



FHN Emergency Preparedness Handbook



PURPOSE
TO ASSIST EMPLOYEES AND THEIR FAMILIES IN
PREPARING FOR A DISASTER SITUATION.

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DISASTER PREPAREDNESS

INTRODUCTION

Recent events have changed the way the nation and FHN look at disaster preparedness. All the resources (people, facilities, supplies, etc.) of FHN may be needed in a disaster situation. Therefore, it is imperative that each component of the organization be evaluated for its readiness and ability to ensure a safe and secure working environment.

Because we are people who spend our lives in the health care profession, we are privileged to be of service to our community every day in a very special way. We address pain, bring healing, assist with restoration, and provide hope. We also care for people who are facing a terminal illness. We join hands with our community to deal with extraordinary circumstances and events so all may return to normalcy when their lives are impacted by the unexpected. Every single employee in this organization plays a critical part in creating a positive experience for those we serve. In a catastrophic event, it will take all of us to help ourselves and the community learn a new definition for normalcy. We are confident that we will be successful and continue to provide high quality patient care.



FHN EMPLOYEE AND EMPLOYEE FAMILY SUPPORT

As with any health care system, our most important resource is our staff. When a disaster occurs and it continues to unfold, many of the staff on duty may need to stay at work or report to work at unscheduled times. During these difficult times, it is imperative to know that our employee's individual family members are cared for and safe. Not only will this peace of mind reassure our staff members, it will also enhance the staff's ability to care for our patients by enabling them to focus on the special patient care needs at hand.



THE NEED FOR PRE-PLANNING

The primary barrier in achieving this goal is the lack of personal preparedness. When a disaster situation occurs, it is a surprise and there will be minimal time available to react. Therefore, it is very important for each employee to take the necessary time and plan for potential family needs now. Some disaster situations may require staff to remain at the hospital for an extended period. FHN will assist staff in arranging for support services needed (e.g. childcare, overnight stay, etc).

WHAT YOU CAN EXPECT FROM FHN

We will make every effort to:

- Provide the support you need in order to perform your assigned duties.
- Relieve you of your duties in a reasonable amount of time.
- Keep you informed.

This handbook provides helpful information to assist you and your family with pre-planning needs in a disaster situation.

EMPLOYEE GUIDELINES

STAFF IDENTIFICATION

FHN picture identification badges must be worn by staff to enter any FHN facility during an emergency or disaster situation. For this reason, it is important that you always take your badge with you at the end of your shift instead of leaving it in your desk or locker.

In addition, it may be necessary to show your badge to police in the event that general travel is restricted during a disaster; this will enable you to travel back and forth to work depending on the type of emergency. Staff entrances at the hospital or other locations may be manned by Security staff to verify identification or issue temporary badges, if necessary.

Spontaneous volunteers and other non-staff members will be directed where to go for proper identification, skill verification credentialing, and assignments as needed.

COMMUNICATIONS

During a disaster situation, a code 100 may be paged. Staff on duty will be notified by overhead page, pager, telephone, two-way radio, or runner. Off duty, staff will be notified by activation of telephone or pager recall lists. In addition, the local media will be advised and public announcements will occur. If local telephone communications are disrupted, needed off-duty staff may be notified by any other methods available (messenger, security, police, radio, television, etc.).

HOSPITAL PARKING

FHN Memorial Hospital staff should plan to park in the West Employee Lot and access the hospital through the employee entrance. If there is a need for alternate parking and access, staff will be advised at time of notification. Transportation to the hospital from off-site parking will be provided if necessary.

ASSIGNMENT OF PERSONNEL

Personnel will be assigned in accordance with need as outlined in the FHN Mass Casualty Plan, which includes the Hospital Incident Command System. The Hospital Incident Command system is a process that allows the administrative leadership to receive and analyze information and determine immediate and ongoing resource needs. In addition, hospital department-specific internal disaster plans may pre-assign response and staff to specific areas and roles (please review and be familiar with your department-specific plans). Changes affecting inpatient schedules or services will be at the discretion of hospital administration and will be communicated to the appropriate nursing units and managers. Changes in surgery or outpatient schedules will require the affected department staff members to notify patients/families of those changes.

