

# Cedar County Emergency Shelter Preparedness Guidelines

Revision 10/24/2014



# EMERGENCY SHELTER FIELD OPERATIONS GUIDE

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### **Primary Shelter Objectives:**

- Respect the dignity, privacy and well-being of your guests
- Provide safe, clean, caring and calm temporary housing
- Provide food, beds, medical care and clothes (if necessary)
- Provide equal access to services for all shelter guests, including Functional Needs Support Services (FNSS) for individuals with disabilities and others with access and functional needs
- Ensure accessibility is maintained in shelter set up

### **Prior to Deployment**

- Receive and understand mission objectives
- Receive and understand the Communications Plan
- Confirm you have adequate communications equipment
- Check your equipment
- Ensure you have adequate administrative supplies
- Confirm contact numbers
- Conduct vehicle check; ensure fuel tanks are full
- Confirm availability or access to shelter supplies including Durable Medical Equipment (DME) and Consumable Medical Supplies (CMS)
- Personal GO bags (see Annex “Recommended Go Bag Contents”)
- Confirm plan for food and water

If possible, assign the following staff positions (see Local Shelter Organizational Chart):

- |  |                                  |
|--|----------------------------------|
| 1. Shelter Manager                                   | 6. Intake Coordinator            |
| 2. Assistant Shelter Manager                         | 7. Dormitory Manager             |
| 3. Administrative Assistant                          | 8. Logistics Coordinator         |
| 4. Staffing Coordinator                              | 9. Effective Communications Team |
| 5. Personal Assistance Services (PAS)<br>Team Leader | Leader                           |



## Priority Actions Upon Arrival

- Determine and assign appropriate personnel (numbered above) to complete the following initial tasks:
- Assess parking for appropriate traffic flow
- Assess site for hazards and accessibility barriers. Mitigate where possible.
- Identification of utility providers and cutoff points:
  - Electricity
  - Water
  - Gas
- Evaluate building features using Americans with Disabilities Act (ADA)

### Checklist for Emergency Shelters

#### STEP ONE: Accessible Shelter Quick-Check Survey

- Accessible Entrance
- Accessible routes to all service/activity areas
- Accessibility within toilet rooms

#### STEP TWO: ADA Checklist for Emergency Shelters

- Passenger Drop-Off Areas
  - Parking
  - Sidewalks and Walkways
  - Accessible routes to all service/activity areas
  - Building Entrance
  - Hallways and Corridors
  - Check-in Areas
  - Sleeping Areas
  - Restrooms/Shower
  - Drinking Fountains
  - Dining Areas
- Develop Safety and Evacuation Plan
    - Fire
    - Severe Weather
    - Structural Failure



- Establish Footprint/Determine Key Operational Areas:
  - Registration/Intake Area (Controlled Entry/Exit Point)
  - Sleeping area
  - Dining area
  - Medical clinic/nurses area
  - Pharmacy area
  - Medical isolation areas
  - Quiet area
  - Lactation area
  - Staff area
  - Indoor/outdoor recreation areas
  - Secure storage area
  - Portable restroom and shower area
  - Smoking
- Post the following in high visibility areas:
  - Rules (see Annex J: Sample House Rules)
  - Schedules (see Annex I: Sample Shelter Schedule)

### **Shelter Operations Upon Opening**

- When guests arrive
  - Greet
  - Registration and intake
  - Assign cot
  - Update floor plan diagram
  - Provide facility tour
  - Brief on shelter schedule and rules
- Assess and address any immediate or ongoing medical needs/access and functional needs
- Schedule non-emergency medical evaluations
- Determine and address immediate non-medical needs (clothing, hydration, etc.)





## Operational Actions

- Explain rules to everyone and enforce equally
- Report any abuse/neglect/serious incidents immediately
- Follow schedule, maintain order, and ensure law enforcement is visible
- Enforce sanitation, hand washing and hand sanitation gel use at restrooms, dining, and shelter entry/exit points
- Pick up trash, ensure restroom cleanliness
- No eating in sleeping areas
- No media allowed in shelter or shelter area
- Enforce sign-in and sign-out at registration desk

## Recommended Shelter Policies and Procedures

When possible, the following should be drafted before or upon shelter opening to ensure operational efficiency:

- Food service plan
- Sanitation plan
- Recreation plan
- Laundry service plan (linens)
- Safety/security plan
- Communications plan
- Shelter supply and inventory plan

## Command and Control

- Maintain regular communication with your Chain of Command and participate in regularly scheduled conference calls
- Conduct daily briefings with all shelter staff
- Anticipate needs. Order early, often and in sufficient quantities through Logistics
- Conduct shift change briefings at 0630 and 1830 hours
- Remember shelters are not intended to be hospitals. If you have medical issues beyond your capabilities, address them immediately with your Chain of Command
- The safety and well-being of staff, guests and anyone on the shelter premises is everyone's responsibility



## Transfer of Management/ Demobilization

- Planning for transfer of shelter management to another shelter manager or agency (or demobilization) should occur from onset of shelter operations.
- Over-estimate the time it will take to return guests to their homes upon demobilization
- Prepare for demobilization by preparing inventory lists and actions that must be taken and determine the responsible parties
- Brief staff and guests early and often on any actions related to transfer, returning home or demobilization

## Functional Needs Support Services (FNSS)\*

Functional Needs Support Services (FNSS) are defined as services that enable children and adults with or without disabilities who have access and functional needs to maintain their health, safety, and independence in a general population shelter. This may include:

- Personal Assistance Services (PAS)
- Durable Medical Equipment (DME)
- Consumable Medical Supplies (CMS)
- Reasonable modifications to common practices, policies and procedures
- Other services as required (eg. interpretive services)

Individuals requiring FNSS may have sensory, physical, mental health, cognitive and/or intellectual disabilities affecting their capability to function independently without assistance. Additionally, elderly, women in the late stages of pregnancy, and individuals requiring communication assistance and bariatric support may also benefit from FNSS.

The Americans with Disabilities Act (ADA) requires shelters to provide equal access to the benefits that shelters provide, including but not limited to safety, food, services, comfort, and information, as well as a place to sleep until it is safe to return home. These shelters should also make provisions to assist and support family, friends, and neighbors. Planning for incorporating FNSS in general population shelters includes addressing the needs of children and adults, some of which include:



## Functional Needs Support Services (FNSS)\* continued

- Communication assistance and services for individuals, including those with limited English proficiency and people who are deaf and hard of hearing
- Accessible sleeping accommodations (e.g. universal/accessible cots or beds, cribs, modification to beds/cots/cribs, and privacy curtains)
- Availability of DME, CMS, and/or PAS to support daily living activities (including provisions for service animals)
- Provision for accessible transportation, bathroom, toilet, and showering facilities
- Access to medication and food

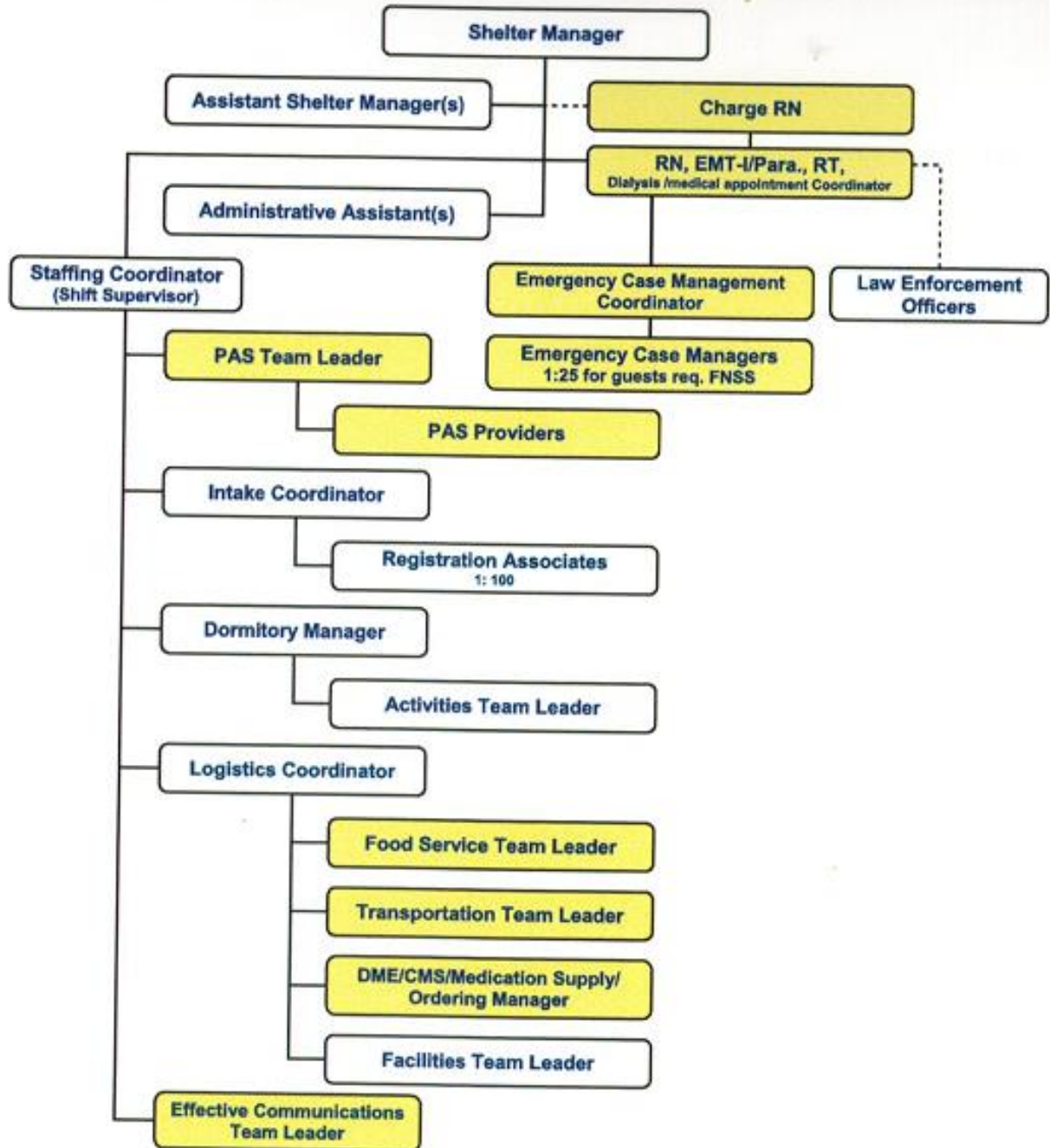
## Shelter Staffing\*

Local jurisdictions have the responsibility for utilizing all local resources before requesting state assistance. If you have medical staff operating within the shelter, they must operate under the authority of a medical director, who is overseeing the city or county shelter operation program. Typically, this medical director's role is assumed by the local health authority and it may or may not be delegated to another party.





