant number of fires following disasters. It is vital that all household members know how to shut off natural gas.

If you smell gas or hear a blowing or hissing noise, open a window and get everyone out quickly. Turn off the gas, using the outside main valve if you can, and call the gas company from a neighbor’s home.

Because there are different gas shut-off procedures for different gas meter configurations, it is important to contact your local gas company for guidance on preparation and response regarding gas appliances and gas service to your home. When you learn the proper shut-off procedure for your meter, share the information with everyone in your household.

CAUTION – If you turn off the gas for any reason, a qualified professional must turn it back on. NEVER attempt to turn the gas back on yourself.
Family Emergency Preparedness Plan

Water
- Water quickly becomes a precious resource following many disasters. It is vital that all household members learn how to shut off the water at the main house valve (if living in a home).
- Cracked lines may pollute the water supply to your house. It is wise to shut off your water until you hear from authorities that it is safe for drinking.
- The effects of gravity may drain the water in your hot water heater and toilet tanks unless you trap it in your house by shutting off the main house valve.

Preparing to Shut Off Water
- Locate the shut-off valve for the water line that enters your house.
- Make sure this valve can be completely shut off. Your valve may be rusted open, or it may only partially close. Replace it if necessary.
- Label this valve with a tag for easy identification, and make sure all household members know where it is located.

Electrical
- Electrical sparks have the potential of igniting natural gas if it is leaking. It is wise to teach all responsible household members where and how to shut off the electricity.

Preparing to Shut Off Electricity
- Locate your electricity circuit box.
- Teach all responsible household members how to shut off the electricity to the entire house.

Insurance and Vital Records
- Obtain property, health, and life insurance if you do not have them. Review existing policies for the amount and extent of coverage to ensure that what you have in place is what is required for you and your family for all possible hazards.

Flood Insurance
- If you live in a flood-prone area, consider purchasing flood insurance to reduce your risk of flood loss.
- Buying flood insurance to cover the value of a building and its contents will not only provide greater peace of mind, but will speed the recovery if a flood occurs. You can call 1(888) FLOOD 29 to learn more about flood insurance.

Money
- Consider saving money in an emergency savings account that could be used in any crisis. It is advisable to keep a small amount of cash or traveler’s checks at home in a safe place where you can quickly access them in case of evacuation.
- Evacuation: More Common than You Realize
- Ask local authorities about emergency evacuation routes and see if maps may are available with evacuation routes marked.
- Evacuation Guidelines
- Always: If time permits:
Family Emergency Preparedness Plan

- Keep a full tank of gas in your car if an evacuation seems likely. Gas stations may be closed during emergencies and unable to pump gas during power outages. Plan to take one car per family to reduce congestion and delay.
- Gather your disaster supplies kit.
- Make transportation arrangements with friends or your local government if you do not own a car.
- Wear sturdy shoes and clothing that provides some protection, such as long pants, long-sleeved shirts, and a cap.
- Listen to a battery-powered radio and follow local evacuation instructions.
- Secure your home:
  Close and lock doors and windows.
  Unplug electrical equipment, such as radios and televisions, and small appliances, such as toasters and microwaves.
  Leave freezers and refrigerators plugged in unless there is a risk of flooding.
  Gather your family and go if you are instructed to evacuate immediately.
  Let others know where you are going.
  Leave early enough to avoid being trapped by severe weather.
- Follow recommended evacuation routes.
- Do not take shortcuts; they may be blocked.
- Be alert for washed-out roads and bridges.
- Do not drive into flooded areas.
- Stay away from downed power lines.

Caring for Pets

- Animals also are affected by disasters. Use the guidelines below to prepare a plan for caring for pets.
- Guidelines for Pets Plan for pet disaster needs by:
  Identifying shelter.
  Gathering pet supplies.
  Ensuring your pet has proper ID and up-to-date veterinarian records.
- Providing a pet carrier and leash.
- Take the following steps to prepare to shelter your pet:
  Call your local emergency management office, animal shelter, or animal control office to get advice and information.
  Keep veterinary records to prove vaccinations are current.
  Find out which local hotels and motels allow pets and where pet boarding facilities are located. Be sure to research some outside your local area in case local facilities close.
- Know that, with the exception of service animals, pets are not typically permitted in emergency shelters as they may affect the health and safety of other occupants.
- Kit Locations
Family Emergency Preparedness Plan

- Since you do not know where you will be when an emergency occurs, prepare supplies for home, work, and vehicles (see Appendix A, B & C).