If you have any questions or concerns, please contact your manager.



“ONE OF THE TRUE TESTS OF LEADERSHIP IS THE ABILITY TO RECOGNIZE A PROBLEM BEFORE IT BECOMES AN EMERGENCY.”

— ARNOLD H GLASGOW



“WE ARE NOT PREPARING FOR THE WORLD WE LIVE IN – WE ARE PREPARING FOR THE WORLD WE FIND OURSELVES IN.”

– MICHAEL MABEE

WHAT TO DO IF YOU ARE WORKING WHEN A DISASTER OCCURS

- Please make every effort to plan so that you will be able to remain on the job. All staff members will be needed to get us through the initial stages of a catastrophe. This is where your Family Emergency Plan becomes very important.
- Understand that you will be needed, even in a capacity outside of your normal job responsibilities. Certain employees who are not normally involved in clinical operations may be cross-trained for other roles and should expect to assist in those functions and roles. Some roles are needed immediately (such as security, registration, telephone operators, and decontamination teams). Other roles will be needed later (such as critical incident stress management (CISM) counseling or assisting families).

WHAT TO DO IF YOU ARE NOT WORKING WHEN A DISASTER OCCURS

- Implement your Family Emergency Plan.
- Do not call or come into your place of work until your regularly assigned shift.
- Prepare to receive a call to come in. Assemble items you might need for the short term, such as:
 - Personal medications
 - Money
 - Sleeping items (linens, pillow, sleeping bag, etc.)
 - Towels/soap
 - Three days of clothing
 - Flashlight
 - Snacks
 - Water
 - Cell phone

When you are called, you will be informed of the nature of the event and where you will be needed.

- Bring your FHN picture identification badge with you. This is a requirement in order to be admitted to your place of work.
- Be prepared to park elsewhere and shuttled to the hospital.
- Enter your workplace via the employee entrance unless otherwise instructed and proceed to your area of assignment.

FHN EMERGENCY CONDITIONS AND BASIC STAFF RESPONSE

AT FHN MEMORIAL HOSPITAL

ANNOUNCEMENT AND CONDITION	DESCRIPTION	INITIAL RESPONSE	FOLLOW UP
Code Red and Fire Chimes	Smoke detector activated, fire alarm pulled or sprinkler activated. Extinguish fire.	Activate RACE : R escue A ctivate the Alarm C ontain the Fire E xtinguish Fire or E vacuate Building	Switchboard announces “Code Red All Clear” when advised to do so by Incident Command.
Code 100 External Disaster	Casualties in excess of the capacity of the E.R.	All departments activate disaster plan unless exempt by the Administrator-on-call or Incident Command.	Critique the event within 48 hours.
Code 100 Internal Disaster	An incident inside the facility has resulted in a safety risk to the facility structure or life safety of patients, staff and visitors.	All departments activate disaster plan unless exempt by the Administrator-on-call or Incident Command.	Critique the event within 48 hours.
Code Orange Bomb Threat	Notification that a bomb may be present.	Obtain as much information as possible, notify Security and Administration or NSO (Nursing Supervisor Office).	Be conscious of unusual packages. Report if found. Coordinate search as directed.
Code Blue Cardiac Arrest	A Code Blue alarm has been activated or 4 has been called. (911 outside of hospital)	Start CPR. Code Blue Team responds.	As medically indicated.
Code Green Person Needing Assistance	Notification that someone other than a patient needs help.	Call the switchboard at 4 and advise of location.	Fill out appropriate incident report.
Code Yellow Decon	Patients with hazardous exposures need decontamination prior to entering the facility	Call the switchboard at 4 and have Code paged overhead. Follow plan.	Trained staff conduct Decon and debriefing.
Evacuation (no page)	An area is unfit for occupancy due to fire, flood, wind damage, odor, or safety of occupants.	Person in authority orders evacuation. Evacuate ambulatory patients first. Horizontal evacuation is preferred.	Restore patient care to highest attainable level. Determine location and status of all personnel who were in the evacuated area.
Code Gray Tornado Watch/Severe Storm Warning	Weather Bureau reports conditions are right for tornado development or there is a severe storm warning.	Remove objects from window sills and draw drapes if installed.	Remain alert for Code Black page.

