TOP AID HEALTHCARE
11 CRESTWOOD ST. WORCESTER, MA 01605
PHONE: (508)-343-8555 FAX: (508)-519-0353
WEBSITE: TOPAIDHEALTHCARE.COM

EMERGENCY EVACUATION & SAFETY PLAN

[redacted]	Physician Name:
Member name:	Physician number:
Member address:	Medical needs:
Caregiver name:	
Alternate Caregiver name:	Legal Guardian or Family member name:
[redacted]	[redacted]

TYPE OF BUILDING

☐ Single Family Home (Freestanding)	☐ Owned by Caregiver
☐ Two Family Floor #_____	☐ Rented by Caregiver
☐ Triple Decker Apartment Floor #_____	
☐ High Rise Apartment Floor #_____	
Other: _____	

[redacted]

Fire Safety Equipment:
Check the boxes to indicate the types of fire safety equipment present in the home.

Smoke Detection System	Other Safety Equipment:
☐ Smoke detector(s) located in bedroom(s)	☐ Fire suppression (sprinkler) system
☐ Interconnected smoke detectors	☐ Emergency battery-operated lighting
☐ Battery operated smoke detectors	☐ Automatic door closers
☐ Alarm system hard-wired to Fire Department or central monitoring station	☐ First Aid kit on the premises
☐ Class ABC Fire extinguisher in kitchen	☐ Carbon Monoxide detectors are installed within 10 feet of bedrooms
☐ At least one approved smoke detector on each level of the home, including basements	Other (describe):

[redacted]

Using page 7 in this document create a floor plan of each floor of the home accessed by members, with each egress clearly marked. Attach additional pages as needed.

TOP AID HEALTHCARE
11 CRESTWOOD ST. WORCESTER, MA 01605
PHONE: (508)-343-8555 FAX: (508)-519-0353
WEBSITE: TOPAIDHEALTHCARE.COM

EMERGENCY EVACUATION & SAFETY PLAN

All homes providing AFC services must meet the following general safety requirements. Mark the checkbox provided to affirm compliance with the standard.

1. There are 2 means of egress from floors at grade level and one means of egress and one proven, usable escape route leading to grade for all other floors.

   ☐ CORRECT

2. Bedroom doors that provide access to an egress do not have locks.

   ☐ CORRECT

3. Any locks on bedroom doors that do not provide access to an egress;

   a. May be easily opened from the inside without a key and the member is able to unlock the door from the inside;
   b. Caregiver carries a key to open the door in the event of an emergency.

   ☐ CORRECT

4. Bedrooms of members requiring hands on physical assistance to evacuate who have mobility impairment are located on a floor at grade level.

   ☐ CORRECT

5. Smoking is prohibited in all bedrooms.

   ☐ CORRECT

   Caregiver does not smoke in the home.

   ☐ CORRECT

6. Ashtrays of non-combustible material and safe design are provided in all areas where smoking is permitted.

   ☐ CORRECT

   If any member in the home smokes, answer the following:

   Location of smoking area: _____

7. All vertical chutes (laundry, dumbwaiter, etc.) are sealed.

   ☐ CORRECT

TOP AID HEALTHCARE
11 CRESTWOOD ST. WORCESTER, MA 01605
PHONE: (508)-343-8555 FAX: (508)-519-0353
WEBSITE: TOPAIDHEALTHCARE.COM

EMERGENCY EVACUATION & SAFETY PLAN

This section is a summary description of member characteristics that affect the ability to evacuate the home safely within 2 ½ minutes during an emergency. This does not replace the need for a thorough assessment of member skills at the time of the MDS-HC assessment and Care Plan development, but rather is taken from those assessments.

Answer the following:

1. Does the level of cognitive ability of any member prevent or limit their ability to evacuate independently in 2.5 minutes?	☐ YES ☐ NO
2. Does any member have mobility issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?	☐ YES ☐ NO
3. Does any member have health related issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?	☐ YES ☐ NO
4. Does any member have social or behavioral issues that would prevent or limit their ability to evacuate independently in 2.5 minutes?	☐ YES ☐ NO
5. Does any member need adaptive devices or equipment to ensure safe and timely evacuation?	☐ YES ☐ NO

If all questions above are answered no, SKIP the following chart and go to the section on Group Interactions.

Are there any interactions between members being supported or any group dynamics that could affect timely evacuation, either positively or negatively?

☐ YES ☐ NO

If Yes, describe:

For example: one member could verbally encourage others to evacuate, enhancing other member's evacuation skills.

TOP AID HEALTHCARE
11 CRESTWOOD ST. WORCESTER, MA 01605
PHONE: (508)-343-8555 FAX: (508)-519-0353
WEBSITE: TOPAIDHEALTHCARE.COM

EMERGENCY EVACUATION & SAFETY PLAN

Instructions for completing the chart below

Check box to indicate member's ability to evacuate, the level of caregiver assistance required, and specific devices that support evacuation. Add additional pages as needed.

