



FRANKLIN COUNTY REGIONAL SHELTER PLAN

**June
2013**

Concept of Operations

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Appendix A: Agreements and Vendors

Western Massachusetts Intergovernmental Emergency Mutual Aid Agreement

Proposed Franklin County Regional Shelter Plan Addendum to the Western Massachusetts Intergovernmental
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Franklin County Faith-Based Organizations

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Press Release: Request for Shelter Volunteers
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Press Release: Emergency Shelter Opening
Press Release: Status of Services at Shelter Facility
Press Release: Notice That Shelter Is At Capacity
Press Release: Notice of Shelter Closing

Shelter Bulletin: Staff Meeting Announcement
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Shelter Communication Capabilities
Shelter Supply List
Facility Walk Through Assessment Form
Shelter Security Plan
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Regional Shelter Command Operations
Food Establishment Inspection Form
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Shelter Staff/Volunteer Emergency Information Form
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Available Shelter Supplies
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Donations Tracking Form
Health Record Form
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Appendix D: Standard Operating Guidelines

1. Initial Response Actions
2. Operations
3. Recovery

Appendix E: Job Action Sheets

Regional Shelter Incident Command Operations Hierarchy

Common Required Response Actions

Supervisor

Branch Operations Manager

Safety Officer

Public Information Officer

Liaison Officer

Public Health Officer

Security Officer

Branch Manager

FNSS Advisor

Ombudsman

Dormitory Team Leader

Childcare Assistance

Registration Team Leader

Case Management Team

Medical Team Leader

Behavioral Health Unit

Animal Shelter Branch Manager

Animal Shelter Registration Team

Kennel Team

Veterinary Team

Finance Manager

Cost Unit

Time Unit

Planning Manager

Logistics Manager

Service Branch Leader

Food Unit

Staffing Unit

Volunteer Management

Communications Unit

Support Branch Leader

Supply Unit

Transportation Unit

Donations Unit

Facilities Unit

Plan Purpose and Authority

The purpose of this document is to provide the municipalities of Franklin County with a plan for regional sheltering so that they can provide the essential emergency services associated with regional emergency sheltering operations. The objectives of this plan include:

- Meet the public health and safety jurisdictional roles
- Clearly outline the responsibilities of all participating entities
- Ensure the ability of participating entities to address the public health, medical, behavioral health and sheltering needs of the region
- Provide a tool for participating entities to use, review and revise as needed to provide essential regional shelter services during the event of a disaster

The region is vulnerable to the following hazards: prolonged power outages due to weather emergencies such as snow or ice storms, hurricanes, dam failure, flood, hazardous materials release, and attacks using or potentially using chemical, biological, radiological, or nuclear weapons or explosives. Any one of these hazards could result in the need for regional mass care and sheltering.

This plan is consistent with the National Incident Management System (NIMS) and complements the Community Emergency Management Plan (CEMP). It is compliant with the Americans with Disabilities Act (ADA). Persons with access and functional needs must have access to mass care programs, services, and facilities.

Definitions

Region: For the purposes of this plan, the “region” encompasses all of Franklin County, including the following 26 municipalities:

Ashfield	Greenfield	Orange
Bernardston	Hawley	Rowe
Buckland	Heath	Shelburne
Charlemont	Leverett	Shutesbury
Colrain	Leyden	Sunderland
Conway	Monroe	Warwick
Deerfield	Montague	Wendell
Erving	New Salem	Whately
Gill	Northfield	

Regional Shelter: A regional shelter is opened within the first 72 hours of an event to provide shelter services to residents of a group of communities within the region when a hazard event or incident affects more than one community. It is designed to provide temporary shelter from one - thirty days; but generally from five - seven days. The shelter is intended to provide the following essential universal services for the entire affected population:

- Feeding
- Dormitory/temporary housing
- Basic medical/behavioral health services
- Supply distribution
- Safety and security
- Universal design to accommodate those with access and functional needs
- Accommodation for service animals and pets
- Pet shelters are ideally co-located near regional shelters

Local Shelter: a shelter located in a single community designed to serve people from just that community.

Transitional shelter: personal care stations/warming/cooling shelters.

Pet Shelter: shelter designed to house and feed pets including mammals, reptiles, birds and insects. Ideally, the pet shelter is co-located with the shelter, but may be located off site.

Assumptions

1. Private non-profit organizations and community-based organizations that normally respond to disaster situations will do so e.g. Medical Reserve Corps, Community Emergency Response Teams (CERT), American Red Cross, Salvation Army, and, the faith community.
2. Neighborhood organizations and local groups, and individuals, some without training, will emerge to provide care and shelter support, independent of local government.
3. The duration and scope of government involvement will be responsive and proportionate to the severity and duration of the event.
4. The percentage of the impacted population seeking shelter during an emergency is dependent on the incident. Based on the experience of the American Red Cross, approximately 10- 15% of the impacted population will seek shelter or sheltering assistance. Numbers of residents seeking shelter are generally lower in rural areas where residents are more likely to have resources that enable them to shelter in place.
5. Depending on the incident, a significant percentage of the population seeking shelter may have access and functional needs. Individuals in need of additional assistance may include the people who are:
 - seniors
 - medically fragile or dependent
 - limited English proficiency or with other language capability
 - limited mobility or hearing or vision impairment
 - unaccompanied minors
6. Household pets may be co-located in close proximity to shelters (see Pet Shelter Plan) 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.
7. Mutual aid agreements have been established in Western Massachusetts and across the Commonwealth, which provide the authority for regional shelter operations. Depending on the scope of the event, State and Federal emergency agencies will also be available to assist.

Participating Municipality Endorsements

All Franklin County towns are signatories of the Western Massachusetts Intergovernmental Emergency Mutual Aid Agreement which provides the general authority for planning, opening, managing, and demobilizing Regional Emergency Shelters (see Appendix A). In addition, municipalities are encouraged to endorse the Franklin County Regional Shelter Plan Addendum to that Agreement to more clearly define their roles and responsibilities in the event that a regional shelter is needed in their area (see Appendix A).

Plan Development and Maintenance

The Franklin County Regional Emergency Planning Committee (FCREPC), with the assistance of the Franklin Regional Council of Governments, is responsible for the maintenance, revision, and distribution of the Regional Sheltering plan and any subsidiary plans and tools. This includes the Standard Operating Guidelines, Job Action Sheets and Supply/Equipment spreadsheet. The FCREPC should establish a recurring process to review, update and revise the shelter plan. The need for revisions should be assessed annually and revisions made at least once every two years (or sooner) in case of the following:

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

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

Plan Activation

TRIGGERS

Situations that could lead to a decision to activate the Regional Shelter Plan include:

- A federal or state-declared emergency that necessitates regional sheltering
- A large event that impacts multiple communities in the region
- A situation where local municipalities have exhausted local sheltering resources and cannot meet the needs of the sheltering population

AUTHORITY TO REQUEST OPENING A REGIONAL SHELTER:

A regional shelter may be opened, at the request of one or more participating municipalities, subject to the willingness and ability of the Host Community to provide the requested services. The request can be verbal, but should be followed with a written request signed by an appointed or elected official, who is authorized to request the activation and to commit municipal resources.

The following entities have the authority to request the Host Community to open a regional shelter:

- ☐ Incident Commander
- ☐ Emergency Operations Center
- ☐ Emergency Management Director and/or Assistant Emergency Management Director
- ☐ Massachusetts Emergency Management Agency (MEMA)
- ☐ Municipal Official with the authority to expend municipal funds

AUTHORITY TO OPEN THE SHELTER:

A regional shelter is opened by the municipality (Host Community) in which it is located. The Host Community will follow its own policies and procedures for opening the shelter in coordination with the requesting communities.

The municipality and the requesting communities will choose which regional shelters to open based on the:

- Type of event (flooding, power outage, biochemical release, etc.)
- Anticipated need for sheltering
- Length of sheltering
- Resources available for sheltering
- Selected Regional Shelter Locations

Regional Shelter Locations

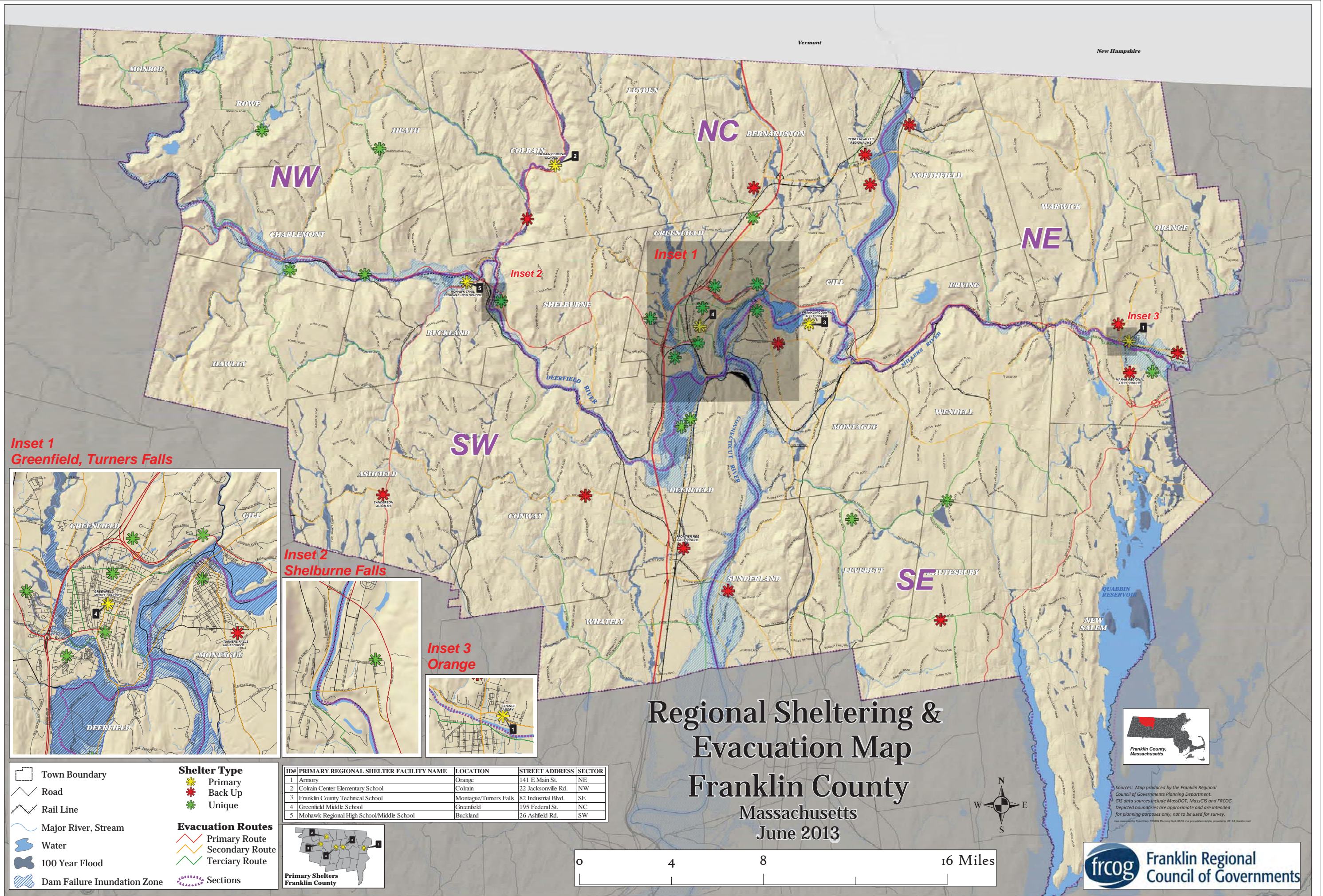
CRITERIA FOR SELECTING REGIONAL SHELTERS

The following criteria were used to select regional emergency shelter locations in Franklin County:

- | | |
|---|--|
| <input type="checkbox"/> Avoid having to cross the Connecticut, Deerfield, or Millers Rivers | <input type="checkbox"/> Ability to co-locate, but separate FNSS, medical and feeding services |
| <input type="checkbox"/> Avoid travel on transportation choke points (i.e., Routes 5 & 10 in Deerfield) | <input type="checkbox"/> Availability of additional buildings or wings |
| <input type="checkbox"/> Need space for co-location of animals | <input type="checkbox"/> Generator accessibility to power entire facility |
| <input type="checkbox"/> Population density | <input type="checkbox"/> Preference of municipal officials, including EMD |
| <input type="checkbox"/> Red Cross designation/survey of shelter | <input type="checkbox"/> Ability to shelter 200+ people at 40 sq. ft. per person |
| <input type="checkbox"/> Not in flood plain or dam breach inundation area | <input type="checkbox"/> Availability of accessible showers, bathrooms, hygiene facilities |
| <input type="checkbox"/> Proximity to railroad | <input type="checkbox"/> Diverse types of facilities (i.e., not all schools) |
| <input type="checkbox"/> Proximity to Yankee Rowe & Vermont Yankee nuclear facilities | <input type="checkbox"/> Parking and transportation |
| <input type="checkbox"/> Close proximity to evacuation routes | <input type="checkbox"/> Communications capacity |
| <input type="checkbox"/> Access and proximity to Route 2 and I-91 | <input type="checkbox"/> Secure storage area for medical supplies |
| <input type="checkbox"/> Close proximity to hospital/pharmacy/medical suppliers | <input type="checkbox"/> Building security (internal and external) |
| <input type="checkbox"/> Close proximity to regional sheltering supplies | |

Due to the topography of Franklin County and multiple rivers crisscrossing the county, it has been divided into five sectors for purposes of regional shelter planning so that it would be possible for residents throughout the county to gain access to a regional shelter facility without having to cross a river. The five sectors are: North West, North Central, North East, South West, and South East. Primary regional shelter locations were identified for each of five sectors, as well as back-up facilities that could be used in the event that a primary facility were unavailable or inappropriate in given hazard situation, and unique facilities that could be used in unusual circumstances. The following table lists the identified regional shelter locations. (See the Franklin County Regional Sheltering and Evacuation Map below and the table including detailed information on each facility located in Appendix B.)

Franklin County Regional Shelter Facilities			
Facility Name	Town	Type	Sector
Armory	Orange	Primary	NE
Colrain Center Elementary School	Colrain	Primary	NW
Franklin County Technical School	Montague/Turners Falls	Primary	SE
Greenfield Middle School	Greenfield	Primary	NC
Mohawk Regional High School/Middle School	Buckland	Primary	SW
Athol-Orange Elks Club	Orange	Back-up	NE
Bernardston Elementary School	Bernardston	Back-up	NC
Colrain Community Church	Colrain	Back-up	NC
Conway Grammar School	Conway	Back-up	SW
Fisher Hill Elementary School	Orange	Back-up	NE
Frontier Regional High School	Deerfield	Back-up	SW
Mahar Regional School	Orange	Back-up	SE
New Sanderson Academy	Ashfield	Back-up	SW
Northfield Elementary School	Northfield	Back-up	NE
Northfield Mt Hermon	Gill	Back-up	NC
Pioneer Valley Regional School	Northfield	Back-up	NC
Shutesbury Elementary School	Shutesbury	Back-up	SE
Sunderland Elementary School	Sunderland	Back-up	SE
Turners Falls High School	Turners Falls	Back-up	SE
Bement School	Deerfield	Unique	SW
Berkshire East	Charlemont	Unique	SW
Charlemont Academy	Charlemont	Unique	NW
Cowell Gym (Old Arms Academy gym)	Shelburne Falls	Unique	NC
Deerfield Academy	Deerfield	Unique	SW
Franklin County Fairgrounds	Greenfield	Unique	NC
Greenfield Community College	Greenfield	Unique	NC
Greenfield High School	Greenfield	Unique	NC
Heath Fairgrounds	Heath	Unique	NW
Indoor Action Sports	Greenfield	Unique	NC
Life Skills Inc.	Greenfield	Unique	NC
Montague Elks	Montague	Unique	SE
Orange Airport	Orange	Unique	SE
Peace Pagoda	Leverett	Unique	SE
Pine Brook Camp	Shutesbury	Unique	SE
Rowe Camp and Conference Center	Rowe	Unique	NW
Stoneleigh Burnham School	Greenfield	Unique	NC



Shelter Equipment Supplies and Staffing

SHELTER SUPPLIES

Locations of Regional Sheltering Supply Caches in Western Massachusetts

The Western Regional Homeland Security Advisory Council (WRHSAC) has purchased equipment and supplies for regional use in Western Massachusetts. These are available to first responders and municipalities on a first-come, first-served basis. Refer to the “Resource Guide for Available Emergency Equipment and Supplies in Western Massachusetts” for additional information. An electronic copy can be found at:

[http://www.wrhsac.org/Docs/Resource%20Guide_Final_Revised_12-28-2011%20\(2\).pdf](http://www.wrhsac.org/Docs/Resource%20Guide_Final_Revised_12-28-2011%20(2).pdf)

The list of equipment is found in the Forms File. Additionally, an Excel spreadsheet includes a list of suggested supplies and equipment for children and adults, including those with access and functional needs.

STATE RESOURCES

When regional shelter supplies are insufficient, the Massachusetts Emergency Management Agency (MEMA) is responsible for allocating resources.

Procedure: Only the Regional Shelter Manager, Incident Commander, or Host Community EMD and/or AEMD may request resources. Available resources can be identified by registered users of MEMA’s Resource Management System (RMS) by logging on at: <https://memarm.chs.state.ma.us/CPSLogin.aspx?ReturnUrl=%2fDefault.aspx>.

Contact the ESF 6 desk at the Massachusetts Emergency Management Agency (MEMA) in Framingham, MA at (508) 820-2000 to request the allocation of state resources.

MEMORANDA OF UNDERSTANDING (MOU)

The Host Communities may have entered in to agreements with a variety of supply, equipment and service providers. A sample MOU and lists of suggested vendors for MOUs are found in the Form section in Appendix C.

STAFFING

Suggested staffing levels are found in the Forms section.

It is recommended that a Shelter Management Team be established that would be composed of trained credentialed professionals, familiar with the designated regional shelter facilities, and experienced in specialized components of shelter management. The Shelter Support Team should include the following subject matter experts:

- | | | |
|--------------------------------|-----------------|--------------------|
| ▪ public health | ▪ child care | ▪ pharmacist |
| ▪ mental health | ▪ child trauma | ▪ doctor |
| ▪ nursing | ▪ food services | ▪ Universal Design |
| ▪ Building and Fire Inspectors | ▪ other | ▪ other |

Western Massachusetts has many dedicated volunteers belonging to the Medical Reserve Corps, Community Emergency Response Teams, Disaster Animal Response Teams, Behavioral Disaster Response Teams, American Red Cross, Salvation Army and the faith community.

Financial Protocols, Emergency Plans, Policies and Procedures

ESTIMATE SHELTER COSTS

Expect regional 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, although experience in Western Massachusetts suggests that in rural areas the percentage of the population seeking shelter is generally smaller, so this plan uses the average figure 10% figure to calculate costs for Franklin County. The average cost per person per day is \$25 (excluding donations), broken out as follows:

Expense	Cost
Food	\$15
Dormitory and Comfort Supplies:	\$3
HVAC and Electricity	\$3
Cleaning and Sanitation	\$2
Miscellaneous	\$2
Total average cost per person per day	\$25.00

Expected Regional Shelter Costs= .10% x estimated population impacted x \$25

MUNICIPAL EXPENSES

To expend emergency funds in excess of those budgeted; municipalities usually make local disaster/emergency declarations. The Chief Elected Official, in coordination with the local Emergency Management Director, generally makes the 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 to 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.

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. The Host Community will work with the State government to submit all appropriate documentation for reimbursement of household pet sheltering and will refer to FEMA Disaster Assistance Policy 9523.19 for detailed information regarding reimbursement of sheltering of household pets.

SHARED COST ARRANGEMENTS

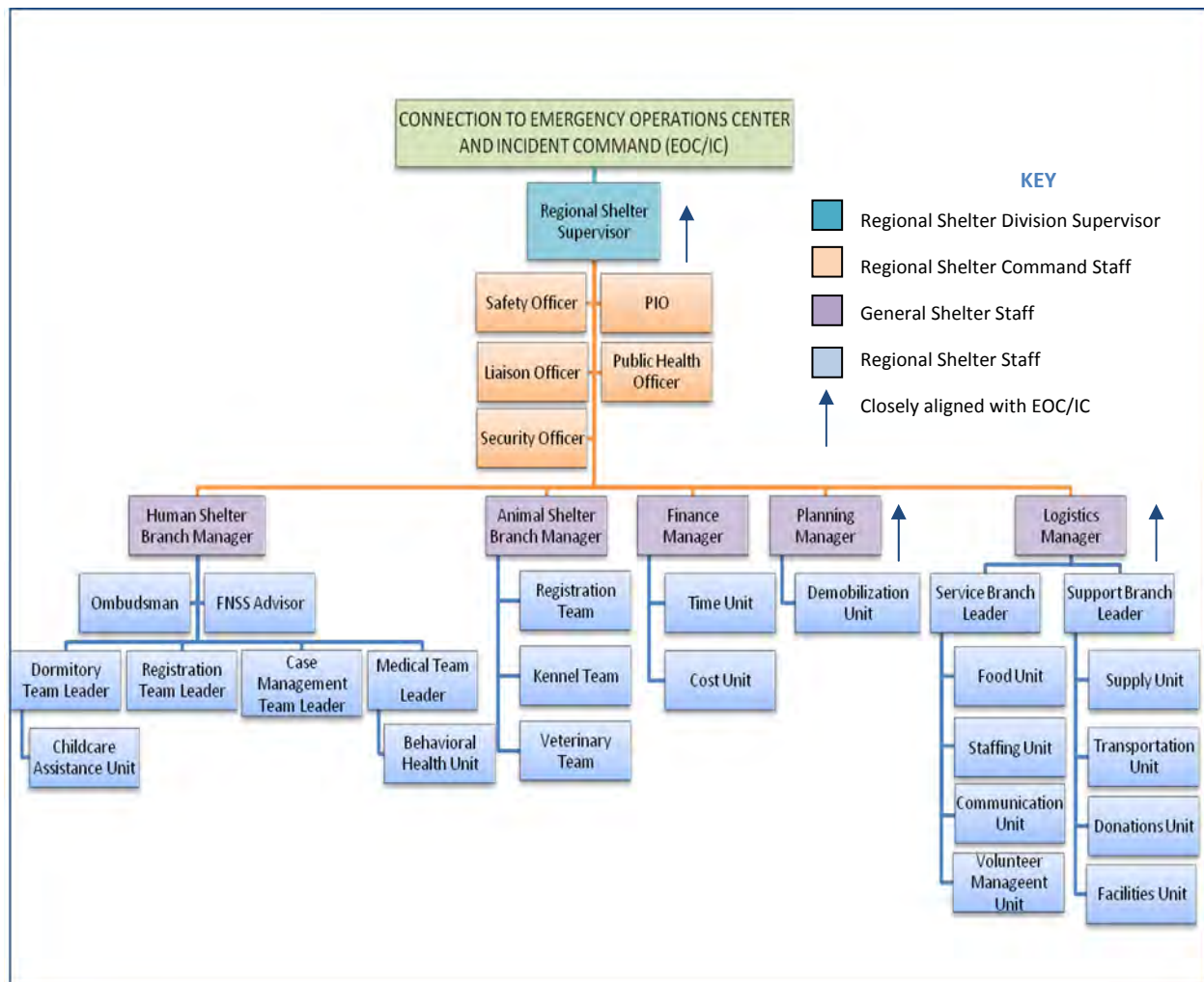
The Host Community shall pay for the expenses to operate the regional shelter and then seek reimbursement from the other Participating Municipalities that requested sheltering assistance from the time the regional sheltering assistance request was made until the request to end regional sheltering assistance was made, including reasonable costs to close the regional shelter. In the event that other Participating Municipalities have provided staff or other official personnel to assist the Host Community in the operation of the regional shelter, the salaries of those personnel shall continue to be the responsibility of their home municipality.

- The Host Community shall send an invoice and supporting documentation for all reasonable costs incurred to operate the regional shelter to the requesting Participating Municipalities, as soon as practicable following the closing of the shelter. The requesting Participating Municipalities shall make payment or advise of any disputed items within 30 (thirty) days following the date of the invoice.
- The cost to each requesting Participating Municipality shall be allocated based upon the proportion of shelter residents from each requesting Participating Municipality, using an overall average of the percentage of residents from each municipality calculated for each day that the shelter is in operation. Costs attributable to services provided to residents of the Host Community at the shelter shall not be included in the costs allocated to the other Participating Municipalities.
- If a Participating Municipality has provided staff and/or other official personnel in support of the operation of a regional shelter (including fire and police department personnel, Board of Health staff, and Building Inspectors), the shelter costs allocated to them shall be reduced by the value of those services; but in no case shall that reduction exceed the value of the total cost allocation to the Participating Municipality. Reductions for the value of municipal staff services shall be commensurate with their regular hourly rate, plus benefits. Community volunteers not acting in an official capacity on behalf of and under the supervision of the Participating Municipality, including members of regional volunteer organizations such as the Medical Reserve Corps, Community Emergency Response Team, or Disaster Animal Response Team, shall not be included for purposes of calculating a reduction in the regional shelter cost allocation.
- The Host Community shall also reserve the right to send an invoice and supporting documentation for all reasonable costs incurred to operate the regional shelter to any municipality whose residents were provided the services of the regional shelter, regardless of whether they have endorsed this Addendum, under the provisions of Section 11, Reimbursement, of the Western Massachusetts Intergovernmental Emergency Mutual Aid Agreement.
- In the event that the Regional Shelter Facility is owned by a party other than the Host Community (e.g., a School District), the costs incurred by the Facility Owner (including heat, electricity, janitorial services, nursing staff, etc.) shall be billed to the Host Community and included in the sheltering costs included in the invoices sent to all Participating Municipalities. These costs shall be reimbursable to the Facility Owner once payment on at least 75% of the outstanding invoices has been received by the Host Community.
- Cost recovery by the Host Community from the Participating Municipalities shall occur whether or not a federal or state disaster declaration is made. All records of activities and expenses of all Participating Municipalities associated with the opening, operation, and closing of a regional shelter shall be in a form consistent with state and federal requirements for reimbursement in the event that a state or federal disaster were declared. Any requests for reimbursement of expenses related to operating a regional shelter during a state or federal emergency shall be submitted by the individual Participating Municipalities and/or the School District to the appropriate state and federal agencies for their share of the expenses.

Shelter Operations

INCIDENT COMMAND

Regional Shelters should follow the established incident command structure (ICS) (as shown below), which can be scaled to meet varying demands. The ICS structure is accompanied by an extensive set of Job Action Sheets, which provide detailed guidance about roles and responsibilities. These are attached in Appendix E.



STANDARD OPERATING GUIDELINES

Shelter set-up and operations is described in detail in the Standard Operating Guidelines (SOG) located in Appendix D.