AT FHN MEMORIAL HOSPITAL (continued)			
ANNOUNCEMENT AND CONDITION	DESCRIPTION	INITIAL RESPONSE	FOLLOW UP
Code Black Tornado Warning	A tornado has been sighted in the area.	If possible move patients to corridor. Cover patients who cannot be moved. Close window shades and doors. Assign staff member to escort visitors to the cafeteria.	In the event of tornado damage. Relocate patients to undamaged portions of the hospital or implement the hospital-wide evacuation plan.
Code Purple Infant Abduction	Notification that a child or infant has been abducted.	Call the Switchboard at 4 or call a "Code Purple". Have switchboard notify security. Provide security with a description of the child and suspected abductors, if known. Close all patient doors.	Debrief immediately following incident.
Code Silver Person with a Weapon	Notification that a person (or persons) has a weapon in the facility.	Follow directions of plan and initiate RUN, HIDE, FIGHT response. When safe, call the Switchboard at 4 ASAP and provide as much information as possible.	Debrief as soon as possible. FHN resources are made available to staff and visitors involved in the incident.
Code Zero Hospital Lock Down	Notification that access to the hospital is restricted. May be in conjunction with other plans.	Keep visitors in patient rooms. Follow established procedures.	Debrief within 48 hours following end of lockdown.
Code 25 Request for Security	Notification that security is needed at a given location.	If Security is needed for an emergency, call the Switchboard at 4 and report location and problem.	Debrief within 48 hours.

AT FHN OFFSITE FACILITIES			
ANNOUNCEMENT AND CONDITION	DESCRIPTION	INITIAL RESPONSE	FOLLOW UP
Code Red and/or Fire Alarm	Smoke detector activated, fire alarm pulled or sprinkler activated. Follow facility specific plan.	Activate RACE : R escue A ctivate the Alarm C ontain the Fire E xtinguish Fire or Evacuate Building	Complete appropriate report.
Code 100 External Disaster	Casualties in excess of the capacity of the E.R.	All departments activate disaster plan unless exempt by the Administrator-on-call or Incident Command.	Critique event within 48 hours.
Code 100 Internal Disaster	Incident inside the facility has resulted in a safety risk to the facility structure or life safety of patients, staff and visitors.	All departments activate disaster plan unless exempt by the Administrator-on-call or Incident Command.	Critique event within 48 hours.

FHN OFFSITE FACILITIES (continued)			
ANNOUNCEMENT AND CONDITION	DESCRIPTION	INITIAL RESPONSE	FOLLOW UP
Code Orange Bomb Threat	Notification that a bomb may be present.	Obtain as much information as possible. Call 911 and notify the Building Director, and Administration or NSO (Nursing Supervisor Office).	Be aware of unusual packages and report, if found. Coordinate search as directed. Evacuate all patients, staff and visitors.
Code Blue Cardiac Arrest	A Code Blue alarm has been activated. Call 911 outside of hospital.	Start CPR. Code Blue Team responds, if available.	As medically indicated.
Code Green Person Needing Assistance	Notification that someone other than a patient needs help.	Determine location and resources needed. Call 911, if appropriate.	Complete appropriate incident report.
Evacuation (no page)	An area is unfit for occupancy due to fire, flood, wind damage, odor, or safety of occupants.	Person in authority orders evacuation. Horizontal evacuation is preferred.	Determine location and status of all personnel who were in the evacuated area.
Code Gray Tornado Watch/Severe Storm Warning	Weather Bureau reports conditions are right for tornado development or there is a severe storm warning.	Remove objects from window sills and draw drapes.	Remain alert for Code Black page.
Code Black Tornado Warning	A tornado has been sighted in the area.	Direct patients and visitors to designated shelter areas in the facility.	In the event of tornado damage, relocate to undamaged portions of the facility or evacuate.
Code Purple Infant Abduction	Notification that a child or infant has been abducted.	Call 911, the Hospital Nursing Supervisor or administration and Security. Provide 911/Security with a description of the child and suspected abductors, if known. Close all patient doors.	Debrief immediately following incident.
Code Silver Person with a Weapon	Notification that a person (or persons) has a weapon in the facility.	Follow directions of plan and initiate RUN, HIDE, FIGHT response. When safe, call 911 and provide as much information as possible.	Debrief as soon as possible. FHN resources will be made available to staff and visitors involved in the incident.
Facility Lock Down	Access to the facility is restricted. May be in conjunction with other plans.	Keep visitors in patient rooms. Follow established procedure.	Debrief within 48 hours following end of lockdown.
Request for Police	Security is needed at a given location.	If Security is needed for an emergency, call 911. Call the hospital and advise the Nursing Supervisor/ Administration and security of the situation.	Debrief within 48 hours.