# Local Shelter Organization\*



## POSITION DESCRIPTIONS

### Shelter Manager

- Responsible for initial set up of shelter and for direction to all staff
- Assigns staff to shelter positions
- Determines initial logistical support needs (shelter supplies, equipment, etc.)
- Establishes initial security and safety measures
- Ensures cleanliness of shelter and sanitary procedure enforcement
- Communicates with Chain of Command (regularly and immediately when required)
- Ensures compliance with all shelter policies, rules and regulations (reporting abuse/neglect)
- Responsible for overall function and operation of the shelter
- Responsible for ensuring Functional Needs Support Services (FNSS) are in place
- Responsible for coordinating with staff regarding staffing levels and FNSS requirements
- Completes transfer of command when appropriate
- Initiates, oversees and ensures completion of demobilization

### Assistant Shelter Manager

- Responsible for all duties of the Shelter Manager in his/her absence or as assigned
- Responsible for specific duties and responsibilities as assigned by the Shelter Manager

### Administrative Assistant

- Reports to the Shelter Manager and Assistant Shelter Manager
- Responsible for documentation and initial resource tracking
- Maintains and secures shelter records
- Orders, stores and issues administrative supplies to appropriate personnel
- Maintains staff duty rosters



### **Staffing Coordinator (Shift supervisor)\***

- Responsible for ensuring that appropriate staffing levels are in place to support shelter operation
- Acts as Shift Supervisor and oversees staffing as indicated on organization chart
- Ensures that Personal Assistance Services (PAS), Intake, Logistics and Dormitory Management needs are all being met
- Ensures appropriate coordination between positions occurs when necessary

### **PAS Team Leader\***

- Serve as the lead for PAS providers and will communicate directly with the staffing coordinator to ensure that needs are being met
- Serves as the single point of contact for all PAS providers within a shelter
- Coordinate all PAS staffing needs with the Staffing Coordinator to ensure appropriate FNSS staffing levels are met
- Communicates directly with medical staff to ensure that the medical needs of the individuals for whom they are caring for 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 ADA accessible
- Provides instruction to all registration/intake staff regarding appropriate intake procedures and determining unmet needs





### **Registration Assistants\***

- Conducts the intake/registration process and documents accordingly

### **Registration Associates\***

- 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 (LVN) 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 displayed in appropriate locations within the shelter
- Ensures that schedules are posted
- Provides all necessary information to guests/clients using accessible formats
- Responsible for answering questions and responding to needs requests

### **Activities Team Leader\***

- Responsible for ensuring activities are made available to all guests/clients using accessible formats
- Coordinates services such as school pick up or mail services during extended duration incidents

### **Logistics Coordinator\***

- Oversees all logistics staff and ensures the needs of guests/clients are met
- Issues requests to the Staffing Coordinator, Shelter Manager, or directly to EOC/ICP depending on the operational plans specified by the Incident Commander
- Determines needs for guests to include DME, CMS, clothing or other specific guest needs





### **Food Service Team Leader\***

- Identifies and prepares an appropriate area for serving and eating food at the shelter
- Prepares and sets up an appropriate dining area with tables, chairs, etc.
- Maintains proper sanitation, hand washing stations, and food service procedures during the serving of all meals
- Ensures hand sanitization process occurs for guests entering food service line
- Provides sufficient trash receptacles (with lids) throughout the dining area; ensure immediate/ on-going removal of food waste
- Maintains general cleanliness of the dining area
- Orders the appropriate number of meals for each meal service within time frame allotted by food vendor
- Identifies and orders any special meals or method of preparation (pureed meals, infant meals) required by guests
- Ensures availability of low sodium, low fat, low sugar menu items and snacks
- Responsible for communicating food allergies and ensuring food providers are aware of all allergy and dietary concerns
- Orders and maintains stocks of water, ice, snacks, coffee, utensils, cups, plates, napkins, cleaning supplies and equipment, insect control (flies and roach), paper towels, trash bags, serving gloves and hair nets
- Contacts the local Health Department/ Sanitarian for daily inspection of the dining and food service operation within the shelter
- Complies with any Health Department inspection recommendations and immediately corrects any violations determined by inspection

### **Transportation Team Leader**

- Responsible for ensuring transportation (including accessible transportation) resources are available to shelter guests/clients in need of transportation for dialysis and/or medical appointments



## **Durable Medical Equipment (DME)/Consumable Medical Supplies (CMS)/Medication Ordering /Supply Manager\***

- Responsible for supporting the shelter logistically with necessary Durable Medical Equipment, Consumable Medical Supplies and coordinating medication pick up/delivery ensuring appropriate chain of custody
- Depending on the operational plans specified by the Incident Commander, facilitates orders to the Logistics Coordinator, or the ICP/EOC

## **Facilities Team Leader\***

- Responsible for ensuring the facility is ADA accessible
- Responsible for ensuring all operational areas and pathways between operational areas are ADA accessible
- Coordinates use of the facility with the facility owner/ operator, if applicable
- Responsible for managing on-site custodial staff workers
- Oversees contractors (plumbers, electricians, vendors) brought on site for repairs or facility modifications
- Completes initial walk through of facility; document pre-existing damages
- Reports and resolves issues concerning the facility, including deficiencies, unsafe conditions, occupancy certificates and code violations, with proper authorities and building owner or operator
- Reports any damage to the facility to the Shelter Manager and the building owner or operator
- Completes final walk through with building owner or operator to document damages upon demobilization or transfer of management
- Ensures transfer of management walk through will include incoming management representative

## **Effective Communications Team Leader\***

- 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 in accessible formats





## **Emergency Case Management Coordinator\***

- Serves as the single point of contact to the Shelter Manager communicating case management/service needs, information and updates
- Serves as the single point of contact for all emergency case managers
- Helps to ensure consistency of services
- Helps to ensure that all needs are met and access to all services needed are available and communicated to guests/clients or to shelter management on behalf of guests requiring services

## **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
- Ensures emphasis is placed upon connecting guests with pharmacy services, meal services, DME providers, accessible housing etc.

## **Law Enforcement Officer**

- Provides on-site law enforcement, traffic control and perimeter security

**Other recommended positions (not listed on Organizational Chart above, can be combined into single, unified position):**

## **Security Team Leader**

- Supervises licensed Peace Officer(s) in the provision of internal and external perimeter security to the shelter, 24/7 basis
- Develops security policies to be followed within the shelter
- Ensures media and unauthorized visitors are not allowed in the shelter or on the shelter grounds
- Develops a communication plan for security detail
- Documents every incident occurring at the shelter regarding security, abuse, lawlessness, arrest and summoning of authorities
- Provides for the privacy and security of each guest and staff member



## **Security Team Leader continued**

- Maintains confidentiality of records and information concerning shelter activities
- Develops Vendor ID, Guest ID and Staff ID
- Develops sign-in/sign-out documents to be placed at controlled entry/exit point

## **Safety Officer**

- Writes and maintains an All Hazards shelter safety and response plan
- Monitors safety conditions throughout shelter operations and take immediate action to remedy any condition deemed to be unsafe or life threatening
- Coordinates with fire and law enforcement on safety issues within the shelter operation
- Maintains a 24/7 fire and law enforcement presence at the shelter location
- Ensures constant and redundant 24/7 communications are maintained between the Safety Officer, law enforcement, fire, EMS, Shelter Manager and Assistant Shelter Manager
- Immediately stops any action, condition or situation deemed unsafe
- Reports to the Shelter Manager daily on the safety condition of the shelter
- Monitors working conditions and practices (backing of vehicles, restricted vehicle access, unsanitary conditions, dangerous equipment, exposed wires, security breaches, unguarded gates, unsafe guest activities, unattended children, etc.) and takes immediate action to correct unsafe circumstances
- Monitors vendor access, work practices, identification check in and check out, unattended vehicles and equipment





## **MEDICAL STAFFING POSITION DESCRIPTIONS\***

\*\*Below is a complete list of the certifications of medical staff that may be needed as single resources or in combination with other staffing resources; the composition and number of medical staff will depend upon the specific guest needs that are present in your shelter

### **Registered Nurse (RN) Manager**

- Responsible for providing overall medical supervision/services for the general population

### **RN for individuals with medical needs**

- Responsible for providing/coordinating medical services for individuals with medical needs or that require medical assistance related to FNSS. This may include such things as ensuring prescriptions are filled, medication administration, minor wound care, glucose monitoring etc.

