



Use this template to create an emergency plan for your home.

- Make the plan large enough that your residents can easily read. Go over the plan with each resident whenever there are changes to your home, such as when new staff or residents arrive.
- Your plan should take into account the abilities of each resident.
- Review and practice your plan regularly.
- Place your plan in a visible location so it can be easily reviewed.
- Consider hanging your escape map and a picture of your point of safety in the room of a resident who easily forgets.

Take these documents with you in the event that you have to evacuate the home.

This emergency plan was adapted from work by the Multnomah County Adult Care Home Program and Donna Shackelford, Training Coordinator.

Name and street address of Adult Foster Home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operator/Resident Manager

Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Address (if not living in the home): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Back-up emergency contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

Other staff

Name: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

Other staff

Name: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

Other staff

Name: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

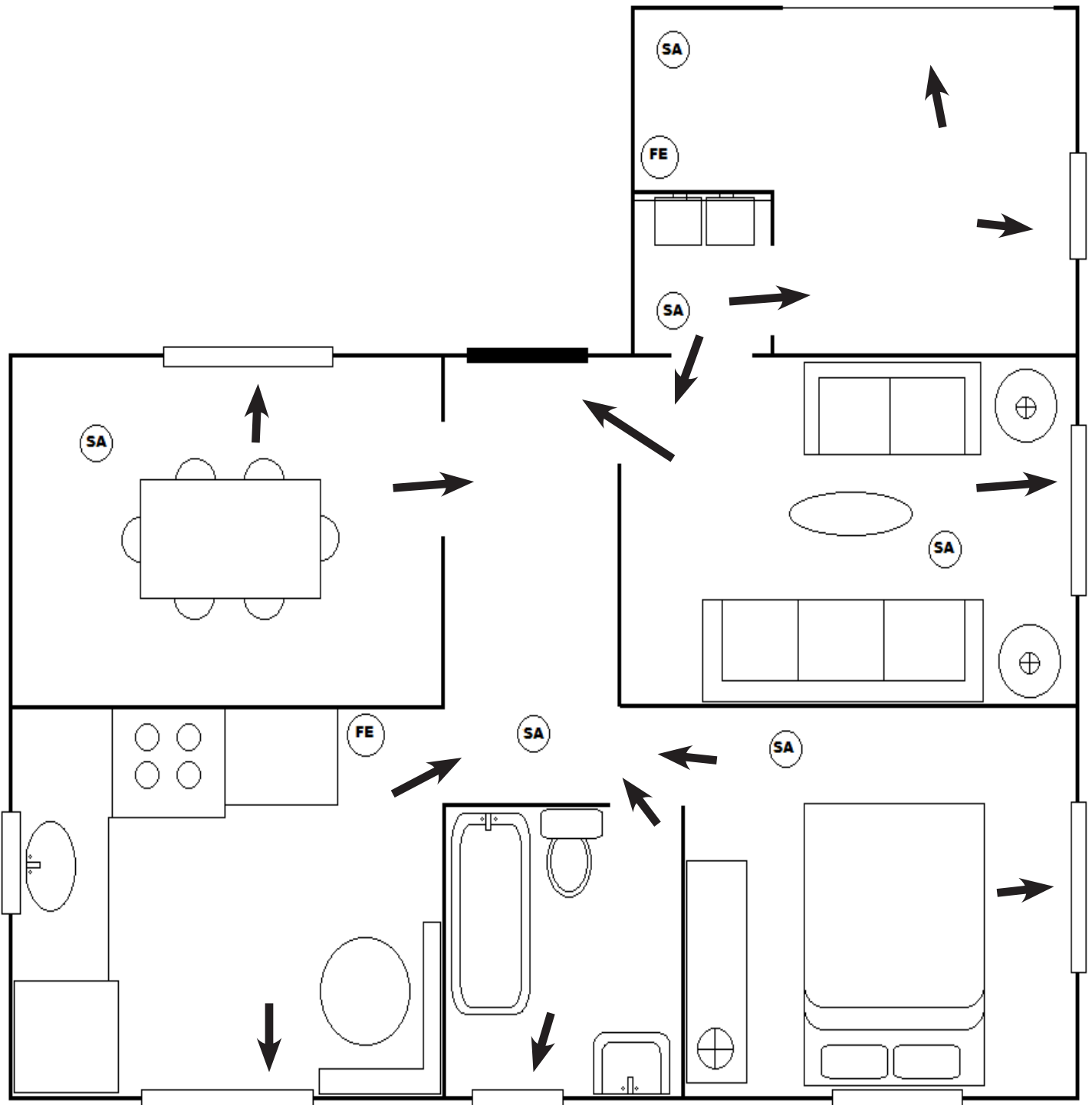
Licenser for the home

Name: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

Notes about home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Each home must have a current evacuation plan with the locations of: each bedroom, all windows and doors, smoke detectors, fire extinguishers, and sprinkler shutoffs. Two ways out of each room must be identified. Mark the evacuation paths on the map. Include your point of safety on the map.

Place a copy of your map here.