“WE CANNOT STOP NATURAL DISASTERS BUT WE CAN ARM OURSELVES WITH KNOWLEDGE: SO MANY LIVES WOULDN'T HAVE TO BE LOST IF THERE WAS ENOUGH DISASTER PREPAREDNESS.”

– PETRA NEMCOVA

FHN EMPLOYEE FAMILY PRE-DISASTER PLANNING

Being prepared for emergencies is crucial at home, school, work and in your community. Disaster can strike quickly and without warning. It can force you to evacuate your neighborhood, workplace or school or can confine you to your home. What would you do if basic services – water, gas, electricity or telephones – were cut off?

Local officials and relief workers will be on the scene after a disaster, but they cannot reach everyone right away. The best way to make you and your family safer is to be prepared before disaster strikes.

We encourage you to:

- Create a Family Emergency Plan
- Assemble an Emergency Supplies Kit
- Stay informed

FAMILY EMERGENCY PLAN

STEP 1: ENSURE ALL FAMILY MEMBERS ARE INVOLVED

- Discuss possible disasters that could happen where you live and why you need to prepare for these events. Calmly explain the potential dangers.
- Plan to share responsibilities and work together as a team. Ensure all family members know their particular responsibilities. Designate alternates, if needed.
- Use the Emergency Contact Information Form on page 17 to document emergency contacts and information.
- Designate a meeting place for your family to assemble in case all other communications are unavailable.
- Practice family drills for emergency preparedness and conduct periodic fire drills.
- Teach children who are old enough how to call “911” and give the correct information.

STEP 2: PLAN FOR YOUR CHILDREN'S CARE

- Talk to family, friends, and/or neighbors to find someone who can care for your children. If possible, have your children stay with someone with whom they are comfortable.
- Carry emergency contact numbers with you at all times and make sure your children's school/caregiver has the numbers to contact you.
- Obtain and understand the emergency policies at your children's school/daycare.
- Complete the SAFE Child Pick Up Form on page 19 and provide it to your children's school/daycare so they know who may pick up your children if you are unable to do so. Keep copies of this information so it may be used when needed by your children.
- If your children need to come to the hospital disaster support employee day care center or other location, determine how they will get there, and what items they may need to bring with them, such as:
 - Prescription medications, written permission to administer, and instructions how to administer on the Medication Authorization Form on page 20
 - Written instructions concerning any special physical needs or allergies (Medication Authorization Form on page 20 and Emergency Release for Treatment Form on page 21)
 - Special dietary items
 - Formula/breast milk/powdered milk in appropriate bottles
 - Dry food such as crackers
 - Diapers and wipes
 - Extra change of clothes including socks and underwear
 - Comfort item such as a favorite toy
 - Small games, books/magazines or hobby
 - Family picture for younger children





STEP 3: PLAN FOR YOUR ELDERLY FAMILY MEMBERS' CARE:

Some of the considerations under "Plan for Care of Children) will apply, depending on the individual. Additional items to consider are:

- Heart and high blood pressure medication
- Insulin and supplies
- Adult diapers
- Denture needs
- Contact lenses and supplies
- Extra eye glasses

STEP 4: PLAN FOR YOUR PETS' CARE

Talk to family, friends, and/or neighbors to find someone to care for your pet. Many shelters, including the American Red Cross, cannot accept pets unless they are service animals. Recommended items to accompany your pet include:

- Airline approved carrier for each pet
- Pet identification with vaccination records
- Pet food and can opener, if needed
- Medications and written information on any medications
- Written instructions concerning any special physical needs or allergies.
- Muzzle/leash/collar
- Blanket to lay on
- Bowls
- Any other small item that might help ensure comfort while you are gone.

