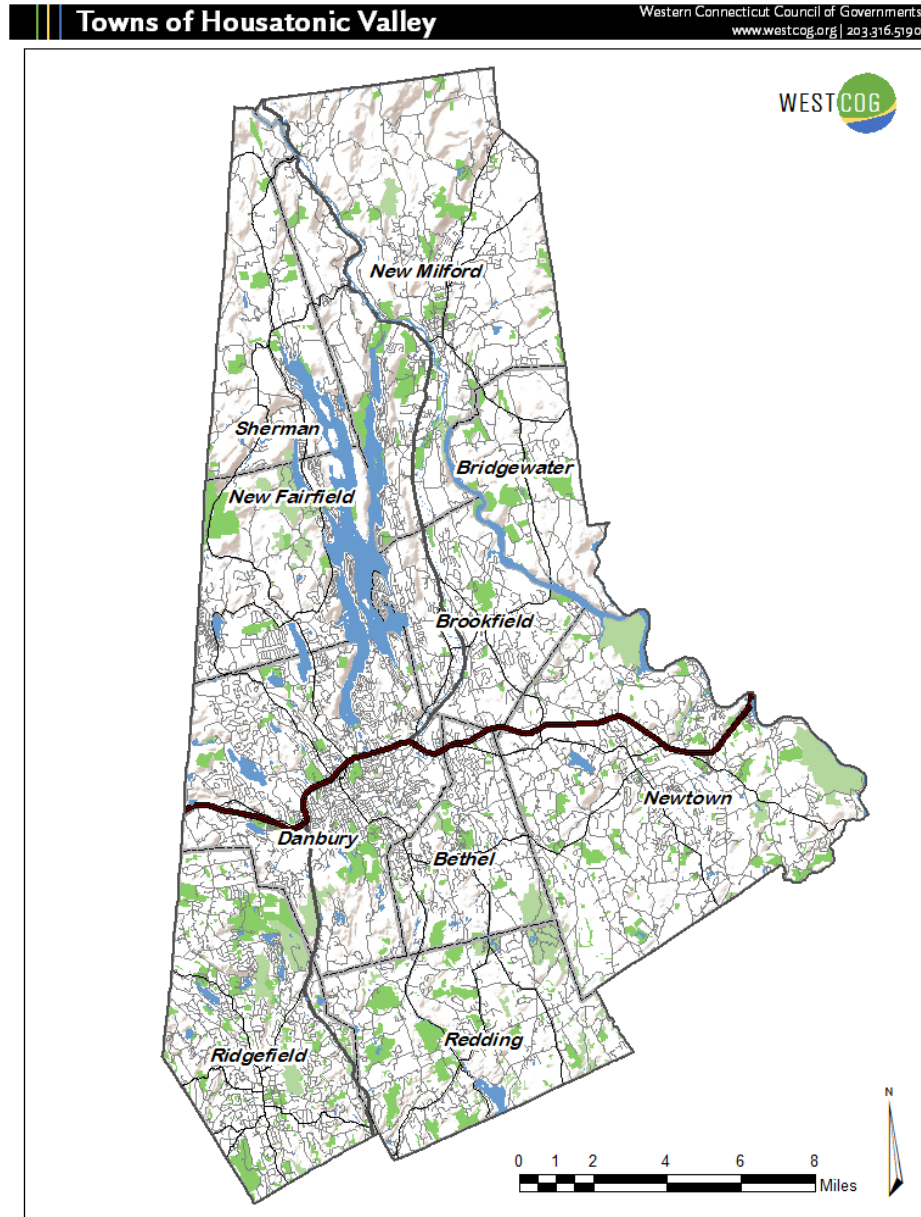


# Special and Functional Needs Sheltering Planning Guide 2016



*Prepared for:*  
The Housatonic Valley Region  
Public Health Emergency Planning Committee

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*Prepared by:*  
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### Acknowledgement

*The content contained within this Special and Functional Needs Shelter Planning Guide was adapted in large part from the 2012 Regional Shelter Plan Template created by the Western Regional Homeland Security Advisory Council (WRHSAC).*

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## Planning Guide Purpose and Authority

The purpose of this document is to provide a framework for the ten municipalities of the Housatonic Valley Region – Public Health Emergency Planning Committee (HVR-PHEP) to improve the sheltering of individuals requiring additional assistance. Individuals requiring additional assistance can be defined as those individuals with disabilities or access and functional needs.

Municipalities of the Housatonic Valley Region - Public Health Emergency Planning Committee			
Bethel	Bridgewater	Brookfield	Danbury
New Fairfield	New Milford	Newtown	Redding
Ridgefield	Sherman		

The objectives of this Planning Guide are to:

- Better prepare the region to provide safe and effective sheltering for individuals who require additional assistance due to access and functional needs in the most integrated setting possible;
- Deliver a mechanism for increased coordination and situational awareness among participating communities;
- Provide for the integration and sharing of resources and capabilities of the governments of HVR-PHEP and the private sector for emergency sheltering, if possible;
- Provide tools to emergency responders and decision makers to efficiently contact individuals requiring additional assistance during emergencies to determine sheltering needs; and
- Reduce the presentation of persons with non-emergent and non-acute medical needs to Western Connecticut Health Network facilities during times of a major regional emergency.

According to the 2014 Connecticut Natural Hazard Mitigation Plan, the Housatonic Valley Region is vulnerable to the following hazards: Winter Storms, Tornados, Severe Thunderstorms, Fixed Site and In Transit Hazardous Materials Incidents, Hurricanes/Tropical Storm Nor'easters, River Flooding, and Ice Jams<sup>1</sup>. Any one of these hazards could result in the need for regional sheltering.

The recommendations contained within this Planning Guide are consistent with the National Incident Management System (NIMS) and complements local Emergency Operations Plans (EOP). It is compliant with the Americans with Disabilities Act (ADA). Persons with access and functional needs must have access to sheltering and mass care services and facilities.

**Authority** for this Planning Guide is contained in Title 28, Chapter 517, of the Connecticut General Statutes (CGS), as amended.

Pursuant to Section 28-7 of the CGS, the municipalities shall submit their emergency operation plans as approved by the local Emergency Management Directors and the local Chief Elected Officials to the State Director of Emergency Management.

This Regional Special and Functional Needs Sheltering Planning Guide for Housatonic Valley Region Public Health Emergency Planning Committee (HVR-PHEP) is effective upon signing by the Chief Executive Officers of the ten municipalities.

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<sup>1</sup> [http://www.ct.gov/deep/lib/deep/water\\_inland/hazard\\_mitigation/ct\\_nhmp\\_adopied\\_final.pdf](http://www.ct.gov/deep/lib/deep/water_inland/hazard_mitigation/ct_nhmp_adopied_final.pdf)

## Planning Guide Distribution/Approval

Upon approval of this Planning Guide by the Chief Elected Official, the Emergency Management Director shall insure prompt distribution of the Planning Guide to the following agencies and organizations of each municipality:

Housatonic Valley Region Public Health Emergency Planning (HVR-PHEP) Committee Chair  
Chief Elected Official  
Health Department/District Director  
Health Department/District Medical Advisor  
Emergency Management Director  
Social/Senior Services Director  
American Red Cross stakeholders  
Western Connecticut Health Network

The Emergency Management Director and Health Director shall also ensure that all updates to this Planning Guide, approved by their local Chief Elected Official, are promptly distributed to the aforementioned agencies and organizations.

## Situation

In 2013, the HVR-PHEP recognized the need for a more integrated approach for sheltering individuals who required additional assistance (IRAA). This includes individuals with disabilities as well as individuals with access and functional needs.

Enhanced shelter planning became a regional priority after several storms resulted in significant power outages in the area, necessitating sheltering of a number of persons with functional needs. During two of these storms, Western Connecticut Health Network's Danbury Hospital, in conjunction with the City of Danbury Office of Emergency Management and other partners, provided enhanced shelter services for individuals requiring additional assistance; once at the mid-town campus of Western Connecticut State University, and once at the Danbury Hospital campus. Operation of this enhanced functional needs shelter resulted in a considerable strain to staffing and materiel resources for both Danbury Hospital and City of Danbury Emergency Management. This situation could not continue and the HVR-PHEP sought to create a regional model.

After hiring a contractor, significant planning took place. All shelters were inspected to understand their ability to support regional operations. After a review and multiple iterations of potential concepts of operations, it was determined that the best course of action would be to bolster the capability of all local shelters, while increasing coordination with those individuals requiring additional assistance and the Western Connecticut Health Network.

This document provides realistic and standards-based guidance and options for municipal sheltering operations for individuals requiring additional assistance.

## Assumptions

1. An emergency or disaster (natural, man-made or national security) can affect the region at any time and result in a major threat to government operations and the health and safety of people within the region.
2. Ongoing preparedness education should emphasize personal self-reliance and preparedness. It is assumed that some people will choose to provide and prepare for their own welfare by sheltering in place. However, sheltering in place cannot occur in an area with mandatory evacuation orders such as flood areas. Assuming some people are safe in their homes on their own for a few days, there will still be a need to establish communications links with those people. One best practice (in a situation when phones and power are out) is having volunteer organizations go door to door handing out printed information. Pre-collecting information regarding special needs will allow responders to prioritize communications.
3. As resources allow, the Town/City's own entities (Police, Fire, EMS, Senior/Social Services Departments) may contact pre-identified individuals with special or functional needs as an incident develops to determine requirements for keeping

individuals in their homes or transporting them to a shelter. These individuals will be encouraged to contact the municipality, if assistance is required.

4. The Town/City is the principal organization responsible for providing sheltering within its jurisdiction during a disaster. While every resident is encouraged to take personal responsibility to be prepared for emergencies and disasters, the ultimate responsibility for sheltering services rests with the local governmental authority. The municipality should plan for events with no advance warning; when shelters may have to be opened with little notice, and for events with sufficient warning time, when facilities and services should be readied and available ahead of the event.
5. In a major emergency or disaster, the resources available within the municipality or region may not be sufficient, requiring outside assistance. Requests for additional assistance should be made to designated regional or state points of contact, using procedures outlined in Region 5 and State Emergency Operation Plans.
6. Private non-profit organizations and community-based organizations that normally respond to disaster situations will do so to the extent possible e.g. Medical Reserve Corps, Community Emergency Response Teams (CERT), American Red Cross, Salvation Army, and the faith community.
7. Neighborhood organizations and local groups, and individuals, some without training, will emerge to provide care and shelter support, independent of local government (i.e. spontaneous volunteers).
8. Shelters will have trained staff and volunteers to manage and operate shelters.
9. Depending on the incident, a percentage of the population seeking shelter will have access and functional needs. Individuals in need of additional assistance may include the people who are:
  - elderly
  - medically fragile or dependent
  - limited English proficiency or with other language capability
  - limited mobility or hearing or vision impairment
  - unaccompanied minors
10. Household pets may be co-located in close proximity to shelters when this capability exists. Service animals remain with the persons to whom they are assigned throughout every stage of emergency assistance and are allowed in the human shelter. Service animal owners are expected to help care for their animals.
11. If an individual receives home care from a provider such as a CNA or VNA, those providers will continue to provide the same services within the shelter.
12. Any shelter activated utilizing this Planning Guide shall not be classified as a medical needs shelter.

## Concept of Operations

### General

- Sheltering individuals requiring additional assistance (IRAA) is to be considered a last resort. Functional and special needs shelters require significant manpower, material, and time to be stood up in before/during an emergency.
  - Individuals requiring additional assistance will be encouraged to stay in their homes (with appropriate equipment and communication by responders) or be transferred to a skilled nursing/long-term care facility that is already designed to accommodate IRAA (authorized through an 1135 waiver).
  - Individuals should not be transported to hospitals unless an acute circumstance exists.
- If IRAA are unable to stay in their homes and no non-hospital facilities are available, they should be transported to a shelter that will accommodate their needs.
  - An existing shelter must be prepared to intake individuals requiring additional assistance.

- All shelters should have access to area hospitals, be centrally located for their municipality, have backup power capabilities, and meet nationally recognized shelter standards to the extent possible, e.g., the American Red Cross's Hurricane Evacuation Shelter Criteria (ARC 4496)<sup>2</sup> and the US Department of Justice's ADA Checklist for Emergency Shelters<sup>3</sup>.
- Shelters will utilize their Health Department/District Medical Advisors to perform on-call medical direction for the Medical Branch within this Planning Guide. The Medical Branch Director shall be a licensed clinician of at least the Emergency Medical Technician-Basic Level.

#### Western Connecticut Health Network (WCHN) Support<sup>4</sup>

- Triage Criteria
  - The Medical Branch Director, onsite EMTs or other credentialed medical staff will work to determine which individuals are appropriate to remain at the shelter and which should be transported to a hospital on the appropriate level of care needed.
- Coordination of Care with Municipal Shelters
  - Municipal shelter staff may require assistance to coordinate care of shelter residents if a decision is made to move them. The WCHN facilities will provide assistance, as resources allow. The Medical Branch Director will contact the Emergency Operations Centers at Danbury or New Milford Hospitals.
- Coordination with Skilled Nursing and Long Term Care Facilities
  - Prior to and during a major regional emergency, such as a hurricane, hospitals may elect to discharge medically stable patients, as appropriate, to skilled nursing and long term care facilities to increase the number of available acute care beds for anticipated emergency victims. To maximize the availability of these resources, WCHN is encouraged to develop pre-event agreements with these facilities. During a disaster, designated shelter and hospital medical leads will collaborate to facilitate placement of sheltered residents into the most appropriate care facility.
- 1135 Waiver<sup>5</sup>
  - WCHN will be asked to liaise with the Connecticut Department of Public Health and the Connecticut Division of Emergency Management and Homeland Security on behalf of the HVR-PHEP to encourage the State to seek an 1135 Waiver, when appropriate. An 1135 Waiver would allow for the waiver of some Medicare and Medicaid as well as Emergency Medical Treatment and Labor Act (EMTALA) requirements. This may be useful to ensure that shelter residents get the most appropriate level of care, if they do not need to be placed in a hospital.
- Discharge Support
  - WCHN has developed emergency preparedness discharge recommendations entitled "Be Prepared." This document, included in Appendix N, is distributed to all patients upon their discharge. WCHN will accept town specific supplements to this document. Each town should coordinate distribution of supplemental information with the WCHN emergency management liaisons.
- Western CT Home Care
  - Prior to known emergency events, Western CT Home Care begins collaborative planning with their home health care clients. This includes identifying current needs, capabilities and potential challenges. With client authorization, this information will be shared with municipal responders to help plan and prepare for supporting residents in an emergency situation or severe weather event.

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<sup>2</sup> <http://www.floridadisaster.org/Response/engineers/documents/newarc4496.pdf>

<sup>3</sup> <http://www.ada.gov/pcatoolkit/chap7shelterchk.htm>

<sup>4</sup> Provision of hospital assistance during a disaster must always be considered situational dependent. Disasters which produce large numbers of victims are likely to consume significant hospital human resources.

<sup>5</sup> For more information on 1135 Waiver see: <http://www.phe.gov/Preparedness/legal/Pages/1135-waivers.aspx>

## Participating Municipality Endorsements

The following municipalities are members of the HVR-PHEP Committee and have the authority for planning, opening, and managing emergency shelters.

Plan Endorsements			
Municipality	Chief Elected Official	Contact Title	Phone
Bethel	Matt Knickerbocker	First Selectman	203-794-8501
Bridgewater	Curtis Read	First Selectman	860-354-2731
Brookfield	Stephen C. Dunn	First Selectman	203-775-7301
Danbury	Mark D. Boughton	Mayor	203-797-4511
New Fairfield	Susan L. Chapman	First Selectman	203-312-5600
New Milford	David Gronbach	Mayor	860-355-6010
Newtown	E. Patricia Llodra	First Selectman	203-270-4201
Redding	Julia Pemberton	First Selectman	203-938-2002
Ridgefield	Rudy Marconi	First Selectman	203-431-2774
Sherman	Clay Cope	First Selectman	860-355-1139

## Plan Development and Maintenance

Each municipality is responsible for the maintenance, revision, and distribution of this Planning Guide and any subsidiary plans and tools. This includes the Standard Operating Guidelines, Job Action Sheets, Supply/Equipment spreadsheets and all Appendices. The HVR-PHEP Committee will review, update and revise this shelter Planning Guide each May prior to the start of Hurricane Season on June 1, as necessary. The individual municipalities will assess the need for revisions annually and make revisions at least once every two years (or sooner) in the event of:

- A change in operational resources
- A formal update of planning guidance or standards
- A change in elected or appointed officials
- A Planning Guide activation or major exercise

A combination of training, exercises and real-world incidents may be used to determine whether the goals, objectives, decisions, actions and timing outlined in this Planning Guide lead to a successful response. After Action Reports and Improvement Plans should guide revisions to this document.

## Dissemination of Public Information

Clear communications are critical before, during, and after a disaster. Before an incident, the public should be made aware of the Individuals Requiring Additional Assistance Registry and provide an opportunity to register. Additionally, during an emergency, the



public must be consistently updated on the location of shelters, their status, and how they can help. To communicate with the public, emergency management officials should maintain a list of contact information for local media outlets.

Appendix A contains the following templates:

- Public Notice/Press Releases and Social Media Messages:
  - Register for the Individuals Requiring Additional Assistance Registry
  - Emergency Shelter Opening
  - Status of Services at Shelter Facility/Shelter Update
  - Request for Emergency Shelter Volunteers
  - Request for Emergency Shelter Donations
  - Notice that Shelter is at Capacity
  - Notice of Shelter Closing
- Media Call Log
- Social Media Account List
- Local Media Contact List

## Planning Guide Activation

### PRE-EVENT

During non-emergency periods, local health departments, emergency management officials, and senior/social services departments are encouraged to distribute the Individuals Requiring Additional Assistance (IRAA) Registry form (see Appendix B for template) to residents. This form will allow communities to collect information on the specific needs of its residents. Additionally, emergency management officials should input the data collected into the IRRA Dashboard (see Appendix C).

The IRRA Dashboard is a Microsoft Excel document that allows officials to create a running list of a community's individuals that have special or functional needs, have a language barrier, or other needs. During an incident, this dashboard can be used to identify and contact residents to determine sheltering needs. It can also be used to track the location of individuals (at home, in transit, at a specific shelter). The Dashboard contains personally identifiable health information and must be restricted pursuant to applicable laws<sup>6</sup> and policies.

### TRIGGERS

Situations that could lead to a decision to activate the Special and Functional Needs Sheltering Planning Guide include:

- A federal or state-declared emergency that necessitates sheltering of community residents
- A large event that impacts multiple communities in the HVR

### AUTHORITY TO OPEN A SHELTER

Chief Elected Officials have the sole authority to activate and commit municipal resources, including the activation of emergency shelters. Typically, the decision to open a shelter is made in close collaboration with the Emergency Management Director and Health Director, as well as other town officials, and supporting agencies such as the CT Chapter of the American Red Cross.

The municipality will choose which shelter(s) to open based on the:

- Type of event (flooding, power outage, biochemical release, etc.)
- Anticipated number of residents
- Length of sheltering
- Resources available for sheltering
- Other open shelters and their populations

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<sup>6</sup> Conn. Gen. Stat. § 17b-225 and Health Insurance Portability and Accountability Act (HIPAA)

## Shelter Locations

Shelter locations for each municipality have been pre-selected based on the following criteria and a site visit. Please see Appendix D for a comprehensive list.

### CRITERIA FOR SELECTING SHELTERS

The following criteria should be used to select emergency shelter locations:

- |   |   |
|---|---|
| <input type="checkbox"/> Accessibility for people with functional needs   | <input type="checkbox"/> Generator accessibility to power entire facility                                 |
| <input type="checkbox"/> Preference of municipal officials, including EMD | <input type="checkbox"/> Capacity to shelter population in need   |
| <input type="checkbox"/> Adequate parking                                 | <input type="checkbox"/> Shower and restroom facilities   |
| <input type="checkbox"/> Food storage and preparation capability          | <input type="checkbox"/> Provide sheltering service to those with and without special or functional needs |

To the greatest extent possible, shelters will also meet the following standards:

- American Red Cross's Hurricane Evacuation Shelter Criteria (ARC 4496)<sup>7</sup>
- US Department of Justice's ADA Checklist for Emergency Shelters<sup>8</sup>.

Appendix E contains a Facility Assessment Toolkit that includes site assessment questionnaires and worksheets, copies of applicable laws (or a fact sheet), facility use agreements (for non-municipal buildings), and facility contact information. The site assessment tool considers the following:

- Parking (number of regular and accessible spaces)
- Accessible ramps, doorways, and handles
- Building construction (including stairs and elevators)
- Electrical capacity (including backup)
- Lighting
- Sanitary facilities
- Food preparation facilities
- Communications
- Security

## Shelter Intake

### PRE-EVENT NEED IDENTIFICATION

Every shelter resident (potential or actual) will have different needs and shelters should be ready to accommodate those needs. By conducting pre-event need identification, shelter providers can efficiently triage residents as well as deliver the most appropriate level of care. Appendix B and C contain Registry Form and Dashboard templates.

### SHELTER DETERMINATION

Although shelters can deliver necessary care and services in an emergency, there are circumstances where it would be beneficial for potential residents to remain in their homes while still receiving the assistance they need. If residents can stay in their home (while being supported), the stress on the resident as well as shelter staff and facility decreases. The decision for a client to stay in their

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<sup>7</sup> <http://www.floridadisaster.org/Response/engineers/documents/newarc4496.pdf>

<sup>8</sup> <http://www.ada.gov/pcatoolkit/chap7shelterchk.htm>

home will be made on a per-incident basis with all necessary stakeholders. Appendix F includes a “stay at home” workflow to be used before and during an incident.

“Stay at home” considerations include the resident’s requirements for:

- CNA/personal care
- Oxygen
- Power
- Dialysis
- Mobility

Upon activation of the shelter(s), residents that are going to be transported to a shelter or have already arrived should be assessed and screened to determine the necessary level of care/assistance required.

## **SHELTER TRANSPORTATION**

If it is determined that an individual or group of individuals must relocate to a shelter, emergency management officials must coordinate with the residents to facilitate transportation. Police, Fire, EMS, Senior/Social Services, and School Districts may have vehicles, vans, or buses to transport residents. Each municipality should maintain a listing of transportation assets available to them in an emergency.

## **SHELTER ARRIVAL**

Upon arrival, residents that have special or functional needs will complete the following forms, as necessary: (See Appendix G for the forms).

- Intake Form
- Release Of Information & Consent For Admission And Treatment
- Medical History

The completed forms constitute a resident’s information packet. Shelter Management staff will keep a copy of all paperwork and ensure that all documents with medical information are treated as confidential per HIPPA privacy regulations.

## **ACUTE CARE NEEDS**

If at any point when a resident is being sheltered (including during intake) and is presenting with symptoms of an acute illness (i.e., chest pain), he/she is to be immediately assessed by a member of the medical staff or local EMS, and transported to the nearest emergency department as indicated. The Shelter Manager or Medical Advisor will contact the emergency department to advise them of a resident being transported from the shelter.

## **SHELTER EVACUATION**

Each HVR municipality has designated an alternate sheltering facility within their community in the event of the need to evacuate the primary shelter location due to unforeseen circumstances. The Shelter Manager will coordinate all evacuation logistics with Incident Command at the local Emergency Operations Center (EOC), to assure access to appropriate transportation resources, public safety personnel support, and use of preferred evacuation/transportation routes. In the event local resources are overwhelmed, the local EOC will request regional and/or state support as indicated by the severity of the event.

## **Shelter Equipment Supplies and Staffing**

Because all shelters should be able to accommodate individuals requiring additional assistance, every shelter must be prepared to provide the necessary supplies and durable medical equipment. The following section lists the Appendices that contain the recommended supply lists.

## **SHELTER SUPPLIES**

Appendix H: FEMA Medical Supply/Equipment Sample Lists: Consumable and Durable Equipment

- Consumable Medical Supply List: estimate based on 100 person shelter population for one week
- Durable Medical Equipment List: not based on population, sample list, not a guideline

## Appendix I: Shelter Logistics and Supplies

- Extensive Inventory List based on 100 person shelter
- General Recommended Items, Administrative Kit, Administrative Kit Forms, Canteen Kit, Comfort Kit, Entertainment Kit, Sanitation Kit, Health Services Kit- Medical/Nursing, Tool Kit

The State of Connecticut has previously conducted procurement solicitations for medical equipment. The State has permitted other government entities to utilize the executed contracts, which removed the need for HVR-PHEP communities to conduct independent solicitations. The table below lists the solicitation information.

