

Assiniboine Regional Health Authority

Disaster Emergency Response Plan Reston Staff Call Out Check Sheet

Date of Call-Out: _____ **Time of Call:** _____

Contacted by _____ **from** _____ **@** _____
Input name of caller Input name of facility Community

Reason for Call-Out: _____

Call Back Number: _____ **Time Requested to Call Back:** _____

Special Instructions: _____
 (parking, entrance, etc.) _____

Resources requested by Disaster Facility:

(Indicate the number needed (NN) and the number found (NF))

Column A	NN / NF	Column B	NN / NF
EMS On Call Supervisor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pharmacy	____/____
Coordinator (FCC/CCC)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nutrition Services	____/____
Maintenance	____/____	Housekeeping	____/____
Physicians	____/____	Laundry	____/____
RN	____/____	CSR	____/____
LPN	____/____	Admin/Medical Records	____/____
HCA	____/____	Activities	____/____
EMS	____/____	Community Services	____/____
Diagnostics	____/____	Other	____/____

Note: Have Virden Health Centre Contact EMS On Call Supervisor by FleetNet radio

Staff Doing Call Out:	Where Located:	Dept. to Call:
	Public Health Office	
	Home Care Office	
	Exam Room	
	Activities	
	Housekeeping Office	

Area Manager **Yes, who?** _____ **No**

Note: Start with one responsible for facility and continue on list till you reach an Area Manager.

Executive: **Yes, who?** _____ **No**

Note: Continue on list till you reach a member of Executive Management Team.

Was other Call Centre contacted to assist with call out? Yes No

Was additional staff called into the Call Centre to assist with call out? Yes # _____ No

If had to call more staff after initial call out, how much longer did it take? _____

What was the total time required to complete this call out? _____

Comments (what worked well, what can be improved, concerns, etc...):

Person Accepting Call:

_____ _____
 Print name of the Nurse in Charge Signature

Please forward within 3 days to: Emergency Preparedness Committee by fax 759-3127