"BY FAILING TO PREPARE, YOU ARE PREPARING TO FAIL."

– BENJAMIN FRANKLIN

EMERGENCY SUPPLIES KIT

There are nine basic categories of items that you should have in your Kit in case of an emergency. The table on the following page contains a comprehensive list. Recommended items are marked with an asterisk (*). Most items can be stored; however, certain items, such as prescription medications, must be added later:

1. Water
2. Food
3. First aid kit
4. Tools and supplies
5. Sanitation supplies
6. Clothing and bedding
7. Important family documents
8. Entertainment items
9. Items that are not stored

- Keep items in airtight plastic bags.
- Keep your Kit in an easy-to carry container such as a large, covered trash container, a camping backpack or a duffle bag.
- Store your Kit in a convenient place known to all family members. Keep a smaller version of the Kit in the trunk of your car
- Review your Kit and family needs at least once a year. Replace batteries, update clothes, etc.



"THERE'S NO HARM IN HOPING FOR THE BEST AS LONG AS YOU'RE PREPARING FOR THE WORST."

– STEPHEN KING

EMERGENCY SUPPLIES KIT

EMERGENCY SUPPLIES KIT ITEMS	COMPLETE
<p>1. WATER Store at least a three-day supply of water per person (one gallon per person, per day)</p> <p>Notes:</p> <ul style="list-style-type: none"> Two quarts are for drinking and two quarts are for food preparation/sanitation). * A normally active person needs to drink at least two quarts of water each day. Hot environments and intense physical activity can double that amount. Children, nursing mothers, and ill people will need more. Store water in plastic containers such as soft drink bottles. Do not use use containers that will decompose or break, such as milk cartons or glass bottles. Change your stored water supply every six months. 	<input type="checkbox"/>
<p>2. FOOD Store at least a three-day supply of non-perishable food</p> <p>Notes:</p> <ul style="list-style-type: none"> Select foods that require no refrigeration, preparation, cooking, and little or no water. Select food items that are compact and lightweight. Include a selection of the following: <ul style="list-style-type: none"> Ready-to-eat canned meats, fruits, vegetables and juices Staples (salt, sugar, pepper, spices, etc.) High energy foods Food for infants Comfort/stress foods If you must heat food, pack a can of Sterno (canned heat). Replace your stored food every six months. 	<input type="checkbox"/>
<p>3. FIRST AID KIT</p> <ul style="list-style-type: none"> (20) adhesive bandages, various sizes (1) 5" x 9" sterile dressing (1) conforming roller gauze bandage (2) triangular bandages (2) 3 x 3 sterile gauze pads (2) 4 x 4 sterile gauze pads (1) roll 3" cohesive bandage (2) germicidal hand wipes or waterless alcohol-based hand sanitizer (6) antiseptic wipes Aspirin or non-aspirin pain reliever Anti-diarrhea medication Antacid (for stomach upset) Syrup of Ipecac (use to induce vomiting if advised by the Poison Control Center) Laxative Activated charcoal (use if advised by the Poison Control Center) Vitamins <p>Note:</p> <ul style="list-style-type: none"> Assemble one first aid kit for your home and one for each car. 	<input type="checkbox"/>