The Standard Operating Guidelines focus on three key areas:

INITIAL RESPONSE ACTIONS

- Initial Assessment of the Event: need and level of mass care/sheltering required
- Relevant Response Partners: LHD, EMD, CEO, MRC, Interpreter Strike Team

- Command and Control: clarify who is in charge/responsible for Mass Care
- Risk Communications and Emergency Public Information and Warning
- Emergency Plans, Policies and Procedures, including financial protocols

OPERATIONS

- Incident Command Roles: who is doing what
- Shelter Facility Walk-through/Assessment: is the shelter safe and adequate
- Shelter Logistical Needs and Resources, including Volunteers
- Shelter Set-up and Open
- Volunteer Management Systems/Policies
- Transportation Needs
- Operations: Health, Safety , Functional Needs and begin Case Management
- Operational Period plans and Shelter closing

RECOVERY

- Case Management: new normal transition - home, temporary housing, long term care
- Lift Orders and shelter cleaning and closing
- recovery and return to normal operations
- Forms and e After Action Report and Improvement Plan

POLICIES AND PROCEDURES

Shelter Policy Checklist	
	Statewide Policy Guidelines
<input checked="" type="checkbox"/>	No one may be turned away from any Regional Shelter
<input checked="" type="checkbox"/>	Massachusetts will accept out of state medical licenses only when the individual is deployed through the Emergency System for Advance Registration of Volunteer Health Professionals (MSAR) through an EMAC request made by MEMA
	Requesting Resources from MEMA
<input checked="" type="checkbox"/>	Requesting Additional supplies Shelter Branch Manager calls EOC to report dwindling inventories <ul style="list-style-type: none"> Local EOC contacts other Regional Shelters to assess inventories Local EOC contacts regional MEMA office to request additional materiel. Regional MEMA office relays request to other communities in the region OR to the state emergency operations center (SEOC), depending on nature of incident.
<input checked="" type="checkbox"/>	Authorization to Distribute Medication Personnel authorized to dispense medication will be determined by the Shelter Branch Manager, in consultation with the Incident Commander in accordance with standing orders. Proof of credentials required. In Massachusetts, a pharmacist is not required to be present, as a waiver exists.
<input checked="" type="checkbox"/>	Procuring Prescriptions:
<input type="checkbox"/>	Standing Orders: The SHELTER operates under standing orders from the local medical officer who is a registered physician. In state declared emergencies, standing orders and protocols will be issued by the Department of Public Health to medical practitioners. Altered standards of care may be issued by the State.
<input checked="" type="checkbox"/>	Unaccompanied Minors Distribution services to unaccompanied minors will be at the discretion of the Incident Commander, in consultation with the Shelter Branch 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 MEMA.
	Identification
<input checked="" type="checkbox"/>	Shelter residents must produce an acceptable form of identification in order to be admitted. Acceptable forms of identification include these original documents (not copies): <ul style="list-style-type: none"> Driver's license State issued ID School identification card Valid passport Unacceptable forms of identification: <ul style="list-style-type: none"> Social security card Credit card Birth Certificate Expired passport Yearbook Written physical description

	Confidentiality/HIPPA?
<input checked="" type="checkbox"/>	Media: No personnel associated with Shelter Operations will speak to the press without the express written authorization of the Incident Commander.
<input checked="" type="checkbox"/>	Media <input type="checkbox"/> will, <input checked="" type="checkbox"/> will not be allowed at the Shelter site. Press conferences will be conducted at: [add location here]
<input checked="" type="checkbox"/>	SHELTER personnel will protect patient/client confidentiality at all times. All staff and volunteers will sign a confidentiality agreement
	Authorization to use Shelter site
	<input type="checkbox"/> Facility agreement available [indicate location] <input type="checkbox"/> Community Emergency Management Plan (CEMP) <input type="checkbox"/> Other (specify)
	Procurement of Private Property
<input checked="" type="checkbox"/>	The Massachusetts Civil Defense Act outlines the use of private property during a declared emergency. (See Background information templates for model orders). If you plan to use this, add more detail here.
	Use of Force
<input checked="" type="checkbox"/>	Massachusetts 'Use of Force' policy guidelines for Law Enforcement, including the Community Caretaking doctrine and usual and customary force will be followed. [Add more detail here, based on security plan]
	Volunteer Requirements: Handling Spontaneous, Unidentified Volunteers
<input checked="" type="checkbox"/>	All staff/volunteers will be credentialed and CORI/SORI checked before working at any shelter site. Criminal History Systems Board 617-660-4640 www.state.ma.us/chsb/cori/cori.html Sex Offender Registry Board 978-740-6400 http://www.state.ma.us/sorb/
<input checked="" type="checkbox"/>	All volunteers/staff must display visible official Shelter Identification at all times
<input checked="" type="checkbox"/>	Spontaneous volunteers with proof of medical credentials will be allowed to serve in clinical capacity appropriate to their license/credential.
<input checked="" type="checkbox"/>	Spontaneous volunteers, without a copy of their license and whose credentials cannot be verified will be assigned to non-clinical roles.
<input checked="" type="checkbox"/>	Spontaneous volunteers ID will indicate that they are such. (Designated by a colored dot or other marker, approved by the IC) [Specify].
<input type="checkbox"/>	Will not accept spontaneous, unidentified volunteers.
	Safety
<input checked="" type="checkbox"/>	PPE: 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.
<input checked="" type="checkbox"/>	Force Protection: Force Protection rosters will be determined by the Incident Commander.
<input checked="" type="checkbox"/>	Needle Stick: Customary needle stick protocol will be followed.
<input checked="" type="checkbox"/>	Emergency Medical Services will not necessarily be available. Check with Medical Team Leader.
<input checked="" type="checkbox"/>	First Aid Each Regional Shelter site will maintain a First Aid Kit. Check with Medical Team Leader to determine who has access to this, who controls it, and other related policies.
<input checked="" type="checkbox"/>	AED. Check individual facility descriptions to determine if AED is available. If it is, check with Medical Team Leader to determine who will have access to it, who controls it, and other related policies.
<input checked="" type="checkbox"/>	Emergency medical intervention for adverse reactions will be performed by EMS with their own equipment and supplies.
	Registered Sex Offenders in Disaster Shelters

<input checked="" type="checkbox"/>	During shelter registration, the sex offender should disclose the information. Local law enforcement should work with registration staff and the security officer to determine what is best for the safety of those in the shelter. It will need to be reviewed on a case-by-case basis.
	Childcare Safety
<input checked="" 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 its parent, guardian or caregiver.
<input checked="" type="checkbox"/>	The Unit leader must be at least 21 years of age and all staff members must be at least 18 yrs.
<input checked="" type="checkbox"/>	Children will only be released to the parent, guardian, caregiver or designee listed on the registration form.
<input checked="" type="checkbox"/>	The parents, guardians or caregivers are responsible for identifying any special needs for the child/children (food allergies, behavioral issues, medications, etc.)
	Shelter Rules
	The following shelter rules will be enforced to protect all clients: Add rules as needed.
<input checked="" type="checkbox"/>	Sign in entering the shelter.
<input checked="" type="checkbox"/>	All visitors must sign in and sign out.
<input checked="" type="checkbox"/>	You are responsible for your belongings. Keep valuable s locked in cars keep them with you, at all times. The shelter is not responsible for lost, stolen, or damaged items.
<input checked="" type="checkbox"/>	Weapons are NOT permitted in the shelter (except those that may be carried by security personnel.)
<input checked="" type="checkbox"/>	Alcohol or illegal drugs are NOT permitted in the shelter.
<input checked="" type="checkbox"/>	Parents are responsible for controlling the actions and whereabouts of their children. Children may not be left unattended.
<input checked="" type="checkbox"/>	Keep noise levels to a minimum during all hours of the day. Quiet hours are observed between 10:00 pm and 7:00 am.
<input checked="" type="checkbox"/>	All clients must sign out before leaving the shelter.
<input checked="" type="checkbox"/>	We appreciate you help with keeping the shelter neat and tidy.
	Personnel Policies
<input checked="" type="checkbox"/>	Workers compensation policies for paid staff acting in an official capacity on behalf of and under the supervision of the Participating Municipality are those in place in that municipality.
<input checked="" type="checkbox"/>	Other liability protections. To the extent that immunity does not apply, each Participating Municipality shall bear the liability for its own actions or those of its representatives and employees.
<input type="checkbox"/>	Specify community emergency compensation policy
<input type="checkbox"/>	Specify Flexible Work options policy for paid staff
	Stand Down Orders
<input checked="" type="checkbox"/>	If at any time the Safety Officer or the Incident Commander issues a stand down order, the Shelter site will be deactivated.
	Regional Shelter Plan Documentation
<input type="checkbox"/>	Regional Shelter Plan added to CEMP



FRANKLIN COUNTY REGIONAL SHELTER PLAN

**June
2013**

**Appendix A:
Agreements and Vendors**

Appendix A: Agreements and Vendors

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**Western Massachusetts Intergovernmental
Emergency Mutual Aid Agreement
By and Between the Town of**

and all other
Local Governments That Have Signed This Agreement

Section 1: Purpose

The purpose of this Agreement is to provide for mutual aid and assistance between the municipalities entering into the Agreement to provide services to prevent and combat the effects of a mass casualty incident or emergency and disasters as defined in Chapter 639 of the Acts of 1950 when a local emergency has been declared and local resources are insufficient to meet this unusual need.

The safety and well being of a community will best be protected through the concerted efforts of multiple governments providing assistance to one another. The promotion and coordination of this assistance through this Agreement is desirable for the effective and efficient provision of mutual aid and assistance.

Section 2: Authority

The Agreement is intended for use in an emergency situation, “in the light of exigencies of an extreme emergency situation” as excerpted from Chapter 639 of the Acts of 1950, as codified under Mass Gen. Laws. C. 33, appendix and other relevant State and local laws and policies. In addition, pursuant to M.G.L. Chapter 40, Section 4A, mutual aid agreements may be made among municipalities or municipal agencies, with the authorization of the City Council and Mayor in a city, and of Town Meeting in a town.

Section 3: Definitions

Mutual Aid means aid to another local government in the form of personnel, equipment, facilities, services, supplies, or other resources appropriate to public safety and welfare.

Inter-municipal refers to the surrounding local governments participating in this mutual aid agreement.

Receiving Government means the local government requesting mutual aid from another local government.

Sending Government means the local government sending mutual aid to another local government.

Section 4: Other Agreements

This Agreement supersedes prior mutual aid agreements or inter-municipal agreements

among the signatories of this Agreement, except for the Berkshire, Franklin, Hamden and Hampshire Counties Fire and Police Mutual Aid Agreements and the State Fire Mobilization Agreements which are not superseded by this agreement.

This Agreement does not limit any municipalities' ability to enter into mutual aid agreements in the future.

Section 5: Requests for Assistance

In order to request mutual aid pursuant to this Agreement, the Receiving Government must declare a local emergency as defined in Chapter 639 of the Acts of 1950 and then request mutual aid from the Sending Government.

Section 6: Limitations

The provision of mutual aid is voluntary. Neither the Sending nor Receiving Government shall be required to deplete its own resources.

Section 7: Supervision and Control

Personnel and equipment dispatched to a Receiving Government shall remain employees of their respective Sending Government, but shall work under the overall discretion of the Receiving Government.

The Receiving Government will utilize the incident command system and responding resources from Sending Government(s) will be incorporated as appropriate into that system.

Section 8: Powers and Rights

Employees of the Sending Government agencies that are parties to this Intergovernmental Mutual Aid Agreement shall be granted recognition of their respective jurisdiction, authority, licenses or permits outside their original jurisdiction under this Intergovernmental Mutual Aid Agreement.

Section 9: Liability

The Sending Government will maintain workers compensation coverage for its employees and liability coverage for its vehicles and equipment. Any uninsured or extraordinary expenses may be part of a claim for reimbursement. The Receiving Government agrees to maintain adequate liability insurance or be self insured and to hold harmless and indemnify the Sending Government for any and all claims occurring while its personnel and equipment are working under the direction of the Receiving Government. These indemnities shall include legal fees and costs that may arise from providing emergency aid pursuant to this Agreement, to the extent permissible under Massachusetts General Laws.

Section 10: Workers Compensation

The Sending Government will maintain workers compensation coverage for its employees and liability coverage for its vehicles and equipment. Any uninsured or extraordinary expenses may be part of a claim for reimbursement. The Receiving Government agrees to maintain adequate liability insurance or be self insured and to hold harmless and indemnify the Sending Government for any and all claims occurring while its personnel and equipment are working under the direction of the Receiving Government. These indemnities shall include legal fees and costs that may arise from providing emergency aid pursuant to this Agreement, to the extent permissible under Massachusetts General Laws.

Section 11: Reimbursement

Hourly rates, equipment costs, and hours worked by those providing Emergency mutual aid will be provided to the Receiving Government for all actual costs. The Sending Government providing emergency mutual aid may request reimbursement for all actual costs. The Receiving Government agrees to promptly process and pay actual costs to the Sending Government providing emergency mutual aid based on customary and good practices notwithstanding potential reimbursements from State or Federal emergency relief programs.

Notwithstanding the requirements contained in the foregoing paragraph, no Receiving Government shall be required to violate their annual budgets, and shall only be required to make good faith efforts to meet the financial obligations contained herein. Meeting financial obligations shall be interpreted to mean reaching inter-municipal agreements for payment over time, or agreeing to wait for reimbursement in anticipation of funds from State or Federal emergency relief programs, or such other mutually acceptable, practical arrangement between Sending and Receiving Government(s).

Section 12: Implementation

The purpose of these recitals is to insure that the Sending Government is reimbursed all specified and reasonable costs and assumes no additional liabilities as a result of the Agreement. The Sending Government and its designee shall determine the manner and degree which such emergency mutual aid is utilized.

During the performance of this Agreement, the Receiving Government agrees as follows:

The Receiving Government will not discriminate against any client or applicant for services because of race, color, religion, sex, age, sexual orientation, disability, family status, veteran status, ancestry or national origin. The Receiving Government will take affirmative action to ensure that clients, applicants and employees are treated without regard to their race, color, religion, sex, age, sexual orientation, disability, family status, veteran status, ancestry or national origin.

In the event of the Receiving Government's noncompliance with the nondiscrimination clauses of this Agreement or with any of such rules, regulations, or orders, this Agreement may be canceled, terminated, or suspended in whole or in part and the Receiving Government may be declared ineligible to participate in a further emergency mutual aid Agreements.

The Receiving Government further covenants that in the performance of this Agreement, they do not have any interest, direct or indirect, which will conflict in any manner or degree with the performance of the emergency mutual aid hereunder.

This Agreement shall be governed by the law of the Commonwealth of Massachusetts unless otherwise specified. Any action, whether at law or equity, shall be brought only in the Superior Court of the county in which the complaining municipality resides, or the Federal District Court sitting in Springfield, Massachusetts.

Both the Sending Government and the Receiving Government shall comply with all applicable rules and regulations promulgated by all local, state, federal and national boards, bureaus and agencies.

Section 13: Term of Agreement

This Agreement represents the entire and integrated Agreement between the LOCAL GOVERNMENTS THAT HAVE SIGNED THIS AGREEMENT and supersedes all prior negotiations, representations or agreements, either written or oral. This Agreement may be amended only by written instrument signed by all the LOCAL GOVERNMENTS THAT HAVE SIGNED THIS AGREEMENT.

This Agreement is to remain in effect for twenty-five years from the date of execution, at which time it may be extended in accordance with Massachusetts law. Any party may withdraw from this Agreement at any time by sending fourteen (14) days' prior written notice to all other parties. This Agreement shall continue to be in effect among the remaining parties.

Section 14: Severability

This Agreement may be amended only by written instrument signed by all the LOCAL GOVERNMENTS THAT HAVE SIGNED THIS AGREEMENT.

Should any portion of this Agreement be judged to be invalid by any court of competent jurisdiction, such judgment shall not impair or invalidate the remainder of this Agreement, and for this purpose the provisions of this Agreement are declared severable.

Western Massachusetts Intergovernmental Emergency Mutual Aid Agreement:

Town of _____

Chief Elected Official authorized to enter into Mutual Aid Agreements

By: _____
[Print name and title]

By: _____ Date: _____
[Signature]

Town Board of Health Chair

By: _____
[Print name and title]

By: _____ Date: _____
[Signature]

[Recommend to add as exhibits, documents reflecting the votes or authorizations for each municipality to join the agreement]

Check your local charter, ordinances, or bylaws for signature requirements. Local laws may require a different form of approval than what is given here, so you may need to make appropriate changes. We strongly advise that your city or town attorney review the Agreement.

Franklin County Regional Shelter Plan
**Addendum to the Western Massachusetts Intergovernmental
Emergency Mutual Aid Agreement**

By and Between the Town of

**and all other
Local Governments that Have Signed this Addendum**

This **ADDENDUM** to the Western Massachusetts Intergovernmental Emergency Mutual Aid Agreement dated as of this ____ day of _____, 2013 (the “Addendum”) is endorsed by the municipality of (*Insert Name of Municipality*), Massachusetts (the “Participating Municipality”) pursuant to Massachusetts General Laws Chapter 40 Section 4A. The Participating Municipality providing regional sheltering services under this Addendum is referred to herein as the “Host Community.” School Districts that own a regional shelter facility located in the Host Community are also encouraged to endorse this Addendum and to enter into Facility Agreements with the elected officials of their Town.

WHEREAS, M.G.L. c. 40 s. 4A, as amended, authorizes the chief executive officer of a city or town to enter into agreements with one or more municipalities and other governmental units to jointly perform services and share costs which any one of them is authorized to perform;

WHEREAS, the Participating Municipalities in Franklin County are all signatories of the Western Massachusetts Intergovernmental Emergency Mutual Aid Agreement which is intended for use in an emergency situation, “in the light of exigencies of an extreme emergency situation” as excerpted from Chapter 639 of the Acts of 1950, as codified under Mass Gen. Laws. C. 33, appendix and other relevant State and local laws and policies;

WHEREAS, the Participating Municipalities agree to work in common to coordinate and operate regional shelters to provide services to displaced disaster victims located in the region as additional mutual aid services;

WHEREAS, the Participating Municipalities agree to pay their fair share of the costs of operating a regional shelter because their citizens will benefit from the availability of the regional shelter.

NOW, THEREFORE, in consideration of the promises and mutual benefits to be derived by the Participating Municipalities hereto, the Participating Municipalities agree as follows:

- 1) The Emergency Management Directors (EMD) or Assistant EMDs (AEMD) of all Participating Municipalities shall determine when and where to begin and end regional sheltering assistance, to the extent practicable. In the absence of the EMD and/or AEMD, the Mayor, Board of Selectmen, or Town Manager/Administrator (if legally authorized) shall make and receive requests for regional sheltering assistance. If it is not possible for a representative of each participating municipality to take part in a meeting, conference call, or other means of communication available for the purpose of making a regional sheltering determination, a group comprised of at least two or more Participating Municipalities within the region shall suffice, providing that it includes a representative of the Host Community in which the regional shelter would be located. Any verbal request to begin or end regional sheltering assistance shall be followed up with a written request to the Host Community as soon as practicable.
- 2) All Participating Municipalities agree to collaborate in order to provide trained and authorized personnel, equipment and facilities to conduct a regional sheltering operation and to make such regional shelters available to other Participating Municipalities under the terms and conditions set forth herein.
- 3) It is mutually understood that each Participating Municipality's foremost responsibility is to its own residents. This Addendum shall not be construed to impose an absolute obligation on any Participating Municipality. Accordingly, when regional sheltering assistance has been requested, a Host Community, may, in good faith declare itself unavailable to assist and shall so inform the requesting Participating Municipality(ties).
- 4) The Host Community in which a regional shelter is located is primarily responsible for coordinating and operating that regional shelter, with resources and funding to be provided by the other Participating Communities as agreed herein, consistent with the policies and procedures detailed in the Franklin County Regional Shelter Plan.
- 5) The Host Community shall pay for the expenses to operate the regional shelter and then seek reimbursement from the other Participating Municipalities that requested sheltering assistance from the time the regional sheltering assistance request was made until the request to end regional sheltering assistance was made, including reasonable costs to close the regional shelter. In the event that other Participating Municipalities have provided staff or other official personnel to assist the Host Community in the operation of the regional shelter, the salaries of those personnel shall continue to be the responsibility of their home municipality.

- a) The Host Community shall send an invoice and supporting documentation for all reasonable costs incurred to operate the regional shelter to the requesting Participating Municipalities, as soon as practicable following the closing of the shelter. The requesting Participating Municipalities shall make payment or advise of any disputed items within 30 (thirty) days following the date of the invoice.
- b) The cost to each requesting Participating Municipality shall be allocated based upon the proportion of shelter residents from each requesting Participating Municipality, using an overall average of the percentage of residents from each municipality calculated for each day that the shelter is in operation. Costs attributable to services provided to residents of the Host Community at the shelter shall not be included in the costs allocated to the other Participating Municipalities.
- c) If a Participating Municipality has provided staff and/or other official personnel in support of the operation of a regional shelter (including fire and police department personnel, Board of Health staff, and Building Inspectors), the shelter costs allocated to them shall be reduced by the value of those services; but in no case shall that reduction exceed the value of the total cost allocation to the Participating Municipality. Reductions for the value of municipal staff services shall be commensurate with their regular hourly rate, plus benefits. Community volunteers not acting in an official capacity on behalf of and under the supervision of the Participating Municipality, including members of regional volunteer organizations such as the Medical Reserve Corps, Community Emergency Response Team, or Disaster Animal Response Team, shall not be included for purposes of calculating a reduction in the regional shelter cost allocation.
- d) The Host Community shall also reserve the right to send an invoice and supporting documentation for all reasonable costs incurred to operate the regional shelter to any municipality whose residents were provided the services of the regional shelter, regardless of whether they have endorsed this Addendum, under the provisions of Section 11, Reimbursement, of the Western Massachusetts Intergovernmental Emergency Mutual Aid Agreement.
- e) In the event that the Regional Shelter Facility is owned by a party other than the Host Community (e.g., a School District), the costs incurred by the Facility Owner (including heat, electricity, janitorial services, nursing staff, etc.) shall be billed to the Host Community and included in the sheltering costs included in the invoices sent to all Participating Municipalities. These costs shall be reimbursable to the Facility Owner once payment on at least 75% of the outstanding invoices has been received by the Host Community.

- f) Cost recovery by the Host Community from the Participating Municipalities shall occur whether or not a federal or state disaster declaration is made. All records of activities and expenses of all Participating Municipalities associated with the opening, operation, and closing of a regional shelter shall be in a form consistent with state and federal requirements for reimbursement in the event that a state or federal disaster were declared. Any requests for reimbursement of expenses related to operating a regional shelter during a state or federal emergency shall be submitted by the individual Participating Municipalities and/or the School District to the appropriate state and federal agencies for their share of the expenses.
- 6) To the extent that immunity does not apply, each Participating Municipality shall bear the liability for its own actions or those of its representatives and employees, as it does with day-to-day operations. Participating municipalities shall carry the following types of insurance in at least the limits specified below:
- | COVERAGE | LIMITS OF LIABILITY |
|--|--|
| Workers' Compensation | Statutory Limit |
| Employers' Liability | \$500,000 |
| Bodily Injury Liability
(except automobile) | \$1,000,000 each occurrence
\$2,000,000 aggregate |
| Property Damage Liability
(except automobile) | \$1,000,000 each occurrence
\$2,000,000 aggregate |
| Automobile Bodily Injury
Liability | \$1,000,000 each person
\$2,000,000 each occurrence |
| Automobile Property Damage
Liability | \$1,000,000 each occurrence |
- 7) This Addendum shall remain in effect for a period of up to twenty-five (25) years unless earlier terminated by the Participating Municipalities, and shall run coterminous with the term of the Western Massachusetts Intergovernmental Emergency Mutual Aid Agreement.
- 8) Any Participating Municipality may withdraw from this Addendum upon sixty (60) days written notice to all other Participating Municipalities. The withdrawal from this Agreement shall not affect the obligation of any Participating Municipality to reimburse the Host Community for costs and expenses already incurred prior to the effective date of termination.
- 9) This Addendum may be modified at any time upon the mutual written consent of all of the Participating Municipalities.

- 10) This Addendum shall be governed by, construed, and enforced in accordance with the laws of Massachusetts.
- 11) Any notices permitted or required hereunder to be given or served on any Participating Municipality (including the Host Community) shall be in writing and signed in the name of or on behalf of the Participating Municipality giving or serving the same by an authorized representative as outlined above in section 1. Notice shall be deemed to have been received at the time of actual receipt of any hand delivery or three (3) business days after the USPS postmark date of any properly addressed notice sent by mail.
- 12) The Parties shall strictly observe and comply with all federal, state and local laws and regulations which may govern the services to be provided as herein specified.
- 13) The Parties shall not discriminate against any person because of race, gender, age, color, religion, ancestry, handicap, sexual orientation, sexual identity, gender identity, veteran status, national origin or any other protected class under the law.
- 14) Should any clause, sentence, provision, paragraph or other part of this Addendum be adjudged by a court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder of this Addendum.
- 15) This Addendum constitutes the complete agreement between the Participating Municipalities concerning the subject matter hereof.

