Health Emergency Preparedness and Response Plan *(HEPReP)*

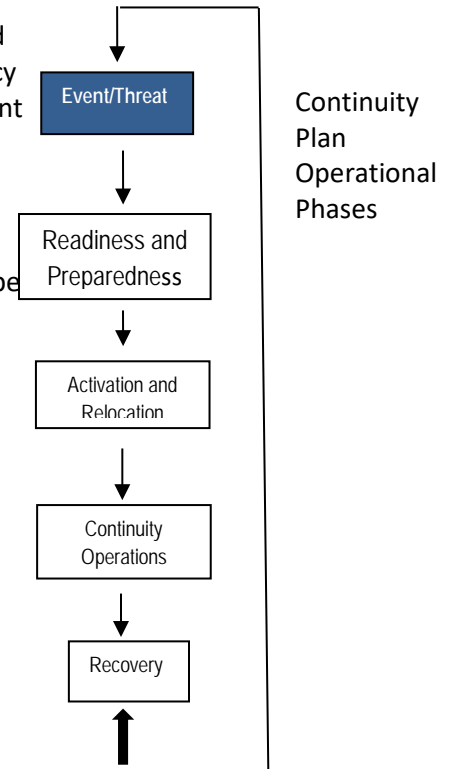<div style="border:1px solid black; text-align:center;">

Section VII
Continuity of Operations Plan (COOP)

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Updated: October, 2022

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I. Purpose

A. It is the goal of this plan to ensure that essential functions of the Tuolumne County Public Health Department continue to be performed during an incident or emergency. In accordance with health emergency preparedness planning, the Tuolumne County Public Health Department coordinates with the County Office of Emergency Services to initiate a tiered or scalable response based on the event.

B. Continuity planning includes, if needed, preparing the Tuolumne County Public Health Department for the possibility of relocating and be operational within 48 hours of continuity plan activation.

C. Continuity Planning and Recovery Planning are integrated early in the Disaster Response to identify what, when and how services will return to a normal state of operations.
Generally, continuity plans are designed to;
1. Mitigate the duration, severity or pervasiveness of the disruption
2. Achieve timely and orderly resumption of essential functions
3. Protect essential facilities, equipment, records and assets
4. Maintain financial viability

D. The Continuity of Operations Plan is activated during a wide range of emergencies, including;
1. Acts of nature
2. Accidents
3. Technical or attack-related emergencies
4. Power shut-off events

E. The plan is based on a local hazard vulnerability assessment (HVA).

F. Several mission-critical essential functions have been identified. These are, in order of priority;
1. Emergency Medical Services Agency
2. Communicable Disease Monitoring and Reporting
3. Health Officer Authorities
4. Emergency Preparedness Functions (PHEP/HPP/Pan Flu/MHOAC)
5. California Children's Services
6. W.I.C. (Women, Infants and Children)

G. The COOP is supported by the following existing plans:
1. Tuolumne County Operational Area Emergency Services Plan
2. Tuolumne County Health Emergency Preparedness and Response Plan
3. Tuolumne County Animal Disease Emergency Response Plan
4. California Department of Public Health Pandemic Preparedness and Response Plan

