SOCIAL SERVICES AGENCY

ADMINISTRATIVE POLICIES AND PROCEDURES MANUAL

Subject:	**DURING AND POST EARTHQUAKE DISASTER RESPONSE**	Number: D 24
		Page: of 33
Approved:		Date: 1/6/94

I. PURPOSE

The purpose of this policy and procedure is to establish agency-wide response and recovery guidelines and responsibilities for staff to follow during a massive earthquake and in the aftermath of that earthquake.

II. POLICY

Survival knowledge and earthquake readiness is common sense insurance for protection of life and limb.

All Social Services Agency (hereinafter referred to as SSA) employees shall implement these policies and procedures in order to be prepared to:

1. Take the necessary and immediate actions required for staff and client survival during a massive earthquake; and

2. Take the appropriate measures to protect and secure clients' and staffs' health and welfare and the Agency's operations during the recovery stage occurring after a catastrophic earthquake.

SSA employees shall receive the knowledge of earthquake preparedness and response preparation which are keys to survival during and after an earthquake or other disaster. All SSA staff need to be prepared, informed, and develop capacity for self-sufficiency.

Following these policies and procedures can lead to:

1. The prevention and reduction of death and injury during and immediately after a catastrophic earthquake;

2. The protection of personal and public property during the recovery period; and

3. Help SSA to expeditiously become ready to provide needed and necessary services and to keep in operations such critical services as Orangewood Children's Home, Children's Emergency Response Services, and Adult Protective Services.

References

- "Comprehensive Earthquake Preparedness Planning Guidelines:

Southern California Earthquake Preparedness Project 9 SCEPP)" 08-83-14, August 1983,

- SCHEPP recommendation number 23 - "Internal Disaster Plan for social Services Agency, June 1993",

- "Orange County Emergency Plan", adopted June 23, 1987, by Resolution #87-922,

- "Employee Relations Resolution 1174", adopted July 31, 1984,

• “County of Orange Shot-Term Earthquake Predictions Response Plan”,

• County of Orange Social Services Agency Administrative Policies and Procedures Manual, “Short-Term Notice of Potential Earthquake, 1993”, and

• County of Orange social Services Agency Administrative Policies and Procedures Manual, “Earthquake Preparedness: Preparing for the Big Earthquake, 1993”.

III. PROCEDURE

A. Realities of a Catastrophic Earthquake

When a massive earthquake hits Orange County, many people will most likely have to survive on their own for the first 72 hours after the quake. SSA employees should be aware of the realities of a massive quake and make the effort to prepare for survival when the big on occurs.

A massive earthquake occurring in or near Orange County will cause severe damage. Many areas of Orange County will experience the ground under their homes or business liquefying during the quake. Structural and non-structural damage will cause many deaths and injuries.

Getting help will be difficult. Many staff and clients will find themselves isolated from family and alone to fend for themselves. Staff and clients will not be able to count on a quick response for help from police, fire fighters or paramedics. Water, electricity, gas food, and telephone communications could be unavailable or in short supply. Transportation will be impeded by freeways, bridges and street being unpassable or unsafe for many days.

The following procedures are presented to staff to assist them and their clients to survive during the quake and the first 72 hours after the quake. These procedures will also help prepare staff to be able to respond appropriately during the recovery phase.

B. Definitions

1. Response: This is the first phase that occurs after the onset of a disaster. It is intended to provide emergency assistance for casualties, including search, rescue, shelter, and medical care to reduce the probability of additional injuries or damage and to speed recovery operations.

2. Recovery: Includes activities which continue beyond the emergency period immediately following a disaster focusing on returning systems to normal levels on a short term and long term basis. Short-term activities attempt to return vital human systems to minimum operating standards and usually encompass approximately a two week period. Long term activities stabilize all systems.

C. Response Measures to be Taken During and Within the first several minutes following a Catastrophic Earthquake.

1. All Employee’s Responsibilities

During the earthquake, all employees shall:

a. Act immediately when you feel the ground or building shaking and remain calm and do not panic;

b. Take cover (kneel down and cover head with arms) under a heavy desk, table, bench or against inside walls or door frames. If the desk, table, etc. moves, be sure to move with it;

c. Stay away from glass, windows, mirrors, skylights, heavy objects that may fall over (shelves, furniture, chimneys, refrigerators, machinery, file cabinets book cases) or other heavy objects that may topple or

slide across the floor;

d. Remain in the same position for a few minutes and wait for aftershocks. Do not immediately run outdoors. You could be hit by falling debris or electrical wires. Do not dash for exits, since stairways may be broken and jammed with people;

e. Refrain from smoking, lighting matches, or turning on electrical switches due to the possibility of escaping gas or combustible gases igniting. Use a flashlight. Do not create sparks;

f. If you have heavy shoes, put them on and protect your feet and hands from broken glass or debris. Keep your head and face covered if feasible;

g. Make a quick initial check for injuries or trapped staff and clients. Provide emergency first aid if needed. Do not try to move seriously injured persons unless they are in immediate danger of further injury. Be sure your entire area is checked for injured;

h. Never use elevators since power may fail. If already in an elevator, stop at the nearest floor and take cover against a wall;

i. Check that all telephones are correctly “on hook” so system does not indicate “busy” to incoming or internal calls. Do not try to use telephones for any calls except in genuine life or death emergency, or to call in a building assessment report;

j. Be aware of the great danger of falling debris both from within the building and upon exiting;

k. Do not evacuate the building until instructed to do so by a supervisor or appropriate SSA official. In situations which present immediate danger, use discretion and judgment in deciding upon evacuating a building if no instructions are issued. When you do evacuate, follow these instructions:

