



Plan to be safe.



**Emergency Preparedness Checklist**

**for Case Management  
and Home Care  
Services**



## Case management personnel comment on emergency planning:

“90% of my clients feel comfortable with their emergency plans—if they had to evacuate. Most, if not all, have extra food, water, medications and hygienic materials to handle several days in place [in part, as a consequence of this exercise].”

—Case Manager

“Planning ahead with your staff and clients makes good sense so you are prepared in case of inclement weather or a biohazard event. Our clients are now more aware and prepared to shelter in place as a result of this effort by our case managers.”

—Supervisor of Case Management Program

## GOALS AND USES

The Montgomery County, Maryland Advanced Practice Center for Public Health Emergency Preparedness and Response is pleased to provide public health professionals with this Emergency Preparedness Checklist. The Checklist is designed to ensure that clients receiving home care and case management services have a conversation, develop an emergency plan, and gather a three days or more supply of nine essential items in preparation for an emergency event.

The tool has been proven to be useful for:

- Integration of emergency preparedness into every day public health practice
- Preparation of vulnerable populations
- Measurement of personal preparedness

Although case management and home care services vary by jurisdiction, public health professionals and local, state, and federal agencies can view the Checklist as a template that is readily adaptable to their needs and uses. Needs may vary depending upon the vulnerable population being served.

## BACKGROUND



Public Health and Aging and Disability Services of Montgomery County, Maryland Department of Health and Human Services developed a Checklist for case managers, certified nursing assistants (CNAs), and other home care personnel as part of a broader planning and education effort to integrate emergency preparedness into daily public health functions and to prepare vulnerable populations. Through a Montgomery County Committee on Vulnerable Populations and Emergency Preparedness, the need was identified to help prepare vulnerable populations for emergency events. Research has found that public health agencies that have made preparedness more a part of every day public health functions, have improved public health preparedness overall.<sup>1</sup> The Department of Health and Human Services, Aging and Disability Services, Home Care Program and Social Services to Adults Program, and the Public Health Emergency Preparedness and Response Program assembled a workgroup to develop a tool to integrate preparedness into its every day case management and home care services as a means to increase preparedness among vulnerable populations.

1 Lurie, N., Wasserman, J., and Nelson, C. (2006). Public health preparedness: Evolution or revolution. *Health Affairs*, 25(4), 935-945.

The Home Care Program provides certified nursing assistant services to vulnerable populations such as: frail seniors, adults with disabilities, adults and families with children at risk for abuse and neglect. Services may include but are not limited to: personal care (bathing) assistance and/or chore services (light housekeeping, laundry, shopping, meal preparation, etc.).

The workgroup developed an Emergency Preparedness Checklist to assess the effectiveness of case managers and the CNAs in assisting clients served by the Home Care Program to develop an emergency plan and obtain a three days supply of nine essential items necessary for an emergency event. These steps are based upon Montgomery County’s *Plan to Be Safe* Campaign. ([www.montgomerycountymd.gov/apc](http://www.montgomerycountymd.gov/apc))

## EFFECTIVENESS

The workgroup pilot tested the Emergency Preparedness Checklist with case managers and CNAs who were merit county employees. A “train the trainer” session was provided for the target staff on the fundamentals of Montgomery County’s *Plan to Be Safe* Campaign by the Public Health Emergency Preparedness and Response Program. The CNAs completed the Checklist for each client and participation was voluntary. Clients who

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# for Case Management and Home Care Services

## CLIENT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## OTHERS IN HOUSEHOLD

Name	Age	Relationship
1		
2		
3		
4		
5		

## CASE MANAGER INFORMATION

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date Initiated \_\_\_\_\_

 **See Tips on Using This Checklist** inside the back cover for some helpful hints

**1 2 3** Emergency preparation is a three-step process that *anyone* can—and should—do.

## 1 Have a conversation

- 1 Why plan for an emergency? (peace of mind • safety • survival)
- 2 Talk about the most likely events. (disease • fire • flood • weather • mass transit accident • HAZMAT spill • terrorism)
- 3 Where to meet? (friend • relative • landmark • in town • out of town)
- 4 Will you stay or go? (go to a shelter • shelter-in-place • another safe place)
- 5 Child care? (by whom • where • their needs)
- 6 Pet care? (by whom • where • their needs)
- 7 Elder care? (by whom • where • their needs)
- 8 Additional needs? (medications • children's needs • other family members who need special assistance)



**2 Make a plan**

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Birth Date \_\_\_\_\_

**LOCAL CONTACT**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**OUT-OF-STATE CONTACT**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**NEAREST RELATIVE**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**PETS CARED FOR BY**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**MEETING PLACES**

Outside your home \_\_\_\_\_  
\_\_\_\_\_  
Outside your neighborhood \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3 Make a kit**

# Plan 9

The Nine Essential Items for Emergency Preparedness



[Contact • Date] 1ST CONTACT • \_\_\_\_\_ 2ND • \_\_\_\_\_ 3RD • \_\_\_\_\_ 4TH • \_\_\_\_\_

