PIONEER YOUTH & ADULT COMMUNITY SERVICES

**EMERGENCY PLAN**

I have been trained, read and have been provided with a personal copy of the emergency plan and emergency management continuity plan for PYACS and I will comply with it.

Standard Policy:

All professional parents are required to have First Aid/CPR Certification.

All professional parents are to have a First Aid Kit in their home, accessible to the clients in case of an emergency and in their transporting vehicles.

All professional parents are to have a working smoke detector and carbon monoxide detector on each separated level of the home.

Post emergency numbers near the telephone and make them accessible to clients.

Post evacuation plans in the home and clients bedroom.

If an emergency occurs in the home, it is the professional parents responsibility to take the clients to the nearest hospital or emergency facility, and then contact the on call staff Sione Olevao 801-381-1402 or Tiare Olevao at 801-381-1502.

If a natural disaster occurs, professional parents need to have a designated room inside the home and if evacuation is necessary, a meeting area outside for a head count.

If a life threatening situation occurs, DIAL 911 immediately.

Professional parents need to keep client’s medical information current, such as knowing possible side effects if the client is on prescribed medication. Professional parents will be informed if client has any allergies to any medication over- the- counter or prescribed.

Professional parents shall immediately report any serious illness, injury or death of a child to the appropriate personnel 1) PYACS Agency 2) Division and 3) the Office of Licensing.

If client is ill and it is not an emergency, always notify the family youth consultant assigned to your case or contact the on call staff at 801-381-1402 for further assistance.

I have had an opportunity to ask questions and seek clarification about the emergency plan and management continuity plan, and my questions have been answered to my satisfaction and understanding.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Professional Parent/Date Signature of Professional Parent/Date