

**IN CASE OF  
EMERGENCY  
CALL 9-1-1**

**People Inc.**  
**RESIDENTIAL DEPARTMENT**  
**EMERGENCY CONTACT / EMERGENCY PREPAREDNESS / EMERGENCY EVACUATION**  
**POLICY AND PROCEDURE**

**MANAGEMENT CONTACT NUMBERS:**

**Senior Residential Supervisor:** \_\_\_\_\_ (name)  
\_\_\_\_\_ (cell)

**Residential Director:** \_\_\_\_\_ (name)  
\_\_\_\_\_ (cell)  
\_\_\_\_\_ (home)  
\_\_\_\_\_ (fax)

**Associate Vice Presidents:** Sandie Brown-Maynard  
Karen Lazik  
Kristi Leone  
Jay Mapstone  
Jamie Marzec  
Cheryl Stevens  
Jordan Wollaber

**Clinical Vice President Behavioral Health:** Julie Barber:

**Senior Vice President:** **Thomas Ess:**  
Dawn MacMurray:

*For emergencies, please initiate the management chain listed above until you reach someone.*

*For non-emergencies, if unable to reach your direct supervisor, please leave a message and wait 15 minutes. If you do not hear back, please call again. If you still do not hear back, please call the next member of the management chain listed above.*

*If you are still unable to reach the management chain above, please contact the Agency Administrative On-Call Number at 716.634.8132 and follow the prompts/directions given.*

**ADDITIONAL CONTACT NUMBERS:**

**Site Monitoring Co. Name (Fire):** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Password:** \_\_\_\_\_

**People Inc. QI 24/7 Incident Help Line:**

- For incidents: 716.255.4182
- For **\*\*emergency preparedness notifications** (listed on page 9) and emergency evacuations (listed on page 19) after 4:00p.m. or during weekends. Director of QI: Gayle Mertzluft: 716.479.4836 (cell)

**Care Coordination Organization (CCO) Contact Numbers:**

- Person Centered Services: General Information: 1.888.977.7030
- Person Centered Services: On-Call Number (after 4:30pm): 1.833.200.0678
- Prime Care: Western NY On-Call Number: 716.225.5861
- Prime Care: Finger Lakes On-Call Number: 585.392.4812



***Please have a full set of vital signs completed with the person, prior to calling the On-Call RN, for non-life threatening emergencies whenever possible.***

***Please also have the tablet/laptop available for telehealth visits as necessary.***

***If the tablet/laptop is not fully charged locate the charger and plug in the tablet/laptop.***

**Virtual Medical Care**

**When To Call The Virtual Medical Care On-Call RN**

Type of Call:	Who To Call:
<b>Call 911 for all life threatening emergencies!</b>	
<p><b>After calling 911, call Virtual Medical Care.</b></p> <p><b>For any of the following:</b></p> <ul style="list-style-type: none"> <li>• Illness</li> <li>• Injury</li> <li>• Health status changes</li> <li>• Declined fluid intake for an 8-hour period / food intake for a 24-hour period during naturally-occurring times (e.g., meals, snacks etc.)</li> </ul> <p><b>For any of the following:</b></p> <ul style="list-style-type: none"> <li>• Medication Questions/Concerns</li> <li>• Medication Incidents/Actual Medication Errors</li> <li>• Medication Verification:               <ul style="list-style-type: none"> <li>○ New/Changes in Medications/Treatments</li> </ul> </li> <li>• Medication Verification for Psychiatric Medications:               <ul style="list-style-type: none"> <li>○ Change in Psychiatric Medications <i>within</i> range</li> </ul> </li> <li>• Upon a person returning after ER visit to review and complete PONS</li> <li>• Upon a person returning after a MD appointment (if questions/concerns)</li> <li>• **Behavioral Health Concerns</li> <li>• Person Specific Protocol Concerns:               <ul style="list-style-type: none"> <li>○ Seizure</li> <li>○ Fall</li> <li>○ Chest Pain</li> <li>○ Choking</li> <li>○ Vital Signs</li> <li>○ Blood Sugar</li> <li>○ Pulse OX</li> <li>○ Weight</li> <li>○ Fluid/Food Intake</li> </ul> </li> </ul>	<p style="text-align: center;">Virtual Medical Care On-Call RN:  <b>Phone: 716.395.3595</b>  <b>Fax: 716.427.0999</b></p> <p><i>If the On-Call RN does not answer, please leave a message. If there is no response after 2 calls (30 minutes) contact Management Contact Numbers listed above. Management will then contact the On-Call RN Director: Denise Fleck @ 716.440.0634.</i></p> <p><i>**For Behavioral Health concerns, the VMC On-Call RN will rule out medical concerns and then instruct staff to contact the Residential Management Chain listed above.</i></p>

