2023 Residential Facility
Emergency Plan Survey

[INSERT PROPERTY NAME HERE]

Last Update: [insert last date of revision here]

## Record of Plan Update

|  |  |
| --- | --- |
| **Date** | **Description of Major Revisions**  |
|  |  |
|  |  |
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## Introduction

Insert general description of facility and picture of building entrance (if possible)

## Facility Information

|  |  |
| --- | --- |
| **Facility Name** |  |
| **Physical or Geographic Facility Address** |  |
| **Facility Phone Number** |  |
| **Total Number of Residents in Building** |  |
| **Total Number of Units in Building** |  |
| **What year was the facility built?**1. In what year was the facility last renovated? (if applicable)
 |  |
| **How many floors does the building have?** |  |
| **Does the building have a 24/7 security guard?**1. If yes, what is the name and phone number of the company providing these services?
 |  |
| **Does the building currently have a generator?**1. If yes,
	1. What is the wattage of the generator?
	2. What type of fuel is required? (natural gas, diesel, propane, etc)
	3. What is the fuel capacity, the burn rate, and the amount of fuel available on hand at the housing facility for the generator?
	4. What areas and functions of the housing facility the generator will power in the event of an outage, and how long can the generator power these areas for?
	5. Any other information about emergency fuel contracts the facility holds, including details for the process of emergency procurement of fuel?
	6. Any information about service contracts for any generators at the facility?
	7. How frequently are annual certifications or inspections of any generators at the facility performed?
 |  |

## Plan Survey

Determinations, by the facility, for sheltering-in-place or evacuation due to hurricane.

1. Utilizing all current, available, and relevant information, answer the following:
	1. Mark the strongest category of hurricane for which the facility can safely shelter-in-place. **Select one:** 1 2 3 4 5
	2. Mark the weakest category of hurricane for which the facility will have to evacuate. **Select one:** 1 2 3 4 5
	3. Does your facility have at least 1 relocation site selected in the event of a building evacuation? **Select one**: Yes / No
		1. If yes, where is this site?
			1. Location Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			2. Location Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			3. Primary Point of Contact for Re-Location Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. If yes, are there any additional services that will be provided by this site?
		**Select one**: Yes / No
			1. Please describe:

## Management Contact Information

|  |
| --- |
| **Property Manager Information** |
| Name  |  |
| Title |  |
| Mailing Address |  |
| Office Phone Number |  |
| Cell Phone Number |  |
| Email Address |  |

|  |
| --- |
| **On-Site Contact During Emergencies** |
| Name  |  |
| Title |  |
| Mailing Address |  |
| Office Phone Number |  |
| Cell Phone Number |  |
| Email Address |  |

|  |
| --- |
| **Secondary Contact During Emergencies** |
| Name  |  |
| Title |  |
| Mailing Address |  |
| Office Phone Number |  |
| Cell Phone Number |  |
| Email Address |  |

|  |
| --- |
| **Property Owner Information** |
| Name  |  |
| Title |  |
| Mailing Address |  |
| Office Phone Number |  |
| Cell Phone Number |  |
| Email Address |  |

## Organizational Structure

*Insert facility organizational structure*

## Emergency Communications & Outreach

*In this section of the plan, your facility should outline your process for communicating with staff*  *and residents. Please consider who is sending these alerts, the method for sending, and when the*  *alert will be sent. Are alerts sent electronically or in-person or both?*

### Communicating with Staff

*Please describe your facility’s approach to communicating with staff in preparation for, in response to, and during the recovery of an emergency.*

### Communicating with Residents

*Please describe your facility’s approach to communicating with residents in preparation for, in response to, and during the recovery of an emergency. Please consider which methods you may utilize in the event of power failure or internet outage.*

### Community Preparedness & Education

*Please describe any strategies your facility currently has for educating staff and residents on emergency preparedness principles. Examples may include information shared at in-person community meetings, printed or digital newsletters/flyers, partnerships with external agencies who provide support services to residents, etc.*

## Resident Evacuation Plan

*Please provide a description of how residents will be evacuated from the housing facility during a mandatory evacuation order or following the loss of electrical power that is expected to last longer than 48 hours, if the facility cannot provide sufficient generator capacity to maintain critical facility systems, including heating, ventilation, and/or air-conditioning equipment in housing units, elevator service, illumination of means of egress, alarms and alerting systems, and communications systems.*

## Supplies & Resources

In this section, describe any supplies or resources that the facility can provide to residents directly or any information that is provided in the event of an emergency.