### **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 RNs when necessary
- Paramedics will help to evaluate/assess individuals with acute onset of signs and symptoms
- Determine medical emergencies requiring Emergency Medical Services (EMS) assistance

### **Respiratory Therapist**

- Responsible for providing oxygen administration and oversight
- Monitors oxygen consumption and resupply needs



## **Mental Health Staff**

- Responsible for delivering mental health services to all guests/clients.
- Provides psychological first-aid, assesses guests' psychological state
- Refers guests to local resources for ongoing psychiatric or psychological treatment if necessary
- Assists in resolving disruptive behavior by guests

## **Primary Care Physician**

- Provides overall medical oversight and direction to all medical staff
- Evaluates guests/clients for medical needs
- Writes prescriptions and treatment plans as needed
- Treats guests needing medical care and makes referrals as needed

## **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





The following chart is an example of Medical Staffing Ratios that may be needed in sheltering scenarios. Chart is based on per shift for a 24 hr. operation.

Medical Staff	Ratio	
	Gen. Population	Medical
Staff for Health/ FNSS intake	1:25 (Guests)	1:25 (Guests)
RNs (with a min. of 2 RNs at any time, 1 must be a Charge RN)	1:50 (Guests)	1:10 (Guests)
EMT-I or Paramedic (with a min. of 1 at all times)	1:500 (Guests)	5:250 (Guests)
Respiratory Therapist (if needed)	1:250 (Guests)	1:250 (Guests)
Mental Health Staff (with a min. of 2 at all times)	1:100 (Guests)	1:1 (Shelter)
Personal Assistant Services personnel (for intake)	1:50 (Guests)	1:50 (Guests)
Personal Assistant Services (for individuals requiring PAS, a min. of 2 PAS at all times)	1:1 (Guest)	1:1 (Guests)
Pharmacy Coordinator	1:1 (Shelter System)	1:1 (Shelter)
Medical Director	1:1 (Shelter System)	
Primary Care Physician rounding daily (with a min. of 1 rounding daily)	1:5 (Shelters)	
Physician on call 24/7	1:1 (Shelter System)	
Psychiatrist on call 24/7	1:1 (Shelter System)	
Dentist on call 24/7	1:1 (Shelter System)	
Medical appt. /Dialysis Coordinator	2:1 (Shelter System)	
Public health assessment team/infection control	1:1 (Shelter System)	

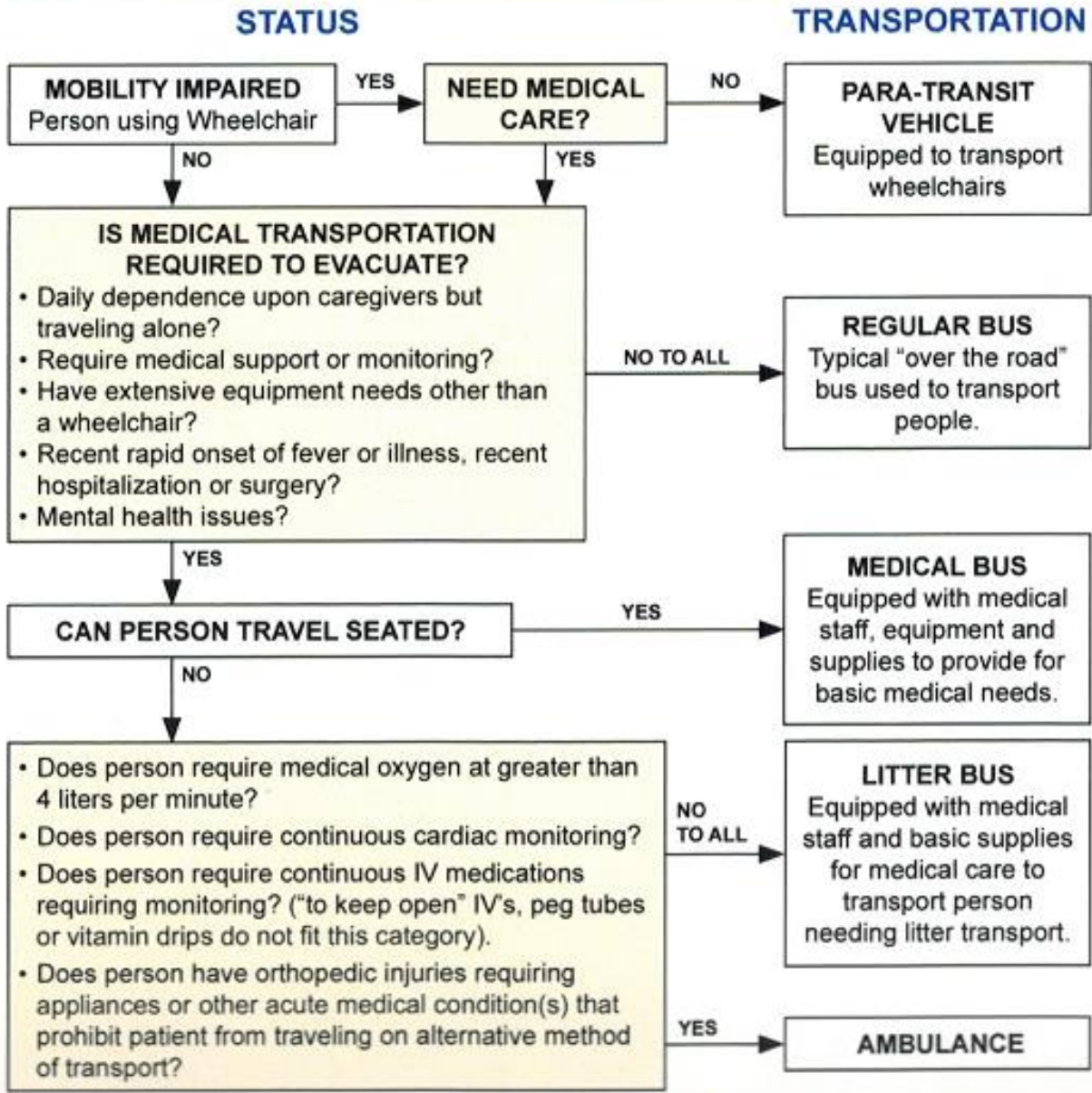
Medical staffing ratios listed above are recommended based upon best practices. Medical shelter operational staffing may consist of all of the above or a subset of the above. Medical staffing could be configured into teams for rounds or assigned directly to a shelter. Medical staffing should be determined by evaluation of shelter population needs.



# Annex A: Rapid Assessment (Triage)\*

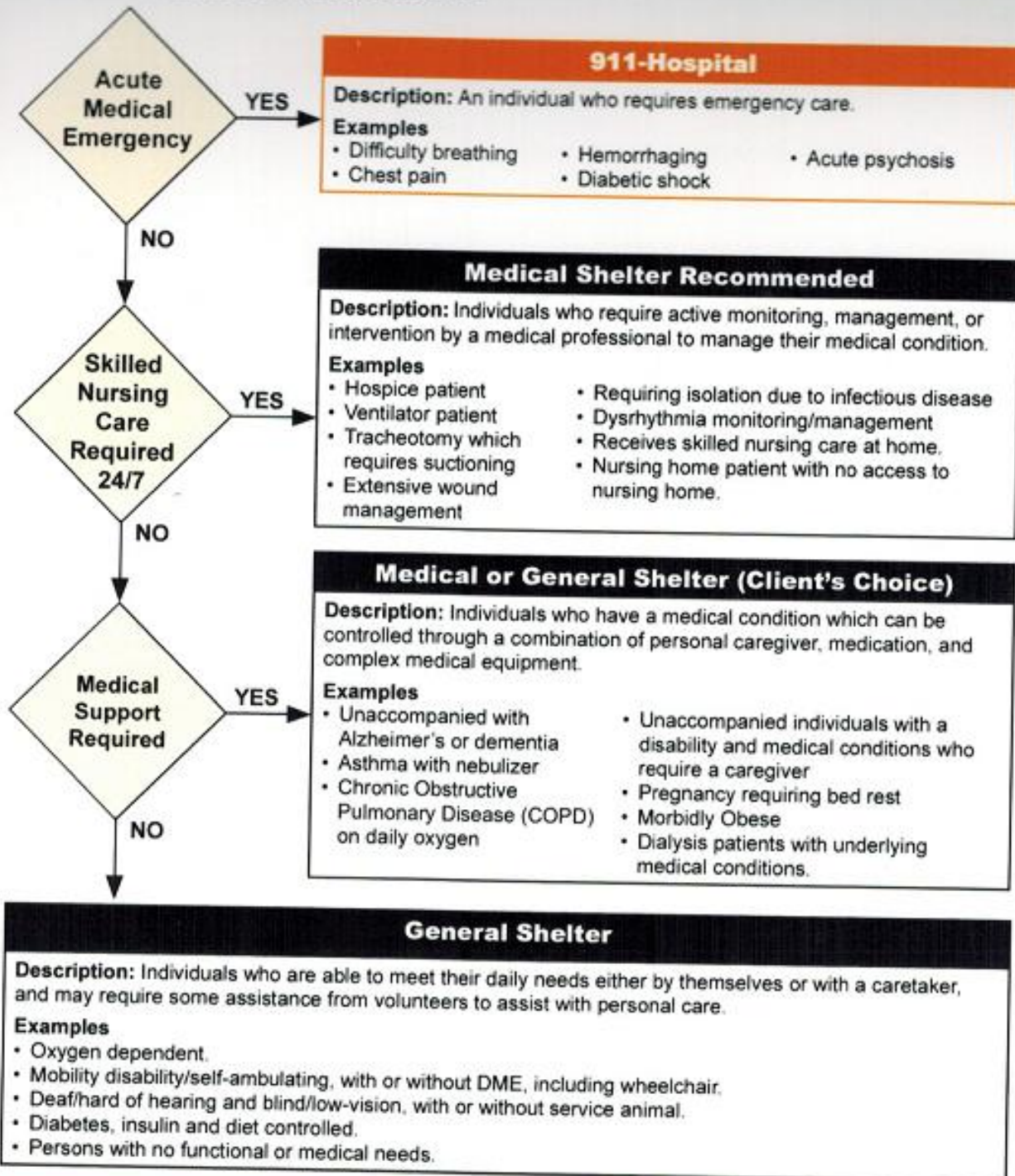
## EVACUATION/ RE-ENTRY TRANSPORTATION ASSESSMENT/TRIAGE

**DOES THIS PERSON REQUIRE EMERGENCY MEDICAL TREATMENT?** **YES** → **911-HOSPITAL**





## Annex B: Shelter Placement Guidance\*



# Annex C: Shelter Facility Punch List

Site Name: _____	Construction Date: _____
------------------	--------------------------