*Recommended items

EMERGENCY SUPPLIES KIT ITEMS (continued)	COMPLETE
<p>4. TOOLS AND SUPPLIES</p> <ul style="list-style-type: none"> Mess kits, or paper cups, plates, and plastic utensils* Battery-operated radio and extra batteries* Flashlight and extra batteries* Cash or traveler's checks, change* Non-electric can opener, utility knife* Fire extinguisher: small canister ABC type Tube tent Pliers Tape Compass Matches in a waterproof container Aluminum foil Plastic storage containers Signal flare Paper, pencil Needles, thread Medicine dropper Shut-off wrench, to turn off household gas and water Whistle Plastic sheeting Map of the area (for locating shelters) A copy of this manual* 	<input type="checkbox"/>
<p>5. SANITATION</p> <ul style="list-style-type: none"> Toilet paper, towelettes* Soap, liquid detergent* Feminine supplies* Personal hygiene items* Plastic garbage bags, ties (for personal sanitation uses) Plastic bucket with tight lid Disinfectant Household chlorine bleach 	<input type="checkbox"/>
<p>6. CLOTHING AND BEDDING</p> <ul style="list-style-type: none"> One complete change of clothing and footwear per person* Sturdy shoes or work boots* Rain gear* Blankets or sleeping bags* Hat and gloves Thermal underwear Sunglasses 	<input type="checkbox"/>

*Recommended items

EMERGENCY SUPPLIES KIT ITEMS (continued)	COMPLETE
7. IMPORTANT FAMILY DOCUMENTS	
• Social Security cards	<input type="checkbox"/>
• Will, insurance policies,	<input type="checkbox"/>
• Contracts, deeds, stocks and bonds	<input type="checkbox"/>
• Bank account numbers	<input type="checkbox"/>
• Credit card companies and account numbers	<input type="checkbox"/>
• Important telephone numbers	<input type="checkbox"/>
• Inventory of valuable house hold goods	<input type="checkbox"/>
• Family records (birth, marriage, death certificates)	<input type="checkbox"/>
• Immunization records	<input type="checkbox"/>
Note: Store copies where appropriate.	
8. ENTERTAINMENT (BASED ON THE AGES OF FAMILY MEMBERS)	
• Games, cards	<input type="checkbox"/>
• Books, magazines	<input type="checkbox"/>
9. ITEMS THAT ARE NOT STORED	
• Prescription medication	<input type="checkbox"/>
• Cell phones and chargers	<input type="checkbox"/>
• Portable electronic devices and chargers	<input type="checkbox"/>

EMERGENCY CONTACT INFORMATION FORM

Complete and share this information with members of your family, schools/day care centers, friends, neighbors. Consolidate information on wallet size cards that can be kept with you at all times.

FHN employee name _____
Home address _____
Home phone number _____ Work phone number _____
Pager number _____ Cell phone number _____
Email address _____

Place of employment _____
Address _____
Phone number _____
Email address _____

SPOUSE

Name _____
Employer _____
Address _____
Work phone number _____ Cell phone number _____
Email address _____

EMERGENCY CONTACTS

Name _____ Relationship _____
Address _____
Home phone number _____ Work phone number _____
Pager number _____ Cell phone number _____
Email address _____

Name _____ Relationship _____
Address _____
Home phone number _____ Work phone number _____
Pager number _____ Cell phone number _____
Email address _____

OUT-OF-TOWN EMERGENCY CONTACT

Name _____ Relationship _____
Address _____
Home phone number _____ Work phone number _____
Pager number _____ Cell phone number _____
Email address _____

EMERGENCY CONTACT INFORMATION FORM (Continued)

DESIGNATED CHILD CAREGIVER

Name _____
Address _____
Home phone number _____ Work phone number _____
Pager number _____ Cell phone number _____
Email address _____

DESIGNATED ELDER CAREGIVER

Name _____
Address _____
Home phone number _____ Work phone number _____
Pager number _____ Cell phone number _____
Email address _____

DESIGNATED PET CAREGIVER

Name _____
Address _____
Home phone number _____ Work phone number _____
Pager number _____ Cell phone number _____
Email address _____

DESIGNATED MEETING LOCATION

EMERGENCY SUPPLIES

Location(s) _____
Contents _____
Sharing resources? What and with whom? _____

The Emergency Contact Information Form has been distributed to the following family members, schools, employers

SAFE CHILD PICK UP FORM

To be completed by the child's parent(s)/guardian(s). A copy of this form should be left with the childcare provider or your child's school.