Continuity Plan Operational Phases

Event/Threat

Readiness and Preparedness

Activation and Relocation

Continuity Operations

Recovery

H. Two Tuolumne County Vulnerability Assessments are included in the development of the continuity plan.

1.   Top Ten Health & Medical Vulnerabilities (06/2022)
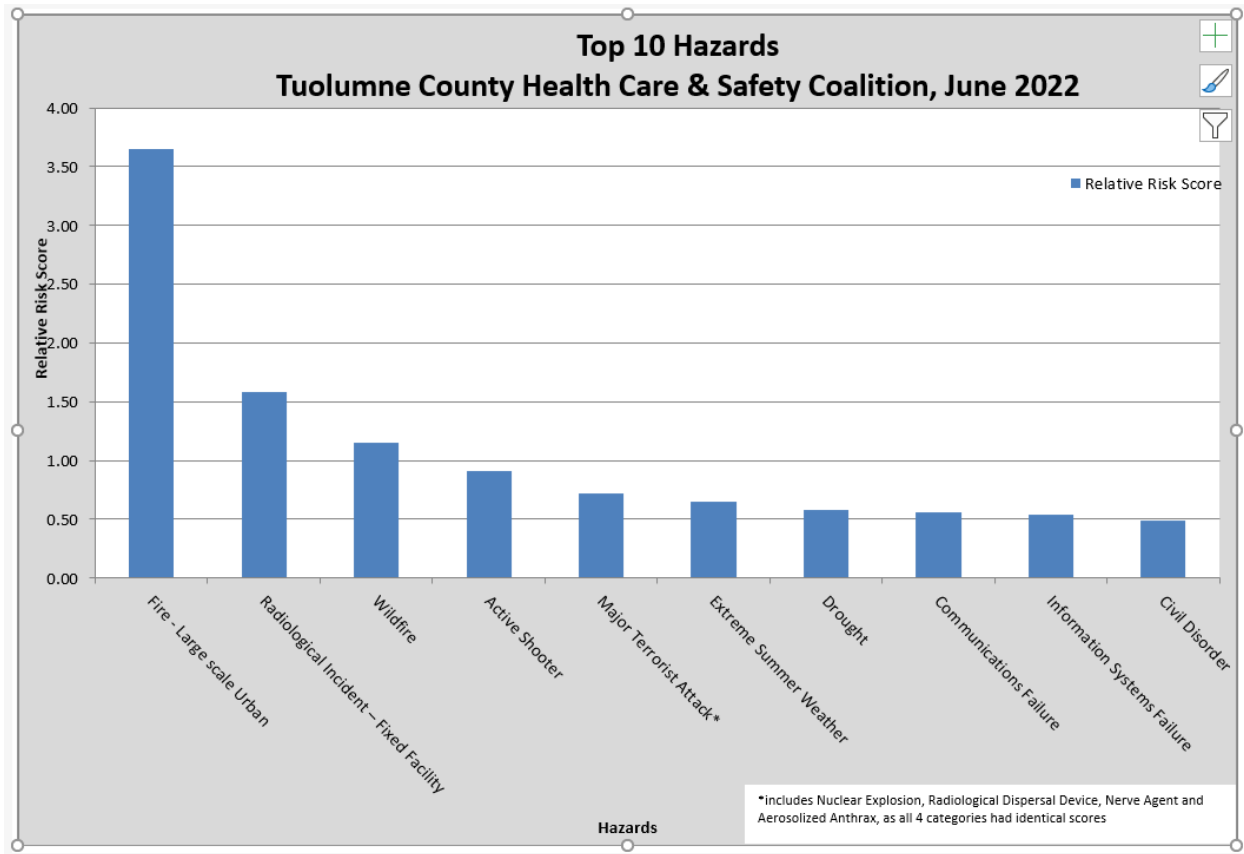
2. Estimated Natural Disaster Risk Levels for Tuolumne County (2018)
(Data from the Tuolumne County Multi-Jurisdictional Hazard Mitigation Plan)

HIGH RISK HAZARDS	Wildfire
MODERATE RISK HAZARDS	Floods, Dam Failure Earthquakes, Extreme Weather (Heat, Cold, Drought, Wind, Thunderstorm, Hail, Heavy Snowfall, Freeze)
LOW RISK HAZARDS	Landslides and Sinkholes, Erosion Volcano, Hazardous Materials

3.   This plan outlines specific measures for the Public Health department to maintain critical services for the public. Considerations in developing this plan include;

A.   This COOP plan is organized according to the California Office of Emergency Services (OES) Continuity of Operations/Continuity of Government Plan Review Checklist Link to Checklist