## 1. General Facility Information

Site Owner: _____	
Street Address: _____	
Owner Point of Contact: _____	Primary # _____ 24 Hr# _____
Email Address: _____	
Facility Mgr Point of Contact: _____	
Primary # _____ 24 Hr# _____	
Email Address: _____	
Facility Size: _____	Square feet (100 square feet per person minimum)
Facility Maximum Capacity: _____	Guests (based on 100 square feet per person)
One main area or series of areas: _____	<input type="checkbox"/> Main <input type="checkbox"/> Series <input type="checkbox"/> Both <input type="checkbox"/> Admin <input type="checkbox"/> Isolation
Support rooms/areas available: _____	<input type="checkbox"/> Other

## 2. Essential Services

<b>Facility Type</b> (church, civic center, gym, store, warehouse): _____	
<b>Fire Safety</b>	
Does the facility have inspected fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility have functional fire sprinklers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility have a standpipe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location: _____	
Does the facility have a fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, choose one:	<input type="checkbox"/> Manual (pull-down) <input type="checkbox"/> Automatic
<b>Does the fire alarm directly alert the fire department?</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Fire Plan Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Utilities</b>	
Electric Utility Provider: _____	
Service Active:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Generator on Site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF YES - Capacity in kilowatts</b> _____	
Power Transfer Switch?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer Switch coverage for entire building including HVAC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If answer is No, please specify:</b> _____	
HVAC type	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Combination
Water Utility:	<input type="checkbox"/> Municipal <input type="checkbox"/> Well(s) <input type="checkbox"/> Trapped water
Service Active:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waste Water Utility:	<input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Other: _____
Gas Utility:	<input type="checkbox"/> Municipal <input type="checkbox"/> Storage Tank
Gas Service Provider: _____	
Service Active:	<input type="checkbox"/> Yes <input type="checkbox"/> No



# Annex C: Shelter Facility Punch List continued

## BCFS Medical Shelter Facility Survey

### 3. Support Resources & Equipment

Number of AC outlets in sleeping area(s): \_\_\_\_\_  
 Outlets in sleeping area(s) on back-up power?  Yes  No

Telephone Line Access Business phones available to facility staff?  Yes  No

Data Line Access How Many Lines: \_\_\_\_\_  Analog  Digital  
 Data ports available to facility staff?  Yes  No  
 Approx. How Many Ports: \_\_\_\_\_

Laundry Facilities on Site? "WiFi" Internet Access Available?  Yes  No  
 Yes  No

Number of Washers: \_\_\_\_\_ Number of Dryers: \_\_\_\_\_  
 Kitchen Facility on Site?  Yes  No  
 Kitchen Facility Available for Use?  Yes  No  
 Service Line Only  Residential Style  Commercial Grade

### 4. Sanitation Resources

**Toilets**  
 Number of Fixed Toilets: Men \_\_\_\_\_ Women \_\_\_\_\_ Unisex \_\_\_\_\_ ADA \_\_\_\_\_  
 Number of Portable Toilets Needed: Men \_\_\_\_\_ Women \_\_\_\_\_ Unisex \_\_\_\_\_ ADA \_\_\_\_\_  
 Area for outdoor portables?  Yes  No

**Sinks**  
 Number of Sinks Available: Men \_\_\_\_\_ Women \_\_\_\_\_ Stand Alone \_\_\_\_\_ ADA \_\_\_\_\_

**Showers**  
 Number of Fixed Shower Heads: Men \_\_\_\_\_ Women \_\_\_\_\_ Unisex \_\_\_\_\_ ADA \_\_\_\_\_  
 Portable Showers Needed: Men \_\_\_\_\_ Women \_\_\_\_\_ Unisex \_\_\_\_\_ ADA \_\_\_\_\_  
 Area for Outdoor Portables Facilities?  Yes  No  
 Description of Area (for example, parking lot on north side)  
 \_\_\_\_\_  
 \_\_\_\_\_

Exterior Hose Spigots Available?  Yes  No  
 Exterior Power Outlets (Number and Location): 110v \_\_\_\_\_ 220v \_\_\_\_\_  
 Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_





## Annex D: Public Health Shelter Checklist\*

Shelter: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Shelter Manager: \_\_\_\_\_  
 Manager Contact: \_\_\_\_\_  
 (Primary contact #) (Secondary contact #)  
 Shelter Census: \_\_\_\_\_

Assistance Team: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_  
 City/County: \_\_\_\_\_  
 EMC: \_\_\_\_\_

### SHELTER LIAISON TEAM CHECKLIST

1. Have you established a system for identifying illness in your shelter?	
2. Do you have all the appropriate contact information for medical services?	
3. Do you have hygiene supplies on hand? EX: toilet paper, paper towels, soap, clean running water, hand sanitizer	
4. Do you have a check in/check out process for shelter residents?	
5. Do you have a social services resource directory or contact information for social services?	
6. Do you have a process for obtaining meals?	
7. Are you familiar with the process for obtaining supplies needed for the shelter?	
8. Does the shelter have adequate staffing, including management back-up? Security staff?	
9. Does the shelter have access to 24 hour volunteer medical staff?	
10. Do you have a staff member trained in CPR on each shift?	
11. Do you have a process for keeping common use areas clean?	
12. Do you have a system for identifying and transporting residents that need to be moved to a medical special needs shelter?	
13. Are there any problems with the physical building that interfere with sheltering?	
14. Is the Emergency Evacuation Plan posted? AND are exit signs clearly marked?	
15. Are fire extinguishers and smoke alarms available and operable?	
16. Are off limit areas (janitor, storage, office) locked and secured?	
17. Are there any problems with sewage and water? Is sewage or water public or on-site?	
18. Any problems with pests/rodents?	
19. Is trash being adequately managed?	
20. Are electric breaker boxes accessible?	
21. Are passenger drop-off areas accessible to those using mobility aids, such as wheel chairs?	
22. Does the facility have ADA accessible parking spaces to include accessible route to facility?	
23. Are there protruding wall mounted or overhead objects along the accessible route that can be hazards for those who are blind or have low vision?	
24. Is there at least one entrance to facility that is accessible for those with mobility aids?	
25. Are hallways, corridors and interior routes to services and activity areas at least 36" wide?	
26. ADA compliant restrooms? Is there an area within the toilet room where a person using a wheelchair can turn around?	





## Annex E: Contact Information for Shelter Services Providers\*\*

This is a small sample of the services you should have in place prior to an emergency or disaster.

Services for Persons Requiring FNSS	Account Number	Vendor Name	Address	Telephone
<b>Communications Providers</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>				
On-site Nursing Services				
Emergency Medical Services				
Mental Health Services				
Emergency Dental Services				
Pharmaceutical Services				
<b>Resource Suppliers</b>				
O2				
Dialysis				
Constant Power Source				
Blood Sugar Monitoring				
<b>Food Services</b>				
Special Diets				
Caterer				



## Annex E: Contact Information for Shelter Services Providers continued\*\*

<b>Personal Assistance Services</b>				
<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				
<b>FNSS Equipment</b>				
Durable Medical Equipment				



## Annex F: Durable Medical Equipment Sample List\*\*

DME (for children and adults)		
Equipment	Quantity	Type
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/casters	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





## Annex G: Administrative Kit Contents

Item	Size	# Items per kit
1st Aid Kit	Std	1
Batteries	A Size 8 Pk	1
Batteries	D Size 4 Pk	4
Binder 3 Ring - 2"		2
Binder 3 Ring - 3"		2
Binder Clips (Large)	12/Pkg	2
Binder Clips (Small)	12/Pkg	2
Clipboards	9x12	2
Clock, Wall Mounted		1
Dividers, A-Z	1/Pkg	2
Dividers, Ltr 8 tab	Pkg	2
Dry Erase Markers & Eraser	8/Pkg	1
Envelopes, Manila Ltr	100/Box	1
Extension Cords	25'	2
File box	Ltr/Lgl	1
Flashlight D-Size	Heavy Duty	2
Folders, File Manila Ltr	100/Box	1
Folders, Hanging File Ltr	25/Box	4
Folders, Pocket/Expandable Ltr	25/pack	1
Foot Locker	2'x4'	1
Gloves, non-latex Lg	Box of 100	2
Highlighters Yellow	12/Box	1
Hole Puncher	3 Hole	1
Light, Wall Mounted	Small	1
Note Pads, Personal	12/pack	2
Note Pads, Post-it 1-1/2x2	12/Pkg	1
Note Pads, Post-it 3x3	12/Pkg	1
Notebooks, Spiral	8-1/2-11 (6)	1