	1ST CONTACT •	2ND •	3RD •	4TH •
1 <b>Water</b> (one gallon per person per day for three days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <b>Food</b> (non-perishables, canned or packaged)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <b>Clothes</b> (one change of clothes and footwear per person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <b>Medications</b> (three days worth of medication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Flashlight</b> (and extra batteries—no candles!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <b>Can Opener</b> (manual, not electric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <b>Radio</b> (battery powered or hand crank powered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 <b>Hygiene Items</b> (basics like soap, toilet paper, toothbrush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 <b>First Aid</b> (antiseptic, bandages, non-prescription medications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>







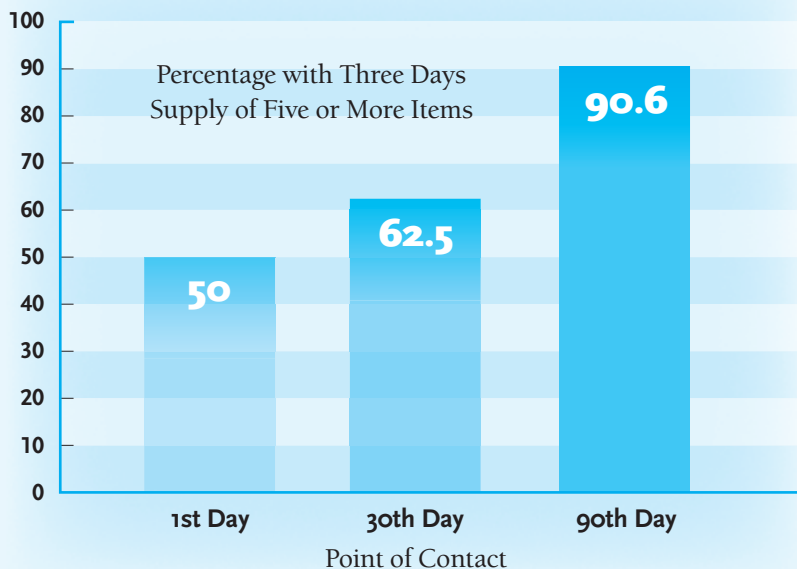
➤ **Continued from inside front cover**

were clinically unable to participate were not included in this pilot, but are part of a separate plan. In some instances case managers assisted the client’s primary caregiver and/or family member to create a family emergency plan.

The results of the pilot found at baseline, on the first day of contact, 50 percent of the home care clients had a three days supply of five or more items. At the end of the 30th day, 62.5 percent of clients had a three days supply of five or more items, and at the end of the 90th day, 90.6 percent of clients had a three days supply of five or more items. The total number of clients in the pilot was 32. (See graph). A battery operated radio and a first aid kit were the most difficult for clients to obtain, with costs cited as being the primary barrier. Many clients chose not to have all the items in one location. CNAs also reported that some clients were in denial of the possibility that an emergency event would occur. Strategies developed by the workgroup to overcome these barriers were: to identify community resources for the radios, to simplify the first aid kit, and to provide additional and ongoing education to clients and family members.

The Home Care Program has incorporated the Emergency Preparedness Checklist into its case files. The Checklist will be reviewed with new clients the first day and 30th day of service, and will be reviewed subsequently twice a year. The Checklist allows the CNAs and case managers to assess each client’s level of personal preparedness and to identify needs or barriers. Semi-annually, case managers document that the plan has been reviewed and discussed with the family. Although the Checklist was piloted primarily with older and disabled adults, it can be modified to meet the needs of other vulnerable populations receiving case management and home care services. Montgomery County Department of Health and Human Services, Public Health Services plans to integrate the Checklist into other service areas such as maternal and child health and chronic disease case management.

**Case Management Emergency Preparedness Checklist Pilot Results**



**DIRECTIONS**

The Checklist is designed to be cut and/or copied and directly inserted into a client’s chart.

**TIPS FOR USING THIS CHECKLIST**

➤ **Know the population**

Be familiar with the vulnerable populations. Identify specific needs that they may have during an emergency event. For example, infant formula for babies; batteries for hearing aids for older adults.

➤ **Match materials to the client**

Select educational materials appropriate for the needs of the client. Materials that are simple, easy to understand, and in a format appropriate to the population being served (i.e., language, large print) are recommended. In some instances, case managers and others may want to provide copies of the forms to the client. The Montgomery County APC’s *Plan to Be Safe* Campaign materials are available to download at <http://www.montgomerycountymd.gov/apc>.

➤ **Find the right partners**

Identify community partners who may be willing to provide items that are too costly or too complicated for clients to put together. These partners could include groups from churches, schools, youth groups, or other service organizations.

In 2004 Public Health Services of the Montgomery County, Maryland Department of Health and Human Services became one of the first 11 public health agencies in the nation to be recognized as Public Health Ready by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services. The county is home to one of eight Advanced Practice Centers for Public Health Preparedness (APCs) funded by NACCHO through the CDC. The Montgomery County APC developed the Emergency Preparedness Checklist in conjunction with the county's Aging and Disability Services Program, Home Care Program and Social Services to Adults Program.

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