B. Plans are scaled to respond to different levels of staff absenteeism
C. As a part of County employment, all County Employees are designated as "Disaster Service Workers." Because it is imperative that critical public service employees respond to emergencies when called upon to do so, this plan provides a model for a departmental "Family Support Center," to provide employees with vital family support responsibilities with assistance in meeting these obligations so that the employee may be available for emergency response.
D. When planning for the medical and health system, the following should be considered:
   1. Essential services have increased demand placed on them during a pandemic, directly support reduction in deaths and hospitalizations, and function in healthcare sector or emergency services. Essential service roles identified for the purposes of pandemic flu planning include: Emergency Medical Services Providers, Fire Service Agencies, Food supplies (non-restaurants), Hospital, Clinics and other Licensed Medical Facilities, Key government Agencies, Media Organizations, Mortuary Services, Public Health Services, Public Transportation, Medical Supplies (e.g., oxygen, special needs supplies), and Utilities (e.g., water, sanitation, power, electricity, and telecommunications).
   2. The following points should be considered as key planning assumptions for essential services:
      a. Susceptibility to the pandemic influenza will be universal
      b. Efficient and sustained person-to-person transmission will signal an imminent pandemic
      c. The clinic attack rate will likely be 25-30% or higher in the overall population. Illness rates may be highest among school age children
      d. Up to 40% of the work force could be absent from work due to illness, caring for an ill family member, or fear of being exposed to the illness. Actual rates of absenteeism will depend on the severity of the pandemic. Absenteeism may be higher for those employees who have children.
      e. A higher absenteeism rate could last 3 to 4 months at a time
      f. Certain public health measures (e.g., dismissing schools) are likely to increase rates of absenteeism
      g. Travel bans, closing of schools and businesses, and cancellation of events could have major impact on communities and citizens
      h. Illness among supply chain and infrastructure service workers will affect business operations
      i. Pandemic period could last between 12 and 36 months
      j. Pandemic flu vaccines will likely not be available until 6 to 8 months after the start of the pandemic
      k. Businesses can play a key role in the health and safety of their employees and customers, especially those with special needs and those whose needs others may not as readily know
      l. The traditional health and hospital system capacity will be overwhelmed because of their own high rate of absenteeism, in addition to the significant number of ill individuals seeking care

II. Definitions

A.	Delegations of Authority	To ensure a rapid response, it is vital to clearly establish delegations so that all organization personnel know who has the right to make key decisions during a continuity situation.
B.	Orders of Succession	Ensure the organization personnel know who assumes the authority and responsibility of the organization if day-to-day leadership is incapacitated or otherwise unavailable during a continuity event.
C.	Continuity Facilities	Using or relocating personnel to continuity facilities, existing facilities or virtual offices.
D.	Continuity of Communications	Redundant communication systems to support connectivity among key leadership personnel, critical customers and the public.
E.	Vital Records Management	Identification, protection and availability of electronic and hardcopy documents, references, records, information systems and data management software and equipment needed to support essential functions during a continuity situation.

III. Activation of Continuity of Operations Plan (COOP)

A. General
  1. The threshold for the initiation of continuity of operations measures is specific to the minimum quantity of personnel, or, availability of equipment and facilities to maintain basic critical (essential) services for the agency or department in consideration. In order to identify this threshold, the agency must prepare a vulnerability threat analysis which includes:
     a. A list of essential services
     b. Identification of the number of employee hours per week needed to carry out each of those critical services
     c. The number of staffing daily hours needed for each essential service to accomplish the mission of those critical services. Recognize that limiting the daily hours of some employees may be necessary during the implementation of strict social distancing measures.

  2. For COOP activation in public health emergencies, the County Emergency Operations Center (EOC) will assume Command and Control during the event according to the organizational structure established by the County Emergency Operations Plan (EOP) and consistent with the National Incident Management System (NIMS).
     For communicable disease outbreaks, the Public Health Department command structure will follow the HEPReP NIMS organizational chart (See All Hazards Section 2, Public Health Response).
     a. The COOP Branch Leader will be designated by the Planning Section Chief during the activation of a Departmental Operations Center, as required by the details of the incident.

      i.   When absenteeism approaches 30% of normal staffing, activating the COOP Plan is considered, and/or

     ii.   When an event requiring relocation occurs.

b.   Staffing to maintain critical departmental services will be assigned by the COOP Branch Leader according to identified vulnerabilities and critical services, and in light of the demands of a health emergency incident.

c.   Reassignment of employees during a health emergency response would follow the criteria established by isolation and quarantine declarations and would be the responsibility of the Incident Commander for the event.