Description	ID Number	Start Date	End Date
Miscellaneous Medical and Surgical Supplies	13PSX0088 <sup>9</sup>	03/05/2014	11/30/2016
Emergency Response and Law Enforcement Equipment- NY Hazardous Incident Response Equipment	14PSX0287-IFB 22872 <sup>10</sup>	06/01/2015	5/31/2020

These contracts can be used to procure the necessary equipment to support shelter operations. The equipment can be customized to the unique needs of each individual community.

### STATE RESOURCES

The Connecticut State Response Framework (SRF) includes components for sheltering and mass care (ESF-6) and public health and medical services (ESF-8). In regards to sheltering and mass care, the State clearly states that the responsibility falls on local entities; however the State will provide assistance, as necessary<sup>11</sup>. The ESF-6 in the SRF identifies the following state primary agencies:

- Department of Emergency Services and Public Protection/ Division of Emergency Management and Homeland Security (DESPP/DEMHS)
- Department of Public Health (DPH)
- CT American Red Cross (CT ARC)

The State has developed a *Mass Care Working Group* to provide recommendations to the DEMHS Coordinating Council. Additionally, a *Mass Care Task Force* has created a Standard Operating Procedure for the State EOC.

The Connecticut Public Health Emergency Response Plan (CT PHERP) serves as the State's ESF – 8 component. Although it does not include shelter-specific content, it contains preparedness and response guidance and policy for public health emergencies.

### MEMORANDA OF UNDERSTANDING

HVR-PHEP communities can enter into agreements with Geron Nursing and Rehabilitation, based on the October 2014 procurement on behalf of the HVCEO Region. Sample MOUs are found in Appendix J. Appendix K contains summary tables of supply, equipment, and service providers in the area as other options.

### STAFFING

Actual staffing needs will vary based on the shelter population, but shelter management must be cognizant of the various specialties that may be required. Shelters may be staffed by local municipal employees, community and faith-based organization staff, contractors, volunteers and other individuals. Assistance with medical staffing may be provided by the Western Connecticut Health Network, but it cannot be guaranteed. Suggested staffing levels for clinical positions are found in Appendix L. If there is an overwhelming need for staff, the Governor may permit out-of-state licensed healthcare practitioners to practice in the State during a designated emergency period.

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<sup>9</sup> [http://www.biznet.ct.gov/SCP\\_Search/ContractDetail.aspx?ID=13414](http://www.biznet.ct.gov/SCP_Search/ContractDetail.aspx?ID=13414)

<sup>10</sup> [http://www.biznet.ct.gov/SCP\\_Search/ContractDetail.aspx?ID=16039](http://www.biznet.ct.gov/SCP_Search/ContractDetail.aspx?ID=16039)

<sup>11</sup> Connecticut State Response Framework Page A-37

American Red Cross support is not guaranteed during any large-scale disaster; the agency will give priority to pre-identified multi-jurisdiction shelters in CT.<sup>12</sup> It is recommended that a Memorandum of Agreement/Understanding be developed by jurisdictions with the American Red Cross to set terms of service.<sup>13</sup>

## Financial Protocols, Emergency Plans, Policies and Procedures

### ESTIMATED SHELTER COSTS

Expect shelter costs of \$3,000-\$5,000 per day (without donations). The American Red Cross model estimates that 10-15% of the evacuated population will seek shelter. The average cost per person per day is \$25 (excluding donations).

**Expected Shelter Costs= .15% x estimated population impacted x \$25**

Expense	Cost
Food	\$ 20.00
Dormitory and Comfort Supplies	\$ 3.00
HVAC and Electricity	\$ 3.00
Cleaning and Sanitation	\$ 2.00
Miscellaneous	\$ 2.00
Total	\$ 30.00

### MUNICIPAL EXPENSES

To expend emergency funds in excess of those budgeted, municipalities usually make local disaster/emergency declarations. The Chief Elected Official, working in coordination with the local Emergency Management Director, is authorized to make this declaration. Municipal Finance Boards/Departments can help facilitate tracking and processing purchase orders and invoices and determine methods of financing the emergency operation.

### REIMBURSABLE EXPENSES

Reimbursement for expenses incurred during shelter operations is allowed, if there is a declared emergency (by the Governor's Office or FEMA) through FEMA's [Public Assistance Grant Program](#). Reimbursement is allowable only by the municipality impacted by the emergency. Volunteer time can be used to offset required matching funds, so tracking everyone's time and other donations is important. The Finance Manager needs to work closely with the EOC/Incident Commander and impacted communities to ensure compliance with all reporting and record keeping requirements. It is also critical that the actual job function being performed is tracked, as FEMA's Disaster Assistance Policy on Donated Resources allows for the actual value of the labor to be captured for reimbursement.<sup>14</sup>

**Pets and Animals:** State and local governments that shelter affected populations from areas with declared disasters can seek reimbursement for [eligible household pet and service animal-related costs](#) through FEMA. The PETS Act establishes that eligible reimbursement costs for expenses to set up and operate household pet shelters, including veterinary care and animal care staff costs. Each town will work with the State government to submit all appropriate documentation for reimbursement of pet sheltering and will refer to FEMA Disaster Assistance Policy 9523.19 for detailed information regarding reimbursement.

## 1135 Waiver

### BACKGROUND

<sup>12</sup> ESF 6 Mass Care Annex Standards Guidelines Page 6.

<sup>13</sup> Ibid.

<sup>14</sup> <http://www.fema.gov/media-library-data/1393862222813-f19ad8f932e8e1a4a5f6586354af41ed/RP%209525.2%20Donated%20Resources%20Policy.pdf>

When the President of the United States declares an emergency or disaster (under authority from the Stafford Act), the Secretary of the Department of Health and Human Services declares a public health emergency, the Secretary may issue a waiver to certain requirements of Section 1135 of the Social Security Act. The waivers apply to certain Medicare, Medicaid, Children’s Health Insurance Program (CHIP), and Health Insurance Portability and Accountability Act (HIPAA) provisions. Granting waivers ensure that sufficient items and services are available to individuals.

## EXAMPLES OF WAIVERS/MODIFICATIONS

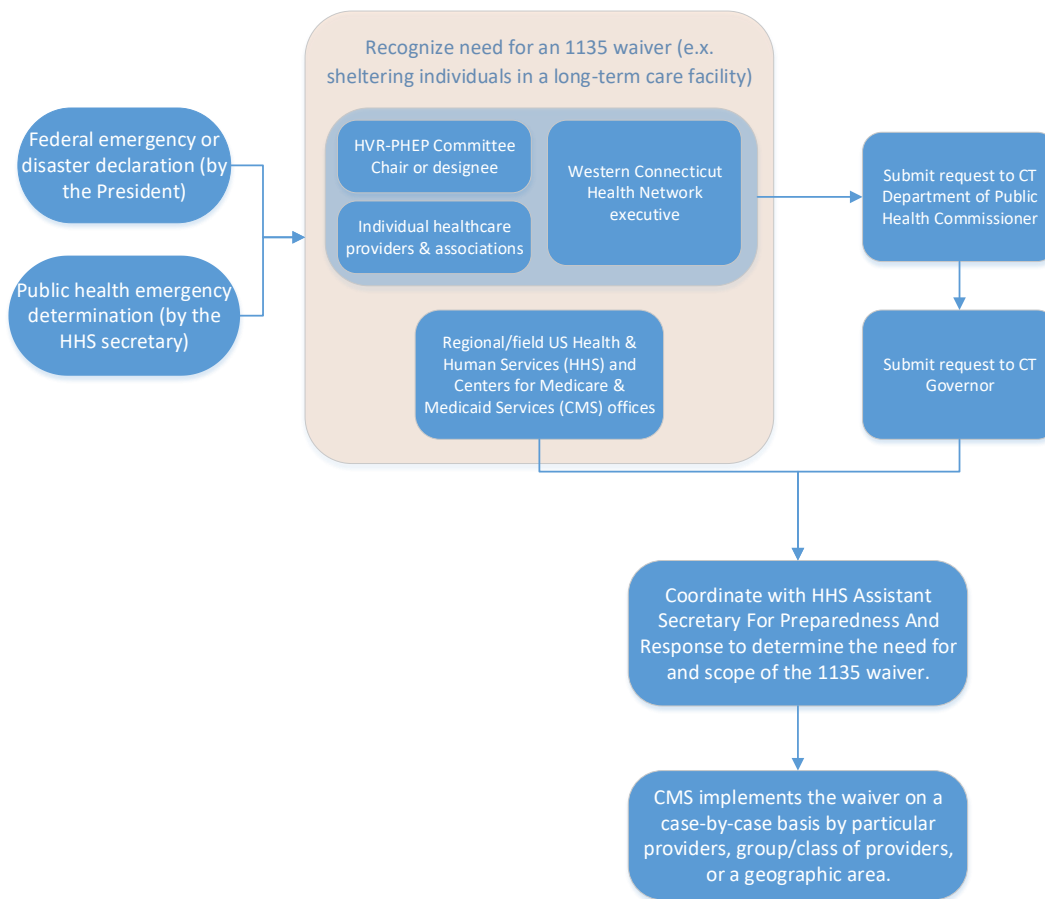
*List from the US Department of Health & Human Services’ Public Health Emergency 1135 Waivers website. (Emphasis added)*

- Certain conditions of participation certification requirements, program participation or similar requirements for individual health care providers or types of health care providers;
- Pre-approval requirements;
- Requirements that physicians and other health care professionals hold licenses in the State in which they provide services if they have a license from another State (and are not affirmatively barred from practice in that State or any State in the emergency area) for purposes of Medicare, Medicaid, and CHIP reimbursement only;
- Sanctions under the Emergency Medical Treatment and Active Labor Act (EMTALA) for redirection or reallocation of an individual to another location to receive a medical screening pursuant to an appropriate state emergency preparedness plan or a state preparedness plan for the transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared Federal public health emergency. A waiver of EMTALA sanctions is effective only if actions under the waiver do not discriminate on the basis of a patient’s source of payment or ability to pay;
- Sanctions under section 1877(g) (Stark) relating to limitations on physician referral under such conditions and in such circumstances as the Centers for Medicare & Medicaid determines appropriate;
- Deadlines and time tables for performance of required activities to allow timing of such deadlines to be modified;
- Limitations on payments for healthcare items and services to permit Medicare Advantage Plan enrollees to use out-of-network providers in an emergency situation. To the extent possible, the Secretary must reconcile payments so that enrollees do not pay additional charges and so that the plan pays for services included in the capitation payment;
- Sanctions and penalties arising from noncompliance with HIPAA privacy regulations relating to: a) obtaining a patient’s agreement to speak with family members or friends or honoring a patient’s request to opt out of the facility directory, b) distributing a notice of privacy practices, or c) the patient’s right to request privacy restrictions or confidential communications. The waiver of HIPAA requirements is effective only if actions under the waiver do not discriminate on the basis of a patient’s source of payment or ability to pay.

Additionally, the waiver “authorizes the Secretary to provide for skilled nursing facility (SNF) coverage in the absence of a qualifying hospital stay, as long as this action does not increase overall program payments and does not alter the SNF benefit’s ‘acute care nature’ (that is, its orientation toward relatively short-term and intensive care)”.

## WAIVER SUBMISSION PROCESS

As stated before, an 1135 waiver is only granted after a federal emergency or disaster and public health emergency are both declared. The flowchart below details the process.



## WAIVER DURATION/EXPIRATION

Generally, 1135 waivers expire once the emergency/disaster declaration is terminated. However, the original waiver may include a specified length of time (ex. 60 days) or may even be enacted retroactively. Waivers that include exceptions to HIPAA privacy rules and EMTALA sanctions are usually limited for a 72 hour period beginning at the execution of a hospital disaster protocol. If the public health emergency involves a pandemic disease, EMTALA sanction waivers may be extended throughout the duration of the emergency.

## IMPORTANT NOTE ABOUT 1135 WAIVERS

The 1135 waiver only affects *federal* laws. Certain Connecticut laws and regulations may still remain in place unless specifically waived/amended by the Governor or Commissioner of Public Health.

## Policies and Procedures

The following are recommended standard policies to be used in a shelter.

Shelter Policy Checklist	
	Statewide Policy Guidelines
<input type="checkbox"/>	No one may be turned away from any shelter.
<input type="checkbox"/>	<i>Connecticut will accept out of state medical licenses only when the individual is deployed as part of a federal team (i.e. DMAT Team), an EMAC request made by the Department of Public Health (DPH) or when a waiver is granted by the Commissioner of Public Health</i>

	<b>Requesting Resources from CT Department of Public Health or Department of Emergency Services and Public Protection's Division of Emergency Management and Homeland Security (DEMHS)</b>
<input type="checkbox"/>	<b>Requesting Additional Supplies</b> Shelter Branch Manager or Logistics Manager calls EOC to report dwindling inventories. <ul style="list-style-type: none"> <li>Local EOC contacts other regional shelters to assess inventories</li> <li>Local EOC contacts regional DEMHS office to request additional materiel.</li> <li>Regional DEMHS office relays request to other communities in the sub-region OR to the state emergency operations center (SEOC), depending on nature of incident.</li> </ul>
<input type="checkbox"/>	<b>Authorization to Distribute Medication</b> Personnel authorized to dispense medication will be determined by the Medical Branch Director, in consultation with the CT Department of Public Health and in accordance with standing orders.
<input type="checkbox"/>	<b>Standing Orders:</b> The shelter operates under standing orders from the local medical officer who is a licensed physician. In state declared emergencies, standing orders and protocols may be issued by the CT Department of Public Health. Altered standards of care may be issued by the State.
<input type="checkbox"/>	<b>Unaccompanied Minors</b> Services to unaccompanied minors will be at the discretion of the Incident Commander, in consultation with the Shelter Manager, following due diligence or on a case by case basis, depending on the scope and nature of the incident requiring shelter activation. Guidance will likely be issued by DPH or DEMHS.
	<b>Identification</b>
	Shelter residents may be asked for identification when entering the shelter. However, no person shall be turned away from a shelter if they cannot produce identification.
	<b>Confidentiality/HIPPA</b>
<input type="checkbox"/>	Shelter personnel will protect resident confidentiality at all times. All staff and volunteers will sign a confidentiality agreement.
	<b>Authorization to use Shelter site</b>
<input type="checkbox"/>	Facility Use Agreement
	<b>Volunteer Requirements: Handling Spontaneous, Unidentified Volunteers</b>
<input type="checkbox"/>	All staff/volunteers will be credentialed and checked against the databases below before working at any shelter site. Criminal History Systems Board <a href="http://www.jud.ct.gov/lawlib/law/criminal.htm">http://www.jud.ct.gov/lawlib/law/criminal.htm</a> <sup>15</sup> Sex Offender Registry <a href="http://www.communitynotification.com/cap_office_disclaimer.php?office=54567">http://www.communitynotification.com/cap_office_disclaimer.php?office=54567</a> Healthcare license verification <a href="https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx">https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx</a>
<input type="checkbox"/>	Healthcare professionals with licensure in the State of Connecticut are encouraged to register in The State of Connecticut Emergency Credentialing Program (CT-ECP) for Healthcare Professionals. <a href="http://www.ct-esar-vhp.org/main.aspx">http://www.ct-esar-vhp.org/main.aspx</a>
<input type="checkbox"/>	All volunteers/staff must display visible official shelter identification at all times.
<input type="checkbox"/>	Spontaneous volunteers with proof of medical credentials may be allowed to serve in clinical capacity appropriate to their license/credential.
<input type="checkbox"/>	Spontaneous volunteers, without a copy of their license and whose credentials cannot be verified may be assigned to non-clinical roles.
<input type="checkbox"/>	Spontaneous volunteers ID will indicate that they are such. (Designated by a colored dot or other marker, approved by the IC).
	<b>Safety</b>
<input type="checkbox"/>	<b>PPE:</b> All staff and volunteers will use standard precautions at all times. Additional PPE requirements will be determined by the IC, in consultation with the Medical Team Leader.

<sup>15</sup> Local Law Enforcement will need to conduct a background check to get immediate results



<input type="checkbox"/>	<b>Force Protection:</b> Force Protection rosters will be determined by the Incident Commander.
<input type="checkbox"/>	<b>Needle Stick:</b> Customary needle stick protocol will be followed
<input type="checkbox"/>	<b>Emergency Medical Services</b> may be available.
<input type="checkbox"/>	<b>First Aid</b> Each Shelter site will maintain a First Aid Kit (Insert Location)
<input type="checkbox"/>	<b>AED</b> (Insert Location)
<input type="checkbox"/>	Emergency medical equipment for adverse reactions will be performed by EMS with their own equipment and supplies.
	<b>Registered Sex Offenders in Disaster Shelters</b>
<input type="checkbox"/>	During shelter registration, the sex offender should disclose the information. Local law enforcement should work registration and the security officer to determine what is best for the safety of those in the shelter. This will need to be reviewed on a case-by-case basis.
	<b>Press &amp; Media</b>
<input type="checkbox"/>	Direct all press and media officials to the designated Public Information Officer (PIO). Only the Incident Commander and PIO are authorized to discuss any aspect of shelter operations.
<input type="checkbox"/>	Ensure that all press release and fact sheet templates are updated and printed/made available for the current event
	<b>Childcare Safety</b>
<input type="checkbox"/>	A child may never be alone and unaccompanied. In the Childcare area, when children are present, at least two adults must be present at all times. No child should be left alone with one adult who is not the child's parent, guardian or caregiver.
<input type="checkbox"/>	The Unit leader must be at least 21 years of age and all staff members must be at least 18 yrs.
<input type="checkbox"/>	Children will only be released to the parent, guardian, caregiver or designee listed on the registration form.
<input type="checkbox"/>	The parents, guardians or caregivers are responsible for identifying any special needs for the child/children (food allergies, behavioral issues, medications, etc.)
	<b>Shelter Rules</b>
	<b>The following shelter rules will be enforced to protect all residents: Add rules as needed.</b>
<input type="checkbox"/>	Sign in entering the shelter.
<input type="checkbox"/>	All visitors must sign in and sign out.
<input type="checkbox"/>	Residents are responsible for their belongings. Valuables should be locked in cars or kept in the resident's possession at all times. The shelter is not responsible for lost, stolen, or damaged items.
<input type="checkbox"/>	Weapons are NOT permitted in the shelter (except those that may be carried by licensed security personnel).
<input type="checkbox"/>	Alcohol or illegal drugs are NOT permitted in the shelter.
<input type="checkbox"/>	Parents are responsible for controlling the actions and whereabouts of their children. Children may not be left unattended.
<input type="checkbox"/>	Noise levels are to be kept to a minimum during all hours of the day. Quiet hours are observed between 10:00 pm and 7:00 am.
<input type="checkbox"/>	All residents must sign out before leaving the shelter.
<input type="checkbox"/>	Residents are to help keep the shelter neat and tidy.
	<b>Personnel Policies</b>
<input type="checkbox"/>	Workers compensation policies. In some communities these may applied to both paid staff and volunteers. Specify. [Add policy outline here]  Paid Staff Volunteers

<input type="checkbox"/>	Other liability protections [Specify here] Paid Staff Volunteers
<input type="checkbox"/>	Specify community emergency compensation policy [Specify here].
<input type="checkbox"/>	Flexible Work options policy for paid staff [Specify here]
	<b>Stand Down Orders</b>
<input type="checkbox"/>	If at any time the Safety Officer or the Incident Commander issues a stand down order, the Shelter site will be deactivated.

## Appendices

### Appendix A: Communications

- CDC Crisis Emergency Risk Communications (CERC): Template for News Release
- Housatonic Valley Region-Public Health Emergency Planning- Message Development Template
- Public Notice/Press Releases and Social Media Messages:
  - Register for the Individuals Requiring Additional Assistance Registry
  - Emergency Shelter Opening
  - Status of Services at Shelter Facility/Shelter Update
  - Request for Emergency Shelter Volunteers
  - Request for Emergency Shelter Donations
  - Notice that Shelter Is at Capacity
  - Notice of Shelter Closing
- Media Call Log

### Appendix B

Individuals Requiring Additional Assistance Registry Form

### Appendix C

Individuals Requiring Additional Assistance Dashboard

### Appendix D

Pre-selected Shelter Locations, by Municipality

### Appendix E

Facility Assessment/Activation Toolkit

### Appendix F

Stay at Home Workflow

### Appendix G

Shelter Client Information Packet

### Appendix H

FEMA Medical Supply/Equipment Sample Lists: Consumable and Durable Equipment

- Consumable Medical Supply List: estimate based on 100 person shelter population for one week
- Durable Medical Equipment List: not based on population, sample list, not a guideline

### Appendix I

Shelter Logistics and Supplies

- Extensive Inventory List based on 100 person shelter
- General Recommended Items, Administrative Kit, Administrative Kit Forms, Canteen Kit, Comfort Kit, Entertainment Kit, Sanitation Kit, Health Services Kit-Medical/Nursing, Tool Kit

### Appendix J

Sample MOU for Supply, Equipment, and Service Providers.

## **Appendix K**

Summary Tables of Supply, Equipment, and Service Providers.

## **Appendix L**

Suggested Staffing Levels.

## **Appendix M**

Job Action Sheets

## **Appendix N**

Emergency Preparedness Discharge Recommendations “Be Prepared.”

# **Appendix A**

## **Communications**

- CDC Crisis Emergency Risk Communications (CERC):
  - Template for News Release
  
- Housatonic Valley Region – Public Health Emergency Planning
  - Message Development Template
  
- Public Notice/Press Releases and Social Media Messages:
  - Press Release: Registry for Individuals Requiring Additional Assistance
  - Social Media Messages:
    - Emergency Shelter Opening
    - Status Update of Services at Shelter Facility
    - Request for Emergency Shelter Volunteers
    - Request for Emergency Shelter Donations
    - Notice that the Shelter is at Capacity
    - Notice that the Shelter is Closing
  
- Media Call Log

**CERC TEMPLATE FOR NEWS RELEASE**

The purpose of this initial press statement is to answer the basic questions: who, what, where, when. This statement should also provide whatever guidance is possible at this point, express the association and administration's concern, and detail how further information will be disseminated. If possible, the statement should give phone numbers or contacts for more information or assistance. *Please remember that this template is meant only to provide you with guidance. One template will not work for every situation.*

**FOR IMMEDIATE RELEASE**

CONTACT: (name of contact)

PHONE: (number of contact)

Date of release: (date)

**Headline—Insert your primary message to the public**

Dateline (your location)—Two-three sentences describing current situation

Insert quote from an official spokesperson demonstrating leadership and concern for victims.

Insert actions *currently being* taken.

List actions that *will be* taken.

List information on possible reactions of public and ways citizens can help.

Insert quote from an official spokesperson providing reassurance.

List contact information, ways to get more information, and other resources.

**CRISIS EMERGENCY RISK COMMUNICATIONS (CERC)**

**Department of Health and Human Services**  
Centers for Disease Control and Prevention

**SAFER • HEALTHIER • PEOPLE** <sup>TM</sup>

## **The Housatonic Valley Region – Public Health Emergency Planning Committee (HVR-PHEP)**

### **Message Development Template**

Incident Name: \_\_\_\_\_

Date: \_\_\_\_\_

First, consider the following:

<b>Audience</b>	<b>Purpose of Message</b>	<b>Message of Delivery</b>
<input type="checkbox"/> Relationship to event	<input type="checkbox"/> Give facts/update	<input type="checkbox"/> Print media release
<input type="checkbox"/> Demographics (age, language, education, culture)	<input type="checkbox"/> Rally to action	<input type="checkbox"/> Web release
	<input type="checkbox"/> Clarify event status	<input type="checkbox"/> Social media release
	<input type="checkbox"/> Address Rumors	<input type="checkbox"/> Through spokesperson (TV or in-person)
	<input type="checkbox"/> Satisfy media requests	<input type="checkbox"/> Radio
		<input type="checkbox"/> Other (e.g. recorded phone message)

Six basic emergency message components:

1. Expression of empathy: \_\_\_\_\_  
\_\_\_\_\_
2. Clarifying facts/call for action: \_\_\_\_\_  
Who: \_\_\_\_\_  
What: \_\_\_\_\_  
Where: \_\_\_\_\_  
When: \_\_\_\_\_  
Why: \_\_\_\_\_  
How: \_\_\_\_\_
3. What we don't know: \_\_\_\_\_
4. Process to get answers: \_\_\_\_\_
5. Statement of commitment: \_\_\_\_\_
6. Referrals: \_\_\_\_\_  
For more information: \_\_\_\_\_  
Next scheduled update: \_\_\_\_\_

Check your message for the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Positive action steps                | <input type="checkbox"/> Avoid jargon/acronyms    |
| <input type="checkbox"/> Honest/open tone                     | <input type="checkbox"/> Avoid judgmental phrases |
| <input type="checkbox"/> Clarity                              | <input type="checkbox"/> Avoid humor              |
| <input type="checkbox"/> Use simple words and short sentences | <input type="checkbox"/> Avoid speculations       |
| <input type="checkbox"/> Careful with early promises          | <input type="checkbox"/> Say "we" not "I"         |

# Individuals Requiring Additional Assistance (IRRA)

FOR IMMEDIATE RELEASE

CONTACT: (name of contact)

PHONE: (number of contact)

Date of release: (date)

## Register for the Individuals Requiring Additional Assistance Registry

(date)—(CITY NAME, CT) The town/city of (city) has recently built a Individuals Requiring Additional Assistance Registry to allow community members to document their specific needs in a confidential manner. The Registry will also allow first responders and emergency management officials to better prepare for and respond to an emergency in the community and assist individuals that require it.

