Good morning,

The State Emergency Operations Center (SEOC) is still interested in receiving information on staff who may be available for other needs during this time. If you have staff (care attendants, LNA's, RN, people with emergency operations experience etc.) that are available and interested in being a resource, please share with them the attached "Staff Information Sheet". **Please email the Staff Information Sheets to Liz Perreault at liz.perreault@vermont.gov.**

As we compile the information, please know that the State is also planning for how to pay staff that are redirected for COVID-19 emergency operations. That is information we will share when it becomes available.

NOTE: This request for paid workers is in addition to the request yesterday for volunteers for medical and other needs.  Those can be entered here: https://www.vermont.gov/volunteer.

Thank you for your continued support. Be well.

Sincerely,

*Megan Tierney-Ward*
Deputy Commissioner

Department of Disabilities, Aging & Independent Living
https://dail.vermont.gov/
Megan.Tierney-Ward@vermont.gov

Main: (802) 241-2401
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**<span style="color:red">An important reminder</span> -- Please take these everyday preventive actions to help stop the spread of germs:**

- Wash your hands often with soap and water for at least 20 seconds.
- If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

**Up to date information about the Coronavirus (COVID-19) can be found at:**

https://dail.vermont.gov/novel-coronavirus-information
https://www.healthvermont.gov/response/infectious-disease/2019-novel-coronavirus

# Staff Information Sheet

AHS Staffing Branch

| Name: | Address: |
|---|---|
| Cell Phone: | Contact Email(s): |
| Other Phone: | Credentials: |

| | |
|---|---|
| **Current Background Check:**<br>☐ Yes ☐ No ☐ Pending | **Specialty(ies):**<br><br>☐ General ☐ Mental Health ☐ Nursing ☐ Social Work ☐ Administrative |
| **Employment Status:**<br>☐ Working ☐ Retired | ☐ Substance Use Disorder ☐ General Health ☐ Other: _____ |

| Skills (if applicable): | Specific Medical Skills (if applicable): | |
|---|---|---|
| ☐ Administrative<br>☐ Carpentry<br>☐ Childcare Provider<br>☐ Driver<br>☐ EMS<br>☐ Fire<br>☐ HAZMAT<br>☐ IT-computer<br>☐ IT-phone systems<br>☐ Janitorial<br>☐ Law Enforcement<br>☐ Maintenance<br>☐ Meal Service<br>☐ Sanitation<br>☐ Security<br>☐ Urban Search and Rescue<br>☐ Other: | ☐ Certified Home Health Aid<br>☐ Certified Nurse Aide<br>☐ Clinical Lab Technician<br>☐ Clinical Laboratory Technologist<br>☐ Clinical Nurse Specialist<br>☐ Dental Hygienist<br>☐ Dentist<br>☐ LNA<br>☐ LPN<br>☐ Mental Health Professional<br>☐ Midwife<br>☐ Nurse Anesthetist<br>☐ Nurse Practitioner<br>☐ Perfusionist<br>☐ Pharmacist<br>☐ Physical Therapist | ☐ Physician- Anesthesiologist<br>☐ Physician- Emergency Department<br>☐ Physician- Infectious Disease<br>☐ Physician- Intensive Care<br>☐ Physician- Other<br>☐ Physician- Pulmonologist<br>☐ Physician- Surgeon<br>☐ Podiatrist<br>☐ Registered Nurse<br>☐ Respiratory therapist<br>☐ Respiratory therapy tech<br>☐ Specialist Assistant<br>☐ Substance Abuse Clinician<br>☐ Other: |

| Preferred Shifts: | If known, specific availability: |
|---|---|
| ☐ Daytime<br><br>☐ Evening<br><br>☐ Overnight<br><br>☐ Standby<br><br>**Comments (if applicable):** | *Sunday* ☐ ☐ ☐ ☐<br>Daytime \| Evening \| Overnight \| Standby<br><br>*Monday* ☐ ☐ ☐ ☐<br>Daytime \| Evening \| Overnight \| Standby<br><br>*Tuesday* ☐ ☐ ☐ ☐<br>Daytime \| Evening \| Overnight \| Standby<br><br>*Wednesday* ☐ ☐ ☐ ☐<br>Daytime \| Evening \| Overnight \| Standby<br><br>*Thursday* ☐ ☐ ☐ ☐<br>Daytime \| Evening \| Overnight \| Standby<br><br>*Friday* ☐ ☐ ☐ ☐<br>Daytime \| Evening \| Overnight \| Standby<br><br>*Saturday* ☐ ☐ ☐ ☐<br>Daytime \| Evening \| Overnight \| Standby |
| **Area(s) of Desired Travel:**<br><br>☐ Central ☐ Northern ☐ Northern/Central<br><br>☐ Southern ☐ Southern/Central ☐ Statewide | **Willingness to work with COVID-19 positive individuals:**<br>☐ Yes ☐ No ☐ Unsure<br><br>**Willingness to work in isolation settings with people who may have been exposed to COVID-19:**<br>☐ Yes ☐ No ☐ Unsure |
| **Any other information or context that may be helpful to know:** | |