Item	Size	# Items per kit
Pain Reliever	100/Bottle	1
Paper Clips, Lg	10/Pkg	1
Paper, Printer	Ltr / Ream	3
Pencil	#2 - 72/Box	1
Pencil Sharpener		2
Pens, Blk	12/Box	2
Pens, Blu	12/Box	1
Permanent Markers Blk	12/Box	1
Permanent Markers Red	12/Box	1
Rubber Bands Lg	100/Pkg	1
Sanitizer Hand	64 oz. Bottle	6
Sanitizing Wipes	Lg 160/ Container	6
Scissors	Std	2
Spray, Disinfecting	Lg	2
Spray, Insect Repellent	Bottle	4
Staple Remover	Std	2
Stapler	Std	2
Staples	5000/Box (5 Box)	2
Surge Protectors	Std	2
Tape Dispenser	Std	1
Tape, Clear for dispenser 3/4"		4
Tape, Clear Packing 3"	6/Pkg	2
Tape, Duct	Rolls Lg	2
Tape, Masking	1/1/2"	2
Tape, Painters	Rolls Lg	2
White out		4
Ziploc Bags Gal Size	35 Count	4
Zipper Pencil Bags		4



## Annex H: Go Bag Contents

### Recommended Go Bag Contents

In order to ensure that staff personal needs are met during a disaster deployment or evacuation, they are encouraged to put together a “Go Bag”. At a minimum – it should contain the following items:

- Sleeping bag or bed roll with pillow (if you are deploying to out of town locations and other lodging is not available)
- Towel, washcloth, and soap
- Environment/weather appropriate clothing for 3 days (uniform)
- Environment/weather appropriate/comfortable footwear – (extra pair if possible)
- Appropriate Footwear:
  - For normal shelter operations, work shoes, sturdy tennis shoes or walking shoes. NO open-toe sandals, flip-flops, etc.
  - For field operations, the footwear should be suitable for the conditions. Working in a hazardous environment where nails, jagged metal, broken glass and similar debris is located will require the use of sturdy work boots, up to and including steel-toe boots.
  - All footwear, especially boots, should be worn with thick socks and should be thoroughly broken in before deployment to avoid blisters and broken skin in a hazardous environment.
- Underwear changes for 3 days including socks
- Hat or cap
- Drinking water
- Non-perishable food/favorite snacks, energy bars
- Toiletry items (soap, toothbrush, toothpaste, deodorant, shampoo, conditioner, feminine hygiene products (if applicable), disposable body wipes, razor, etc.)
- Hand Sanitizer
- Toilet Tissue/Kleenex



## Annex H: Go Bag Contents continued

- Sunscreen/Insect Repellent
- Sunglasses
- Reading or prescription eyeglasses and hearing aids, if applicable (extra set)
- Medications for at least 5 days
- Cell phone with spare battery and charger
- Flashlight with extra batteries
- Radio with extra batteries
- Identification (driver's license, medical insurance card, social security)
- Copy of license/certification (for medical staff)
- ID badge/Copy of vaccination record
- Rain jacket/wet weather gear
- Cash (but not too much)
- Fanny pack (no purse)
- Family/Emergency Contact information
- Diversion aids (cards, games, books, etc.)
- Note Pad / Notebook
- Knife
- Duffel Bag or Foot Locker





## Annex I: Sample Shelter Schedule

- |                           |                          |
|---------------------------|--------------------------|
| • 6:30 a.m.               | Lights on                |
| • 7:00 a.m. to 9:00 a.m.  | Breakfast                |
| • 9:00 a.m. to 5:00 p.m.  | Case management on-site  |
| • 12:00 p.m. to 2:00 p.m. | Lunch                    |
| • 1:00 p.m. to 3:00 p.m.  | Recreational activities  |
| • 5:00 p.m. to 7:00 p.m.  | Dinner                   |
| • 7:15 p.m. to 7:45 p.m.  | Shelter Manager briefing |
| • 10:00 p.m.              | Lights out               |



## Annex K: FNSS Assessment Tool

TYPE OF NEED	ACCESS OR FUNCTIONAL NEEDS	AIDES/ASSISTIVE DEVICES	QUESTIONS	CONSIDERATIONS
Communication (Sensory disability, cognitive or intellectually impaired)	• Deaf or Hard of Hearing	• Hearing aids/ batteries • Interpreters • Sign language • Written messages • TTY	• Ask the person if they need any special accommodations	• Different types of sign language • Post content of oral announcements in a specified public place • Designate specific time and place where language and sign language interpreters will be available • Speak clearly and look at person when talking to them
	• Cognitively or Intellectually disabled, developmentally delayed	• Picture boards • Demonstration	• Ask questions that are short, concise and preferably in a manner that elicits a yes or no response. • Ask the person if they need any special accommodations	• Dedicated volunteer or support person be assigned to review the "rules of the shelter" with the consumer, as some of these individuals may not understand if they are posted in writing or on a handout. • Answers given to questions may not be accurate. May answer incorrectly due to anxiety or embarrassment
	• Unable to read	• Picture boards • Communication boards		• Verbal explanations or read material to person
	• Mute	• Interpreters • Picture boards	• Ask the person if they need any special accommodations	• Offer pen and paper to write with
	• Low Vision	• Large writing signage • Braille signage	• Ask the person if they need any special accommodations	• Locate close to bathrooms • Keep aisles clear in shelter • Provide way-finding assistance
	• Blind	• Braille signage • Communication board	• Ask the person if they need any special accommodations	• Locate close to bathrooms • Keep aisles clear in shelter • Provide way-finding assistance
	• Autism		• Ask questions that are short, concise and preferably in a manner that elicits a yes or no response.	• Answers given to questions may not be accurate. May answer incorrectly due to anxiety or embarrassment
	• English as a Second Language	• Interpreters		• Professional interpreters • Family members • Language line • Use simple terms



## Annex K: FNSS Assessment Tool continued

TYPE OF NEED	ACCESS OR FUNCTIONAL NEEDS	AIDES/ASSISTIVE DEVICES	QUESTIONS	CONSIDERATIONS
	<ul style="list-style-type: none"> <li>Brain Injury</li> </ul>	<ul style="list-style-type: none"> <li>Protective devices (helmets)</li> </ul>	<ul style="list-style-type: none"> <li>Ask questions that are short, concise and preferably in a manner that elicits a yes or no response</li> </ul>	<ul style="list-style-type: none"> <li>Answers given to questions may not be accurate. May answer incorrectly due to anxiety or embarrassment</li> </ul>
Transportation (unable to drive)	<ul style="list-style-type: none"> <li>Disability</li> <li>Age</li> <li>Poverty</li> <li>Legal restrictions</li> <li>Zero vehicle households</li> </ul>	<ul style="list-style-type: none"> <li>Need to get to critical appointments (dialysis)</li> <li>Need to get to pharmacy</li> <li>Need to get to doctor appointments</li> </ul>	<ul style="list-style-type: none"> <li>Do they have access to:                             <ul style="list-style-type: none"> <li>Public transportation</li> <li>Private transport</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Transit buses</li> <li>School buses</li> <li>Volunteers</li> <li>NGO vans</li> <li>Non-emergency transport</li> </ul>
Supervision (cognitive/intellectual impairment, unsupervised children, mental health concerns)	<ul style="list-style-type: none"> <li>Alzheimer's</li> </ul>	<ul style="list-style-type: none"> <li>Caregiver</li> </ul>	<ul style="list-style-type: none"> <li>Personal Assistive services</li> </ul>	<ul style="list-style-type: none"> <li>Supervise for wandering</li> <li>May decompensate in unfamiliar environment</li> </ul>
	<ul style="list-style-type: none"> <li>Children</li> </ul>	<ul style="list-style-type: none"> <li>Caregiver</li> </ul>		<ul style="list-style-type: none"> <li>Child care by those with background checks</li> <li>Secure Childcare area</li> </ul>
	<ul style="list-style-type: none"> <li>Autistic</li> </ul>	<ul style="list-style-type: none"> <li>Caregiver</li> </ul>	<ul style="list-style-type: none"> <li>If the person is acting out or disturbing others, move to a quiet area</li> </ul>	<ul style="list-style-type: none"> <li>Excessive noise and unfamiliar setting can create excitability and confusion.</li> </ul>
	<ul style="list-style-type: none"> <li>Traumatic Brain injury</li> </ul>	<ul style="list-style-type: none"> <li>Protective gear (helmets)</li> <li>Balance issues</li> </ul>	<ul style="list-style-type: none"> <li>If the person is acting out or disturbing others, move to a quiet area</li> </ul>	<ul style="list-style-type: none"> <li>Excessive noise and unfamiliar setting can create excitability and confusion.</li> <li>Supervise for balance issues</li> </ul>
	<ul style="list-style-type: none"> <li>Developmentally delayed</li> </ul>	<ul style="list-style-type: none"> <li>Quiet areas if needed</li> </ul>	<ul style="list-style-type: none"> <li>Ask questions that are short, concise and preferably in a manner that elicits a yes or no response.</li> </ul>	<ul style="list-style-type: none"> <li>Provide MHMR staff at each shelter if requested</li> </ul>
	<ul style="list-style-type: none"> <li>Mental illness</li> </ul>	<ul style="list-style-type: none"> <li>Quiet areas in needed</li> </ul>	<ul style="list-style-type: none"> <li>If you are on medications, did you bring them with you?</li> </ul>	<ul style="list-style-type: none"> <li>May decompensate due to stress or trauma</li> <li>Consider On-call psychiatric professionals</li> </ul>
	<ul style="list-style-type: none"> <li>Mobility Needs</li> </ul>	<ul style="list-style-type: none"> <li>Wheelchairs</li> <li>Walkers</li> <li>Canes</li> <li>Scoters</li> </ul>	<ul style="list-style-type: none"> <li>Ask the person if they need any special accommodations</li> </ul>	<ul style="list-style-type: none"> <li>Locate close to bathrooms</li> <li>Ensure aisle are clear of clutter</li> <li>May need assistance with transfers</li> </ul>