**Franklin County Regional Shelter Plan Addendum
to the Western Massachusetts Intergovernmental Emergency Mutual Aid
Agreement:**

Town of _____

Chief Elected Official authorized to enter into Mutual Aid Agreements

By: _____
[Print name and title]

By: _____ **Date:** _____

LIST OF VENDORS FOR POTENTIAL MOAs

Type of Vendor	Vendor Name	Town	Street Address
UTILITIES			
Electric Utility	Western Massachusetts Electric Company (WMECO)	Ashfield, Bernardston, Buckland, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Leverett, Leyden, Montague, Northfield, Shelburne, Sunderland, Whately	300 Cadwell Drive (Springfield)
Electric Utility	National Grid	Charlemont, Erving, Hawley, Heath, Monroe, New Salem, Orange, Rowe, Shutesbury, Warwick, Wendell	
Natural Gas Utility	Berkshire Gas Company	Deerfield, Greenfield, Montague, Sunderland, Whately	
Generator Maintenance/Refueling	Rice Energy	Greenfield	334 Chapman Street
Generator Maintenance/Refueling	A.R. Sandri Inc.	Greenfield	400 Chapman Street
Generator Maintenance/Refueling	Orange Oil Co.	New Salem	45 Elm Street
Generator Maintenance/Refueling	Osterman Propane	Sunderland	339 Amherst Road
Generator Maintenance/Refueling	Country Oil	Bernardston	540 Northfield Road
STAFFING			
Staffing and Resource Agreements	Franklin County DART (Disaster Animal Response Team)	Franklin County	
Staffing and Resource Agreements	Franklin County MRC (Medical Reserve Corps)	Franklin County	
Staffing and Resource Agreements	Franklin County CERT (Community Emergency Response Team)	Franklin County	
Staffing and Resource Agreements	American Red Cross Pioneer Valley Chapter	Franklin County	506 Cottage St., Springfield; 125 State St., Northampton
Staffing and Resource Agreements	Salvation Army	Greenfield	72 Chapman Street
Mental Health Services / Behavioral Health Services	ServiceNet	Northampton (serving Franklin County)	129 King Street
Additional Medical Staffing / Services	Franklin County Home Care Corporation	Montague	330 Montague City Road, Suite 1
Additional Medical Staffing / Services	Massachusetts System for Advance Registration of Volunteer Health Professionals (MSAR)	State-wide	
Child Care	Community Action	Greenfield, Montague, Bernardston, Northfield, Orange	393 Main Street (Greenfield)
COMMUNICATIONS			
Ham Radio	Western Massachusetts ARES (Amatuer Radio Emergency Service)	Western Massachusetts	
Ham Radio	Western Massachusetts ARES (Amatuer Radio Emergency Service)	Franklin County	
Ham Radio	Western Massachusetts ARES (Amatuer Radio Emergency Service)	Shelburne/ West Franklin County	
Ham Radio	Western Massachusetts ARES (Amatuer Radio Emergency Service)	Central Franklin County	
Ham Radio	Franklin County Amateur Radio Club	Franklin County	
Interpreters	UMass Translation Center	Amherst	19 Herter Hall, University of Massachu
Interpreters	Acacia Languages (Italian, English, Spanish, French)	Greenfield	P.O. Box 572
Interpreters	Center for New Americans	Greenfield	90 Federal Street
Deaf Services	Stavros Center for Independent Living, Inc.	Greenfield; Amherst	55 Federal Street

LIST OF VENDORS FOR POTENTIAL MOAs

Type of Vendor	Vendor Name	Town	Street Address
EMERGENCY SERVICES			
Hospital	Baystate Franklin Medical Center	Greenfield	164 High Street
Hospital	Athol Memorial Hospital	Athol	2033 Main Street
Medical Services	Valley Medical Group	Greenfield	329 Conway Street
Medical Services	West County Physicians	Shelburne (Shelburne Falls)	25 Heath Stage Terrace
Medical Services	Baystate Medical Practices	Whately	424 State Road
Medical Services; Emergency Dental Services	Community Health Center of Franklin County	Greenfield	489 Bernardston Road
Emergency Dental Services	Community Health Center of Franklin County	Montague (Turners Falls)	338 Montague City Road
Medical Services; Emergency Dental Services	Community Health Center of Franklin County	Orange	450 West River Street
TRANSPORTATION			
Regional Transit Authority	Franklin Regional Transit Authority	Greenfield	12 Olive Street
Regional Transit Authority	UMass Transit	Amherst	225 Governor's Drive
Regional Transit Authority	Pioneer Valley Transit Authority	Springfield	2808 Main Street
Busing Company/Public School Transportation	Travel Kuz/ F.M. Kuzmeskus, Inc.	Gill	52 Main Road
Public School Transportation	Swift River Bus Company	Orange	5 Roche Avenue
Busing Company/Para-transit	J. B. Transportation	Deerfield (South Deerfield)	6 Porter Street
Public School Transportation	Grybko's Bus Company	Deerfield (South Deerfield)	419 North Main Street
Ambulance	Baystate Health Ambulance	Greenfield	338 High Street
Ambulance	Turners Falls Fire Department	Montague (Turners Falls)	
Ambulance	Charlemont Ambulance	Charlemont	5 Factory Road
Ambulance	Colrain Volunteer Ambulance	Colrain	51 Main Road
Ambulance	Conway Ambulance	Conway	32 Main Street
Ambulance	Deerfield EMS	Deerfield (South Deerfield)	84 Greenfield Road
Ambulance	Northfield Rescue	Northfield	93 Main Street
Ambulance	Shelburne Falls Fire / Rescue / EMS	Shelburne (Shelburne Falls)	121 State Street
Ambulance	Sunderland Fire / Ambulance	Sunderland	105 River Road
Ambulance	Whately Ambulance	Whately	63 Christian Lane
Ambulance	Orange Fire / Ambulance	Orange	18 Water Street
EQUIPMENT			
Durable Medical Equipment	Baystate Home Infusion & Respiratory Services Store	Greenfield	489 Bernardston Road
Durable Medical Equipment	Airgas	Greenfield	1159 Bernardston Road
Durable Medical Equipment	Stavros Center for Independent Living, Inc.	Greenfield; Amherst	55 Federal Street
MEDICAL SERVICES			
Trauma Specialists	Community Crisis Response Team (A program of Community Action)	Greenfield	277 Main Street, Suite 401
Personal Assistance Services	Franklin County Home Care Corporation	Montague	330 Montague City Road, Suite 1
Personal Assistance Services	Collective Home Care	Deerfield (South Deerfield)	110 North Hillside Road
Personal Assistance Services	Stavros Center for Independent Living, Inc.	Greenfield; Amherst	55 Federal Street
Pharmacy	Walgreens	Greenfield	5 Pierce Street
Pharmacy	Walgreens (at Valley Medical Group offices)	Greenfield	329 Conway Street

LIST OF VENDORS FOR POTENTIAL MOAs

Type of Vendor	Vendor Name	Town	Street Address
Pharmacy	CVS	Greenfield	137 Federal Street
Pharmacy	Rite Aid	Greenfield	107 Main Street
Pharmacy	Stop & Shop Pharmacy	Greenfield	89 French King Highway
Pharmacy	Big Y Pharmacy	Greenfield	237 Mohawk Trail
Oxygen	Baystate Home Infusion & Respiratory Services Store	Greenfield	489 Bernardston Road
Oxygen	Airgas	Greenfield	1159 Bernardston Road
Pharmacy	Baker Pharmacy	Shelburne (Shelburne Falls)	52 Bridge Street
Pharmacy	Deerfield Pharmacy	Deerfield (South Deerfield)	45 North Main Street
Pharmacy	Rite Aid	Montague (Turners Falls)	240 Avenue A
Pharmacy	Walmart Pharmacy	Orange	555 East Main Street
Pharmacy	Rite Aid	Athol	1640 South Main Street
Dialysis	Yankee Family Dialysis Center	Greenfield	115 Wildwood Avenue
FOOD SERVICES			
Feeding Services/ Staffing	Franklin County Community Meals Program/ Orange Food Pantry	Orange	7 South Main Street
Grocery Store/Caterer	Big Y	Greenfield	237 Mohawk Trail
Grocery Store/Caterer	Foster's Supermarket	Greenfield	70 Allen Street
Grocery Store/Caterer	Greenfield's Market	Greenfield	144 Main Street
Grocery Store	The Barn Grocery Store	Greenfield	95 River Street
Grocery Store	Stop & Shop	Greenfield	89 French King Highway
Grocery Store	Food City	Montague (Turners Falls)	250 Avenue A
Grocery Store	Keystone Market	Shelburne (Shelburne Falls)	44 Bridge Street
Grocery Store	McKusker's Market	Buckland (Shelburne Falls)	3 State Street
Grocery Store	Elmer's Store	Ashfield	396 Main Street
Grocery Store	Baker's Country Store	Conway	101 River Road
Grocery Store	Garden City Market	Deerfield (South Deerfield)	55 North Main Street
Grocery Store	Millstone Farm Market	Sunderland	24 South Main Street
Grocery Store	Muffins General Market	Whately	28 State Road
Grocery Store	Leverett Village Coop	Leverett	180 Rattlesnake Gutter Road
Grocery Store	Hannaford Supermarket	Athol	150 New Athol Road
Grocery Store	Northfield Food Mart	Northfield	74 Main Street
Grocery Store	Country Corner Store	Bernardston	44 Church Street
Grocery Store	Avery's General Store	Charlemont	127 Main Street
SANITATION / CLEANING SERVICES			
Toilet Rental	A1 Enterprises	Bernardston	72 Fox Hill Road
Daily Cleaning Services	Quality Custodial Services	Greenfield	16 Butternut Street
Daily Cleaning Services	Reil Cleaning Services	Montague	44 Randall Wood Drive
Daily Cleaning Services	Total Cleaning Plus	Hatfield	59 North Street
Laundry Services	Orange Laundromat	Orange	181 East Main Street
Laundry Services	Jack's Cleaners (dry cleaning)	Greenfield	334 High Street
Laundry Services	Murphy's Cleaning (dry cleaning)	Greenfield	6 Southern Ave

LIST OF VENDORS FOR POTENTIAL MOAs

Type of Vendor	Vendor Name	Town	Street Address
Laundry Services	Cherry Rum Laundry	Greenfield	343 Federal Street
Laundry Services	The Laundry	Greenfield	176 Federal Street
Laundry Services	Sunderland Suds	Sunderland	293 Amherst Road
Laundry Services	Wash N' Wire	Buckland (Shelburne Falls)	55 State Street
ANIMAL SHELTERING			
Kennels/ Alternate Sheltering	Hickory Hill Kennel Inc	Gill	20 Hickory Hill Rd
Kennels/ Alternate Sheltering	Bow Wow Bathhouse	Deerfield (South)	203 Long Plain Rd
Kennels/ Alternate Sheltering	Mount Tully Kennels Inc	Orange	138 Fryeville Rd
Kennels/ Alternate Sheltering	York Kennels Inc	Greenfield	180 S Shelburne Rd
Kennels/ Alternate Sheltering	Friends of Amherst's Stray Animals Inc	Leverett	163 Montague Rd
Kennels/ Alternate Sheltering	Northeastern Boxer Rescue Inc	Sunderland	P O Box 95
Kennels/ Alternate Sheltering	Dakin Pioneer Valley Humane Society	Leverett	163 Montague Rd
Kennels/ Alternate Sheltering	Franklin County Sheriff's Kennel	Montague	End of Sandy Lane, off Turnpike Road
Veterinary Services	South Deerfield Veterinary Hospital Inc	Deerfield (South)	30 Elm Street
Veterinary Services	South Deerfield Veterinary Hospital Inc	Deerfield (South)	30 Elm Street
Veterinary Services	Veterinary Emergency & Specialty Hospital Inc	Deerfield (South)	141 Deerfield Road
Veterinary Services	Veterinary Emergency & Specialty Hospital Inc	Deerfield (South)	141 Deerfield Road
Veterinary Services	Veterinary Emergency & Specialty Hospital Inc	Deerfield (South)	141 Deerfield Road
Veterinary Services	Veterinary Emergency & Specialty Hospital Inc	Deerfield (South)	141 Deerfield Road
Veterinary Services	Veterinary Emergency & Specialty Hospital Inc	Deerfield (South)	141 Deerfield Road
Veterinary Services	Veterinary Emergency & Specialty Hospital Inc	Deerfield (South)	141 Deerfield Road
Veterinary Services	Veterinary Emergency & Specialty Hospital Inc	Deerfield (South)	141 Deerfield Road
Veterinary Services	Veterinary Emergency & Specialty Hospital Inc	Deerfield (South)	141 Deerfield Road
Veterinary Services	Veterinary Emergency & Specialty Hospital Inc	Deerfield (South)	141 Deerfield Road
Veterinary Services	Brookside Animal Hospital	Greenfield	279 Plain Road
Veterinary Services	Greenfield Veterinary Clinic Inc	Greenfield	18 French King Highway
Veterinary Services	Greenfield Veterinary Clinic Inc	Greenfield	18 French King Highway
Veterinary Services	North County Veterinary Clinic	Greenfield	1182 Bernardston Road
Veterinary Services	North County Veterinary Clinic	Greenfield	1182 Bernardston Road
Veterinary Services	Pioneer Valley Veterinary Hospital Inc	Greenfield	571 Bernardston Road
Veterinary Services	Pioneer Valley Veterinary Hospital Inc	Greenfield	571 Bernardston Road
Veterinary Services	Pioneer Valley Veterinary Hospital Inc	Greenfield	571 Bernardston Road
Veterinary Services	Windy Hollow Veterinary Clinic Inc	Montague	66 Sunderland Road
Veterinary Services	Shelburne Falls Veterinary Hospital Inc	Buckland (Shelburne Falls)	3 Mohawk Trail
Veterinary Services	Victoria Howell Veterinarian Clinic Inc	Shelburne (Shelburne Falls)	1116 Mohawk Trail
Veterinary Services	Sunderland Animal Hospital Inc	Sunderland	52 Amherst Road
Veterinary Services	Veterinary Hospital of Lauralyn Brown, DVM	Montague (Turners Falls)	194 Millers Falls Road
Veterinary Services	Mobile Vet of Western MA	Buckland (Shelburne Falls)	78 Crittenden Hill Road
Equipment / Food / Supplies	Greenfield Farmers Cooperative Exchange	Greenfield	269 High Street
Equipment / Food / Supplies	Shelburne Farm and Garden	Shelburne	355 Mohawk Trail (Route 2)
Equipment / Food / Supplies	Bernardston Farmers Supply	Bernardston	43 River Street
Equipment / Food / Supplies	Tractor Supply Company	Greenfield	72 Newton Street

LIST OF VENDORS FOR POTENTIAL MOAs

Type of Vendor	Vendor Name	Town	Street Address
Equipment / Food / Supplies	Aubuchon Hardware Store	Greenfield	312 Federal Street
Equipment / Food / Supplies	Aubuchon Hardware Store	Montague (Turners Falls)	200 Avenue A
Equipment / Food / Supplies	Aubuchon Hardware Store	Shelburne (Shelburne Falls)	351 Mohawk Trail (Route 2)
Equipment / Food / Supplies	Aubuchon Hardware Store	Orange	115 New Athol Road

LIST OF VENDORS FOR POTENTIAL MOAs

Vendor Name	Contact Person	Phone	Email
Western Massachusetts Electric Company (WMECO)	Edgar Alejandro, Community Relations and Economic Development; Ken Barber (back-up contact)	413-787-9333; 413-214-4091 (cell); 413-585-1708 (back-up)	
National Grid		800-465-1212	
Berkshire Gas Company			
Rice Energy		413-773-3693	
A.R. Sandri Inc.		413-772-2121	
Orange Oil Co.		978-544-5552	
Osterman Propane		800-287-2492; 413-549-1000	info@ostermangas.com
Country Oil		413-648-9912	
Franklin County DART (Disaster Animal Response Team)	Tracy Rogers	413-774-3167 ext. 118	regionalprep@frcog.org
Franklin County MRC (Medical Reserve Corps)	Tracy Rogers	413-774-3167 ext. 118	regionalprep@frcog.org
Franklin County CERT (Community Emergency Response Team)	Tracy Rogers	413-774-3167 ext. 118	regionalprep@frcog.org
American Red Cross Pioneer Valley Chapter		413-737-4306; 413-584-8887	
Salvation Army		413-773-3154	
ServiceNet		413-585-1300	info@servicenet.org
Franklin County Home Care Corporation	Barbara Bodzin, Director of Client Services	413-773-5555; 413-530-3461 (cell)	bbodzin@fchcc.org
Massachusetts System for Advance Registration of Volunteer Health Professionals (MSAR)			
Community Action		413-475-1405	info@communityaction.us
Western Massachusetts ARES (Amatuer Radio Emergency Service)	John Ruggiero, Section Emergency Coordinator	508-856-0805	
Western Massachusetts ARES (Amatuer Radio Emergency Service)	Tom Foxwell, District Emergency Coordinator Franklin County	413-774-2874	n1ots@arrl.net
Western Massachusetts ARES (Amatuer Radio Emergency Service)	Chris Myers, Emergency Coordinator West Franklin County	413-625-0344	camyers_1@verizon.net
Western Massachusetts ARES (Amatuer Radio Emergency Service)	Chet Chin, Emergency Coordinator Central Franklin County	413-863-3541	chet@valinet.com
Franklin County Amateur Radio Club	Chris Myers, President	413-625-0344	camyers_1@verizon.net
UMass Translation Center	setts	413-545-2203	umass.translation@umasstranslation.com
Acacia Languages (Italian, English, Spanish, French)		413-774-4008	al@acacialanguages.com
Center for New Americans		413-772-0055	
Stavros Center for Independent Living, Inc.		413-774-3001; 413-256-0473	

LIST OF VENDORS FOR POTENTIAL MOAs

Vendor Name	Contact Person	Phone	Email
Baystate Franklin Medical Center	Joe Zukowski	413-773-0211 x32572	
Athol Memorial Hospital		978-249-1101	
Valley Medical Group		413-774-6301	
West County Physicians		413-625-9717	
Baystate Medical Practices		413-665-7805	
Community Health Center of Franklin County		413-325-8500	
Community Health Center of Franklin County		413-774-2615	
Community Health Center of Franklin County		978-544-7800	
Franklin Regional Transit Authority	Michael Perreault	413-774-2262 Ext. 105	
UMAss Transit		413-545-4682	
Pioneer Valley Transit Authority		413-781-7728	
Travel Kuz/ F.M. Kuzmeskus, Inc.	Darlene Kuzmeskus	413-863-2595	
Swift River Bus Company	Dan Johnson	978-544-6443	
J. B. Transportation	Joan Baker	413-665-7398	
Grybko's Bus Company	Leonard Grybko	413-665-2838	
Baystate Health Ambulance		413-773-4112	
Turners Falls Fire Department		413-863-9023	
Charlemont Ambulance		413-625-8200	
Colrain Volunteer Ambulance		413-624-3320	
Conway Ambulance		413-369-4055	
Deerfield EMS		413-665-8814	
Northfield Rescue		413-498-2901	
Shelburne Falls Fire / Rescue / EMS		413-625-6392	
Sunderland Fire / Ambulance		413-665-2465	
Whately Ambulance		413-665-4400	
Orange Fire / Ambulance		978-544-2727	
Baystate Home Infusion & Respiratory Services Store		413-773-2378	
Airgas		413-773-5436	
Stavros Center for Independent Living, Inc.		413-774-3001; 413-256-0473	
Community Crisis Response Team (A program of Community Action)			
Franklin County Home Care Corporation	Barbara Bodzin, Director of Client Services	413-773-5555; 413-530-3461 (cell)	bbodzin@fchcc.org
Collective Home Care		877-397-9933	
Stavros Center for Independent Living, Inc.		413-774-3001; 413-256-0473	
Walgreens		413-773-3801	
Walgreens (at Valley Medical Group offices)		413-774-5468	

LIST OF VENDORS FOR POTENTIAL MOAs

Vendor Name	Contact Person	Phone	Email
CVS		413-774-7201	
Rite Aid		413-774-2201	
Stop & Shop Pharmacy		413-774-6006	
Big Y Pharmacy		413-772-0435	
Baystate Home Infusion & Respiratory Services Store		413-773-2378	
Airgas		413-773-5436	
Baker Pharmacy		413-625-6324	
Deerfield Pharmacy		413-665-8143	
Rite Aid		413-863-3107	
Walmart Pharmacy		978-544-6405	
Rite Aid		978-249-9132	
Yankee Family Dialysis Center		413-773-0001	
Franklin County Community Meals Program/ Orange Food Pantry	Amy Clarke, Executive Director	413-772-1033	
Big Y	Ed Williams, Store Director	413-772-0435	
Foster's Supermarket		413-773-1100	
Greenfield's Market		413-773-9567	
The Barn Grocery Store		413-774-5599	
Stop & Shop		413-774-6096	
Food City		413-863-9591	
Keystone Market		413-625-8400	
McKusker's Market		413-625-9411	
Elmer's Store		413-628-4003	
Baker's Country Store		413-369-4936	
Garden City Market		413-665-5199	
Millstone Farm Market		413-665-0543	
Muffins General Market		413-397-3372	
Leverett Village Coop		413-367-9794	
Hannaford Supermarket		978-249-7955	
Northfield Food Mart		413-498-2638	
Country Corner Store		413-648-9340	
Avery's General Store		413-339-4915	
A1 Enterprises		413-648-9111	
Quality Custodial Services		413-772-0269	
Reil Cleaning Services		413-863-5350; 413-834-3770 (cell)	
Total Cleaning Plus		413-247-5111	
Orange Laundromat		978-544-8890	
Jack's Cleaners (dry cleaning)		413-475-3604	
Murphy's Cleaning (dry cleaning)		413-376-4272	

LIST OF VENDORS FOR POTENTIAL MOAs

Vendor Name	Contact Person	Phone	Email
Cherry Rum Laundry		413-774-4548	
The Laundry		413-772-0660	
Sunderland Suds		413-563-9000	
Wash N' Wire		413-625-3060	
Hickory Hill Kennel Inc	Duncan & Jackie Elliott	(413) 863-9753	Hickory.Hill.Kennel@gmail.com
Bow Wow Bathhouse	Marcy Schwartz, Owner	(413) 397-9792	
Mount Tully Kennels Inc	Steve Brew, Manager	(978) 575 0614	
York Kennels Inc		(413) 625 6195	
Friends of Amherst's Stray Animals Inc		(413) 548-9898	
Northeastern Boxer Rescue Inc	Jane Scott, Manager	(413) 367-9292	
Dakin Pioneer Valley Humane Society	Scott Schmith, Manager	(413) 548-9898	
Franklin County Sheriff's Kennel	Leslee Colucci	413-774-4014 ext. 2160	leslee.colucci@fcs.state.ma.us
South Deerfield Veterinary Hospital Inc	Robert Schmitt, DVM	(413) 665-3626; (413) 665-5107	
South Deerfield Veterinary Hospital Inc	Karen Burand, Assistant	(413) 665-3626	
Veterinary Emergency & Specialty Hospital Inc	Erika Mueller, DVM	(413) 665-4911; (413) 665-4931	
Veterinary Emergency & Specialty Hospital Inc	Laura Cummings	413-665-4911	
Veterinary Emergency & Specialty Hospital Inc	Tara Eaton	413-665-4911	
Veterinary Emergency & Specialty Hospital Inc	Veronica Abadie	413-665-4911	
Veterinary Emergency & Specialty Hospital Inc	Jennifer Godowin	413-665-4911	
Veterinary Emergency & Specialty Hospital Inc	Lisa Math	413-665-4911	
Veterinary Emergency & Specialty Hospital Inc	Tricia Tovar	413-665-4911	
Veterinary Emergency & Specialty Hospital Inc	Claire M. Weigand	413-665-4911	
Veterinary Emergency & Specialty Hospital Inc	Petra A. Lackner	413-665-4911	
Veterinary Emergency & Specialty Hospital Inc	John A. Benson	413-665-4911	
Brookside Animal Hospital	Edward L. Funk	413-774-5151	
Greenfield Veterinary Clinic Inc	Robert Sagor, DVM (retired)	413-774-2687 (home)	
Greenfield Veterinary Clinic Inc	Cindy Cole, Technician	(413) 774-9919	
North County Veterinary Clinic	Sheila E. Morrissey	413-773-8560	
North County Veterinary Clinic	Karen Bressett	413-773-8560	
Pioneer Valley Veterinary Hospital Inc	Lisa Underwood, DVM	(413) 773-7511	
Pioneer Valley Veterinary Hospital Inc	Janice Garvin, Assistant	(413) 834-2969	
Pioneer Valley Veterinary Hospital Inc	Kendra Dauenhauer	413-773-7511	
Windy Hollow Veterinary Clinic Inc	Amy Plavin, DVM	(413) 367-0062	
Shelburne Falls Veterinary Hospital Inc	Mark Broady	(413) 625-9517	
Victoria Howell Veterinarian Clinic Inc	Victoria Howell, DVM	(413) 625-6034	
Sunderland Animal Hospital Inc	Steven Ellis, DVM	(413) 665-9821	
Veterinary Hospital of Lauralyn Brown, DVM	Lauralyn Brown, DVM	413-863-0025	
Mobile Vet of Western MA	Robert Sidorsky, DVM	413-625-9353 (forwards to cell)	
Greenfield Farmers Cooperative Exchange	Jeff Budine, Manager	413-773-9639	farmers@crocker.com
Shelburne Farm and Garden		(413)-625-6650	info@shelburnefarmandgarden.com
Bernardston Farmers Supply		413-648-9311	
Tractor Supply Company		413-772-2100	

LIST OF VENDORS FOR POTENTIAL MOAs

Vendor Name	Contact Person	Phone	Email
Aubuchon Hardware Store		413-773-3500	
Aubuchon Hardware Store		413-863-2100	
Aubuchon Hardware Store		413-625-6100	
Aubuchon Hardware Store		978-249-3500	

LIST OF VENDORS FOR POTENTIAL MOAs

Vendor Name	Website	Existing MOU?	Date First Executed	Date Last Reviewed
Western Massachusetts Electric Company (WMECO)	http://www.wmeco.com/			
National Grid	https://www1.nationalgridus.com/Massachusetts			
Berkshire Gas Company				
Rice Energy				
A.R. Sandri Inc.				
Orange Oil Co.				
Osterman Propane				
Country Oil				
Franklin County DART (Disaster Animal Response Team)	http://wmdart.org/teams/franklin-county/			
Franklin County MRC (Medical Reserve Corps)	http://wmmrc.org/contact-your-mrc/franklin-county/			
Franklin County CERT (Community Emergency Response Team)	http://wmmrc.org/contact-your-mrc/franklin-county/			
American Red Cross Pioneer Valley Chapter				
	http://redcrosscwm.org/			
Salvation Army				
ServiceNet	http://www.servicenet.org/			
Franklin County Home Care Corporation	http://www.fchcc.org/			
Massachusetts System for Advance Registration of Volunteer Health Professionals (MSAR)				
Community Action				
	http://www.communityaction.us/child-care.html			
Western Massachusetts ARES (Amatuer Radio Emergency Service)	http://www.wma.arrl.org/page.php?14			
Western Massachusetts ARES (Amatuer Radio Emergency Service)	http://www.fcarc.org/clubofficers.htm			
Western Massachusetts ARES (Amatuer Radio Emergency Service)	http://www.fcarc.org/clubofficers.htm			
Western Massachusetts ARES (Amatuer Radio Emergency Service)	http://www.fcarc.org/clubofficers.htm			
Franklin County Amateur Radio Club	http://www.fcarc.org/			
UMass Translation Center	http://www.umasstranslation.com			
Acacia Languages (Italian, English, Spanish, French)				
Center for New Americans				
Stavros Center for Independent Living, Inc.				

