



**Public Health Emergency  
Preparedness and Response**

**Plan to be safe.**



**Emergency Preparedness Checklist**

# for Nursing Homes, Assisted Living Facilities, and Group Homes



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## FACILITY INFORMATION

Facility name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## ASSESSMENT INFORMATION

Date \_\_\_\_\_

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

## PREPAREDNESS CRITERIA

### Facility

1 Does the facility have a plan to shelter-in-place?  Yes  No  In progress. Status: \_\_\_\_\_

2 Is the building secure before and after visiting hours?  Yes  No  In progress. Status: \_\_\_\_\_

3 Can the facility obtain extra medicines from its pharmacy provider in an emergency (overnight and on weekends)?  Yes  No  In progress. Status: \_\_\_\_\_

4a Does the facility maintain a three-to five-day supply of food and water (one gallon per person per day)?  Yes  No  In progress. Status: \_\_\_\_\_

4b Who is the contractor for food and water? Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

5a Does the facility have emergency outlets in all residents' rooms and critical common areas?  Yes  No  In progress. Status: \_\_\_\_\_





**Facility** *(continued)*

5b If not, how does the facility plan to provide illumination in those rooms? \_\_\_\_\_  
\_\_\_\_\_

6a Does the facility have an emergency generator?  Yes |  No |  In progress. Status: \_\_\_\_\_  
\_\_\_\_\_

6b If so, what fuel does the generator use? \_\_\_\_\_  
\_\_\_\_\_

6c What systems will the generator power? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6d How long will the fuel last until it must be replenished? \_\_\_\_\_  
Amount of days

6e Who is the fuel contractor? Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

7a Does the facility have oxygen tanks on the premises?  Yes |  No |  In progress. Status: \_\_\_\_\_  
\_\_\_\_\_

7b If so, of what type and how many? Type \_\_\_\_\_  
Number \_\_\_\_\_

7c Who is the oxygen contractor? Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

8 Does the facility have a NOAA weather radio?  Yes |  No |  In progress. Status: \_\_\_\_\_  
\_\_\_\_\_



**Supplies**

9 Has the facility identified and kept in working condition necessary tools and equipment (flashlights, batteries, tarps, radios, cell phones, and fans)?  Yes  No  In progress. Status: \_\_\_\_\_

10 Does the facility provide alternative means for hand washing?  Yes  No  In progress. Status: \_\_\_\_\_

11 Does the facility maintain a reserve supply of linen?  Yes  No  In progress. Status: \_\_\_\_\_

12 How does the facility handle trash, soiled linen, and other waste material? \_\_\_\_\_

**Training**

13 Has the facility provided training or information on emergency preparedness to its staff?  Yes  No  In progress. Status: \_\_\_\_\_

14 Has the facility provided training or information on emergency preparedness to the residents' families?  Yes  No  In progress. Status: \_\_\_\_\_

15 Does every shift have a staff member trained to turn off the ventilation system?  Yes  No  In progress. Status: \_\_\_\_\_

**Community Outreach**

16 Has the facility considered reaching out to its neighbors as a source of assistance during a widespread emergency?  Yes  No  In progress. Status: \_\_\_\_\_

17 Has the facility encouraged collaboration with its neighbors by providing emergency preparedness training?  Yes  No  In progress. Status: \_\_\_\_\_