Fill out a sheet for each resident in your home. Review and revise as needed.

Insert up-to-date photo of resident here

**Name of Resident:** \_\_\_\_\_

Emergency contact

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

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

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

Case manager/service coordinator

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

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

In an evacuation, this resident needs (check all that apply):

- Medication
- Oxygen
- Wheelchair
- Walker
- Eyeglasses
- Hearing aid
- Dentures
- Other:

\_\_\_\_\_  
\_\_\_\_\_

- Allergies to food or medication:

\_\_\_\_\_  
\_\_\_\_\_

	Name	Phone Number	Account Number
Physician			
Pharmacist			
Medical Insurance			
Power of Attorney			
Other:			

Place copies of the following behind this page (as applicable):

- Advance Directives
- Do Not Resuscitate (DNR) orders
- Physician Orders for Life-Sustaining Treatment (POLST)
- Other pertinent medical information
- Updated medical information including names of each medication and dosage, instruction on administering medications, and copies of prescriptions.

In the event that you need to evacuate your home, you will relocate to:

Name of contact person: \_\_\_\_\_  
Phone number of contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method of transportation to this location:

Directions or map to this location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of each staff member or caregiver who will perform various duties. Indicate who will perform your duties should you be away from the home when an emergency occurs.

- 1.
- 2.
- 3.
- 4.
- 5.

Review contents of your emergency supplies and “go bags” at least every six months, or more often as needs of residents change.

Location of Emergency Supplies and “Go bags”: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Include location of keys or combinations if stored in a locked storage area.

## Evacuation

### Evacuation Checklist “Go Bags”

The following items should be stored in a backpack or other bag so they can be quickly and easily grabbed. A container with wheels may be more easy for an elder to manage. Each bag should have an ID tag on it. Consider listing the date each item was added to help keep it current.

Your operator “Go Bag” needs:

- First aid kit
- Cell phone and charger
- Radio
- Extra batteries
- Multi purpose tool
- Cash, credit card, and change
- Spare key to the home
- Copies of important documents in a waterproof bag (insurance cards, driver’s license)
- Updated pictures of each resident and pets

All “Go Bags” needs:

- Water
- Food
- Flashlight
- Medications and medicine dispensers (i.e. droppers, pill splitters, syringes)
- Eyeglasses, dentures, or hearing aids
- Whistle
- Dust mask
- Blanket
- Change of clothes
- Personal sanitary items
- Pen and paper to communicate
- Personal item to provide comfort

If residents of the home are prone to sneaking food or “borrowing” from the go bags consider storing the bags in a shed or other locked location.

Prepare one bag for each person in the home including: yourself, each resident, each staff member, and other occupants of the home.

## **Evacuation**

continued

Include phone numbers for emergency services and other contacts in your plan.

Emergency services: 9-1-1 or \_\_\_\_\_

Ambulance: \_\_\_\_\_

Non-Emergency Police: \_\_\_\_\_

Non-Emergency Fire Department: \_\_\_\_\_

Gas company: \_\_\_\_\_

Water company: \_\_\_\_\_

Electric company: \_\_\_\_\_

Out-of-State contact: \_\_\_\_\_

Poison Control: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Shelter in place

In addition to your “go bags” each home should have emergency supplies to sustain the home should you need to shelter in place.

Disaster kit:

- Water (minimum of three days - one gallon per person per day)
- Food (minimum of three days - non-perishable, can be prepared without water or power)
- Manual can opener for food, paper plates, plastic utensils, and napkins
- First aid kit
- Medications (keep extra on hand by refilling medications before they run out)
- Flashlight
- Crank or battery powered radio
- Extra batteries
- Personal hygiene items
- Copies of important documents stored in a waterproof bag or on a flash drive (medication lists, insurance policies, birth certificates, etc.)
- Updated pictures of each resident
- Cash and credit card
- Wrench to shut off utilities
- Work gloves, rope, tarp, duct tape, plastic bags, and utility knife
- Filter mask for each member of the home
- Alcohol-based hand sanitizer

For homes with animals:

- Water and food for pets
- ID and vaccination tags and microchip ID information
- Medications and vaccination records for pets
- Leash, harness, or carriers
- Plastic bags for disposal of feces

(continued)



## Shelter in place

continued

For homes with residents with mobility issues:

- Extra battery for power chair
- Wheel patch kit and tire pump for wheelchair
- Spare cane or walker
- Rock salt, cat litter, or small shovel to remove snow or ice

For homes with hearing or speech impaired residents

- Extra batteries for hearing aides
- Pen and paper to communicate
- Whistle

For homes with residents with visual impairment

- Extra eye glasses
- Extra cane
- Large print on emergency supplies

Your disaster kit should be adequate to maintain all occupants of the home for a minimum of 3 days. Store these items in a large bin or other water-proof container that pests cannot get into.



Additional items to include with this plan

For the home:

- Copies of property insurance papers (home, auto, etc.)
- Copies of health insurance papers
- Copies of financial papers
- Photos of valuables for insurance purposes