**People Inc. Site RN / People Inc. On-Call RN**

**When To Call The Site RN / On-Call RN**

<b>Type of Call:</b>	<b>Who To Call:</b>
<p><b>For any of the following:</b></p> <ul style="list-style-type: none"><li>• Medication Verification for Psychiatric Medications:<ul style="list-style-type: none"><li>○ New Psych Medications</li><li>○ Psychiatric Medications <i>outside</i> of range</li></ul></li><li>• Discharge from ER (held for observation only)</li><li>• Discharge from Hospital</li><li>• Any Equipment Issues:<ul style="list-style-type: none"><li>○ CPAP/BiPAP</li><li>○ Oxygen</li><li>○ G-Tube</li><li>○ Vital Sign Equipment</li><li>○ Staff Medical Training (e.g., slings, ACE wrap, insulin/blood sugar, new equipment etc.)</li></ul></li></ul>	<p style="text-align: center;">Call Site RN: <b>Site RN Name:</b> <b>Site RN Phone Number:</b></p> <p><i>If no response after 2 calls (30 minutes) contact Residential Management Contact Numbers listed above. Residential Management will then contact Nursing Management.</i></p> <p style="text-align: center;">If after hours or the Site RN is not available, Call People Inc. On-Call RN: <b>Phone: 716.243.0389</b></p> <p><i>If the On-Call RN does not answer, please do not leave a message, instead listen to the voice mail message, and obtain the phone number. If no response after 2 calls (30 minutes) contact Residential Management Contact Numbers listed above. Residential Management will then contact Nursing Management.</i></p>

## **MEDICAL EMERGENCIES**

### **LIFE THREATENING MEDICAL EMERGENCIES:**

#### **1. DO NOT WAIT, CALL 911**

- **For all serious or life threatening emergencies as per your training.**
- When a person is unresponsive, not breathing, gasping and/or not breathing normally **DO NOT WAIT, CALL 911** to activate emergency medical services (EMS) and perform **Cardio-Pulmonary Resuscitation (CPR)**.

*Please Note: For people with a Do Not Resuscitate (DNR) Order, CPR is NOT to be initiated.*

- When a person is experiencing **Severe Choking** and is conscious and is unable to cough, breathe or make any sounds **DO NOT WAIT, CALL 911** to activate emergency medical services (EMS) and perform the **Abdominal Thrusts**.

*Please Note: For Severe Choking, if the person is not transported via EMS, the person is still required to be evaluated by a medical practitioner via Telemedicine, the Emergency Room or Immediate Care Facility.*

- Chest Pain (unless the person has a specific protocol)
- Respiratory Distress
- Uncontrollable bleeding
- Sign of shock (pale cool skin, blue lips or nails, rapid breathing, nausea, vomiting and restlessness)
- Signs of stroke (drooping of one-side of face, one-side weakness, unable to speak, change of vision)

#### **2. Contact the On-Call RN: 716.395.3595**

3. Contact the Management Contact Numbers listed above
4. *For Severe Choking, if the person is not transported via EMS, makes arrangements with RN and Management for the person to have an evaluation by a medical practitioner via Telemedicine, Emergency Room, or Immediate Care Facility.*
5. Contact the person's family/guardian/emergency contact
6. Contact the person's Care Manager

### **LIFE THREATENING MEDICAL EMERGENCIES REQUIRING THE USE OF AN EPI PEN / GLUCAGON:**

1. **Administer Epi Pen / Glucagon**
2. **CALL 911**
3. **Contact the On-Call RN: 716.395.3595**
4. Contact the Management Contact Numbers listed above
5. Contact the person's family/guardian/emergency contact
6. Contact the person's Care Manager

### **INDIVIDUALIZED MEDICAL PROTOCOLS / MEDICAL EMERGENCIES:**

#### **1. Follow all Individualized Protocols and make all necessary contacts per the protocol.**

- Vitals/Blood Pressure Protocols
- Diabetic/Blood Sugar Protocols
- Seizure Protocols