LIST OF VENDORS FOR POTENTIAL MOAs

Vendor Name	Website	Existing MOU?	Date First Executed	Date Last Reviewed
Baystate Franklin Medical Center				
Athol Memorial Hospital				
Valley Medical Group	http://www.vmgma.com/			
West County Physicians	http://www.westcountyphysicians.com/			
Baystate Medical Practices				
Community Health Center of Franklin County	http://www.chcfc.org/			
Community Health Center of Franklin County	http://www.chcfc.org/			
Community Health Center of Franklin County	http://www.chcfc.org/			
Franklin Regional Transit Authority				
UMass Transit				
Pioneer Valley Transit Authority				
Travel Kuz/ F.M. Kuzmeskus, Inc.				
Swift River Bus Company				
J. B. Transportation				
Grybko's Bus Company				
Baystate Health Ambulance				
Turners Falls Fire Department				
Charlemont Ambulance				
Colrain Volunteer Ambulance				
Conway Ambulance				
Deerfield EMS				
Northfield Rescue				
Shelburne Falls Fire / Rescue / EMS	http://www.travelkuz.com/			
Sunderland Fire / Ambulance				
Whately Ambulance				
Orange Fire / Ambulance				
Baystate Home Infusion & Respiratory Services Store				
Airgas				
Stavros Center for Independent Living, Inc.				
Community Crisis Response Team (A program of Community Action)	http://www.communityaction.us/healing-from-trauma.html	No		
Franklin County Home Care Corporation	http://www.fchcc.org/			
Collective Home Care				
Stavros Center for Independent Living, Inc.				
Walgreens				
Walgreens (at Valley Medical Group offices)				

LIST OF VENDORS FOR POTENTIAL MOAs

Vendor Name	Website	Existing MOU?	Date First Executed	Date Last Reviewed
CVS				
Rite Aid				
Stop & Shop Pharmacy				
Big Y Pharmacy				
Baystate Home Infusion & Respiratory Services Store				
Airgas				
Baker Pharmacy				
Deerfield Pharmacy				
Rite Aid				
Walmart Pharmacy				
Rite Aid				
Yankee Family Dialysis Center				
Franklin County Community Meals Program/ Orange Food Pantry				
Big Y				
Foster's Supermarket				
Greenfield's Market				
The Barn Grocery Store				
Stop & Shop				
Food City				
Keystone Market				
McKusker's Market				
Elmer's Store				
Baker's Country Store				
Garden City Market				
Millstone Farm Market				
Muffins General Market				
Leverett Village Coop				
Hannaford Supermarket				
Northfield Food Mart				
Country Corner Store				
Avery's General Store				
A1 Enterprises				
Quality Custodial Services				
Reil Cleaning Services				
Total Cleaning Plus				
Orange Laundromat				
Jack's Cleaners (dry cleaning)				
Murphy's Cleaning (dry cleaning)				

LIST OF VENDORS FOR POTENTIAL MOAs

Vendor Name	Website	Existing MOU?	Date First Executed	Date Last Reviewed
Cherry Rum Laundry				
The Laundry				
Sunderland Suds				
Wash N' Wire				
Hickory Hill Kennel Inc	www.hickoryhillkennelonline.com			
Bow Wow Bathhouse	www.thebowwowbathhouse.com			
Mount Tully Kennels Inc	www.mounttullykennels.com			
York Kennels Inc				
Friends of Amherst's Stray Animals Inc				
Northeastern Boxer Rescue Inc				
Dakin Pioneer Valley Humane Society				
Franklin County Sheriff's Kennel				
South Deerfield Veterinary Hospital Inc				
South Deerfield Veterinary Hospital Inc				
Veterinary Emergency & Specialty Hospital Inc				
Veterinary Emergency & Specialty Hospital Inc				
Veterinary Emergency & Specialty Hospital Inc				
Veterinary Emergency & Specialty Hospital Inc				
Veterinary Emergency & Specialty Hospital Inc				
Veterinary Emergency & Specialty Hospital Inc				
Veterinary Emergency & Specialty Hospital Inc				
Veterinary Emergency & Specialty Hospital Inc				
Veterinary Emergency & Specialty Hospital Inc				
Brookside Animal Hospital				
Greenfield Veterinary Clinic Inc				
Greenfield Veterinary Clinic Inc				
North County Veterinary Clinic				
North County Veterinary Clinic				
Pioneer Valley Veterinary Hospital Inc				
Pioneer Valley Veterinary Hospital Inc				
Pioneer Valley Veterinary Hospital Inc				
Windy Hollow Veterinary Clinic Inc				
Shelburne Falls Veterinary Hospital Inc				
Victoria Howell Veterinarian Clinic Inc				
Sunderland Animal Hospital Inc				
Veterinary Hospital of Lauralyn Brown, DVM				
Mobile Vet of Western MA				
Greenfield Farmers Cooperative Exchange	http://www.greenfieldfarmerscoop.com/			
Shelburne Farm and Garden	http://www.shelburnefarmandgarden.com/			
Bernardston Farmers Supply	http://amherstfarmerssupply.com/bernardstonfarmerssupply/			
Tractor Supply Company				

LIST OF VENDORS FOR POTENTIAL MOAs

Vendor Name	Website	Existing MOU?	Date First Executed	Date Last Reviewed
Aubuchon Hardware Store				
Aubuchon Hardware Store				
Aubuchon Hardware Store				
Aubuchon Hardware Store				

FRANKLIN COUNTY FAITH-BASED ORGANIZATIONS

Faith Group	Web site	Organizational Email	Organizational Phone	Contact Last Name
Covenant Church	www.covenantchurchmf.org		(413) 659-3430	McClure
First Church of Deerfield	www.firstchurchofdeerfield.org		(413) 773-5323	Hallstein
Congregational Unitarian Church of Bernardston	bernardstonunitarian.org		(413) 648-9574	
Mt. Toby Meeting of Friends	mounttoby.quaker.org	mounttobyfriends@gmail.com	(413) 548-9188	Cooley
First Congregational Church	www.firstchurchgreenfield.org		(413) 774-3449	Kullgren Gershwin
First Parish of Northfield, Unitarian	http://www.northfieldunitarian.org/index.html	parish@northfieldunitarian.org	(413) 498-5566	
First United Methodist Church Greenfield	www.gbgm-umc.org/greenfield/	fumcgreenfield@comcast.com	(413) 772-6935	Mantler
Living Waters Assembly of God	www.102052.agchurches.org/		(413) 773-9506	Levandusky
First Congregational Church			(413) 665-7987	Seamon
Greenfield Alliance Church	http://www.greenfieldcma.net/tp40/Default.asp?ID=145762		(413) 773-8798	Warren
First Congregational Church of Montague	www.montaguechurch.org/		(413) 367-9467	Turner Delisle
Blessed Sacrament Church	www.blessedsacramentgreenfieldma.org/	blessedsacrament@crocker.com	(413) 773-3311	Campoli
Trinitarian Congregational Church		busoff@crocker.com	(413) 498-5839	
Christ Church	www.christchurchgreenfield.org/CC/Home.html	christchurchgreenfield@gmail.com	(413) 772-5860	Bricker
First Church of Christ, Scientist		csreadingroomgrnfld@live.com	(413) 773-9765	
Bethany Evangelical Lutheran Church		blcpo428@yahoo.com	(978) 544-5614	Hoslett
Central Congregational Church			(978) 544-7300	
Our Lady of Czestochowa Church	ourladyofczestochowa.org		(413) 863-4748	Di Mascola
First Congregational Church of Shelburne	http://www.shelburnechurch.org/	pastor@shelburnechurch.org	(413) 625-0028	Sencabaugh
Holy Trinity Church	http://www.holytrinitychurchgfld.org/index.htm	churchlady@crocker.com	(413) 774-2884	Yargeau
Colrain Community Church		Colrainchurch@verizon.net	(413) 624-3808	Szafran
First Congregational Church			(413) 665-3537	Crosson-Harrington
Salvation Army			(413) 773-3154	Brunelle
The National Spiritual Alliance	http://www.thenationalspiritualallianceinc.org/		(413) 367-0138	James
Descent of the Holy Spirit Ukranian Catholic Church	http://dhsparish.com/		(413) 665-3880	Young
North Leverett Baptist Church			(413) 367-2619	MacLeod
Temple Israel of Greenfield	http://www.templeisraelgreenfield.org/		(413) 773-5884	Eisen
Faith Baptist Church	http://discoverfaithbaptist.com/#		(413) 774-6438	DiDonato
Holy Name of Jesus	http://www.holynamedeerfield.org/index.html		(413) 665-2129	Calvo
Our Lady of Peace	http://www.ourladyofpeacetf.4lpi.com/		(413) 863-2585	Aksamit
Holy Family Parish	http://www.holyfamilysd.org	holyfamily12@verizon.net	(413) 665-3254	Roux
Charlemont Federated Church	http://www.charlemontfederatedchurch.org/home	info@charlemontfederatedchurch.	(413) 339-4294	Hochhalter
First Baptist Church of Colrain			(413) 624-8886	
North Congregational Church of New Salem	http://northnewsalemchurch.org/index.html		(978) 544-6324	Boren
Mission Covenant Church			(978) 544-2803	Black
First Congregational Church	http://www.leverettcongregationalchurch.org/		(413) 548-9199	Barstow
Northfield Mount Herman			(413) 498-3338	Corrigan
Trinitarian Congregational Church of Warwick	http://www.forministry.com/USMAUCOFCTCCOW	metcalfucc@juno.com	(978) 544-2630	Dibble
Upper Valley Worship Group--Mount Toby Meeting of Friends		mounttobyfriends@gmail.com	(413) 773-9525	
Mary Lyon Church	http://www.marylyonchurch.org/		(413) 625-9440	Fournier
Community Church of North Orange			(978) 575-0342	Thompson
United Methodist Church			(978) 544-3086	Daley
Valley Life Assembly of God			(413) 297-0433	Blunt
New Life Christian Fellowship			(978) 544-7324	Malo
West County Baptist Church	http://www.westcountybaptistchurch.org/301.html	wcbc1@verizon.net	413-339-4488	Looman

FRANKLIN COUNTY FAITH-BASED ORGANIZATIONS

Faith Group	Web site	Organizational Email	Organizational Phone	Contact Last Name
Shelburne Falls Seventh-Day Adventist Church	http://shelburnefalls22.adventistchurchconnect.org/		413-625-2489	Maldonado
Central Congregational Church	http://centralchurchorange.org/		(978) 544-6895	Leary
Shambhala Center	http://www.shelburnefalls.shambhala.org/	sfshambhala@comcast.net	(413) 625-2982	
Providence Moldovian Baptist Church			(413) 512-0703	Placinta
First Congregational Church	http://ashfielducc.org/		(413) 628-4470	Stevens
St. Joseph's Parish	http://saintjosephparish.wordpress.com/	st.josephccsf@comcast.net	(413) 625-6405	Cullen
St. James Episcopal Church		stjamesgfield@gmail.com	(413) 325-8002	Blais
St. John's Episcopal Church	http://blogs.stjohnsashfield.org/	StJohnsAshfield@verizon.net	(413)628-4402	Moss
St. Paul's Lutheran Church	http://www.stpaulslutheran.com/	stpauls01301@yahoo.com	(413) 773-5242	Galbraith
United Congregational Church	http://www.uccwebsites.net/uccconwayma.html	ucconway@mtdata.com	(413) 369-4040	Ashenden
Parish of St. Mary	http://stmaryorangema.org/	stmorang@earthlink.net	(978) 544-2900	Bermudez
Unity in the Pioneer Valley	http://www.unityinthepioneervalley.org/	upv@verizon.net	(413) 774-5552	

FRANKLIN COUNTY FAITH-BASED ORGANIZATIONS

Faith Group	Contact First Name	Contact Title	Contact Phone	Contact Email	Street Address	Town	State	Zip Code
Covenant Church	Allen	Pastor	(413) 659-3430	mcclure_allen@yahoo.com	19 Bridge St.	Millers Falls	MA	01349
First Church of Deerfield	Ann	Pastor	(413) 773-5323	revann@firstchurchofdeerfield.org	71 Old Main St. PO Box 276	Deerfield	MA	01342
Congregational Unitarian Church of Bernardston	Annette	Church Administrator	(413) 648-9574	teaganet@comcast.net		Bernardston	MA	
Mt. Toby Meeting of Friends	Margaret	Clerk		margaret@woolmanhill.org	194 Long Plain Rd.	Leverett	MA	01054
First Congregational Church	Stacey	Pastor	(413) 774-3449	pastorfccgfld@juno.com	43 Silver St.	Greenfield	MA	01301
First Parish of Northfield, Unitarian					Main St.	Northfield	MA	01360
First United Methodist Church Greenfield	Ken	Pastor	(413) 772-6935	ken.mantler@gmail.com	25 Church St.	Greenfield	MA	01301
Living Waters Assembly of God	David	Pastor	(413) 773-9506	davidlevandusky@yahoo.com	450 Davis St.	Greenfield	MA	01301
First Congregational Church	Barbara	Pastor	(413) 665-7987	barbara.seamon@gmail.com	91 South Main St.	Sunderland	MA	01375
Greenfield Alliance Church	Barry	Senior Pastor	(413) 773-8798	barry@greenfieldcma.net	385 Chapman St.	Greenfield	MA	01301
First Congregational Church of Montague	Barbara	Pastor	(413) 367-9467	betd51@yahoo.com	4 North St.	Montague	MA	01351
Blessed Sacrament Church	Timothy	Pastor	(413) 773-3311		182 High St.	Greenfield	MA	01301
Trinitarian Congregational Church					147 Main St.	Northfield	MA	01360
Christ Church	Jerry	Pastor	(413) 772-5860		50 Miles St.	Greenfield	MA	01301
First Church of Christ, Scientist					110 Federal St.	Greenfield	MA	01301
Bethany Evangelical Lutheran Church	Andrea	Pastor	(978) 544-5614		62 Cheney St.	Orange	MA	01364
Central Congregational Church					22 South Main St.	New Salem	MA	01355
Our Lady of Czestochowa Church	Charles Jan	Pastor	(413) 863-4748	thehejnal@gmail.com	84 K St.	Turners Falls	MA	01376
First Congregational Church of Shelburne	Will	Pastor	(413) 625-0028	pastor@shelburnechurch.org	22 Common Rd.	Shelburne	MA	01370
Holy Trinity Church	Ronald	Pastor	(413) 774-2884		133 Main St.	Greenfield	MA	01301
Colrain Community Church	Bob	Pastor	(413) 624-3808		306 Main Rd.	Colrain	MA	01340
First Congregational Church	Cynthia	Pastor	(413) 665-3537	dandiandtherev@hotmail.com	177 Chestnut Plain Rd	Whately	MA	01093
Salvation Army	Daniel	Captain	(413) 773-3154	daniel.brunelle@use.salvationarmy.org	72 Chapman St.	Greenfield	MA	01301
The National Spiritual Alliance	David		(413) 367-0138	davidjames@deltahousepress.com	2 Montague Ave.	Lake Pleasant	MA	01347
Descent of the Holy Spirit Ukranian Catholic Church	Edward	Very Rev. Archpriest	(413) 665-3880	EYoung8073@aol.com	44 Sugarloaf St.	S. Deerfield	MA	01373
North Leverett Baptist Church	Douglas	Pastor	(413) 367-2619		70 North Leverett Rd.	Leverett	MA	01054
Temple Israel of Greenfield	Efraim	Rabbi	(413) 773-5884	efraimeisen@aol.com	27 Pierce St.	Greenfield	MA	01301
Faith Baptist Church	Joe	Lead Pastor	(413) 774-6438	fbcjance@gmail.com	331 Silver St.	Greenfield	MA	01301
Holy Name of Jesus	Randy	Pastor	(413) 665-2129	frrandy@holynamedeerfield.org	15 Thayer St.	S. Deerfield	MA	01373
Our Lady of Peace	Stanley	Pastor	(413) 863-2585	frstan@ourladyofpeacetf.com	90 Seventh St.	Turners Falls	MA	01376
Holy Family Parish	Phillippe	Pastor	(413) 665-3254		29 Sugarloaf St.	S. Deerfield	MA	01373
Charlemont Federated Church	Cara	Pastor	(413) 339-4294		175 Main St.	Charlemont	MA	01339
First Baptist Church of Colrain					81 Foundry Rd.	Colrain	MA	01340
North Congregational Church of New Salem	Ted	Pastor	(978) 544-2614	borentjc@yahoo.com	60 Elm St.	New Salem	MA	01355
Mission Covenant Church	Jeffery	Pastor	(978) 544-2803	jblack@mass.rr.com	53 Pleasant St.	Orange	MA	01364
First Congregational Church	Lee	Pastor	(413) 548-9199	leebarstow@gmail.com	4 Montague Rd.	Leverett	MA	01054
Northfield Mount Herman	Michael	Chaplain	(413) 498-3338	mcorrigan@nmhschool.org		Northfield	MA	
Trinitarian Congregational Church of Warwick	Dan	Pastor			32 Athol Rd.	Warwick	MA	01378
Upper Valley Worship Group--Mount Toby Meeting of I			(413) 773-9525		74 Federal St.	Greenfield	MA	01301
Mary Lyon Church	Richard	Pastor	(413) 625-9440	pastor@marylyonchurch.org	17 Upper St.	Buckland	MA	01338
Community Church of North Orange	Jean	Pastor	(978) 575-0342	revjeant@gmail.com	4 Creamery Hill Rd.	North Orange	MA	01364
United Methodist Church	Julia	Pastor	(978) 544-3086	jkdaley1@msn.com	104 S. Main St.	Orange	MA	01364
Valley Life Assembly of God	John	Pastor	(413) 297-0433				MA	
New Life Christian Fellowship	Nick and Danielle	Pastors	(978) 544-7324	pastormalo@gmail.com	349 S. Main St.	Orange	MA	01364
West County Baptist Church	Michael	Pastor	413-339-4488		108 Main St.	Charlemont	MA	01339

FRANKLIN COUNTY FAITH-BASED ORGANIZATIONS

Faith Group	Contact First Name	Contact Title	Contact Phone	Contact Email	Street Address	Town	State	Zip Code
Shelburne Falls Seventh-Day Adventist Church	Peter	Pastor	413-783-9945	peter.maldonado@auc.edu	1 Ashfield St.	Shelburne Falls	MA	01370
Central Congregational Church	Megan	Reverand	(978) 544-6895	Revmegan@aol.com	93 S. Main St.	Orange	MA	01364
Shambhala Center					71B Ashfield St.	Shelburne Falls	MA	01370
Providence Moldovian Baptist Church	Simion	Pastor	(413) 325-3140	simionplacinta@gmail.com	118 Federal St.	Greenfield	MA	01301
First Congregational Church	Kate	Pastor	(413) 625-6967	songline50@aol.com	429 Main St.	Ashfield	MA	01330
St. Joseph's Parish	Tony	Father	(413) 625-6405		34 Monroe Ave.	Shelburne Falls	MA	01370
St. James Episcopal Church	Heather	Reverand	(413) 325-8002	heather.blais@gmail.com	8 Church St.	Greenfield	MA	01301
St. John's Episcopal Church	Eliot	Vicar	(413)628-4402		Main and South Street	Ashfield	MA	01330
St. Paul's Lutheran Church	Jeff	Pastor	(413) 773-5242		23 Long Ave.	Greenfield	MA	01301
United Congregational Church	Candice		(413) 369-4040		44 Whately Rd.	Conway	MA	01341
Parish of St. Mary	Jose	Father	(978) 544-2900		19 Congress St.	Orange	MA	01364
Unity in the Pioneer Valley					6 Arch St.	Greenfield	MA	01301



FRANKLIN COUNTY REGIONAL SHELTER PLAN

**June
2013**

**Appendix B:
Shelter Facilities and Contacts**

Appendix B: Shelter Facilities and Contacts

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REGIONAL SHELTER PLANNING SHELTER DESCRIPTIONS

FILL IN THE TABLE BELOW AND REPEAT SECTION FOR EACH SHELTER

LOCATION NAME: Orange Armory	<input checked="" type="checkbox"/> Regional Primary <input type="checkbox"/> Alternate Primary <input type="checkbox"/> Sub-regional <input type="checkbox"/> Local Primary	<input type="checkbox"/> Local Alternate <input type="checkbox"/> Transitional (Warming/Cooling) <input type="checkbox"/> Pet <input type="checkbox"/> Other (specify)
Address	141 E Main St., Orange, MA 01354	
Building Owner Contact Information	Bill Ruby at 978-544-6732	
Location Capacity (Number of people sheltered per 20 sq. ft. and 40 sq. ft.)	334 at 40 sq. ft./person	
Emergency Management Director Contact Information	Fire Chief/EMD Dennis Annear at 978-575-0410 or fire@townoforange.org	
Police Chief Contact Information	Chief Robert Haigh at 978-544-2129	
Fire Chief Contact Information	Fire Chief/EMD Dennis Annear at 978-575-0410 or fire@townoforange.org	
Board of Health Contact Information	Health Agent Roger Mallet at 978-544-1107 or boh_admin@townoforange.org	
Location of Floor Plans	Attached	
Date of most recent ARC shelter survey	See Appendix B	
ARC NSS Shelter Number	141958	
Location of MOU for facility use as a regional emergency disaster shelter		
Identify the strengths of this location	Bathrooms and kitchen facilities available. Generator has sufficient capacity to run all systems including the ADA lift to get upstairs. Town water and sewer; broadband access pending. Sufficient room for indoor pet shelter, though outdoor preferred.	
Identify the problems and areas of concern for this location	No showers available on site.	
Other:	Town has considered closing the facility, but voted in June 2013 to keep it open.	

REGIONAL SHELTER PLANNING SHELTER DESCRIPTIONS

FILL IN THE TABLE BELOW AND REPEAT SECTION FOR EACH SHELTER

LOCATION NAME: Colrain Center Elementary School	<input checked="" type="checkbox"/> Regional Primary <input type="checkbox"/> Alternate Primary <input type="checkbox"/> Sub-regional <input type="checkbox"/> Local Primary	<input type="checkbox"/> Local Alternate <input type="checkbox"/> Transitional (Warming/Cooling) <input type="checkbox"/> Pet <input type="checkbox"/> Other (specify)
Address	22 Jacksonville Rd., Colrain, MA 01340	
Building Owner Contact Information	Amy Looman, Principal, at 413-624-3451; alooman@mohawkschools.org	
Location Capacity (Number of people sheltered per 20 sq. ft. and 40 sq. ft.)	126 at 40 sq. ft./person	
Emergency Management Director Contact Information	Jack Cavolick at 413-624-3238 or colrainjack@yahoo.com	
Police Chief Contact Information	Jason Haskins at 413-625-8200 (Shelburne Dispatch Center)	
Fire Chief Contact Information	Nicholas M. Anzuoni at 413-624-5528	
Board of Health Contact Information	Board of Health Chair Jason R. Ferenc at 413-624-3774	
Location of Floor Plans		
Date of most recent ARC shelter survey	See Appendix B	
ARC NSS Shelter Number	141397	
Location of MOU for facility use as a regional emergency disaster shelter		
Identify the strengths of this location	10,700 square feet of parking and 2.5 acres of staging area.	
Identify the problems and areas of concern for this location	Located on the banks of the North River. Flooded in Tropical Storm Irene. In Evacuation Zone of VT Yankee. No shower or bathing facilities.	
Other:		

REGIONAL SHELTER PLANNING SHELTER DESCRIPTIONS

FILL IN THE TABLE BELOW AND REPEAT SECTION FOR EACH SHELTER

LOCATION NAME: Franklin County Technical School	<input checked="" type="checkbox"/> Regional Primary <input type="checkbox"/> Alternate Primary <input type="checkbox"/> Sub-regional <input type="checkbox"/> Local Primary	<input type="checkbox"/> Local Alternate <input type="checkbox"/> Transitional (Warming/Cooling) <input type="checkbox"/> Pet <input type="checkbox"/> Other (specify)
Address	82 Industrial Blvd., Montague, MA 01376	
Building Owner Contact Information	Joe Mazeski, Facility Manager at 413-863-9561	
Location Capacity (Number of people sheltered per 20 sq. ft. and 40 sq. ft.)	~400 at 40 sq. ft./person	
Emergency Management Director Contact Information	Turners Falls Fire Chief Robert Escott at 413-863-9023, 413-834-4147 or tf23@comcast.net	
Police Chief Contact Information	Charles Dodge III at 413-863-8911	
Fire Chief Contact Information	Turners Falls Fire Chief Robert Escott at 413-863-9023, 413-834-4147 or tf23@comcast.net Montague Center Fire Chief John Greene at 413-367-2757	
Board of Health Contact Information	Director of Public Health Gina McNeely at 413-863-3200 Ext. 205 or healthdir@montague-ma.gov	
Location of Floor Plans		
Date of most recent ARC shelter survey		
ARC NSS Shelter Number		
Location of MOU for facility use as a regional emergency disaster shelter		
Identify the strengths of this location	Backup generator powers whole kitchen etc. Separate nurse area with cots for people needing medical care or privacy. Town water and sewer. Used as a regional shelter in the past.	
Identify the problems and areas of concern for this location		
Other:	Working on installing emergency lighting for bathrooms.	