(1) Follow the direction of public safety officials and SSA management;

(2) If you are a member of the “buddy” plan, do what is necessary to assure you “buddy” is safe and help that person leave the building if so directed;

(3) Remain calm;

(4) Take personal property with you during the evacuation (purses, coats, car keys);

(5) secure work areas and County property if time allows;

(6) Don not use the elevators;

(7) Get clear of the building; and

(8) Report to your Section’s designated safe assembly area for roll call and additional instructions.

l. Upon approval of Fire or Law enforcement officials to re-enter a building, staff will be given instructions by a key or authorized SSA management employees. Using judgment and discretion, employees should remain at their designated assemble point for a reasonable time for further instructions;

Instructions may include but not be limited to go get emergency treatment, go back to work, go home, go to an alternate work site;

m. Check for fires and fire hazards, especially for gas leaks and damaged electrical wiring. See that these are turned off at man valves and switches if required;

n. If you are in a moving car, stop as quickly as safety permits in the best available space. Stay in your car. Don't stop on a highway overpass or bridge. Don’t stop where buildings can topple down on top of you;

o. If you are outside, stay there. Move away from high buildings, walls, power poles and fallen power lines, and lamp posts. Proceed cautiously to an open area;

p. Immediately clean up dangerous materials which may have spilled;

q. Locate your battery powered radios for damage reports and information from public safety agencies. Tune in to the Emergency Broadcast System (EBS):

(1) Newport Beach KOCM, 103.1 FM

(2) Orange, KIKF, 94.3 FM

(3) San Clemente, KWVE, 107.9 FM

(4) Santa Ana, KWIZ, 1480 Am, 96.7 FM

2. The Agency Director/Chief Deputy Director Responsibilities

r. After following the above procedures, determine if telephones are operable and, if so, prepare yourself to receive damage assessments, make decisions, and to take necessary actions as follows:

(1) Determine which building sites shall remain open and which shall be closed down? As appropriate, give orders to evacuate any facility that would be potentially unsafe;

(2) Determine which staff shall remain at work and which staff shall be requested to go home. As appropriate, suspend non-critical tasks and services and send staff home or reassign;

(3) Identify available executive chain-of-command staff and determine their ability to work (See Attachment I);

(4) Determine if critical/essential (Orangewood Children’s Home, Children’s Emergency Response Services, and Adult Protective Services) and 24-hour staffing patterns are in place and secure latest list; and

(5) Determine need for alternate building sites for Executive Management’s, Administrative Management, regional/district facilities, and Orangewood Children’s Home and begin to identify alternate sites.

s. EOC/EBS: Contact Emergency Operation Center (EOC) and determine the extent of damage to the County and your assignments. Locate your portable radio and tune in to the Emergency Broadcast system (EBS):

(1) Newport Beach KOCM, 103.1 FM

(2) Orange, KIKF, 94.3 FM

(3) San Clemente, KWVE, 107.9 FM

(4) Santa Ana, KWIZ, 1480 Am, 96.7 FM

t. Hot line and rumor control: Establish a hot line to Executive Management and division Mangers and other key staff. Maintain a rumor control center if necessary. This involves keeping in regular communication with staff of the Emergency Operations center and transmitting need to know information

to key management staff and supervisors;

u. Damage Assessments: Follow-up on Agency damage assessments. If the disaster occurs on a non-work day, contact or wait for a contact from Building Managers or their designees who are responsible to inspect their respective buildings and call the EOC or Executive Management with a report. Executive Management will use this information to determine Agency operation's capability (See Attachment II, "Damage and Operational Assessment Report");

v. Critical and sub-critical functions: Determine if critical and sub-critical functions are operational and take necessary actions to support their operations or to get them back into operations. Critical function is Orangewood Children's Home. Sub-critical functions are Children's Emergency Response Services and Adult Protective services;

w. Important but not critical functions:

Ascertain which important but not critical functions are operable and which can be put into operation after the initial 72 from the time the quake hit. Important but not critical functions are those functions that need to be made operational as soon as possible after a disaster. These functions do not need to be online during the first 72 hours after the disaster. These include:

(1) Acceptance of applications for financial assistance programs and benefits, including response to immediate need cash and food stamp issuance; and Emergency Medi-Cal ID cards;

(2) data entry of authorization for In-home supportive Services payments;

(3) Maintenance of Case data systems and courier delivery to issue cash, food stamp and Medi-Cal benefits as well as data processing and document completion;

(4) Maintenance of MEDS central processing unit to provide benefits and telecommunications with the State;

(5) Mailing of warrants to clients;

(6) Court Services/Intake limited to detention hearings and high priority situations for children pending adjudication;

(7) Payroll time sheet processing; and

(8) In-Home supportive Services staff shall make necessary contact with critical clients.

x. Essential/critical staff: Review the essential/critical staff list and non-essential/non-critical staff list supplied by Building Managers to get an update on available staff;

y. Primary and Alternative work sites: Be prepared to utilize your discretion to determine the need for and the identification and designation of alternate work sites. These decisions will be made based on the severity of damage to facilities. The situation at the time will dictate what needs to be done, who will need to do it, and in what time frame;

(1) Executive Management's primary reporting site is Orange County Emergency operations Center Basement of Building 112, Finance Building, 12 Civic Center Plaza, Santa Ana until the Loma Ridge site is opened. At this time Executive Management's primary reporting site will be Loma Ridge County Coordinated Communications Center (CCCC) 2644 Santiago Canyon Road, Orange, CA 92676. Fax number is 834-7210. Control 1 Emergency 24 hour number is 834-7200.

