State of Delaware
Department of Health and Social Services
Division of Public Health
Standard Operating Guideline

VOLUNTEER MANAGEMENT
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Volunteer Management Standard Operating Guideline (SOG)
Final, July 2008   **Document Control #: 35-05-20/08/08/22B**
Division of Public Health, State of Delaware

1.0   Purpose

    1.1   To provide guidance to the Division of Public Health, the Delaware Medical Reserve Corps (DMRC), volunteers, medical practitioners, emergency services personnel and others for the management of volunteers in emergency medical operations and public health activities.

    1.2   To define roles and responsibilities.

    1.3   To describe credentialing and privileges assigned to volunteers.

    1.4   To describe activation, notification and deployment procedures for volunteers.

    1.5   To be used as a guide. As such, it does not address all conceivable situations or contingencies and should never be used as a substitute for sound judgment.

2.0   Types of Volunteers

    2.1   Volunteers are medical and non-medical professionals from various healthcare professions including, but not limited to:

         2.1.1   Physicians
         2.1.2   Physician assistants
         2.1.3   Pharmacists and pharmacy technicians
         2.1.4   Nurses
         2.1.5   Mental health professionals
         2.1.6   Dentists and dental hygienists
         2.1.7   Social workers
         2.1.8   Certified nursing assistants
         2.1.9   Medical assistants
         2.1.10 Respiratory therapists
         2.1.11 Physical therapists
         2.1.12 Administrative workers
         2.1.13 Chaplains

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2.1.14 Occupational therapists

2.1.15 Emergency medical technicians

2.1.16 Phlebotomists

3.0   Volunteer Assignments

3.1   In a catastrophic incident, volunteers may assist at the request of DPH in local, state, or federal in a response to an emergency.

3.2   If assigned to a local hospital, volunteer personnel may be integrated into the facility's emergency medical organization. Volunteers, depending on their specialty, could be used in a variety of assignments, from triaging patients in an emergency department to crisis counseling of victims and their families.

3.3   If assigned to assist DPH, volunteer personnel may be assigned to various facilities within the Modular Medical Expansion System (MMES).

3.4   In operations involving the deployment of the In-State Stockpile (ISS) or the Strategic National Stockpile (SNS), volunteer pharmacists may oversee and assist with reformulations and breakdown of bulk packages to smaller, patient-specific prescriptions.

3.5   If assigned to a federal deployment or requested through Emergency Management Assistance Compact (EMAC), volunteers may be assigned to various facilities.

3.6   Volunteers are managed through the Delaware State Emergency Registry of Volunteers, known as the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). The system can be accessed through the DPH www.servde.org website.

3.6.1   Through the Delaware State Emergency Registry of Volunteers, Volunteers can be deployed, tracked, queried, and communicated with throughout the emergency.

4.0   Oversight and Management

4.1   State Health Operations Center (SHOC), operated by the Division of Public Health, has pre-assigned a Credentialing Unit Leader to oversee volunteers, during SHOC and/or emergency operations.

    4.1.1   The Credential Unit Leader will utilize the Delaware State Emergency Registry of Volunteers to manage volunteers throughout an emergency.

4.2   During normal operations, the DMRC Coordinator governs volunteers through the same system.

4.3   Once assigned a duty location, volunteers report to one supervisor who oversees the performance of the volunteer's duties.

5.0   Credentialing and Privileging

5.1   Volunteers' credentials are verified and then assigned a privilege level for hospital and medical facility use.

5.2   Healthcare professionals who hold valid, unrestricted Delaware licenses or certificates may practice or volunteer throughout Delaware without restrictions or penalty provided that they are acting within their licensed scope of practice.

5.3   The Credential Unit Leader and DMRC Coordinator assigns emergency credentialing levels according to the emergency credentialing methodology provided by ESAR-VHP (Reference *Tab D—Emergency Credential Levels*).

5.4   Volunteers have their credentials verified through the Delaware State Emergency Registry of Volunteers.

5.5   Job assignments are determined based on credential verification and not the volunteer's professional status.

5.6   Exceptions to credentialing and privileging requirements may be authorized under emergency statutes or agreements, or they may be agreed upon in advance through mutual aid agreements and memoranda of understanding.

5.7   Volunteers will be issued an identification badge. This badge must be worn at all times during an activation of the SHOC and while on duty.

5.8   **Emergency Credentialing—Spontaneous Unaffiliated Volunteers (SUVs)**

    5.8.1   If possible, the SUV's credentials may be verified electronically.

    5.8.2   SUV must fill out the DMRC application located on the Delaware State Emergency Registry of Volunteers prior to being assigned a volunteer position.

