

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**PLAN FOR FIRE, DISASTER OR OTHER EMERGENCY EVACUATION OF RESIDENTS
OPERATOR OR SUBSTITUTE CARETAKER**

Every newly admitted resident to my home will be instructed promptly after admission on plans for safe emergency procedures.

Should an emergency arise requiring evacuation, I will alert the resident(s) by means of an **Emergency Alarm System** and, if possible, I will lead the residents to the nearest available exit leading to the street level and assemble them together at a safe distance from the house. We will all assemble (**where they will meet to assure that all made it out safely**).

The residents will be instructed to remain with me (in a group if I have more than one resident). As soon as all residents are accounted for, I will then telephone emergency number(s) listed below and report the emergency. The proper fire and/or medical personnel are to be immediately notified of the details of the situation (see emergency telephone numbers below). If their house telephone is inoperative, outside communication will be established through neighbor's telephones or cell phones. In the event that I cannot return to my home or make emergency arrangements for my resident(s), assistance with temporary housing will be sought from: **Red Cross, DSS, etc.**

Under NO circumstances are the residents to return to the house once an emergency has been declared. The operator will attempt to extinguish the fire only if it appears safe to do so; otherwise, the Fire Department personnel will assume responsibility for the fire upon their arrival.

I will notify the _____ County Department of Social Services as soon as possible at telephone number: _____

To report a fire, I must call: _____

To report an emergency, I must call: _____

To call an ambulance, I must call: _____

Stay Calm!

Isolate the affected area by closing all room doors and windows in the area tightly.

SIGNED (OPERATOR):
DATED:
SIGNED (CO-OPERATOR):
DATED:

*** This must be submitted in conjunction with form (LDSS-2865).**

FIRE AND DISASTER DRILLS

For the purpose of creating a realistic evaluation of the evacuation plan, there will be a fire and disaster drill every six (6) months to keep residents prepared in case of an emergency situation.

These drills will be a simulation of a fire or disaster that could occur within each part of the house. A small red flag will be used to simulate an actual fire or disaster location. The house alarm will be sounded at the time of the exercise. The residents and occupants of the house are to respond to this alarm in the same manner they would react to an actual emergency.

EMERGENCY SERVICES AND AGENCY TELEPHONE NUMBERS

FIRE DEPARTMENT NAME: _____

TELEPHONE NUMBER: _____

POLICE DEPARTMENT NAME: _____

TELEPHONE NUMBER: _____

SHERIFF'S NAME: _____

TELEPHONE NUMBER: _____

AMERICAN RED CROSS: _____

TELEPHONE NUMBER: _____

OTHER EMERGENCY NUMBERS

NAME: _____

TELEPHONE NUMBER: _____

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EVACUATION PLAN - RESIDENT

1. The first thing to remember is to **stay calm!**
2. **Crawl** to your bedroom door. The air is always better closer to the ground because heat and smoke rise.
3. If there is a fire, the door might heat up. Feel the door. If it is hot, **don't open it!**
 - a. Crawl to your bedroom window. If you can safely get out of a window, leave quickly.
 - b. If you have no other way to get out, wave a sheet or light-colored blanket out the window to signal for help. Wait for help to arrive.
 - c. If you smell smoke, seal the cracks under the door with your pillows and blankets.
4. If there is no heat or smoke at the door, open it carefully. If it is safe to exit, stay low to the ground and go to the pre-arranged meeting place outside.
5. Don't stop to take anything with you.
6. Once you are out, **stay out!** Do not go back inside.

EVACUATION INFORMATION

1. PRIMARY EXITS:

2. ROUTE(S) OF EVACUATION:

3. ASSEMBLY AREA:

4. PROCEDURE FOR REMOVING DISORIENTED OR DISABLED RESIDENTS:

5. RELOCATION PROCEDURES:

EMERGENCY TELEPHONE NUMBERS:

POLICE:	_____	OPERATOR:	_____
SHERIFF:	_____	CO-OPERATOR:	_____
AMBULANCE:	_____	OTHER:	_____
SOCIAL SERVICES:	_____		
FIRE:	_____		

** This must be submitted in conjunction with form (LDSS-2865).*