(2) Alternate reporting sites are:

z. Social Services Agency Emergency Operations Center, Orangewood Children's Home, 401 The City Drive, 2nd Floor, City of Orange.

3. Director of Administration's Responsibilities

After following the above procedures in III.C.1

a. Determine which management, system, analyst, clerical, fiscal, accounting, and personnel staff are needed after the initial 72 hours to maintain critical and also important SSA headquarters' operations. Expedite the process to get these staff to report back to work and make special assignments as needed;

aa. Be available to assist the Agency director and Chief deputy director as needed;

bb. Take emergency action as appropriate to protect critical equipment and public records;

cc. Provide other assistance as necessary; and

dd. Listen to the Emergency Broadcasting Stations as time permits (see 2 b. above).

4. Division Directors' and Division Managers' Responsibilities

a. Building Disaster Plan: Review your Division Disaster Plans and process pursuant to those plans;

b. Chain of Command: Ascertain if your current chain-of-command is operational and if not make the necessary revisions to get it operational;

c. 24 hour division staffing: Ascertain if your 24 hour Division staffing patterns are operational, and if not take the necessary actions to get them operational as needed pursuant to instructions from Executive Management. Utilize your most current employee contact list for each site/office.

d. Liaison tasks: Be prepared to serve as a liaison between your on site Building Managers and Executive Management in order to feed damage assessment information up the chain-of-command and instructions down the chain- of-command;

e. EBS: Listen to the Emergency Broadcasting stations (EBS) as time permits (see 3 b. above);

f. Important but not critical functions: Ascertain which important but not critical functions are operable and which can be put into operation after the initial 72 hours from the time the quake occurs (see page 7 for definition). These functions do not need to be online during the first 72 hours after the disaster. These include:

(1) Acceptance of applications for financial assistance programs and benefits, including response to immediate need cash and food stamp issuance; and Emergency Med-Cal ID cards;

(2) Data entry of authorization for In-home Supportive Services payments;

(3) Maintenance of Case Data Systems and courier delivery to issue cash, food stamp and Medi-Cal benefits as well as data processing and document completion;

(4) Maintenance of MEDA central processing unit to provide benefits and telecommunications with the State;

(5) Mailing of warrants to clients;

(6) Court Services/Intake limited to detention hearings and high priority situations for children pending adjudication;

(7) Payroll time sheet processing; and

(8) In-Home Supportive Services staff shall make necessary contact with critical clients.

g. Essential/critical staff: Review the essential/critical staff list and non-essential/non-critical staff list supplied by your Building Managers to get update on available staff.

5. Building Managers' Responsibilities

After following the procedures in III.C.1.a through r., and mobilizing and distributing emergency supplies as appropriate and necessary for health and safety purposes, do the following:

a. Response Organization: Immediately organize your employees and determine what steps are to be taken in accordance with your building's disaster plan;

b. Damage assessment reports: Assure that primary or alternate work sites have been surveyed since the disaster to provide for employee safety and the availability of adequate resources;

(1) Building Managers or designee (someone living close to building if disaster occurs on a non-work day) shall inspect their respective building;

(2) Building Manager or designee shall call Executive Management at the County Coordinated Communications Center (CCCC) or SSA Agency Headquarters and then their Division Director with a report. This information will be used by Executive Management in determining Departmental operations capability. Building Manager and designee shall assure that the file at the County coordinated Communications Center (CCCC). Use Attachment II, "Damage and Operational Assessment Report";

(3) If necessary, take emergency action to evacuate your facility if you have good reason to believe, based on the Damages and Operational Assessment Report, that the facility would be potentially unsafe; and

(4) Take emergency action to protect the health and welfare of staff and clients and to protect critical equipment and public records.

c. Recovery activities: Use Attachment III, "Social services Agency Multi-Hazard Emergency Staffing Procedure Checklist", to assist you in your recovery activities;

d. Contacting critical and non-critical staff: Pursuant to instructions from Executive Management, contact emergency/critical, and if appropriate, non-emergency/non-critical staff, and advise them that the emergency staffing procedure is being implemented (telephone, pager, portable radio, fax, messenger, public radio, pre-arranged signal or other means depending on the situation) and to either return or not return to work;

(1) If the County has determined that non-essential staff are not to work, notify them of this decision and tell them they will need to either take compensation time, vacation time or unpaid time; and

(2) Send non-essential staff home as quickly as feasible upon notification to close down non-essential services.

e. Deployment of staff to alternate work sites: If you have to deploy staff to alternate work sites, use Attachment IV, "SSA Staff Deployment Chart." When staff return to work after an emergency, use Attachment V, "SSA Disaster Assignment Sign-in Log" to track employee emergency assignments during the post-disaster period. It is expected that all employees will cooperate in providing necessary services in the event of a disaster. All employees shall be required to provide necessary services when directed by

Agency Management;

f. EBS: Listen to the Emergency Broadcasting Stations (EBS) as time permits (see 2 b. above)

g. Important but not critical functions: Ascertain which important but not critical functions are operable and which can be put into operation after the initial 72 hours from the time the quake hits (See page 7 "f" for a definition of important but not critical functions). These functions do not need to be online during the first 72 hours after the disaster (See page 10 "f" for a listing of critical functions).