* Supplies
	+ Insert any facility-specific supplies available to residents in the event of an emergency
* Local Resources:
	+ **NOLA Ready** – <http://ready.nola.gov/> - dial 311 in Orleans Parish
		- Sign-up for emergency alerts from NOLA Ready by texting NOLAREADY to 77295 or sign-up online at <https://ready.nola.gov/stay-connected/emergency-alerts/>.
		- Follow @nolaready on all forms of social media for emergency updates
	+ **New Orleans Council on Aging** - <https://www.nocoa.org/> - 504-821-4121
		- The New Orleans Council on Aging (NOCOA) exists to protect the rights, promote the well-being, and enhance the self-esteem of New Orleans elderly by generating opportunities for self-reliance and independence.
		- The New Orleans Council on Aging is a private, non-profit corporation which serves as the Area Agency on Aging for Orleans Parish. The agency is responsible for ensuring that a comprehensive and coordinated assortment of social, recreational, educational, and nutritional services are provided to persons aged 60 and over in the City of New Orleans.
* Statewide Resources:
	+ **United Way 211** - <https://www.211.org/> - dial 211 in the state of Louisiana
		- Our Louisiana 211 Statewide Network is composed of eight dedicated non-profit organizations with a more than 560 years of collective service to communities in Louisiana. Together, our network works around the clock to provide accurate information and referrals to meet the needs of 211 help seekers. All services are free and confidential to Louisianans.
	+ **American Red Cross of Louisiana** - <https://www.redcross.org/local/louisiana.html> - 1-800-229-8191 (toll free)
		- The Louisiana Region of the Red Cross serves the 4.65 million residents in the 64-parish state, while supporting others across the country and around the world. Volunteers share their expertise on disaster relief operations out of state, and donors provide relief where it’s needed most.
		- Its members offer aid and resources to others to prevent, prepare for and respond to emergencies through immediate assistance, education, outreach and training.

## Appendices

### Appendix A: Building Staff Roster

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role  | Phone Number | Email |
|  |  |  |  |
|  |  |  |  |
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### Appendix B: New Resident Preparedness Worksheet Template

*Please develop a one-page resident preparedness worksheet – you may use the template provided or may create your own*

### Appendix C: Facility Floor Plan

*Facility to insert picture/s*

 *of floor plan*

### Appendix D: Recent Generator Inspection (if applicable)

*Insert documentation of most recent generator inspection*

### Appendix E: City of New Orleans Assessment

**This document is to be completed by a City of New Orleans official at the completion of this document, based on the resident census.**

**Facility Name:**

**Facility Physical Location:**

**City Council District (circle one): A B C D E**

|  |
| --- |
| **If this facility had to be evacuated today to a local or state-supported facility, indicate the number of current residents who need the following resources.** |
|  |  | **TRANSPORTATION REQUIREMENTS** |
|  |  | Has Access to their Own Transportation (White) | No Specialized Transportation (Blue) | Wheelchair Accessible Transportation (Green) | Basic Life Support Ambulance(Yellow) | Advanced Life Support Ambulance(Red) |
| **SHELTER REQUIREMENTS** | Can Make Other Living Arrangement Independently |  |  |  |  |  |
| Need Support to Locate Independent Living |  |  |  |  |  |
| Accessible Shelter |  |  |  |  |  |
| Medical Shelter |  |  |  |  |  |
| Hospital Shelter |  |  |  |  |  |

 **Proximity to City Buildings**

|  |
| --- |
| **Please indicate the closest City facilities to this apartment building.** |
| What is the closest NORD recreation center to this building? |  |
| What is the nearest NOFD station to this building? |  |