Before or during an emergency, officials will be able to use the information in the Registry to contact specific individuals about shelter, evacuation, or other important information.

Individuals that may need additional assistance during an emergency:

- Rely on life support systems such as oxygen, respirators, ventilators, dialysis, pacemakers, or insulin
- Require the assistance of a mobility device such as a wheelchair, motorized scooter, walker, cane
- Are deaf, hard of hearing, blind, or visually impaired
- Have cognitive, speech, developmental or mental health disabilities
- Use assistive animals

The registration form is an easy to read, one-page document that can be mailed to the (enter title of registrar).

(include mailing information)

The city/town of (name) is committed to privacy. All information in the Registry will be held in the strictest confidence and will only be used in emergency situations.

Registration does not guarantee immediate assistance, however it will better assist emergency responders.

###



# Social Media Messages

## **Shelter Opening:**

The NAME shelter will be opening in xhrs at 123 Main St CITY.

## **Shelter Update:**

The NAME shelter is now open at 123 Main St CITY.

## **Request for Shelter Volunteers:**

Volunteers are needed at the NAME shelter. Please contact PERSON at (xxx)111-1111

## **Request for Shelter Donations:**

Donations of XXX are needed at the NAME shelter. Please contact PERSON at (xxx)111-1111

## **Notice that Shelter is Capacity:**

The NAME Shelter is at capacity. If you need sheltering, go to the NAME2 shelter at ADDRESS.

## **Notice that Shelter is Closing:**

The NAME shelter is closing in 24hrs. If you need assistance, please go to the NAME2 shelter at ADDRESS.

## Media Call Log

## Media Call Log

[illegible]

## **Appendix B**

### **Individuals Requiring Additional Assistance Registry Form**

## Individuals Requiring Additional Assistance Registry Form

The <INSERT CITY OR TOWN NAME> is developing a registry for individuals with disabilities, chronic conditions, functional, or special healthcare needs. By completing and submitting this form, you understand that information may be shared with state or local emergency responders (including police and fire departments) during emergency situations only. The information you provide may help responders assist you during an emergency.

Please send completed forms to: <INSERT ADDRESS>

For questions please call: <INSERT PHONE NUMBER>. If you cannot fill out this form on your own, please have a family member, caregiver, or other representative complete the form and submit it on your behalf.

NAME: First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ SEX: ☐ M ☐ F

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ STREET ADDRESS: \_\_\_\_\_

APT./UNIT/FLOOR: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ TTY: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMERGENCY CONTACT: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PHYSICIAN: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Life Support Systems

Which of the following do you require?

*Check all that apply*

- ☐ Oxygen: ☐ Tanks ☐ Concentrator  
☐ Respirator/Ventilator: ☐ Have battery backup?  
☐ Dialysis: ☐ Clinic ☐ Home  
☐ Cardiac: ☐ Pacemaker ☐ Defibrillator  
Are you diabetic? ☐ Yes ☐ No  
Insulin-dependent? ☐ Yes ☐ No  
☐ Other: \_\_\_\_\_ ☐ None of the above

### Other Disabilities *Use the back of this form if needed*

Please list other disabilities or relevant conditions:

☐ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Language

In what language do you prefer to receive emergency communications or assistance?

- ☐ English ☐ Spanish ☐ Chinese ☐ Portuguese  
☐ Polish ☐ Russian ☐ Vietnamese ☐ Haitian Creole  
☐ Other: \_\_\_\_\_

### Sensory, Cognitive, and Psychiatric Conditions

Which of the following do you use?

*Check all that apply*

- ☐ Visually impaired ☐ Speech impaired  
☐ Legally blind ☐ Non-verbal  
☐ Hard of hearing ☐ Cognitively/Developmentally delayed  
☐ Use hearing aids  
☐ Deaf ☐ Autism Spectrum Disorder  
☐ Seizure disorder ☐ Alzheimer's/Dementia  
☐ Other: \_\_\_\_\_ ☐ Psychiatric Condition: \_\_\_\_\_  
☐ None of the above

### Mobility

Are you confined to bed? ☐ Yes ☐ No

Can you walk without assistance? ☐ Yes ☐ No

Which of the following do you use? *Check all that apply*

- ☐ Wheelchair/Mobility Vehicle  
☐ Walker/Cane ☐ Prosthesis: \_\_\_\_\_  
☐ Crutches ☐ Other: \_\_\_\_\_  
☐ Assistive animal ☐ None of the above

☐ New Registration ☐ Updated Registration

By signing this form and submitting it to <INSERT CITY OR TOWN NAME>, I agree to permit my information with local and state emergency responders. I understand that this program is voluntary. I understand that this registry will help responders better assist me during an emergency, but that assistance cannot be guaranteed in all circumstances. I also understand that I may be contacted by phone or in person before, during, or after an emergency

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

If completing on individual's behalf: Name \_\_\_\_\_ Relationship: \_\_\_\_\_

## **Appendix C**

### **Individuals Requiring Additional Assistance**

#### **Dashboard**

(Samples of Dashboard Tables from an Excel File Located on CD)

## Individuals Requiring Additional Assistance - Dashboard

**Instructions:** Use the tabs below to navigate through this dashboard.

**Master List:** Access IRAA registrant information.

**Client Tracking:** Automatically pulls the list of registrants. During an event, location information can be updated.

**Census:** Automatically tabulates the number of clients in each possible location.

**List of Shelters:** This contains the master list of shelters in the municipality. You may fill this out before an event or as a shelter gets activated.

**Form Settings:** Use this to modify the "current location" drop down boxes. This will rarely have to be modified as the shelter names are automatically populated.

Master  
List

Client  
Tracking

Census

List of  
Shelters

Form  
Settings

PROTECTED HEALTH INFORMATION

<INSERT MUNICIPALITY>

Individuals Requiring Additional Assistance Dashboard

Master List of individuals

PROTECTED HEALTH INFORMATION

<INSERT MUNICIPALITY>

Individuals Requiring Additional Assistance Dashboard

## EMERGENCY SHELTER & EVACUEE LOG

Last name	First name	Home address	Emergency Contact Name	Emergency Contact #	Age	Current Location
Smith	Joe	123 Test Street, Danbury, CT		0	88	
0	0	0	0	0	0	
0	0	0	0	0	0	

# SHELTER CENSUS

## List of Shelters

Shelter Name		Number of Listed Clients In Shelter (automatically calculates)		Number with Medical Needs	Number with Functional Needs	Notes	
Shelter A		0					
Shelter B		0					
Shelter C		INSERT THE LIST OF SHELTERS IN THE COLUMN BELOW		ENTER EACH SHELTERS' TOTAL CAPACITY	MAX. # O2 CLIENTS	MAX. # POWER-DEPENDENT CLIENTS	MAX. # CNA CLIENTS
Shelter D		0	50				
Shelter A							
Shelter B			50				
Home		0	50				
Being Transported to Shelter		0					
Being Transported to Home		0	50				

## **Appendix D**

### **Pre-Selected Shelter Locations, by Municipality**



## **Pre-Selected Shelter Locations In the Housatonic Valley Region**

### **Bethel**

Municipal Center, 1 School Street

### **Bridgewater**

Senior Center at 132 Hut Hill Road

### **Brookfield**

Brookfield High School, 45 Longmeadow Hill Road

### **Danbury**

Danbury War Memorial, 1 Memorial Drive

### **New Fairfield**

New Fairfield High School, 54 Gillotti Road and Senior Center at 33 Route 37 North

### **New Milford**

Sara Noble Middle School, 25 Sunny Valley Rd

### **Newtown**

Newtown High School, 12 Berkshire Road

### **Redding**

Joel Barlow High School, 100 Black Rock Turnpike

### **Ridgefield**

Ridgefield Recreation Center, 195 Danbury Road

### **Sherman**

Sherman School, 2 Route 37

## **Appendix E**

### **Facility Assessment/Activation Toolkit**

- Workflow - Shelter Facility Assessment/Activation
- Shelter Facility Pre-Assessment Questionnaire
- Shelter Facility Assessment Worksheet
- Standards for Hurricane Evacuation Shelter Selection
- Americans with Disabilities Act- Checklist for Emergency Shelters
- Special and Functional Needs Shelter – Facility Pre/Post Activation Survey Form
- Special and Functional Needs Shelter – Facility Usage Agreement Form for Non-Municipal Buildings
- Memorandum of Agreement for Shelter Services by a Non-Municipal Provider

## **Shelter Facility Assessment/Activation**

### ***Workflow***

#### Shelter Facility Assessment

1. Build preliminary list of sites
2. Contact sites to do pre-assessment
3. If site passes pre-assessment, complete full ADA assessment
4. If site passes ADA assessment and facility is willing to offer space for the shelter, complete agreement if not a town entity

#### Upon activation

1. Need to activate shelter is identified
2. Specific shelters are identified
3. Pre-qualified shelter manager(s) are notified by the Emergency Management Director or designee and assigned a shelter
4. Shelter manager contacts facility coordinator and arranges a pre-activation survey as soon as possible

## Facility Pre-Assessment Questionnaire

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Contact  
Name & Number: \_\_\_\_\_

Facility Type (ex. school,  
community center, etc.): \_\_\_\_\_

*Does the facility have any of the following?*

	Yes	No
Gymnasium		
Kitchen/Cooking Facilities		
Multi-Purpose Room		
Other Large Indoor Assembly Area		
Shower Rooms		
Accessible Bathrooms		

Form Completed By: \_\_\_\_\_

## Facility Assessment Worksheet

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

### **Parking**

Total Number of Lots: \_\_\_\_\_

Total Number of Lots: \_\_\_\_\_

Lot 1 Identification		Total # Spaces:		# Accessible Spaces:	
----------------------	--	-----------------	--	----------------------	--

Lot 2 Identification		Total # Spaces:		# Accessible Spaces:	
----------------------	--	-----------------	--	----------------------	--

Lot 3 Identification		Total # Spaces:		# Accessible Spaces:	
----------------------	--	-----------------	--	----------------------	--

Lot 4 Identification		Total # Spaces:		# Accessible Spaces:	
----------------------	--	-----------------	--	----------------------	--

*See ADA Checklist for Emergency Shelters for detailed accessible parking and loading assessment.*

### **Exterior Spaces**

Area 1 Name:		Description:		Outlets?		Fenced?	
--------------	--	--------------	--	----------	--	---------	--

Area 2 Name:		Description:		Outlets?		Fenced?	
--------------	--	--------------	--	----------	--	---------	--

Area 3 Name:		Description:		Outlets?		Fenced?	
--------------	--	--------------	--	----------	--	---------	--

Area 4 Name:		Description:		Outlets?		Fenced?	
--------------	--	--------------	--	----------	--	---------	--

### **Restroom Facilities**

<i>All Numbers are Totals</i>	<b>Men</b>	<b>Women</b>	<b>Family/Gender Neutral</b>	<b>Total</b>
# Restrooms				
# Standard Toilets				
# Accessible Toilets				
# Urinals				
# Sinks				
# Showers				
# Accessible Showers				
# Diaper Changing Stations				
# Waste Bins				
# Towel Dispenser/Hand Dryers				
# Mirrors				
# Electrical Outlets				

**Indoor Electrical Outlets**

<i>Room Names</i>	<b>North</b>	<b>South</b>	<b>East</b>	<b>West</b>

**Kitchen Equipment**

<i>Item</i>	<b>Number</b>
-------------	---------------

Refrigerators	
Walk-In Refrigerators	
Freezers	
Walk-In Freezers	
Burners	
Griddles	
Ovens	
Steamers	
Dishwashers	
Ice Machines	
Deep Fryers	
Warmer	
Sinks	
Microwaves	
Coffee Makers	
Various Cookware (Tongs, Spatulas, Etc.)	
Cleaners & Disinfectants	
Serving Dishes & Platters	

# Standards for Hurricane Evacuation Shelter Selection

by the American Red Cross

## Least-Risk Decision Making

Safety is the primary consideration for the American Red Cross in selecting hurricane evacuation shelters. When anticipated demands for hurricane evacuation shelter spaces exceed existing capacity as defined by the preceding standards, there may be a need to utilize less preferred facilities. It is critical that shelter selection decisions be made carefully and in consultation with local emergency management and public safety officials. This process should include the following considerations:

- No hurricane evacuation shelter should be located in an evacuation zone for obvious safety reasons. All hurricane evacuation shelters should be located outside of Category 4 storm surge inundation zones. Certain exceptions may be necessary, but only if there is a high degree of confidence that the level of wind, rain, and surge activities will not surpass established shelter safety margins.
- When a potential hurricane evacuation shelter is located in a flood zone, it is important to consider its viability. By comparing elevations of sites with FIRMs, one can determine if the shelter and a major means of egress are in any danger of flooding. Zone AH (within the 100-year flood plain and puddling of 1-3 feet expected) necessitates a closer look at the use of a particular facility as a sheltering location. Zones B, C, and D may allow some flexibility. It is essential that elevations be carefully checked to avoid unnecessary problems.
- In the absence of certification or review by a structural engineer, any building selected for use as a hurricane evacuation shelter must be in compliance with all local building and fire codes. Certain exceptions may be necessary, but only after evaluation of each facility, using the aforementioned building safety criteria.
- The Red Cross uses the planning guideline of 40-square feet of space per shelter resident. During hurricane conditions, on a short-term basis, shelter space requirements may be reduced. Ideally, this requirement should be determined using no less than 15 square feet per person. Adequate space must be set aside for registration, health services, and safety and fire considerations. Disaster Health Services areas should still be planned using a 40-square feet per person calculation. On a long-term recovery basis, shelter space requirements should follow guidelines established in ARC 3041, *Mass Care: Preparedness and Operations*.

## Hurricane Evacuation Shelter Selection Process

General procedures for investigating the suitability of a building or facility for use as a hurricane evacuation shelter are as follows:

- Identify viable sites. Evacuation and transportation route models must be considered.
- Complete a risk assessment on each viable site. Gather all pertinent data from SLOSH and/or SPLASH (storm surge), FIRM (flood hazard) models; determine the facility base elevation; and obtain hazardous materials information and previous studies concerning each building's suitability.
- Have a structural engineer evaluate the facility and rate its ability to withstand wind loads according to ASCE 7-98 or ANSI A58 (1982) structural design criteria.
- Inspect the facility and complete a *Red Cross Facility Survey* (ARC Form 6564) and a *Self-Inspection Work Sheet/Off Premises Liability Checklist*, in accordance with ARC 3041. Note all potential liabilities and the type of construction. Consider the facility as a whole. One weak section may seriously jeopardize the integrity of the building.



## Increasing Shelter Inventory

An annual review of all approved hurricane evacuation shelters is required. Facility improvements, additions, or deterioration may change the suitability of a selected facility as a hurricane evacuation shelter. Facility enhancements may also enable previously unacceptable facilities to be used as hurricane evacuation shelters.

Work with officials, facility managers, and school districts on mitigation opportunities. Continue to advocate that the building program for new public buildings, such as schools, should include provisions to make them more resilient to possible wind damage. Suggest minor modifications of municipal, community, or school buildings, such as the addition of hurricane shutters, while buildings are being planned. Such modifications will make them useful as hurricane evacuation shelters.

Finally, add any new shelters to chapter shelter system and disaster response plans. Share shelter information with local emergency planning partners and the state lead chapter for Disaster Services for inclusion in state disaster response plans.

An interagency group comprised of the Federal Emergency Management Agency, the U.S. Army Corps of Engineers, the Environmental Protection Agency and Clemson University, has developed hurricane evacuation shelter selection standards. These standards reflect the application of technical data compiled in hurricane evacuation studies, other hazard information, and research findings related to wind loads and structural problems. These standards are supplemental to information contained in ARC 3041, *Mass Care: Preparedness and Operations* concerning shelter selection.

Planning considerations for hurricane evacuation shelters involve a number of factors and require close coordination with local officials responsible for public safety. Technical information contained in Hurricane Evacuation Studies, storm surge and flood mapping, and other data can now be used to make informed decisions about the suitability of shelters.

In the experience of the American Red Cross, the majority of people evacuating because of a hurricane threat generally provide for themselves or stay with friends and relatives. However, for those who do seek public shelter, safety from the hazards associated with hurricanes must be assured. These hazards include—

- Surge inundation.
- Rainfall flooding.
- High winds.
- Hazardous materials.

**The following standards address the risks associated with each of these hurricane-associated hazards.**

### Surge Inundation

In general, hurricane evacuation shelters should not be located in areas vulnerable to hurricane surge inundation. The National Weather Service has developed mathematical models, such as Sea, Lake, and Overland Surges from Hurricanes (SLOSH) and Special Program to List Amplitudes of Surges from Hurricanes (SPLASH), that are critical in determining the potential level of surge inundation in a given area.

- Carefully review inundation maps in order to locate all hurricane evacuation shelters outside of Category 4 storm surge inundation zones.
  - Avoid buildings subject to isolation by surge inundation in favor of equally suitable buildings not subject to isolation.
- Confirm that ground elevations for all potential shelter facilities and access routes obtained from topographic maps are accurate.

- Do not locate hurricane evacuation shelters on barrier islands.

## Rainfall Flooding

Rainfall flooding must be considered in the hurricane evacuation shelter selection process. Riverine inundation areas shown on Flood Insurance Rate Maps (FIRMs), as prepared by the National Flood Insurance Program, should be reviewed. FIRMs should also be reviewed in locating shelters in inland counties.

- Locate hurricane evacuation shelters outside the 100-year floodplain.
- Avoid selecting hurricane evacuation shelters located within the 500-year floodplain.
- Avoid selecting hurricane evacuation shelters in areas likely to be isolated due to riverine inundation of roadways.
- Make sure a hurricane evacuation shelter's first floor elevation is on an equal or higher elevation than that of the base flood elevation level for the FIRM area.
- Consider the proximity of shelters to any dams and reservoirs to assess flow upon failure of containment following hurricane-related flooding.

## High Winds

Consideration of any facility for use as a hurricane evacuation shelter must take into account wind hazards. Both design and construction problems may preclude a facility from being used as a shelter. Local building codes are frequently inadequate for higher wind speeds.

- If possible, select buildings that a structural engineer has certified as being capable of withstanding wind loads according to **ASCE (American Society of Engineers) 7-98** or **ANSI (American National Standards Institute) A58 (1982)** structural design criteria. Buildings must be in compliance with all local building and fire codes.
- Failing a certification (see above), request a structural engineer to rank the proposed hurricane evacuation shelters based on his or her knowledge and the criteria contained in these guidelines.
- Avoid uncertified buildings of the following types:
  - Buildings with long or open roof spans longer than 40 feet.
  - Unreinforced masonry buildings.
  - Pre-engineered (steel pre-fabricated) buildings built before the mid-1980s.
  - Buildings that will be exposed to the full force of hurricane winds.
  - Buildings with flat roofs or built with lightweight materials.
- Give preference to the following:
  - Buildings with 10°-30° pitched, hipped roofs; or with heavy concrete roofs.
  - Buildings no more than 60 feet high.
  - Buildings in sheltered areas (protected from strong winds).
  - Buildings whose access routes are not tree-lined.

## Hazardous Materials

The possible impact from a spill or release of hazardous materials should be taken into account when considering any potential hurricane evacuation shelter.

All facilities manufacturing, using, or storing hazardous materials (in reportable quantities) are required to submit *Material Safety Data Sheets* (emergency and hazardous chemical inventory forms) to the Local Emergency Planning Committee (LEPC) and the local fire department. These sources can help you determine the suitability of a potential hurricane evacuation shelter or determine precautionary zones (safe distances) for facilities near potential shelters that manufacture, use or store hazardous materials.

- Facilities that store certain reportable types or quantities of hazardous materials may be inappropriate for use as hurricane evacuation shelters.

- Hurricane evacuation shelters should not be located within the ten-mile emergency planning zone (EPZ) of a nuclear power plant.
- Chapters must work with local emergency management officials to determine if hazardous materials present a concern for potential hurricane evacuation shelters.

### **Interior Building Safety Criteria During Hurricane Conditions**

Based on storm data (e.g., arrival of gale-force winds), determine a notification procedure with local emergency managers regarding when to move the shelter population to pre-determined safer areas within the facility. Consider the following:

- Do not use rooms attached to, or immediately adjacent to, unreinforced masonry walls or buildings.
- Do not use gymnasiums, auditoriums, or other large open areas with long roof spans (longer than 40 feet) during hurricane conditions.
- Avoid areas near glass unless an adequate shutter protects the glass surface. Assume that windows and the roof will be damaged and plan accordingly.
- Use interior corridors or rooms.
- In multi-story buildings, use only the lower floors (no higher than 60 feet) and avoid corner rooms.
- Avoid any wall section that has portable or modular classrooms in close proximity, if these are used in your community.
- Avoid basements if there is any chance of flooding.

**Americans with Disabilities Act**  
***Checklist for Emergency Shelters***

This forty-seven page document is located on the CD associated with this document.

## Special and Functional Needs Shelter – Facility Pre/Post Activation Survey Form

The purpose of this form is to assess existing damage or condition of the facility before and after the facility is used as a Special and Functional Needs Shelter. As outlined in the Special and Functional Needs Shelter – Facility Usage Agreement Form this form will be completed prior to the facility being utilized and immediately following the facilities utilization as a Special and Functional Needs Shelter.

Facility Name			
Street Address			
City / State			
Facility Owner			
Facility Representative			
Title of Representative			
Daytime Phone Number		Mobile Phone Number	
E-Mail Address			

### Opening Checklist

Areas To Review	Y	N	NA	Unk.	Comments
ADA assessment completed and yields suitable results? (Use only for pre-activation)					
Are indoor and outdoor walking surfaces free of tripping or falling hazards (uneven sidewalks, unprotected raised walkways / ramps / docs, loose / missing tiles, telephone wires, extension cords, etc...)?					
Are the paths to exits relatively straight and clear of obstructions (blocked, chained, partially blocked, obstructed by garbage cans, etc...)?					
Are all emergency exits properly identified and secured?					
Are there at least two exits from each floor?					
Are illuminated exit and exit directional signs visible from the aisles?					
Is there an emergency evacuation plan and identified meeting place?					
Are there guidelines for directing occupants to an identified assembly area away from the building once they reach the ground floor?					
Are there any site specific hazards (hazardous chemicals, machinery)? If so, describe them.					
Is the facility clean, neat and orderly?					
Are the following building systems in good working order? Electrical Water Sewage System HVAC, if necessary					
Are fire extinguishers and smoke detectors present, inspected and properly serviced?					
If power fails, is automatic emergency lighting available for egress routes, stairs and restrooms?					
Are first aid kits readily available and fully stocked?					
Will occupants of the facility be notified that an emergency evacuation is necessary by public address system or alarm?					



## Special and Functional Needs Shelter – Facility Usage Agreement Form

### (Non-Municipal Building)

This agreement is between:

\_\_\_\_\_, (Shelter Agency/Operator) and  
\_\_\_\_\_, (Owner) of the Facility, identified below, for utilization of the identified facility as a  
Special and Functional Needs Shelter (Shelter) during a state of emergency.

