

## Home Care Agency Disaster Preparedness Checklist

These questions will help you determine your agency's preparedness for disaster. Remember that disasters often occur without warning. Our best defense is to be ready for such an incident.

1.	Do you have an up to date patient census?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Do you have patients classified according to their medical condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Do you have current contact information for all staff members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Do you know the EMS contact person in your community/county?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Have you educated all staff on how to respond to different types of disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Do you have a planning team with a written plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Do you have policies & procedures to guide staff in taking care of patients during disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Do you have a plan for securing supplies required to take care of patients during disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Are you involved in a community coordinated plan for partnership during disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Do you have printed information for staff to share with patients that helps prepare patients for disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Has your staff participated in any mock disaster drills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This short questionnaire was prepared for your agency to help you determine your readiness for disaster. If you answered No to any of these questions, then you are encouraged to take this opportunity to take the measures needed to get ready. Our best strategy for dealing with any disaster is to have staff and patients prepared for such an event.

### Home Care Post Disaster Evaluation

1.	Was the telephone tree utilized effectively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Were telephone numbers of staff correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Were telephone numbers of patients correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Were patient classifications current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Were all patients needing visits seen timely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Did you have adequate supplies to make visits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Did you have radio access for current news?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Were patients not visited called?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Were any prioritized patients canceled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Were patients prepared by staff for event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Was staff adequately prepared for the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Communication systems were effective.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Go-Bag

A component of your patient's and staff's disaster kit is a **Go - Bag**.

Instruct patients and staff to put the following items together in a backpack or another easy to carry container in case they must evacuate quickly.

Prepare one Go-bag for each family member and make sure each has an I.D. tag.

Since the patient or staff member may not be at home when an emergency strikes, keep some additional supplies in the car and at work, considering what might be needed for immediate safety. Don't forget to make a Go-bag for your pet.



Done	Supply
<input type="checkbox"/>	Flashlight
<input type="checkbox"/>	Radio – battery operated
<input type="checkbox"/>	Dust mask
<input type="checkbox"/>	Pocket knife
<input type="checkbox"/>	Sturdy shoes, a change of clothes, and a warm hat
<input type="checkbox"/>	Permanent marker, paper and tape
<input type="checkbox"/>	List of allergies to any drug (especially antibiotics) or food
<input type="checkbox"/>	Copy of health insurance & identification cards
<input type="checkbox"/>	Toothbrush and toothpaste
<input type="checkbox"/>	Extra keys to your house and vehicle

Done	Supply
<input type="checkbox"/>	Batteries
<input type="checkbox"/>	Whistle
<input type="checkbox"/>	Emergency cash in small denominations and quarters for phone calls
<input type="checkbox"/>	Local map
<input type="checkbox"/>	Some water and food
<input type="checkbox"/>	Photos of family members & pets for re-identification purposes
<input type="checkbox"/>	List of emergency point-of -contact phone numbers
<input type="checkbox"/>	Extra prescription eye glasses, hearing aid or other vital personal items
<input type="checkbox"/>	Prescription medications and first aid supplies, medical equipment
<input type="checkbox"/>	Any special-needs items for children, seniors or people with disabilities.
<input type="checkbox"/>	Home Care patients should take their Home Care Folder when evacuating