h. Essential/critical and non-essential/non-critical staff lists: Review and update as needed the essential/critical staff list and non-essential/non-critical staff lists and be prepared to give progress reports of staff availability to your Division Director;

i. Transportation: If possible, provide necessary transportation to the work site for critical employees;

The Agency may have transportation information not available to the employee. Only in the case of an extreme emergency, which involves a very critical, serious or life threatening situation employees, may call the SSA Adult Abuse Registry at 566-3116 or the SSA Child Abuse Registry at 938-0505.

j. 24 hour staffing patterns: Brief critical employees on the 24 your staffing patterns for the duration of the emergency;

k. Chain-of-command modifications: Brief critical employees on any modification to chain-of-command or line of succession for the duration of the emergency;

l. Sending employees home: Release employees from work to care for their families when necessary. If you are able to, make the attempt to provide communication links to employees' families via SSA Personnel to enable critical employees to obtain information regarding the status of family members and where messages can be left and/or retrieved;

(1) During work hours: As soon as the emergency situation is somewhat stabilized, release employees as practical to check on the status of their families and provide assistance as necessary. Family safety could be verified maybe by telephone or maybe by physically going to the family location. As soon as the employee is sure his/her family is not in danger, the employee may be instructed to report back to their work site. If a family member is seriously injured, the employee will be released until that person is out of danger; and

(2) During non-work hours: Instruct employees to ensure that their families are taken care of first and then to report to their work site.

m. Supplies: Inventory supplies used and depleted and determine a way to replenish the used and depleted supplies;

n. Use of volunteers: Consider the use of volunteers to perform operations when staffing is limited. Prepare for the onslaught of volunteers. Determine whether they can be used. Refer volunteers who can not be used to the local American Red Cross Chapter. Coordinate the application process so volunteers may apply for Disaster Workers' Compensation Insurance;

See Attachment VI, "Information for the Disaster Services Worker about Workers' Compensation Insurance." This attachment provides details on how volunteers apply for Disaster Services Worker Workers' Compensation Insurance and the necessary forms;

(1) If volunteers are recruited in advance of an emergency, have them complete the "Disaster Services Worker Registration and Loyalty Oath," OES Form 99, Attachment VII;

(2) If volunteers are required during an emergency, have them complete the "Volunteer Enrollments' Loyalty Oath," Attachment VIII;

(3) Completed reproductions of Attachment VII, and VIII forms should be sent to the Emergency Management division of the Fire Department for their filing; and

(4) If a volunteer is injured, he/.she is covered by the State Compensation Insurance Fund and must report the injury immediately to their supervisor. Attachment IX, SCIF Form 3267 (referred to as SCIF Form 67), "Disaster Services Report of Occupational Injury of Illness," must be completed and submitted with Attachment X, SCIF Form 3301, "Employee Claim for Workers' Compensation Benefits to the nearest SCIF Office.

o. Employees with specific skills: If you need to determine specific skills and experiences of staff who are needed for special assignments relevant to disaster response and recover, pull your copy of the employee's "County of Orange Social Services Agency Disaster Preparedness Employee Questionnaire" (See Attachment XI);

p. Building Disaster Plan evaluation: Review actions after the disaster to evaluate and determine necessary modifications to your building's Disaster Plan. Assess the effectiveness of your building's Disaster Plan. Meet with your key staff after the emergency for input regarding how the Disaster Plan met their needs during the disaster. Take steps to make necessary revisions to the Disaster Plan; and

q. Documentation: Document all actions taken.

CAVEAT

If you have read this far, either a disaster has occurred and you are familiarizing yourself with these guidelines and responsibilities or you are getting better prepared for a future disaster. Just remember, the next time a disaster strikes, you may not have much time to act. Prepare now for a sudden emergency.

Attachment I

Number: D 24

Page: 1 of 1

Date: 1/6/94

Social Services Agency

MULTI-HAZARD

EMERGENCY STAFFING PROCEDURE

SOCIAL SERVICES AGENCY EXECUTIVE CHAIN-OF-COMMAND

with the exception of the Mass Shelter responsibility under the Orange County Emergency Plan "Annex G" (see below), the following is the Chain-of-Command for the Social Services Agency:

SOCIAL SERVICES AGENCY

MULTI-HAZARD

EMERGENCY STAFFING PROCEDURE

THE SOCIAL SERVICES AGENCY EXECUTIVE CHAIN-OF-COMMAND

The following is the Chain-of-Command for the Social Services Agency:

POSITION	NAME	WORK PHONE	BLACKBERRY
Director	Ingrid Harita	541-7773	473-8612
Chief Deputy Director	Michael Riley	541-7707	580-1289
Director of Administrative Services	Vacant	Vacant	Vacant
Chief Deputy Director Administrative and Financial Services	Carol Wiseman	541-7776	904-9065
Director of Children & Family Services	Mike Ryan	541-7793	580-1159
Director of CalWORKs Family Self Sufficiency	Phyllis Watanabe	541-7810	580-1713
Director of Adult & Assistance Services	Rebecca Guider	541-7783	580-1666

MASS CARE & SHELTER RESPONSIBILITY

For Mass Care & Shelter Responsibility under "Annex G", the Chain-of-Command is:

- Director
- Chief Deputy Director and Director of Administration
- Director of Administrative Services
- Director of Children and Family Services
- Director of CalWORKs Family Self-Sufficiency
- Director of Adult Services and Assistance Programs

MASS CARE & SHELTER RESPONSIBILITY

For Mass Care & Shelter Responsibility under "Annex G," the Chain-of-Command is:

Director

Chief Deputy Director

Director of Adult & Employment Services

Director of Financial Assistance

Director of Children's Services

Director of Agency Administration

Attachment II

DAMAGE AND OPERATIONAL ASSESSMENT REPORT

INSTRUCTION: The Building Manger shall inspect the facility and complete this report within six business hours

after a major disaster. It shall be reviewed and approved by the Division Director.