Facility Name	
Street Address	
City / State	
Facility Owner	
Facility Coordinator Name & Number	

### Terms and Conditions

1. Use of Facility: Upon request and if feasible, the Owner will permit the Shelter Operator to use the facility on a temporary basis as a Shelter.
2. Shelter Management: The Shelter Agency will have primary responsibility for the operation of the Shelter and will designate an official as the Shelter Manager. The Owner will designate a Facility Coordinator to coordinate with the Shelter Manager regarding the use of the facility by the Shelter Agent.
3. Condition of Facility: The Facility Coordinator and Shelter Manager (or designee) will jointly conduct a pre-occupancy survey of the Facility before it is turned over to the Shelter Agency. They will use the "Special and Functional Needs Shelter – Facility Pre/Post Activation Survey Form" to record any existing damage or conditions. The Facility Coordinator will identify and secure all equipment that the Shelter Agent should not use while the facility is being used as a Shelter. The Shelter Agent and Shelter staff will exercise reasonable care while using the facility as a Shelter and will make no modifications to the facility without the express written approval of the Owner.
4. Custodial Services: Upon request by the Shelter Agent and if such resources exist and are available, the Owner will make its custodial resources, including supplies and custodial workers, available to provide general, non-pet related, cleaning and sanitation services at the Shelter. The Facility Coordinator will designate a Facility Custodian to coordinate the provision of general, non-biohazard, cleaning and sanitation services at the direction of and in cooperation with the Shelter Manager.
5. Security: In coordination with the Facility Coordinator the Shelter Manager, as he or she deems necessary and appropriate, will coordinate with law enforcement regarding any public safety issues at the Shelter.
6. Signage and Publicity: The Shelter Agent may post signs identifying the facility as a Shelter in locations approved by the Facility Coordinator and will remove such signs when the Shelter is closed. The Owner will not issue press releases or other publicity concerning the Shelter without the express written consent of the Shelter Manager. The Owner will refer all media questions about the Shelter to the Shelter Manager or Public Information Officer.
7. Closing the Shelter: The Shelter Agent will notify the Owner or Facility Coordinator of the closing date for the Shelter. Before the Shelter Agent vacates the facility, the Shelter Manager and Facility Coordinator will jointly conduct a post-occupancy survey, using the "Special and Functional Needs Shelter – Facility Pre/Post Activation Survey Form" to record any damage or conditions.
8. Reimbursement: The Shelter Agent will reimburse the Owner for the following:
  - a. *Damage to the facility or other property of Owner*, reasonable wear and tear is excepted, resulting from the operations of the Shelter. Reimbursement for facility damage will be based on replacement at actual cash value.

The Shelter Agent will select from among bids from at least three reputable contractors. The Shelter Agent is not responsible for storm damage or other damage caused by the disaster.

- b. *Reasonable costs associated with custodial personnel* which would not have been incurred but for the Shelter Agent's use of the facility for a Shelter. The Shelter Agent will reimburse at per-hour, straight-time rate for wages actually incurred but will not reimburse for overtime or costs of salaried staff.

The Owner will submit any request for reimbursement to the Shelter Agent within 60 days after the Shelter closes. Any request for reimbursement for personnel costs must be accompanied by supporting invoices and a list of the personnel with the dates and hours worked at the Shelter.

9. Insurance: The Shelter Agent shall carry insurance coverage in the amounts of at least \$100,000 per occurrence for Commercial General Liability and Automobile Liability.
10. Indemnification: The Shelter Agent shall defend, hold harmless, and indemnify Owner against any legal liability, including reasonable attorney fees, in respect to bodily injury, death and property damage arising from the negligence of the Shelter Agent/Operator during the use of the facility.
- 
11. Term: The term of this agreement begins on the date of the last signature below and ends 30 days after written notice by either party.

Facility Owner			
Representative			
Title of Representative			
Daytime Phone Number		Mobile Phone Number	
E-Mail Address			
Signature		Date	

Shelter Agent			
Representative			
Title of Representative			
Daytime Phone Number		Mobile Phone Number	
E-Mail Address			
Signature		Date	

## Memorandum of Agreement for Shelter Services by a Non-Municipal Provider

This Memorandum of Understanding (MOU) is entered on <insert date> between <insert name of the LTC> (the "**Requester**") and <insert name of organization> (the "**Provider**").

Facility Name:

Street Address:



City, State, Zip:

INITIATION:

The **Provider** agrees to be available to the **Requester** and to implement this understanding at any time, 24 hours/day, 7 days/week.

In the event that the **Requester** must evacuate its residents, the **Requester** will notify the **Provider** that service is needed by calling:

Daytime Hours: ( )

After Hours: ( )

The **Requester** will provide the number of sheltered residents and staff needing temporary shelter at the time the **Provider** is contacted.

The **Provider** will, if available, provide:

- ADA access to the facility*
- Acceptance of residents who require oxygen*
- Room for (number) wheelchair dependent residents*
- Room for (number) cots or similar devices*
- Accommodation of durable medical equipment for residents*
- Electrical power*
- Restroom facility for males and females*
- Kitchen and refrigeration capabilities*
- Heating and cooling (as appropriate)*
- Accommodation of service animals*

The **Requester** will provide:

- Qualified staff to monitor and tend to the shelterees*
- Resident medications, oxygen, consumable and durable medical equipment, etc.*
- Cots*
- Bedding*
- Food and beverages*
- Cleaning supplies*

The sheltered residents will remain with the **Provider** for no more than <insert number> days unless an agreement to extend this time period is agreed upon by both parties.

The **Provider** will maintain liability insurance on the property and the **Requester** will hold harmless the **Provider** for all claims of negligence or omission regarding the care and management of sheltered residents.

The **Requester** will reimburse the **Provider** within <insert number> days for service provided and use of the facility at a reasonable rate pre-determined or agreed upon by both parties.

This understanding will be considered in effect until such time as either party provides notification in writing and not less than 30 days prior to the need to cancel or change the understanding.

The **Requester** and **Provider** agree to review and update, if needed, this understanding annually.

**Requester****Provider**

---

Facility Name

---

Organization Name

---

Name of Facility Representative

---

Name of Organization Representative

---

Title of Facility Representative

---

Title of Organization Representative

---

SIGNATURE

---

SIGNATURE

---

Date Signed

---

Date Signed

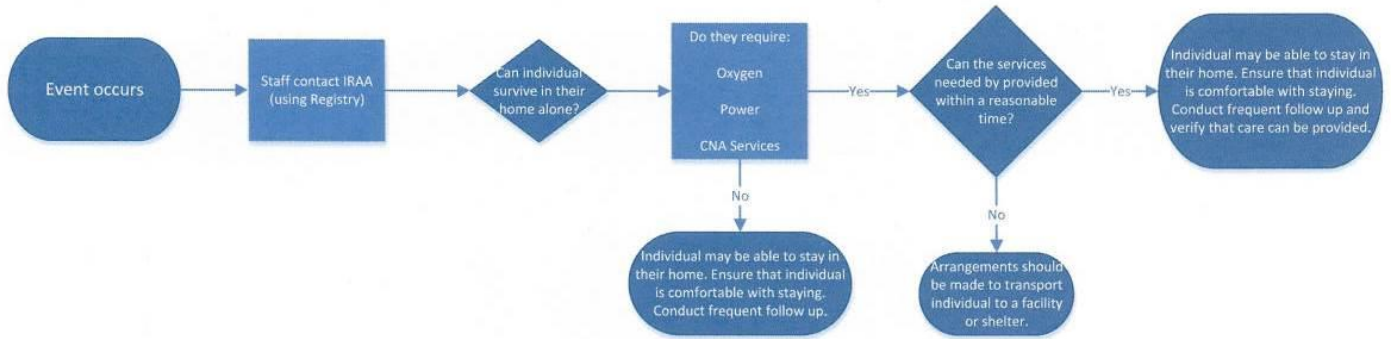
NOTE: This form is adapted from the Wisconsin Department of Health Services, Wisconsin Hospital Emergency Preparedness Program's Memorandum of Understanding for Temporary Shelter (Community Partner / Non-LTC).

<https://www.dhs.wisconsin.gov/publications/p0/p00690.pdf>

# **Appendix F**

## **Stay at Home Workflow**

## Stay at Home Workflow



Do they require:
Oxygen
Power
CNA Services

# **Appendix G**

## **Shelter Client Information Packet**

- Intake and Assessment Tool – American Red Cross
- Individuals Requiring Additional Assistance – Intake Form

**INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Date/Time: \_\_\_\_\_ Shelter Name/City/State: \_\_\_\_\_ DRO Name/#: \_\_\_\_\_

Family Last Name: \_\_\_\_\_

Primary language spoken in home: \_\_\_\_\_ Does the family need language assistance/interpreter?: \_\_\_\_\_

Names/ages/genders of all family members present: \_\_\_\_\_

If alone and under 18, location of next of kin/parent/guardian: \_\_\_\_\_ If unknown, notify shelter manager & interviewer initial here: \_\_\_\_\_

Home Address: \_\_\_\_\_

Client Contact Number: \_\_\_\_\_ Interviewer Name (print name): \_\_\_\_\_

INITIAL INTAKE	Circle	Actions to be taken	Include ONLY name of affected family member
1. Do you need assistance hearing me?	YES / NO	If Yes, consult with Disaster Health Services (HS).	
2. Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager and refer to HS.	
3. Do you have a medical or health concern or need <b>right now</b> ?	YES / NO	If Yes, stop interview and refer to HS immediately. <b>If life threatening, call 911.</b>	
4. Observation for the Interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES/ NO	<b>If life threatening, call 911.</b> If yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).	
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to HS.	
6. Do you normally need a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If No, skip next question.	
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If Yes, circle which one and refer to HS.	
8. Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to HS.	
9. Question to Interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to HS or DMH.	<b>*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.</b>

**STOP** **STOP HERE!** **STOP** REFER to: HS Yes ☐ No ☐ DMH Yes ☐ No ☐ Interviewer Initial \_\_\_\_\_

**DISASTER HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP**

ASSISTANCE AND SUPPORT INFORMATION	Circle	Actions to be taken	Comments
Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you have a condition that requires any special medical equipment/supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list potential sources if available.	
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If Yes, list type and benefit number(s) if available.	
MEDICATIONS	Circle	Actions to be taken	Comments
Do you take any medication(s) regularly?	YES / NO	If No, skip to the questions regarding hearing.	
When did you last take your medication?		Date/Time.	
When are you due for your next dose?		Date/Time.	
Do you have the medications with you?	YES / NO	If No, identify medications and process for replacement.	



INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
<b>HEARING</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
Do you use a hearing aid and do you have it with you?	YES / NO	If Yes to either, ask the next two questions. If No, skip next two questions.	
Is the hearing aid working?	YES / NO	If No, identify potential resources for replacement.	
Do you need a battery?	YES / NO	If Yes, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If Yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?		Sign language? Lip read? Use a TTY? Other (explain).	
<b>VISION/SIGHT</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
Do you wear prescription glasses and do you have them with you?	YES / NO	If Yes to either, ask next question. If No, skip the next question.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If Yes, ask next question. If No, skip the next question.	
Do you have your white cane with you?	YES / NO	If No, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If Yes, collaborate with HS and shelter manager.	
<b>ACTIVITIES OF DAILY LIVING</b>	<b>Circle</b>	<b>Ask all questions in category.</b>	<b>Comments</b>
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult shelter manager to determine if general population shelter is appropriate.	
Do you need help moving around or getting in and out of bed?	YES / NO	If Yes, explain.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If No, skip the next question. If Yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If No, identify potential resources for replacement.	
<b>NUTRITION</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
Do you wear dentures and do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify feeding staff.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies and notify feeding staff.	
<b>IMPORTANT! HS/DMH INTERVIEWER EVALUATION</b>			
<b>Question to Interviewer:</b> Has the person been able to express his/her needs and make choices?	YES / NO	If No or uncertain, consult with HS, DMH and shelter manager.	
<b>Question to Interviewer:</b> Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with HS and shelter manager on alternative sheltering options.	
<b>NAME OF PERSON COLLECTING INFORMATION:</b>	HS/ DMH Signature:		Date:

This following information is only relevant for interviews conducted at HHS medical facilities: Federal agencies conducting or sponsoring collections of information by use of these tools, so long as these tools are used in the provision of treatment or clinical examination, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320.3(h)(5).

The authority for collecting this information is 42 USC 300hh-11(b) (4). Your disclosure of this information is voluntary. The principal purpose of this collection is to appropriately treat, or provide assistance to, you. The primary routine uses of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly triaging you or providing assistance to you.

# Individuals Requiring Additional Assistance (IRAA) Intake Form

## To Be Completed Or Verified By Staff Receiving Clients At Shelter

ARRIVAL - Date: \_\_\_\_\_ Time: \_\_\_\_\_ Mode of Arrival: \_\_\_\_\_ Shelter Location: \_\_\_\_\_  
 NAME - Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ (years) Sex: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Medicare/Medicaid number: \_\_\_\_\_  
 Weight: \_\_\_\_\_ (lbs) Height: \_\_\_\_\_ (ft.) \_\_\_\_\_ (in.) Primary Language: \_\_\_\_\_  
 Residence Type: \_\_\_\_\_ Living Situation: ☐ Alone ☐ Relative ☐ Other: \_\_\_\_\_  
 Name of Emergency Contacts: Local: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Non - Local: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## To Be Completed By Health And Medical Staff

Number of care givers/ family members accompanying client: \_\_\_\_\_  
 Caregiver/family member names: \_\_\_\_\_  
**MEDICAL PROBLEMS OF CAREGIVER:** \_\_\_\_\_

### Special Medical Needs of Client

<b>Medically Dependent On Electricity:</b> <input type="checkbox"/> O2 Concentrator <input type="checkbox"/> Feeding Pump <input type="checkbox"/> Suction <input type="checkbox"/> Other: _____		<b>Oxygen Dependent:</b> <input type="checkbox"/> 24 hour <input type="checkbox"/> Only Overnight <input type="checkbox"/> Nebulizer <input type="checkbox"/> CPAP O2 Type: _____    Liters flow: _____ L /minute O2 Company: _____    Phone: _____	
<input type="checkbox"/> Assistance with medications <input type="checkbox"/> Insulin Dependent <input type="checkbox"/> Assistance needed with Insulin	<input type="checkbox"/> Mental Health Problems <input type="checkbox"/> Anxiety/Depression <input type="checkbox"/> Alzheimer's/Dementia - <i>Full time caregiver must be present at all times during client stay at shelter.</i>	<input type="checkbox"/> Vision Loss/ Impaired <input type="checkbox"/> Hearing Loss/ Impaired <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Cognitive Impaired	
<input type="checkbox"/> Incontinence <input type="checkbox"/> Dialysis Dependent	<input type="checkbox"/> Mobility Impaired <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Wheelchair	<input type="checkbox"/> Open wounds <input type="checkbox"/> Decubitis	
<input type="checkbox"/> Other/Comments: _____ _____ _____		<input type="checkbox"/> Trained Service Animal    Type of Animal: _____ 1. Is the animal required because of a disability? _____ 2. What work or task has the animal been trained to perform? _____ _____	

### **Medical Information:**

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Home Health Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dialysis: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_  
☐ Patient Assigned to Hospice    Name of Hospice: \_\_\_\_\_ Phone: \_\_\_\_\_  
☐ Do Not Resuscitate Order (DNR) provided    ☐ Photo ID    ☐ Person present having knowledge of client's identity  
☐ Living Will provided    ☐ Client Identification Verified- *Identification must be on the client at all times during the shelter event.*



List Medications: \_\_\_\_\_

List Medical Conditions: \_\_\_\_\_

List Medical Equipment/Supplies Brought To The Shelter By The Patient: \_\_\_\_\_

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**Discharge Planning: Plans If Client Cannot Return Home**

Transportation Needs: ☐ Car ☐ Bus ☐ Wheelchair Van ☐ Ambulance  
☐ Other: \_\_\_\_\_ Number of Persons to Transport: \_\_\_\_\_

☐ Returning Home ☐ Returning to Another Family Member's Home ☐ Other (Friend, Hotel, Hospital, Nursing Home)

Specify Discharge Destination- Address: \_\_\_\_\_  
Apt/ House #: \_\_\_\_\_ Apt. Complex name: \_\_\_\_\_

Name of individual discharge to: \_\_\_\_\_ Phone: \_\_\_\_\_

Discharge Checklist: ☐ Electricity to area ☐ Road to Home Open ☐ Medications Loaded ☐ Personal Effects Loaded  
☐ Medical Equipment Loaded

Name of Discharge Planner: \_\_\_\_\_ Signature: \_\_\_\_\_  
DISCHARGE - Date: \_\_\_\_\_ Time: \_\_\_\_\_ Mode of Discharge: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[illegible]

## **Appendix H**

### **FEMA Medical Supply/Equipment Sample Lists: Durable and Consumable Equipment**

- Durable Medical Supply List: Based on 100-Person Shelter Population.
- Consumable Medical Equipment List: Based on 100-Person Shelter Population for 1 Week.

## Durable Medical Supply Sample List

<b>DME (for children and adults)</b>		
<b>Equipment</b>	<b>Quantity</b>	<b>Type</b>
3 in 1 Commode for over toilet use (300 lb capacity)	5	Each
Assorted utensil holder	8	Each
Accessible Cots	100	Each
Beds, bariatric, on wheels, up to 600 lbs	6	Each
Bedside Commodes (3ea-w/300 lb capacity; 2ea-w/450 lb capacity)	5	Each
Canes, quad (6ea-small base; 2ea-large base; 2ea-bariatric)	5	Each
Canes, white	3	Each
Comfort box (1ea knit pant, 1ea t-shirt, 1ea pair socks, hygiene items)	10	Box
Crutches, adult	3	Pair
Crutches, pediatric	3	Pair
Dressing aid sticks	5	Each
Handheld Shower w/84" hose	4	Each
Independent Toilet Seats w/safety bars	4	Each
IV Pole 5 Castor	3	Each
Patient Lift w/2 mesh slings (450 lb cap) (Hoyer lift)	2	Each
Privacy Screen, 3 panel w/castors	10	Each
Refrigerator, counter height, no freezer (for meds)	2	Each
Sheets, flat, fitted for bariatric bed (200 thread count or higher)	6	Each
Shower Chair w/back rest (4ea-400 lb capacity; 2ea-Bariatric)	6	Each
Egg Crate Padding -10 beds and 6 wheelchairs	10/6	Each
Walker, dual release (4ea-standard w/wheels; 2ea-heavy duty w/wheels; 2ea-bariatric w/out wheels; 2ea-standard w/out wheels)	10	Each
Medical Cot w/mattress & half side rails	4	Each
Wheelchair ramps, portable (1ea-10'; 1ea -6')	2	Each
Wheelchair transfer boards	8	Each
Wheelchairs, adult (7ea-w/footrests; 3ea-w/elevating leg rest)	4	Each
Wheelchairs, adult, extra large (to 450 lb capacity; 1ea-w/footrest; 1ea-w/elevating leg rest)	2	Each
Wheelchairs, pediatric (1ea-w/footrest; 1ea-w/leg rest)	2	Each

## Consumable Medical Supply Sample List

<b>CMS (for children and adults)</b>			
Note 1: Planning estimate is based on 100 person shelter population for one week			
Note 2: All liquid items must meet TSA standard (3.4 oz or less) in case of aerial evacuation			
<b>Item</b>	<b>Description</b>	<b>Quantity</b>	<b>Notes</b>
Antibacterial Wipes/ Towelettes	40 pack	100	
Bag, plastic	13 gallon	100	
Nutritional Supplemental Drinks for Kids/Children (over 12 months of age), ready to drink (i.e.,Pedia-sure)	dispensed by medical authority in shelter	28-120 fl. oz. per day in no larger than 8 oz bottles / 196 - 658 per week	
Magnifying Glasses (standard)		2	
Paper Cup Lids	for 12 oz cups	1 case	
Bendable Drinking Straws		1 case	
Duct Tape		12 rolls	
Waterproofing Pads (i.e. CHUX)	standard size	10 boxes of 24	
Patient Care Gloves, non-latex	disposable	6 boxes	
Non-latex Cleaning Gloves	disposable	4 boxes of 100	
Bio-hazard Bags	for medical bio-waste	1 box of 24	
Bleach, chlorine		2 gallons	
Bucket, 2.5 gallon		10 each	
Paper Towels		20 rolls	
Hand Sanitizer		6 each large	
Hand Sanitizer		100 each individual	
Baggies (large/small)		10 boxes each	
Instant Ice	pkg of	12	Self-contained, break to use
Instant Heat	pkg of	12	Self-contained, break to use

Emesis Basin (shallow)	each	12	Plastic 8.5"
Bedpans	each	2 disposable w/o cover	Resistant to stains and cracks. 350-pound weight capacity. Contoured design molded plastic for adults.
Bedpans	each	10 disposable w/o cover	Resistant to stains and cracks. Dimensions: 14" L x 11" W x 2.5"D. Weight capacity: 250 pounds.
Urinals - male	each	8 disposable w/cover	Plastic, disposable male urinal with cover - translucent
Distilled Water (for humidifiers)	gallon	10	
Nutrition drink for diabetics (i.e. Glucerna)	each	48 (8 oz bottles)	Plastic bottle contains ingredients that contribute to blood glucose management and support cardiovascular health. For people with diabetes. For the use as a supplement, snack, or meal as a part of a diabetes management plan.
Nutrition Drink (i.e. Ensure)	each	48 (8 oz. reclosable bottle)	Source of concentrated calories and is high in protein to help patients gain or maintain healthy weight. It is a complete and balanced oral nutritional supplement that can be used with or between meals or, in appropriate amounts, as a meal replacement.
Trach Care Tray	each	2	W-Forceps. Sterile, single-use. Compact and disposable. All necessary components for care and cleaning of trach site. Tray includes removable basin, 2 latex-free gloves, trach brush, drape, 36" twill tape, 2 cotton tipped applicators, 2 pipe cleaners and 4 4"x4" gauze and plastic forceps.
Scissors, blunt-end		2 each	
Scissors, sharp and curved		2 each	
Back Support	each	2	Universal back support fits a range of sizes. Wide, elastic support base. Overlapping elastic compression panels. Adjustable and removable shoulder straps.
Cervical Collar, universal size	each	4	Soft foam collar is slightly contoured for comfort. 1"-thick foam is covered with stockinet and has loop/lock closure. Universal style fits most. 2.5" wide at the chin, fits neck circumference 12-22".
Automatic Blood Pressure Cuff, adult with batteries, x-large	each	2 with x-large adult cuff	Displays simultaneous readings of systolic and diastolic blood pressure and pulse
Automatic Blood Pressure Cuff, adult with batteries, standard	each	2 with standard cuff	Displays simultaneous readings of systolic and diastolic blood pressure and pulse

Auto Blood Pressure Cuff, child, with batteries	each	2 with child cuff	Displays simultaneous readings of systolic and diastolic blood pressure and pulse
Saline Solution (wound wash)	each	12	A sterile saline solution (0.9%) for flushing and cleansing superficial wounds
Pill Crusher		6 each	
Pill Cutter		6 each	
Diapers, adult	x-large	3 cases of 20	
Diapers, adult	large	3 cases of 20	
Diapers, adult	medium	3 cases of 20	
Diapers, adult	small	3 cases of 20	
Pull-Up Adult Diapers	small	1 cases of 20	
Saniwipe Disinfectant Towels		2 pkgs	Textured cloth for a rigorous disinfection in the most stringent medical environments and continuous exposure to bodily fluids and blood
Sterile Gauze Sponges 4"x4"		2 boxes of 100	100 % cotton sponges of fine mesh gauze for wound debriding, prepping, packing, dressing, and general wound care
Sterile Gauze Sponges 2"x2"		2 boxes of 50	100 % cotton sponges of fine mesh gauze for wound debriding, prepping, packing, dressing, and general wound care
ABDs	sterile wound gauze pads (not the blue pads)	1 case (approx 200)	ABD Pad Sterile 8"x10". Soft, non-woven layer for patient comfort and fluff filler for absorbency. All four edges are sealed to prevent lint residue and leaking. Sterile, in single peel back sleeve.
Ace Bandages (2")	rolls	2 boxes	Economy Woven Elastic Bandage 2"x4.5yd. Clip Closure 1ea/bx 1ea/cs ETO Latex-free used for compression or securing of splints, dressings, and ice packs. Economy and standard REBs are standard grade woven bandages that offer balanced stretch and compression.
Ace Bandages (3")	rolls	2 boxes	Economy Woven Elastic Bandage 3"x4.5yd. Clip Closure 1ea/bx 1ea/cs ETO Latex Free used for compression or securing of splints, dressings, and ice packs. Economy and standard REBs are standard grade woven bandages that offer balanced stretch and compression.
Ace Bandages (4")	rolls	2 boxes	Economy Woven Elastic Bandage 4"x4.5yd. Clip Closure 1ea/bx 1ea/cs ETO Latex Free used for compression or securing of splints, dressings, and ice packs. Economy and standard REBs are standard grade woven bandages that offer balanced stretch and compression.