## Annex K: FNSS Assessment Tool continued

TYPE OF NEED	ACCESS OR FUNCTIONAL NEEDS	AIDES/ASSISTIVE DEVICES	QUESTIONS	CONSIDERATIONS
<b>Maintaining Independence</b>	<ul style="list-style-type: none"> <li>• Difficulty Swallowing or feeding</li> </ul>	<ul style="list-style-type: none"> <li>• Assistive feeding devices</li> </ul>	<ul style="list-style-type: none"> <li>• Pureed Food</li> </ul>	<ul style="list-style-type: none"> <li>• Stay with person when they are eating</li> <li>• May need to have food cut into small bites</li> </ul>
	<ul style="list-style-type: none"> <li>• Elderly</li> </ul>	May Need Assistance with: <ul style="list-style-type: none"> <li>• Walking</li> <li>• Eating</li> <li>• Bathing</li> <li>• Dressing</li> <li>• Toileting</li> <li>• Medication Administration</li> </ul>	<ul style="list-style-type: none"> <li>• Do you need assistance with any daily activities?</li> <li>• Do you have family or friends with you or can you contact them?</li> <li>• Do you have any problems with your balance?</li> </ul>	<ul style="list-style-type: none"> <li>• May need personal assistive services for activities of daily living</li> <li>• May be more dependent of others for needs</li> <li>• May have complex medical needs</li> <li>• May become stressed by shelter, try to maintain routine</li> <li>• Speak slowly and clearly</li> </ul>
	<ul style="list-style-type: none"> <li>• Sensory Needs</li> </ul>	<ul style="list-style-type: none"> <li>• Braille signage</li> <li>• Interpreters</li> <li>• Service animals</li> </ul>	<ul style="list-style-type: none"> <li>• Do you need assistance with any activities?</li> </ul>	<ul style="list-style-type: none"> <li>• May need way-finders to assist with getting around</li> <li>• Service animals are permitted in shelters</li> </ul>
<b>Medical Needs</b>	<ul style="list-style-type: none"> <li>• Dialysis patients</li> </ul>		<ul style="list-style-type: none"> <li>• Low protein diet</li> </ul>	<ul style="list-style-type: none"> <li>• Will need transportation to dialysis services</li> </ul>
	<ul style="list-style-type: none"> <li>• Hospice care</li> </ul>	<ul style="list-style-type: none"> <li>• Quiet area with family members</li> </ul>	<ul style="list-style-type: none"> <li>• Are you receiving medications for your condition?</li> </ul>	<ul style="list-style-type: none"> <li>• Medications may need to be given by skilled provider</li> <li>• May request services of chaplain, priest, minister</li> </ul>
	<ul style="list-style-type: none"> <li>• Medication needs</li> </ul>	<ul style="list-style-type: none"> <li>• Medications</li> </ul>	<ul style="list-style-type: none"> <li>• Did you bring your medications?</li> <li>• Do you know which medications you take?</li> </ul>	<ul style="list-style-type: none"> <li>• Arrangement with pharmacy for medications to be delivered</li> <li>• In an emergency, only medications that need are life maintenance meds need to be filled (ex. High blood pressure, insulin)</li> </ul>
	<ul style="list-style-type: none"> <li>• Amputees</li> </ul>	<ul style="list-style-type: none"> <li>• Wound care</li> <li>• Prosthesis</li> </ul>	<ul style="list-style-type: none"> <li>• Do you need assistance with any activities?</li> </ul>	<ul style="list-style-type: none"> <li>• May need transfer assistance</li> </ul>
	<ul style="list-style-type: none"> <li>• Diabetic</li> </ul>	<ul style="list-style-type: none"> <li>• Wound care</li> <li>• Low sugar diet</li> </ul>	<ul style="list-style-type: none"> <li>• Can you do your own blood sugar checks?</li> </ul>	<ul style="list-style-type: none"> <li>• May need assistance with checking blood sugar levels</li> </ul>



## Annex L: People First Language\*

*Language is Important.* Positive language empowers. When writing or speaking about people with disabilities, it is important to put the person first. Group designations such as “the blind,” “the retarded” or “the disabled” are inappropriate because they do not reflect the individuality, equality or dignity of people with disabilities. Further, words like “normal person” imply that the person with a disability is not normal, whereas “person without a disability” is descriptive but not negative. The accompanying chart shows examples of positive and negative phrases.

At a Glance Guide for Using People First Language	
People First Phrases	Negative Phrases
person with an intellectual, cognitive, or developmental disability	retarded; mentally defective
person who is blind or person who is visually impaired	the blind
person with a disability	the disabled, handicapped
person who is deaf	the deaf; deaf and dumb
person who is hard of hearing	suffers a hearing loss, the deaf
person who has multiple sclerosis (MS)	afflicted by MS
person with cerebral palsy (CP)	CP victim
person with epilepsy, person with seizure disorder	epileptic
person who uses a wheelchair	confined or restricted to a wheelchair
person who has muscular dystrophy (MD)	stricken by MD
person with a physical disability	crippled; lame; deformed
person without a disability	normal person (implies that the person with a disability is not normal)
unable to speak, uses synthetic speech	dumb; mute
person with psychiatric disability or a person with a mental illness	crazy; nuts
person who is successful, productive	has overcome his/her disability; is courageous (when it implies the person has courage because of having a disability)

## Annex M: Medical/Functional Needs Transportation Request Form

Date Requested:	Time Requested:	Incident/Event Name:
<b>GUEST DETAILS</b>		
Name of Guest:		
Phone:	Receives Texts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Guest's Primary Language:
Residential Address:		
DOB/Age:	Gender (circle one): Male / Female	
Specify the Date & Time the Resource Will Be Required On Location In Order to Accomplish the Trip:		
Date Required:		
Time Required:		
<b>CURRENT LOCATION DETAILS</b>		
Current Location is: <input type="checkbox"/> Evacuation Center <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Shelter <input type="checkbox"/> Other (specify):	Current Location Name & Address:	Does guest have any chronic/acute healthcare conditions? If yes, please describe:
<b>NEED TRANSPORTATION TO</b>		
<input type="checkbox"/> Dialysis Center <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Shelter <input type="checkbox"/> Other (specify):	Destination Location Name & Address:	Date/Time of Appointment:
		Return Trip Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Time:		
Accompanied by pet? <input type="checkbox"/> Yes <input type="checkbox"/> No Name & Type:	Accompanied by a service animal? <input type="checkbox"/> Yes <input type="checkbox"/> No Name & Type:	I will be with an accompanying personal attendant/caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No Name & Phone:
<b>TYPE OF TRANSPORTATION NEEDED</b>		





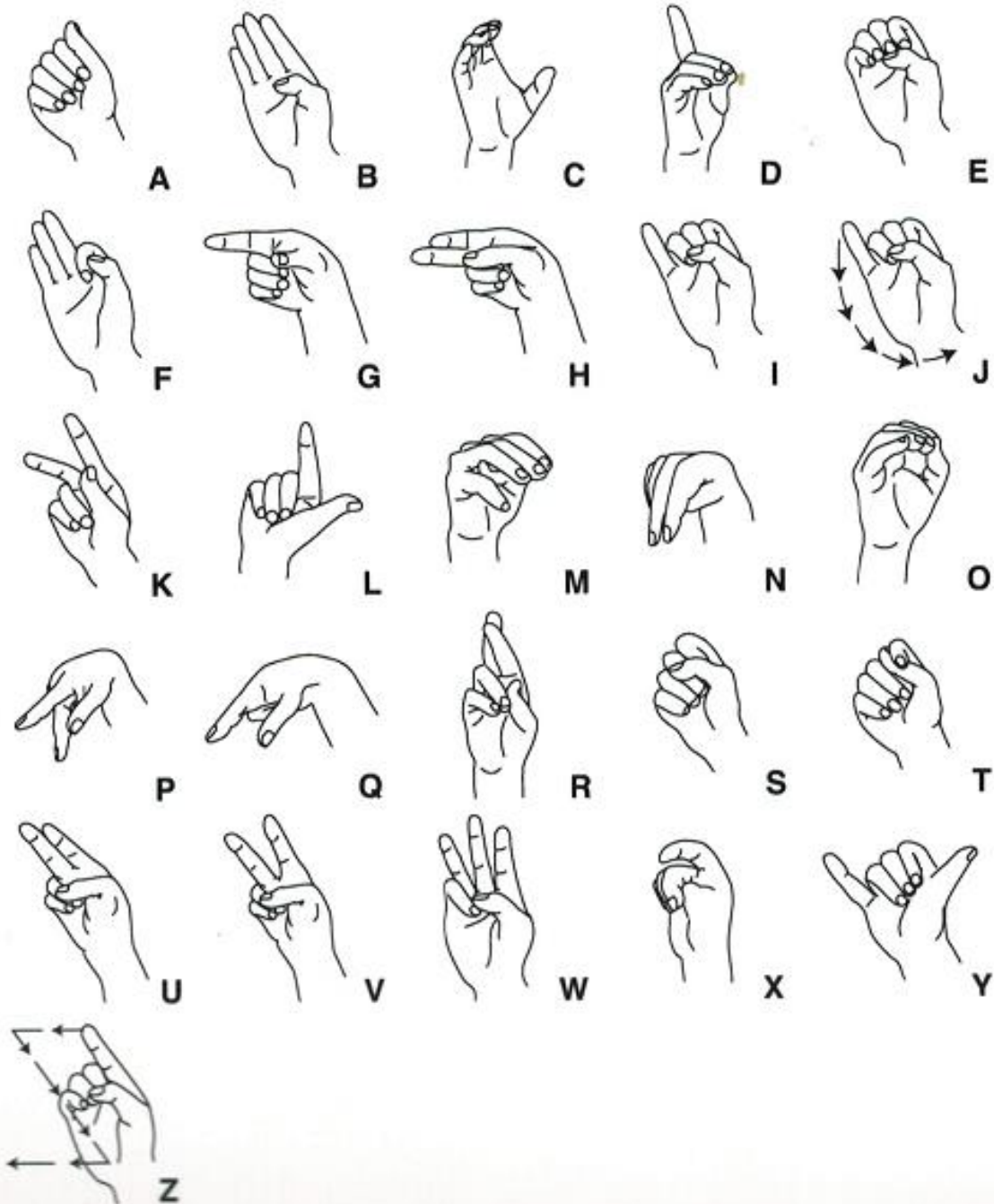
## Annex M: Medical/Functional Needs Transportation Request Form continued