## MEDICAL EMERGENCIES

### MORE THAN BASIC FIRST AID MEDICAL EMERGENCY:

#### 1. Contact the On-Call RN: 716.395.3595

- For all non-life threatening medical emergencies as per your training.
- When a person is experiencing **Mild Choking** and is able to cough, breathe or make vocal sounds.
- When a person is experiencing an **injury requiring more than basic first** (e.g. possible sprain, burn).
- When a person is experiencing an **illness** (e.g. vomiting, rash, hives etc.)
- When a person **declines fluid intake for an 8-hour period / declines food intake for a 24-hour period** during naturally-occurring times (e.g., meals, snacks etc.).
- When the person may be developing a **pressure wound**.
- When the person may have a **medical concern** (e.g. bed bug bites, scabies etc.)
- When a person is experiencing a **human bite** regardless if there is a break in the skin.
- When a person **bites** someone which causes skin to be broken with possible blood exposure.

#### 2. Contact the Management Contact Numbers listed above

#### 3. Contact the person's family/guardian/emergency contact

#### 4. Contact the person's Care Manager

#### 5. Complete DA Log

#### 6. Place Body Check Sheet in the MAR (Binder) (if applicable by program type) for staff completion (e.g., Day 2 and Day 3 etc.)

*Please Note: In the event of a serious injury the initial Body Check Sheet may be delayed until further directed by nursing and/or management.*

#### 7. Complete OPWDD 147 Form/Agency Incident report as directed by management.

### BASIC FIRST AID:

1. Upon discovery of a minor injury (e.g. minor cuts etc.) follows basic first aid training and responds to the injury accordingly.
2. Upon discovery of a person who **bit** someone and did NOT break skin and there was NO possible blood exposure.
3. Documents on a Body Check Sheet
4. Documents a DA Log.
5. Place Body Check Sheet in the MAR (Binder) (if applicable by program type) for staff completion (e.g., Day 2 and Day 3 etc.)
6. Place the Body Check Sheet in the MAR for staff completion (e.g. Day 2 and day 3 etc.).

### NO BASIC FIRST AID:

1. Upon discovery of a minor injury (e.g. minor scratch, small bruise, and minor abrasions) NOT requiring any basic first aid.
2. Documents on a Body Check Sheet
3. Documents a DA Log.
4. Place Body Check Sheet in the MAR (Binder) (if applicable by program type) for staff completion (e.g., Day 2 and Day 3 etc.)
5. Place the Body Check Sheet in the MAR for staff completion (e.g. Day 2 and day 3 etc.).

## **BEHAVIORAL HEALTH EMERGENCIES**

### **BEHAVIORAL HEALTH EMERGENCIES/LETHALITY STATEMENT MADE:**

Please refer to the persons BSP/MMP for specific directives

Please refer to the Lethality Statement guide in the absence of individualized directives

- 1. Contact 911 for all behaviors that are unable to be safely managed.**
- 2. Contact 911 for all serious behaviors (if a person makes an attempt to self-harm that results in serious injury or has potential to cause death).**
3. Upon observing an attempt at suicide or any serious self-harm provide for the safety of the person by:
  - a) moving the person to a safe location
  - b) removing objects that could be used by the person to harm him or herself
4. Upon the person reporting they are going to self-harm provide for the safety of the person by:
  - a) increasing supervision
  - b) removing objects that could be used by the person to harm him or herself
5. Follow the persons Behavior Support Plan/Medication Monitoring Plan (If applicable)
- 6. Contact the On-Call RN: 716.395.3595 to rule out medical concerns**
7. Contact the Management Contact Numbers listed above
8. Contact the person's family/guardian/emergency contact
9. Contact the person's Care Manager



## **EMERGENCY PREPAREDNESS NOTIFICATION**

**Emergency Preparedness Coordinator: Thomas Ess:**

### **PERSON MISSING/LOST IN COMMUNITY:**

1. **Contact 911 to start a formal search if person is not independent in the community or has been gone for more than the allowed time as defined in the IPOP.**
2. Contact the Management Contact Numbers listed above
3. Contact Emergency Preparedness Coordinator: Thomas Ess:
4. Contact the person's family/guardian/emergency contact
5. Contact the person's Care Manager

### **POLICE EMERGENCIES:**

1. **Contact 911**
2. Contact the Management Contact Numbers listed above
3. Contact Emergency Preparedness Coordinator: Thomas Ess:

### **\*\*FIRE EMERGENCIES:**

1. **Contact 911**
2. Evacuate the site
3. Contact the Management Contact Numbers listed above
4. Contact Emergency Preparedness Coordinator: Thomas Ess:

### **\*\*CARBON MONOXIDE/GAS EMERGENCIES:**

1. **Evacuate the site**
2. **Contact 911**
3. Request the Fire Department
4. Contact the Management Contact Numbers listed above
5. Contact Facilities Department - *Refer to Emergency Maintenance Repair and Service below*
6. Follow Fire Department / Gas Company Recommendations
7. Only if an evacuation is recommended, Contact Emergency Preparedness Coordinator: Thomas Ess:
- 8.

### **\*\*NATURAL DISASTER (flood, snow storm, etc.):**

1. Contact the Management Contact Numbers listed above
2. Contact Emergency Preparedness Coordinator: Thomas Ess:

### **\*\*POWER OUTAGE – (LOSS OF ELECTRCITY, HEAT, GAS, WATER):**

1. Contact local Utility Company – *See attached list of phone numbers*
2. Contact the Management Contact Numbers
3. Only if an evacuation is recommended, Contact Emergency Preparedness Coordinator: Thomas Ess:
- 4.

### **\*\*POWER OUTAGE – (LOSS OF TELEPHONE):**

1. Contact local Phone Company – *See attached list of phone numbers*
2. Contact the Management Contact Numbers listed above
3. Contact Central Station / Monitoring Company
4. **In the event the phone lines are down, staff will Call 911 if they discover smoke and/or fire.**
5. Make arrangements to get an agency cell phone for long term outages

***\*\*The Residential Director will notify all appropriate parties including the Director of Quality Improvement; which may also require OPWDD & DQI to be notified.***

## VEHICLE EMERGENCIES

### VEHICLE ACCIDENTS:

1. **DO NOT WAIT, Call 911 for all serious or life-threatening emergencies.**
2. **If people receiving services are in the vehicle, contact the Medical Virtual Care On-Call RN: 716.395.3595**
3. Contact the Management Contact Numbers listed above *immediately* for all vehicle accidents
4. Complete Auto Accident Report Form located in van
5. Send the completed form to the [MVA@people-inc.org](mailto:MVA@people-inc.org)
6. Contact Kathryn Alterio from HR *immediately* for all vehicle accidents with serious staff injuries:  
716.536.2171 cell

*Please also refer to the Staff Injury section as necessary.*

## **AGENCY VEHICLE**

### **VEHICLE USE:**

Each home has an agency vehicle(s) to meet the needs of people receiving services. Vehicle use includes but is not limited to the following activities: medical appointments, community activities, transportation to and from day services, agency meetings etc. The vehicle should not be used by staff for personal trips or errands.

The vehicle comes equipped with a GPS that monitors vehicle speed, braking and acceleration to ensure everyone's safety.

The vehicle has an assigned gas card for the agency vehicles only. Staff are required to monitor the tanks' fullness and fill the tank as necessary.

Staff are required to complete the Driver's Trip By Trip Record for each destination and/or stop on the trip. Staff are also required to clean the vehicle after each use and remove any garbage.

In the event the agency vehicle is already in use and another spontaneous activity comes up, staff will follow the outline below:

1. Contact homes nearby to borrow another agency vehicle:
  1. 1<sup>st</sup> home nearby: \_\_\_\_\_ Phone: \_\_\_\_\_
  2. 2<sup>nd</sup> home nearby: \_\_\_\_\_ Phone: \_\_\_\_\_
2. If the vehicle is available, arrange to borrow for a specific activity and time frame.
3. Upon completion of the activity, return the vehicle timely.
4. If there is not a vehicle available, contact Management Contact Numbers listed above for further guidance.



