OPERATION OF RECEPTION CENTERS

Scope

This plan lays out procedures for operation of a reception center (AKA triage site) for placement of evacuated residents into one of two types of shelters – general population or medical[1]. The primary goal of the reception center is to find those persons who need sheltering who are not candidates for the general population shelter. For purposes of this plan, it is assumed that when general population sheltering is being operated by the Red Cross in cooperation with NDDHS, that one or more medical shelters will be operated by NDDoH or local public health, and during the period that a reception center is operational, NDDoH will provide support personnel to the reception centers to ensure persons needing medical sheltering are correctly assigned and transported to a medical shelter. This document is not intended to describe operation of reception center functioning under the authority of local government.[2]

Assumptions

- The American Red Cross will have lead responsibility for operation of the reception centers.
- With the possible exception of oil field areas which may have higher sheltering requirements, it is assumed that between 2% and 5% of a displaced population in North Dakota will seek sheltering. For purposes of calculation in this document, 4% will be used (400 per 10,000 evacuees).
- With the exception of oil field areas, the percentage of evacuated populations that will seek medical sheltering will be 0.5% (50 per 10,000 evacuees) [3].
- For every 10,000 evacuees, approximately 400 persons will come to the triage center.
    - 75% of those seeking triage will come during a single 12 hour period yielding a maximum flow rate of 25 per hour per 10,000 evacuees (assumes equal flow over the 12 hour period).
- General screening will consist of an initial screening for medical problems and a functional needs assessment. (More detailed assessment must be performed by a medical evaluator or a functional needs evaluator. Unless the person reports an acute medical problem or a potentially contagious disease, both parts of the evaluation will be completed if the patient requires medical screening.)
- On average, a general screener will be able to screen 40 persons per hour.
- On average, a medical screener will be able to screen 12 persons per hour[4].
- The number of people reporting to a triage center needing immediate medical assistance will be much less than 1%.
- Fifty percent of the population takes medication on a regular basis[5]
- Few people who do not take medication will require the assistance of a caregiver, personal attendant, or service animal.

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[1] This document is not intended to address other types of shelters such as staff shelters or animal shelters.

[2] Although the American Red Cross will be operating general population shelters, general population shelters will function under the authority of state incident command of which the Red Cross is a participant. Similar incident management will exist at a local level through a local emergency operations center. The decision-making process for whether sheltering will be under the state or local EOC is part of the state sheltering plan.

[3] Numbers for population and medical sheltering commonly reported by other states are 10% and 1%; however, ND experience suggests that these numbers are much too high for this state.

[4] This assumption is based on the current screening questions in use. If questions with greater specificity were used, the rate of screening would decrease and the number of persons needing to be screened would also decrease.

[5] Based on BRFSS data, 57% of adults (representing 78% of the population) take medication on a regular basis. Based on national estimates, 25% of children (representing 22% of the population) take chronic medications.

- Fifty percent of the population presenting for triage will be referred to the medical screener, or approximately 13 persons per hour for 10,000 evacuees.
- Twenty-five percent of the triage population will be referred to the functional needs evaluator - 7 persons per hour for 10,000 evacuees[6].
- Personnel will work 12 hour shifts and the facility will need to operate 24 hours per day while open.
- When the triage rate becomes substantially slowed, the reception center will close and triage will occur at the shelters.
- A Red Cross assigned individual will act as Site Commander for the site.

Concept of Sheltering

Sheltering is intended to provide temporary housing for persons displaced by a disaster in one of two types of shelters:

- General population shelters which are suitable for the vast majority of persons seeking sheltering
- Medical shelters which receive all persons who are shelter-eligible who cannot be cared for in a general population shelter. (See Persons Who Are Not Shelter Eligible below)

Whenever, general population shelters are operational, it can be assumed that medical shelters are also operational[7]. However, the reverse may not be true. Some situations may call for medical sheltering (e.g., sudden evacuation of a nursing home) which does not require the opening of a general population shelter.

Concept of Shelter Triage

Triage is intended to identify those persons who cannot be cared for in a general population shelter. The triage process will attempt to rapidly separate those persons suitable for a general population shelter for whom a general population shelter may not be adequate. The former will be able to immediately report to a general population shelter while the later will be further assessed to determine the most appropriate destination.