REGIONAL SHELTER PLANNING SHELTER DESCRIPTIONS

FILL IN THE TABLE BELOW AND REPEAT SECTION FOR EACH SHELTER

LOCATION NAME: Greenfield Middle School	<input checked="" type="checkbox"/> Regional Primary <input type="checkbox"/> Alternate Primary <input type="checkbox"/> Sub-regional <input type="checkbox"/> Local Primary	<input type="checkbox"/> Local Alternate <input type="checkbox"/> Transitional (Warming/Cooling) <input type="checkbox"/> Pet <input type="checkbox"/> Other (specify)
Address	195 Federal St., Greenfield, MA 01301	
Building Owner Contact Information	Gary Tashjian, Principal, at 413-772-1360 x2242; cell: 413-834-2928; gartas1@gpsk12.org	
Location Capacity (Number of people sheltered per 20 sq. ft. and 40 sq. ft.)	271 at 40 sq. ft./person	
Emergency Management Director Contact Information	Deputy Fire Chief Robert Strahan at 413-774-4737 or RobertS80@greenfield-ma.gov	
Police Chief Contact Information	Joseph Burge, Jr. at 413-773-5411 or Burgej@greenfieldpd.org	
Fire Chief Contact Information	Michael J. Winn at 413-774-4323 or mike78@townofgreenfield.org	
Board of Health Contact Information	Director of Public Health Nicole Zabko at 413-772-1404	
Location of Floor Plans		
Date of most recent ARC shelter survey	See Appendix B	
ARC NSS Shelter Number		
Location of MOU for facility use as a regional emergency disaster shelter		
Identify the strengths of this location	Already has been used as a regional shelter. Building has 2 locker rooms with 3-4 stalls and 3 showers each, in addition to two other single-stall bathrooms, one of which is handicap accessible. Used small gym in the past for an indoor animal shelter.	
Identify the problems and areas of concern for this location	Shelter cannot be operated while school is in session.	
Other:		

REGIONAL SHELTER PLANNING SHELTER DESCRIPTIONS

FILL IN THE TABLE BELOW AND REPEAT SECTION FOR EACH SHELTER

LOCATION NAME: Mohawk Regional High School/ Middle School	<input checked="" type="checkbox"/> Regional Primary <input type="checkbox"/> Alternate Primary <input type="checkbox"/> Sub-regional <input type="checkbox"/> Local Primary	<input type="checkbox"/> Local Alternate <input type="checkbox"/> Transitional (Warming/Cooling) <input type="checkbox"/> Pet <input type="checkbox"/> Other (specify)
Address	26 Ashfield Rd., Shelburne Falls, MA 01370 (physical location on Route 112 in Buckland)	
Building Owner Contact Information	Lynn R. Dole, Principal, or Dan Turner, Head Custodian, at 413-625-9811	
Location Capacity (Number of people sheltered per 20 sq. ft. and 40 sq. ft.)	443 at 40 sq. ft./person	
Emergency Management Director Contact Information	EMD Arthur Henry Phillips at 413-625-9274 or Phillips.arthur@hotmail.com AEMD Cheryl Dukes at 413-625-6330, 413-824-1447 or cldselectman@gmail.com	
Police Chief Contact Information	James Hicks at 413-625-8200	
Fire Chief Contact Information	Herb Guyette at 413-625-2302 Rick Bardwell (Shelburne Falls) at 413-625-6392	
Board of Health Contact Information	Chair Richard Warner at 413-625-9300 or 413-625-0139 Regional Public Health District Agent Glen Ayers at 413-834-5729 or glenayers@frcog.org	
Location of Floor Plans		
Date of most recent ARC shelter survey		
ARC NSS Shelter Number		
Location of MOU for facility use as a regional emergency disaster shelter		
Identify the strengths of this location	400 space parking lot used as staging area during Tropical Storm Irene. Generator powers core areas. Animal shelter could be co-located.	
Identify the problems and areas of concern for this location	Near railroad. In the inundation zone for the Harriman Dam.	
Other:		

REGIONAL SHELTER PLANNING

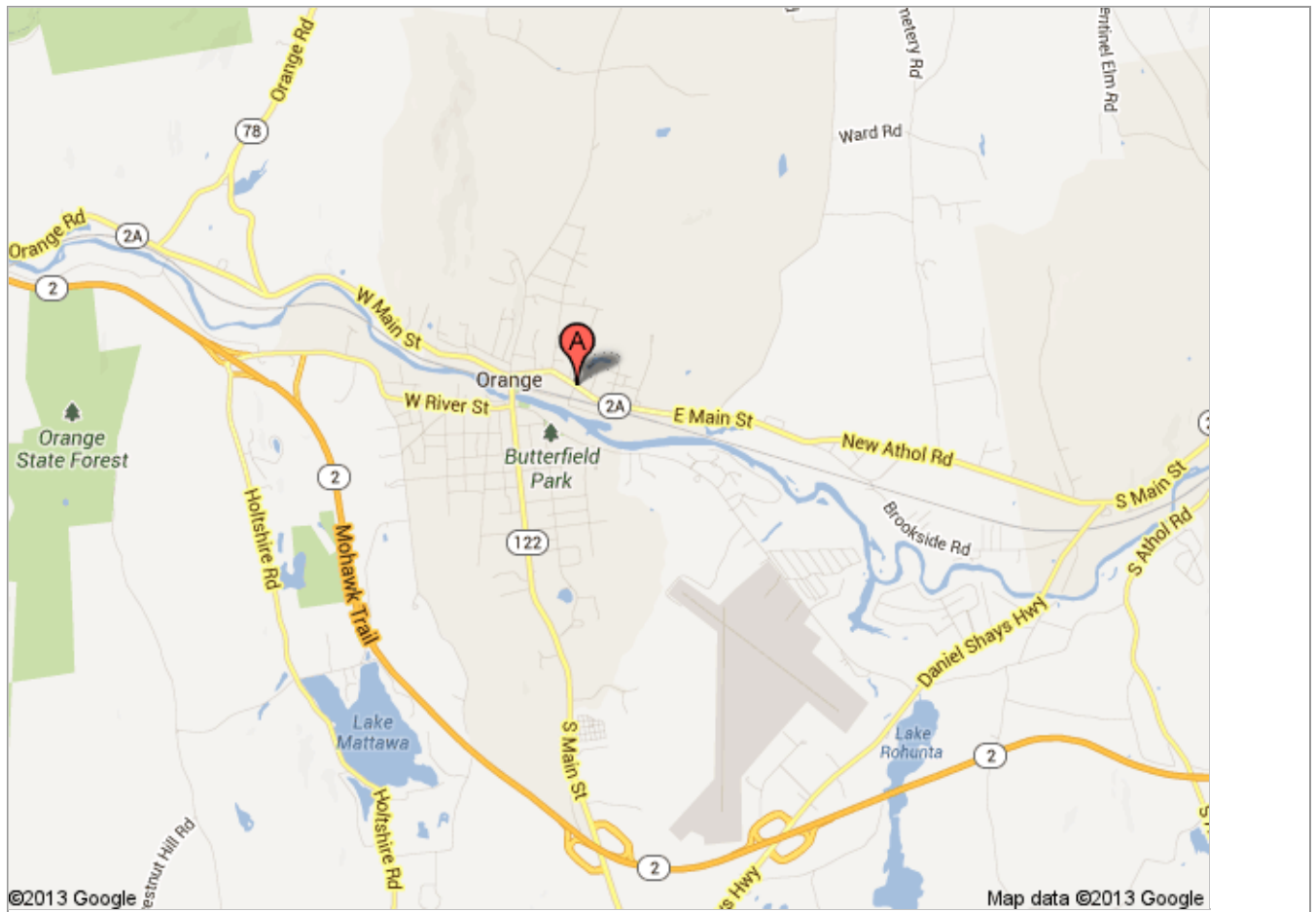
SHELTER SUITABILITY FOR ALL-HAZARDS

Event	Regional Shelter Best Suited	Shelter Name/Location
Flooding	Identify the shelters that are out of the floodplain	Greenfield Middle School Franklin County Technical School Mohawk Regional High School/Middle School
Extended power outage	Identify the shelters that have generators	Orange Armory Franklin County Technical School (partial) Greenfield Middle School (partial) Mohawk Regional High School/Middle School
Biochemical	Dependent on impact area	
Tornado/Hurricane	Dependent on impact area	
Heavy snow/ice	Dependent on impact area	
Mass receiving	Identify the shelters close to the state borders	Umass Amherst Greenfield Community College
Other (Specify)		

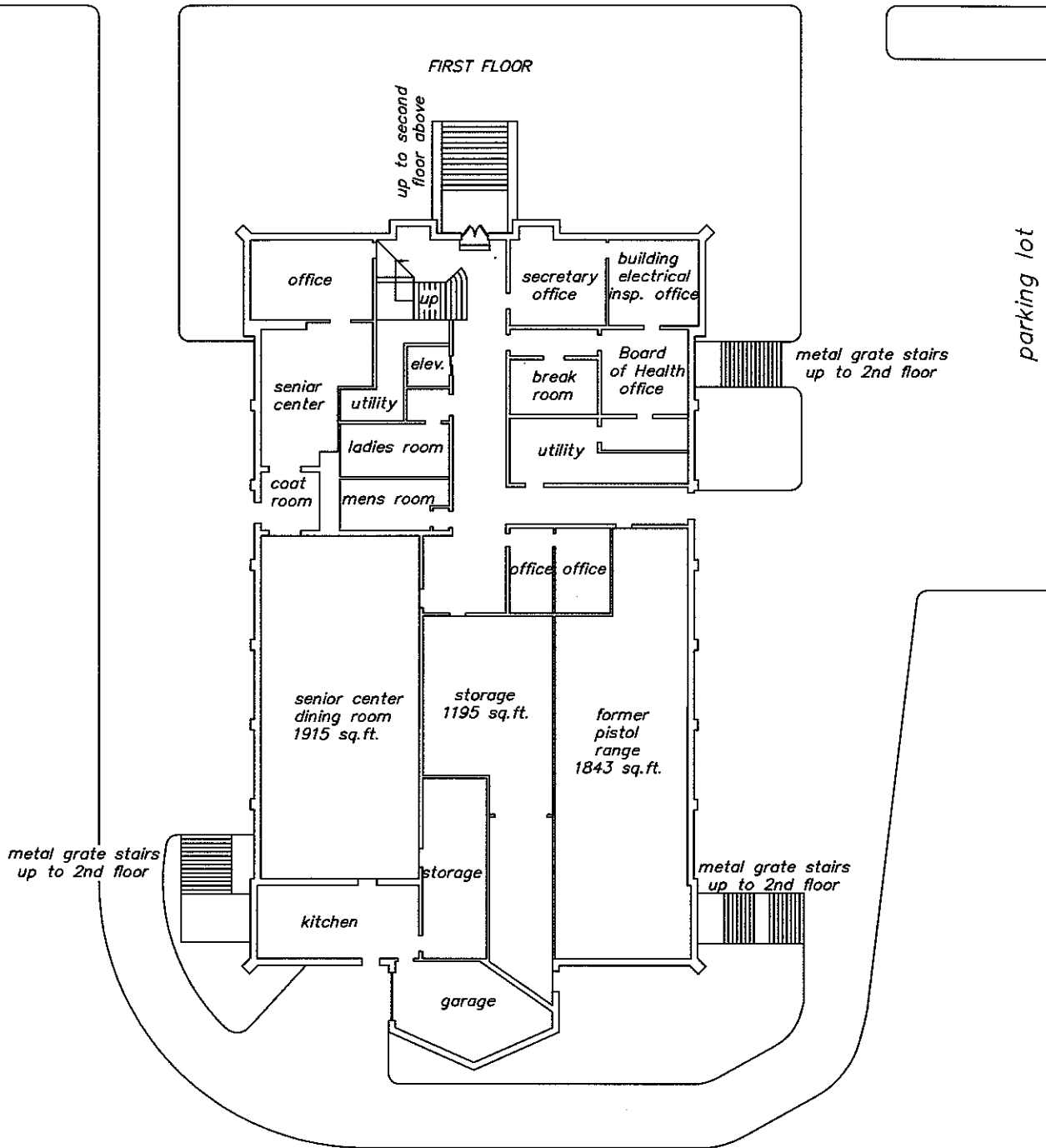
REGIONAL SHELTER PLANNING
SHELTER MAPS: REGIONAL AND FLOOR PLANS

A. Orange Armory

141 E Main St, Orange, MA
(978) 544-8591



EAST MAIN STREET



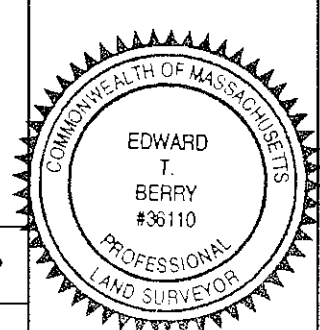
ORANGE ARMORY—FIRST FLOOR PLAN 135 EAST MAIN STREET ORANGE, MA PREPARED FOR TOWN OF ORANGE

0 30 60
1"=30' 1:360

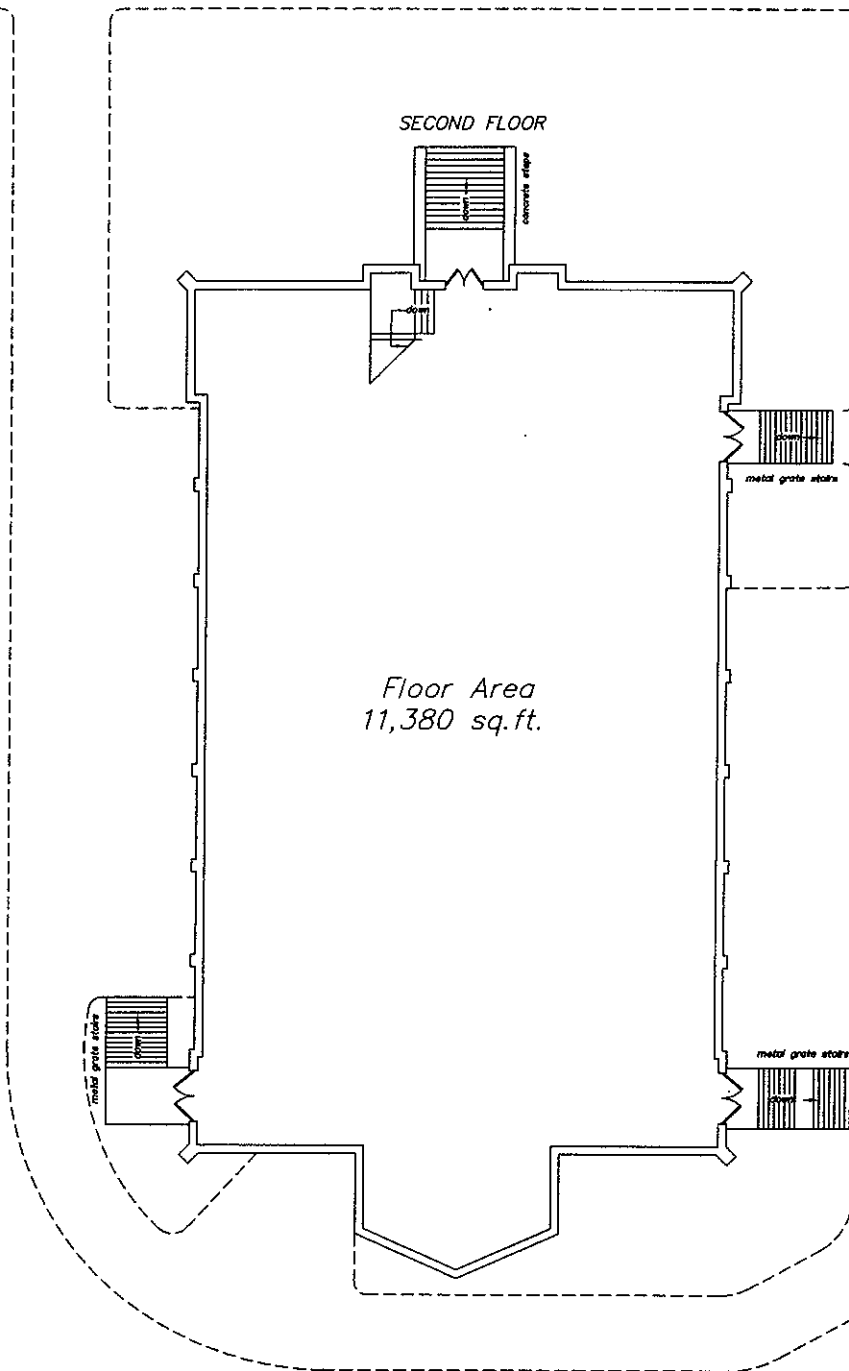
14 August 2012

Edward T. Berry P.L.S. 113 Main St., Athol, MA

Tel. (978)-249-8811 Fax (978)-249-8880



EAST MAIN STREET

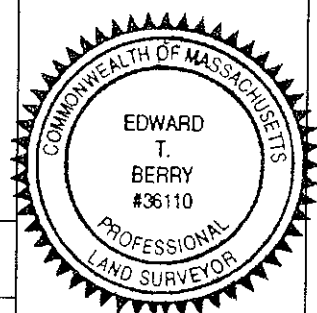


ORANGE ARMORY—SECOND FLOOR
135 EAST MAIN STREET
ORANGE, MA
PREPARED FOR
TOWN OF ORANGE

0 30 60
1"=30' 1:360

14 August 2012

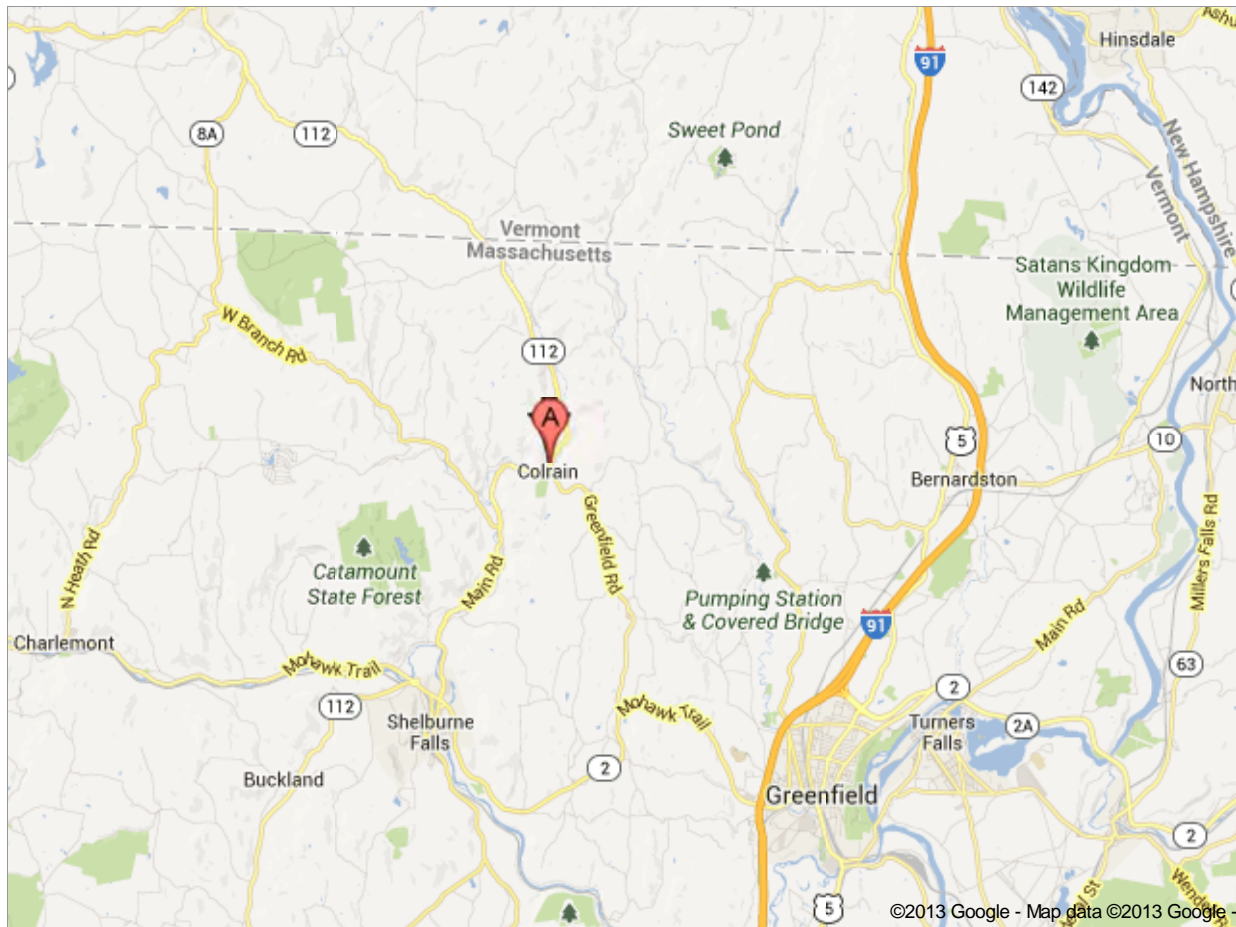
Edward T. Berry P.L.S. 113 Main St., Athol, MA
Tel. (978)-249-8811 Fax (978)-249-8880