Date: Time:

Name of Facility:

Address:

Building Area Surveyed: Floor of , Basement ☐ Parking ☐

Person Reporting:

(Name) (Title) (Telephone No.)

BUILDING DAMAGE ASSESSMENT: (use key below)

Key: 1 - Major Damage 3 - Minor Damage

2 - Moderate Damage 4 - No Damge

	Key #	Comments: Describe damage, hazards
a. Structural		
b. Roof		
c. Ceilings		
d. Walls		
e. Rooms Unusable		
f. Windows		
g. Floors		
h. Hallways		
i. Stairs		
j. Electricity		
k. Natural Gas		
l. Water		
m. Telphones		
n. Office Equipment		
o. Sewer Lines		
p. Plumbing		
q. Air Conditioning		
r. Fire Sprinklers		

IS BUILDING SAFE FOR OCCUPANCY: YES ☐ NO ☐ UNK ☐

IS SAFETY JEOPARDIZED BY ADJACENT BUILDINGS? YES ☐ NO ☐ UNK ☐

(10/14/93)

Attachment III

SOCIAL SERVICES AGENCY

MULTI-HAZARD

EMERGENCY STAFFING PROCEDURE

CHECKLIST

PRE-EMERGENCY

Train employees on the emergency staffing procedure.

EMERGENCY

Notify critical employees that the emergency staffing procedure is being implemented

Ensure that primary or alternate work sites have been surveyed since the emergency began to ensure employee safety and resources

If possible, provide necessary transportation to the work site for critical employees when roads are impassable.

Brief critical employees on the 24-hour staffing patterns for the duration of the emergency.

Brief critical employees on any modifications to chain of command or line of succession for the duration of emergency.

Ensure that families of critical employees will be cared for during the emergency.

Release employees from work to care for their families where necessary.

Consider the use of volunteers to perform operations where staffing is limited.

POST-EMERGENCY

Coordinate the application process so volunteers may apply for Disaster Workers' Compensation Insurance.

Review actions after a disaster has occurred to evaluate and determine necessary modifications to Disaster Plan.

Inventory and replenish supplies used and depleted.

Attachment IV

SSA STAFF DEPLOYMENT CHART

(The building manager shall ensure that this form is completed

for all employees assigned to an alternate work site)

NAME	TITLE	REGULAR WORK SITE WORK LOCATION AND PHONE NO.	ALTERNATE WORK SITE WORK LOCATION AND PHONE NO.	DATE	
				ASSIGNED	RETURN

Attachment V

SSA DISASTER ASSIGNMENT SIGN-IN LOG

Location

Mgr. Approval Signature

Date (Start a new form each day)

TYPE OF DISASTER ASSIGNED:

☐ SHELTER ☐ SERVICE CENTER OR DISASTER ASSISTANCE CENTER ☐ DISASTER VICTIM INQUIRY

			REGULAR WORK ASSIGNMENT					
NAME (PRINT)	**EMPL. NO.**	**PAYROLL TITLE**	**DIVISION**	**PAY LOC. CODE**	**BUILDING NUMBER**	**TIME IN**	**TIME OUT**	**TOTAL HOURS**