Member:		
Ability to Evacuate (describe cognitive, mobility, health, social, or behavioral needs affecting evacuation)	*Caregiver Assistance Provided (include Level of assistance provided from a – e above) If adaptive equipment is needed describe specific caregiver assistance provided*	*Adaptive Devices/Equipment Needed*
☐ Independent ☐ Cognitive impairment that prevents or limit their ability to evacuate ☐ Mobility impairment that prevents or limit their ability to evacuate ☐ Health related issues that would prevent or limit their ability to evacuate ☐ Social or behavioral issues that would prevent or limit their ability to evacuate ☐ Need adaptive device or equipment to ensure safe and timely evacuation ☐ Low vision or legally blind ☐ Hard of hearing	☐ Independent ☐ Verbal Prompt ☐ Physical Prompt (light physical direction) ☐ Physical Escort (actual physical support to evacuate) ☐ Full physical assistance (two person needed to transfer) ☐ More than one caregiver is needed ☐ Need adaptive device or equipment to ensure safe and timely evacuation	☐ Bed shakers ☐ Flashing strobe lights ☐ Wheel chair used to facilitate quicker egress ☐ Ramps in place for evacuation ☐ Braille strips to mark routes needed ☐ Cane, crutch, and walker tips and pads ☐ Large print sign ☐ Calling out location ☐ Rails on walls ☐ Color coded charts

TOP AID HEALTHCARE
11 CRESTWOOD ST. WORCESTER, MA 01605
PHONE: (508)-343-8555 FAX: (508)-519-0353
WEBSITE: TOPAIDHEALTHCARE.COM

EMERGENCY EVACUATION & SAFETY PLAN

The evacuation plan incorporates components discussed previously, including member abilities, group interactions and dynamics, caregiver responsibilities, adaptive equipment, egresses. If a member has needs that affect safe evacuation, the plan needs to clearly describe the responsibilities of the caregiver or the use of adaptive device or equipment and/or specific assistance needed for a timely and safe evacuation

The amount of time needed for safe evacuation at no time should exceed 2 ½ minutes. This should be the maximum time needed to evacuate all members safely. For existing homes, this amount should be based on the results of any fire drills or assessments completed during the previous year. For new homes the time should be based on member assessments.

The amount of time needed to evacuate: _____

How many caregivers are present during, awake hours: _____

How many caregivers are present during, asleep hours: _____

Using a bullet format as needed, describe the sequence for evacuating all member's and caregiver responsibilities. Include any kind of assistive device/equipment needed for safe evacuation. If more than one member lives in the home, the plan should outline the sequence for each member to be approached and evacuated by whom. Add additional pages as needed.

Describe responsibilities of caregiver who assists in the process of evacuation during Awake hours

- Caregiver in a calm manner will treat fire drills as it were real, stop anything they are doing at the time and respond to the alarm immediately
- Caregiver will provide supervision, cues and/or physical assistance to ensure the member receives the support and assistance necessary for safe evacuation
- In considering the nearest exit, caregiver will assist the member to get out fast to the identified meeting point
- Contact the local fire department or dial 9-1-1

ADDITIONAL COMMENTS

Describe responsibilities of caregiver who assists in the process of evacuation during Asleep hours

- Caregiver will ensure that every member in the household is alerted if the alarm sounds
- Caregiver in a calm manner will treat fire drills as if it were real, stop anything they are doing at the time and respond to the alarm immediately
- Caregiver will provide supervision, cues and/or physical assistance to ensure the member receives the support and assistance necessary for safe evacuation
- In considering the nearest exit, caregiver will assist the member to get out fast to the identified meeting point
- Contact the local fire department or dial 9-1-1

TOP AID HEALTHCARE
11 CRESTWOOD ST. WORCESTER, MA 01605
PHONE: (508)-343-8555 FAX: (508)-519-0353
WEBSITE: TOPAIDHEALTHCARE.COM

EMERGENCY EVACUATION & SAFETY PLAN

Egress: There need to be two means of egress from floors at grade level. Other floors need to have one means of egress and one proven, usable escape route leading to grade.

Floor plan: The floor plan should clearly show the layout of the home, the location of type of egress for each floor, proximity of each egress to bedrooms and distance of egress from each other

The amount of time needed for safe evacuation at no time should exceed 2.5 minutes

Primary Escape Route

- ☐ NA Interior Stairs
- ☐ Elevators
- ☐ Door to Exterior Stairs to Grade
- ☐ Door Directly to Grade
- ☐ Handicap Accessible Ramp
- ☐ Basement Interior Stairs
- ☐ Basement Stairs to Grade (Bulkhead Type)
- ☐ Door to common hallway to egress(s)
- ☐ Other (describe)

Features:

- ☐ Unobstructed evacuation route out of the home
- ☐ Barrier free environment for members with mobility

Meeting Place:

_____

- ☐ Far enough to ensure safety
- ☐ Provide for rapid exit and avoid interference with emergency personnel

Please check to indicate that designated escape routes and meeting places have been

☐ Authorized by fire department, or other to determine viability and practicability

Secondary Escape Route

- ☐ NA Interior Stairs
- ☐ Elevators
- ☐ Door to Exterior Stairs to Grade
- ☐ Door Directly to Grade
- ☐ Handicap Accessible Ramp
- ☐ Basement Interior Stairs
- ☐ Basement Stairs to Grade (Bulkhead Type)
- ☐ Door to common hallway to egress(s)
- ☐ Other (describe)

Features:

- ☐ Obstructed evacuation route out of the home
- ☐ Barrier free environment for members with mobility

Meeting Place:

_____

- ☐ Far enough to ensure safety
- ☐ Provide for rapid exit and avoid interference with emergency personnel

Please check to indicate that designated escape routes and meeting places have been

☐ Authorized by fire department, or other to determine viability and practicability

Top Aid Healthcare, INC
51 Union Street Suite 204 Worcester MA, 01608
P:508-343-8555 F:508-519-0353

EMERGENCY EVACUATION & SAFETY PLAN

Address: _____ City: _____ State: _____ Zip: _____ Floor: _____