Persons needing to be evaluated for a venue other than a general population shelter include:

- Persons who need immediate medical assistance;
- Persons who need a type or intensity of assistance that general population shelters cannot provide (e.g., medical assistance, behavioral assistance, activity of daily living assistance);
- Persons who have a contagious illness which poses a substantial risk to others;
- Persons who need substantial coordination of external health care (e.g., dialysis patients);
- Persons who cannot lie on a cot or who require other specialized equipment not available in a general population shelter.

Definitions separating persons needing a medical shelter and persons suitable for general population sheltering are not intended be strict or un-modifiable. Some persons may be reasonably cared for in either type of shelter. In addition, the types of persons who can be cared for in a general population shelter may change over time. For example, some persons who could be cared for in a general population shelter containing 20 people may need to be transferred to a medical shelter when the

[6] Disability rates in the general population, as defined by the US Census, are around 15%; however, it is unclear how that number may relate to persons needing functional needs assessment. Consequently, a more conservative 25% is used to ensure adequate screening resources.

[7] This does not necessarily mean that a medical shelter will be separately located. If only a few persons require medical sheltering, the medical shelter may be set up as a separate area of the general population shelter, albeit with different materials and different personnel.

general population shelter has 200 people. Persons providing medical assessment will need to be informed of the types of persons the general population shelter can accommodate at that time.

Persons Who Are Not Shelter-Eligible

Some persons may not be eligible for either type of shelter. These persons include:
1) Persons who are acutely ill and need to go to an emergency room. Once discharged from the ER or hospital, a person may be evaluated for shelter assignment if they so choose;
2) Persons who have behavioral problem which prevents them from entering the shelter (e.g., acute intoxication) or who have been ejected from a shelter due to behavioral or compliance problems (treats of violence, violations of privacy of others);
3) Persons who have an airborne infectious disease which requires special quarters to prevent disease transmission; and,
4) Persons who need a level of care need which exceeds that available in the medical shelter.

In some cases, persons who are not evacuees may seek admittance to a shelter (e.g., homeless). While not technically shelter-eligible, in practice it is likely neither reasonable nor practicable to separate such persons from those that have been evacuated from their home.

Indications for a State Authorized Reception Center

It is likely that one or more state authorized reception centers would be opened whenever evacuation of sizeable populations is being conducted. When general population shelters are locally operated, even if NDDoH is operating a medical shelter, a state authorized reception center would not be needed. Depending on the nature of the disaster, some of the time that a general population shelter is open the number of persons seeking shelter accommodations may be small. In this case it is likely that triage can be done at the shelter without need for a separate reception center.

Activation of Reception centers

Triage may be activated
1) Simultaneously with activation of general population shelter sites under the authority of the state; or,
2) When the flow of persons in need of sheltering necessitates triage before persons arrive at the shelter; or,
3) When general population shelters and medical shelters are in different cities, each distant from the disaster area. This will require correct sorting before persons travel a long distance to the wrong shelter.