Home
- Your disaster supplies kit should contain essential food, water, and supplies for at least three days. Keep this kit in a designated place and have it ready in case you have to leave your home quickly. Make sure all family members know where the kit is kept.
- Additionally, you may want to consider having supplies for sheltering for up to two weeks.

Work
- This kit should be in one container, and ready to “grab and go” in case you are evacuated from your workplace.
- Make sure you have food and water in the kit. Be sure to have comfortable walking shoes at your workplace in case an evacuation requires walking long distances.

Car
- In case you are stranded, keep a kit of emergency supplies in your car. This kit should contain food, water, first aid supplies, flares, jumper cables, and seasonal supplies.

Practicing and Maintaining Your Plan
- Once you have developed your plan, you need to practice and maintain it. For example, ask questions to make sure your family remembers meeting places, phone numbers, and safety rules. Conduct drills such as evacuate from the closest exit not containing fire.
- Test fire alarms.
- Replace and update disaster supplies.
There is an expectation that staff be present and participate and receive training on the best evacuation procedures.

**PURPOSE FOR DRILLS**
The purpose of drills is to demonstrate a commitment to prepare for crises, emergencies and disasters. Drills test universal procedures (e.g. lockdowns, evacuation, shelter-in-place), build staff awareness, and provide training to staff. Drills are a crucial component of emergency planning and preparedness but they are not the only component of testing an emergency plan.

Drills provide the opportunity to:
- Test the universal procedures
- Reveal weaknesses in procedures
- Improve response and coordination
- Clarify roles and responsibilities
- Improve individual performances

Drills test procedures not the staff.

**PLANNING FOR DRILLS**
At the beginning of each year, in compliance with policy, each branch and corporate offices should create a drill schedule. As you schedule drills, consider changing the elements of each drill scenario by:
- Varying the times of drills
- Blocking evacuation routes
- Including a hazardous material scenario in a fire drill
- Hosting a community emergency response drill using an emergency scenario

**DOCUMENTING DRILLS**
Documentation is necessary in the follow-up to every drill. It identifies steps to be taken to improve procedures and corrective actions to be implemented. Documentation includes, but is not limited to, drill logs and after action reports.

Drill logs provide necessary documentation for compliance with statutory obligation. They are a record of the planned drill schedule and implementation dates. Other relevant information can also be recorded within the drill logs. A sample drill log is included in the toolkit.

After action reports allow for a detailed analysis of the drills. The reports document the process; identify successes, challenges and failures; and make recommendations. A sample after action report is included in the toolkit.
The following worksheet will assist in the planning and documentation of drills when they occur.

### FIRE DRILLS:

<table>
<thead>
<tr>
<th>Date Scheduled</th>
<th>Date Conducted</th>
<th>Weather Conditions</th>
<th>Number of Occupants</th>
<th>Evacuation Time</th>
<th>Comments:</th>
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### LOCKDOWN DRILLS:

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<thead>
<tr>
<th>Date Scheduled</th>
<th>Date Conducted</th>
<th>Number of Occupants</th>
<th>Occupants Participation</th>
<th>Response Time</th>
<th>Comments:</th>
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### TORNADO DRILLS:

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<th>Date Conducted</th>
<th>Weather Conditions</th>
<th>Number of Occupants</th>
<th>Evacuation Time</th>
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### OTHER DRILLS OR PRACTICE: Drills such as reverse evacuation, shelter in place.

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<th>Date Scheduled</th>
<th>Date Conducted</th>
<th>Weather Conditions</th>
<th>Number of Occupants</th>
<th>Evacuation Time</th>
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## AFTER ACTION REPORT FORM

**Name of person completing report:**

**Drills/Exercises [check one] OR Incident response [check one]:**
- Drill [check one]:
  - Fire
  - Lockdown
  - Evacuation
  - Tornado
  - Other (specify):
- Table-Top
- Functional or full-scale exercise
- Other (specify):

**Participation:** Provide a list of individuals and agencies participating in the event
If your agency conducted a functional-drill or full-scale exercise, consider completing a comprehensive review and report with your branch emergency response teams.

**Timeline of events:** Provide a detailed outline or description of events and activities.

**Lessons learned:** Provide an overview of lessons learned related to personnel, training, coordination, logistics, etc.

**Discussion and recommendations:** Provide any recommendations for improvements or changes to the emergency plan and procedures and how they will be addressed.