Attachment VI

Information for the

for the

DISASTER SERVICE WORKER

about

Workers' Compensation

Benefits

State of California

Office of Emergency

Services

STATE CONTRACT SERVICES-SACRAMENTO

2450 Venture Oaks Way

Sacramento, CA 95833

(916) 567-7500

STATE CONTRACT SERVICES- STATE CONTRACT

MONTEREY PARK SERVICES-RIVERSIDE

900 Corporate Center Drive 6301 Day Street

Monterey Park, CA 91754 Riverside. CA 92507-0902

(213) 266-5500 (714) 697-7300

STATE FUND DISTRICT OFFICES

ARCADIA

125 West Huntington Drive

Arcadia, CA 91007-'3050

(818) 574-2fiOO

BAKERSFIELD

9801 Carmino Media

Bakersfield. CA 93311-1303

(805) 664-4000

CERRITOS

10820 East 183rd Sleet

Cerritos, CA 90701 -80 10

(310) 809-6600

EUREKA

900 S:Yentli9SIreet

Eureka, CA 5501-1115

(70 7) 443-9721

FRESNO

2222 West Shaw Avenue

Fresno, CA 93711-3407

(209) 445-6363

LOS ANGELES 900 Corporate Center Drive

Monterey Park, CA 91754-7618

(213) 266-5000

OAKLAND

2955 Peralta Oaks Court

Oakland, CA 94605-5398

(510) 577-3000

REDDING

364 Knollcrest Drive

Redding, CA 96002-0104

(916) 223-7000

RIVERSIDE

6301 Day Street

Riverside, CA 92507-0902

(909) 656-8300

SACRAMENTO

2275 Gateway Oaks Drive

Sacramento. CA 95833-3255

(916) 924-5100

SAN BERNARDINO

375 West Hospitality Lane

San Bernardino. CA 92408-3217

(909) 384-4500

SAN DIEGO

9444 Waples Street

San Diego, CA 92121-2940

(619) 552-7000

SAN FRANCISCO

150 4th Street. Suite 400

San Francisco, CA 94103-1401

(415) 974-8100

SAN JOSE

6203 San Ignacio Avenue

San Jose, CA 95 I I 9

(408) 297-1 714

SANTA ANA

2223 Wellington Avenue

Santa Ana. CA 92701-3195

(714) 565-5000

SANTA ROSA

1450 Neolomas Avenue

Santa Rosa, CA 95405- 7581

(707) 573-6300

SOUTH ORANGE COUNTY

3150 Bristol Street, Suite 400

Costa Mesa, CA 92626-3038

(714) 668-3445

STOCKTON

3247 West March Lane

Stockton, CA 95219-2304

(209) 476-2600

OXNARD

2901 North Ventura Road

Oxnard, CA 93030

(805) 988-5200

WEST LOS ANGELES

5700 Wilshire Blvd. Suits 400

Los Angels. CA 90036-3663

(213) 965-2100

WOODLAND HILLS

21300 Victory Blvd. Suite 500

Woodland Hills, CA 91367-2525

(818) 888-4750

STATE

COMPENSATION

INSURANCE

FUND

What is Workers' Compensation?

Are Disaster Service Workers covered?

Workers' Compensation is a special kind of benefit to assist employees who are injured on the job or become ill from the disease caused by the job. Damage to the artificial limbs, dentures or medical braces is also considered an injury if it is work related.

Workers' compensation benefits are set by the Legislature and spelled out in the California Labor Code. One section in the Labor Code defines Disaster Service workers as "employees" under certain conditions and describes their benefits.

Who is a Disaster Service Worker?

When is he or she eligible for workers compensation benefits?

A Disaster Service Worker is anyone who is registered with a Disaster Council approved by the California Emergency Council, or any person ordered to perform services during a "state of war emergency", or an " state of emergency" or "local emergency" by a person or body having authority to command the aid of citizens to carry out assigned duties. A state emergency may be proclaimed by the Governor as a result of such conditions as air pollution, fire, flood, storm, epidemic, riot or earthquake.

A Disaster Service Worker might be a reserve policeman, an auxiliary fireman, an emergency welfare worker, a communications specialist, a medical worker, a transportation specialist, clerk, or anyone qualified to perform services in one of a number of fields.

A Disaster Service worker is eligible for worker's compensation benefits while performing assigned duties or undergoing any authorized training activities. However, if a Disaster Service Worker or the Disaster Council with which he or she is working is *paid* for these services, an "employer-employee" relationship exists and an injured worker would be entitled instead to workers' compensation benefits in the usual way and not under the special provisions for Disaster Service workers. Also, any members registered as active firefighters of any regularly organized and municipally supported volunteer fire department are excluded from coverage for Disaster Service benefits.

If you are engaged in regularly scheduled Disaster Service activities, including authorized training, your coverage is only *during* such activities -not while you are en route between your home and the place to which you are to report for service or training. However if you are a Disaster Service worker suddenly called to duty during an emergency, your workers' compensation coverage starts when you leave your house and lasts until you are able to return, as long as you make nor route deviations for personal reasons.

What are the workers' compensation benefits for Disaster Service Workers?

If your are injured, you will receive the medical care your condition requires at no cost to you.

During the first 30 days following the date that the injury was reported on the "Employee Report of Injury Form" your treating doctor may be designated by your employer or State Compensation Insurance Fund, who is the adjusting agency for Disaster Service injury claims. The "Employee Report of Injury Form" should be provided to you by the Disaster Council for which you were working and it is imperative that this form be completed and returned to the Disaster Council for forwarding to State Fund as soon as possible so that there will be no undue delay in benefit provision.

If your are dissatisfied with the treating physician during this 30-day period, you can request a change and you will be provided with a panel of names to choose form. After 30 days, you may select a physician of your choice. If, *prior* to an injury you gave your Disaster Council written notice of the name of your personal physician or chiropractor, who maintains your records of prior care, then you may go to this physician or chiropractor for treatment immediately after injury.

If your injury disables you more than 3 days, you will start receiving the maximum temporary disability benefit allowed by law at that time of injury for the time that disability is authorized by your doctor. There is no 3-day waiting period if your injury requires overnight hospitalization. If you are not hospitalized but your disability extends beyond 14 days, then you will receive retroactive compensation for the 3-day waiting period.

When your condition has stabilized-that is when your doctor reports that it will get neither better nor worse - you may be eligible for further cash benefits if your injury has left you with any lasting effect. This is called "permanent

disability". Permanent disability payments are based on tables that use age and occupation at time of injury along with your doctor's description of the lasting effects of the injury. In cases of extreme permanent disability a life pension may be payable, and would be paid at the maximum level allowed by law whre an injury has left a Disaster Service worker totally disabled for life. If an injury leads to death, surviving dependents would be entitled to death benefits which would normally be paid over several years time. In addition, a burial allowance is paid.

For current rates and levels of benefits you may call State Fund Claims representative who specializes in handling Disaster Service injury claims in your area.

Who pays these benefits and where does the money come from?

The State Compensation Insurance Fund pays workers' compensation benefits to Disaster Service workers on behalf of the Disaster Service Councils. The State Fund is a State Division within the Department of Industrial Relations. The monies for these benefits come from special funds appropriated by the California State Legislature.

