# EMERGENCY PREPAREDNESS

## Emergency Preparedness Log

| Every Month | | |
|---|---|---|
| **Smoke and Carbon Monoxide (CO) Alarms** | **Date** | **Initials** |
| • Press the test button on the unit to sound the alarm.<br>• Test all smoke alarms.<br>• Test all carbon monoxide alarms (if applicable).<br><br>NOTE: Replace the smoke or carbon monoxide detector at the end of its useful life as indicated by the manufacturer on the unit, or if the unit fails to work after replacing the batteries, whichever occurs first. Useful life expiration date is to be labeled on the unit and is typically about 10 years. | | |

| Every 3 Months | | |
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| **Fire Extinguisher Examinations** | **Date** | **Initials** |
| Ensure each fire extinguisher:<br>• Is in its designated location (easy access, no obstructions).<br>• Has no damage or obvious defects, such as leaks.<br>• Has unbroken seals/tamper indicator, safety pin is in place.<br>• Is tipped upside down and right-side up. | | |

| Once Per Year | | |
|---|---|---|
| **Change Batteries in Smoke and CO Alarms** | **Date** | **Initials** |
| • Replaceable batteries are replaced at least every 12 months, even if the unit is hard-wired.<br>• Replace sooner if low battery indicator sounds. | | |
| Do any required alarms have non-replaceable batteries (e.g., sealed lithium units)? ☐ Yes ☐ No<br><br>If yes, annual battery replacement is not required.<br>Replace alarms when they expire or if they stop working. | Expiration Date(s) If Applicable: | |
| **Review of Emergency Preparedness Plan** | **Date** | **Initials** |
| Review of the home's Emergency Preparedness Plan with each resident, or the resident's representative, at admission and at least every 12 months thereafter. | | |

# Emergency Preparedness Plan

1. **Shelter in Place**: Describe how you will remain prepared to shelter in place for at least 72 hours considering food, water, and medications.

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| Food: |
| Water: |
| Medications: |

2. **Evacuation Orders:** Describe your plan in case of a mandatory evacuation of your home.

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| Place your household will evacuate to <u>within</u> your local community: |
| Place your household will evacuate to <u>outside</u> your local community: |

List necessary supplies kept ready for quick evacuation:

| Item | Location | Item | Location |
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**3. Provider Incapacitation:** Describe what happens if you are unable to care for your resident(s).

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| How will others know whether you are able to provide services to your resident(s)? |
| Who will provide care to the resident(s) if you become incapacitated? |
| Contact information for the person(s) who will provide care: |

**4. House Fire:** Describe your plan to evacuate the home in case of a house fire.

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| Person Responsible: _____<br>*This person will take a headcount at the designated meeting area and relay information to firefighters regarding the probable whereabouts in the home of missing individuals.* |
| Please draw/attach a floor plan of your home and depict at least two (2) escape routes from each room (except bathrooms and the laundry room). Identify the designated spot where the household will meet after escaping the home. Use additional pages if needed. |