## STAFFING EMERGENCIES

### **STAFFING SHORTAGE (e.g., due to a no-call, no-show, medical emergency, site emergency etc.):**

1. Contact the Management Contact Numbers listed above
2. Remain at the site until staff and/or management arrive
3. **Do not leave people unattended at the site as supervision/safeguards are required to be implemented at all times as written in each person's plan.**

### **STAFF INJURY:**

1. **Contact 911 for all serious and/or life threatening emergencies and go to the nearest emergency room.**
2. Contact the Management Contact Numbers listed above
3. Injured employees who require medical treatment are required to call the Corvel PPO Nurse Triage (24/7) at 1.855.265.8210 to coordinate care or if medical advice is needed.
4. Contact Human Resources, especially if medical treatment is necessary
  - a. \*Paulette Byrne @ 716.817.7425
  - b. \*Employee Service Line @ 716.817.7272

*\*If the injury occurs after hours leave a message on one of the above voice mails*
5. Complete Staff Injury Report regardless if medical treatment is necessary or not.
6. Fax the Staff Injury Report to 716.817.2600 within 24 hours



**BUFFALO / NIAGARA HOSPITALS:***Area Code: (716)*

Bertrand Chaffee	592.2871
Brooks Memorial (Dunkirk)	366.1111
BryLin	886.8200
Buffalo General	859.5600
DeGraff Memorial	694.4500
Erie County Medical Center	898.3000
Inter-Community Memorial (Newfane)	778.5111
Kenmore Mercy	447.6100
Lake Shore Health Care Center	934.2654
Lockport Memorial	514.5700
Mercy Ambulatory Care Center	662.0500
Mercy Hospital	826.7000
Millard Fillmore (Suburban)	568.3600
Mount St. Mary's Hospital & Health Care Center (Lewiston)	297.4800
Niagara Falls Memorial Medical Center	278.4000
Oishei Children's Hospital	323-2000
Roswell Park	845.2300
Sisters of Charity	862.1000
Sisters St. Joseph Campus	891.2400
Veteran's Administration	834.9200

**ROCHESTER AREA**

**ROCHESTER:**

*Area Code: (585)*

**Poison Control Help (The Upstate NY Poison Center)**

1.800.743.1702

**ROCHESTER HOSPITALS:**

*Area Code: (585)*

Highland Hospital	473.2200
Monroe Community Hospital	760.6500
Rochester General Hospital	922.2900
Strong Memorial Hospital	275.2100
Unity Health System Unity Hospital	723.7015



## **BUFFALO AREA**

### **UTILITY COMPANY NUMBERS**

#### **ELECTRIC:**

##### **\*New York State Electric and Gas Company**

Electrical Interruption/Emergency	1.800.572.1131
Natural Gas Odor/Emergency	1.800.572.1121

##### **\*National Grid**

Power Outage	1.800.867.5222
Gas & CO emergency helpline	1.800.892.2345

#### **NATURAL GAS:**

##### **\*National Fuel**

Gas Emergencies, 24-Hour	1.800.444.3130
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##### **\*New York State Electric and Gas Company**

Electrical Interruption/Emergency	1.800.572.1131
Natural Gas Odor/Emergency	1.800.572.1121

#### **TELEPHONE:**

##### **\*Verizon 24-Hour Repair Service**

Residential Customers	1.800.837.4966 (1.800.Verizon)
Business Customers	1.800.837.4966 (1.800.Verizon)

##### **\*AT & T Repair Service, 24 Hour**

Residential Customers	1.800.222.0300
Business Customers	1.800.222.0400

#### **WATER:**

*Erie County Water Authority	716.849.8484
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*\*Please Note: When contacting any of the above companies, you may need to give them the Agency business name and address: People Inc. 1219 North Forest Road, Williamsville NY 14221 and/or a password or pin# 1219.*

## **ADDITIONAL NUMBERS**

#### **APPLIANCE REPAIR AND SERVICE:**

Orville's Appliances	716.998.3434
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#### **TOWING AND SERVICE:**

AAA	716.633.8363
ARI Fleet Management	1-800-CAR-CARE / 1-800-227-2273

## **ROCHESTER AREA**

### **UTILITY COMPANY NUMBERS**

#### **ELECTRIC:**

**\*Rochester Gas & Electric**

Natural Gas Odor/Emergency	1.800.743.1702
Electrical Interruption/Emergency	1.800.743.1701

#### **NATURAL GAS:**

**\*\*Rochester Gas & Electric**

Gas Emergency	1.800.743.1702
Power Outage	1.800.743.1701

#### **TELEPHONE:**

*Time Warner	1.800.756.7956
*Frontier	1.800.921.8101

#### **WATER:**

*Monroe County Water Authority	585.442.7200 Customer Service
	585.422.2009 After Hours/Emergencies

***\*Please Note: When contacting any of the above companies, you may need to give them the Agency business name and address: People Inc. Finger Lakes, 1860 Buffalo Road, Rochester NY 14624.***

## TEMPORARY EMERGENCY EVACUATION PLAN

In the event an emergency situation occurs that may hinder the safe operation of the IRA/ICF **temporarily**, certain guidelines have been developed. When there are interruptions in services, which may include but are not limited to fire safety system, electricity, heat, gas, water, telephone, and physical plant repairs etc. temporary measures may need to be put in place.

