Personalized Emergency, Evacuation and Safety Plan

Individual

Date

|  |  |  |
| --- | --- | --- |
| Skills and Abilities | Yes | No |
| Can the individual recognize danger and/or alarms that signal danger? |  |  |
| Can the individual respond appropriately to warnings of danger or an alarm that signals danger? |  |  |
| Can the individual evacuate from home or work/day program without assistance? |  |  |
| Can the individual call 911 or staff for help? |  |  |
| Does the individual become anxious easily? |  |  |
| Is the individual afraid of unfamiliar people (such as a new or relief staff person)? |  |  |
| Are supports necessary to assist the individual to respond and/or evacuate safely from home or work/day program? |  |  |
| Support |  |  |
| Are supports currently in place? |  |  |
| Are they sufficient? |  |  |
| Can adaptive devices (e.g., bed shakers, visual alarms, enhanced 911 systems, walkers, wheelchairs, etc) be provided to assist an individual in an emergency? |  |  |
| Should environmental modifications (e.g., first floor bedroom, proximity to exit, etc) be considered? |  |  |
| Are supports from staff needed? If so, what staff training is required? |  |  |
| Comments regarding emergency plan: | | |

Professional Manager Date

Lead Support Professional Date