    5.8.3   If credentials can not be verified electronically, SUVs must fill out a Privileging Documentation Form.

    5.8.4   Once a Privileging Documentation Form is complete, a privilege level can be assigned to SUV based on a peer reference affirming that the SUV is actively working in the stated profession or has the education, training and/or experience in the stated profession.

    5.8.5   If peer reference can not be used, SUV will be assigned Level 4 credential status and assigned a volunteer position.

    5.8.6   If peer reference is used, then the medical professional who validates the credentials of the SUV should have his or her credentials photo copied and attached to the SUV's questionnaire.

    5.8.7   Once assigned a duty location an SUV will report to one supervisor who oversees the performance of his/her duties.

6.0   Notification/Activation

6.1   Process of notification:

    6.1.1   The SHOC Incident Command (IC) authorizes the activation of volunteers.

    6.1.2   The SHOC IC informs the Finance and Administration Section Chief and the Logistics Section Chief that volunteers must be activated.

    6.1.3   The Finance and Administration Section Chief informs the members of his/her command about the volunteer activation.

    6.1.4   The SHOC IC approves the announcement to volunteers with help from the Public Affairs Officer, Planning Section and Operations Section.

    6.1.5   A Communications Message Handler will send a Delaware Emergency Notification System (DENS) announcement.

    6.1.6   The DENS announcement may include the following:

6.1.6.1   Nature and scope of the emergency

6.1.6.2   Location of the emergency

6.1.6.3   Estimated number of patients and their injuries

6.1.6.4   Specific medical skills and/or resources needed, e.g. physicians, nurses, pharmacists

6.1.6.5   Staging area(s) or location(s) to which the volunteer(s) would deploy

6.1.6.6   Call back number for questions or additional information

6.1.6.7   Recommended personal equipment to bring

6.1.6.8   Assumed length of deployment (shifts may need to be determined)

6.2   Volunteers will respond to the DENS announcement.

7.0   Mobilization

7.1   Credentialing Unit Leader will assign volunteers to duty locations by filling out the Volunteer Assignment Form.

7.2   Volunteers should implement Family Action Plan *(Reference Tab E—Family Emergency Plan).*

7.3   Volunteers must wear an identification badge.

7.4   Volunteers should bring personal equipment items (if incident warrants).

7.5   It may be necessary for only specific volunteers with specialized skills to deploy in support of medical response efforts, rather than the entire unit.

8.0   Staging Area

8.1   The Staging Area serves as a central location for all activated volunteers.

8.2   The exact location of the staging area depends upon the incident and areas impacted by the event. The staging area should be large enough to accommodate in processing the volunteers. The Credentialing Unit Leader or designee will oversee activities at the staging area.

8.3   To avoid traffic and congestion at the DPH facility or hospital, all volunteers may meet at the staging area where transportation to their field assignments would be coordinated.

8.4   At the staging area, volunteers will:

8.4.1   Assemble, sign in and have an ID available to present at the site. ID badges should be issued to those who have not received one

8.4.2   Receive briefing regarding incident/deployment activities

8.4.3   Receive Job Action Sheet

8.4.4   Receive Just-In-Time training, if necessary

8.4.5   Be provided with additional instructions regarding mobilization/demobilization procedures

8.4.6   Develop post-event or post-shift sign out sheet (important for volunteer accountability and safety)

8.4.7   Bring equipment bag (equipment bag may be issued at staging area)

8.4.8   Receive a Health Insurance Portability Accountability Act (HIPAA) briefing prior to initiating volunteer duties

8.4.9   Be reminded of their duties to serve all people regardless of race, color, religion, sex, national origin, age or disability (Reference *Delaware Medical Reserve Corps (DMRC) Volunteer Pocket Guide)*.

8.4.10 Receive a safety briefing prior to initiating volunteer duties during an emergency

8.5   The Credentialing Unit Leader or designee will read the Volunteer Assignment Form(s) to the volunteers to inform them of their duty location.

8.6   The Credentialing Unit Leader or designee should advise volunteers of next meeting date and time if incident is projected to be longer than 24 hours.