Who reports the injuries?

The Director of your Disaster Council is responsible for reporting any injury as soon as possible to the nearest State Fund office using a specified form and in no more than five days after his knowledge of the injury.

What should I do when I am injured?

Report it immediately to your supervisor. The supervisor is responsible for providing you with the "Employee Report of Injury Form". It is your responsibility to complete your portion of the form and return it to your supervisor as soon as possible so that a benefit determination will not be delayed.

It should be noted that legislation which became effective January 1, 1992 states that "any person who makes or causes to made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony."

What if I have further questions about my benefits now or after injury?

Contact the nearest State Fund Office (see list on back of this brochure) and ask to speak to the claims representative who specializes in Disaster Service workers' claims. The representative will be glad to answer any questions you might have.

What if there is disagreement as to entitlement to workers' compensation benefits?

The workers' compensation system was designed to provide benefits automatically. However on occasion there ar situations in which benefits are denied or in which you may believe you are not receiving all the benefits to which you are entitled. If after discussion with a State Fund claims representative you are not able to reach an agreement, you may request assistance from the State Division of Workers' Compensation which is a section of the California of Industrial Relations. The Division has established an Information and Assistance Officer program to aid you in resolving such problems quickly and informally. Simply contact the nearest local office of the Division of Workers' Compensation and request the name of the Information and Assistance Officer in your area.

If the Division of Workers' Compensation is unable to resolve your problem, you may engage an attorney to represent you. An attorney would proceed in your behalf to informally resolve the problem. If informal attempts by the attorney are also not successful, then the final step would be for the attorney to file an "application" for hearing before a Judge of the Workers' Compensation Appeals Board. If the Board grants you an award of benefits, it would set aside part of it as your attorney's fee - usually between 10 and 15 percent.

STATE DIVISION OF WORKER'S COMPENSATION

INFORMATION AND ASSISTANCE OFFICERS

Fresno 209/445-5355

Long Beach 310/590-5240

Los Angeles 213/897-1446

Norwalk 310/863-3405

Oakland 540/464-1358

Pomona 714/623-8568

Sacramento 916/920-6986

Salinas 408/443-3058

San Bernardino 714/383-4522

San Diego 619/525-4539

San Francisco 415/557-1954

San Jose 408/277-1292

Santa Ana 714-558-4597

Santa Monica 310/452-1188

Santa Rosa 707/576-2452

Stockton 209/463-6201

Van Nuys 818/901-5374

Ventura 805/654-4701

This pamphlet has been approved by the Administrative Director of the Division of Workers' Compensation

13760 (New 4/93) STATE COMPENSATION INSURANCE FUND

Attachment VII

DISASTER SERVICE WORKER REGISTRATION & LOYALTY OATH

Date Enrolled

Name: ID Card No.

Address: Date of birth

Hair Eyes

Telephone No. Height Weight

Class Assigned Prof. Lic. No.

(if applicable)

Loyalty Oath or Affirmation (Govt. Code Sec. 3102)

I, , do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United Stated and the Constitution of the State of California; that take this obligation freely, without any mental reservations or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Taken and subscribed before me

on 20 Signature of Volunteer/Disaster Service Worker

at , California

Signature of Authorized Official Title

CES 99 rev 1979

The completion of the information identified by an asterisk on the reverse side of this form is mandatory in accordance with Govt Code Sec. 3589 and the California Emergency Council Rules and Regulations; all other information is voluntary. *Purpose of information* is registration as a Disaster Service Worker. The official responsible for maintenance of this information and the location filed are shown below.

Disaster Council

Location filed

Address

Responsible Officer/Title

Telephone No.

Local Agency Use

Attachment VIII

VOLUNTEER ENROLLMENTS' LOYALTY OATH

FOR EMERGENCY USE ONLY

STATE OF CALIFORNIA

COUNTY OF ORANGE

By my signature which appears below, I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

NAME (PRINT)	ADDRESS (PRINT)	DATE ENROLLED	CLASS OF SERVICE	EXCEPTIONS TO LOYALTY OATH (If none, write "NO	SIGNATURE

EXCEPTIONS")

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

Subscribed and sworn to me before me this day of , 20

Signature of Authorizing Official

FOR EMERGENCY USE ONLY

Title

Attachment IX

State of California DISASTER SERVICE REPORT OF OCCUPATIONAL INJURY OR ILLNESS	Please complete in quadruplicate. Retain one copy for your files and mail the original and one copy to STATE COMPENSATION INSURANCE FUND SEE REVERSE FOR STATE FUND ADDRESSES. ALSO SEND ONE COPY TO: OFFICE OF EMERGENCY SERVICES 2800 MEADOWVIEW ROAD, SACRAMENTO, CA 95832-1499 BOTH SIDES OF THIS FORM MUST BE COMPLETED	OSHA Case or File No. DR

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) results in lost time beyond the day of injury, (b) requires medical treatment other than first aid. PLEASE NOTE: In addition, if death results or if the injury of illness: (a) requires inpatient hospitalization of more than 24 hours for other than medical observation; or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of California Division of Occupational Safety and Health also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results form an accident on a public street or highway.