**In the event that temporary measures are necessary, the following procedures will occur:**

1. Contact the Management Contact Numbers listed above
2. Contact Emergency Preparedness Coordinator: Thomas Ess:
3. Contact Director of QI Department: Gayle Mertzlufft: 71
4. Determine if the emergency situation is temporary
5. Determine if people are able to safely remain in the IRA/ICF under the temporary situation
6. Notify each family/legal guardian and/or emergency contact as necessary

**List temporary emergency placement:**

Name / Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The Residential Director will notify all appropriate parties including the Associate Vice President of Quality Improvement; which may also require OPWDD & DQI to be notified.*

## EMERGENCY EVACUATION PLAN

In the event an emergency situation occurs that may hinder the safe operation of the IRA/ICF, certain guidelines have been developed. Evacuation may be necessary when there are interruptions in services, which may include but are not limited to fire safety system, electricity, heat, gas, water, telephone, and major physical plant repairs etc.

**In the event that the evacuation is necessary, the following procedures will occur:**

1. Contact the Management Contact Numbers listed above
2. Contact Emergency Preparedness Coordinator: Thomas Ess:
3. Contact the Director of QI Department: Gayle Mertzlufft:
4. Determine if the people are able to stay with the family/legal guardian for the duration of the evacuation.
5. If not, temporary shelter can be provided at another People Inc. location until safe operation of the IRA/ICF can resume.
6. Notify each family/legal guardian and/or emergency contact as necessary

**List shelter emergency placement: (Another People Inc. certified program with working systems and fire protection etc.)**

Name / Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The Residential Director will notify all appropriate parties including the Director of Quality Improvement; which may also require OPWDD & DQI to be notified.*

**EMERGENCY EVACUATION:** *continued*

If relocation is necessary staff will prepare and/or pack the following items for each person:

**Medical Needs:**

- Medication
- Medication Administration Record (MAR)
- Off-Site Medication Sheet (If going home w/family)
- Medical Equipment (e.g. CPAP machine, oxygen, glucometer etc.)
- Medical Supplies (e.g. briefs, chuck pads, gloves, med cups etc.)
- Adaptive Eating and Feeding Equipment (e.g. weighted utensils, weight cup, scoop dish etc.)
- Security (lock box/lockable office space)

**File / Site Information:**

- Ready-To-Go Packet with emergency numbers
- eVero Book (Blank Back-Up eVero Form)
- Res Hab Books with IPOP's
- Accessible Account secured in a lock box
- Time Clock Adjustment Book
- List of staff phone numbers
- Security (lock box/lockable office space)

**Personal Belongings:**

- Change of Clothing
- Pajamas, Robe and Slippers
- Hygiene Supplies
- Pillows
- Blanket
- Leisure Activities and/or other items that provide comfort to the person

**Site Belongings:**

- Towels and Washcloths
- Large garbage bags to store dirty clothes

**Food Items to Consider:**

- Water
- Bread
- Milk
- Cereal
- Lunch Meat
- Snacks

**Agency File Information:**

- Posted copy** of Emergency Contact / Emergency Evacuation Policy & Procedure with **current** Management Contact Numbers listed.



### Extended Site Evacuation Record and Planner

Person <i>(initials)</i>	*Staff Assigned to Person <i>(initials)</i>	Family/Guardian/Advocate Notification			Initial Evacuation Location	Extended Evacuation Location
		Name of Family Notified	Staff Making Notification <i>(initials)</i>	Time Notified		

*\*Staff assigned are responsible for their accountability when evacuating from or arriving at a location. Once at the extended evacuation location the regular staff assignment checklist should be utilized. They are also responsible for packing belongings (if possible).*

**Staff Key:** All staff present during the evacuation are required to sign the key.

Staff Initials	Staff Name (Printed)	Staff Signature	Title	Contact Information	Initial Evacuation	Extended Evacuation

## **Prolonged Site Evacuation Checklist:**

**\*Staff assigned to specific people as list above.**

### **\*Personal Belongings:**

- Change of Clothing
- Pajamas, Robe and Slippers
- Hygiene Supplies
- Pillows/ Blanket
- Person specific items
- Leisure Activities and/or other items that provide comfort to the person