9.0   Equipment

9.1   Volunteers are issued the following items from DPH's cache of DMRC supplies:

9.1.1   Trauma Kit

9.1.2   N95 Mask

9.1.3   Duffel Bag

9.1.4 Badge Holder

9.1.5 Penlight

9.1.6 Goggles

9.1.7 Bag Tag

9.2 Though not required, it is recommended that volunteers carry the following personal equipment items when deploying to the field to support emergency medical operations (including deployments to hospitals or local public health agencies):

9.2.1 Two (2) Eight (8) oz. bottles of water

9.3 In addition to the individual equipment listed above, volunteers occupying medical positions should consider carrying the following items (if necessary to accomplish their medical duties):

9.3.1 Stethoscope

9.3.2 Hemostat

9.3.3 Blood pressure cuff

9.3.4 N95 Mask

9.3.5 Waterless hand sanitizer

9.4 Volunteers may be assigned portable radios from a cache at the scene of an emergency.

9.5 Volunteers should keep communications on the radio system to a minimum to keep the channels clear for emergency radio traffic.

10.0 Demobilization

10.1 Volunteer personnel and resources may be demobilized as their assignments are completed.

10.2 Volunteers demobilize along with other on-scene personnel and resources, in accordance with the DMRC Plan and/or the SHOC Incident Commander's instructions.

10.3   When demobilizing, volunteer personnel should ensure the following actions are accomplished:

      10.3.1 Ensure all assigned activities are completed;

      10.3.2 Determine whether additional assistance is required;

      10.3.3 If within the scope of one's assignment, help ensure all injured personnel and fatalities are properly processed and transported to appropriate facilities;

      10.3.4 Account for DMRC equipment;

      10.3.5 Check out with supervisor prior to leaving incident; and

      10.3.6 Attend debriefing that includes mental health counseling.

11.0 Plan Development and Maintenance

11.1   DPH is responsible for the Volunteer Management Standard Operating Guideline (SOG) development and maintenance.

11.2   Participants are to review the plan annually and submit suggested changes to DPH.

12.0 Training and Exercises

12.1   The Public Health Preparedness Section (PHPS) is responsible for providing education and training on the Volunteer Management (SOG) to DPH employees and DPH's partner organizations.

12.2   Required training will be offered after the plan has been revised.

12.3   The Volunteer Management (SOG) will be exercised annually. This may be accomplished through a tabletop, functional, or full-scale exercise.

13.0 Evaluation and Quality Improvement

13.1   PHPS will require After Action Reports (AARs) for each exercise conducted.

13.2   PHPS will review AAR and consider recommendations for improvement.

13.3   Quality assurance and improvement activities including reviews of policy, procedures, protocols and processes are incorporated as part of the annual plan review.

14.0 Tabs

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Tab A—Glossary

A

ACC—Acute Care Center

B

C

D

DENS—Delaware Emergency Notification System

DMRC—Delaware Medical Reserve Corps

E

EMS—Emergency Medical Services

ESAR-VHP—Emergency System for Advance Registration of Volunteer Health Professionals

F

FEMA—Federal Emergency Management Agency

G

H

HIPAA—Health Insurance Portability and Accountability Act

I

ICS—Incident Command System

ISS—In-State Stockpile

J

K

L

M

MMES—Modular Medical Expansion System

MNS—Medical Needs Shelter

N

NRF—National Response Framework

O

P

PHPS—Public Health Preparedness Section

Q

R

S

SHOC—State Health Operations Center

SNS—Strategic National Stockpile

SUV—Spontaneous Unaffiliated Volunteer

T

U

V

W

X

Y

Z

Volunteer Management Standard Operating Guideline (SOG)

Tab B—Delaware Medical Reserve Corps Volunteer Pocket Guide

1.0   Reference *Delaware Medical Reserve Corps (DMRC) Volunteer Pocket Guide*

Volunteer Management Standard Operating Guideline (SOG)

Tab C—Management of Delaware Medical Reserve Corps (DMRC)

1.0   The DMRC is a resource that may be utilized in any type of natural, technological or human-caused emergency. The DMRC may be used in large-scale, complex emergencies involving multiple jurisdictions and interagency operations. DMRC personnel and resources may also be used in smaller incidents involving a single jurisdiction or agency.

2.0   **DMRC Coordinator**

    2.1   The DMRC Coordinator maintains a system of records on each volunteer registered with the DMRC, including dates of service, positions held, duties performed, and training completed, copy of current licensure/certifications, background check, evaluation of work, and awards received.

