

Long Term Care Residential Facility Emergency Plan Checklist



Instructions: Complete this form by providing the page numbers for this content in your Facility's Emergency Plan. This checklist meets the minimum requirements outlined in the City of Baytown's Code of Ordinances Upload this completed form as an attachment to the Citizen Self Service (CSS) Portal.

Page

____ Current signature page and date

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Facility Name: _____

____ Identification and assessment of risks, threats, and hazards

Plan must address the following core functions:

- ____ Direction and Control
- ____ Warning and Communication
- ____ Sheltering arrangements
- ____ Evacuation
- ____ Transportation
- ____ Health and Medical Needs
- ____ Resource Management

____ Annual and periodic training and exercises

____ Facility floor plan and sketch map of area

____ Resident Roster

____ Staff Roster (includes 24hr contact)

____ Outside Agency Telephone Roster

Additional Attachments:

For Long Term Care Facilities (Nursing Homes, Assisted Living Facilities, and Intermediate Care Facilities - IDD) the following documents must be uploaded as attachments to the Citizen Self Service (CSS) Portal.

____ Hosting Facility Agreement (must be current – within 5 years)

____ Transport Contracts or Agreements (must be current – within 5 years)