

EMERGENCY PREPAREDNESS TEMPLATE

*This template is designed to help facilities keep track of emergency preparedness information. The fields can be typed in online or the form can be printed out and done by hand. To save the information, print when done filling out, then do a save as and rename document.

FACILITY:	LICENSE #:
DATE OF ORIGINAL DOCUMENT:	REVISION DATE:
Authority Having Jurisdiction:	APPROVAL DATE:
Authority Having Jurisdiction SIGNATURE:	
Authority Having Jurisdiction:	APPROVAL DATE:
Authority Having Jurisdiction SIGNATURE:	
Authority Having Jurisdiction:	APPROVAL DATE:
Authority Having Jurisdiction SIGNATURE:	

I. FACILITY INFORMATION

Name		
License Type	License Number #	
Address		
City	State New Hampshire	Zip Code
Phone Number (603)- -	Fax ()- -	

Administrator	Alternate Point of Contact
Name	Name
Mobile Phone Number	Mobile Phone Number
Alternate Phone Number	Alternate Phone Number
E-Mail Address	E-Mail Address

EMERGENCY CONTACT NUMBERS – DIAL 911 IN AN EMERGENCY	
Non-Emergency Police	Non-Emergency Fire
Poison Information Center	Hazardous Material / Spill Clean-Up
Public Health Department	NH Red Cross
Electrical Power Provider	Natural/Propane Gas Supplier
Water Department	Telephone/Cable Company
Waste Water Department/Plumbing Services	Insurance Provider Name:
NH DHHS	Other:
Other:	Other:

Prevention Plan:

Protection Plan:

Mitigation Plan:

Physical Plant Risk Assessment Completed:

If n/a, please explain:

Physical Plant Risk Assessment Criteria:
(Attach Checklist)

II. ESSENTIAL FUNCTIONS

ESSENTIAL FUNCTIONS	
CLIENT CARE	<i>Example</i> Preparing all meals for residents
FACILITY OPERATIONS	<i>Example</i> Residential room cleaning and disinfection
ADMINISTRATIVE OPERATIONS	<i>Example</i> Purchasing essential equipment and supplies
EMERGENCY RESPONSE	<i>Example</i> Internal communications – communications with staff

III. CRITICAL RESOURCES

ESSENTIAL FUNCTIONS		CRITICAL RESOURCES				
		HUMAN RESOURCES		VITAL RECORDS	EQUIPMENT	SUPPLIES
		Number of staff who could perform function	Cross training of staff needed (√)	Vital records necessary for this function	Equipment necessary for this function	Supplies necessary for this function
RESIDENT CARE	<i>Example: Preparing resident meals</i>	2	√	Dietary orders for each resident	Kitchen facilities: fridge, stove, oven, sink	Fresh foods, canned and dried foods, water
FACILITY OPERATIONS						

ESSENTIAL FUNCTIONS		CRITICAL RESOURCES				
		HUMAN RESOURCES		VITAL RECORDS	EQUIPMENT	SUPPLIES
		Number of staff who could perform function	Cross training of staff needed (√)	Vital records necessary for this function	Equipment necessary for this function	Supplies necessary for this function
ADMINISTRATIVE OPERATIONS						
EMERGENCY RESPONSE						

IV. HAZARD VULNERABILITY ASSESSMENT

Hazard Vulnerability Assessment Worksheet (page 1 of 2)

EVENT	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK (5)
	PROBABILITY (1)	HUMAN IMPACT (2)	PROPERTY IMPACT (3)	BUSINESS IMPACT (4)	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
Natural Hazards					
Severe Thunderstorm					
Ice Storm					
Blizzard					
Excessive Heat					
Excessive Cold					
Flood					
Tornado					
Earthquake					
Other (specify)					
Technological Hazards					
Electrical Failure					
HVAC Failure					
Gas Leaks					
Water Failure					
Communications and/or IT Failure					
Other (specify)					

ADDITIONAL INFORMATION: Please use this area to provide additional information and to clarify “Other” areas chosen above.

Hazard Vulnerability Assessment Worksheet (page 2 of 2)

EVENT	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK (5)
	PROBABILITY (1)	HUMAN IMPACT (2)	PROPERTY IMPACT (3)	BUSINESS IMPACT (4)	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
Human Hazards					
Bomb Threat					
Active Shooter					
Jail Escape					
Civil Disturbance					
Unexplained Participant Absence					
Other (specify)					
Biological Hazards					
Epidemic (i.e., Flu)					
Norovirus					
Other (specify)					
Radiological Hazards					
Nuclear Power Plant Release					
Radiological Release					
Other (specify)					
Chemical Hazards					
Within the Facility					
Outside of the Facility					
Other (specify)					

ADDITIONAL INFORMATION: Please use this area to provide additional information and to clarify “Other” areas chosen above.