1. LOCAL ACCREDITED DISASTER COUNCIL	1A. POLICY NUMBER	PLEASE DO NOT USE THIS

		COLUMN
2. MAILING ADDRESS (Number and Street, City, ZIP)	2A. PHONE NUMBER	CASE NO.
3. LOCATION, IF DIFFERENT FROM MAIL ADDRESS	3A. LOCATION CODE	OWNERSHIP
4A. NATURE OF BUSINESS, e.g.: painting contractor, wholesale grocer, sawmill, hotel, etc. DISASTER SERVICES	5. STATE UNEMPLOYMENT INSURANCE ACCT NO.	
4B. TYPE OF OMPLOYER PRIVATE STATE CITY COUNTY SCHOOL DISTRICT OTHER GOVERNMENT-SPECIFY x DISASTER COUNCIL		INDUSTRY
5. WORKER'S NAME	7. DATE OF BIRTH (MM-DD-YY)	
8. HOME ADDRESS (Number and Street, CITY, ZIP)	8A. PHONE NUMBER	OCCUPATION
9. SEX Male Female OCCUPATION (Regular job title, not specific activity at time of injury)	11. SOCIAL SECURITY NUMBER	SEX
12. DEPARTMENT IN WHICH REGULARLY EMPLOYED	12A. DATE OF HIRE (MM-DD-YY)	AGE
13. HOURS USUALLY WORKED HOURS PER DAY 13A. DAYS PER WEEK 13B. TOTAL WEEKLY HOURS	13C.	DAILY HOURS
14.		DAYS PER WEEK
15. WHERE DID ACCIDENT OR EXPOSURE OCCUR? (Number and Street, City) 15A. COUNTY	15B. ON COUNCIL'S PREMISES? YES NO	WEEKLY HOURS
16 WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using)		
17. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary)		COUNTY
18. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE, e.g.: the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that penetrated the skin; in cases of strains, the thing he was lifting, pulling, etc.		NATURE OF INJURY
19A. DESCRIBE THE INJURY OF ILLNESS, e.g.: cut, strain, fracture, skin rash, etc.	19b. PART OF BODY AFFECTED, e.g.: back, left wrist, right eye, etc.	PART OF BODY
20. NAME OF ADDRESS OF PHYSICIAN (Number and Street, City, ZIP)		SOURCE
21. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL (Number and Street, City, ZIP)		ACCIDENT TYPE
22. DATE OF INJURY OR ILLNESS 23. TIME OF DAY a.m. p.m. 24. Did employee lose at least one full day's work after the injury? (MM-DD-YY) (MM-DD-YY) NO YES - Date last worked		A.O.S.
25. HAS EMPLOYEE RETURNED TO WORK? (MM-DD-YY) 26. Did employee die? (MM-DD-YY) No, still off work Yes, date returned No YES - Date of Death		EXTENT OF INJURY
27. WAS ANOTHER PERSON RESPONSIBLE? IF YES, GIVE DETAILS ON REVERSE SIDE YES NO		CODED BY

Completed by (type or print)	Signature	Time	Date

FILLING THIS REPORT IS NOT AN ADMISSION OF LIABILITY . NOTICE OF WORKER'S COMPENSATION BENEFITS

.....YOUR KNOWLEDGE OF INJURY

FORM 5020 (REV.5)

April 1987

29. NAME AND ADDRESS OF PRESENT EMPLOYER	29. .....REGULAR.....AT THE TIME OF THE INJURY

30. WAS INJURED REGISTERED WITH A LOCAL ACCREDITAD DISASTER COUNTIL? IF SO, WHICH	
31, DID INJURY ARISE OUT OF ACTIVITIES AS A DISASTER SERVICE WORKER?	

STATE COMPENSATION INSURANCE FUND ADJUSTING OFFICES

PO BOX 9729	P.O. BOX 496049	P.O. BOX 759
BAKERSFILED, CA 93389-9729	REDDING, CA 92649-6049	SAN JOSE, CA 95106-0759
P.O. BOX 4973	P.O. BOX 659011	P.O. BOX 2407
EUREKA, CA 95502-4973	SACRAMENTO, CA 95865-9011	SANTA ROSA, CA 95405-0407
P.O. BOX 40000	P.O. BOX 1316	P.O. BOX 8000
FRESNO, CA 92705-4000	SAN BERNARDINO, CA 92402-1316	STOCKTON, CA 95208-0015
P.O. BOX 2037	P.O. BOX 85488	P.O. BOX 25280
MONTEREY PARK, CA 91754-8937	SAN DIEGO, CA 92138-5488	VENTURA, CA 93002-5280
P.O. BOX 12971	P.O. BOX 807	
OAKLAND, CA 94604-2971	SAN FRANCISCO, CA 94101-0807	

Attachment XI

County of Orange

Social Services Agency

Disaster Preparedness

Employee Questionnaire

Name Date

Home Address: ZIP

Work Address: BLDG #

Telephone: Home Work

Job Assignment

Immediate Supervisor Work Telephone

Emergency Contact: Name Relationship

Address: Phone

Your skills and Training:

CPR Certified	Expiration Date
Red Cross First Aid	Expiration Date
Red Cross Mass Care Training	
Prior Experience Homeless Shelter	

PC Literate - Which Programs?
Languages (other than English)
Class II Driver's Licenses Expiration Date
Ham Operator Licenses
Crisis Intervention
Clerical
Other:

Designate your preference for assignment during a disaster:

		Site Management Mass Care Shelters	
		Support Services	
			Clerical
			Food Preparation/Service
		Disaster Welfare Inquiries	
Optional:		Do you have any reasons such as a medical condition or family circumstances which may preclude you from working at a shelter?	
		Yes No	