Ace Bandages (6")	rolls	2 boxes	Economy Woven Elastic Bandage 6"x4.5yd. Clip Closure 1ea/bx 1ea/cs ETO Latex Free used for compression or securing of splints, dressings, and ice packs. Economy and standard REBs are standard grade woven bandages that offer balanced stretch and compression.
Application, cotton-tipped (6" long, 100 per box)		2 boxes	
Bandage Gauze Roll (2")		6 dozen	Cover-roll bandage 2"x10yd.
Bandage Gauze Roll (4")		6 dozen	Cover-roll bandage 4"x10yd.
Cotton Balls		4 bags of 50	100% cotton balls
Colostomy Appliance		2 packages	Dependant on manufacturer
Colostomy Wafers		2 boxes of 10	Individually wrapped size 4"x4" wafer with flange (skin protector)
Colostomy Paste		4 tubes (2 oz)	IB Ostomy Paste 2 Oz Tube. Pectin based, skin barrier paste helps protect the skin around stomas and fistulas to prevent skin irritation and to fill-in uneven skin surfaces.
Colostomy Skin Preps		1 box of 50 wipes	No-Sting Skin-prep Wipes. Forms protective film to prepare skin for tapes and adhesives.
Colostomy Ileostomy Bags (pouches)	11" drainable colostomy/ileostomy bag (pouch)	1 boxes of 10	1 box of 10, cut to fit, drainable colostomy/ileostomy pouch
TELF A Dressings, sterile		2 boxes	Absorbent cotton pad. Superior "Ouchless" TELFA dressing won't disrupt healing tissue by sticking to wound. Each dressing individually wrapped in peel-open envelope. Ideal as primary dressing for lightly draining wounds. Bonded on both sides with perforated non-adherent film; can be cut to any shape without separating. Sterile. Size: 3"x4".
General Antiseptic Cleansers (i.e., BZK Towelettes)		2 boxes of 100	BZK Towelettes 5"x 7". Used for general antiseptic cleansing for patients and staff, each towelette is saturated with benzalkonium chloride 1:750. Contains no alcohol. Latex-free.
Alcohol Prep Pads		4 boxes of 100	100 pads per box
K-Y Jelly		4 tubes	large
Peroxide		4 bottles	16 oz
Betadine Scrub Solution		4 bottles	16 oz
Adhesive, non-allergic (1" paper tape)		6 each	1" x 11yds.

Adhesive, non-allergic (2" paper tape)		6 each	2" x 11yds.
Safety Pins		1 box	Nickel-plated steel. Each pin closed. Secure safety head. 1.75". Box of 1440.
Medicine Cups		2 packages 100	1 oz
Hand Asepsis Towelettes		4 packages pk/160	antimicrobial hand wipe
Batteries – assorted		1 package each	AAA/AA/9 VOLT/C/D
Batteries - hearing aid		1 package each	assorted
Spray Bottle	plastic	4 each	6 oz
Blood Glucose Meter Kit		4	Allows for alternate site testing and stores up to 300 test results. Includes meter, carrying case, lancing device, 10 lancets, control solution normal, alternate site testing cap.
Test Strips, diabetic		2 boxes of 50	50 strips per box
Velcro, double sided (loop and hook)	1",2" and 4"	6 rolls (2 or each)	2 rolls ea of 1", 2", and 4"x 50yds.
Nebulizer		2	FIO (2) settings adjustable from 35% to 100%. It has ports for a feed set and an immersion-type heater. Capacity: ~350ml^.
Isolation Mask		1 box of 50	Fluid-resistant, polypropylene outer facing with ear loops
Foley Catheter		10 each	Cath Foley Sil 12Fr 5cc. An All Silicone Foley Catheter that is designed for enhanced comfort and elimination of concerns regarding potential health risks that may be associated with repeated exposure to latex devices.
Intermittent Catheter, male		25 each	Cath Intmt Rdrbr 8Fr 16". All-purpose, urethral, X-ray opaque with funnel end and round, hollow tip. Two opposing eyes. Sterile. Size A: 16"^. Size B: 8Fr^.
Condom Catheters, male		25 each	Cath Exterior Tex Ltx 2-Pc W-Fm. With 5.5"L x .75"W foam strap.
Intermittent Catheter, female		25each	Intmt Pvc Pls Cath F 14 Fr 6.5". Sterile. Clear polyvinyl chloride with matte finish, smooth rounded tip, funnel end. Size A: ~6.5"^. Size B: ~14 Fr^.
External Catheter, male		25 each	Cath Ext Tex Ltx 2-Pc W-Fm. With 5.5"L x .75"W foam strap.



Spray Adhesive, medical		5 cans	Medical Adhesive Spray 3.2 oz. Increases the adhesion to skin for pouches, wound drainage collectors and fecal incontinence systems.
Removal Wipes		1 box of 50	Universal adhesive remover for tapes, adhesives, and hydrocolloid skin barriers.
Leg Bags, assorted sizes small/medium/large	500ml x 3 600ml x 3 950ml x 3	9 (3 of each)	T-Tap Leg Bag 500ml. Sterile. Secure, comfortable, soft vinyl bags, with flutter valve and Velcro strap. Latex-free. SizeA: ~500ml^. Style A:~With latex-free tubing and connector^. Sterility: Sterile^.
Cannulas Nasal Oxygen Tubes (disposable)		5 each	Nasal cannula, extra soft, curved tip, with 7 ft. (213 cm.) crush - resistant tubing.
Regulators, O2		2	Oxygen Regulator with overall length less than 4" and weighs just 6.9 oz. Lightweight aluminum body with brass sleeve and brass internals. Downward facing outlet port.
Bedside Drainage Collectors		3	2000cc drainage bag with drip chamber, sample port and universal hanging device.
Power Strips		5	6 ft. length
Battery Chargers, universal		2	For recharging wheelchair batteries and other battery-powered equipment.
Extension Cords		3	50 ft. length
T.E.D. Compression Stockings		1 each medium/ large/x-large	Support hose
Chemical-free Shampoo and Body Wash		2 (8 oz bottles)	Hypoallergenic cleanses - rinse free. Contains Aloe Vera Gel, no alcohol.
Chemical-free Spray Cleaner		2 (8 oz bottles)	Gentle cleanser contains Acemannan Hydrogel - No rinse, Non-irritating
Air Pump (bicycle type)		1	For wheelchair tires w/composite head fitting. Presta, Schrader, and Woods/Dunlop valves without switching internal parts.

# **Appendix I**

## **Shelter Logistics and Supplies**

- Individuals Requiring Additional Assistance – Supplies and Equipment for 100-Person Shelter for 3 Days.
- Shelter Equipment and Supplies Inventory List for 100-Person Shelter

# Individuals Requiring Additional Assistance (IRAA) - SUPPLIES AND EQUIPMENT

Supplies for one shelter of 100 clients/72 hours

## OFFICE SUPPLIES

ITEM	DESCRIPTION	Unit Description	Cost per Unit	Quantity of Units	Total Cost	Inventory-Received	Used	Inventory-Remaining
Clip Board, Letter Size	Pressboard	Each						
Dry Erase Markers	Multicolor	Box of 7						
Duct Tape	3"	Roll						
Envelopes	Manilla, 9" x 12"	Box of 50						
Extension Cords	12 gauge, 100' length	Each						
Extension Cords	12 gauge, 50' length	Each						
Extension Cords	14 gauge, 25' length	Each						
File Folders	Gray Color	Box of 100						
Flashlights	With Extra Batteries	Each						
Headlights- LED, High Intensity	With Extra Batteries	Each						
Lantern, Fluorescent, Camping	With Extra Batteries	Each						
Lock Box (Store/Lock Medications)	Size?	Each						
Masking Tape	2"	Box of 6						
Name Tags	self-adhesive	Box of 100						
Note Pads, Letter Size	White, Lined	Pack of 12						
Paperclips	Large	Box of 100						
Pens, Ballpoint Black Ink	Medium Point	Box of 12						
Pens, Ballpoint Red Ink	Medium Point	Box of 12						
Posterboard (Range of Sizes)	White	Each						
Post-it Notes	3" x 5", Lined	Each						
Rubber Bands (Order by the lb.)	Medium	1 lb.						
Scissors, Regular	Stainless Steel	Each						
Scotch Tape Dispenser (Disposable)	With Extra Rolls	Each						
Sharpie Markers	Multicolor, Fine Tip	Box of 8						
Sharpie Markers	Multicolor, Regular Tip	Box of 4						
SOG/attachments/Signs	Copies of current versions	Sheets						
Stapler	standard	Each						
Staples	standard	Box of 500						
Paper cups	5 oz. plastic	Case of 1,000						
Surge Protector, Ground Fault Circuit Protector	GFC	Each						
Toilet Paper (emergency supply)	Roll	Rolls						
Trash Bags, Tall Kitchen Size	White	Case of 200						
Water, Individual (emergency supply)	16 oz bottles	Case						
Write on-Cling Perforated Poly Static Sheets	National Brand	box						
Zip Lock Bags	Gallon	Case of 1,000						

\$0.00

# Individuals Requiring Additional Assistance (IRAA) - SUPPLIES AND EQUIPMENT

Supplies for one shelter of 100 clients/72 hours

## Pharmaceutical Supplies - MEDICATIONS AND SOLUTIONS

ITEM	DESCRIPTION	Unit Description	Cost per Unit	Quantity of Units	Total Cost	Inventory-Received	Used	Inventory-Remaining
Acetaminophen	Adult, Individual Package	Box of 500						
Acetaminophen, Liquid	Pediatric, (125mg/5cc)	4oz Bottle						
Albuterol Inhaler	Adult	Each						
Albuterol Inhaler	Pediatric	Each						
Alcohol, Isopropyl	Pint	Each						
Ammonia Inhalants		Box of 10						
Anaphylaxis Kit		Each						
Antacid	Low Sodium, individually wrapped	Box of 500						
Antibiotic Ointment	Individual Package	Box of 144						
Antihistamine, liquid	Liquid	4oz Bottle						
Antihistamine	Tablets	Box of 24						
Aspirin	Adult, 5 Grain- 2 per pack	Box of 500 packs						
Benadryl®	Adult	Box of 120						
Benadryl®	Liquid, Pediatric	8 oz Bottle						
Calamine® Lotion	Liquid	6 oz Bottle						
Epinephrine Pen	Adult	Each						
Epinephrine Pen	Pediatric	Each						
Eye Drops	Normal Saline	4 oz Bottle						
Glucose Tabs		Box of 6						
Glucose, Instant	PK/3	Pack of 3						
Hydrocortisone Ointment	0.5% Individual	Tube						
Hydrogen Peroxide		Bottle						
Ibuprofen	200 mg, Individual Pack	Box of 500						
Ibuprofen	Pediatric (10mg/5cc)	16 oz Bottle						
Imodium®	Tablets	Box of 48						
Insulin	70/30	Vial of 10cc						
Insulin	NPH	Vial of 10cc						
Insulin	Regular	Vial of 10cc						
Ketosis Sticks		Box of 100						
KY® Lubricant	Individual Package	Box of 144						
Lotrimin Cream	Individual Package	Box of 25						
Normal Saline for Irrigation	500cc	Case of 24						
Pepto Bismal®, Chewable	Individual Package	Box of 48						
Throat Lozenges	Individual Package	Box of 100						
Tums®, Chewable Tablets	Individual Packages	Box of 100						

\$0.00



Example from Trinity County, CA

100 UNIT SHELTER INVENTORY LIST			
Recommended Items (Overview of Shelter Supplies)		Amt	On Hand
	Cots (regular)	90	
	Cots (assessable - oversized)	10	
	Blankets (2 per person)	200	
	*Kits (kits are itemized below)		
	Administration kit (office supplies and forms)	1	
	Canteen kit	1	
	Comfort kit (1 per person)	100	
	Entertainment kit	1	
	Health services (Medical/Nursing) kit	1	
	Sanitation Kit		
	Resources CD	1	
Other Supplies to Consider			
	Tool kit*	1	
	Trash cans, large (administration, canteen, medical, restrooms)	1	
Administrative Kit (Office Supplies)		Amt	On Hand
	Calculator	1	
	Envelopes (medium; clasp)	25	
	File folders (50 per box)	1	
	Newsprint sheets (tube)	5	
	Paper clips (100 per unit)	3	
	Paper, writing pads (misc. sizes)	24	
	Pencils with erasers (12 per box)	1	
	Pens, ball point pen (12 per box)	3	
	Phone message book	1	
	Rubber bands (package)	1	
	Ruler	1	
	Scissors	1	
	Stapler and staples boxes (5000 per box)	3	
	Sticky notes (misc. sizes and colors)	12	
	Tape, duct (roll)	1	
	Tape, masking (roll)	1	
	Tape, scotch with plastic dispenser	3	
	Volunteer ID	50	
Other Supplies to Consider for Administrative Kit			
	Binder clips (boxes)	5	
	Clipboards, legal size	10	
	Clock (battery or spring wound)	1	
	Easels to hold signs	4	
	Extension cord, heavy duty	3	
	Felt-tip markers (broad)	1	
	Identity wrist bands (different colors)	200	

<b>Other Supplies to Consider for Administrative Kit (cont.)</b>		
Magnifying glass	3	
Map of area	1	
Megaphone	1	
Paper towels (canteen, medical, restrooms)	3	
Paper, copier (ream of 500)	1	
Pencil sharpener, manual	2	
Staple remover	3	
Telephone book of local area	1	
TTY equipment	1	
Walkie talkies for staff	4	
Whistle (with lanyards)	3	
<b>Administrative Kit (Forms)</b>	<b>Amt</b>	<b>On Hand</b>
Daily Shelter Log	50	
Daily Shelter Report	30	
DIS Form #1492 DRO Reg. for DSHR Members	50	
Disclosure Tracking Form	5	
Disclosure Tracking Form Connection	2	
Excess Resource Inventory Form	2	
Facility/Shelter Opening Checklist Form	5	
Field ID Kit Box #4213	3	
Initial Intake and Assessment Tool	150	
Initial Intake and Assessment Tool Instructions	4	
MC Resources Form #6455	50	
Release of Facility Form	2	
Shelter Agreement Form	3	
Shelter Facility Survey Form #6564	3	
Shelter Info Poster Kit #P906	1	
Shelter Registration (Spanish) Form #5972S	100	
Shelter Registration Form #5972	150	
Sign-in/out sheets (Residents, Staff, Visitor)	25	
Staff Request Form #6512	25	
Supply Requisition Form #6409	50	
<b>Canteen Kit</b>	<b>Amt</b>	<b>On Hand</b>
Can opener (manual)	1	
Coffee – regular & decaffeinated (enough for 500 servings)	500	
Coffee filters (box)	1	
Coffee maker (50 cups)	1	
Creamer – non-dairy (container)	4	
Disposable food prep gloves (box of 500)	1	
Drink (5 gallon)	2	
Forks, spoons, knives (200 each)	200	
Garbage bags (32 gallon)	100	
Hot/cold cups	3000	



<b>Canteen Kit (cont.)</b>	<b>Amt</b>	<b>On Hand</b>
Napkins	1000	
Plates	300	
Stirrers (box of 1000)	1	
Sugar – regular, Equal/Sweet 'N Low/Splenda (each)	1000	
Water bottles (16.9 fl. Oz each)	500	
<b>Other Supplies to Consider for Canteen Kit</b>		
Aluminum foil (roll)	1	
Baby bottles	20	
Baby formula – regular and soy-based (1 container ea.)	2	
Bowls, disposable	300	
Emergency food packets (extended shelf life)		
Food – non-perishable (each)	500	
Food prep utensils (1 ea. of knife, spoon, spatula, ladle, tongs)	1	
Gatorade – for dehydration issues (bottles)	50	
Hot cocoa (servings each)	100	
Hot tea (servings each)	100	
Pet food for service animals (bag)	1	
Plastic wrap (roll)	1	
Portable stove	1	
Pots (for boiling water)	2	
Powdered milk (regular)	1	
Powdered milk (soy)	1	
Soap (dish washing)	1	
Sponges or dish cloths	10	
Tea bags (servings each)	100	
Water filter	4	
Water purifier (1 bottle treats 50 gallons)	5	
Waterproof matches (boxes)	3	
<b>Comfort Kit</b>	<b>Amt</b>	<b>On Hand</b>
Chapstick (tubes)	100	
Cleansing towelettes (each)	1000	
Cotton swabs (100 per box)	1	
Dental floss (each)	100	
Denture cleaner tablets (approx. 60 box)	5	
Deodorant (1.5 oz.)	100	
Hair brush and 8" combs (each)	100	
Lotion (2 oz. bottles)	100	
Plastic Ziploc bags (re-sealable to hold comfort items)	100	
Razors – disposable and shaving cream (2 oz.) - each	100	
Shampoo (8 oz.)	100	
Soap (3.5 oz.)	100	
Toothbrush (with holder)	100	
Toothpaste (8.5 oz.)	100	
Towels & washcloths (each)	100	

<b>Entertainment Kit</b>		<b>Amt</b>	<b>On Hand</b>
	Activity books (all ages)	10	
	Cards	12	
	Coloring books and colored pencil set (crayons will melt)	12	
	DVDs/videos	6	
<b>Sanitation Kit</b>		<b>Amt</b>	<b>On Hand</b>
	Disinfectant (bottle)	1	
	Face masks, disposable (boxes)	5	
	Facial tissue (boxes)	10	
	Gloves (100 count sterile gloves – can be used for medical)	1	
	Toilet paper rolls	10	
	Trash bags – feminine hygiene and diaper/depends (100 bag box)	1	
<b>Other Supplies to Consider for Functional Needs Support Services (FNSS)</b>			
	Raised toilet seats	2	
	Shower chairs	2	
	Toilet chairs	2	
<b>Health Services Kit – Medical/Nursing</b>		<b>Amt</b>	<b>On Hand</b>
	Acetaminophen tablet, children's chewable (box)	1	
	Acetaminophen tablets, 325mg (bottle of 100)	1	
	Allergy medicine (non-drowsy Claritin & regular Benadryl) 1 ea	2	
	Antacid liquid – Mylanta (bottle)	1	
	Antacid tablets – Tums (box)	1	
	Anti-diarrhea medication (bottle)	1	
	Aspirin – 80 mg and 325 mg (1 bottle ea with 100 tablets)	2	
	BLS First Aid Kit – kit should include:	1	
	Alcohol wipes	10	
	Abdominal pads (5" x 9")	2	
	Adhesive bandages (1" x 3")	16	
	Antibiotic ointment, triple (4 oz)	1	
	Band-Aids, strips various sizes (box)	1	
	Bee sting kit	1	
	Blood pressure/stethoscope kit (1 ea pediatric, regular, XL)	3	
	Cold packs	2	
	CPR mask	1	
	Disposable airway kit	1	
	Eye pads	4	
	Eye wash, sterile (bottle)	1	
	Gauze rolls (1" x 6 yards)	2	
	Gauze rolls (4")	2	
	Glucose, instant (tube)	6	
	Medical exam gloves (pair)	5	
	Scissors – bandage and shears (1 ea)	2	
	Space blanket	1	



Health Services Kit – Medical/Nursing (cont.)		Amt	On Hand
	Splints	2	
	Sterile dressings (3" x 3")	10	
	Sterile dressings (4" x 4")	20	
	Trauma dressing (12" x 30")	1	
	Triangular bandages	2	
	Waterproof tape (1" width) and (1/2" width) each	1	
	Iodine wipes/swabs	10	
	Caladryl lotion (bottle or 25/pkg)	1	
	Contact lens cleaner (bottle)	1	
	Cotton-tipped sterile applicators		
	Depends (boxes)	5	
	Diapers (disposable; different sizes – boxes)	5	
	Disinfectant wipes		
	Electrolyte tablets (50/pkg)	2	
	Feminine hygiene supplies (tampons, pads – boxes)	5	
	Ibuprofen, 200mg	100	
	Ipecac syrup, 1oz	1	
	Medication storage box	1	
	Petroleum jelly (individual packets)	100	
	Pseudoephedrine, tablet, 30mg	24	
	Saline solution, soft pack, 250cc	2	
	Salt packet	15	
	Sunscreen, paba free, SPF-15 (bottle)	1	
	Thermometer, oral (blue or battery hand held)	4	
	Throat lozenges (2/packet)	100	
	Tongue blades	20	
	Tweezers	1	
<b>Other Supplies to Consider for Health Services Kit</b>			
	A&D ointment (individual packets)	10	
	Activated charcoal (poison control measure)	1	
	Automatic external defibrillator (AED)	1	
	Burn cream/spray	1	
	Cot (accessible with waterproof mattress)	1	
	Cot (regular with waterproof mattress)	2	
	Crutches (various sizes)	1	
	Diaper rash ointment	1	
	Emesis basin	1	
	Ensure for non diabetics, also supplement for diabetics	various	
	Ibuprofen liquid	1	
	Laxatives/stool softeners (Milk of Magnesia, Colace and Senokot (Natural and OTC)		
	Measuring cups and syringes	various	
	Pacifier	6	
	Pedialyte	6	
	Sharps container (11 gallon)	1	

	<b>Other Supplies to Consider for Health Services Kit (cont.)</b>		
	Smelling salts	4	
	Snake bite kit	1	
	Wheelchairs (multiple sizes)	various	
	<b>Tool Kit</b>	<b>Amt</b>	<b>On Hand</b>
	Multi-functional tool (screwdriver, pliers, scissors, knife, etc)	1	
	Safety glasses	2	
	Work gloves	2	
	<b>Other Supplies to Consider for Tool Kit</b>		
	Bleach (canteen, restrooms)	1	
	Broom and dustpan	1	
	Caution tape (roll)	1	
	Child safety plugs (pkgs)	5	
	Disinfecting cleaner	1	
	Duct tape	1	
	Emergency generator	1	
	Emergency poncho (for shelter staff)	10	
	Fire extinguisher (A-B-C Type) (administrative, canteen)	2	
	Flash lights & batteries	4	
	Folding shovel	1	
	Gloves, disposable, non-latex only) (medical, sanitation)	1	
	Hand sanitizer (canteen, medical, sanitation)	3	
	Mop & bucket	1	
	Multi-functional tool (hammer, axe, wedge, pick)	1	
	Nails (assorted box)	1	
	Plastic sheeting roll	1	
	Portable heater	1	
	Radio with batteries	1	
	Rope (1/2")	1	
	Safety cones	4	
	Safety vests (shelter staff)	2	

# **Appendix J**

## **Sample MOUs for Shelter Facility and Emergency Purchases**

# **[INSERT LOCAL COMMUNITY]**

## **Local Community Shelter**

### **Memorandum of Understanding**

This agreement is made and entered into between the **[Insert local community]** and **[Name of the facility]** to establish shelter site locations and terms of use in the event of an evacuation residents of **[Insert local community]**.

The **[Insert local community]** will make every effort to notify **[Name of the facility]** of evacuation possibilities with as much notice as possible. Contact information between the two parties shall be maintained in a separate tool and is considered confidential information and is not subject to public disclosure.

**[Name of the facility]** agrees to open their building located at **[Physical address of the facility]** to provide shelter and assistance to residents evacuated during emergency situations when residents have a need to be sheltered. **[Name of the facility]** has a capacity to accommodate approximately **[Number]** people.

**[Name of the facility]** understands that their organization will be responsible for opening the building and developing procedures for making the building accessible, including rest rooms and an area with phone and Internet connection (if available) for **[Insert personnel names]** personnel.

The **[Insert local community]** agrees that it shall exercise reasonable care in the conduct of its activities in said facilities and further agrees to replace or reimburse **[Name of the facility]** for any items, materials, equipment or supplies that may be used by the district in the conduct of its sheltering activities in said facilities.

The **[Insert local community]** will be responsible for replacing, restoring, or repairing damage occasioned by the use of any building, facilities or equipment belonging to **[Name of the facility]**

The **[Insert local community]** will reimburse **[Name of the facility]** for any bona fide expenditure of personnel required to maintain the facility, including overtime costs, upon production of receipts or time sheets. **[Insert local community]** will not pay any operational or administrative fees to **[Name of the facility]**

The **[Insert local community]** shall provide any and all releases of information to the press and media. Requests for interviews or information submitted to **[Name of the facility]** shall be directed to the **[Insert local community]** Public Information Officer.

The **[Insert local community]** will make every effort to recognize the hospitality of **[Name of the facility]** in any press or media releases pertaining to the re-location and mass care and sheltering of residents.

Nothing in this MOU is intended to conflict with current laws or regulations of the United States of America, Commonwealth of Massachusetts, or local government. If a term of this agreement is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this MOU shall remain in full force and effect.

This agreement shall become effective on **[Insert effective date]** and may be modified upon the mutual written consent of the parties.

The terms of this agreement, as modified with the consent of both parties, shall be self-renewable for a period of five (5) years from the end date of the agreement unless written termination is given by either party. Either party, upon sixty (60) days written notice to the other party, may terminate this agreement.

The terms of this agreement, as modified with the consent of both parties,

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, the parties hereby acknowledge the foregoing as the terms and conditions of their understanding.

\_\_\_\_\_  
Authorized Signature, **[Insert Title]**

\_\_\_\_\_  
Authorized Signature, **[Insert Title]**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**[INSERT] Local Community  
Memorandum of Understanding  
Contact Information**

**Confidential – Not for Public Disclosure**

**[  
INSERT] Building:**

Address:

Phone: Fax:

[INSERT]: E-mail: Phone: Cell:

[INSERT]: E-mail: Phone: Cell:

[INSERT]: E-mail: Phone: Cell:

Approximate Number of residents:

Evacuation route from building to shelter site:

Estimation of residents who will need functional needs support services:

Please attach additional planning or operational procedures to this form.