Building Security / Safety Issues

Attach egress plan.

All staff has been issued a photo identification badge.

The facility has a supply of vests, baseball caps, or hardhats for ease of recognition of personnel that will be sufficient for the number of personnel who would be involved in the emergency operations plan. The color and type of identification has been submitted for initial approval to the local AHJ when the Emergency Preparedness Plan was originally submitted on .

Security staff will be provided with a list of designated family or guardian members who will be allowed access to building(s) with photo identification.

Security staff will be provided with a list of designated volunteers who will be allowed access to building(s) with photo identification.

Emergency vehicles will have access at:

Support agency vehicles will have access at:

Delivery vehicles will have access at:

Other Information:

Safety Area	Responsibilities	Staff Responsible/Phone
Building Security	<ul style="list-style-type: none">• Check and turn off gas (if odor detected or damage is evident) and electricity.• Turn off water if pipes are broken or leaking.	
Fire Suppression	<ul style="list-style-type: none">• Check for and suppress small fires.• Notify fire department.	
Search and Rescue	<ul style="list-style-type: none">• Notify Fire Department• Ensure everyone has evacuated if required.	
First Aid	<ul style="list-style-type: none">• Administer first aid to injured persons.	

Critical Document Maintenance

Mission Critical Files Update Frequency:

Additional Information:

Name of Person Responsible for Updating Information:

Mission Critical Files	Onsite Location	Offsite Location	Electronic (flash drive, local network, or Internet)

Business Continuity and Recovery Planning Team

The following staff will participate in business continuity and recovery planning:

NAME	POSITION	EMAIL	MOBILE PHONE

Coordination with Others

The following people from neighboring organizations, business and our building management will participate on our Disaster Planning Team:

NAME	ORG/BUSINESS	EMAIL	MOBILE PHONE

Meeting Schedule

The Disaster Planning Team will meet on a regular basis

Additional information:

I. ESTABLISHING CHAIN OF COMMAND, ROLES AND RESPONSIBILITIES

1. Incident Commander

Incident Commander:

Phone Number: () - **Cell Phone Number:** () -

E-mail:

Alternate Incident Commander:

Phone Number: () - **Cell Phone Number:** () -

E-mail:

2. Public Information Officer

Public Information Officer:

Phone Number: () - **Cell Phone Number:** () -

E-mail:

Alternate PIO:

Phone Number: () - **Cell Phone Number:** () -

E-mail:

3. Liaison Officer

Liaison Officer:

Phone Number: () - **Cell Phone Number:** () -

E-mail:

Alternate Liaison Officer:

Phone Number: () - **Cell Phone Number:** () -

E-mail:

4. Safety Officer

Safety Officer:

Phone Number:

Cell Phone Number:

E-mail:

Alternate Safety Officer:

Phone Number:

Cell Phone Number:

E-mail:

5. Operations Chief

Operations Chief:

Phone Number:

Cell Phone Number:

E-mail:

Alternate Operations Chief:

Phone Number:

Cell Phone Number:

E-mail:

6. Logistics Chief

Logistics Chief:

Phone Number:

Cell Phone Number:

E-mail:

Alternate Logistics Officer:

Phone Number:

Cell Phone Number:

E-mail:

7. Administration/Finance Chief

Administration/Finance Chief:

Phone Number: () - **Cell Phone Number:** () -

E-mail:

Alternate Admin/Finance Chief:

Phone Number: () - **Cell Phone Number:** () -

E-mail:

8. Planning Chief

Planning Chief:

Phone Number: () - **Cell Phone Number:** () -

E-mail:

Alternate Planning Chief:

Phone Number: () - **Cell Phone Number:** () -

E-mail:

Attach Job Action Sheets as needed.

Healthcare Partners Serving the Facility:

On-Call Medical Provider

Name: _____ **Title/Specialty:** _____

Phone Number: () - **Cell Phone Number:** () -

E-mail: _____

Behavioral/Mental Health Provider

Name: _____ **Title/Specialty:** _____

Phone Number: () - **Cell Phone Number:** () -

E-mail: _____

Pharmacy Provider

Name: _____ **Title/Specialty:** _____

Phone Number: () - **Cell Phone Number:** () -

E-mail: _____

Partner Organizations

Partner Organization	Contact Information
Local EMD	Name: Phone Number: () -
Local Health or Welfare Department	Name: Phone Number: () -
Local School Superintendent	Name: Phone Number: () -
Local Police Department (for non-emergencies)	Name: Phone Number: () -
State 2-1-1	Name: Phone Number: () -
Other:	Name: Phone Number: () -

V. COMMUNICATION SYSTEMS

Staff Notification

A list of telephone numbers of staff for emergency contact is located at _____ .