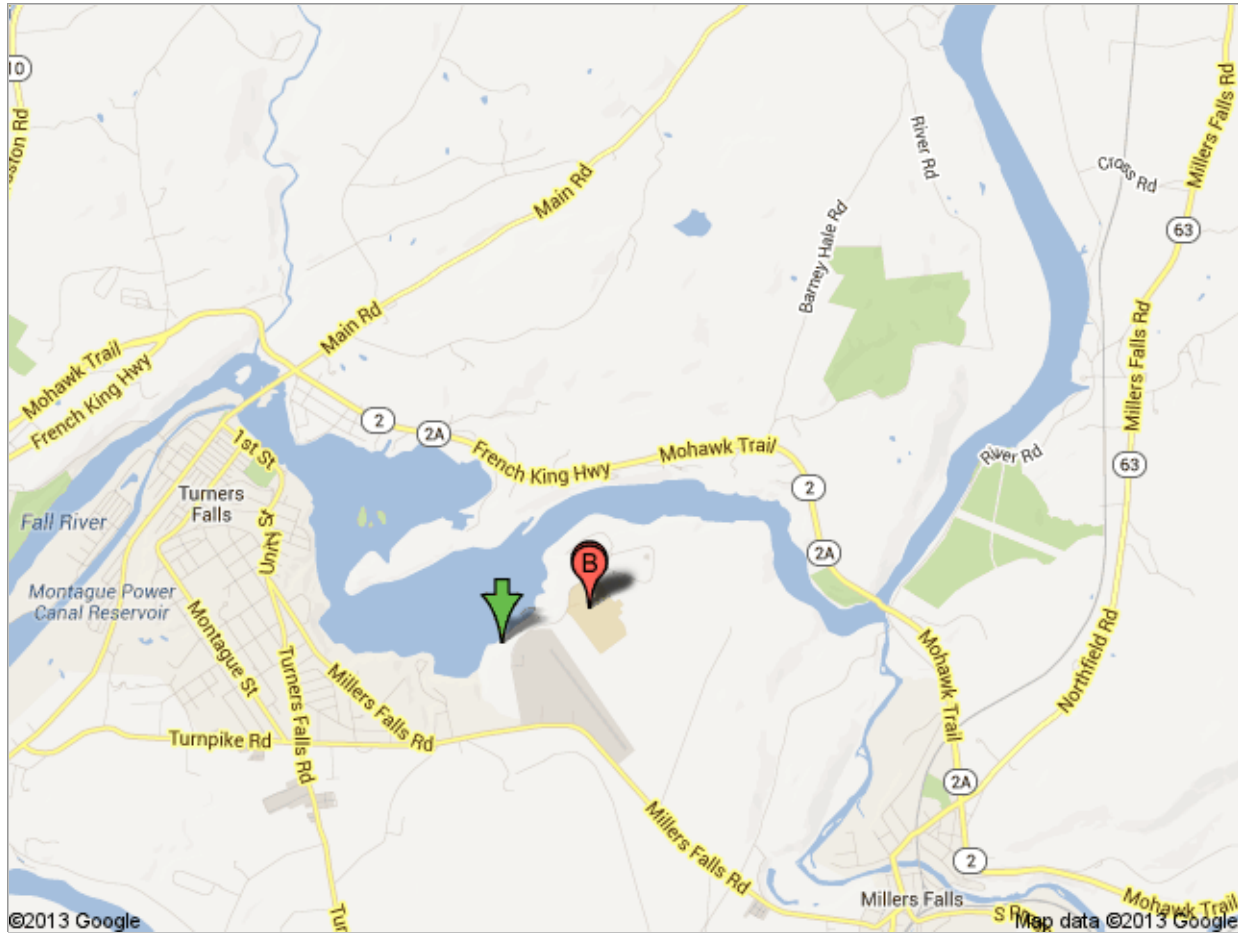
A. Colrain Central Elementary School

22 Jacksonville Rd, Colrain, MA

(413) 624-3451

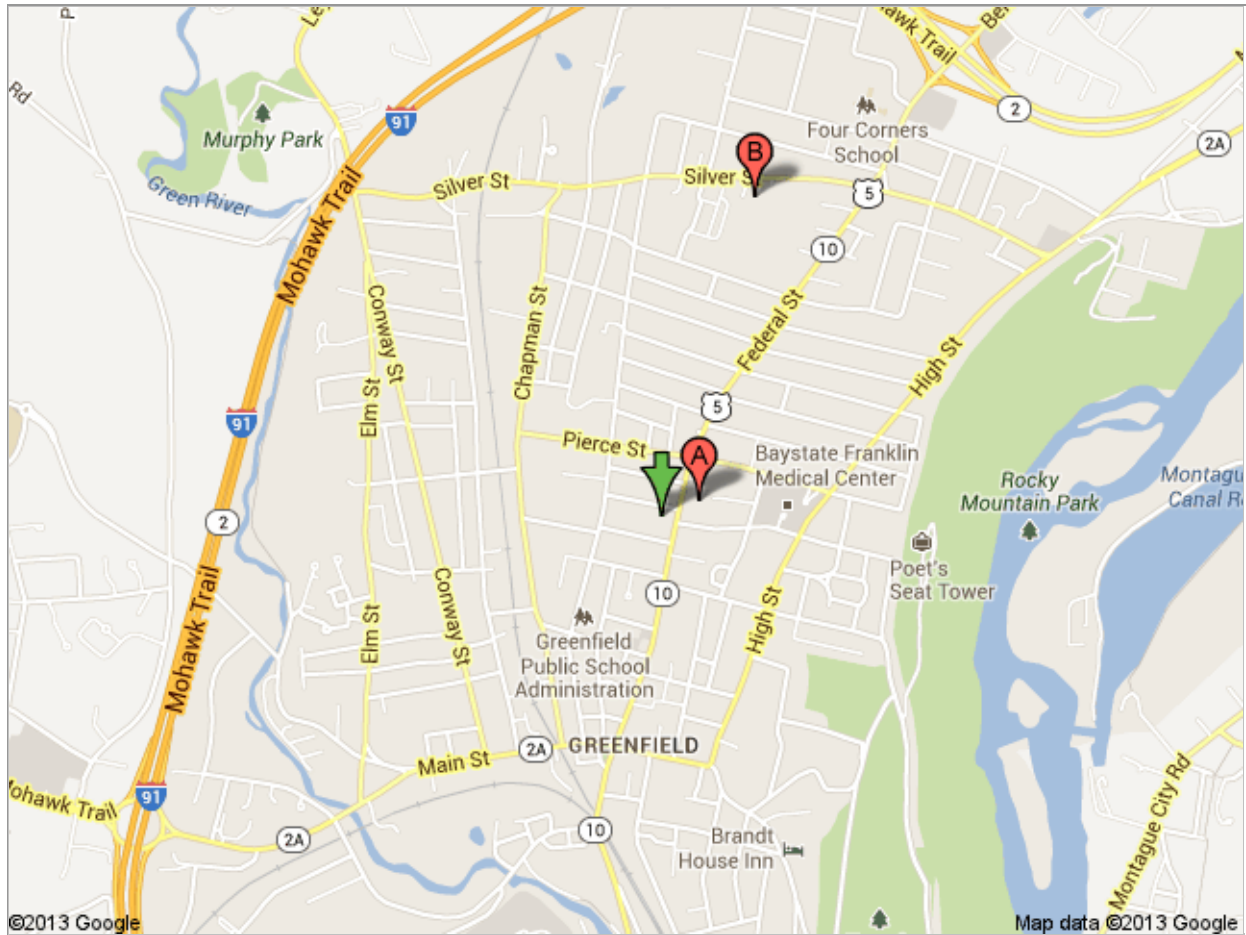


B. Franklin County Technical School
82 Industrial Blvd, Montague, MA
(413) 863-9561



A. Greenfield Middle School

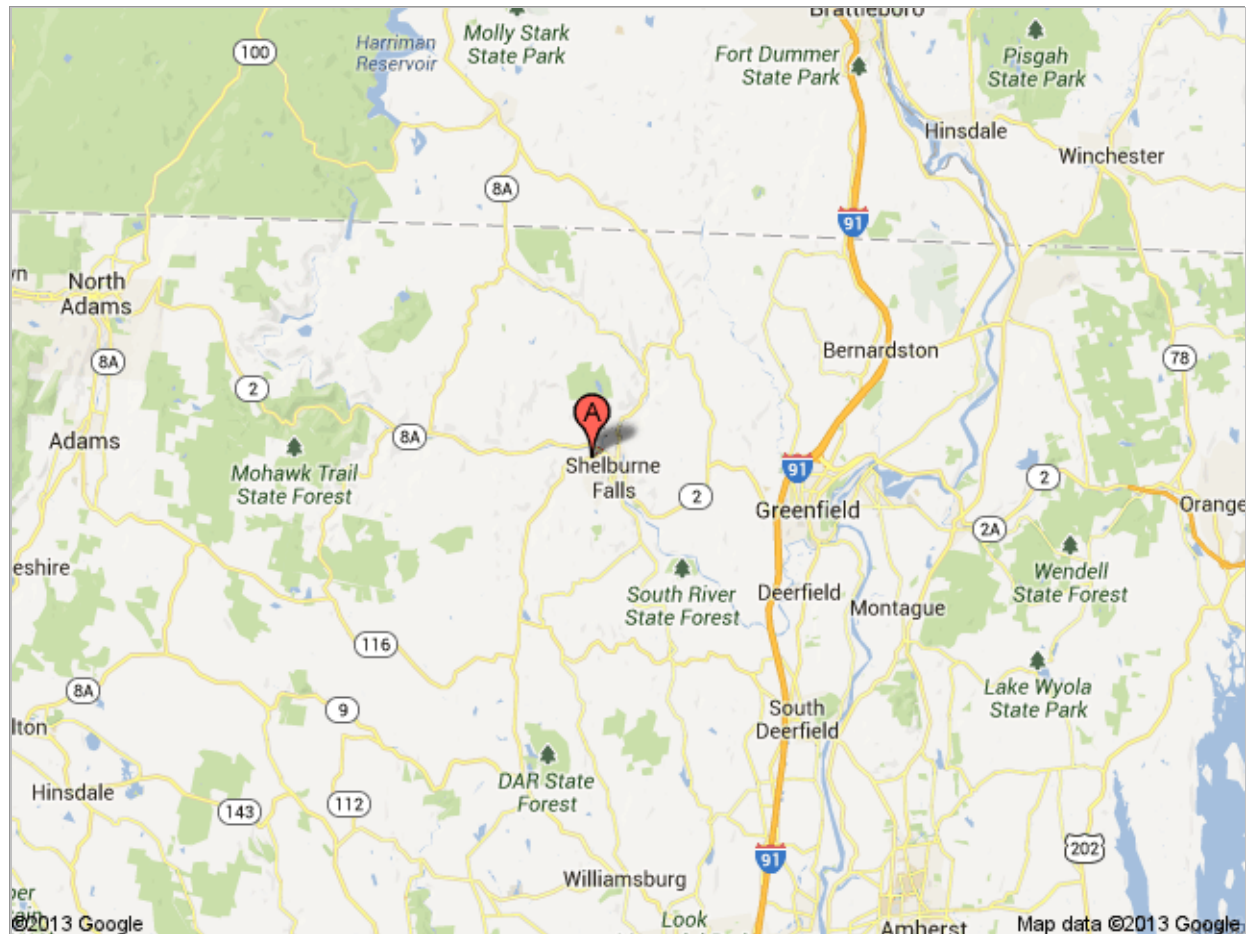
Greenfield, MA
(413) 772-1360



A. **Mohawk Trail High School/ Middle School**

26 Ashfield Rd, Shelburne Falls, MA

(413) 625-9811

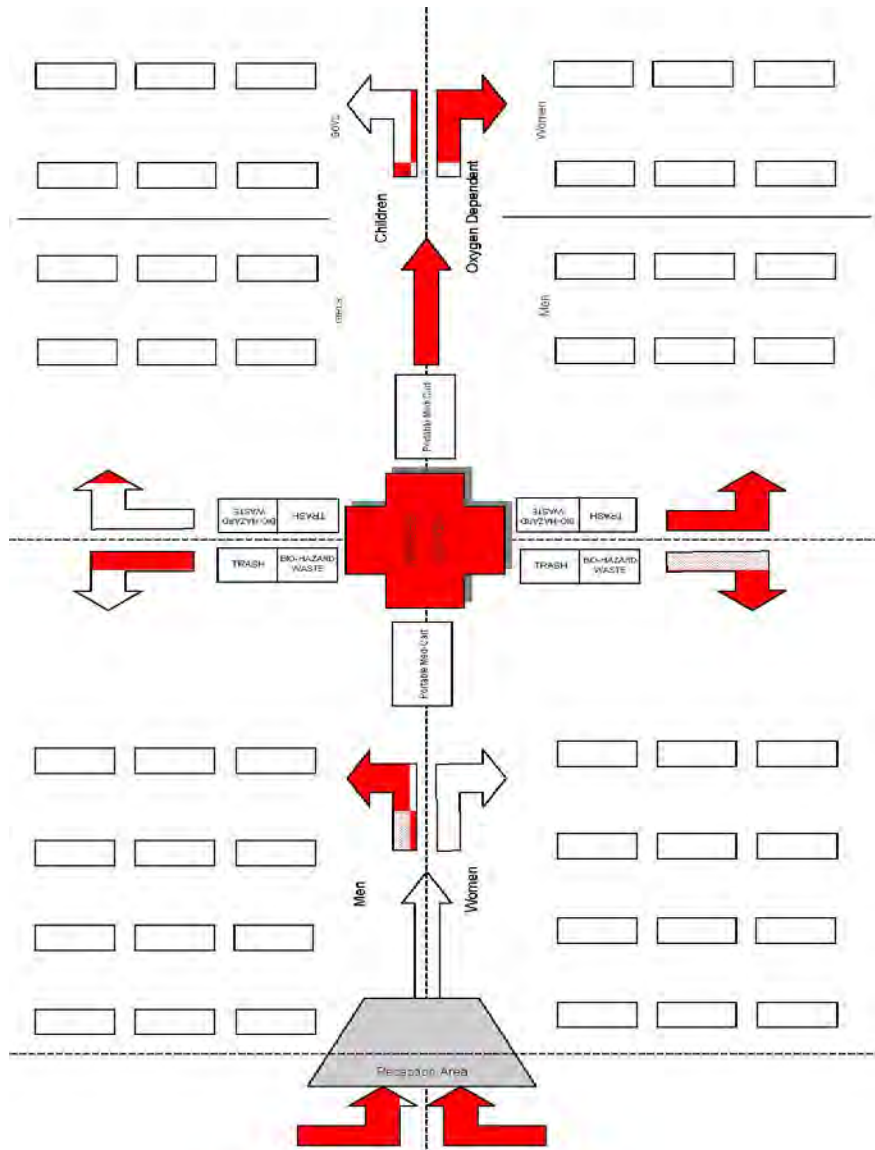


REGIONAL SHELTER PLANNING

REGIONAL SHELTER MAP: INTERIOR AND EXTERIOR

Replace this example with:

Exterior Building Plan, including security, traffic patterns, parking
Interior Building Plan with set-up, security posts and sign placement



REGIONAL SHELTER PLANNING
ARC ASSESSMENTS

Basic Shelter Information

Armory (Shelter Number: 141958)

Agency Affiliation
ARC Chapter Code: 21254
Agency System ID: 89378
Agency/Chapter Name: PIONEER VALLEY CHAPTER (MA)
Agency Operating Shelter: Other
(if other): Local
Agency Type: ARC Supported

Shelter Information
Shelter Name: Armory
Shelter Type: General
(if other, please specify)
Shelter Is Inactive? No
Shelter Status: Closed
Shelter is Suitable for Evacuation and/or Post-Impact: Both (B)
Usable Square Footage: 2000
(Enter Numbers Only)
Evacuation Capacity: 100
Post Impact Capacity: 50

Physical Address
Street Address 1: 141 East Main St
Street Address 2:
City: ORANGE
State: MA
County/Parish: FRANKLIN
Zip: 01364 Township/Suburb/Neighborhood:
Hub (local delineator):

Mailing Address
Street Address 1:
Street Address 2:

Zip:

Geographic Information
FEMA Region: 1
GNIS Code (FEMA):

Longitude: -72.303618100
Latitude: 42.590001300
Elevation:
In Storm Surge/SLOSH area?: Not Specified
(Sea, Lake and Overland Surges from Hurricanes)
In Flood Plain?: Not Specified

General Information
Notes:

Basic Shelter Information

Colrain Elementary School (Shelter Number: 141397)

Agency Affiliation:
ARC Chapter Code: 21254
Agency System ID: 89378
Agency/Chapter Name: PIONEER VALLEY CHAPTER (MA)
Agency Operating Shelter: ARC
(if other):
Agency Type: ARC Managed

Shelter Information:
Shelter Name: Colrain Elementary School
Shelter Type: General
(if other, please specify)
Shelter Is Inactive? No
Shelter Status: Closed
Shelter is Suitable for Evacuation and/or Post-Impact: Both (B)
Usable Square Footage: 2000
(Enter Numbers Only)
Evacuation Capacity: 100
Post Impact Capacity: 50

Physical Address:
Street Address 1: 22 Jacksonville Road
Street Address 2:
City: COLRAIN
State: MA
County/Parish: FRANKLIN
Zip: 01340
Township/Suburb/Neighborhood:
Hub (local delineator):

Mailing Address:
Street Address 1: 22 Jacksonville Road
Street Address 2:
City: COLRAIN
State: MA
Zip: 01340

Geographic Information:
FEMA Region: 1

GNIS Code (FEMA):
Longitude: -72.697485000
Latitude: 42.675501000
Elevation:
In Storm Surge/SLOSH area?: No
(Sea, Lake and Overland Surges from Hurricanes)
In Flood Plain?: No

General Information:
Notes:

SHELTER FACILITY SURVEY

Please print all information. This form is generic to many types of shelters; some of the questions on this form might not apply to every site. In such cases, answer N/A (not applicable).

Site Name: GREENFIELD MIDDLE SCHOOL
Street Address: 195 Federal Street
Town/City: Greenfield **State:** MA **Zip Code:** 01301
Mailing Address (if different): _____
Phone: 772-1360 **Fax:** (413) 774 - 7940
Email address (if applicable): _____

EMERGENCY CONTACT INFORMATION:

To authorize facility use, contact (Name[s], phone number[s], cell number[s]); include secondary contacts:
ROBERT STRAHAN, Emergency Manager/Deputy Chief 413 774-4737 cell
413 768-8901 office

To open the facility 24/7, contact (Name[s], phone number[s], cell number[s]); include secondary contacts:
ROBERT STRAHAN, Emergency Manager/Deputy Chief 413 774-4737 cell
413 768-8901 office

Directions to the facility from the nearest major highway evacuation route:

1. Head west on Cottage St toward Carando Dr 0.5 mi
2. Turn right at Robbins Rd, then left on Page Blvd 0.24 mi
3. Merge onto I-291 E via the ramp to I-90 E/Mass Pike/Boston/Chicopee 1.2 mi
4. Take the I-90W Masspike Toll road 5.5 mi
5. Take exit 4 for I-91 toward Springfield/Holyoke Toll road 0.7 mi
6. Merge onto W Springfield 0.3 mi
7. Merge onto I-91 N via the ramp to Holyoke 31.2 mi
8. Take exit 26 for MA-2 W/Massachusetts 2A E toward Greenfield Center/N Adams 0.3 mi
9. Slight right at Massachusetts 2A E 1.1 mi
10. Turn left at Federal St – destination will be on the right 0.5 mi

Latitude: 42.595

Longitude: -72.597

CAPACITY

Capacity for all shelters should be calculated using any space that could feasibly be used as sleeping space for an event. In an evacuation shelter, capacity should be calculated using 15 to 20 square feet per person. In a general shelter, use 40 to 60 square feet per person to determine capacity.

Capacity **Evacuation =** _____ **at** _____ **square feet**
General = _____ **at** _____ **square feet**

Gym 60x92 = 5,520
Café 42x92 = 2,940
SmGym 40x60 = 2,400

	<u>Evac</u>	<u>Gen</u>
Gym	276	138
Café	147	74
SmGym	120	60
	543	272

LIMITATIONS ON FACILITY USE

Some facilities are only available during certain times due to other activities. Please indicate the dates that the facility is available.

☒ This facility will be available for use at any time during the year.

☐ This facility is **only** available for use during the following time periods.

From: _____ to _____

From: _____ to _____

☐ This facility is **not** available for use during the following time periods:

From: _____ to _____

From: _____ to _____

Some facilities have specific areas that can be used as an emergency shelter. Please indicate restrictions on use of certain areas of the building or if the entire facility is available for use.

GENERAL FACILITY INFORMATION

FIRE SAFETY

Some facilities that appear to be suitable for sheltering might not meet fire codes based on building capacity. This list of questions is not meant to be exhaustive. It is recommended that local codes be examined to determine if the facility meets them. In addition, contact can be made with the fire department to ensure compliance.

Does the facility have inspected fire extinguishers? ☒ Yes ☐ No

Does the facility have functional fire sprinklers? ☒ Yes ☐ No

Does the facility have a fire alarm? ☒ Yes ☐ No

If yes, choose one: ☒ Manual (pull-down) ☒ Automatic

Does the fire alarm directly alert the fire department? ☒ Yes ☐ No

Comments from fire department, if available: _____

UTILITIES

A major concern in running an emergency shelter is whether or not utilities can continue to run after a storm. This section is designed to evaluate the capabilities of the facility and to list the appropriate contacts in case the utilities fail.

Emergency generator on site? ☒ Yes ☐ No

IF YES- Capacity in kilowatts _____ Power for entire shelter? ☒ Yes ☐ No
If no, what will it operate? Natural Gas

Operating time, in hours, without refueling, at rated capacity: Indefinite

☒ Auto start ☐ Manual start Fuel type Natural Gas

Utility company name: Berkshire Gas

Contact name: School Department/Bob Strahan Emergency phone number: (413) 774-4737

Generator fuel vendor: Berkshire Gas Emergency phone number: (800) 292-5012

Generator repair contact: Pete Emergency phone number: Ext 156

IF NO- Emergency generators do not have to be present in order to use the facility as a shelter. However, care must be taken to evaluate the appropriateness of the facility in emergency situations. For example, if there are no appropriate facilities in the area available for sheltering that have emergency generators, consideration should be made to use those facilities. Most pre-identified emergency shelters do not have generators. In addition, if a shelter does not have a generator on site, it is appropriate to pre-identify vendors so that a generator could be brought in if necessary.

Heating ☐ Electric ☒ Natural gas ☐ Propane ☐ Fuel ☐ Oil

Utility/vendor name: Berkshire Gas

Contact name: Berkshire Gas Emergency phone number: (1-800) 292-5012

Repair contact: _____ Emergency phone number: (____) ____-____

Cooling ☐ Electric ☐ Natural gas ☐ Propane

Utility/vendor name: N/A

Contact name: _____ Emergency phone number: (____) ____-____

Repair contact: _____ Emergency phone number: (____) ____-____

Cooking ☐ Electric ☒ Natural Gas ☐ Propane ☐ No cooking facilities on site

Utility/Vendor name: Berkshire Gas

Contact name: Berkshire Gas Emergency phone number: (800) 292-5012

Repair contact: _____ Emergency phone number: (____) ____ - ____

See the Food Preparation section below.

Telephones Business phones available to shelter staff? ☒ Yes ☐ No Cafeteria Office

Phones available to shelter residents? ☐ Yes ☒ No

Number of phones: 2 Locations: 1 in Cafeteria Office/1 in Faculty lounge

Utility/vendor name: Verizon

Contact name: Verizon Emergency phone number: (800) 941-9900

Repair contact: _____ Emergency phone number: (____) ____ - ____

Water ☒ Municipal ☐ Well(s) ☐ Trapped water

If trapped: Potable (drinkable) storage capacity in gallons: _____

Non-potable (undrinkable) storage capacity in gallons: 0

Utility/vendor name: Town of Greenfield

Contact name: Greenfield DPW Emergency phone number: (413) 774-4737 x 0

Repair contact: _____ Emergency phone number: (____) ____ - ____

Planning for Drinking Water

The recommended amount of potable water to have on hand per evacuee is one gallon per day. Presuming that existing water supplies remain available, and that the goal for resources on hand is for three days after the shelter opens, you should strive to have three gallons on hand for each projected shelter resident.

Projected population x 3 = projected number of gallons of water needed.

Projected population x 3 _____

_____ - Total available

Gallons of Water Needed _____

MATERIAL SUPPORT

COTS & BLANKETS: **Wrestling mats available for large portion of gym**

During evacuation sheltering, it is often impractical to have cots and bedding for all evacuees. However, it is desirable to have some cots and bedding on hand to be provided on a case by case basis to shelter residents who could, for a variety of reasons, experience hardship by sleeping on the floor. A good planning target for the quantity of cots to have on hand for evacuation sheltering is enough for 10% of the projected population. Generally, it is recommended to have two blankets per person in the shelter.

Projected population ÷ 10 = projected number of cots needed.

Projected population ÷ 10 _____

_____ - Total available

Cots needed _____

Projected population ÷ 5 _____

_____ - Total available

Blankets needed _____

ACCESSIBILITY FOR PEOPLE WITH DISABILITIES

Many people with disabilities can be accommodated in general shelters. It is important to evaluate a building to determine if it is accessible to people with disabilities. No single deficiency in the following list makes a facility "out of compliance" or unfit for consideration. There are many acceptable temporary mechanisms that can make a facility accessible. For guidance in this area, contact your local building or safety department, an assisted living center or a disability advocacy organization.

Access to building

- ☒ Curb cuts (minimum 35 inches wide)
- ☒ Accessible doorways (minimum 35 inches wide)
- ☒ Automatic doors or appropriate door handles
- ☒ Ramps (minimum 35 inches wide) Are ramps: ☐ Fixed ☐ Portable
- ☒ Level Landings

Accessible and accommodating restrooms

- ☒ Grab bars (33-36 inches wide) ☒ Sinks @ 34 inches in height
- ☒ Stall (38 inches wide) ☐ Towel dispenser @ 39 inches in height

Showers

- ☒ Shower stall (minimum 36 inches by 36 inches) ☒ Grab bars (33-36 inches in height)
- ☒ Shower seat (17-19 inches high) ☒ Hand-held spray unit with hose
- ☒ Fixed shower head (48 inches high)

Accessible and accommodating cafeterias

- ☒ Tables (28-34 inches high)
- ☒ Serving line [counter] (28-34 inches high)
- ☒ Aisles (minimum 38 inches wide)

Accessible telephones

- ☐ Maximum 48 inches high ☐ TDD available ☐ Earpiece (volume adjustable)

SANITATION

TOILETS

The American Red Cross recommended ratio for toilet facilities is a minimum of 1 restroom for 40 people. Count only those facilities that will be accessible to shelter residents and shelter staff.

Projected population ÷ 40 = projected needed number of toilet facilities.

Number of toilets available: Men 2&3 urinals Women 5 Unisex People w/ Disabilities 1 men/1 women

Projected need: Men _____ Women _____ Unisex _____ People with Disabilities _____

- Total available: Men _____ Women _____ Unisex _____ People with Disabilities _____

Portable toilets needed: Men _____ Women _____ Unisex _____ People with Disabilities _____

SINKS

The recommended ratio of sinks is one sink for every two toilets.

Number of sinks available: Men 3 Women 3 Unisex _____ People with Disabilities 1 men/1 women

Projected need Men _____ Women _____ Unisex _____ People with Disabilities _____

Total available: Men _____ Women _____ Unisex _____ People with Disabilities _____

Portable sinks needed: Men _____ Women _____ Unisex _____ People with Disabilities _____

SHOWERS

The best case scenario for showers is 1 shower for every 40 residents. In the case of evacuation shelters, the ratio can be higher. However, if it is determined that an evacuation shelter will be open longer term, alternative arrangements will have to be made. There might be a nearby facility that, while it couldn't be used as a shelter, might have showers available. Consider requesting transportation through partner agencies; when a Disaster Relief Operation (DRO) has been set up, requests can go through Partner Services at the DRO. Portable showers might need to be acquired.

Number of showers available: Men 7 Women 1 Unisex _____ People with Disabilities 1 men/1 women

Number of showers needed: Men _____ Women _____ Unisex _____ People with Disabilities _____

Are there any limitations on the availability of showers (time of day, etc.)? ☐ Yes ☒ No

Alternatives for showers on-site:

Alternatives for showers off-site:

FOOD PREPARATION

☐ None on site ☐ Warming oven kitchen

☒ Full-service kitchen

(If full-service meals, "per meal" number that can be produced):

☐ Facility uses central kitchen — meals are delivered

Bob Strahan/

Central kitchen contact: Cheryl Frederick, Dietician Phone Number: (413) 774-4737

Planning for shelter feeding

While people coming to evacuation shelters are encouraged to bring food with them, for a variety of reasons this doesn't always occur. Therefore, it pays to be prepared to feed shelter residents. For planning purposes, it is helpful to think in terms of three to five days of meals with no outside assistance. This covers the possibility of widespread damage to commercial food sources and infrastructure. Meals can range from freshly prepared food at shelter facilities that have adequate kitchen facilities to prepackaged shelf-stable meals (military-style Meals Ready to Eat [MREs], Heater Meals, etc.). The planning target should be 5 meals worth of food in inventory for each projected shelter resident.

Projected population x 5 = projected number of meals needed.

Projected need _____ **one day worth of meals stored on site**

- Total available

Meals Needed _____

Equipment (Indicate quantity and size [sq. ft.] as appropriate).

Refrigerators 2 Walk-in refrigerators 1 Ice machines 0

Freezers 1 Walk-in freezers 1 Braising pans 0

Burners 8 Griddles 1 Warmers 3

Ovens 0 Convection ovens 2 Large Microwave ovens 0

Steamers 1 Steam kettles 1

Sinks 2 Dishwashers 1

FEEDING AREAS

☐ None on site ☐ Snack Bar (seating capacity: _____) Cafeteria (seating capacity: 130)

☒ Other indoor seating (describe, including size and capacity estimate): Small gym 70

Total estimated seating capacity for eating: 200

Comments related to feeding: _____

OTHER CONSIDERATIONS

ARC 4496

“Standards for Selection of Hurricane Evacuation Shelters,” or ARC4496, is a document published by the American Red Cross. 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 mapping, flood mapping and other data can now be used to make informed decisions about the suitability of shelters. Anyone considering using a facility as a hurricane evacuation shelters should carefully review ARC 4496 and consult with local officials to ensure safety of the facility is considered.

HEALTH SERVICES

Number of rooms available: _____ Number of beds or cots available: _____

Number of rooms needed: _____ Number of beds or cots needed: _____

Total square footage of available health care space: _____

BABY AND INFANT SUPPORT SUPPLIES

Diaper changing tables are extremely important due to health safety considerations. While there is not a recommended number of tables by population, there should be changing tables available. Beyond diaper changing, it is helpful to know in advance what baby supplies are available, if needed.

of diaper changing tables: 0

of diapers available: 0

Cans of formula available: 0

LAUNDRY FACILITIES

Generally, shelters do not have access to laundry facilities. Availability of such facilities would be considered an extra and not a necessity. These facilities would be especially useful for a shelter open longer than a week.

Number of clothes washers: 0 Number of clothes dryers: 0

Will the shelter worker or shelter residents have access to these machines? ☐ Yes ☐ No

Are laundry facilities coin operated? ☐ Yes ☐ No

Special conditions or restrictions: _____

ADDITIONAL INFORMATION

Does the entity that plans to manage the shelter own the building? ☐ Yes ☒ No
If NO- is there a current written agreement to use this site? ☐ Yes ☒ No
Is this facility within five miles of an evacuation route? ☒ Yes ☐ No
Is this facility within ten miles of a nuclear power plant? ☐ Yes ☒ No

Groups associated with this facility

Facility staff required when using facility? ☒ Yes ☐ No
Paid feeding staff required when using facility? ☐ Yes ☒ No
Church auxiliary required when using facility? ☐ Yes ☐ No
Fire auxiliary required when using facility? ☐ Yes ☐ No
Other: _____ Required ☐ Yes ☐ No
Other: _____ Required ☐ Yes ☐ No

Will any of the above groups be trained or experienced in shelter management?

IF YES, please list: _____

RECOMMENDATIONS/OTHER INFORMATION (Be specific):

•••• Attach a sketch or copy of the facility floor plan ••••

Survey completed/updated by

Don Snyder
Printed Name

Signature

6/30/2010

Date completed

Donna Toupin
Printed Name

Signature

8/30/2010

Date completed

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

Facility Name	Address	Town	Sector	Sub-Region/s	Contact Person	Contact Information	Primary/ Back-up / Unique	Hazard Vulnerabilities	Available Space	Long-Term Shelter Capacity (40 sq. ft. per person)	Generator?
PUBLIC SCHOOLS											
Frontier Regional High School	113 North Main Street	South Deerfield	SW	Conway, Whately, Deerfield, Sunderland	Bob Lesko, Building Maint. Supervisor	413-665-2118; leskor@frsd.deerfield.ma.us	Back-up	Flood; near railroad	Gym + locker rooms = 16,000 square feet	400	Yes, for core areas. Does not include the kitchen or the gym/locker room areas.
Mohawk Regional High School/Middle School	26 Ashfield Rd.	Buckland	SW	Southwest County, Ashfield, Colrain, Heath, Hawley, Charlemont, Rowe, Buckland, Shelburne	Lynn R. Dole, Principal; Dan Turner, Head Custodian	413-625-9811	Primary	Near railroad. In the inundation zone for the Harriman Dam.	Cafe is 4,655 Big Gym 8,188 Small Gym 4,902	443	Yes, for core areas.
Conway Grammar School		Conway	SW				Back-up	Potentially some types of flooding if access roads are not passable	Yes		Yes, powers part of the building.
New Sanderson Academy	808 Cape St.	Ashfield	SW	Southwest County; Ashfield, Conway; Plainfield	Budge Litchfield, Principal	413-628-4404	Back-up	Potentially some types of flooding if access roads are not passable	Cafe 1,846 gym 4,050	147	Yes, entire building.
Rowe Elementary School	86 Pond Rd. Rowe, MA 01367	Rowe	NW		Bill Knittle, Principal	Phone: 413-339- 8381 Fax: 413- 339-8621	Back-up		Gym 2,784 sqft; Cafeteria 980 sq. ft.	94	Yes, powers part of the building.
Colrain Central Elementary School	22 Jacksonville Rd	Colrain	NW		Amy Looman, Principal	413-624-3451; alooman@mohawkschools.org	Primary	Located on the banks of the North River. Flooded in Tropical Storm Irene. In Evacuation Zone of VT Yankee	Cafeteria 1716 sq ft; gym 3,360 sq ft	126	No

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

Facility Name	Address	Town	Sector	Sub-Region/s	Contact Person	Contact Information	Primary/ Back-up / Unique	Hazard Vulnerabilities	Available Space	Long-Term Shelter Capacity (40 sq. ft. per person)	Generator?
Pioneer Valley Regional School	97 F. Sumner Turner Road	Northfield	NC	Bernardston, Gill, Northfield, Leyden, Warwick	Bill Werhli, Principal; Steve Field, Facilities	413-498-2931 x1104; 413-498- 2911	Back-up	near railroad; proximity to VT Yankee; may be inaccessible to populations on east side of CT River in flood or dam failure event	Gym: capacity of ~275 (11,000 sq. ft.); Cafeteria: capacity of ~85 (3,456 sq. ft.)	360	Yes, powers gym, hallways, cafeteria, most of kitchen, locker rooms, two lights in nurse area
Northfield Elementary	104 Main Street	Northfield	NE		Tom King, Principal; Steve Field, Facilities	413-498-5842; 413- 498-2911	Back-up	near railroad, may be inaccessible to populations on the west side of the CT River in flood or dam failure event; proximity to VT Yankee	Gym: capacity of ~85 (3,500 sq. ft.); Cafeteria: capacity of ~55 (2,369 sq. ft.)	140	No
Bernardston Elementary	37 School Road	Bernardston	NC		Bob Clancy, Principal; Steve Fields, Facilities	413-648-9356; 413- 498-2911	Back-up	proximity to VT Yankee	Gym: capacity of ~95 (3,869 sq. ft.); Cafeteria: capacity of ~55 (2,360 sq. ft.)	150	No
Greenfield Middle School	195 Federal St.	Greenfield	NC		Gary Tashjian, Principal	413-772-1360 x2242; cell: 413- 834-2928; gartas1@gpsk12.or g	Primary	No problems in the past that would have limited sheltering role	Use the large gym, small gym and cafeteria for sheltering. Gym=5,520 sq. ft.; café=2,940 sq. ft.; small gym=2400 sq. ft.; Total=10,860 sq. ft.;	271	Yes. Not sure if generator powers kitchen, bathrooms, entire building.
Greenfield High School	1 Lenox Ave.	Greenfield	NC		Donna Woodcock, Principal	413-772-1350	Unique				

