Professional Preparedness Plan for Veterinary Organizations
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Background: Much the same as an emergency preparedness and CPR/first aid training, the Professional Preparedness Plan (PPP) will organize essential information in one place for easy access. During stressful, emergent or potentially life-threatening situations, having resources readily available can reduce stress and maximize your ability to calmly and thoughtfully respond.

As with any preparedness plan, the PPP should be updated periodically. Everyone in the practice should have a copy of, or access to, the plan, personalized with their own information where applicable. As well, the plan should be posted in easily accessed locations so that all can easily access. The PPP can also be saved as a file on the desktop screen of computers so that websites and email addresses are more easily accessible.

It is wise to maintain a list of personnel, their expected location during work hours, and their contact numbers in case of emergency that requires evacuation.

Information For Emergency Responders and Health Department (provide your location and contact information):

Name of your business, institution (and department if applicable), etc.

_________________________________________________________

Point of Contact (POC) and title:

_____________________________________________________________________________________

Physical Location (address) and detail about how to find you if your location is not very obvious:

Street:________________________________________ City:_________

State:__________ Zip code:__________________________

Telephone numbers: ____________________________(primary)
(secondary or “backline”)

(cellular phone for POC)

Specific instructions to find location:


Pre-determined safe gathering site for coworkers outside and safely away from building(s) that may be dangerous (fire, earthquake, etc.)


Out of State central contact for organization (if local telephone communications are not functioning):

Name of Contact: __________________________________________________________

Location: ____________________________ Telephone: _______________________

Suicide helpline:

Name of Agency: __________________________________________________________

Telephone: _______________________ Website: _____________________________

Professional Liability Insurance:

Provider Name: __________________________________________________________

Telephone: _______________________ Fax: _________________________________

Policy/Certificate Number: __________________________
Email: ____________________________________________________
Website: ________________________________________________

**State Professional Licensing/Disciplinary Agency:**

Name of Agency: __________________________________________
Primary Contact: __________________________________________
Telephone: ________________________ Fax: ____________________
License number: _______________ Expiration/renewal date: ____________
Website: ____________________________
Email: ______________________________

**State Veterinary Medical Association:**

Name of Organization: ________________________________
Primary Contact: _________________________________________
Telephone: ________________________ Fax: ____________________
Website: ____________________________
Email: ______________________________

**County Emergency Coordinator:**

Name of Agency: __________________________________________
Primary Contact: __________________________________________
Email: ________________________________________________

**Animal Control Agency:**

Name of Program: _________________________________________
Telephone: ___________________________  Fax: ___________________________

Website: ______________________________

**Reserve Veterinary Corps:**

Point of contact: ____________________________________________________________

Email: _______________________________

Telephone: ___________________________  Fax: ___________________________

Address: ________________________________________________________________

Website: ______________________________

**State Veterinarian/State Department of Agriculture:**

State Veterinarian: ___________________________________________________________

Telephone: ___________________________  Fax: ___________________________

Email: _______________________________

Website: ______________________________

**Local Health Department:**

Name of Agency: _____________________________________________________________

Telephone: ___________________________  Fax: ___________________________

Email: _______________________________

Key Contact: __________________________

Website: ______________________________

**State Physician’s Health Program-Veterinarians:**

Telephone: ___________________________  Fax: ___________________________
Email: ________________________________

Website: ________________________________

Key Contact: ________________________________

**State Health Program for veterinary technicians, medical clerks, etc.:**

Name of Program: ________________________________

Telephone: ________________________________    Fax: ________________________________

Website: ________________________________

Key Contact: ________________________________

**Utilities:**

Location of main water shut off: ________________________________

______________________________________________________________________________

______________________________________________________________________________

Location of main electrical service panel: ________________________________

______________________________________________________________________________

______________________________________________________________________________

Location of main natural gas or propane shut off: ________________________________

______________________________________________________________________________

______________________________________________________________________________

Location of septic drain field: ________________________________

______________________________________________________________________________
Location of underground utility lines (water, sewer, electrical, telephone, cable, etc):

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________