NOTIFICATION			
STAFF WILL BE NOTIFIED BY: PHONE TREE AUTOMATIC NOTIFICATION SYSTEM EMAIL BLAST OTHER:	STAFF MEMBER RESPONSIBLE FOR NOTIFICATION		
	PHONE NUMBER	EMAIL	
STAFF WILL RESPOND BY: CALLING IN TO LIVE PERSON CALLING AUTO. NOTIF. SYSTEM EMAIL IN OTHER:	RESPOND IN NUMBER	AUTO RESPONSE NUMBER	
	PLAN TRIGGER		

NOTIFYING STAFF NAME:			
STREET ADDRESS		EMERGENCY CONTACT NAME	
CITY, STATE, ZIP CODE		RELATIONSHIP TO EMPLOYEE	
TELEPHONE NUMBER	ALTERNATE NUMBER	CONTACT NUMBER	ALTERNATE NUMBER
EMAIL		EMAIL	

STAFF NAME:			
STREET ADDRESS		EMERGENCY CONTACT NAME	
CITY, STATE, ZIP CODE		RELATIONSHIP TO EMPLOYEE	
TELEPHONE NUMBER	ALTERNATE NUMBER	CONTACT NUMBER	ALTERNATE NUMBER
EMAIL		EMAIL	

Key Contact Notification:

NOTIFICATION	
KEY CONTACTS WILL BE NOTIFIED BY: WEBSITE AUTOMATIC NOTIFICATION SYSTEM EMAIL BLAST SIGNAGE OTHER:	STAFF MEMBER RESPONSIBLE FOR NOTIFICATION
	TELEPHONE NUMBER () -
	EMAIL

ORGANIZATION NAME:		
STREET ADDRESS		CONTACT NAME
CITY, STATE, ZIP CODE		CONTACT PHONE NUMBER () -
TELEPHONE NUMBER () -	FAX NUMBER () -	CONTACT EMAIL
EMERGENCY NUMBER () -	WEBSITE	RELATIONSHIP TO OUR FACILITY

ORGANIZATION NAME:		
STREET ADDRESS		CONTACT NAME
CITY, STATE, ZIP CODE		CONTACT PHONE NUMBER () -
TELEPHONE NUMBER () -	FAX NUMBER () -	CONTACT EMAIL
EMERGENCY NUMBER () -	WEBSITE	RELATIONSHIP TO OUR FACILITY

ORGANIZATION NAME:		
STREET ADDRESS		CONTACT NAME
CITY, STATE, ZIP CODE		CONTACT PHONE NUMBER () -
TELEPHONE NUMBER () -	FAX NUMBER () -	CONTACT EMAIL
EMERGENCY NUMBER () -	WEBSITE	RELATIONSHIP TO OUR FACILITY

Employee Notification Plan:

IV. RESPONSE

1. Attach response plans for the following actions in Appendix A: Response Plan
 - a. Lockdown
 - b. Secure Campus/Lockout
 - c. Shelter-In-Place
 - d. Bomb Threat
 - e. Drop, Cover and Hold
 - f. Evacuation (Internal and External)
 - g. Reverse Evacuation
 - h. Missing Resident
 - i. Natural Disaster
 - j. Severe Weather
 - k. Human Caused Emergencies
2. Attach response plans for the following emergencies in Appendix B: Response Plan 2
 - a. Electricity failure including generator failure if applicable
 - b. Potable water loss
 - c. Non-potable water loss
 - d. Heating, Ventilation, and Air Conditioning loss
 - e. Fire protection systems (sprinkler, fire alarm, kitchen hood, etc.) including failure, activation and utilization of fire watch
 - f. Fuel for building operations including loss, spill, and exposure that creates a hazardous incident
 - g. Fuel for essential transportation including loss, spill, and exposure that creates a hazardous incident
 - h. Medical gas and vacuum systems (if applicable)
 - i. Communications systems failure (phone, cell phones, internet, etc.)
 - j. Essential systems (kitchen, laundry, etc)
 - k. Identified hazards (natural hazards, human based hazards, and technological hazards)
3. Attach plans for the following staff roles in Appendix C: Staff Roles and Resident Management
 - a. Staff communication plan
 - b. Staff management plan
 - c. Critical Incident Stress Management plan
 - d. Security
 - e. Public Information
 - f. Emergency food and water management
 - g. Resident relocation for both local and regional evacuations.
 - h. Logistics plan for access to critical materials
4. List Vendors, Facilities and Agencies that have Memorandums of Understanding. Attach a copy of the MOU's to Appendix D: Memorandum of Understanding.

V. RECOVERY AND CONTINUITY OF OPERATIONS

1. Attach the Business Impact Analysis to Appendix F: Business Impact Analysis.
2. Attach the Recovery Plans to Appendix G: Recovery. The plans should include:
 - a. Facilities and Equipment
 - b. Telecommunications and IT
 - c. Human resources
3. Attach the Continuity of Operations plan to Appendix H: Continuity of Operations. Continuity of Operations plan should include:
 - a. Essential Functions
 - b. Essential Records Management
 - c. Orders of Succession
 - d. Delegations of Authority
 - e. Plans to continue to provide essential services during and after a disaster.