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

Facility Name	Address	Town	Sector	Sub-Region/s	Contact Person	Contact Information	Primary/ Back-up / Unique	Hazard Vulnerabilities	Available Space	Long-Term Shelter Capacity (40 sq. ft. per person)	Generator?
Shutesbury Elementary School	23 West Pelham Road	Shutesbury	SE		Bob Mahler, Principal	413-259-1212 x2	Back-up		3,264 sq. ft. in gym; 14 bathroom stalls; single shower; kitchen	81	Town has purchased a 100 kW generator that will be installed the week of 8-20-12 and will power the entire building
Sunderland Elementary School	1 Swampfield Drive	Sunderland	SE		Tim Merritt, Principal; David Grace, Facilities Manager	413-665-1151	Back-up				
Turners Falls High School	222 Turnpike Road	Turners Falls	SE	Gill, Greenfield, Erving, Wendell, Leverett, north Sunderland, north Deerfield, south Northfield			Back-up	could be inaccessible to populations north/west of the CT and Millers River in flood or dam failure event; wildfire - proximity to Montague Plains	Café = 5888 sq. ft.; gym = 10,800 sq. ft.	417	Yes - partial
Franklin County Technical School	82 Industrial Blvd.	Turners Falls	SE	Gill, Greenfield, Erving, Wendell, Leverett, north Sunderland, north Deerfield, south Northfield	Joe Mazeski, Facility Manager	413-863-9561	Primary	Possibly earthquake (see column R); could be inaccessible to populations north/west of the CT and Millers River in flood or dam failure event; wildfire - proximity to Montague Plains	Cafeteria; gym = 9700 sq. ft.; , assembly hall (not auditorium) = 5200 sq. ft.	~400	Yes - does not currently power bathroom lights

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

Facility Name	Address	Town	Sector	Sub-Region/s	Contact Person	Contact Information	Primary/ Back-up / Unique	Hazard Vulnerabilities	Available Space	Long-Term Shelter Capacity (40 sq. ft. per person)	Generator?
Mahar Regional School	507 South Main St.	Orange	SE	Orange, Wendell, New Salem, Petersham	Tom Bates, Director of Facilities	(978) 544-2542	Back-up		HS Gym: 8064 sq.ft. + MS Gym: 5856 sq.ft. + Weight /Training room: 2000 sq ft (total) = 15,920 sq.ft. for 398 persons; 4 Locker Rooms with 6 showers each (1 H/C each), 2 Lobby Restrooms (female: 4 fixtures, male: 4 fixtures)	398	Cummins 300 KW diesel generator providing 110v power to emergency lighting (2 fixtures in 3), refrigeration, boiler operation (not HVAC control), and VERY limited electrical outlets (only one reachable in designated area via extension cord). The school kitchen has limited capacity using propane appliances. Additional \$40,000 in wiring required to make school fully operational on generator power.
Fisher Hill School	59 Dexter St.	Orange	NE		Tom Bates, Director of Facilities	(978) 544-2542	Back-up		Cafetorium: 2465 sq ft, and/or Gymnasium: 4553 sq ft = 7018 sq ft for 175 persons	175	KV350 (350KW) Generator wired directly into the building's electrical system through an automatic transfer switch. All electrical components of the building (lighting, heat, service electric) are able to pull off the emergency system. It is unknown whether the generator capacity meets full building use.
PRIVATE SCHOOLS											

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

Facility Name	Address	Town	Sector	Sub-Region/s	Contact Person	Contact Information	Primary/ Back-up / Unique	Hazard Vulnerabilities	Available Space	Long-Term Shelter Capacity (40 sq. ft. per person)	Generator?
Deerfield Academy	7 Boyden Lane	Deerfield	SW	Greenfield, South County - Deerfield, Conway, Whately, Sunderland	David Gendron, Security Department	413-774-1558	Unique	Flooding; Dam failure; near railroad	Two large gyms, dining hall seats 700, dormitories		Yes - campus wide
Academy at Charlemont	1359 Route 2	Charlemont	NW	West County - Charlemont, Heath, Rowe, Shelburne, Hawley, Buckland	John Baldwin	413-339-4912 Business Office	Unique	Flooding; Dam failure; near railroad	Two buildings: 18,000 sq. ft. including a kitchen, two large rooms, bathrooms, classrooms; 3,000 sq. ft. including bathrooms, locker rooms		No
Bement School	94 Old Main Street	Deerfield	SW	Greenfield, South County - Deerfield, Conway, Whately, Sunderland	Ken Cuddeback	413-774-7061	Unique	Flooding; Dam failure; near railroad	half court gym: ~67 (2,684 sq. ft)	67	No
Northfield Mt Hermon	1 Lamplighter Way	Gill	NC	Gill, Bernardston, Northfield, Greenfield, Erving (Erving side), Montague	Trina Learned	413-498-3444	Unique	Flooding - wastewater treatment plant adjacent to CT River; Earthquake; Nuclear	infirmary: ~200 (8,500 sq. ft., unsure of # of beds); athletic center: upwards of 2000 (100,000 sq. ft building)	2200	Yes - campus wide generator to be installed over summer 2012

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

Facility Name	Address	Town	Sector	Sub-Region/s	Contact Person	Contact Information	Primary/ Back-up / Unique	Hazard Vulnerabilities	Available Space	Long-Term Shelter Capacity (40 sq. ft. per person)	Generator?
Stoneleigh Burnham School	574 Bernardston Road	Greenfield	NC	Greenfield, Montague, Bernardston, Gill, Leyden	Leslie Brown	413-774-2711 x220	Unique	Earthquake	gym: ~500 (20,000 sq. ft.); also have a smaller room off to side, serves as an art gallery	500	No; full kitchen facilities in nearby separate building have back-up power
COLLEGES											
Greenfield Community College		Greenfield	NC	Reception Center			Unique				
MUNICIPAL PROPERTIES											
Old Sanderson Academy Field		Ashfield	SW	Southwest County; Ashfield, Conway	Doug Field, EMD	emd@ashfield.org; ddfield1@verizon.net	Unique				
Field next to Fire Station		Ashfield	SW	Southwest County; Ashfield, Conway	Doug Field, EMD	emd@ashfield.org; ddfield1@verizon.net	Unique				
Cowell Gym (Old Arms Academy gym)	51 Maple Street	Shelburne	NC		Diana Hardina, Rec Committee	413-625-9921	Unique	Dam failure; earthquake	~ 9,000 square feet	~ 225	No
Channing Bete		South Deerfield	SW				Unique				
Pelican		South Deerfield	SW				Unique				
Berkshire East	66 Thunder Mountain Road	Charlemont	SW		John Shaffer, General Manager	413-339-6617 x304	Unique		100 people	100	
Rowe Camp and Conference Center	22 Kings Highway	Rowe	NW		Paulette, Facilities Manager	413-339-4954	Unique	Flooding; potentially earthquake	at least 4,000 sqare feet between two buildings; also have bedrooms	at least 100	No

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

Facility Name	Address	Town	Sector	Sub-Region/s	Contact Person	Contact Information	Primary/ Back-up / Unique	Hazard Vulnerabilities	Available Space	Long-Term Shelter Capacity (40 sq. ft. per person)	Generator?
Heath Fairgrounds	9 Hosmer Road	Heath	NW		Justin Lively, Heath Agricultural Society President	info@heathfair.org ; <a href="mailto:justin@thelivelyheat
han.com">justin@thelivelyheat han.com	Unique	Could be inaccessible due to blocked roads during winter storms or flooding	unsure. Exhibit hall is 1000 square feet. Have large exterior open space for tent set up		No
Montague Elks		Montague	SE				Unique				
YMCA		Greenfield	NC				Unique				
Indoor Action Sports	1385 Bernardston Road	Greenfield	NC		Jeff Coulson, President	(413) 772-8665 x109 coulson@indooraction.co m	Unique				
Orange Airport		Orange	SE		Brian Camden, Facilities	978-305-2452 (cell)	Unique		500 acres - tents; large town-owned hangars could be used for equipment or to house people		Only for basic essentials, not for full operations.
Peace Pagoda		Leverett	SE				Unique				
Yankee Candle Fitness Center		Deerfield	SW				Unique				
Yankee Candle Distribution Center		Deerfield	SW				Unique				
Pine Brook Camp		Shutesbury	SE				Unique				
Life Skills Workshop		Greenfield	NC				Unique				
Franklin County Fairgrounds		Greenfield	NC				Unique				
Athol-Orange Elks	92 New Athol Rd.	Orange	NE		Chad Songer, Manager	978-575-0653	Back-up				
Armory	141 E Main St.	Orange	NE		Bill Ruby	978-544-6732	Primary		1 bathroom upstairs; 2 downstairs with 3 stalls each. 11,380 sq. ft. on second floor; 2,000 sq. ft. downstairs.	334	Yes. Sufficient capacity to run all systems including the ADA lift to get upstairs.
Vipassana Meditation Center	386 Colrain-Shelburne Road	Shelburne	NC		Laura	413-625-2160	Unique		108 acres, meditation hall, dining halls, bathhouse, dormitories		

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

Facility Name	Address	Town	Sector	Sub-Region/s	Contact Person	Contact Information	Primary/ Back-up / Unique	Hazard Vulnerabilities	Available Space	Long-Term Shelter Capacity (40 sq. ft. per person)	Generator?
Colrain Community Church	306 Main Road	Colrain	NC		Pastor Bob Szafran	413-624-3808; bszafran@verizon.net	Back-up				

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

Facility Name	American Red Cross Shelter?	ADA Compliant? (Facilities built or altered since 1992 are more likely to comply with ADA architectural requirements)	Co-location of Animal Shelter?	Distance to Evacuation Route (miles)	Existing Shelter Supplies Available (list item and # available)	Built or Renovated Since 1975?	Other Specific Limitations	Potential Actions to Address Limitations/ Gaps	Strengths
PUBLIC SCHOOLS									
Frontier Regional High School	no	yes	no	.8 mi to Routes 5/10/116	none	yes	Access to school could be compromised during a flood event (Rtes. 5/10).	Cannot operate a shelter while school is in session. Electrical improvements needed to operate gym, bathroom facilities, and kitchen.	Town water & sewer; 2 locker rooms with approx. 10 showers each and adequate numbers of stalls for sheltering purposes.
Mohawk Regional High School/Middle School	no	yes	yes (could be)		no	no	Public would need to be CORI/SORI checked if interacting with students. Would need appropriate staff to control public flow.		400 space parking lot
Conway Grammar School							If Rte. 116 is flooded, wouldn't work for Sunderland, Whately, Deerfield; septic system capacity?		
New Sanderson Academy					25-person shelter cart kit including 25 regular cots, 25 blankets, 50 pillows and various emergency supplies. Purchased with emergency mgmt. grant.		If Rte. 116 is flooded, wouldn't work for Sunderland, Whately, Deerfield; septic system capacity?	Police officer would be required if school is in session. Could segregate shelter residents in separate room near cafeteria and bathrooms or take over gym. Only problem would be when kids are eating in the cafeteria.	50 space parking lot
Rowe Elementary School	Not sure	Yes	Possible		No	No	Septic system capacity? SCHOOL BURNED DOWN AUGUST 4, 2012	Need agreements, would need to work out separation of any students on campus and shelter residents. Likely need to acquire shelter supplies - cots and blankets	30+ parking spaces
Colrain Central Elementary School	ARC Managed Shelter (see form); used for 2 weeks by ARC after TS Irene	Yes	No	located on Route 112	There are paper products on hand to feed 100 people for 3 meals. Commodities can be used and the school has reimbursement forms.	Renovated and expanded in 1997	Septic system capacity?	No shower or bathing facilities	10,700 square feet of parking and 2.5 acres of staging

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

Facility Name	American Red Cross Shelter?	ADA Compliant? (Facilities built or altered since 1992 are more likely to comply with ADA architectural requirements)	Co-location of Animal Shelter?	Distance to Evacuation Route (miles)	Existing Shelter Supplies Available (list item and # available)	Built or Renovated Since 1975?	Other Specific Limitations	Potential Actions to Address Limitations/ Gaps	Strengths
Pioneer Valley Regional School	Yes. Facility survey available.	Yes	Potentially, in the auxiliary gym located off of the regular gym. Good size area, has rubber floor.	.5 miles from Rt. 10; 1 mile from Main Rd.; 2 miles from Rt. 63; 3 miles from I-91; 4 miles from Rt. 5	None	Yes, renovated 2000-2002	Need more power receptacles/outlets; nurse area not entirely powered by generator; kitchen not entirely powered by generator; no stored food supplies; staffing was an issue during Oct. snowstorm - ARC supposed to come but couldn't	Electrical improvements to fully power nurse office and kitchen with generator; agreements with food suppliers - not just local, since they may be out of power; acquire shelter supplies; shelter staff training for volunteers [reach out to PTO, students, parents, people who know the school and community?]	Good central location; large parking area; drinking water (well) with back-up generator; showers; would be able to have school in session at same time as shelter
Northfield Elementary	No	Yes	No	On Routes 63/10	None	Yes, last renovated in 1993, including gym and cafeteria	No storage for supplies; cannot host shelter with school in session	Acquire back-up generator; acquire storage unit with shelter supplies	Proximity to community (Northfield); location on major route and across from CT River; good facility to accommodate a local event when school is not in session
Bernardston Elementary	No	Yes		Off of Routes 5/10; 1 mile from I-91	None	Yes, renovated in early 1990s, including cafeteria and gym	on dead end road currently in disrepair but scheduled for repair summer 2012; more suited to a local event rather than largescale sheltering	Acquire back-up generator; acquire shelter supplies	Proximity to community (Bernardston); Town owned building; could potentially operate while school in session, would need to coordinate meal schedules
Greenfield Middle School	ARC has operated in the shelter in the past. Facility survey available.	Yes	Yes; used small gym in the past for an indoor animal shelter. Had some problems with allergic reactions afterward.		None. Fire Chief and Sheriff have brought in supplies from the shelter trailer stored at the jail.	Yes.	None	Acquire shelter supplies. Shelter cannot be operated while school is in session.	Already has been used as a regional shelter. Building has 2 locker rooms with 3-4 stalls and 3 showers each, in addition to two other single-stall bathrooms, one of which is handicap accessible.
Greenfield High School							Will be undergoing extensive renovations - timeframe?		

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

Facility Name	American Red Cross Shelter?	ADA Compliant? (Facilities built or altered since 1992 are more likely to comply with ADA architectural requirements)	Co-location of Animal Shelter?	Distance to Evacuation Route (miles)	Existing Shelter Supplies Available (list item and # available)	Built or Renovated Since 1975?	Other Specific Limitations	Potential Actions to Address Limitations/ Gaps	Strengths
Shutesbury Elementary School	No	yes	no		none	yes	Gym used for feeding kids, but can be carved out for sheltering in an emergency. Currently no back-up power source and is used as a school. If school were in session there would be some limitations to the operation of the shelter (e.g. classroom space could not b e used, there would be limitations around bathroom use, etc.	School is served by a well for water and a septic system for wastewater.	New generator should give capacity to run heat, lights, water, and kitchen (will check with Walter Tibbets for further info). The school has kitchen facilities, limited shower facilities, numerous bathrooms, a large space (the gym) for use as a shelter, conference room for use as an operations center, and classroom spaces for multiple uses.
Sunderland Elementary School	Yes								
Turners Falls High School	Yes	Yes - the gym is on the 2nd floor, there is an elevator to access it.	Yes		40 cots, 50 linen/blanket sets, 50 pillows	Renovated 2004	Disruption during school year	Determine if shelter could be set up while school is in session.	Largest facility in town. On town water and sewer. Has served as a regional shelter already.
Franklin County Techical School	No	Yes	Yes	.7 miles from Millers Falls Rd; 1.8 miles from Turners Falls Rd at Turnpike Rd; 3 miles to Montague City Rd; 3 miles to Rt.s 63 and 2	None.	built in 1977, no significant renovations since	Bathrooms do not currently have emergency lighting. Being worked on. No single large parking lot, parking is in a circular pattern around the facility.	Acquire shelter supplies; install emergency lighting in bathrooms; verify if building meets 1975 siesmic standards	Easy access, good location; Backup generator powers whole kitchen etc; Have separate nurse area with cots for people needing medical care or privacy; no problems with flooding; on town water and sewer.

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

Facility Name	American Red Cross Shelter?	ADA Compliant? (Facilities built or altered since 1992 are more likely to comply with ADA architectural requirements)	Co-location of Animal Shelter?	Distance to Evacuation Route (miles)	Existing Shelter Supplies Available (list item and # available)	Built or Renovated Since 1975?	Other Specific Limitations	Potential Actions to Address Limitations/ Gaps	Strengths
Mahar Regional School	No, not designated as a Civil Defense Shelter. Seismic requirements exceeds building design.	Yes	An external area adjacent to the gym area could be used. No structures are available.	.2 miles from Route 122	Building is designated as an ISCU triage site for flu epidemic. Supplies are mostly medical in nature. 25 folding medical cots with blankets an pillows are part of this cache.	Entire building underwent renovation/addi tion project ending in 2004.	Possible conflict while school is in session. Designated area can be segregated from rest of school using smoke doors. Would probably require cancelling PE and Athletics during shelter use.	Difficult for shelter residents to get access to kitchen while students in school. Would need \$40,000 additional wiring for full operation on generator power. Would need shelter supplies.	Portion of building to be used for shelter can be closed off. Building systems are well maintained. Parking is available. A separate exterior entrance is available in the designated shelter area. Limited supplies “see above” are stored here by the Athol Hospital. Please note that there is no additional storage area available in the building. Shelter supplies would need to be delivered as needed.
Fisher Hill School	No. This building is used as the backup to the Armory for the Town of Orange.	The building is fully ADA compliant. Access between the two floors (cafetorium on top floor, gym on lower floor) is via elevator.	There is external space that could be designated for this purpose. No structures.	.7 mi to Route 2A	None.	Building was constructed in 1990. No renovations have taken place.	The layout of this building would make it impossible to conduct school at the same time that a shelter is in place. This would not be my first choice due to the layout of the building and its location on a hillside.		
PRIVATE SCHOOLS									

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

Facility Name	American Red Cross Shelter?	ADA Compliant? (Facilities built or altered since 1992 are more likely to comply with ADA architectural requirements)	Co-location of Animal Shelter?	Distance to Evacuation Route (miles)	Existing Shelter Supplies Available (list item and # available)	Built or Renovated Since 1975?	Other Specific Limitations	Potential Actions to Address Limitations/ Gaps	Strengths
Deerfield Academy	No	Mostly	Possibly - gyms have additional areas, such as squash courts	just off of Routes 5/10; 4.5 miles to Rt. 116; 5.7 miles to I-91 exit 24, 4.8 miles from exit 26	Have plans for sheltering students in place	Yes, renovated over the years.	Would need agreements to work out logistics. Only available when school not in session (summer months). Access to school could be compromised during a flood event (Rtes. 5/10).	Need agreements, would need to work out separation of any students on campus and shelter residents. Likely need to acquire shelter supplies - cots and blankets	
Academy at Charlemont	No	Yes	Possibly	On Route 2; 2.5 miles from Route 8A; 4.5 miles from Rt. 112	No	Yes, both buildings have been completely remodeled	Private water system does not have back-up power. Unsure whether shelter could operate while school is in session.	The school is working on obtaining a back-up generator for the water system and the buildings. Need to acquire shelter supplies.	Private sewer and water system. Route 2 sometimes only accessible route during a storm, could serve as shelter when other locations are inaccessible.
Bement School	No	Yes. Kitchen facilities in adjacent building not ADA compliant	No	same as Deerfield Academy	None	Fully renovated since 1975	Size limitations; no showers; would not be able to operate while school in session; Access to school could be compromised during a flood event (Rtes. 5/10).		Town water and sewer
Northfield Mt Hermon	No	Infirmery yes; athletic center does not have an elevator to second floor, so some spaces are inaccessible	Yes. The school has a farm on campus, would be amenable to an animal shelter	1 mile to Route 10; 2 miles to Route 63; 3 miles to I-91; 6 miles to Route 2 via Main Rd	Could potentially use beds in infirmery. School has food services, medical services, etc.	No	Would need to work out security to keep students and shelter residents separate. School has obligation to take care of its students first. Water system has no back-up power. Shelter could be inaccessible to residents on opposite side of Connecticut River	The school is planning on developing a new water system that would have back-up power - this is a few years into the future. Currently they have a large back-up supply in case of power outages. Need to develop agreements about what school supplies, equipment, and services can be utilized for the shelter	Accessible from major evacuation routes. Have own water and sewer system. Sewer has back-up power supply. The campus acts as a self-sufficient community - have food, medical, security/safety personnel on staff. Would be able to operate shelter while school in session/students on campus with proper agreements

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

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Stoneleigh Burnham School	No	Gym - yes; kitchen facilities - no	Could possibly use barn or arena. Pioneer Valley Vet Hospital located across the road.	.5 miles from Routes 5/10, Route 2, and I-91	No. Do try to have bottled water and other essentials available for power outages	No. Gym built in early 1970s, not significantly renovated	1 way in and out of campus; no showers; parking could be an issue in the winter; would need to ensure segregation of shelter population from student population; school would have to cancel sporting events in gym	Equip the gym with the ability to hook into a generator; would need to bring portable showers to site	Good during a flood; convenient to Rte. 2 and I-91 and major population centers; on Town water and sewer; school interested in helping community
COLLEGES									
Greenfield Community College									
MUNICIPAL PROPERTIES									
Old Sanderson Academy Field							Possible area for tent shelters. EMD does not think this is a suitable location.		
Field next to Fire Station							Possible area for tent shelters. EMD does not think this is a suitable location.		
Cowell Gym (Old Arms Academy gym)	No	Yes	Possibly. Probably no space inside, but have fenced-in tennis courts that could be used	.5 miles to Route 2; > 1 mile to Route 112	None	Renovated for ADA compliance, unsure if this included any seismic upgrades.	Currently undergoing mold remediation, due to be completed this year. No showers. No cooking facilities. No wifi. Limited parking 15-20 spaces.	Obtain shelter supplies; obtain generator; install showers; look for additional parking in adjacent lots and execute agreements	On town water and sewer; plumbed for showers, but budget did not allow for installation; on higher ground in village
Channing Bete							REPC removed from list.		
Pelican							REPC removed from list.		
Berkshire East									
Rowe Camp and Conference Center	No	Yes	Possibly	Just off of Zoar Rd.; ~ 5 miles to Route 8A; ~ 6 miles to Route 2	None	One building yes, one building unsure	During youth camp in summer would need to shelter campers; Road leading to camp crosses river, susceptible to washouts	Obtain shelter supplies; obtain generator or ability to hook up to a generator.	Adequate parking; considered a public water supply; have kitchen facilities in both buildings; showers

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

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Heath Fairgrounds	No	Bathrooms are not accessible.	Yes - could use cattle and poultry barns	~2 miles to Route 8A; ~4.5 miles to Adamsville Road, Colrain; ~ 5 miles to Route 2	No	Built in the 1970s	Limited septic system capacity; buildings are not insulated	Acquire generator; would need portable bathrooms; would likely need tents; use only in warm weather?	large open space with good access to well water; have kitchen facilities
Montague Elks									
YMCA									
Indoor Action Sports									
Orange Airport	No		Probably		No				Town water, septic
Peace Pagoda									
Yankee Candle Fitness Center							REPC removed from list.		
Yankee Candle Distribution Center							REPC removed from list.		
Pine Brook Camp									
Life Skills Workshop									
Franklin County Fairgrounds									
Athol-Orange Elks									
Armory		ARC Supported; see form	Enough space for animals to be sheltered indoors; though facility manager would prefer to have them outside.	Located on Route 2A.	In October storm, borrowed cots from Mahar. Project underway to acquire cots, etc.	Built in 1913.	There are no showers on site.		EMD prefers this as primary location because Town has care/custody/control. On Town water and sewer. May have broadband access in the near future. Kitchen facility on-site, though meal site has provided meals for shelter in the past.
Vipassana Meditation Center							Operate year-round residential retreats, so do not have the ability to offer space for a shelter to operate any time during the year. REMOVED FROM LIST.		