<b>Type of Transportation Needed:</b> <input type="checkbox"/> Ambulance <input type="checkbox"/> Bariatric capable ambulance <input type="checkbox"/> Bus <input type="checkbox"/> Wheelchair accessible vehicle		<b>Medical Equipment Used:</b> <input type="checkbox"/> Cane <input type="checkbox"/> Communications Aid <input type="checkbox"/> Crutches <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Portable Oxygen <input type="checkbox"/> Power Scooter <input type="checkbox"/> Other (specify):		<input type="checkbox"/> Power Wheelchair <input type="checkbox"/> Prosthesis <input type="checkbox"/> Stretcher <input type="checkbox"/> Walker <input type="checkbox"/> White Cane	
<b>If oxygen is needed: AMOUNT (flow):</b>  Do you have enough oxygen to return to the shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Special Instructions/Notes</b> (include durable medical equipment & personal items that need to be returned with shelter resident):			
REQUESTOR INFORMATION					
Print Name:			Date, Time:		
Position/Title:		Department/Agency:		Approving Signature:	
RETURN THIS FORM TO THE SHELTER					

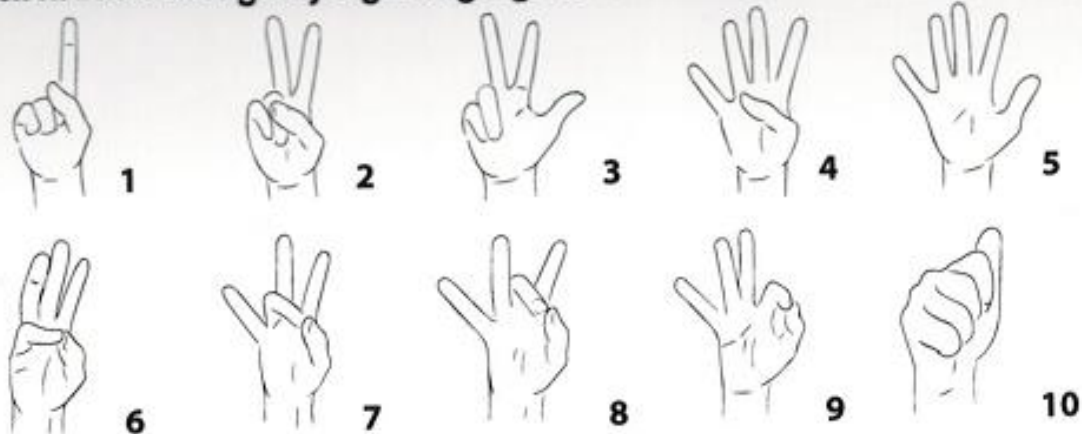
FOR OFFICIAL USE ONLY			
Primary contact at facility:	Phone:	Date Delivered:	Time Delivered:
Shelter Manager: Are there multiple similar trips that can be grouped together? If yes, please detail:			
<input type="checkbox"/> Transportation request approved <input type="checkbox"/> Pick-up time confirmed with Requestor or Shelter Manager			



# Annex N: Basic Emergency Sign Language - LETTERS



## Annex N: Basic Emergency Sign Language continued - NUMBERS









## Basic Emergency Sign Language - WORDS/PHRASES\*\*\*

what	where	who
why	no	thank you













## Annex N: Basic Emergency Sign Language continued - WORDS/PHRASES\*\*\*

		
help	what's wrong	need
		
food/eat	call	calm down
		
paper	pen/pencil	transportation



## Annex N: Basic Emergency Sign Language continued - WORDS/PHRASES\*\*\*

		
emergency	doctor	medication
		
ambulance		hurt/pain
		
dizzy	sick	deaf

# Form A: Functional and Medical Assessment/Intake Form\*

Mark as arrival/Check In <input type="checkbox"/>	Accompanied by family Y/N		
Guest Tracking # (if applicable):			
Name:			
Address:			
City:	State:	Zip:	
Phone Number:			
Date of birth:			
Language(s) Spoken:			
Emergency Contact:			
Relationship:	Phone Number:		
<b>-- BELOW: FUNCTIONAL/ACCESS/MEDICAL SERVICES ASSESSMENT</b>			
<b>ENSURE THAT ALL INDIVIDUALS UNDERSTAND THAT ANSWERING THE FOLLOWING QUESTIONS IS OPTIONAL. SELF DETERMINATION STILL APPLIES IN THIS SCENARIO. INDIVIDUALS MAY CHOOSE TO ANSWER ALL QUESTIONS, NO QUESTIONS OR SOME QUESTIONS.</b>			
Name of person filling out form:	Position of person filling out form:		
<i>Guest functional needs assessment:</i>			
<i>Are you a person who requires any of the following support services?</i>			
Communications Assistance Needed:	Y/N	Type of communications assistance needed:	
Durable Medical Equipment Needed:	Y/N	Type of DME needed:	
Electricity Dependent:	Y/N	Type of DME that requires electricity:	
Consumable Medical Supplies Needed:	Y/N	Type of CMS needed:	
Personal Assistance Services Needed:	Y/N	Needs assistance with:	
Specific Dietary Requirements:	Y/N	Dietary needs are:	
Service Animal User:	Y/N	Animal support needs:	
Deaf or Hard of Hearing:	Y/N	Type of hearing/communication assistance needed:	
Blind or Low Vision:	Y/N	Type of assistance needed:	
Other Functional or Access Need:	Y/N	Type of assistance needed:	
Other Functional or Access Need:	Y/N	Type of assistance needed:	
<i>Caregiver Information: (If accompanying guest)</i>			
Name:	Relationship:		
Medical Condition:	(circle one) Poor/Fair/Well	Phone:	





## Form A: Functional and Medical Assessment/Intake Form\* continued

<i>Health Care History – Ambulatory Status</i>			
Ambulatory Status:	<input type="checkbox"/> No Limitations	<input type="checkbox"/> Walk – With Assistance (Walker/Cane/PAS)	<input type="checkbox"/> Mobility Device User Able to Transfer Y/N
<input type="checkbox"/> Confined to Bed	Specific Bed Requirements (if any):		
<i>Guest Healthcare Information</i>			
Primary Doctor:		Phone:	
Home Health Agency:		Phone:	
Dialysis:		Phone:	
Pharmacy:		Phone:	
Hospice:		Phone:	
Do you have Medicare/Medicaid/Insurance:		Y/N	Carrier:
<i>Do you have or have you had any of the following</i>			
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Lesions/Pressure Sores	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Asthma/Emphysema
<input type="checkbox"/> Pulmonary Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Cardio Vascular Disease	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Alzheimer's
<input type="checkbox"/> Mental Health Illness	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Vascular Disorder	<input type="checkbox"/> Dementia
<input type="checkbox"/> G-Tube/Feeding Tube	<input type="checkbox"/> Colostomy	<input type="checkbox"/> Dialysis/ESRD	<input type="checkbox"/> Oxygen Dependent
<input type="checkbox"/> Over 350 lbs.	<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> CVA/Stroke Survivor/TIA	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<i>Other Information</i>			
<input type="checkbox"/> Have you recently waded through flood water?			
Current Medications:			
Do You Need Assistance With Taking Your Medications:			
Allergies (Food or Medicine):			
Current Triage Data:			
Vitals if Necessary:			
List of Equipment Brought to Shelter by Guest:			
Recommended Care:			
Additional Info:			
Physician/Nurse/Intake Coordinator Signature:		Date & Time:	
Guest Signature:		Date & Time:	
<i>Check if guest has been discharged:</i> <input type="checkbox"/>			



## Form B: Case Management Needs Assessment Form\*

Date: \_\_\_\_\_ Case Manager conducting assessment: \_\_\_\_\_  
Shelter: \_\_\_\_\_ Guest Name: \_\_\_\_\_  
Number in Family: \_\_\_\_\_ Ages of family members: \_\_\_\_\_  
Number of males: \_\_\_\_\_ Number of females: \_\_\_\_\_

Are there emergency needs you and/or your family have that have not already been met? No  Yes   
If yes, what are those needs? \_\_\_\_\_

Do you have identification? No  Yes

Do you have plans for shelter when you leave here? No  Yes

If yes, what is your plan? \_\_\_\_\_

When you leave the shelter, will all of your family members be going with you? No  Yes

If no, who will not be going? \_\_\_\_\_

Where will they go? \_\_\_\_\_

Will you live with:  Family  Friends  Own home/apt.  Other?