Location of Reception centers

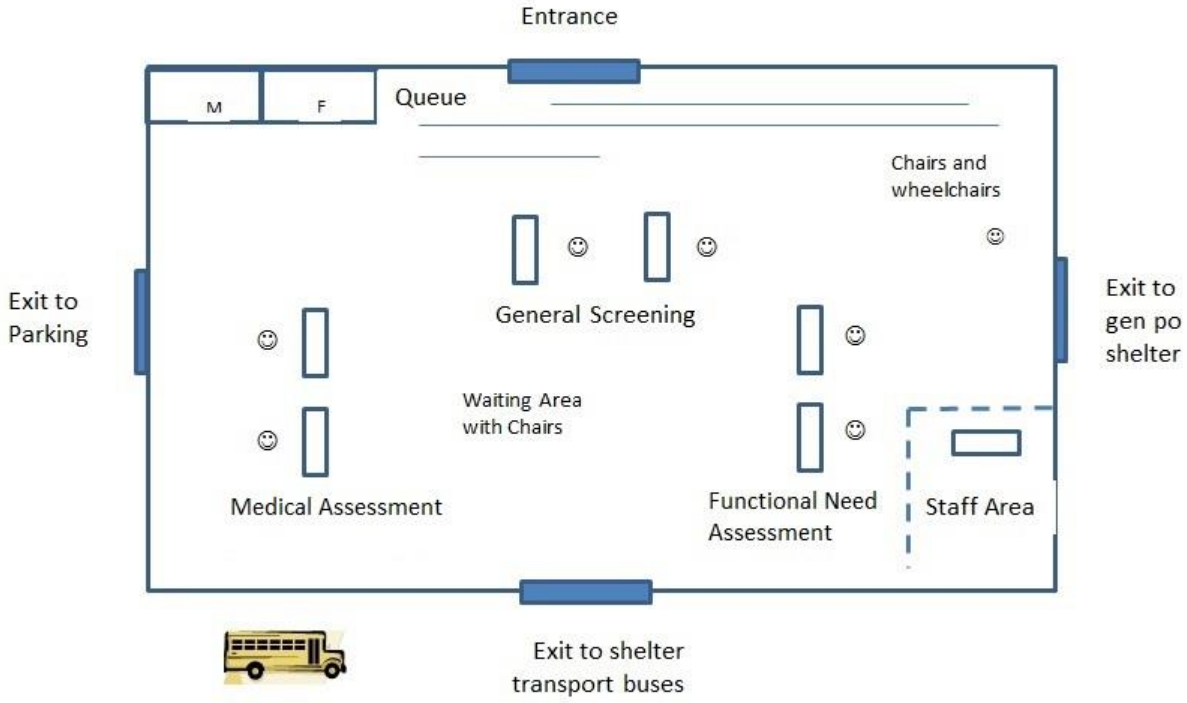
Reception centers will most often be located at or near general population shelters. However, in some disasters it may be possible to also have a reception center located in the disaster-impacted community, particularly if the general population shelter is in a distant city. For example, if the levee protecting Devils Lake were to break, the entire city would need to evacuate, so general population sheltering would need to occur in a different city. A reception center might operate in Devils Lake during the evacuation, and a second operate at the site of the site of the general population shelter

Setup

The size of the space, the amount of material and the number of personnel will depend on the number of people which need to be processed per hour. The diagram below shows a possible setup for a reception center.

Based on this schema, six areas are identified:

- Entrance and queue line area – persons enter through a single door and queue up in a single queue line. An additional area with a few chairs for persons to sit who may be medically frail is needed with a few wheelchairs available.
- General screening area – Tables to receive persons from the queue line and determine their next destination.
- Waiting area with chairs for persons waiting to be seen at either the medical assessment tables or the function needs assessment tables.
- Medical assessment area – Tables set up where persons are medically evaluated.
- Functional need assessment area – Tables set up where persons are evaluated for special assistance requirements.
- Transport area – Location of transports to carry persons who need transportation to alternate location (such as medical shelter).
- Staff area – Separate area for staff breaks.



The following materials would be needed to setup the screening area:

- Tables
- Chairs for staff (should be cushioned if possible due to long hours sitting)
- Chairs for evacuees
- Wheelchairs
- Barriers or caution tape and traffic cones to create queue line
- Screens for separating staff break area
- Computers (minimum of two – one in for the medical assessment area and one for the function needs assessment area)

- All-in-one copiers/printers (minimum of two – one in medical assessment area, one in the function needs assessment area)
- Forms (See sections on forms)
- Triage wrist bands (for medical shelterees)
- Triage bar code scanner (one per medical assessment table)
- Command vests
- Writing pads
- Pens
- Sticky notes
- Staplers
- Spare staples
- File folders
- Paper clips
- Binder clips – three sizes
- Bottled water
- Snacks

The Red Cross will be responsibility for initial setup, but as soon as other staff arrive at the facility, all will assist with needed tasks to make the reception center operational.

Evacuee Processing

- Arrival – Evacuees may arrive by private vehicle or bus/van. If the location has limited parking, it may be necessary for all persons to arrive by mass transit vehicle from a parking area in some other location. All arrivals would enter the building through a single entrance.
- Queuing – Persons will need to be able to queue inside in case the weather is inclement. This may necessitate a substantially larger venue than would be necessary otherwise, particularly if the size of the displaced population is large.
- General screening – A series of three questions will be asked to identify persons who needing medical assessment. (See forms) Persons who screen positive to any of the questions will need to be seen at the medical assessment tables. For those persons who are being referred to an alternate table, the screening form should be completed and given to the evacuee to take to the appropriate table. If a person says they have an immediate medical problem or potentially contagious condition that needs attention, the general screening will take the person to the medical assessment table to be seen immediately.
- After completing the initial medical screening at the general screening tables, evacuees would be screened for functional needs. Those who need any detailed assistance would be referred to the function needs assessment area[8].
- Referral to assessment area – Persons referred to the medical assessment area or function needs assessment area would need to go to the appropriate tables and get in line.
- Transport – Some persons may need transport to the shelter site depending on the location of the shelter site and the transport options of the person. If transport to the medical shelter is required,