    2.2   The DMRC Coordinator should:

        2.2.1   Provide the day-to-day management of operations for the DMRC.

        2.2.2   Develop the policies, protocols and procedures necessary for efficient operation of the DMRC.

        2.2.3   Organize and facilitate meetings, processes and decisions.

        2.2.4   Organize and facilitate the Advisory Council meetings, processes and input.

        2.2.5   Champion the vision for the DMRC.

        2.2.6   Represent the DMRC's interest with the community.

        2.2.7   Serve as a conduit for internal and external communications regarding the DMRC.

        2.2.8   Document and report to Public Health Preparedness Section (PHPS) Management on the operations and activities.

    2.3   Facilitate the evaluation of DMRC operations and activities.

3.0   DMRC volunteers and appropriate staff will be responsible for submitting all appropriate records and information to the DMRC Coordinator in a timely manner. DMRC volunteer personnel records will be given the same confidentiality as staff personnel records.

4.0 Supervision and Evaluation

    4.1   Requirement of a Supervisor:

        4.1.1   Each DMRC volunteer who is accepted to a position with the DMRC should have a clearly identified supervisor who is responsible for direct management of that volunteer.

        4.1.2   This supervisor should be responsible for management and guidance of the work of the volunteer, and should be available to the volunteer for consultation and assistance.

    4.2   Volunteer/Staff Relationships:

        4.2.1   Volunteers and staff are considered to be partners in implementing the mission and programs of the DMRC, with each having an equal but complementary role to play. It is essential for the proper operation of this relationship that each partner understands and respects the needs and abilities of the other.

5.0 Training

    5.1   The following training courses are offered to DMRC volunteers:

        5.1.1   Two hour DMRC Orientation conducted by DPH that includes the following:

            5.1.1.1 Medical Reserve Corps
            5.1.1.2 The Role of the Division of Public Health
            5.1.1.3 MMES

        5.1.2   Identified National Response Framework (NRF), Incident Command System (ICS), and other required FEMA courses.

    5.2   MRC Corp Competencies (areas that volunteers should be competent in)

        5.2.1   Nuclear/Radiation Exposure Training
        5.2.2   Incident Response to Terrorist Bombs
        5.2.3   Epidemiology for non-epidemiologists

        5.2.4   Chemical Agents

        5.2.5   Pandemic Flu/Family and Personal Preparedness

        5.2.6   Isolation and Quarantine

5.3 Optional Trainings:

        5.3.1   First aid

        5.3.2   CPR

        5.3.3   Smallpox vaccination

        5.3.4   Disaster Sheltering

5.4 During an incident, some volunteers may receive Just-In-Time Training provided at a predetermined staging area. The training typically lasts 20-30 minutes and provides valuable information on the incident and DMRC volunteers' roles and responsibilities during that incident.

6.0   Exercises and Drills

6.1   Exercises are methods of evaluating local and regional responses to emergency incidents. Exercises should be designed to assess the readiness and training level of responding personnel and organizations. Volunteers may periodically participate in the following types of exercises:

        6.1.1   Tabletop exercises involve a discussion and problem-solving session with agency personnel to determine if adequate policies, procedures and resources exist to manage an emergency.

        6.1.2   Functional exercises are designed to evaluate specific components of an emergency response. These exercises involve a simulated incident with agency personnel performing and managing various components of the event, and may occur in an EOC or in the field.

        6.1.3   Full-Scale Exercises are the most complex and are centered on a realistic scenario designed to evaluate response plans, methods and procedures. Full-scale exercises involve:

                6.1.3.1 An extensive planning process

                6.1.3.2 Actual deployment and movement of personnel and equipment

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6.1.3.3 Activation of an emergency operations center (EOC) or the use of a field command post in which policy-level decisions are made

6.1.3.4 A critique or debriefing period

6.2 Drills are usually "practice sessions" for specific skills, functions or procedures. An example of a drill would be paramedics practicing intubations.

7.0 Continuing Medical Education

7.1 Continuing Education is mandated for many DMRC volunteers. As such, continuing education requirements may be monitored by the DMRC Training Committee. The DMRC Training Committee consists of the PHPS Training Administrator, the DMRC Coordinator, and DMRC Volunteer Members who will have the following duties:

7.1.1 Plan, implement, coordinate and promote ongoing continuing education to ensure that all medical practitioners are in compliance with State and local mandates. This includes:

7.1.1.1 Identifying educational needs of the medical and non-medical staff;

7.1.1.2 Developing clear objectives to meet training mandates;

7.1.1.3 Assessing effectiveness of training program; and

7.1.1.4 Developing training corps to evaluate best practice teaching methods.

7.2 The Training Section should make recommendations for purchase and selection of appropriate training materials and equipment.