IV. Continuity of Operations Staffing – Resource Plan for the Tuolumne County Health Department

Table 1: Health Department Personnel and Equipment Requirements to Maintain Essential Services – may be adapted for the event.

Essential Service	Staffing modifications	Equipment/Resource Requirements
Emergency Medical Services Agency	EMSA Coordinator, available EMS Medical Director, on call	Radio communications on appropriate emergency frequencies Ambulance operations, including facilities, vehicles, fuel, expendable medical supplies and available personnel in accordance with station staffing requirements, Telecommunications* WiFi Hotspot
Communicable Disease (CD) Monitoring	Communicable Disease Coordinator, four hours per day Director of Public Health or Health Officer, one hour per day Morbidity Clerk, 3 hours per day NOTE: *For an "infectious" event, the CD section would need increased staffing-support from other programs*	Telecommunication and internet access Access to transportation WiFi Hotspot
Health Officer Authorities Services	Health Officer maintains accessibility for activation of authorities to declare health emergencies, implement non-pharmaceutical interventions (NPIs) and isolation and quarantine orders, activation of medical countermeasures activities, etc., and oversees jail medical contractor California Forensic Medical Group	Telecommunications and Internet access Laptop or PC WiFi Hotspot
Emergency Preparedness and Response	Public Health staff trained and skilled in ICS PHEP Coordinator HPP and Coalition Coordinator Medical Health Operational Area Coordinator (MHOAC)	Radio communications on appropriate emergency frequencies, Telecommunications and internet access Laptop or PC WiFi Hotspot

Essential Service	Staffing modifications	Equipment/Resource Requirements
	Pan Flu Coordinator	
California Children's Services (CCS)	CCS Program and Services Technician, one or two hours per day	Available outpatient pharmacy and/or medical supply services Telecommunications Access to CCS charts WiFi Hotspot
W.I.C. (Women, Infant and Children)	2 WIC staff to distribute vouchers	Telecommunications Access to laptops, printers, copier, and WIC check stock Access to transportation WiFi Hospot

V. Family Support Centers (FSC)

   A. Family Support Center activation
      1. Factors that may influence the need to establish a departmental Family Support Center include:
         a. School closures
         b. Number of employees with dependent relatives
         c. Availability of spouse, relatives and/or partners to discharge guardian duties
         d. Health and illness exposure of relatives of department employees
         e. Personal health needs of the employee
         f. Demand for specific departmental services
      2. The Incident Commander will be responsible for ordering the opening of an FSC.
      3. Selection of a site
         a. Site must have communication capabilities to contact and/or provide reassurance to employee-guardians if necessary
         b. Site must be safe and secure, either on or removed from the site of the event response
         c. The site must be as free as possible from risk of exposure to the health threat at hand
         d. Accommodations should be available for meals, bathroom needs and hand hygiene

   B. Family Support Center (FSC) procedures

      1. FSC will operate under the Incident Command System (ICS) and be part of the operational plan for each event of significant size to warrant the opening of such a center.
         a. In collaboration with the County government, the Incident Commander may activate the Family Support Center and selects the location/s.

      3. It is the employee's responsibility to notify his/her supervisor at the time of the Call Down that they are in need of FSC services and the number and ages of dependents that will be brought by the employee to the FSC.

      4. The FSC will be staffed by qualified individuals in sufficient numbers to adequately care for the number of family members in their charge. Credentialing of FSC staff will be a component of the **Resources Unit within the Planning Section.**

      5. Security measures will be in place to ensure the identity of all personnel within the area of the FSC.
         a. Only persons identified as the parent or legal guardian and/or their pre-identified designee are allowed to pick up dependents left to the care of the FSC.
         b. A picture ID will be required of all people receiving dependents from the FSC.
         c. Sign in and sign out logs will be secured (confidential). Sample log attached.