[8] Some persons may need to visit both medical assessment and functional needs assessment. Most persons seen at the medical assessment table will not need to be admitted to a medical shelter. If the initial screening of these persons indicates that they have potential functional needs, they would need to go the functional needs assessment table after leaving the medical assessment table. If a person needs to go to both, they should go to the medical assessment table first. If admitted to a medical shelter, functional needs assessment at the reception center would not need to occur.

NDDoH will ensure transport vehicles available. If transport is needed to the general population site, that will be arranged through Red Cross and NDDHS.

General Screening – Additional Detail

Current screening question proposed by use of general population screeners are:

1. *Do you have a medical or health condition which requires IMMEDIATE attention or do you have an infection other than a cold that someone else might catch?*[9]

- *If yes, escort person to the front of the line of the medical assessment area for immediate evaluation.*
- *If No, go to next question*

2. *Do you require medicine, equipment or electricity for medical equipment for daily living?*

- *If yes, direct client to medical assessment area*
- *If no, go to next question*

3. *In daily living do you require the assistance of a caregiver, personal attendee or service animal for daily living?*

- *If yes, direct client to medical assessment area*
- *If no, go to A for directions.*
-

Based on this schema and initial assumptions, the percentage of persons, answering yes to questions one and three will be very small, but 50% of the population will answer yes to the second question. Based on assumptions of the percentage of persons requiring medical sheltering, only about 25% of those sent to a medical screener will actually be admitted to a medical shelter.

Medical Assessment – Additional Detail

The form provides guidance to the medical assessment personnel re: disposition, but the medical assessment persons must be informed before the site opens re: the types of problems that can be handled in the general population shelter. If the person can go to the general population shelter, no form needs to be completed. A completed form will be needed for those sent to a medical shelter. A triage wrist band will be put on those assigned to medical shelter and the person will be instructed not to remove the wrist band until they leave the medical shelter permanently. If a person is suspected of having an infectious disease, an additional red sticker will be attached to the triage wrist band and the medical assessor may need to contact the DOC to discuss transport options. The bar code on the triage wrist band will be scanned to put the person into the NDDoH patient tracking system. The form will be retained by the screener and provided to the DOC on the next transport vehicle[10]. The person's wrist band will be the indication to the medical shelter that the person has been triaged to that site. Persons who arrive at the medical shelter without a wrist band will have to go through a triage process.

The triage process is intended to get the person to the correct destination as quickly as possible; consequently, the medical screener would not be attempting to solve other medical problems such as

[9] Mis-identifying an occasional person to a general population shelter who will needs medical sheltering is easily solved by transfer. However, mis-identifying persons with acute medical problems or contagious diseases is not so easily remedied and needs to occur correctly up front.

[10] The persons in the tracking system for the medical shelter will be matched to persons arriving at the shelter. It is assumed that even after being triaged to a medical shelter, some persons may not choose to show up. The percentage of triaged persons who actually go to the shelter will be tracked.

lack of medication or medical equipment. When the person reaches the medical shelter, they will undergo a detailed intake process at which point any problems identified will be addressed[11].

The medical assessment process is setup to immediately determine if a person must go to an emergency room, need dialysis, need nursing home place or pose an infection risk to others. Each of these may require a unique destination. If a person screens positive for any of the first four questions, further screening beyond the first four questions is not needed and the person is registered into the patient tracking system. At the completion of medical assessment, it should be apparent whether a person is a candidate for a medical shelter. Those who are not candidates, go to the general population shelter. Those who are a potential candidate for a medical shelter but could be managed in general population shelter (e.g., a person who has an open wound needing dressing changes but who has a full time care giver to assist them), may be given the choice of which shelter they would prefer to go to. To make this decision, the person will need to understand the differences between the shelters. This is summarized on the screening form.