7.3 Additionally, the Training Section should maintain liaison with DMRC Coordinator to assist in the identification of training needs for the medical staff.

8.0 DMRC Meetings

8.1 The DMRC conducts meetings throughout the year to provide training and information to DMRC volunteers.

9.0   Recruitment Strategies

9.1   The DMRC depends on members of the community and health and medical infrastructure for its membership. The DMRC recruits using several methods:

9.1.1   Press Releases to local and partner media outlets

9.1.2   Word of mouth

9.1.3   Partnership/sharing volunteers with partner agencies

9.1.4   Community events, festivals and gatherings

9.1.5   Brochure

9.1.6   Website

9.1.7   Business contacts

9.1.8   Civic groups

9.1.9   Faith-based groups

10.0   Recognition

10.1   DMRC volunteers are recognized for their dedication by receiving certificates, awards or with other items purchased specifically for DMRC volunteers.

Tab D—Emergency Credential Levels

The ESAR-VHP system is capable of verifying and credentialing volunteers through an automated web based system that is integrated with Credential Verification Organizations (CVO).

- For each occupation, the ESAR-VHP emergency credentialing methodology may have up to four emergency credentialing levels.
    - o Level 1: All credentials and hospital privileges verified
    - o Level 2: All credentials verified; no hospital privileges
    - o Level 3: License verified only
    - o Level 4: Credentials and hospital privileges "Indeterminate" (credentials are not verified and therefore may or may not be possessed by the health volunteer)

Tab D-1—Physicians

Physician Level 1	Status
Unencumbered License	Verified
Degree	Verified
Certification – ABMS/AOA Specialty & Subspecialty	Verified
Active Clinical Practice	Not Required
Active Clinical (Hospital) Privileges	Verified
National Practitioner Databank Status	Verified
DEA License	Verified
Inspector General Status	Verified
Physician Level 2	
Unencumbered License	Verified
Degree	Verified
Certification – ABMS/AOA Specialty & Subspecialty	Verified
Active Clinical Practice	Verified
Active Clinical (Hospital)	Indeterminate
National Practitioner Databank Status	Verified
DEA License	Verified
Inspector General Status	Verified

Physician Level 3	
Unencumbered License	Verified
Degree	Indeterminate
Certification – ABMS/AOA Specialty & Subspecialty	Indeterminate
Active Clinical Practice	Indeterminate
Active Clinical (Hospital)	Indeterminate
National Practitioner Databank Status	Indeterminate
DEA License	Indeterminate
Inspector General Status	Indeterminate
Physician Level 4	
Unencumbered License	Indeterminate
Degree	Indeterminate
Certification – ABMS/AOA Specialty & Subspecialty	Indeterminate
Active Clinical Practice	Indeterminate
Active Clinical (Hospital)	Indeterminate
National Practitioner Databank Status	Indeterminate
DEA License	Indeterminate
Inspector General Status	Indeterminate

Tab D-2—Registered Nurses

Registered Nurse Level 1	Status
Unencumbered License	Verified
Degree/Diploma	Verified
Certification	Verified
Active Clinical Practice	Verified
Registered Nurse Level 2	**Status**
Unencumbered License	Verified
Degree/Diploma	Verified
Certification	Indeterminate
Active Clinical Practice	Indeterminate
Registered Nurse Level 3	**Status**
Unencumbered License	Verified
Degree/Diploma	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate
Registered Nurse Level 4	**Status**
Unencumbered License	Indeterminate
Degree/Diploma	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

Tab D-3—Marriage and Family Therapists

MFT Level 1	Status
Unencumbered License	Verified
Degree	Verified
Certification	Verified
Active Clinical Practice	Verified
MFT Level 2	**Status**
Unencumbered License	Verified
Degree	Verified
Certification	Indeterminate
Active Clinical Practice	Indeterminate
MFT Level 3	**Status**
Unencumbered License	Verified
Degree	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate
MFT Level 4	**Status**
Unencumbered License	Indeterminate
Degree	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

Tab D-4—Medical and Public Health Social Workers

MPHSW Level 1	Status
Unencumbered License	Verified
Degree/Diploma	Verified
Certification	Verified
Active Clinical Practice	Verified
MPHSW Level 2	**Status**
Unencumbered License	Verified
Degree/Diploma	Verified
Certification	Indeterminate
Active Clinical Practice	Indeterminate
MPHSW Level 3	**Status**
Unencumbered License	Verified
Degree/Diploma	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate
MPHSW Level 4	**Status**
Unencumbered License	Indeterminate
Degree/Diploma	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