Will you be staying in the area? No  Yes

*If no:*

Where do you plan to relocate? \_\_\_\_\_

Do you need transportation to get there? No  Yes

Do you have a target date for leaving the shelter? No  Yes

If yes, when? \_\_\_\_\_

Have you registered with FEMA? No  Yes

If yes, where and what date? \_\_\_\_\_

Did FEMA give you a paper indicating you were registered? No  Yes

Have you registered with other available services? No  Yes

What steps have you already taken to prepare to move out of the shelter? \_\_\_\_\_

What else needs to be done? \_\_\_\_\_

\* Case management services are not provided unless authorized by the ICP.



## Form B: Case Management Needs Assessment Form\* continued

Guest: \_\_\_\_\_ SSN: \_\_\_\_\_

**FEMA Registration:**  Met  Unmet  N/A Date: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Plan to meet need: \_\_\_\_\_

**Picture ID Card:**  Met  Unmet  N/A Date: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Plan to meet need: \_\_\_\_\_

**Family Search:**  Met  Unmet  N/A Date: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Plan to meet need: \_\_\_\_\_

**Unemployment Job Hunt**  Met  Unmet  N/A Date: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Plan to meet need: \_\_\_\_\_

**Pre-Kindergarten – 12<sup>th</sup> grade school registration:**  Met  Unmet  N/A Date: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Plan to meet need: \_\_\_\_\_

**Food Stamps:**  Met  Unmet  N/A Date: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Plan to meet need: \_\_\_\_\_

**Housing:**  Met  Unmet  N/A Date: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Plan to meet need: \_\_\_\_\_

**Transportation:**  Met  Unmet  N/A Date: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Plan to meet need: \_\_\_\_\_

**Other Needs:**  Met  Unmet  N/A Date: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Plan to meet need: \_\_\_\_\_

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## Form C: Medical/Functional Needs Discharge Assessment Form\*

Name of Shelter Guest:		DOB / Age:	Gender: Male / Female
Residence Address (street, county, state):			
Current Location: <input type="checkbox"/> Shelter <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospital <input type="checkbox"/> Hotel <input type="checkbox"/> Other:	Current Location: Name, Address (include county, city and state) & Phone		
Do you have any chronic/acute health care conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe health care condition:		
Were you receiving any of the following services/support in your home prior to evacuation or will you need any of the following when you return?			
Care/Item	Services Needed	Name and location of pre-hurricane services	
<input type="checkbox"/> Home Health			
<input type="checkbox"/> Hospice Care			
<input type="checkbox"/> Durable Medical Equipment			
<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Oxygen			
<input type="checkbox"/> Dialysis			
<input type="checkbox"/> Psychiatric/Psychological			
<input type="checkbox"/> Other			
Local Jurisdiction Ready For Return? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF TRANSPORTATION NEEDED: <input type="checkbox"/> Wheelchair accessible <input type="checkbox"/> Ambulance <input type="checkbox"/> Bariatric capable Ambulance <input type="checkbox"/> Bus <input type="checkbox"/> Other	Is wheelchair: <input type="checkbox"/> Powered <input type="checkbox"/> Oversized <input type="checkbox"/> Manual <b>Able to fold up:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Needs immediate follow up for medical care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Needs immediate case management? <input type="checkbox"/> Yes <input type="checkbox"/> No	Flu shot given? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Destination availability confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNKNOWN	Do you need assistance to get to destination? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Return Location: <input type="checkbox"/> Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Other <input type="checkbox"/> Need Shelter	Address (include county, city & state):	Contact Name and Phone:	
Do you use oxygen? <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT (flow) ____	Do you have enough oxygen to return home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a pet in shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	Pet Name	
Have arrangements been made to reunite with pet? <input type="checkbox"/> Yes <input type="checkbox"/> No			
COMMENTS:			



## Form D: Sample Confidentiality Statement

### Confidentiality Statement

\_\_\_\_\_ I shall respect the privacy of the people we serve. I shall hold in confidence all information obtained in the course of my volunteer or professional service whether that information is obtained through written records, information from other persons, or interaction with the person.

I will not disclose an individual's confidences to anyone except:

- as mandated by law
- to prevent a clear and immediate danger to a person or persons
- if compelled to do so by a court or pursuant to the rules of a court

I shall store or dispose of professional records in ways that maintain confidentiality. Upon my termination, I shall maintain guest and co-worker confidentiality, and I shall hold confidential any information about sensitive situations. I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

### Report Suspected Abuse, Neglect or Exploitation

\_\_\_\_\_ If you suspect that a person residing in a shelter is being abused, neglected or exploited, you must report the information to the appropriate department.

If the alleged victim is a **child**, contact:

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

If the alleged victim is an **adult**, contact:

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Abuse:

An intentional, knowing, or reckless act or omission by an employee, volunteer or other individual working in a shelter that causes or may cause emotional harm or physical injury to, or the death of, a guest served by the shelter.

#### Neglect:

A negligent act or omission by an employee, volunteer, or other individual working in a shelter, including failure to comply with an individual plan of care that causes or may cause substantial emotional harm or physical injury to, or the death of, a guest served by the shelter.

#### Exploitation:

The illegal or improper use of a guest or of the resources of a guest for monetary or personal benefit, profit, or gain by an employee, volunteer, or other individual working in a shelter.

\_\_\_\_\_  
Signature: Staff or Volunteer                      Date                      Printed Name

\_\_\_\_\_  
Signature: Witness                                      Date                      Printed Name



## Acronyms

ADA	Americans with Disabilities Act
CART	Computer Assisted Real Time Translations
CMS	Consumable Medical Supplies
DME	Durable Medical Equipment
EOC	Emergency Operations Center
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services
ICP	Incident Command Post
LVN	Licensed Vocational Nurse
PAS	Personal Assistance Services
RN	Registered Nurse
TDD	Telecommunications Device for the Deaf
TTY	Teletypewriter





## References: Quick Links & Additional FNSS Support Information

### ADA Checklist for Emergency Shelters

A checklist which helps emergency managers determine if a building could be utilized as a shelter and, if so, what barriers would need to be rectified in order to ensure ADA accessibility [www.ada.gov/pcatookit/chap7shelterchk.htm](http://www.ada.gov/pcatookit/chap7shelterchk.htm)

### General Disability Information

<http://www.disability.gov> is a federal website that provides resources, including First Responder Resources options in the Emergency Preparedness tab.

### Federal Relay

Provides telecommunications services for federal agencies and tribal governments to conduct business with individuals who are deaf or hard of hearing or have speech disabilities. <http://www.federalrelay.us>

### Temporary Barrier Removal

This document provides helpful hints to problem solve accessibility issues for temporary events.

<http://www.ada.gov/business/accessiblemtg.htm#tempbarrierremoval>

### Resources for Service Dogs in a Disaster:

<http://www.disabilitypreparedness.gov/ppp/animals.htm>

The Federal Highway Administration (FHWA) **Evacuating Populations with Special Needs**. Includes an evacuation checklist.

[http://www.ops.fhwa.dot.gov/eto\\_tim\\_pse/publications/index.htm](http://www.ops.fhwa.dot.gov/eto_tim_pse/publications/index.htm)

### Transcription into Braille

- National Federation of the Blind Transcription Resource List:

[http://www.nfb.org/nfb/Braille\\_transcription.asp](http://www.nfb.org/nfb/Braille_transcription.asp)

- American Council for the Blind: Transcriber Services

<http://www.acb.org/resources/transcribers.html>

## References: Quick Links & Additional FNSS Support Information continued

### Assistive Technology

Pass it On Center is the National Assistive Technology Device Reutilization Coordination and Technical Assistance Center providing technical assistance and a national network of assistive technology device reuse programs.

<http://www.passitoncenter.org>

### AFN Tips for First Responders

A mobile website and app that provides a quick reference guide for first responders with tips on working with individuals who have a disability or access and functional need. <http://www.cds.hawaii.edu/tips> App available on iTunes and Google Play

### Reference Guide – FEMA: Accommodating Individuals with Disabilities in the Provision of Disaster Mass Care, Housing, and Human Service

<http://www.fema.gov/oer/reference/index.shtm>

### Reference Guide – FEMA: Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters

[http://www.fema.gov/pdf/about/odc/fnss\\_guidance.pdf](http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf)

- \* Content collected from State of Texas Functional Needs Support Services Toolkit. For more information go to:  
<http://www.txdps.state.tx.us/dem/CouncilsCommittees/FNSSToolkit.pdf>
- \*\* Content collected from FEMA: Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters. For more information go to:  
[http://www.fema.gov/pdf/about/odc/fnss\\_guidance.pdf](http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf)
- \*\*\* Content collected from “100 Signs for Emergencies” ©2005 DawnSignPress;  
[www.dawnsignpress.com](http://www.dawnsignpress.com) Sign illustrations by Paul Setzer