\*\*\*\*\*

**Shelter Host Facility:**

Address:

Phone: Fax:

Occupancy Capacity:

Contact Person(s)

1st Name: Address:

E-mail: Phone: Cell:

2nd Name: Address:

E-mail: Phone: Cell:

3rd Name: Address:

E-mail: Phone: Cell:

# MEMORANDUM OF UNDERSTANDING FOR EMERGENCY PURCHASES

This Memorandum of Understanding for Emergency Purchases (“MOU”), entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2013 (“Execution Date”), by and between the [ENTER TOWN NAME], a municipal corporation (“City”), and \_\_\_\_\_, (“Business”), is made with reference to the following:

## RECITALS:

A. [INSERT CITY CODE] authorizes emergency purchases during certain circumstances of a local emergency. In advance of any local emergency, the City seeks to retain a list of available local businesses willing to provide necessary supplies, materials, equipment, services, food, care or shelter to [ENTER TOWN NAME] through the Office of Emergency Management [CORRECT AS NECESSARY].

B. Pursuant to this MOU, the parties seek to memorialize the participation of the Business on the City’s list of businesses willing to participate in providing emergency supplies and relief as and when called upon by the Office of Emergency Management in the event of an existence of a local emergency. Nothing in this MOU is intended to modify requirements of either party for procuring or providing said supplies or to eliminate the requirements for competitive bidding by a public entity.

NOW, THEREFORE, it is mutually agreed by and between the undersigned parties as follows:

## AGREEMENT

### Section 1. Designated Individual.

The Business shall designate an officer, employee or agent (“Designated Individual”) authorized to implement the terms of this MOU and will provide to the City’s Director of Emergency Management the Designated Individual’s name and emergency contact information. The Business will return the completed contact information form attached as Exhibit A to the City’s Director of Emergency Management.

### Section 2. Best Reasonable Price.

In the event of a local emergency pursuant to [INSERT CITY CODE], the City may contact such Designated Individual to procure in the open market at the best reasonable price any supplies, materials, equipment, services, food, care or shelter. The Business agrees to assist the City to the best of its capacity and contingent upon the availability of the requested emergency supplies. The term “best reasonable price” shall be no greater than fair market value or fair rental value; but nothing in this MOU shall preclude the Business from offering a price less than fair market value or fair rental value at the time of disaster to assist with emergency aid, assistance or services. To establish the benchmarks of fair market value during the term of this Agreement, the Business will provide the City with price lists, customary rates, pricing sheet, pricing formula or other evidence of fair market value (“Price Lists”) upon the Execution Date, and agrees to update such Price Lists from time to time.

### Section 3. Procurement Terms.

The terms of the procurement shall be determined by the parties, through their designated authorized representatives, prior to purchase.

### Section 4. Term.

The term of this MOU shall commence on the Execution Date, and shall continue for three (3) calendar years thereafter, unless earlier terminated by either party by thirty (30) calendar days written notice to the other party or extended by the parties pursuant to an option to extend as set forth herein. Either party may exercise up to two (2) options to extend the MOU by one calendar year in writing by letter or email to the other, and upon exercise of the option, the term of the MOU shall be automatically extended.

IN WITNESS WHEREOF, the parties have caused this MOU to be executed the day and year first above written.

[ENTER TOWN NAME]

ATTEST:

A municipal corporation

\_\_\_\_\_  
[NAME]

[CLERK TITLE]

By: \_\_\_\_\_

[NAME]

[TITLE OF ADMIN. OFFICIAL]

APPROVED AS TO FORM:

\_\_\_\_\_  
[NAME]

City Attorney

BUSINESS

By: \_\_\_\_\_

Title: \_\_\_\_\_



**EXHIBIT A**

**EMERGENCY CONTACT INFORMATION\*  
(MEMORANDUM OF UNDERSTANDING  
FOR EMERGENCY PURCHASES)**

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON(S): \_\_\_\_\_

\_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_

\_\_\_\_\_

CELL-PHONE #: \_\_\_\_\_

(for off hour emergency)

E-MAIL ADDRESS: \_\_\_\_\_

ALTERNATE EMAIL: \_\_\_\_\_

(for off hour emergency)

\*Confidential: The information contained herein may contain personal contact information to be used only in the event of an emergency as defined under [CITY CODE]. The completed contact information will be maintained by the [NAME OF CITY EMERGENCY MANAGEMENT DEPARTMENT] and only disclosed in compliance with applicable law.

**Appendix K**

**Summary Information Form**

**Supply, Equipment and Service Providers**

### Summary of Supply, Equipment, and Service Providers

	Account Number	Vendor Name	Address	Telephone	Point of Contact
<b>Communications</b>					
Interpreters (Spanish, sign language, etc.)					
Television with Captioning					
Information Technology/ Computer Services					
TTY – TDD					
Computer Assisted Real Time Translation (CART)					
Note Taking					
<b>Medical Staffing Services</b>					
Onsite Nursing Services					
Emergency Medical Services					
Mental Health Services					
Emergency Dental Services					
Pharmaceutical Services					
<b>Resource Services</b>					
O2					
Dialysis					
Power Generation					
Blood Sugar Monitoring					
Consumable Medical Equipment					
Durable Medical Equipment					
<b>Food Services</b>					
Special Diets					
Caterer					
<b>Transportation Services</b>					
Para-Transit Services					
Public Transportation					
<b>Service Animals</b>					
Emergency Veterinary Services					
<b>Shelter Maintenance Services</b>					
Servicing for Accessible Portable Toilets, Hand Washing Units, etc.					
Disposal of Bio-hazard Materials					
General Maintenance					

This form is based off of the Appendix 1 of the FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters (2010)

# **Appendix L**

## **Suggested Staffing Levels**

## Suggested Shelter Staff

**Example borrowed from the State of Texas Functional Needs Support Services Tool Kit.**

Only those positions (shelter staff and medical) which are necessary for the operation should be filled. It may be appropriate to combine duties under a specific position when possible. (Staffing will depend on the scale and duration of the incident/operation/shelter).

**Shelter Manager** - Responsible for overall operation of the shelter, ensuring guests/clients are registered, cared for and have mass care needs met. Responsible for ensuring that FNSS are in place to support individuals with disabilities, functional and access needs. Responsible for coordinating with the medical staff ensuring that staffing levels are appropriate and that all medical/FNSS resource requests are met. Responsible for communication up the chain of command, this may be within the Incident Command System (ICS) or Emergency Operation Center (EOC) structure.

**Assistant Shelter Manager**- Assumes all responsibilities/duties of the Shelter Manager in his/her absence. Assists the Shelter Manager with all responsibilities/duties at the direction of the Shelter Manager.

**Administrative Assistant**- Supports the Shelter Manager and assists where needed, especially with documentation and resource tracking.

**Staffing Coordinator (Shift supervisor)**- Responsible for ensuring that appropriate staffing levels are in place to support shelter operation. Coordinator oversees all staffing levels of subordinate positions on the organization chart and ensures that Personal Assistance Services (PAS), Intake, Logistics and Dormitory Management needs are all being met. The coordinator also is responsible for ensuring that coordination amongst positions is occurring where/when necessary.

**PAS Team Leader**- PAS Team Leader (The Lead) will serve as the single point of contact for all PAS functions within a shelter.

The Lead will coordinate all PAS staffing needs with the Staffing Coordinator to ensure appropriate FNSS staffing levels are met and will be the point of contact for all PAS Providers.

The Lead may need to communicate directly with medical staff and providers to ensure that the medical needs of the individuals for whom they are caring are met.

**PAS Providers**- Provide formal and informal services that enable children and adults to maintain their usual level of independence in a general population shelter. This includes assistance with activities of daily living such as:

- Grooming
- Eating
- Bathing

- Toileting
- Dressing and undressing
- Walking / transferring
- Maintaining health and safety
- Taking medications
- Communicating
- Accessing programs and services

**Intake Coordinator-** Ensures that intake of all guests/clients occurs and that the process is accessible.

**Registration Assistants-** Conducts the intake process and documents accordingly.

**Staff for Health/FNSS Intake-** Responsible for conducting a health/FNSS intake for individuals who indicate they will require FNSS and/or access to medical services. (It is recommended that a Licensed Vocational Nurse conduct the intake in order to effectively articulate to shelter staff the full scope of each individual's needs and to maintain situational awareness.)

**Dormitory Manager-** Ensures smooth operation of the shelter. Responsible for ensuring that proper and accessible signage is hung in appropriate locations within the shelter, ensures that schedules are posted, and provides all necessary information to guests/clients. This information has to be communicated in accessible formats. Lastly, the Dorm Manager is responsible for answering questions and responding to needs requests.

**Activities Director-** Responsible for ensuring activities are made available to all guests/clients. This includes ensuring that all activities offered are accessible. This is generally a position that is filled during extended events in order to establish services such as school pick up or mail services.

**Logistics Coordinator-** Oversees all logistics staff and ensures the needs of guests/clients are met. Logistics Coordinator may have to make requests to the Staffing Coordinator, Shelter Manager, or directly to EOC/ICP depending on the operational plans specified by the Incident Commander.

**Food Service Team Leader-** Food Service Team Lead is responsible for cleanliness, coordinating with the sanitarians who inspect shelters, and ensuring a clean and healthy environment in the shelter kitchen and dining areas. Food Service Team Leader ensures that meals, snacks and beverages are served, and also ensures that dietary concerns are met, including low sodium, low fat, low sugar, pureed foods etc. are available. Food Service Team Leader is responsible for communicating allergies and ensuring that the food providers are aware of all allergy and diet concerns.

**Transportation Team Leader-** Responsible for ensuring that transportation resources are available to shelter guests/clients, this also includes *accessible* transportation. Transportation is necessary for dialysis and/or medical appointments, getting children to school, trips to the store or pharmacy, etc.

**Durable Medical Equipment (DME)/Consumable Medical Supplies (CMS)/Medication Ordering /Supply-**

Responsible for supporting the shelter logistically with necessary Durable Medical Equipment, Consumable Medical Supplies and coordinating medication pick up/delivery. This may include ordering directly, communicating the need to the Staffing Coordinator, or the ICP/EOC depending on the operation plans specified by the Incident Commander.

**Facilities Team Leader-** Responsible for ensuring that the facility is ADA compliant, that the shelter set up is ADA compliant and ensuring that all areas within the shelter are accessible. In addition the Facility Team Leader oversees any electricians, plumbers, custodial staff or other technicians that are necessary to ensure operation of the shelter.

**Shelter Public Information Officer-** Responsible for ensuring that services are in place or brought in to ensure effective communication is available to all individuals within the shelter. Effective Communications Team Leader is also responsible for making sure that all signage, information and activities are delivered utilizing effective communication.

**Emergency Case Management Coordinator-** Serves as the single point of contact to the Shelter Manager communicating case management / service needs, information and updates. Additionally, serves at the single point of contact for all emergency cases. Helps to ensure consistency of services and to ensure that all needs are met and access to all services needed are available and communicated to guests/clients.

**Emergency Case Managers-** Works with guests/clients to ensure that access to services are communicated and that guests/clients understand how to access services when they return to their homes/leave the shelter. This can include connecting guests with pharmacy services, meal services, DME providers, accessible housing etc.

**Law Enforcement Officer-** Provide onsite law enforcement. Duties include but are not limited to:

- Posting and removing exterior signs guiding traffic to the shelter.
- Establishing one main entranceway for the flow of shelter occupants into the shelter.
- Working with the Shelter Manager to set up a schedule of security.
- Directing traffic coming to the shelter.
- Monitoring parking and arrival/departure of shelter occupants.
- Ensuring that the entranceway to the shelter remains clear and accessible.
- Directing emergency and supply vehicles to the appropriate locations.
- Maintaining order and easing problems that may arise among shelter occupants.
- Monitoring exits and restricted areas.
- Maintaining the integrity of the building by ensuring it is secure.
- Apprising the Shelter Manager of any concerns or problems.

- Assessing hazardous or unsafe situations and developing measures to ensure the safety of shelter occupants, staff, and facilities.
- Responding to emergencies at the shelter as needed.
- Directing traffic for the pick-up of shelter occupants, volunteers, and supplies

## **Medical Staffing**

**Shelter Medical Director** - Provides overall medical oversight and direction to all medical staff. Evaluates guests/clients for medical needs, prescription needs and treatment needs. Treats guests needing medical care and makes referrals as needed.

**Registered Nurse (RN) for individuals not requiring FNSS** - Responsible for providing overall medical supervision/services for the general population.

**RN for individuals requiring FNSS** - Responsible for providing/coordinating medical services for individuals requiring FNSS. This may include ensuring prescriptions are filled, medication administration, minor wound care, glucose monitoring etc.

**Certified Nursing Assistant (if needed)** - Responsible for providing patient monitoring.

**Emergency Medical Technician (EMT) or Paramedic**- Responsible for providing services within the shelter to the entire population as needs arise. EMT-I or Paramedic will assist RN's when necessary. Paramedics will help to evaluate/assess individuals with acute onset of signs and symptoms and help determine if 911 transportation is necessary.

**Mental Health Staff**- Responsible for delivering mental health services to all guests/clients, as needed. Provides psychological first-aid, and early psychological interventions to assess guests' psychological response to the disaster. Refer guests to local resources for ongoing psychiatric or psychological treatment if necessary, and evaluate in the event of a guest's disruptive behavior. Evaluates for deteriorating mental health in clients with an ongoing relationship with local mental health association. Maintains communication with LMHA to ensure continuity of care and information sharing. Observes for signs of substance use disorder exacerbation and/or addiction relapse. Provides CISM services, via specialty teams, for first responders.

**Public Health Assessment Team** - Local or regional health departments are responsible to ensure issues of infection control, food safety, and sanitation are properly addressed in a shelter. Health department may engage the assistance of other partners to complete the duties of public health in a congregate setting such as a shelter

**Physician, Psychiatrist, Dentist, Vet on call** - To be available for phone consultations, make referrals if necessary. Available to respond to a shelter for emergencies.



**Medical Appointment/Dialysis Coordinator** - Works with medical staff and shelter staff to schedule medical appointments and dialysis appointments. Communicates these schedules with the Shelter Manager to ensure that transportation and food service are arranged for these appointments.

**Standard Short-Term Shelter Ratios**  
(Typically not utilized for more than 2 weeks)

Function	Ratio per # of Clients per shift	Notes
Shelter Manager	1:200	1 per facility, 1 Assistant Shelter Manager per shift
Administrative Assistant	1 per facility	
Staffing Coordinator	1:165	1 per 9 workers
Intake Coordinator	1:165	Adjust as necessary
Dormitory Manager	1:100	Lead and worker, 1 per 9 workers
Food Service	1:110	Lead and worker, 1 per 9 workers
Transportation	1 per facility	As appropriate
Shelter PIO	1 per facility	
Case Management	1 per facility	
Shelter Medical Director	1 per facility	
RN/LPN	1:20	Low acuity clients
Mental Health	1:250	
Public Health	1:200	
Other medical staff		As needed

\*Adapted from the State of Florida Shelter Guidance Aid, October 2010.

# **Appendix M**

## **Job Action Sheets**

## FUNCTIONAL NEEDS SHELTER

### EXAMPLE JOB ACTION SHEETS

Shelter Manager .....	93
Administrative Assistant .....	95
Staffing Coordinator.....	96
Intake Coordinator.....	98
Registration Assistant .....	100
Dormitory Manager .....	102
Logistics Coordinator .....	103
Food Service Team Leader .....	105
Transportation Team Leader .....	108
Durable Medical/Consumable Medical and Supply .....	110
Facility Team Leader .....	112
Shelter Public Information Officer .....	113
Emergency Case Manager.....	116
Shelter Medical Director .....	118
Registered Nurses .....	120
Emergency Medical Technician .....	121
Mental Health Staff.....	122
Public Health Assessment Team .....	123

\*Adapted from the Massachusetts Western Regional Homeland Security Advisory Council, Regional Shelter Plan Template, 9/18/2012.

## Shelter Manager

**Reports to:** Incident Commander

**Mission:** Responsible for all aspects of shelter operations. Ensures the provisions of all shelter services. Ensures the health and safety of all staff and clients. Authorizes all shelter expenditures after approval by the Incident Commander.

**Qualifications:** Experience with facility/clinic/shelter management.

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Plan for shelters with the Incident Commander/EOC
- ☐ Designate and activate Command Staff positions as needed.
- ☐ Initiate and maintain log of events and key actions
- ☐ Obtain briefing from Operations Section Chief
- ☐ Communicate your contact info (telephone, radio, pager, fax, etc.) to the Section Chief
  
- ☐ Assess staffing needs and availability
- ☐ Conduct shelter facility walk-through as available
- ☐ Hold initial Staff Briefing and distribute Activity Logs, Resource Request Forms
- ☐ Confirm shelter set-up and approve opening
- ☐ Obtain approval for all shelter expenditures from the Incident Commander/EOC

### Intermediate:

- ☐ Ascertain resources needed by each shelter unit, and submit for procurement, transportation and delivery of these resources including personnel, supplies and equipment, to the appropriate site through the Logistics and Finance/Administration Section Chiefs
- ☐ Ascertain progress and status of each Unit
- ☐ Immediately report to the Operations Section Chief conditions that are unsafe or situations that are not improving or deteriorating
- ☐ Establish and maintain ongoing contact with Planning Section to coordinate data and analysis of information
- ☐ Obtain up to date information from neighboring jurisdictions, including the CDC and state health department
- ☐ Ensure continuous communications with the Incident Commander/EOC
- ☐ Monitor staff for "burn-out" and inappropriate behaviors.
- ☐ Hold shift change briefings with Staff and collect Activity Logs
  - Situational updates
  - Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.
  - Emphasize the importance of documenting everything, especially injuries and complaints
  - Sign in/out Staff
  - Discuss needs or concerns for the next shift
  - Create update for the IC

- ☐ Ensure shelters operate safely and efficiently and address issues as they arise
- ☐ Ensure planning for the next operational period

**Extended:**

- ☐ Brief Incident Commander organization about status of operations activities on a regular basis
- ☐ Recommend and implement prevention strategies and disease control measures
- ☐ Provide input for Situation Reports
- ☐ Provide in-briefing to relief shift
- ☐ Ensure all documentation collected for post-event evaluation and retention
- ☐ Work with Communications Team Leader and PIO to ensure that the public is aware of shelter closing status
- ☐ Assist with clean up and equipment return
- ☐ Conduct facility closing walk-through with Representative
- ☐ Hold final Staff de-briefing and collect forms
- ☐ Work with Finance Officer as needed to ensure that invoices and reimbursement forms are completed.
- ☐ Participate in the After Action Report process, including identification of areas for improvement.

## Administrative Assistant

**Reports to:** Shelter Manager

**Mission:** Performs administrative duties as assigned and provides general support services for and with Shelter staff.

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Initiate and maintain log of events and key actions
- ☐ Obtain briefing from Medical Director
- ☐ Disseminate Job Action Sheets Shelter staff.
- ☐ Provide safe, secure location to maintain all documentation that is collected
- ☐ Initiate list of residents, caregivers, staff and family members (confer with Registration Assistant)

### Intermediate:

- ☐ Report requests for information to the Medical Director or appropriate Section Chief
- ☐ Collect and maintain documentation in safe, secure location
- ☐ Maintain list of residents, caregivers, staff and family members (confer Registration Assistant)
- ☐ Help with basic comfort measures for residents (e.g. blankets, pillows) as you are able
- ☐ Maintain an orderly and clean area and dispose of trash
- ☐ Report any problems to the Medical Director
- ☐ Help to maintain safety of the area

### Extended:

- ☐ Provide support as requested to Shelter Manager
- ☐ Provide input for Situation Reports
- ☐ Provide in-briefing to relief shift
- ☐ Ensure all documentation collected for post-event evaluation and retention
- ☐ Assist in facility demobilization
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

## Staffing Coordinator

**Reports to:** Shelter Manager

**Mission:** Responsible for finding and coordinating enough Staff for all Shelter Positions and for providing Staff support services. Responsible for monitoring for Staff burnout. Coordinates with Volunteer Manager/Ombudsman/Agencies to obtain Shelter Volunteers

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Obtain briefing on Situational Awareness from Shelter Supervisor or Incident Command/EOC
- ☐ Designate and activate Staff positions as needed Establish communications with Service Branch Leader and Logistics Manager
- ☐ Review Staff check-in, credentialing, and screening procedures
- ☐ Create a database to record all Staff and Volunteer hours
- ☐ Establish Staffing Policies and Procedures: (General policies listed on the Common Required Response Actions JAS
  - Schedule Staff breaks every 3-4 hours
  - All Staff must have current CORI/SORI
  - Non-affiliated or credentialed staff will be paired with a Mentor at all times
  - Maximum 12 hour shifts, 7 days in a row; with minimum 1 day break
  - Shelter Clients are encouraged to volunteer and take a role in daily living activities at the shelter
- ☐ Review Just-in-Time Training material
- ☐ Review Volunteer Management Policies and Procedures
- ☐ Establish a work station in the Logistics Center location
- ☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)
- ☐ Hold Initial Staff Briefing
- ☐ Receive immediate shelter staff requests from Logistics Manager
- ☐ Set up Staff Check-in Area at Shelter (maybe the same check-in station as the Volunteer Check-in)
- ☐ Resource Request Protocols:
  - Resource Request Form received
  - Determine if resource is currently available by checking with Support Branch Leader/Supply Unit
  - Distribute/deliver as available
  - If not available, through the State or as a donation, work with Finance Manager/Cost Unit to coordinate purchase
  - Update the Resource Inventory List (maintained by Support Branch Manager/Supply Unit)
  - Confirm set-up with Logistics Manager

### Intermediate:

- ☐ Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary
- ☐ Ensure continuous communications with the Logistics Manager



- ☐ Coordinate procurement of goods and services with Finance Manager
- ☐ Determine daily and next Operational Period Resource and Staffing needs for the shelters
- ☐ Check Volunteers in and out and provide JAS and orientation training
- ☐ Monitor for Staff Burnout and inappropriate behavior
  - Avoid working 2 consecutive shifts or 7 days without at least one full day off
  - Report problems to Shelter Manager
- ☐ Hold shift change briefings with Staff and collect Activity Logs:
  - Situational updates
  - Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.
  - Emphasize the importance of documenting everything, especially injuries and complaints
  - Sign in/out Staff
  - Discuss needs or concerns for the next shift
  - Create update for the Supervisor/IC
- ☐ Ensure planning for the next operational periods

**Extended:**

- ☐ Provide support as requested to Shelter Manager
- ☐ Provide input for Situation Reports
- ☐ Brief Staff on closing and forms collections
- ☐ Assist in facility demobilization
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

## Intake Coordinator

**Reports to:** Shelter Manager

**Mission:** Responsible for tracking each shelter occupant, including shelter Clients. Oversight of all shelter in-take, check-in, registration, check-out and exit procedures and logs. Monitor shelter capacity. Distribute and explain/implement shelter information, policies and procedures

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Conduct Final Pre-Opening Shelter inspection with Shelter Manager or IC
- ☐ Appoint Registration Staff (Volunteers) as needed
- ☐ Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms and Shelter Information and Rules List
- ☐ Confirm Staffing and Resource Requests with Logistics
- ☐ Confirm Set-up with Shelter Manager or /IC/EOC
- ☐ Registration Policies:
  - Everyone must sign in and out
  - Shelter Registration form should be used for all Shelter Clients
  - Shelter Clients must sign in and out every time and are asked to indicate if they are permanently signing out
  - Make sure dates/times are always noted

### Intermediate:

- ☐ Determine staffing schedule with Planning Manager and Shelter Branch Manager
- ☐ Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Supervisor and Medical Unit
- ☐ Hold shift change briefings with Staff and collect Activity Logs:
  - Situational updates
  - Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.
  - Emphasize the importance of documenting everything, especially injuries and complaints
  - Sign in/out Staff
  - Discuss needs or concerns for the next shift
  - Create update for the Supervisor/IC
- ☐ Acceptable Registration Identification (original documents preferred)
  - Driver’s license
  - State issued photo ID
  - School ID
  - Valid Passport or other Federal photo ID

- ☐ Unacceptable Registration identification (may be waived in emergencies)
  - Social Security Card
  - Credit Card
  - Birth Certificate
  - Expired Passport
  - Yearbook
  - Physical description

**Extended:**

- ☐ Provide input for Situation Reports
- ☐ Provide in-briefing to relief shift
- ☐ Coordinate with Shelter Manager on shelter closing
- ☐ Assist in facility demobilization
- ☐ Turn in all logs to Shelter Manager
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

