

GUIDE FOR COMPLETING EVACUATION SCORE

SURVEY FORM

1. General Instructions:

- a) Use Ball Point Pen
- b) Be Neat
- c) Sign all appropriate places
- d) Send via email to DDS.Escores@ct.gov

2. Complete all facility information.

3. Complete fire drill results grid **AND** attach copies of drill reports.

4. Complete facility survey.

5. Complete resident information.

- a) Print both **first** and **last name**.
- b) Include **DDS** numbers - **IMPORTANT** -
- c) Use guide below to assist you in completing survey. If you have any questions completing form, call the Officer in charge of Evacuation Determinations at 860-263-2608.

6. GUIDE FOR EVALUATING RESIDENT CAPABILITIES:

RISK OF RESISTANCE:

If the resident complies with instructions and participates in the drill, there is **“NO RISK”**.

If the resident will refuse or resist performing the evacuation drill, the risk is considered **“MILD”**

If the resident becomes negatively aggressive during the evacuation drill, the risk is **“STRONG”**

IMPAIRED MOBILITY:

If the resident moves freely throughout the facility, without the assistance of staff or equipment, the **“SELF STARTING”** box should be checked.

If the resident has problems with mobility, but does not require assistance or adaptive equipment then the **“SLOW”** box should be checked.

If the resident requires some assistance to get started, but will continue to evacuate, the **“NEEDS LIMITED ASSISTANCE”** box should be checked.

If the resident cannot provide for their own mobility, check the **“NEEDS FULL ASSISTANCE”** box.

IMPAIRED CONSCIOUSNESS:

If this category does not apply then **“NO RISK”** should be checked. However, if the resident has a seizure disorder that could be brought about by the fire horn and strobe effects, suffers from dizziness or has a condition that causes disorientation, the appropriate box should be selected. (NOTE: **“Totally Impaired”** would apply to persons with advanced Alzheimer disease or a similar condition.)

NEED FOR EXTRA HELP:

This part of the evaluation refers to the **“IMPAIRED MOBILITY”** category listed above. If the resident is self starting or slow and requires no more than a Verbal prompting to initiate an evacuation, the **“ONE STAFF”** box should be checked.

If the resident needs initial assistance from two staff, but one staff can evacuate this resident, then **“LIMITED ASSISTANCE FROM TWO STAFF”** should be checked.

If the evacuation of this resident cannot be done safely with only one staff, the **“FULL ASSISTANCE FROM TWO STAFF”** box should be checked.

RESPONDS TO INSTRUCTIONS:

If the resident will respond to a verbal prompt, check the **“FOLLOW INSTRUCTIONS”**, box.

If the resident requires constant direction, check **“REQUIRES SUPERVISION”**.

If the resident needs to be assisted during the evacuation, check **“MAY NOT RESPOND”**.

WAKING RESPONSE:

If the alarm does not wake this resident from a sound sleep, check, **“NOT PROBABLE”**.

RESPONSE TO FIRE DRILLS:

If the actions of the residents do not match these descriptions, check the **“NO”** box.