Acute Illness Requiring Immediate Assistance – As soon as it is determined that a person needs immediate medical assistance, the medical screener should call 911. However, this needs to be done with the knowledge and consent of the evacuee. This will require an explanation of the concern and why they are recommended to go to the ER. The person may refuse to go, may choose to take themselves or have a family member take them, or may allow the screener to call an ambulance.

Persons Needing Long Term Care Placement – Some persons may not be good candidates for either type of shelter, but could potentially go into a long term care facility. Because it will take time for the person to be placed, they will likely need to go to the medical shelter first. The shelter will contact the Department Operations Center for NDDoH when the person arrives and arrange for placement proceedings to begin.

Persons on Dialysis – A person who is displaced by a disaster may not be able to use their traditional dialysis center. The center may be closed by the disaster, or the center may not be able to support the capacity that it did before, or the person may be being sheltered at a substantial distance from the dialysis center they usually use making commutes impracticable. The Department Operations Center of for the North Dakota Department of Health will need to be contacted immediately before the person is placed in a shelter. If an alternative dialysis location cannot be found within reasonable reach of the shelter, the person may have to be housed in a different location where they can reach dialysis.

Contagious Illness – Persons who have an illness (or colonization with a highly resistant bacterium) other than a simple upper respiratory infection (e.g., a cold) that is known to be or likely to be transmitted by droplet or by contact may be admitted to the shelter, but will need to be placed in an isolation area of the shelter where others cannot become infected from them (including other persons in isolation who do not have the same organism this evacuee does). Persons known to have tuberculosis (TB) or other airborne transmitted infection cannot go to the shelter. The Department Operations Center of the North Dakota Department of Health will need to be contacted. Adults with gastroenteritis ("stomach flu") may transmit by airborne infection, but they may be admitted to the shelter and separately cohorted.

[11] Getting assistance from the medical shelter is dependent on the evacuee showing up at the shelter. If the person does not choose to go to the shelter, they will need to use community services to meet needs that they have, just as any other outpatient would.

Description of Function Needs Assessment

Functional Assessment Service Teams (FAST)

The FAST are deployed to the reception center to assess the needs of people in a shelter who have access or functional needs as they arrive at the general population shelters. The assessment identifies the specific functional needs and determines resources necessary to support these needs in the general population shelter.

The FAST may be deployed as shelters are opened and remain in service until they are no longer needed. They can also transfer to another shelter as needed, or request to deploy to shelters during major events.

The FAST consists of trained personnel from state, community-based organizations and non-governmental organizations ready to respond and deploy to disaster areas to work in shelters. The FAST members have extensive knowledge of the populations they serve, their needs and available services and resources including housing, benefit programs and disaster aid programs. They assist in meeting essential functional need support services (FNSS) so people can maintain their usual level of independence during disasters and emergencies. FAST frees up other emergency resources to focus on emergency incidents rather than on mitigating complications.

Shelter Intake

Per ADA guidelines, individuals who arrive at a shelter reception area are not required to provide information about their disability or access or functional needs, but the opportunity to provide that information must be given. People with disabilities must be able to access the same programs and services as the general population. An individual request for an accommodation, based on disability, should be provided even if not requested during the initial intake.

Special Dispositions

Persons who are identified who need special dispositions not covered by either medical or functional needs assessment will be referred to the Site Commander. This might include persons who are intoxicated or pose too great a safety risk to put them in a shelter. The Site Commander may need to consult with other authorities to determine disposition (e.g., law enforcement).

Privacy

The end of queue lines needs to be set substantially back from the tables where staff are interviewing persons and, space permitting, each interviewer should be at a separate table to ensure maximum auditory privacy during interviewing.

All persons working in the reception center should sign a confidentiality statement provided as part of this document if they have not previously signed such a document as part of their work with the state.

Persons Bypassing Triage

It is likely that some persons will bypass triage and go directly to either the general population shelter or the medical shelter. Because the reception center and general population shelters are expected to be co-located, un-screened persons coming to the general population shelter will be referred to the reception center unless obviously acutely ill.

If a person reports directly to a medical shelter, one of several approaches may be taken.

- If no triage site is located in the same community, the medical shelter will triage them on-site. If the burden of triage becomes large, it may be necessary to consider adding a triage site in that city.
- If a triage site is available in the same city and the person is not obviously in need of medical shelter, the shelter site manager may set policy to either triage on site or refer to the reception center.
- If the person is obviously in need of medical sheltering, they will be admitted to the medical shelter through the usual intake process.