VI. Exercising the Continuity of Operations Plan

    A.   The COOP will be practiced periodically.

    B.   In conjunction with the County OES and the Operational Area Emergency Services Plan, the Public Health Department will participate in Continuity of Government exercises.

VII. Lines of Succession

    A.   The Public Health Incident Command has pre-designated roles. HEPREP Section 2, Public Health Response, describes the lines of succession for each key office during a Public Health Emergency, i.e., Chain of Command.

        However, in continuity planning the decision of who is the most appropriate for delegation ***depends upon who is most familiar with the essential service.***

        Table 2: Essential Services Succession

Essential Service	Primary Responsibility	Succession
Emergency Medical Services Agency	Emergency Medical Services Coordinator	TCEMSA Medical Director Assistant Director HSA Health Officer
Communicable Disease Monitoring	Health Officer Communicable Disease PHN Department Support Technician – Morbidity Clerk	Director of Public Health
Health Officer Authorities	Health Officer	Calaveras County or Mariposa County Health Officers Director of Public Health
Emergency Preparedness and Response	Designated MHOAC PHEP Coordinator HPP and Coalition Coordinator Pan Flu Coordinator	Designated Alternate MHOAC PHEP program support staff Calaveras County Coalition Coordinator
California Children's Services (CCS)	CCS Administrator	CCS PHN
W.I.C.	WIC Supervisor	Nutrition Assistant Director of Public Health

    B.   Public Health senior leadership continuity decisions are also dependent upon the County Government structure and its hierarchy. Public Health is a department within the Human Services Agency (HSA). Senior leaders in HSA and the County Administration Office of Emergency Services (OES) would consult and approve decisions regarding succession in the absence of Public Health Senior Leaders.

VIII. Continuity of the Facility and Records

A. Based on the hazard vulnerability assessment, loss of the Public Health facility is more likely to be a weather event, such as loss of utilities during a winter storm, than from a natural disaster like an earthquake or flood. Additionally, a structure fire is a vulnerability.

B. Potential alternate locations of the Public Health Department could be either County government owned facilities, or rented space. Currently Public Health occupies rented space.

    1.   Space needs include:

        a.   Office set up and communications for essential staff.
        b.   In an extended emergency event a modified clinic located at an alternative care site may be an option.

    2.   Program Records level of vulnerability assessment
        High = mostly paper
        Medium = mix of paper and electronic, could be reproduced with difficulty
        Low = minimal paper, mostly electronic, reproducible if needed.

Table 3: Essential Services Program Records Vulnerability

Essential Service	Program Records Vulnerability Assessment
Emergency Medical Services Agency	Low Risk: Current certifications are stored electronically. Ambulance records are electronic and paper therefore reproducible. Historic documents are paper and would be non-retrievable if destroyed.
Communicable Disease Monitoring	Medium Risk: Cases are submitted electronically. Open cases are on paper.
Health Officer Authorities	Medium Risk: Most documents are stored electronically on the County network.
Emergency Preparedness and Response	Medium Risk: Most records and documents are stored electronically on the County network.
California Children's Services (CCS)	Medium Risk: Current case notes and SARS are electronic. Medical records from providers would need to be replaced and have been submitted to the State. Historic paper records are not reproducible.
W.I.C.	Low Risk: Electronic records of clients

    3.   Plan for Medical Records and other documents
        a.   Medical Records from the Clinic, CD, and CCS are the *highest priority* for retrieval and relocation in an emergency event. Related policy: Record Retention.

IX. Continuity of Information Technology

A. This plan is maintained and initiated by the Tuolumne County Department of Information Technology (IT) which maintains the IT Disaster Recovery Plan.

