

Staff Family Safety Plan & Staff Availability for an All Hazard Emergency Event

Name: _____ Date: _____

Family Safety Plan Checklist

This is to confirm that I have a Family Safety Plan that addresses all of the following applicable items:

- Children know two different places to go, in the event that regular child care arrangements are not available or staff is not available after regular child care hours.
- How your family will stay in contact.
- Identify two meeting places – one in your neighborhood and one further away.
- Identify a friend or relative who lives out of the area for family to contact, in the event that you can not contact each other locally.
- Arrangements are made for pets.
- Maintain a disaster supply kit, exchange batteries and seasonal items (clothes, blankets, ponchos) twice a year when the time changes.
- Food, essential prescriptions and water supply for 3 days at home; exchange twice a year when the time changes.
- Refer to FEMA-Emergency Planning and Disaster Supplies Pages 4-10 and Animals in Disaster Pages 20-22.
- Flashlights, battery operated radio and extra batteries; exchange twice a year when the time changes.
- Accommodation for any special needs—diabetics, oxygen dependent, babies, very elderly, etc.

Level of Availability

This is to confirm your level of intended availability, in the event of an all hazards emergency, to Vanderbilt Home Care Services, Inc. and Vanderbilt University Medical Center.

Responding to an emergency and meeting the needs of others is part of our credo, our mission and how we do our work. Each person at Vanderbilt Home Care Services, Inc. is a vital part of our response—whether that person is a nurse, therapist, aide, biller, collector, medical records facilitator, administrator, plant manager or other administrative support.

In the event of an all hazard emergency, it is important that each of us make every effort to be available on site. Although by nature of an emergency, we cannot say for sure what we will be capable of, it is important to know each persons' intent. Knowing the intent of staff will help us make an accurate assessment of our availability and ability to respond. Please circle your intended availability.

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| 1 | I will get there and I will be available for the duration. |
| 2 | If I can get there, I will be available for the duration. |
| 3 | I may or may not be available. |
| 4 | I probably will not be available. |

Staff Signature and Date