## Registration Assistant

**Reports to:** Intake Coordinator

**Mission:** Oversee the registration and tracking of IRAA Shelter clients and visitors.

### Immediate:


- ☐ Read entire Job Action Sheet
- ☐ Initiate and maintain log of events and key actions
- ☐ Obtain briefing from Medical Director
- ☐ Set-up of Registration Area
  - a. Obtain needed supplies
    - Intake forms
    - Registration/information signs
    - Administrative Supplies, e.g., pens/pencils
  - b. Post the following:
    - Interior signs
    - Exterior signs
    - Shelter rules
- ☐ Register individuals as they come into the Shelter
  - a. Fill out a blank registration form
  - b. Once all of the Residents are registered, provide information, register any visitors, complete a tally, and organize paperwork
- ☐ Give residents brief orientation to the Shelter

### Intermediate:

- ☐ Provide assistance and information to residents, family members and visitors as they sign in
- ☐ Alphabetize and organize all registration information and maintain count of all persons in the Shelter
- ☐ Log all activity either on a needs medical update for or in the medical log
- ☐ Participate in the non-health/medical briefings at the beginning and ending of each shift
- ☐ Maintain ongoing accountability of incoming and outgoing persons

### Extended:

- ☐ Provide input for Situation Reports
- ☐ Provide in-briefing to relief shift
- ☐ Ensure that all registration materials and records of residents are gathered, stored in a secure location, and ready to ship

- ☐ Gather up and re-inventory all supplies
  - ☐ Collect all paperwork, supplies, and signs and help pack the items for removal
  - ☐ Pack medical records/medical logs
  - ☐ Ensure all documentation collected for post-event evaluation and retention
  - ☐ Assist in facility demobilization
  - ☐ Participate in the After Action Report process, including identification of areas that need improvement
- 

## Dormitory Manager

**Reports to:** Shelter Manager

**Mission:** Provide adequate dormitory services to shelter clients. Provides coordination and assistance to parents to provide age appropriate child care activities

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Conduct Final Pre-Opening Shelter inspection with Shelter Manager or IC
- ☐ Appoint Childcare Assistance Unit Leader
- ☐ Appoint Staff (Volunteers) as needed
- ☐ Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms and Dormitory Rules List
- ☐ Oversee and assist with Dormitory and Childcare Assistance area set-up
  - Minimum 20 sf. per person
  - 3 ft. between cots
  - Allow families to form groups with extra space
  - Dormitory Area is restricted to clients and is quiet zone
- ☐ Confirm Staffing and Resource Requests with Logistics
- ☐ Confirm Set-up with Shelter Manager /IC/EOC

### Intermediate:

- ☐ Determine staffing schedule with Planning Manager and Shelter Manager
- ☐ Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Shelter Manager and Medical Unit
- ☐ Hold shift change briefings with Staff and collect Activity Logs:
  - Situational updates
  - Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.
  - Emphasize the importance of documenting everything, especially injuries and complaints
  - Sign in/out Staff
  - Discuss needs or concerns for the next shift
  - Create update for the Supervisor/IC
- ☐ Oversee Dormitory and Childcare Assistance Areas (Note: parents are responsible for the children at all times.)
- ☐ Set up FNSS cots only as needed to ensure that there cots available for FNSS clients as they arrive
- ☐ Maintain quiet and low light hours as posted for the Dormitory Area

### Extended:

- ☐ Assist in facility demobilization
- ☐ Hold shelter closing briefing with Dormitory and Childcare staff
- ☐ Turn over all logs to Shelter Manager
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

## Logistics Coordinator

**Reports to:** Shelter Manager

**Mission:** Oversees all logistics staff and ensures the needs of guests/clients are met.

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Establish a Logistics Center with office space for processing requests
- ☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)
- ☐ Hold Initial Staff Briefing
- ☐ Determine immediate shelter needs with Shelter Manager/Supervisor/IC/EOC
- ☐ Assist with setting up Shelter
- ☐ Activate Service Branch Units as needed and provide oversight:
  - Food Service: food delivery, food prep, food service, clean up. Requires a Knowledgeable Person In-charge (PIC)
  - Staffing: staff for all aspects of the shelter response
  - Volunteer Management: recruiting, credentialing and training of volunteers
  - Area: Volunteer check-in, processing and training area
  - Communications: internal and external shelter staff communications, signage and interpretation services; external communication options for shelter residents. For extended shelter operations, may have to coordinate with US Postal Service.
- ☐ Activate Support Branch Units as needed and provide oversight:
  - Supply: goods
    - Area for Storage, Shipping/Receiving
  - Transportation: to and from shelter and client requests as able
  - Donations: goods, services and money
    - Area for Receiving/shipping, sorting, storage (may need refrigeration for food supplies)
  - Facilities: in coordination with the facilities owner/operator
    - Area for Facilities cleaning and maintenance service area
- ☐ Establish communications with Finance Manager to coordinate procurement of goods and services
- ☐ Resource Request Protocols:
  - Resource Request Form received
  - Determine in resource is currently available by checking with Support Branch Leader/Supply Unit
  - Distribute/deliver as available
  - If not available, through State or as a donation, work with Finance Manager/Cost Unit to coordinate purchase
  - Update the Resource Inventory List (maintained by Support Branch Manager/Supply Unit)
- ☐ Confirm set-up with Shelter Manager

**Intermediate:**

- ☐ Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary
- ☐ Ensure continuous communications with the Shelter Manager or Incident Command/EOC
- ☐ Coordinate procurement of goods and services with Finance Manager
- ☐ Receive and address resource and service requests
- ☐ Determine daily and next Operational Period Resource and Staffing needs for the shelters
- ☐ Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Supervisor and Medical Unit
- ☐ Hold shift change briefings with Staff and collect Activity Logs:
  - Situational updates
  - Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.
  - Emphasize the importance of documenting everything, especially injuries and complaints
  - Sign in/out Staff
  - Discuss needs or concerns for the next shift
  - Create update for the Shelter Manager/IC
- ☐ Ensure planning for the next operational periods

**Extended:**

- ☐ Provide support as requested to Shelter Manager
- ☐ Provide input for Situation Reports
- ☐ Receive closing orders from Incident Command/EOC
- ☐ Create a Closing/Demobilization Plan
  - Include a list of voluntary agencies and individuals to be thanked
  - Pack excess supplies as they become unnecessary
  - Ship extra supplies to other shelters, return or donate
- ☐ Brief Staff on closing and forms collections
  - Turn in all Forms, Logs, Inspections, Assessments, and other Shelter Forms and Documents
  - Hot Wash: What went well; what needs improvement
  - After Action Process and Report
  - Review and revise Shelter Plan
- ☐ Assist with clean up and equipment return
  - Refresh (Clean and sanitize facility and equipment)
  - Repair (if practical)
  - Restore (if able, otherwise replace)
  - Return (borrowed equipment)
  - Replace
  - Remove (trash and broken equipment)
- ☐ Participate in the After Action Report process, including identification of areas that need improvement



## Food Service Team Leader

**Reports to:** Shelter Manager

**Mission:** Coordinate the delivery of safe and adequate food to shelters. Responsible for obtaining, storing, preparing, feeding, distribution, and clean-up. Determine the feeding schedule based on resources and needs.

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Obtain briefing on Situational Awareness
- ☐ Establish communications with Logistics Manager, Support Branch Leader
- ☐ Determine Types of Food Service:
  - Pre-prepared, packaged meals
  - Contract with catering service
  - Church or community group using a knowledgeable Person-in-Charge in a certified and licensed kitchen
  - Permitted/licensed mobile Kitchen (Red Cross, Salvation Army)
  - Volunteers with a knowledgeable Person-in-Charge operating the Shelter as a Temporary Food Establishment
- ☐ Establish Food Unit Policies:
  - Maintain a clean, professional appearance and attitude
  - Post Meal and snack times (Menus if you can are always appreciated by Shelter clients and Staff)
  - Provide beverages and snacks at all hours if possible
  - NO donated food from non-commercial/unknown sources
  - ALWAYS follow safe food handling procedures
  - ELIMINATE cross contamination of raw and ready-to-eat foods
  - Keep it clean and sanitary at all times
  - Hot foods are hot and cold foods are cold
  - Note time food leaves temperature control
  - Keep accurate count of all meals and snacks served each day (ARC FORM F5266)
  - General Public not allowed in the Food Prep Area
  - Try to accommodate special diets. Coordinate special needs with FNSS Advisor
  - No food/drinks in the Dormitory Area
  - Wash, rinse and sanitize (sanitizing tablets or chlorine drops) all utensils and food work services
  - Collect and dispose of all wastes at least three times per day
  - Anyone who needs food is served
  - Food distribution is responsive, transparent and equitable
  - More than 10% food waste means meals portions need to be adjusted smaller
  - When in doubt, throw it out
  - Potentially Hazardous Foods (PHF) outside of temperature control must be thrown out after 4 hours
  - Consider cultural, ethnic, religious, and dietary needs within 36 hours of shelter opening
- ☐ Meal Standards:

- 2000 calories/per day
- 8 oz. by volume entrée
- 6 oz. by volume side dishes
- 6 oz. by volume desert
- ☐ Post feeding schedule based on available resources and needs. (confirm with Shelter Manager)
  - Meals (7-8; 12-1:00; 5-6:30)
  - Snacks (self-serve, ready-to-eat, whole fruits and vegetables, crackers, popcorn, granola bars, cookies, etc.)
- ☐ Food Area Requirements
  - Person in Charge (PIC) must have a current food safety certification
  - Good lighting and ventilation are a must, especially when cooking
  - Control access to Food preparation/storage areas
  - Food Prep Area: clean and sanitize often (10% bleach)
  - Refrigeration (or generators, dry ice)
  - Hand-wash station a MUST + use of disposable gloves (non-latex)
- ☐ Safe Food Handling Practices:
  - Food holding: log time/temperatures
    - Hot/cold food holding: above 140 F./ below 40 F.
    - Re-heat ONCE in 2 hours to 165 F.
    - Discard food after 4 hours
  - Food Storage: secure and off the floor if possible
  - Safe Ice/Drinks (treat drink tubs with 1 tsp. bleach/5-8 gallons)
  - Reduced menus; offer fewer potentially hazardous foods (items that need refrigeration)
  - Meal plans that meet dietary/cultural needs within 36 hrs.
  - Hand and ware washing protocols posted
  - Sanitation and cleanliness (sanitizer – 10% bleach solution)
  - Disposables/gloves (non-latex) o Solid Waste management (trash, garbage, medical waste)
  - Food Embargoes/Fitness of Food
    - Discard Potentially Hazardous Food(PHF) after 4 hours @40 F
    - Sorting, condemnation, disposal
    - Donations of Food: must meet Safe Food Standards
  - Potable Water Supplies
  - Monitor for contamination: chemical, bacterial, radiation, viral, particulate matter
  - Boil and other water use orders
  - Bulk water must be from an approved source
- ☐ Establish a beverage and snack center of ready-to-eat, room temperature foods as soon as possible
- ☐ Establish a Food Unit work station in the Logistics Center location
- ☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)
- ☐ Hold Initial Staff Briefing
- ☐ Train Staff on each Shift on Safe Food Handling:
  - Proper Handwashing
  - Gloves
  - Proper Hot and Cold Holding
  - Proper Sanitation
  - Proper Serving (Set up the utensils so the public can grab the handles. Use long handled serving spoons)
- ☐ Receive immediate shelter food requests from Shelter Manager/Supervisor/IC/EOC
- ☐ Establish communications with Finance Manager to coordinate procurement of goods and services
- ☐ Set up Shelter Food Service Area with provisions for
  - A dedicated, labeled Hand washing Station (warm water, pump soap and paper towels)

- Sanitation protocols and supplies
- Food log to show time food left temperature control
- Hot and Cold Holding (below 40 and above 140 degrees F.)
- Food preparation (wash and glove)
- Food service (disposable utensils preferred)
- Clean-up, sanitize and waste disposal
- ☐ Resource Request Protocols:
  - Resource Request Form received
  - Determine if resource is currently available by checking with Support Branch Leader/Supply Unit
  - Distribute/deliver as available
  - If not available, through the State or as a donation, work with Finance Manager/Cost Unit to coordinate purchase
  - Update the Resource Inventory List (maintained by Support Branch Manager/Supply Unit)
- ☐ Confirm set-up with Service Branch Leader

#### **Intermediate:**

- ☐ Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary
- ☐ Ensure continuous communications with the Logistics Manager
- ☐ Coordinate procurement of goods and services with Finance Manager
- ☐ Prepare and serve meals and snacks
- ☐ Accommodate special diets as able
- ☐ Maintain a safe food environment
- ☐ Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Supervisor and Medical Unit
- ☐ Hold shift change briefings with Staff and collect Activity Logs:
  - Situational updates
  - Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.
  - Emphasize the importance of documenting everything, especially injuries and complaints
  - Sign in/out Staff
  - Discuss needs or concerns for the next shift
  - Create update for the Supervisor/IC
- ☐ Determine daily and next Operational Period Resource and Staffing needs for the shelters

#### **Extended:**

- ☐ Provide input for Situation Reports
- ☐ Provide in-briefing to relief shift
- ☐ Assist in facility demobilization
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

## Transportation Team Leader

**Reports to:** Shelter Manager

**Mission:** Responsible for traffic control and safety around the shelter. Coordinates the transportation needs of shelter residents and evacuation transportation. Provides a vehicle staging area.

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Obtain briefing on Situational Awareness from Shelter Manager or IC/EOC
- ☐ Designate and activate Staff positions as needed.
- ☐ Establish a work station in the Logistics Center location
- ☐ Consider and address parking issues such lighting, signage, safety, barriers
- ☐ Check/Create an inventory of existing/available transportation options
- ☐ Assist with setting up traffic control at the Shelter
- ☐ Establish communications with Finance Manager to coordinate procurement of goods and services
- ☐ Establish communications with the Logistics Manager to access regional, state and national transportation resources
- ☐ Set up an vehicle staging area
- ☐ Check on the continued availability of fuel for vehicles (both diesel and gasoline)
- ☐ Resource Request Protocols:
  - Resource Request Form received
  - Determine if transportation resource is currently available
  - Distribute/deliver/provide as available
  - If not available, through State or as a donation, work with Finance Manager/Cost Unit to coordinate purchase
  - Update the Transportation Resource Inventory Tracking FORM
- ☐ Confirm set-up with Shelter Manager

### Intermediate:

- ☐ Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary
- ☐ Ensure continuous communications with the Shelter Manager or Incident Command/EOC
- ☐ Coordinate procurement of goods and services with Finance Manager
- ☐ Receive and address transportation service requests:
- ☐ Coordinate with cabs, vans, buses, private autos
- ☐ Suggest safe walking or biking routes
- ☐ Wheelchair options
- ☐ Receive and distribute supplies
- ☐ Update and maintain the shelter Supply Inventory LIST
- ☐ Determine daily and next Operational Period Resource and Staffing needs for the shelters

- ☐ Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Supervisor and Medical Unit
- ☐ Hold shift change briefings with Staff and collect Activity Logs:
  - Situational updates
  - Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.
  - Emphasize the importance of documenting everything, especially injuries and complaints
  - Sign in/out Staff
  - Discuss needs or concerns for the next shift
  - Create update for the Supervisor/IC
- ☐ Ensure planning for the next operational periods

**Extended:**

- ☐ Assist in facility demobilization
- ☐ Hold shelter closing briefing with staff
- ☐ Turn over all logs to Shelter Manager
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

## Durable Medical/Consumable Medical and Supply

**Reports to:** Shelter Manager

**Mission:** Responsible for providing supplies for the sheltering operations. Responsible for establishing space for supply shipping/receiving, processing and storage. Responsible for acquiring, tracking, receiving, processing, and delivering supplies.

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Obtain briefing on Situational Awareness from Shelter Manager or IC/EOC
- ☐ Designate and activate Staff positions as needed.
- ☐ Establish a work station in the Logistics Center location
- ☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)
- ☐ Hold Initial Staff Briefing
- ☐ Determine immediate shelter needs with Shelter Manager/Supervisor/IC/EOC
- ☐ Check/Create an inventory of existing/available regional shelter supplies and identify gaps
- ☐ Assist with setting up Shelter
- ☐ Establish communications with Finance Manager to coordinate procurement of goods and services
- ☐ Establish communications with the Logistics Manager to access regional, state and national shelter resources
- ☐ Set up an area for receiving, sorting, storage and shipping of supplies
- ☐ Resource Request Protocols:
  - Resource Request Form received
  - Determine if resource is currently available
  - Distribute/deliver as available
  - If not available, through State or as a donation, work with Finance Manager/Cost Unit to coordinate purchase
  - Update the Resource Inventory Tracking FORM
- ☐ Confirm set-up with Shelter Manager

### Intermediate:

- ☐ Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary
- ☐ Ensure continuous communications with the Shelter Manager or Incident Command/EOC
- ☐ Ensure continuous communications with the Shelter Manager or Incident Command/EOC
- ☐ Coordinate procurement of goods and services with Finance Manager
- ☐ Receive and distribute resource, supplies and service requests and
- ☐ Update and maintain the shelter Supply Inventory LIST
- ☐ Determine daily and next Operational Period Resource and Staffing needs for the shelters
- ☐ Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Supervisor and Medical Unit
- ☐ Hold shift change briefings with Staff and collect Activity Logs:

- ☐ Hold shift change briefings with Staff and collect Activity Logs:
  - Situational updates
  - Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.
  - Emphasize the importance of documenting everything, especially injuries and complaints
  - Sign in/out Staff
  - Discuss needs or concerns for the next shift
  - Create update for the Supervisor/IC
- ☐ Ensure planning for the next operational periods

**Extended:**

- ☐ Assist in facility demobilization
- ☐ Hold shelter closing briefing with staff
- ☐ Turn over all logs to Shelter Manager
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

## Facility Team Leader

**Reports to:** Shelter Manager

**Mission:** Oversee the non-medical operation of the Shelter.

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Initiate and maintain log of events and key actions
- ☐ Obtain briefing from Shelter Manager
- ☐ Become familiar with the building to be used: size, facilities, layout and supplies
- ☐ Confer with Shelter Manager to assure adequate food supply for residents and staff/volunteers
- ☐ Ensure food areas are kept clean and sanitary and that expiration dates and other safety procedures are observed
- ☐ Attend shift briefings and report food service statistics, accomplishments, problems, and recommendations
- ☐ Ensure that all residents, staff, volunteers and family members are registered upon arrival; maintain a system for checking people in and out when they leave for any period of time
- ☐ Manage the system of record keeping for center registration; maintain and report daily census to local Shelter Manager; and notify Shelter Manager when Shelter is approaching 80% capacity
- ☐ Provide for information messaging services through Registration Assistant
- ☐ Ensure set up the registration area; and that all residents are registered
- ☐ Post signs that provide the name(s) of the person(s) in charge of the Medical/IRAA Needs Shelter for each shift (Shelter Manager and Medical Director)

### Intermediate:

- ☐ Supervise Registration Assistants and other non-medical shelter volunteers
- ☐ Maintain system for staff, residents and visitors to be checked in and out
- ☐ Maintain list of and keep accurate count of number of residents in the Shelter
- ☐ Provide information to residents and family members
- ☐ Recruit residents as volunteers and assign them to appropriate areas to assist with operations

### Extended:

- ☐ Provide input for Situation Reports
- ☐ Provide in-briefing to relief shift
- ☐ Ensure all documentation collected for post-event evaluation and retention
- ☐ Assist in facility demobilization
- ☐ Participate in the After Action Report process, including identification of areas that need improvement



## Shelter Public Information Officer

**Reports to:** Shelter Manager

**Mission:** Effective communication to all individuals within the shelter.

- ☐ Ensures all public information has been approved by the Incident Commander (IC)
- ☐ Briefs and supports the Incident Spokesperson
- ☐ Determines the most effective communication methods with the public, including those with functional/access needs
- ☐ Works with Media to provide risk communication services to the public about the shelter
- ☐ Monitors media outlets for rumors and information needs; works with Media to ensure correct information/messages
- ☐ Works closely with other regional and local shelters, IC, and EOC to ensure that messages are coordinated and relevant
- ☐ Coordinates Agency outreach messages with the Liaison Officer
- ☐ Responsible for shelter signage
- ☐ Works with IC, EOC, Shelter Supervisor/Manager, Communications, Security to facilitate the visits of dignitaries

**Immediate:**

- ☐ Read entire Job Action Sheet
- ☐ Plan for a shelter operation Public Information plan with the Shelter Manager or Incident Command/EOC
- ☐ Appoint Staff as needed:
  - Incident Public Information Officer (PIO)
  - Incident Spokesperson or Subject Matter Experts (SME)
  - Receptionist: man phones and answer questions
- ☐ Set up PIO Joint Information Center (JIC) – Responders ONLY
  - Secure/safe location
  - Tables, Chairs, lighting, HVAC
  - Paper, pens/pencils, white boards, note pads, etc.
  - Food, water, sanitation
  - Communications Equipment (in/out private phone line , cell, HAM, radios, power cords, microphone, camera, video,)
  - Media Connections (TV, Radio, Internet, Smartphone, wireless router)
  - Computer, printer, fax, scanner, copier, supplies, cords
- ☐ Set up Media Information Center (separate from JIC) for press briefings
  - Food, water, HVAC, lighting and sanitation
  - Telephones, internet, cell service
  - Tables and chairs
  - Security to check press credentials and maintain order
- ☐ Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms
- ☐ Establish communications with Regional Shelter Supervisor/Manager IC/EOC

- ☐ Establish communications with other PIO, EOC, Liaison Officers, State PIO
- ☐ Report Shelter Opening to ESF 6 Desk at State
- ☐ Coordinate all Risk Communications/Public Information.
- ☐ NOTE: All messages must be approved by Shelter Manager/Incident Command/EOC before release
- ☐ Initial Press Release: Situational Awareness update
  - Who is in charge
  - What is being done to address the emergency (current status)
  - Sympathy for victims
  - Am I at risk: take these protective actions
  - Sources of more information
- ☐ Risk Communication Messages:
  - Evacuate/Don't evacuate
  - How to safely shelter in place (always the first option)
  - Disease and injury prevention
  - Hospitals are at capacity?. Seek medical advice only if you have a life threatening emergency or these symptoms.....
  - Sources of safe food and water & Points of Mass Distribution for bulk water and food
  - Boil, Do Not Use or Do Not Drink orders
  - Filtering and Disinfection procedures
  - Risk of using perishable, contaminated, compromised food and water
- ☐ Positive Messages:
  - Take these protective precautions/actions...
  - Check on your neighbors...
  - Shelter in place safely...
  - Shelter will open soon...
- ☐ Shelter opening announcement:
  - When/where
  - Who should go to the shelter: individuals who can care for themselves, or bring a caregiver
  - Who should NOT go to the shelter: individuals with serious medical conditions, drug withdrawal,
  - Safe routes or provided transportation
  - Universal accommodation and functional needs will be addressed for daily living
  - Items to not bring to the shelter: weapons, alcohol, illegal drugs, farm animals, valuables
  - What to bring to a shelter: prescriptions and medications, special food, clothing, blankets, personal care items, toys,
  - How to secure your home before leaving:
    - Lock/Don't lock houses
    - Post notices on house for responders regarding pets, hazards, occupancy
    - Turn off utilities (gas, water, electric main, etc.)
    - Secure and drain house water pipes if appropriate
    - Pets, farm animals care options... (let loose, cage outside with food and water, find caregiver, find shelter)
- ☐ Pet Shelter Location Information and what to bring with your pet:
  - Immunization Records and medications
  - Leash
  - Cage
  - Pet food and pet care items and toys
- ☐ Distribution: Radio, newspapers, websites, Town/City Halls, Reverse 911, Posters, Social Media, Multiple languages
- ☐ Update frequently, volunteer and donation opportunities

- ☐ Monitor all media outlets, including social media for rumors and information

**Intermediate:**

- ☐ Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Supervisor and Medical Unit
- ☐ Hold shift change briefings with Staff and collect Activity Logs:
  - Situational updates
  - Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.
  - Emphasize the importance of documenting everything, especially injuries and complaints
  - Sign in/out Staff
  - Discuss needs or concerns for the next shift
  - Create update for the Shelter Manager/IC
- ☐ Monitor all media outlets for information, misinformation, gaps, etc.
- ☐ Provide daily shelter updates to the IC, EOC, Incident Spokesperson, Public (as approved by the IC)
- ☐ Act as Shelter Spokesperson, if so designated by IC
- ☐ Work with IC/Manager/Security/Behavioral Health/Communications to prepare and facilitate visits by dignitaries
  - Notify all relevant Shelter Staff of the visit, their roles and likely presence of Media
  - Ensure that Security is ready and has extra Staff for the visit
  - Schedule extra PIO Staff to work with the Media and dignitary support staff
  - Arrange for a welcoming committee, guide, reception area and photo opportunities with Shelter Staff and Clients
  - Ensure that Medical is prepared and local hospitals are notified of the impending visit
- ☐ Provide Situational Awareness information to Shelter Manager for posting
- ☐ Work with the Media to ensure that public messages are first, accurate, coordinated, credible, timely, sympathetic

**Extended:**

- ☐ Provide input for Situation Reports
- ☐ Provide in-briefing to relief shift
- ☐ Ensure all documentation collected for post-event evaluation and retention
- ☐ Develop Shelter closing announcements
- ☐ Distribute closing information
- ☐ Assist in facility demobilization
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

### Reports to: Shelter Manager

**Mission:** Ensure that guests/clients have access to services and know how to access services when they leave the shelter. This includes working to provide needed services: medical, transportation, childcare, legal and social services, mental health, material goods, financial assistance or employment.