Attachments:

1. Plans for Public Health Essential Service

   Emergency Medical Services Agency
   Communicable Disease
   Health Officer Authorities
   Emergency Preparedness and Response
   California Children's Services
   Women, Infants and Children

2. Sample Log- Family Support Center

Health Emergency Preparedness and Response Plan *(HEPReP)*

Summary Public Health Essential Service: **Emergency Medical Services Agency**

Program Contact: Katie Andrews	Phone: 209-533-7460
	Emergency Cell: See secured PH list
	Email: KAndrews@co.tuolumne.ca.us

Yellow shaded sections for assessment in actual event

Department	Essential Function or Service	Max. Interruption Tolerance (hrs)	Functional ?	Applications Required to Perform	Functional ?	Can Work be Performed at Home?
	Certify, accredit, and authorize pre-hospital responders	24				
	Resource management (medical supplies and ambulances)	24				
	Quality assurance	24-72				
	Policies, procedures, and guidelines	>72				
	Complaint follow up	24				

Vital Records			
Record name	Record Type (Electronic/Paper)	Back up or Alternate Record	Location
Personnel records	Electronic (has paper originals)	24 hr County back-up network	Paper copies in TCPH, County server
Resource management	Electronic	same	County server
Quality assurance	Electronic	same	County server
Policies and procedures	Electronic	same	County server
Complaint follow up	Electronic	same	County server

Vital Equipment and Supplies						
	Equipment/Supplies	Details	Normal Levels	Post Incident	Gap	Relocate to
1	Computer with EMS software	Duplicated at Striker Ct office, as well as on server	1			
2	Phone	same	1			
3	Internet connection	same	1			
4	Color printer	same	1			
5	Fax machine	same	1			
6						
7						
8						

Strategy for Recovery and Interruption Impact
Move to Striker Court office.

Summary Public Health Essential Service: __Communicable Disease__

Program Contact: Amanda Brunner	Phone: 209-533-7411
	Emergency Cell: See secured PH list
	Email: ABrunner@co.tuolumne.ca.us

> Yellow shaded sections for assessment in actual event

Department	Essential Function or Service	Max. Interruption Tolerance (hrs)	Functional ?	Applications Required to Perform	Functional ?	Can Work be Performed at Home?
	CD investigation & reporting	2				
	Coordination of laboratory services with contracted lab	2				

Vital Records			
Record name	Record Type (Electronic/Paper)	Back up or Alternate Record	Location
CD records	paper	Last 4 yrs electronic & historic records off site	CalREDIE, PH storage
Rabies binder	paper	Paper copies	Animal Control, PH Great Room
HIV records	paper	Electronic	LDET, Cal REDIE
TB case management	Paper	State records	Cal REDIE, PH Great Room-CD file cabinets

Vital Equipment and Supplies						
	Equipment/Supplies	Details	Normal Levels	Post Incident	Gap	Relocate to
1	Computer with internet					
2	Phone, Fax, Printer					
3	Paper shredder					
4	Lab collection materials					
5	PPE					
6	Car					
7	Resource books & binders					
8	Locking briefcase					

Strategy for Recovery and Interruption Impact
Locate an available station to work from with internet access.
Have IT set up space with CalREDIE, LDET, and internet access. Have access to computer, printer, copy machine, and scanner.
Have phone messages forwarded or line connected to phone in new work station. Have access to fax machine and Printer. Make available access to CD files. Have lab collection supplies available and hazard waste disposal.

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Summary Public Health Essential Service: <u>Health Officer Authorities</u>

Program Contact: Dr. Kimberly Freeman	Phone: 209 533-7403
	Emergency Cell: See secured PH list
	Email: KFreemna@co.tuolumne.ca.us

Department	Essential Function or Service	Max. Interruption Tolerance (hrs)	Functional?	Applications Required to Perform	Functional?	Can Work be Performed at Home?
	Implementation and enforcement of Health and Safety Codes, and Emergency Declaration authority	1				
	Isolation, quarantine, and other NPI implementation	1				
	Coordination with California Department of Public Health and Centers for Disease Control	1				
	Provide Public Health and medical guidance and input to EOC in all phases of incidents	1				