Throughput and Personnel

In order to determine the number of people that would need to staff a triage site, some assumptions need to be used to calculate throughput. Throughput is calculated per 10,000 evacuees. The following table provides personnel numbers. Note that the table calculates the number of personnel per shift.

	Number and Type of Personnel per Shift by Evacuation Population Size					
Number of Evacuees	**Flow per Hour**	**Med Flow per hour**	**General Screeners per shift**	**Medical Needs Assessors**	**Functional Needs Assessors**	**Assistants**
10,000	25	13	1	2	2	2
20,000	50	25	2	3	2	2
30,000	75	38	2	4	3	2

In addition to the above staff, the reception center will need a designated site commander.

Staff Responsibilities

- Setup and tear down facility (all staff).
- Work with incident command to determine when the reception center should transition to on-site shelter triage (site commander).
- Ensure adequate personnel to staff the positions (site commander).
- Ensure all persons know assignments and understand job duties (site commander).
- Ensure the safety of all personnel and evacuees (site commander).
- Ensure all evacuees are treated respectfully (site commander).
- Ensure all personnel understand the limitations on evacuee care available in the general population shelter (site commander)
- Assign all persons seeking triage to either a general population shelter or a medical shelter or some other specified disposition (all staff).
- Provide information to those seeking triage regarding sheltering (all staff).
- Direct persons with pets where they can find pet sheltering (general screeners) and identify which animals qualify under law as assist animals.
- Ensure persons with disabilities are assisted through the triage process.
- Ensure all persons needing immediate medical attention are immediately sent for medical evaluation (general screeners and medical assessors).
- Prevent the spread of infectious diseases (general screeners and medical assessors).
- Provide documentation to medical and functional needs assessment staff when persons referred (general screener).
- Provide documentation of need for medical shelter admittance and register into the NDDoH patient tracking system (medical screener).
- Send paper documentation of medical assessment to the DOC (medical screener)
- Work with NDDoH incident command to ensure adequate transportation for persons needing it to reach the medical shelter (medical screener)

- Work with local incident command or state incident command to insure adequate transportation to general population shelter if needed (site commander).

Safety and Security
The role of safety and security officer will belong to the site commander unless otherwise delegated. Other specific members of staff may be recruited to assist with security issues; however, any security issue which is beyond the safe control of the situation by staff present at the site should result in an immediate call to 911 for law enforcement response.

All staff should sign in and receive disaster response identification. Identification must be surrendered when the staff member signs out of the facility. Staff should wear a response vest or other identification distinguishing them as staff of the reception center.

Staff Care
Sufficient staff should be available so they can cross cover while breaks are taken and during meal times. Staff will be allowed to leave the reception center on a staggered basis to obtain meals or may bring their own food. A staff break area should be part of the facility setup; however, refrigeration for food cannot be guaranteed. Bottled water should be part of provided supplies.

Liability
All persons working in disaster response roles for the state will be covered by state tort protection.

ATTACHMENT 1

Instructions to Medical Assessor

1. Each assessor should work at a separate table to ensure privacy during interviewing and queue lines should be far enough back from screening tables to make conversations private.
2. Evacuees will be referred to medical assessment. Up to half of all evacuees may require some level of medical assessment.
3. When referred to medical assessment, the evacuee should bring the screening form with them from the general screening desk.
4. If the evacuee reports that he or she needs immediate medical attention or is potentially infectious, the general screener will bring the evacuee to the medical assessment desk for immediate evaluation.
5. If the person has an acute medical complaint, tell them "I am going to call 911 and ask an ambulance to take you to the hospital emergency room. Is that OK?" The evacuee (or caregiver) can decide if that is acceptable, they wish to go by other transport means or do not wish to have medical care. If the person does not wish to have medical care, ask them if they would like to be evaluated for admission to a shelter[12].
6. An assessment form is provided (available through the NDDoH DOC) which has three parts
    a. Part 1 – Determine if the person has an acute medical problem needing immediate attention, is on a ventilator, is on dialysis or potentially has an infectious disease. The form provides instructions for how to handle each of these.
    b. Part 2- Complete the remainder of the form on the first page.
    c. Part 3 – Determine the best shelter option for the person based on the guidance material at the top of page 2.
7. If the person is not assigned to a medical shelter, determine if they need to see the functional needs assessor before they go to the general population shelter.
8. Forms must be completed for those assigned to a medical shelter. Persons who, after medical assessment, are assigned to a general population shelter do not need to have a form completed.
9. Once a person has been assigned to a medical shelter, attach a triage wristband to them and scan the bar code, putting the person's triage number into the patient tracking system. No other data needs to be entered at that time.
    a. Instruct the person to leave the triage wristband on until they leave the medical shelter permanently. Make sure they understand that the wristband is their proof that they have been triaged to the medical shelter. If they lose it, they will have to go through triage again.
    b. If the person has a contagious illness, attach an additional red sticker to the wrist band and contact the DOC for transportation arrangements.
10. Write the person's triage number on their assessment form.
11. Determine if the person has transportation to the medical shelter site; if not, direct the person to available transportation provided.
12. Send the completed assessment form to the DOC.