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Plan for a shelter Case Management operation with the Shelter Manager or Incident Command/EOC
- ☐ Review shelter Case Management Policies, Plans and FORMS
- ☐ Contact Partner Agencies to assist with Case Management
- ☐ Determine Staffing and Supply needs, complete Resource Request Form (ICS 308) and send to Logistics
- ☐ Establish Staffing Policies and Procedures: (General policies listed on the Common Required Response Actions JAS
  - Schedule Staff breaks every 3-4 hours
  - All Staff must have current CORI/SORI
  - Non-affiliated or credentialed staff will be paired with a Mentor at all times
  - Maximum 12 hour shifts, 7 days in a row; with minimum 1 day break
- ☐ Case Management Policies:
  - Everyone is entitled to confidentiality
  - Everyone is entitled to respect
  - All Clients are expected to work individually towards self-reliance and self-advocacy
  - Client needs may be triaged based on risk factors and wait time
  - Duplication of benefits/services will be avoided
  - Peer supervision and assistance will be used to ensure quality assurance
  - Shelter Case Management/Information Release FORMS must be used/signed for each Client seeking other services
  - Clients may have to meet eligibility requirements to qualify for some services
  - Any ineligible Client will be referred to local non-profit agent
- ☐ Work with Shelter Manager to establish a private Client interview center in with secure file storage
- ☐ Designate Case Management Staff (Volunteers) as needed
  - Staff and volunteers with mental health and social service experience/training preferred.
  - Staff training in Behavioral First Aid
- ☐ Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms and Shelter Information and Rules List
- ☐ Confirm Staffing and Resource Requests with Logistics
- ☐ Confirm Set-up with Shelter Branch Manager or Regional Shelter Supervisor/IC/EOC

**Intermediate:**

- ☐ Determine staffing schedule with Planning Manager and Shelter Branch Manager
- ☐ Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Supervisor and Medical Unit
- ☐ Hold shift change briefings with Staff and collect Activity Logs:
  - Situational updates
  - Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.
  - Emphasize the importance of documenting everything, especially injuries and complaints
  - Sign in/out Staff
  - Discuss needs or concerns for the next shift
  - Create update for the Supervisor/IC
- ☐ Case Management Procedures:
  - Establish strict confidentiality systems for all Client files and information
  - Establish a Client Case Management File
  - Register the Client in the Case Management Tracking System
  - Document all services for possible reimbursement and follow-up
  - Create a goal-oriented, self-sufficiency, individual Client Disaster Recovery Plan with specific steps and time frames
  - Ensure that each Client receiving services signs appropriate Release FORMS if other agencies share information
  - Complete a Client Case Management Assessment and Tracking FORM for each Client
  - Make daily reports to Shelter Manager/IC on caseloads and outcomes.
  - Conduct outreach to inform potential Clients of Case Management Services
  - Document all actions
  - Accept shelter Client referrals from registration, medical, walk-ins, Boards of Health, EMD, etc.
  - Contact relevant service agencies to coordinate services
  - Maintain contact with the Client to ensure the he/she completes his/her recover steps in a timely manner
  - Advocate for Clients and direct assistance as appropriate
  - Ensure that Clients are discharge to a safe environment
  - Ensure the Clients are connected to Recovery resources and Agencies
  - Complete Case Management File and transfer to next relevant agency or close file.

**Extended:**

- ☐ Provide input for Situation Reports
- ☐ Provide in-briefing to relief shift
- ☐ Ensure all documentation collected for post-event evaluation and retention
- ☐ Transfer Client Case files to ongoing Case Workers as appropriate
- ☐ Assist in facility demobilization
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

## Shelter Medical Director

**Reports to:** Operations Section Chief

**Mission:** Direct administration, coordination and delivery of health/medical services in the shelter.

**Qualifications:** Must have current medical license as a MD/PA/RN/ARNP with emergency care experience. Retired providers with the Medical Reserve Corp (MRC) may be utilized if activated with a current mission number.

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Initiate and maintain log of events and key actions
- ☐ Obtain briefing from Shelter Manager
- ☐ Ensure Job Action Sheets are disseminated to shelter staff by Administrative Assistant.
- ☐ Communicate your contact info (telephone, pager, radio, fax, etc.) to direct reports and to management at SRHD, Medical Reserve Corp, American Red Cross, and the Disaster Medical Hospital Control
- ☐ Review the Incident Action Plan (IAP); recommend specific Public Health measures and determine the specific staff to be activated in order to achieve the mission
- ☐ Ensure appropriate staff is assigned to the shelter.
- ☐ Provide direction to staff; conduct periodic briefings
- ☐ Approve standard nursing protocols for the shelter staff;
- ☐ Approve all medical procedures performed at the shelter that are not covered by existing protocols, recommendations or procedures;
- ☐ Provide diagnosis and treatment orders for acute illnesses that occur among residents of the shelter. These are to be provided after attempts by nursing staff to contact the primary care physician are unsuccessful;
- ☐ Consult with the Shelter Manager on resident care problems when required and attempting to provide a resolution;
- ☐ Arrange professional contact each 24 hour period thereafter, if possible, to assess medical problems at the shelter;
- ☐ Assure notification of available Medical Center's on-call Emergency Room Attending Physician;
- ☐ Notify Disaster Medical Hospital Control that shelter is operational and relay relevant shelter contact information; and
- ☐ Ensure telemedicine is operational where available.

### Intermediate:

- ☐ Convene a meeting for all staff, communicate IAP and assign tasks
- ☐ Ascertain resources needed, and submit for procurement, transportation and delivery of these resources including personnel, supplies and equipment, to the site through the Logistics and Finance/Administration Section Chiefs

- ☐ Ascertain progress and status of the shelter
- ☐ Immediately report to the Shelter Manager conditions that are unsafe or situations that are not improving or deteriorating

**Extended:**

- ☐ Observe staff for signs of stress and fatigue; assure provisions for staff rest and counseling
- ☐ Provide input for Situation Reports
- ☐ Provide in-briefing to relief shift
- ☐ Ensure all documentation collected for post-event evaluation and retention
- ☐ Assist in facility demobilization

## Registered Nurses

**Reports to:** Medical Director

**Mission:** Deliver appropriate health/medical services within the Shelter under the direction of the Medical Director.

**Qualifications:** Licensed Registered Nurse or Licensed Practical Nurse

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Initiate and maintain log of events and key actions
- ☐ Obtain briefing from Shelter Manager
- ☐ Supervise and assist in the administration of medications to the residents
- ☐ Deliver care and assistance to residents as required following approved protocols, procedures, and recommendations

### Intermediate:

- ☐ Assess the physical condition of the residents on an on-going basis
- ☐ Maintain the resident's medical update form and advise the Shelter Manager of any adverse change in the condition of a resident
- ☐ Monitor those residents who are receiving oxygen and refer to respiratory therapist or other appropriate resource if problems occur
- ☐ Observe guests/clients to assure they meet the IRAA shelter admission criteria. Confer with Shelter Manager on those who should receive skilled care in a hospital or nursing home environment and who can return home
- ☐ Refer persons who need immediate medical attention to EMS
- ☐ Determine where residents should be placed in the Shelter
- ☐ Maintain standard precautions and infection control

### Extended:

- ☐ Provide input for Situation Reports
- ☐ Participate in briefings at the beginning and end of each shift.
- ☐ Provide in-briefing to relief shift
- ☐ Establish and implement discharge process in consultation with the Shelter Manager
- ☐ Ensure retention and disposition of medical records to appropriate authority after consult with the Shelter Manager
- ☐ Ensure all documentation collected for post-event evaluation and retention
- ☐ Assist in facility demobilization



## Emergency Medical Technician

**Reports to:** Medical Director

**Mission:** Provide assistance to the facility as it relates to the administration of resident first aid and emergency medical treatment needs, and transportation of patients to medical provider facilities when transportation services are required.

**Qualifications:** Must have a current license as an EMT-Basic, Enhanced, Intermediate, Shock Trauma or Paramedic.

**Immediate:**

- ☐ Read entire Job Action Sheet
- ☐ Initiate and maintain log of events and actions
- ☐ Obtain briefing from Medical Director
- ☐ Confer with Shelter Manager on immediate EMS support needs

**Intermediate:**

- ☐ Provide emergency medical assistance as needed
- ☐ Periodically confer with Shelter Manager on ongoing EMS support activities
- ☐ Assist nursing staff as requested
- ☐ Oversee transport of Shelter residents via ambulance to hospital, nursing home or assisted living facility, as required

**Extended:**

- ☐ Provide input for Situation Reports
- ☐ Participate in briefings at the beginning and end of each shift.
- ☐ Provide in-briefing to relief shift
- ☐ Ensure equipment is accounted for and returned to proper storage/staging location(s)
- ☐ Ensure all documentation collected for post-event evaluation and retention
- ☐ Assist in facility demobilization

## Mental Health Staff

**Reports to:** Medical Director

**Mission:** Provide mental/behavioral health services, e.g., crisis, bereavement and traumatic grief counseling services, to shelter residents.

**Qualifications:** Must be at minimum a licensed mental health/crisis counselor.

**Immediate:**

- ☐ Read entire Job Action Sheet
- ☐ Initiate and maintain log of events and actions
- ☐ Obtain briefing from Medical Director
- ☐ Confer with Shelter Manager on immediate resident mental/behavioral health needs

**Intermediate:**

- ☐ Make rounds watching for signs of agitation, depression, or confusion, and resolve potential problems
- ☐ Assist the staff in promoting diversions and activities, conversation, time orientation
- ☐ Work with the residents who are experiencing mental health problems and guide the staff on how to be most therapeutic in the situation
- ☐ Report current problems and potential problems that may need additional intervention to the Shelter Manager

**Extended:**

- ☐ Provide input for Situation Reports
- ☐ Participate in briefings at the beginning and end of each shift.
- ☐ Provide in-briefing to relief shift
- ☐ Develop plan for debriefing/counseling of shelter staff before demobilization
- ☐ Develop plan for follow-on counseling of staff and shelter residents, if needed, following facility demobilization
- ☐ Ensure all documentation collected for post-event evaluation and retention
- ☐ Assist in facility demobilization

### Reports to: Medical Director

**Mission:** Ensure the environmental health/safety of the shelter occupants: indoor air, drinking water, food, sanitation. Work with partners to monitor, prevent, and control injuries and disease outbreaks. Work with partners to mitigate and manage exposures to hazardous materials, solid and medical wastes, contaminated air and water, etc. Work with fire and building inspectors to ensure safe and sanitary housing.

### Immediate:

- ☐ Read entire Job Action Sheet
- ☐ Plan for a regional shelter operation health and safety with the Shelter Manager or Incident Command/EOC
- ☐ Appoint Staff as needed (work with regional public health agents to monitor shelter health and safety)
- ☐ Participate in the initial Shelter walk-through/assessment (FORM)
- ☐ Obtain or assemble an Environmental Health Inspection Kit to be stored at the Shelter
- ☐ Work with food area Person In Charge (PIC) to set-up of Shelter Food prep and service areas
- ☐ Establish connections with State Health, and Environmental agencies
- ☐ Establish connections with local Hospitals and Medical Providers to monitor for disease outbreaks
- ☐ Conduct Final Pre-Opening Shelter Inspection (FORM)
- ☐ Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms and Sanitation and Food Guides
- ☐ Closely monitor initial food prep and service at shelter

### Intermediate:

- ☐ Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Supervisor and Medical Unit
- ☐ Hold shift change briefings with Staff and collect Activity Logs:
  - Situation updates
  - Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.
  - Emphasize the importance of documenting everything, especially injuries and complaints
  - Sign in/out Staff
  - Discuss needs or concerns for the next shift
  - Create update for the Supervisor/IC
- ☐ Begin Health and Safety inspections within 24 – 48 hours of shelter set-up
- ☐ File all inspection forms with the Shelter Manager/Supervisor and BOH
- ☐ Monitor daily Public Health and Safety status
- ☐ Conduct daily Food and Environmental Health Inspections (FORM – twice daily for large shelters)
- ☐ Monitor for disease outbreaks
- ☐ Work with Shelter Staff to ensure FNSS needs in shelter are being addressed
- ☐ Work with the BOH to take protective actions/issue orders to protect the Public Health and safety

### Extended:

- ☐ Provide input for Situation Reports
- ☐ Coordinate with BOH and DPH on shelter closing
- ☐ Continue to monitor Public Health public health and safety, including disease surveillance
- ☐ Assist with placement of shelter clients to their new normal
- ☐ Lift any orders as appropriate
- ☐ Ensure all documentation collected for post-event evaluation and retention
- ☐ Assist in facility demobilization

# **Appendix N**

## **Discharge Recommendations “Be Prepared”**

Dear Patient,

As we prepare for your discharge from the hospital we would like you to take this information with you, and read it when you arrive home.

During hurricane season and during winter months, we want to make sure you have information at your fingertips to help prepare you in the event of a loss of your power or other utilities.

### **Be Prepared**

Make a disaster plan with your household members to prepare for what to do, how to find each other, and how to communicate in an emergency. Make a plan that best suits your needs and the needs of your household.

- Decide where your household will reunite after a disaster. Identify two places to meet: one right outside your home and another outside your neighborhood, such as a library, community center, or place of worship.
- Identify all possible exit routes from your home and neighborhood.
- Designate an out-of-state friend or relative that household members can call if separated during a disaster. If phone circuits are busy, long-distance calls may be easier to make. This out-of-state contact can help you and your family communicate. Keep in mind that cell phones may not function during and immediately following a disaster due to high volume of activity; however, text messages can often get through, even if you can't make calls on your cell phone. What's more, if cell phones aren't functional, using a landline is a good alternative.
- Ensure that your contacts have a copy of your household disaster plan and emergency contact information to keep in their wallets and backpacks.
- Review your plan with your family contacts.

### **When to Go: Evacuations**

Government officials will tell you when to evacuate through the media and direct warnings. Evacuation is used as a last resort when a serious threat to public safety exists. **If you must evacuate, your first plan should always be to stay with friends or family.** In a planned evacuation, such as for a coastal storm, the City will advise residents of which areas are impacted and provide guidance on how the evacuation will proceed. In an unplanned evacuation, such as for a hazardous material spill, officials will advise affected residents to leave the immediate area until the danger can be removed. Always have your Go Bag prepared and easily accessible in case of any evacuation. You may not have time to assemble your belongings, and you may not be allowed back until the danger has passed.

#### **Evacuate immediately when you:**

- Are directed to do so by an emergency official.
- Are in immediate danger.

### **Be Prepared to Evacuate**

- Make alternate transportation plans; the means of transportation you usually use may not be available.

- Practice plans through regular drills. People who practice escape drills can evacuate with greater ease than those who are unfamiliar with the procedures.
- If you have pets, consider what you would do if you cannot return home to them.

## **What to Do When You Evacuate**

- If there is time, secure your home: close and lock windows and doors, and unplug appliances before you leave. Authorities will instruct you if it is necessary to turn off utilities.
- Wear sturdy shoes and comfortable, protective clothing, such as long pants and long-sleeved shirts.
- Bring your Go Bag with you.
- Stay tuned to local news or monitor government websites.
- Go to the nearest safe place or shelter as soon as instructed.

## **Disaster Sheltering**

If you are directed to evacuate, make arrangements to stay with friends or family outside the affected area whenever possible. For evacuees who have no alternative shelter, your town will open shelters. Disaster shelters may be set up in school, municipal buildings, and places of worship. They provide basic food and water. If possible, bring clothing, bedding, bathing and sanitary supplies, medications, and your Go Bag to shelters.

- See Tips for Pet Owners if you have pets.
- Alcoholic beverages, firearms, and illegal substances are NOT allowed in disaster shelters.
- Shelter sites change based on the emergency so stay tuned to the local news, monitor [www.ct.gov](http://www.ct.gov), or contact [311](tel:311) for the latest information.

## **Communication**

An emergency can affect your normal way of communicating with others. Develop a support network that can assist you during an emergency. This should consist of local and out-of area contacts, and include family, friends, neighbors, home attendants, coworkers, and/or members of community groups. Make sure to go over your plan with your contacts. Record the ways you prefer to communicate with others (e.g., email, sms/text, video relay, text telephone, etc.); that way, first responders can contact your support network in the event you are unable to communicate.

- If you have a vision disability, be prepared to explain to others how to best guide you.
- If you have a cognitive or emotional disability, be prepared for changes in in your environment.
- If you have a hearing disability, practice communicating your needs through gestures, note cards, text messages, or other means.

## **Take Steps to Prepare**

- Provide your emergency contacts with a spare key so they can access your home.
- Inform your contacts where you keep your Go Bag and emergency supply kit.
- Make copies of important documents, including health information.
- If you receive home-based care (e.g., home care attendant, home health aide, visiting nurse service), include caregivers in developing your plan and familiarize yourself with your homecare agency's emergency plan.

- If you have a pet, emotional support or service animal, be alert and plan for his or her needs. During an emergency, pets, emotional support and service animals can become stressed.
- Consider your dietary needs and always stock nonperishable food at home in case you have to shelter in place during an emergency.
- Have an extra supply of any medication you may need.
- If you receive dialysis, chemotherapy, or other life-sustaining treatment, find out whether there is a back-up location so your service is not interrupted.

## **Gather Supplies for Your Needs**

### **Go Bag**

Consider adding the following supplies to your Go Bag — a collection of items you may need in the event of an evacuation:

- Manuals and extra batteries for any devices you use
- Notepad and pen to communicate
- Emergency health information card
- Aerosol tire repair kits and/or tire inflator to repair flat wheelchair or scooter tires
- Magnifying glasses
- Extra mobility canes
- Supplies for your pets or service animal (e.g., extra water, bowl, leash, plastic bags, toys and treats, etc.)
- Back-up medical equipment such as glasses, batteries, or phone charger
- Items to comfort you in a stressful situation

### **Emergency Supply Kit**

Consider adding the following items to your emergency supply kit, which should include enough supplies to survive on your own for up to seven days:

- Back-up medical equipment such as oxygen, medication, scooter battery, hearing aids, mobility aids, and glasses
- Whistle or bell
- Numbers of medical devices and instructions
- Supplies for pet or service animal (e.g., food, extra water, bowl, leash, plastic bags, toys and treats, and contact information for your veterinarian, etc.)
- Contact information for your doctors and pharmacy

### **Transportation Considerations**

Before an emergency, call 311 or your Mayor / First Selectman's Office to locate accessible transportation options. If these options do not meet your needs and you require immediate assistance, call 911.

### **Plan for Power Disruptions**

For those who rely on electric-powered medical equipment at home (e.g., respirators, dialysis machines, apnea monitors), please register with your utility provider so you can be contacted in the event of an emergency.



While registering with your utility provider is an important preparedness step, people who use electric-powered medical equipment should have an emergency plan. Consider the following:

- An alternate source of electric power, such as a battery back-up system.
- If using a generator be sure to follow the manufacturer's instructions, local building codes, and ensure that it's in a well-ventilated area.
- Include variety of telephone options (land-line, cordless, cellular) if possible.
- Customers with life-sustaining equipment registered with providers will receive priority during outages, but if it takes more than a couple of days to restore power, it is important to be independent and have a back-up source of electric power, such as a battery. Before the power goes out, make sure to charge all medical and communications devices.
- If you rely on oxygen, talk to your vendor about emergency replacements. In the event that you do not have access to oxygen, call 911 for immediate assistance.

## **Pets**

For many, pets are more than just animals – they are a part of the family. As members of your family, they should be included in your emergency planning process. Make sure your disaster plan addresses what you will do when an emergency requires you to leave your home, leave your pet at home, or prevents you from returning home. A few simple steps to ensure your pet's safety can go a long way when disaster strikes.

### **If You Are Unable to Get Home to Your Pet**

Some emergencies may prevent you from returning home. In planning for such emergencies:

- Identify a trusted friend, neighbor, or dog-walker to care for your pet in your absence. This person should have a set of your house keys, be familiar with your home and pet, know your emergency plan, and have your contact information.
- Put stickers on the main entrances to your home to alert rescue workers of the number and types of pets inside. Update the information on the stickers every six months. Free Rescue Alert stickers can be ordered from the ASPCA.
- Keep a collar/harness, leash, and your pet's Go Bag in a place where it can be easily found.

### **Proper Identification**

- Dogs and cats should wear a collar or harness, rabies tag, and identification tag at all times. Identification tags should include your name, address, and phone number, and the phone number of an emergency contact. Dogs should also wear a license.
- Current color photo of your pet (in the event it becomes lost).

### **After An Emergency**

- Following an emergency, be extra careful when letting your pet loose outdoors and be sure your pet wears an identification tag.

- Familiar scents and landmarks may have been altered, which may cause your pet to become confused or lost.
- If your pet is lost, visit your local Animal Care & Control
- In addition, beware of other dangers after a disaster, such as downed power lines and debris created by strong winds or rain.

## **Gather Supplies**

### **Go Bag**

Everyone in your household should have a Go Bag — a collection of things you would want if you have to leave in a hurry. Your Go Bag should be sturdy and easy to carry, like a backpack or a small suitcase on wheels. You'll need to customize your Go Bag for your personal needs, but some of the important things you need in your Go Bag include:

- Copies of your important documents in a waterproof and portable container (insurance cards, birth certificates, deeds, photo IDs, proof of address, etc.)
- Extra set of car and house keys
- Copies of credit/ATM cards
- Cash (in small bills)
- Bottled water and nonperishable food, such as energy or granola bars
- Flashlight (**Note:** Traditional flashlight bulbs have limited lifespans. Light Emitting Diode (LED) flashlights, however, are more durable and last up to 10 times longer than traditional bulbs.)
- Battery-operated AM/FM radio
- Extra batteries/chargers
- A list of the medications each member of your household takes, why they take them, and their dosages. If you store extra medication in your Go Bag, be sure to refill it before it expires.
- First-aid kit
- Toiletries
- Notepad and pen
- Contact and meeting place information for your household, and a small regional map
- Lightweight raingear and Mylar blanket

If you have children, pack child care supplies as well as games and small toys.

If you're older or have any special medical needs, consider including these items:

- Instructions and extra batteries for any devices you use
- Aerosol tire repair kits and/or tire inflator to repair flat wheelchair or scooter tires
- Back-up medical equipment
- Items to comfort you in a stressful situation

If you have a pet, you need to pack a Go Bag for them:

- A current color photograph of you and your pet together (in case you are separated)
- Copies of medical records that indicate dates of vaccinations and a list of medications your pet takes and why he or she takes them

- Proof of identification and ownership, including copies of registration information, adoption papers, proof of purchase, and microchip information
- Physical description of your pet, including species, breed, age, sex, color, distinguishing traits, and any other vital information about characteristics and behavior
- Animal first aid kit, including flea and tick treatment and other items recommended by your veterinarian
- Food and water for at least three days
- Food and water dishes
- Collapsible cage or carrier
- Muzzle\* and sturdy leash (\*Note: Nylon muzzles should only be used temporarily as they can restrict a dog's ability to pant)
- Cotton sheet to place over the carrier to help keep your pet calm
- Comforting toys or treats
- Litter, litter pan, and litter scoop
- Plastic bags for clean-up
- 

## Emergency Supply Kit

Keep enough supplies in your home to survive on your own, or shelter in place, for up to seven days. If possible, keep these materials in an easily accessible, separate container or special cupboard. You should indicate to your household members that these supplies are for emergencies only. Check expiration dates of food and update your kits when you change your clock during daylight saving times.

- One gallon of drinking water per person per day
- Nonperishable, ready-to-eat canned foods and manual can opener
- First-aid kit
- Flashlight (**Note:** Traditional flashlight bulbs have limited lifespans. Light Emitting Diode (LED) flashlights, however, are more durable and last up to 10 times longer than traditional bulbs.)
- Battery-operated AM/FM radio and extra batteries (you can also buy wind-up radios that do not require batteries)
- Whistle
- Iodine tablets or one quart of unscented bleach (for disinfecting water **ONLY** if directed to do so by health officials) and eyedropper (for adding bleach to water)
- Personal hygiene items: soap, feminine hygiene products, toothbrush and toothpaste, etc.
- Phone that does not rely on electricity
- Child care supplies or other special care items