Vital Records			
Record name	Record Type (Electronic/Paper)	Back up or Alternate Record	Location
Region IV Situation Report	Electronic	Paper version to fax or email	
Region IV Resource Request	Electronic	Paper version to fax or email	

Vital Equipment and Supplies						
	Equipment/Supplies	Details	Normal Levels	Post Incident	Gap	Relocate to
1	Computer with internet					
2	Phone					
3	Printer					
4	Fax					
5	PPE					
6	Vehicle					

Strategy for Recovery and Interruption Impact

Summary Public Health Essential Service: **Emergency Preparedness and Response**

Program Contact: Petra Hendersen	Phone: 209-533-7486
	Emergency Cell: See secured PH list
	Email: PHendersen@co.tuolumne.ca.us

Depart-ment	Essential Function or Service	Max. Interruption Tolerance (hrs)	Functional ?	Applications Required to Perform	Functional ?	Can Work be Performed at Home?
	Activation and coordination of Healthcare & Safety Coalition for management of shared resources, information sharing, impact to the local medical and health system, and collaboration as a multi-agency coordinating group or Community Outreach Information Network to reach clients with access & functional needs.					
	Emergency public information and warning.					
	Coordination of mass care activities.					
	Medical Countermeasures management, distribution, and coordination, including cold chain management.					
	Volunteer management	2				
	Responder safety & health	2				

Vital Records			
Record name	Record Type (Electronic/Paper)	Back up or Alternate Record	Location
ICS Forms	Electronic (Shared Drive)	Paper and Flash drive	PHEP desk drawers
HEPReP	Electronic (Shared Drive)	Flash drive	PHEP desk drawers
Coalition Contacts	Electronic (Shared Drive)	Flash drive	HPP desk drawers
Alternates Sites List	Electronic (Shared Drive)	Flash drive	PHEP desk drawers

Vital Equipment and Supplies						
	Equipment/Supplies	Details	Normal Levels	Post Incident	Gap	Relocate to
1	Computer with internet	Wi-fi hot spots available				
2	Phone, Fax, Printer					
3	Mass vaccination supplies	In PH clinic and Quail Hollow storage				
4	Mass care supplies	In PH sheds and Quail Hollow storage				
5	PPE	In PH office and sheds				
6	Redundant communications (radios & sat phones)	PH Great Room				

Strategy for Recovery and Interruption Impact
Move to identified alternate location if necessary.

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Summary Public Health Essential Service: California Children's Services

Program Contact:	Phone: 209-533-7404
	Emergency Cell: see PH call down secured list
	Email: @co.tuolumne.ca.us

Department	Essential Function or Service	Max. Interruption Tolerance (hrs)	Functional ?	Applications Required to Perform	Functional ?	Can Work be Performed at Home?
	Processing Service Authorization Requests (SAR)	2-3 business days				
	Authorization for Housing/Meals					
	Receiving referrals to CCS (State, hospitals, providers, can secure web based printer, fax, phone calls)					

Vital Records			
Record name	Record Type (Electronic/Paper)	Back up or Alternate Record	Location
Active files-charts	Paper records maintained	Able to be recreated from the CMS network. Contact Medical providers for medical record.	Secure network
Archived (historic) files	Paper records	No back up	Off site

Vital Equipment and Supplies						
	Equipment/Supplies	Details	Normal Levels	Post Incident	Gap	Relocate to
1	CMS-web access (CMSweb,M/CMSnet)	State website registers, tracks Tuolumne County clients	Daily			
2	Computer, printer, phone, fax		Daily			
4	MEDS Access	View Medi-Cal eligibility	Daily			
5						

Strategy for Recovery and Interruption Impact
Locate an available station to work from with internet access.
Have IT set up space with CMSnet, CMSweb and M/C internet access. Have access to computer, printer and/or copy machine. Have phone messages forwarded or line connected to phone in new work station.
Have access to network printer. Make available access to Active case files.
Move active files or recreate chart-file.

