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	Zip Code
Phone Number	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:

Physical Plant Risk Assessment is completed (check one):

n/a

☐ If N/A, please explain:

Physical Plant Risk Assessment Schedule (months):

Contact Information of Person(s) Responsible for Conducting Physical Plant Assessment:

Title	Name	Phone #

☐ Photographs of buildings needed for insurance purposes were taken on ☐ and are located

☐ A plan to have petty cash available is in place: n/a.

Physical Plant Risk Assessment Criteria:
(Attach Checklist)

II. ESSENTIAL FUNCTIONS

	ESSENTIAL FUNCTIONS
CLIENT CARE	*Example* Preparing all meals for residents
FACILITY OPERATIONS	*Example* Residential room cleaning and disinfection
ADMINISTRATIVE OPERATIONS	*Example* Purchasing essential equipment and supplies
EMERGENCY RESPONSE	*Example* 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	***Example:*** **Preparing resident meals**	**2**	√	**Dietary orders for each resident**	**Kitchen facilities: fridge, stove, oven, sink**	**Fresh foods, canned and dried foods, water**
RESIDENT CARE						
RESIDENT CARE						
RESIDENT CARE						
RESIDENT CARE						
RESIDENT CARE						
RESIDENT CARE						
RESIDENT CARE						
RESIDENT CARE						
RESIDENT CARE						
FACILITY OPERATIONS						
FACILITY OPERATIONS						
FACILITY OPERATIONS						
FACILITY OPERATIONS						
FACILITY OPERATIONS						
FACILITY OPERATIONS						
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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	3	3	3	3	12
Ice Storm	3	3	3	3	12
Blizzard	3	3	3	3	12
Excessive Heat	3	3	3	3	12
Excessive Cold	3	3	3	3	12
Flood	3	3	3	3	12
Tornado	3	3	3	3	12
Earthquake	3	3	3	3	12
Other (specify)	3	3	3	3	12
Technological Hazards					
Electrical Failure	3	3	3	3	12
HVAC Failure	3	3	3	3	12
Gas Leaks	3	3	3	3	12
Water Failure	3	3	3	3	12
Communications and/or IT Failure	3	3	3	3	12
Other (specify)	3	3	3	3	12

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

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	3	3	3	3	12
Active Shooter	3	3	3	3	12
Jail Escape	3	3	3	3	12
Civil Disturbance	3	3	3	3	12
Unexplained Participant Absence	3	3	3	3	12
Other (specify)	3	3	3	3	12
Biological Hazards					
Epidemic (i.e., Flu)	3	3	3	3	12
Norovirus	3	3	3	3	12
Other (specify)	3	3	3	3	12
Radiological Hazards					
Nuclear Power Plant Release	3	3	3	3	12
Radiological Release	3	3	3	3	12
Other (specify)	3	3	3	3	12
Chemical Hazards					
Within the Facility	3	3	3	3	12
Outside of the Facility	3	3	3	3	12
Other (specify)	3	3	3	3	12

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	• 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	• Check for and suppress small fires. • Notify fire department.	
Search and Rescue	• Notify Fire Department • Ensure everyone has evacuated if required.	
First Aid	• Administer first aid to injured persons.	

Critical Document Maintenance

Mission Critical Files Update Frequency: ANNUALLY
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 OTHER
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. Scan – Bomb Threat
   E. Drop, Cover and Hold
   F. Evacuation (on-site and off-site)
   G. Reverse Evacuation

2. Attach response plans for the following emergencies in Appendix B: Response Plan 2
   A. Electricity failure (including generator failure if the facility has a generator).
   B. Water loss
   C. Heating, Ventilation, and Air Conditioning failure.
   D. Fire protection systems (sprinkler, fire alarm, kitchen hood, etc.) failure or activation.
   E. Fuel loss, fuel spill, and fuel exposure that creates a hazardous incident
   F. Medical gas and vacuum systems (if applicable)
   G. Communications systems failure (phone, cell phones, internet, etc.)

3. Attach plans for the following staff roles in Appendix C: Staff Roles
   A. Security
   B. Public Information

4. List Vendors, Facilities and Agencies that have Memorandums of Understanding. Include address, phone number, contact information and date when MOU was issued or renewed. 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 essential services during and after a disaster until facility conditions return to an acceptable, "pre-disaster" level.

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):					
Pertinent Medical Conditions			Assistive Listening Device	Relay Speech	
Allergies: Environmental Peanut Latex Shell Fish Medication (specify):			Assistive Speech Device	Speech	
			Hearing Aid/Cochlear Implant	TTY	
ASSISTIVE DEVICES USED (check all that apply)					
Manual Wheelchair	Cane	Walker	Eyeglasses	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 NO		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 NO		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

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