Inventory of Emergency Resources

Food Supplier:		
Supplier Address		
Phone Number () -	Fax Number () -	Email
Alternate Supplier:		
Supplier Address		
Phone Number () -	Fax Number () -	Email

Water Supplier:		
Supplier Address		
Phone Number () -	Fax Number () -	Email
Alternate Supplier:		
Supplier Address		
Phone Number () -	Fax Number () -	Email

Fuel Supplier:		
Supplier Address		
Phone Number () -	Fax Number () -	Email
Alternate Supplier:		
Supplier Address		
Phone Number () -	Fax Number () -	Email Number

Medical Supplier:		
Supplier Address		
Phone Number () -	Fax Number () -	Email
Alternate Supplier:		
Supplier Address		
Phone Number () -	Fax Number () -	Email Number

Resident Identification and Information System

Separately complete this form for each resident and attach as Appendix E at the end of this document.

RESIDENT EMERGENCY PROFILE						
Date of Last Update:						
Resident Name/AKA			Resident Current Photo Attached			
DOB/Age	Single Family	Height	Apr. Weight	Female	Male	Transsexual
PETS			COMMUNICATION USE			
Bird	Cat	Dog	Exotic	American Sign Language	Oral Interpreter	
Other (briefly specify):			Assistive Listening Device		Relay Speech	
Pertinent Medical Conditions			Assistive Speech Device		Speech	
Allergies: Environmental Shell Fish Medication (specify):			Hearing Aid/Cochlear Implant		TTY	
Peanut Latex						
ASSISTIVE DEVICES USED (check all that apply)						
Manual Wheelchair	Cane	Walker	Eye-glasses	Dentures		
Oversized Wheelchair	Confined to Bed	Pediatric Wheelchair	Oxygen (indicate concentration)			
Motorized Wheelchair	Motorized Scooter	Can Transfer Self to Bed or Seat with a Transfer Board		Service Dog (Name and Weight)		
EMERGENCY CONTACT INFORMATION				Resident's Physician		
Name		Relationship		Name		
Address		Phone		Phone		
MEDICATIONS (attach list if more room needed)						
Name		Dosage		Frequency		
Name		Dosage		Frequency		

Memorandum of Understanding (attach copies for all providers/vendors):

Name of Setting/Shelter		
Facility Address		Memorandum of Agreement Effective Date
Phone Number	Fax Number	Email
Point of Contact and Title		Phone Number
Alternate Contact and Title		Phone Number
Will Accept this Type of Resident		Number of Residents
Alternate Setting/Shelter		
Facility Address		Memorandum of Agreement Effective Date
Phone Number	Fax Number	Email
Point of Contact and Title		Phone Number
Alternate Contact and Title		Phone Number
Will Accept this Type of Resident		Number of Residents

Transportation Company		
Company Address		Memorandum of Agreement Effective Date
Office Phone Number	Fax Number	Email
Cell Phone Number		
Type of Vehicles		Number of Vehicles
Alternate Transportation Company		
Company Address		Memorandum of Agreement Effective Date
Office Phone Number	Fax Number	Office Email
Cell Phone Number		
Type of Vehicles		Number of Vehicles

Ambulance Company		
Company Address		Memorandum of Agreement Effective Date
Office Phone Number	Fax Number	Office Email
Cell Phone Number		
Alternate Ambulance Company		
Company Address		Memorandum of Agreement Effective Date
Office Phone Number	Fax Number	Office Email
Cell Phone Number		

Off-Site Sheltering		
Facility Address		Memorandum of Agreement Effective Date
Phone Number	Fax Number	Email
Point of Contact and Title		Phone Number

Hospital		
Facility Address		Memorandum of Agreement Effective Date
Phone Number	Fax Number	Hospital Email
Point of Contact and Title		Phone Number

APPENDIX A: RESPONSE PLAN

APPENDIX B: RESPONSE PLAN 2

APPENDIX C: STAFF ROLES AND RESIDENT MANAGEMENT

APPENDIX D: MEMORANDUMS OF UNDERSTANDING

APPENDIX E: RESIDENT IDENTIFICATION AND INFORMATION SYSTEM

*Resident information provided in this Appendix is for facility use and will be retained within the working copy of the emergency plan. Copies of this plan provided to outside agencies will not have individual resident identification and information systems attached.

Resident identification and information system completed for all residents on .

APPENDIX F: BUSINESS IMPACT ANALYSIS

APPENDIX G: RECOVERY

APPENDIX H: CONTINUITY OF OPERATIONS