**\*\*Staff assigned to packing Medical Needs & File/Site Information below for all people receiving services:** \_\_\_\_\_

### **\*\*Medical Needs:**

- Medication
- Medication Administration Record (MAR) (If Possible Bring Site Lap Top)
- Off-Site Medication Sheet (If going home w/family)
- Medical Equipment (e.g. CPAP machine, oxygen, glucometer etc.)
- Medical Supplies (e.g. briefs, chuck pads, gloves, med cups etc.)
- Adaptive Eating and Feeding Equipment (e.g. weighted utensils, weight cup, scoop dish etc.)
- Security (lock box/lockable office space)

### **\*\*File / Site Information:**

- Ready-To-Go Packet with emergency numbers including the person's physician(s).
- eVero Book (Blank Back-Up eVero Form)
- Res Hab Books with IPOP's
- Time Clock Adjustment Book
- List of staff phone numbers
- Site Assignment Checklist
- Security (lock box/lockable office space)

**Prolonged Site Evacuation Checklist (cont.):**

**\*\*\*Staff assigned to packing Site Belongings, Food, File Information and Site Equipment for all people receiving services: \_\_\_\_\_**

**\*\*\*Site Belongings:**

- Towels and Washcloths
- Large garbage bags to store dirty clothes
- Gas Card
- Grocery Card

**\*\*\*Food Items to Consider:**

- Bread
- Milk
- Cereal
- Water
- Lunch Meat
- Snacks
- Specialized Diet Foods / Meal Supplements

**\*\*\*Agency File Information:**

- Posted copy* of Emergency Contact / Emergency Evacuation Policy & Procedure with *current* Management Contact Numbers listed.

**\*\*\*Site Equipment / Property Utilized (e.g. Vitamix etc.):**


**Evacuation Report:**

Place a  $\checkmark$  in the appropriate box:    **Actual Evacuation**    **Simulated Drill (table top exercise)**

Site:	Time Program Evacuation Initiated	
Date:	Time Program at Initial Evac Location	
Hazardous Condition:	Time Program Evacuated to Emergency Location	
	Time Program Arrived at Extended Evacuation Site	
Cause of Hazardous Condition:	Time Program Returned	
Fire Department:		
Law Enforcement Agency:		
EMS Provider:		

**Post- Evacuation Analysis:**

*To be completed after evacuation has been completed by staff in conjunction with all involved staff.*

**Narrative of Evacuation (Who, What, Where, Why, When and How):**

\_\_\_\_\_

**Problems Encountered During Evacuation:**

\_\_\_\_\_

**Staff Signature Completing Evacuation Report:** \_\_\_\_\_

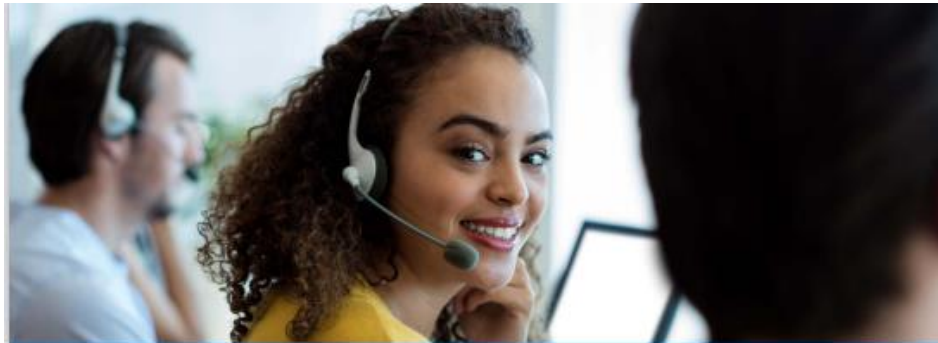
**Emergency Preparedness Coordinators Summary (to be completed only for actual evacuations):**

\_\_\_\_\_

**Emergency Preparedness Coordinator Signature:** \_\_\_\_\_



**People Inc.  
IT Department  
Contact Information**



**Enhanced Live IT Support  
Coverage is Here!**

**Call 716.817.7200**

Then, select the option that is based  
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with all other matters Monday to Friday  
from 8 a.m. to 4 p.m.

12.15.21

**eVero Help Form:** Located on People Connect via Application Links page, External Applications, eVero Help Form