[12] Although unlikely, it is possible that a person who needs acute medical care (e.g., chest pain) will refuse it. It is unreasonable to ask medical shelter staff to care for a person who is acutely in need of medical attention; consequently, the medical screener may tell the person that they must be evaluated medically before they can go to the medical shelter. This would be a judgment call of the medical screener.

FORMS

These forms are provided for optional use. Any of them may be replaced by Red Cross forms. An additional form not included in this document is the medical assessment form. It may not be replaced by a substitute form.

Reception Center Confidentiality Statement

I understand that as a staff member in a state reception center, that I will have access to personal and health information which must not be disclosed to any person not authorized to receive the information in accordance with the laws of North Dakota and the United States.

I understand that any information that I learn about any evacuee, past or present, regardless of the nature of that information, is to be treated as confidential, and my obligation to maintain the confidentiality of that information will continue as long as I live.

I will not discuss or reveal any information about any evacuee, past or present, when outside the facility, except as authorized as part of my duties in this facility. I understand that I may share information about an evacuee with other staff of the reception center as they have "need to know."

I will not view any records of any evacuee, past or present, except as it relates to my assigned job duties in the facility.

I understand that any records, including all copies or summaries, generated in the reception center are the property of the State of North Dakota.

I understand that if I disclose confidential information, I may be subject to civil or criminal penalties in accordance with the laws of North Dakota and the United States.

I understand that it is access to confidential information, and not the existence of this document, that legally binds me to protect resident confidentiality.

By signing this, I acknowledge that I have read, understand and will comply with this statement.

_____

Staff name (print or type)

_____ _____

Staff signature Date

ICS STAFF SCHEDULE

Position	Shift	___/___/_____	___/___/_____	___/___/_____
	1			
	2			
	1			
	2			
	1			
	2			
	1			
	2			
	1			
	2			
	1			
	2			
	1			
	2			
	1			
	2			
	1			
	2			
	1			
	2			
	1			
	2			

Staff Emergency Information

Date:

Personal Information	
NAME:	
Sex	□ Male □ Female
Home address	
Home phone	
Cellular phone	
Home e-mail address	
Birthday (MM/DD/YYYY)	
Professional certification or license (List license type or none)	
Medical Information	
Phone number	
Medical conditions	
Allergies	
Current medications	
Doctor's name	
Clinic	
Address	
Emergency Contact Information	
Emergency contact's name	
Relationship	
Address	
Phone Numbers	□ Home □ Cell □ Other

Incident/Injury Report

☐	An incident is an event that caused injury to a person or damage to equipment, facilities, or materials.
☐	A near miss is an event that potentially could have caused injury to a person or damage to equipment, facilities, or materials.

Form completed by:		Person involved in incident:		
Witness(es):				
Date of incident:	Time of incident:	☐ A.M.	☐ P.M.	Date reported:
Department and location where incident occurred:				
Nature of injury (such as strain, cut, or bruise):				
Body parts affected (such as left hand or right ankle):				

Medical treatment required:	☐ Yes	☐ No	Did employee leave work because of the injury?	☐ Yes	☐ No
Investigation of event:					
Recommendations for prevention					

Employee signature:	Date:
Supervisor signature:	Date:

NOTE:
This form is for tracking purposes, and does not constitute a complete report for purposes of worker's compensation. A complete report should be made within 24 hours using an appropriate form.

Staff Sign-In and Sign-Out

Date:					
	Name	ID Card #	Signature	Time In	Time Out
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					