Summary Public Health Essential Service: WIC- Women, Infants and Children

Program Contact: Lisa Hieb	Phone: 209-533-7418
	Emergency Cell: See secured PH list
	Email: lhieb@co.tuolumne.ca.us

Department	Essential Function or Service	Max. Interruption Tolerance (hrs)	Functional ?	Applications Required to Perform	Functional ?	Can Work be Performed at Home?
WIC	Registration of clients	1-3 day		MEDS		
	Distribution of vouchers	Same day		WIC MIS		
	Education	1-3 day		DDT-Microsoft		
	Infant & child assessments	Same day		WIC MIS		
	Breastfeeding support	Next day		PPT-Microsoft		
	Referrals to other services	1 -3 day				

Vital Records			
Record name	Record Type (Electronic/Paper)	Back up or Alternate Record	Location
Registration	Electronic (MEDS) and paper record	Electronic on server could be partially recreated	Offices
Distribution	Electronic. vouchers printed, and distribution entered into WIC MIS		
Education	State handouts, downloadable		
Assessments	Electronic and paper records		
Breastfeeding Support	Electronic and paper records		

Vital Equipment and Supplies						
	Equipment/Supplies	Details	Normal Levels	Post Incident	Gap	Relocate to
1	Registration	Laptop computer, access to MEDS. Appointment processes	1 staff			
2	Distribution	Equipment for assessments, laptop, access to database for recording. Voucher paper and 2 printers.	2-3			
3	Education	Classroom with video capacity. Able to print handouts. Laptop or DVD player, flash drive	2-3			
4	Assessments	Scales, measuring boards, pronto machine	2 stations			
5	Breastfeeding support	Can bee seen anywhere or called from home	2-3			
6	Referrals	Downloadable	2-3			

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Strategy for Recovery and Interruption Impact
Paper vouchers most vulnerable, as unable to distribute without the special paper.
Paper records in fire resistant cabinets, 1 year records kept in office, these would be priority for moving.
Need an office with an assessment section, 2-person minimum operation.
Software and hardware IT needs. Phone, fax and printer.

Attachment 2: Sample Family Support Center Log

Attachment 2: Sample Family Support Center Log

Time/ Date IN	Child's Name, "nickname" and age (Label/ Tag child	Parent/Guardian Name & contact	Special needs: allergies, diet, nap schedule, potty training, etc.	Anticipated person picking up dependent *(Must have picture ID)*	Time/Date OUT	Signature ID required	Staff Comments

d & a l l b e l o n g i n g s)					
	Print Name: Signature: Contact Info: Emergency Contact Info. and/or location assigned:		Print Name: Relation to dependent: Contact Info:		Print Name: Signature: ID:
	Print Name: Signature: Contact Info: Emergency Contact Info. and or location assigned:		Print Name: Relation to dependent: Contact Info:		Print Name: Signature: ID:

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Attachment 2: Sample Family Support Center Log

		Print Name: Signature: Contact Info: Emergency Contact Info. and or location assigned:		Print Name: Relation to dependent: Contact Info:		Print Name: Signature: ID:	

Attachment 2: Sample Family Support Center Log

INFORMATION FOR DISASTER SERVICE WORKER WITH DEPENDENTS IN FAMILY SUPPORT CENTER

1.   The contact information for the Support Center:_____

2.   If your planned arrangements for picking up your child/dependent changes, please call the Center.

3.   Please label clothing, toys and snack containers that you're providing for your child/dependent.

4.   Sick children/adult dependents will not be permitted in the center.

5.   The center is not able to administer medication to children. If medication is needed by your adult dependent, please bring in a labeled container and write in the times it is due in the special needs section. All medications must be stored securely either by the center or the reliable adult. The center staff will only "remind" the adult to take the labeled medication.

6.   Please communicate to the Family Support Supervisor any legal or custodial issues regarding your child/dependent.

7.   Please ensure the Support Center knows where you have been assigned if your assignment changes during the shift.

Sample