Tab D-5—Mental Health and Substance Abuse Social Workers

MHSASW Level 1	Status
Unencumbered License	Verified
Degree/Diploma	Verified
Certification	Verified
Active Clinical Practice	Verified
MHSASW Level 2	Status
Unencumbered License	Verified
Degree/Diploma	Verified
Certification	Indeterminate
Active Clinical Practice	Indeterminate
MHSASW Level 3	Status
Unencumbered License	Verified
Degree/Diploma	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate
MHSASW Level 4	Status
Unencumbered License	Indeterminate
Degree/Diploma	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

Tab D-6—Psychologists

Psychologist Level 1	Status
Unencumbered License	Verified
Degree	Verified
Certification	Verified
Active Clinical Practice	Verified
Psychologist Level 2	Status
Unencumbered License	Verified
Degree	Verified
Certification	Indeterminate
Active Clinical Practice	Indeterminate
Psychologist Level 3	Status
Unencumbered License	Verified
Degree	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate
Psychologist 4	Status
Unencumbered License	Indeterminate
Degree	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

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Tab D-7—Mental Health Counselors

Mental Health Counselor Level 1	Status
Unencumbered License	Verified
Degree/Diploma	Verified
Certification	Verified
Active Clinical Practice	Verified
Mental Health Counselor Level 2	Status
Unencumbered License	Verified
Degree/Diploma	Verified
Certification	Indeterminate
Active Clinical Practice	Indeterminate
Mental Health Counselor Level 3	Status
Unencumbered License	Verified
Degree/Diploma	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate
Mental Health Counselor Level 4	Status
Unencumbered License	Indeterminate
Degree/Diploma	Indeterminate
Certification	Indeterminate
Active Clinical Practice	Indeterminate

Tab E—Family Emergency Plan

The DMRC recommends that all volunteers have a family plan in case of an emergency. Before an emergency happens, sit down with your family and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your Individual Equipment bag or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact Name: _____ Telephone Number: _____

Email: _____

Neighborhood Meeting Place: _____ Telephone Number: _____

Regional Meeting Place: _____ Telephone Number: _____

Evacuation Location: _____ Telephone Number: _____

Fill out the following information for each family member and keep it up to date.

Name: _____ Social Security Number: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____ Social Security Number: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____ Social Security Number: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____ Social Security Number: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____ Social Security Number: _____ Date of Birth: _____

Important Medical Information: _____

Name: _____ Social Security Number: _____ Date of Birth: _____

Important Medical Information: _____

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location One

Address: _____ Phone Number: _____

Evacuation Location: _____

Location Two

Address: _____ Phone Number: _____

Evacuation Location: _____

Location Three

Address: _____ Phone Number: _____

Evacuation Location: _____

School Location One

Address: _____ Phone Number: _____

Evacuation Location: _____

School Location Two

Address: _____ Phone Number: _____

Evacuation Location: _____

School Location Three

Address: _____ Phone Number: _____

Evacuation Location: _____

Other place you frequent

Address: _____ Phone Number: _____

Evacuation Location: _____

Important Information	Name	Telephone Number	Policy Number
Doctor(s):	_____	_____	_____
Other:	_____	_____	_____
Pharmacist:	_____	_____	_____
Medical Insurance:	_____	_____	_____
Homeowners/Rental Ins.:	_____	_____	_____
Veterinarian/Kennel:	_____	_____	_____

Other Examples of Contact and Important Information Sheet:

Family Emergency Health Information Sheet

It is important to think about health issues that could arise if an influenza pandemic occurs, and how they could affect you and your loved ones. For example, if a mass vaccination clinic is set up in your community, you may need to provide as much information as you can about your medical history when you go, especially if you have a serious health condition or allergy.

Create a family emergency health plan using this information. Fill in information for each family member in the space provided. Like much of the planning for a pandemic, this can also help prepare for other emergencies.

1. Family Member Information:

Family Member	Blood Type	Allergies	Past/Current Medical Conditions	Current Medications/ Dosages

www.pandemicflu.gov

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Emergency Contacts:

Contacts		Name/Phone Number
Local personal emergency contact		
Out-of-town personal emergency contact		
Hospitals near:	Work	
	School	
	Home	
Family physician(s)		
State public health department (See list on www.pandemicflu.gov/state/statecontacts.html)		
Pharmacy		
Employer contact and emergency information		
School contact and emergency information		
Religious/spiritual organization		
Veterinarian		

A Guide for Individuals and Families

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