Child's name _____
Date of birth _____ Male Female

School/childcare provider _____
Grade _____ Usual time of pick up _____
Days attending Mon Tue Wed Thurs Fri

Parent name _____
Address _____
Home phone number _____ Work phone number _____
Pager number _____ Cell phone number _____
Email address _____

EMERGENCY CONTACTS

In the event of an illness or emergency, we will always attempt to contact a parent first. In the event a parent cannot be reached, indicate who we have permission to contact:

Name _____ Phone number _____
Name _____ Phone number _____
Name _____ Phone number _____

PICK UP INFORMATION

It is the responsibility of the parent to notify staff of who will be picking up their child and if any changes are being made. Indicate the people that are authorized to pick up your child:

Name _____ Phone number _____
Name _____ Phone number _____
Name _____ Phone number _____
Name _____ Phone number _____
Name _____ Phone number _____
Name _____ Phone number _____

Parent's signature _____ Date _____

MEDICATION AUTHORIZATION FORM

To be completed by the child's parent(s)/guardian(s). A new form should be completed periodically or if any changes occur. A copy of this form should be left with the childcare provider or your child's school.

Child's name _____ Date of birth _____
Address _____
Home phone number _____ Emergency phone number _____
School/childcare provider _____
Grade _____ Teacher _____

TO BE COMPLETED BY THE CHILD'S PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE RN

Physician's printed name _____
Office address _____
Office phone number _____ Emergency phone number _____
Medication name _____
Purpose _____
Dosage _____ Frequency _____
Time medication is to be administered or under what circumstances _____
Prescription date _____ Order date _____ Discontinuation date _____
Diagnosis requiring medication _____
Expected side effects, if any _____
Time interval for re-evaluation _____
Other medications child is receiving _____
Physician's signature _____ Date _____

TO BE COMPLETED BY THE CHILD'S PARENTS/GUARDIANS

FOR PARENTS/GUARDIANS WITH A CHILD WHO NEEDS TO CARRY ASTHMA MEDICATION OR AN EPIPEN®

I authorize the Childcare Facility/School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector: (1) while in their care or at school, (2) while at a childcare or school-sponsored activity, (3) while under the supervision of childcare or school personnel, or (4) before or after normal childcare or school activities, such as while in before-school or after-school care on childcare or school-operated property. Illinois law requires the childcare service or School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a child's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30).

Parent(s)/guardian(s), if you agree, please initial _____

FOR ALL PARENTS/GUARDIANS

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do or in the event of a medical emergency, I hereby authorize the childcare facility or school district and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the childcare facility or school district), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and I agree to indemnify and hold harmless the childcare facility or school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/guardian printed name _____

Parent/guardian signature* _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature* _____ Date _____

*Both parents and/or guardians, if available, should sign.

EMERGENCY RELEASE FOR TREATMENT

This form should be completed by parents and given to the temporary guardian for use if emergency attention is required. (Please print)

We, _____ and _____
(father) (mother)

The parents of _____
(names of minor children)

Give temporary guardianship of said children to _____
while we are away from _____ to _____
or during an emergency disaster.

The named guardians have full authority to sign and approve any emergency medical care that the above mentioned children may require during our absence.

The children's primary care physician is _____ Phone number _____
Known allergies include _____
Present medications include _____

Should notification be necessary, our address is _____
Telephone _____

Signature of father _____

Signature of mother _____

Home address _____

Date _____



EMERGENCY CONTACT NUMBERS

POLICE, FIRE, & AMBULANCE: **911**
 ILLINOIS POISON CONTROL: **800-222-1222**

PERSONAL EMERGENCY CONTACTS	PHONE NUMBER

ADDITIONAL RESOURCES

- US Department of Homeland Security – www.dhs.gov
- Ready Illinois – www.ready.illinois.gov
- Illinois Emergency Management Agency – www.state.il.us/iema
- Illinois Department of Public Health – www.dph.illinois.gov
- Red Cross – www.redcross.org
- Centers for Disease Control (CDC) – www.bt.cdc.gov
- FEMA – www.fema.gov

REFERENCES

- The FHN Emergency Preparedness Handbook was derived from the Rockford Health Systems Employee Disaster Handbook.
- The “Build a Disaster Supplies Kit” was retrieved from the American Red Cross website: www.redcross.org/prepare

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