PROPOSED FRANKLIN COUNTY REGIONAL SHELTER LOCATIONS: FACILITY DATA

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Colrain Community Church				located on Route 112					

FRANKLIN COUNTY EMERGENCY MANAGEMENT DIRECTORS

Town	Name	Title	Phone	Alt. Phone	E-mail	Mailing Address
Ashfield	Douglas Field	Emergency Management Director	413-628-4441	413-628-3343	ddfield1@verizon.net	Ashfield Town Hall, Main St., PO Box 560, Ashfield, MA 01330
Bernardston	Peter Shedd	Fire Chief/EMD	413-648-9757		4c1psheddd@comcast.net	Bernardston Town Hall, 38 Church Street, Box 504, Bernardston, MA 01337
Buckland	Arthur Henry Phillips	EMD/Response Coordinator	413-625-9274		Phillips.arthur@hotmail.com	5 Wilde Road, Shelburne Falls, MA 01370
Buckland	Cheryl Dukes	Asst. EMD/BOS	413-625-6330	413-824-1447	cldselectman@gmail.com	17 State Street-Buckland, Shelburne Falls, MA 01370
Charlemont	Michael J. Walsh	EMD/Response Coordinator	617-938-8560	413-625-6272	mfoboutremer@gmail.com	P.O. Box 325, Charlemont, MA 01339
Colrain	Jack Cavolick	EMD/Resp.Coord./Dog Officer	413-624-3238		colrainjack@yahoo.com	Colrain Town Hall, 55 Main Road, Colrain, MA 01340
Conway	Rick Bean	BOS/EMD	413-625-8207		rickbean@yahoo.com	Conway Town Hall, 32 Main Street, PO Box 240, Conway, MA 01341
Conway	David Chichester	Asst. EMD	413-369-4425	413-772-9776	davechi@comcast.net	368 Newhall Rd., Conway, MA 01341
Deerfield	Mark Gilmore	BOS/EMD	413-665-1400	413-665-4957	markgilmore@comcast.net	95 South Mill River, South Deerfield, MA 01373
Deerfield	Zachary Smith	Asst. EMD	413-665-8814	413-522-5400	zsmith@town.deerfield.ma.us	8 Conway Street, South Deerfield, MA 01373
Erving	Phillip Wonkka	EMD	413-824-4078		wonkka1@gmail.com	12 East Main St., Erving, MA 01344
Erving	Laura Conway	Deputy EMD	413-834-0313		1calmway@gmail.com	12 East Main St., Erving, MA 01344
Gill	Gene Beaubien	Fire Chief/EMD	413-863-2583	413-863-8955	gmbdab@comcast.net	196A Main Road, Gill, MA 01354
Greenfield	Robert Strahan	Deputy Fire Chief/EMD	413-774-4737		RobertS80@greenfield-ma.gov	Greenfield Fire Department, 421 Main Street, Greenfield, MA 01301
Hawley	Gregory Cox	EMD/Emerg. Response Coord.	413-339-5518	413-339-5526	gcox@crocker.com	Hawley Town Offices, 8 Pudding Hollow Road, Hawley, MA 01339
Heath	Timothy Lively	EMD/Response Coordinator	413-337-4742	413-337-5307	timlively2000@yahoo.com	Heath Town Offices, Sawyer Hall, 1 East Main Street, Heath, MA 01346
Leverett	James Field	EMD/Response Coordinator	413-548-9232		emergency@leverett.ma.us	17 Cider Mill Road, Leverett, MA 01054
Leyden	Daniel Galvis	EMD/Police Chief	413-772-2369	413-625-2800	chiefgalvis@hotmail.com	Leyden Town Hall, 16 West Leyden Road, Leyden, MA 01337
Monroe	David Nash	EMD/BOS	413-424-5272	413-424-8296	monroe01350@yahoo.com	Monroe Town Hall, Monroe Bridge, Monroe, MA 01350
Montague	Robert Escott	EMD/Resp. Coord./TF Fire Chief	413-863-9023	413-834-4147	tf23@comcast.net	Montague Public Safety Complex, 180 Turnpike Rd., Turners Falls, MA
New Salem	Thomas J. Reidy	EMD/Response Coordinator	978-544-2178		nsemgmt@yahoo.com	New Salem Fire Department, 333 Wendell Road, New Salem, MA 01355
Northfield	Thomas Newton	Emergency Management Director	413-498-2252	413-498-5100	camper@valinet.com	Northfield Town Hall, 69 Main Street, Northfield, MA 01360
Northfield	Floyd (Skip) Dunnell, III	Fire Chief/Asst. EMD	413-498-5100	413-498-2256	sdunnell@sandri.com	93 Main Street, Northfield, MA 01360
Orange	Dennis Annear	Fire Chief/EMD	978-575-0410		fire@townoforange.org	Tully Fire Station, 50 Millyard Road, Orange
Rowe	Edwin L. May	EMD/Response Coordinator	413-339-4021	413-339-5520	sampem@verizon.net	68 Cross Road, Rowe, MA 01367
Shelburne	Christopher Myers	Emergency Management Director	413-625-0344	413-548-4183	camyers_1@verizon.net	52 Maple St., Shelburne Falls, MA 01370
Shutesbury	Walter Tibbits	EMD/Resp. Coord./Fire Chief	413-259-1211	413-259-1286	firedpt@shutesbury.org	Shutesbury Town Hall, PO Box 276, Shutesbury, MA 01072
Sunderland	Robert Ahearn	Fire Chief/EMD	413-665-2465		sunderlandc1@comcast.net	Sunderland Town Hall, 12 School Street, Sunderland, MA 01375
Warwick	James Erviti	Emergency Management Director	978-790-4408		jlerviti@gmail.com	Warwick Town Hall, 12 Athol Road, Warwick, MA 01378
Wendell	Everett Ricketts	EMD/Resp. Coord./Fire Chief	978-544-3500	978-544-3494	everettrickettssr@googlemail.com	Wendell Town Hall, 7 Wendell Depot Road, PO Box 41, Wendell, MA 01379
Whately	Lynn Sibley	EMD/Town Clerk/Town Admin.	413-665-4400	413-665-7734	tclerk2@comcast.net	Whately Town Hall, 218 Chestnut Plain Road, PO Box 181, Whately, MA 01093

Media Resources Serving Franklin County

NEWSPAPER AND RADIO	TELEPHONE NUMBERS	LOCATION
Advocate The	413-664-6900	87 Marshall Street, North Adams
Athol Daily News	978-249-3535	225 Exchange Street, Athol
Ashfield News	413-628-4483	Main Street, Ashfield
Berkshire Eagle	413-447-4995	124 American Legion Drive, North Adams
Collegian The Mass Daily of UMass	413-545-3500	
Community Time Journal	978-827-3386	55 Main Street, Ashburnham
Daily Hampshire Gazette	413-584-3200	115 Conz Street, Northampton
Pittsfield Gazette	413-443-2010	38 West Street, Pittsfield
Recorder The	413-772-0261	14 Hope Street, Greenfield
Sentinel and Enterprise	978-343-6911	808 Main Street, Fitchburg
Shelburne Falls Independent	413-625-8297	3 Bridge Street, Shelburne
Shelburne Falls & West County News	413-625-4660	45 Conway Street, Buckland
Town Crier	413-774-7226	393 Main Street, Greenfield
Union-News/Sunday Republican	800-458-5877	1860 Main Street, Springfield
Worcester Telegram & Gazette	978-632-1800	306 Central Street, Gardner
Berkshire Broadcasting Co., Inc.	413-663-6567	466 Curran Highway, North Adams
Berkshire Talking Chronicle	413-684-0880	8 Depot Street, Dalton
Cutting Edge Broadcasting	413-584-1113	8 North King Street, Northampton
WAMC	413-528-6087	11 Rosseter, Great Barrington
WBEC	413-499-3333	221 Jason Street, Pittsfield
WBRK	413-442-1553	
WCAT	978-544-2321	660 East Main Street, Orange
WEIB	413-585-9342	8 North King Street, Northampton
WFCR Peter Chilton (after hours)	413-545-2546 emergency@nepr.net	Hampshire House, 131 County Circ., Amherst
WHAI Nick Danjer (after hours)	413-774-4301 413-522-6516 (mobile)	81 Woodard Road, Greenfield nick@whai.com
WHMP	413-586-7400	15 Hampton Avenue, Northampton
WHYN	888-293-9310	1331 Main Street, Springfield
WINQ-FM	978-297-3698	3 Central Street, Winchendon
WIZZ	413-774-5757	Greenfield
WJDF FM	978-544-5335	11 South Main Street, Orange
WLZX	413-586-7400	15 Hampton Avenue, Northampton
WRSI Monte Belmonte (after hours)	413-586-7400 413-559-1975 (mobile)	15 Hampton Avenue, Northampton monte@wrsi.com
WSBS	413-528-1118	Stockbridge Road, Great Barrington
WTTT	413-256-1009	Belchertown Road, Amherst
WUPE & WUHN	413-499-1100	501 East Street, Pittsfield

TV ORGANIZATIONS	TELEPHONE NUMBERS	LOCATION
Amherst Community Television	413-256-1010	246 College Street, Amherst
Athol Orange Community Television, Inc.	978-249-4470	163 South Main Street, Athol
Crocker Studios	413-863-8600	34 Second Street, Montague
Greenfield Community Television, Inc.	413-774-4288	393 Main Street, Greenfield
Montague Community Television	413-863-9200	24 Third Street, Montague
WGGB (ABC 40; Fox 6)	413-733-4040	1300 Liberty Street, Springfield
WCDC (ABC Channel 10)	413-743-7970	Mount Greylock, Adams
WHYT TV (CBS Chanel 3)	413-442-4413	75 South Church Street, Pittsfield
WWLP (Channel 22)	413-786-2200	One Broadcast Center, Chicopee



FRANKLIN COUNTY REGIONAL SHELTER PLAN

**June
2013**

**Appendix C:
Forms and Lists**

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REGIONAL SHELTER PLANNING
PLAN ENDORSEMENTS

The following municipalities have endorsed the Franklin County Regional Shelter Plan Addendum to the Western Massachusetts Intergovernmental Emergency Mutual Aid Agreement, establishing the authority for planning, opening and managing regional emergency shelters and delineating the details for doing so.

[illegible]

REGIONAL SHELTER PLANNING

MEMORANDA OF UNDERSTANDING

Complete for each vendor. Repeat as necessary

Vendor	
To Provide	
Detail/Account Number	
Capacity	
Address	
Phone	
Email	
Execution Date of MOU	
Location of MOU	
Vendor	
To Provide	
Detail/Account Number	
Capacity	
Address	
Phone	
Email	
Execution Date of MOU	
Location of MOU	
Vendor	
To Provide	
Detail/Account Number	
Capacity	
Address	
Phone	
Email	
Execution Date of MOU	
Location of MOU	
Vendor	
To Provide	
Detail/Account Number	
Capacity	
Address	
Phone	
Email	
Execution Date of MOU	
Location of MOU	

REGIONAL SHELTER PLANNING FACILITY USE AGREEMENTS

Add sections /pages for each sheltering facility

Use of facility agreement for general shelter population	Vendor:	
	Detail/Account Number:	
	Capacity:	
	Address:	
	Phone:	
	Email:	
	Execution Date of MOU:	
	Location of MOU:	
Agreement for animal sheltering	Vendor:	
	Detail/Account Number:	
	Capacity:	
	Address:	
	Phone:	
	Email:	
	Execution Date of MOU:	
	Location of MOU:	

REGIONAL SHELTER PLANNING

ACCESS AND FUNCTIONAL NEEDS MOU

Functional Need	Vendor	Detail /Acct #	Capacity	Address	Phone	Email	MOU Location	Signed Date
Interpreters								
Sign language								
Television /Captioning								
Mass 211								
TTY – TDD								
Computer Assisted Real time Translation (CART)								
Onsite Nursing Services								
Emergency Medical Services								
Medical Reserve Corps								
Faith Community								
DMH Behavioral Health Disaster Response Team								
Emergency Dental Services								
Pharmaceutical Services								
Oxygen (O2)								
Dialysis								
Constant Power Source								
Blood Sugar Monitoring								
Child trauma specialist								
Special Diets								
Caterer								
Para transit Services								
Public Transportation								

Continued...

Emerg Veterinary Services								
Functional Need	Vendor	Detail /Acct #	Capacity	Address	Phone	Email	MOU Location	Signed Date
Disposal of Bio-hazard Materials								
Durable Medical Equipment								
Hospitals								
Long term care								
Group Homes								

REGIONAL SHELTER PLANNING PARTNER CONTACT LIST

Fill out emergency contact information. Add rows specific to your needs/location.

Name	Phone Number	Emergency Number
LOCAL CONTACTS (fill in as appropriate)		
Animal Control Officer		
Local EMT		
Local Fire		
Local Health		
Local Emergency Management Director		
Local Police		
REGIONAL/STATE CONTACTS		
Army National Guard at Barnes Air Force Base	Request through MEMA Statewide: 508-820-2000 (24/7 dispatch call line)	
Baystate Franklin Medical Center	413-773-0211 (24-hours)	
Bureau of Animal Health (MDAR)	617-626-1794	
Channel 10 (WCDC—ABC)	413-743-7970	
Channel 22 (WWLP)	413-786-2200	
Channel 3 (WHYTV—CBS)	413-442-4413	
Channel 40 (WGGB—ABC)	413-733-4040	
Charlie Kaniecki: District Health Officer	413-586-7525 ext. 1167	or (800) 445-1255
Closest State Police Barracks: 289 Mohawk Trail, Shelburne Falls, MA 01370 (incl. Dispatch Center)	(413)-625-6311	Shelburne Control Dispatch Center: 413-625-8200
DEP Office/Departments	413-784-1100	Emergency 617-727-3200
Department of Mental Health	Springfield: 413-587-6200 Greenfield: 413-772-5600	Clinical and Support Options, Greenfield: (413-774-5411 (emerg./crisis 24-hour)
Department of Children and Families (DCF)	617-748-2000 Greenfield Area Office: 413-775-5000	1-800-842-5905 (24 hours)
Don Snyder: Regional Emergency Preparedness Coordinator	413-586-7525 ext. 1117	Cell: (413) 326-1051
DPH Lab	617-983-6201	Emergency 617-983-6800
DPH Northampton	413-586-7525	
Gail Bienvenue-Mailhott: Regional Hospital Coordinator	413- 586-7525 ext. 1161	Nextel: (617) 438-1466
Greenfield Recorder	413-772-0261	

Continued...

Name	Phone Number	Emergency Number
Hazmat Team	Shelburne Control Dispatch Center: 413-625-8200	
Western Region Incident Management Team (IMAT)	Shelburne Control Dispatch Center: 413-625-8200	
MEMA Region 3 and 4, Agawam	413-750-1400	413-750-1400 (24/7 call line) 413-821-1599 (fax)
MMRS Springfield Metropolitan Medical Response System: Bob Hassett	413-787-6720	rhassett@springfieldcityhall.com mobile: (413) 454-5175
National Disaster Medical System Representative: Gary J. Kleinman (Supervisor)	617-565-1159	
Poison Control Center	800-222-1222	Emergency: 800-321-6742
Red Cross	24 hour phone: Pioneer Valley: 413-737-4306	
Salvation Army	MA Div. (Canton): 339-502-5900 Greenfield office: 413-773-3154	
Strategic National Stockpile Western Mass	413-586-7525	
US Homeland Security: James Doherty	617-956-7509	
US Homeland Security - New England: Gary Kleinman	617-832-4792	
Western Mass Homeland Security Advisory Council	413-263-6306	
Westover Air Force Base	413-557-1110	
WCAT (Orange)	978-544-2321	
WFCR (NPR—Amherst)	413-545-2546	emergency@nepr.net
WHAI (Greenfield)	413-774-4301	413-522-6516 (mobile--Nick Danger)
WHMP	413-586-7400	
WJDF FM (Orange)	978-544-5335	
Agency	Website	Emergency Number
Massachusetts Department of Public Health (MDPH)	http://www.mass.gov/dph/	Emergency Preparedness
Massachusetts Department of Public Health Flu Page	http://www.mass.gov/eohhs/gov/departments/dph/ www.mass.gov/dph	http://www.mass.gov/eohhs/gov/departments/dph/programs/emergency-preparedness.html
Massachusetts Emergency Management Agency	http://www.mass.gov/mema/	
Massachusetts Department of Environmental Protection	http://www.mass.gov/dep/	
Massachusetts Department of Mental Health (MDPH)	http://www.mass.gov/dmh/	
US Centers for Disease Control	http://www.cdc.gov/	http://emergency.cdc.gov/

REGIONAL SHELTER COMMAND PLANNING

INCIDENT ACTION PLAN COVER SHEET

Incident Action Plan Cover Sheet		How to use this form:
1. Incident Name		Purpose: Cover page of the Incident Action Plan for this Operational Period
2. Date	3.. Time	When to fill out: Before Each Operational Period
4. Operational Period:		Completed by: Planning Section
5. Prepared by: Name: Position: Plans Section		Approved by Shelter Manager or IC
6. Approved by: Name: Position: SHELTER Manager or IC		Send to: All responders responsible for components of the Incident Action Plan

INCIDENT ACTION PLAN (IAP)

Shelter Activation

Name of Incident:

Operational Period to be covered by this IAP: am / pm to am / pm

The items checked below are included in this Incident Action Plan

- ☐ ICS 201: Incident Briefing Form (*FIRST Operational Period ONLY*)
- ☐ ICS 202: Incident Objectives and Situational Status (*All Operational Periods after the first*)
- ☐ ICS 202b: Station Incident Objectives (*All Operational Periods after the first*)
- ☐ ICS 203: Personnel Roster
- ☐ ICS 205: Communications List
- ☐ ICS 308 Resource Order Form
- ☐ ICS 206: Medical Plan
- ☐ ICS 211 Personnel Sign-in
- ☐ ICS 213 General Message
- ☐
- ☐
- ☐
- ☐

Other Comments:

REGIONAL SHELTER COMMAND PLANNING

INCIDENT ACTION PLAN

Location:	Control Level:	Operational Period From To
1.0 SITUATION		
Disease, community, environment Prompts: Weather, disease trends, Resources, Hazards & safety Reference: Maps, weather reports, Sit reps, , warnings, alerts	Current	
	Predicted	
Objectives INCIDENT ACTION PLAN (IAP) Shelter Activation Name of Incident: Operational Period to be covered by this IAP: am / pm to am / pm The items checked below are included in this Incident Action Plan <input type="checkbox"/> ICS 201: Incident Briefing Form (FIRST Operational Period <u>ONLY</u>) <input type="checkbox"/> ICS 202: Incident Objectives and Situational Status (All Operational Periods after the first) <input type="checkbox"/> ICS 202b: Station Incident Objectives (All Operational Periods after the first) <input type="checkbox"/> ICS 203: Personnel Roster <input type="checkbox"/> ICS 205: Communications List <input type="checkbox"/> ICS 308 Resource Order Form <input type="checkbox"/> ICS 206: Medical Plan <input type="checkbox"/> ICS 211 Personnel Sign-in <input type="checkbox"/> ICS 213 General Message <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Comments:		
	Current	
	Alternate	

Continued...

2.0 EXECUTION Add safety information as appropriate	
General outline Strategies & tactics (current/proposed/alternate))	
Groupings	
Tasks including PR & media	
Coordinating instructions	
3.0 ADMINISTRATION (LOGISTICS SUPPORT)	
Prompts: unit names, locations, contact names, phone no's, timings, duties/tasks, routes, suppliers, quantities, status (required, organized, stand by, enrooted)	
Supply who, what, where, when of resources not readily available	
Ground support	
Communications installation, maintenance, technical advice	
Staging area/FCP Setting up, communications, staffing	
4.0 Administration (logistics services)	
Prompts: unit names, locations, contact names, phone no's, timings, duties/tasks, routes, suppliers, quantities, status (required, organized, stand by, enrooted)	
Facilities Security, waste, cleaning	
Catering	
OH&S/Medical Medical Plan, First Aid Plan	
Finance	
Travel	
Induction/Training	
Accommodation	
5.0 Control, Coordination & Communication	
Control & Coordination Structure Reference Structural Chart	
Coordination & liaison local knowledge, security, agency reps, emergency mtgs reps	
Communications Prompts: communications structure, operational communications plan,	

Continued...

information mtgs	
6.0 Extras	
Attachments: Prompts: Maps, Weather, Organizational Charts, Resources, Communications Diagram	
Plan Developers Prompts PO, Logs Mgr.,	
Approval IC, Shelter manager, Ops Director	

REGIONAL SHELTER COMMAND

ICS 201 – INCIDENT BRIEFING FORM

ICS 201 – Incident Briefing Form		Purpose: Documents the situation and objectives determined by the Incident Commander/SHELTER Manager, Command and General staff during Activation and Notification
1. Incident Name:		When to fill out: At the start of the FIRST Operational Period
2 Date	3. Time	Completed by: Shelter Manager
4. Operational Period:		Approved by: Incident Commander
5. Prepared by: Name: Position: IC/Shelter Branch Manager		Send to: All responders as a component of the Incident Action Plan for the FIRST operational period ONLY
6. Approved by: Name: Position:		Note Well: This form has <u>multiple pages</u> – please check that all are duplicated! Revise to reflect scope and nature of the emergency.
<p>7. Situation Summary</p> <p>What has happened here?</p> <ul style="list-style-type: none"> Where? Likely Duration Scope/Size Risk Factors/Exposures/Protective Actions Assess impacted population Access and Functional Needs Assessment <p>What have I never seen before?</p> <ul style="list-style-type: none"> What is foreign to me? What have I seen before; what is familiar to me? What do I know? What do I need to know? <p>Once these questions are answered, consider:</p> <ul style="list-style-type: none"> What do I want to do? What do I have to do? What can I do? <p>Event summary:</p> <p>Statistics:</p> <ul style="list-style-type: none"> ▪ Total population ▪ # impacted ▪ # expected at shelter ▪ <p>Duration:</p>		

- Anticipated duration of situation: days / weeks / months / unknown
- Anticipated duration of the infectious disease emergency response: days / weeks / months / unknown

Continued...

8. Summary of Current Actions Taken:

-
-

9. Objectives And Tasks For The Initial Operational Period:

Objectives	Tasks for each objective
1.	1.
2.	1.
3.	1.
4.	1.
5.	1.
6.	1.

10. Other agencies involved:

-
-
-
-
-

11. Stations and Staff required for the Response:

Activate*	Station	Recommended Staff	Total Staff
	Command		
<input checked="" type="checkbox"/>	<i>Incident Commander</i>		
<input checked="" type="checkbox"/>	<i>Regional Shelter Supervisor</i>		
<input checked="" type="checkbox"/>	<i>Liaison Officer</i>		
<input checked="" type="checkbox"/>	<i>Safety/Security Officer</i>		
<input checked="" type="checkbox"/>	<i>Public Information Officer</i>		
<input checked="" type="checkbox"/>	<i>Liaison Officer</i>		
<input checked="" type="checkbox"/>	<i>Public Health Officer</i>		
<input type="checkbox"/>	Operations		
<input checked="" type="checkbox"/>	<i>Shelter Branch Manager</i>		
<input type="checkbox"/>	Ombudsman		

<input checked="" type="checkbox"/>	<i>Animal Shelter Branch Manager</i>		
<input checked="" type="checkbox"/>	FNSS Advisor		Continued...
<input checked="" type="checkbox"/>	<i>Dormitory</i>		
<input type="checkbox"/>	Registration		
<input checked="" type="checkbox"/>	<i>ARC Case Management</i>		
<input checked="" type="checkbox"/>	<i>Medical Team</i>		
<input type="checkbox"/>	Behavioral Health		
<input type="checkbox"/>	Plans Section		
<input type="checkbox"/>	Planning Manager		
<input type="checkbox"/>	Demobilization Unit		
<input type="checkbox"/>	Logistics Section		
<input checked="" type="checkbox"/>	<i>Logistics Manager</i>		
<input type="checkbox"/>	Service Branch Leader		
<input type="checkbox"/>	Communication Unit		
<input checked="" type="checkbox"/>	<i>Food Unit</i>		
<input checked="" type="checkbox"/>	<i>Staffing Unit</i>		
<input type="checkbox"/>	Support Branch Leader		
<input type="checkbox"/>	Facilities Unit		
<input type="checkbox"/>	Volunteer Management		
<input type="checkbox"/>	Supplies Unit		
<input type="checkbox"/>	Transportation		
<input type="checkbox"/>	Donations		
<input type="checkbox"/>	Finance and Administration Section		
<input type="checkbox"/>	Finance and Admin Section Chief		
<input type="checkbox"/>	Cost Unit		
<input type="checkbox"/>	Time Tracking Unit		

* Pre-checked boxes indicate Stations/positions that should be activated for every response

12. Key Resources required for the FIRST Operational Period

Resource	# Requested	ETA	Location / Assignment
		am / pm	
		am / pm	
		am / pm	
		am / pm	

13. Operational Period Time Frame (Date , Hours):

14. Time for first Command and General Staff Meeting: am / pm

15. Shelter Layout Diagram: Insert Here

16. Maps Insert Here

Continued...

REGIONAL SHELTER COMMAND PLANNING

ICS 202 – INCIDENT OBJECTIVES & UPDATE FORM

ICS 202 – INCIDENT Objectives & Update Form		How to use this form: Summarize situational information, resource changes and problems/concerns for the entire response.	
1. Incident Name:		Purpose: Communicate overall incident objectives	
2. Date	3. Time	When to fill out: At the start and end of each operational period	
4. Operational Period:		Completed by: Plans Section	
5. Prepared by: Name: Position: Situation Status Unit		Approved by: Shelter Branch Manager/Incident Commander	
6. Approved by: Name: Position: Shelter Manager/Incident Commander		Send to: All Stations	
		Note Well: This form has multiple pages; make sure to complete all fields! Revise to reflect scope and nature of the emergency.	
Situational Update For the SHELTER Response			
(e.g. Shelter population # requests for information –			
Status of Completing Objectives / Activities for this Operational Period			
Objective	Activities	Responsible Station(s)	Completion Status
A.	1.		
B.	1.		
C.	1.		
D.	1.		
Major Decisions / Policy Changes			
Time	Description of decision / policy change		

			Continued...
Documents / Products Developed			
Time	Name and Description	Developed by Station	Location
Changes in personnel and/or resource deployment since last update			
Resource (include name if personnel)	Time of change	Disposition	Current location
List of major problems or concerns since last update			
Problems/Concerns:		Resolution or recommendation:	
Recommendations for the next operational period (e.g., objectives, tasks, resources):			
Other Instructions / Comments:			

REGIONAL SHELTER COMMAND OPERATIONS

ICS 202B – STATION OBJECTIVE & UPDATE FORM

How to use this form		
1. Incident Name:		Purpose: Summarize situational information, status of objective completion, resource changes and problems/concerns <u>for your station</u> . This update will be reviewed by Shelter leadership once Plans Section compiles it with forms from other stations.
2. Date	3. Time	
4. Operational Period:		
5. Station:		When to fill out: At the end of the operational period, or as directed by Plans
6. Prepared by: Name: Position:		Completed by: All stations
7. Approved by: Name: Position:		Approved by: Branch-level Director → Section Chief
		Send to: Branch-level Director → Section Chief → Plans Section
		Note Well: <ul style="list-style-type: none"> Keep a copy in your station binder for future reference During shift transfers provide copies to the new station lead Revise to reflect scope and nature of the emergency. This form has multiple pages; make sure to complete all fields!
Situational Update for your station		
(e.g. # clients, , # requests for information – your station’s section in the Shelter plan <u>may</u> contain guidance on what information to include)		
Your Station’s Objectives / Activities for this Operational Period		
Objectives and Activities		Completion Status
A.		
B.		
C.		
D.		
E.		
Major Decisions / Policy Changes made by your station		
Time	Description of decision / policy change	

REGIONAL SHELTER COMMAND

ICS 203 – ORGANIZATIONAL ASSIGNMENT LIST

Organization Assignment List		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
POSITION	NAME	4. OPERATIONAL PERIOD (DATE/TIME)		
5. INCIDENT COMMAND AND STAFF		9. OPERATIONS SECTION		
Incident Commander		Chief		
Deputy		Deputy		
Safety Officer		A. Branch I- Division/Groups		
Information Officer		Branch Director		
Liaison Officer		Deputy		
		Division/Group		
6. AGENCY REPRESENTATIVES		Division/ Group		
AGENCY	NAME	Division/ Group		
		Division/Group		
		Division /Group		
		B. Branch II- Divisions/Groups		
		Branch Director		
		Deputy		
		Division/Group		
7. PLANNING SECTION		Division/Group		
Chief		Division/Group		
Deputy		Division/Group		
Resources Unit				
Situation Unit		C. Branch III- Divisions/Groups		
Documentation Unit		Branch Director		
Demobilization Unit		Deputy		
Technical Specialists		Division/Group		
		Division/Group		
		Division/Group		
8. LOGISTICS SECTION				
Chief				
Deputy				
a. SUPPORT BRANCH				
Director				
Supply Unit				
Facilities Unit				
Ground Support Unit		10. FINANCE/ADMINISTRATION SECTION		
		Chief		
		Deputy		
b. SERVICE BRANCH		Time Unit		
Director		Procurement Unit		
Communications Unit		Compensation/Claims Unit		
Medical Unit		Cost Unit		
Food Unit				
PREPARED BY (RESOURCES UNIT)				

REGIONAL SHELTER COMMAND LOGISTICS COMMUNICATIONS

ICS 205B- PERSONNEL & COMMUNICATIONS LIST

1. Incident Name		How to use this form
2. Date	3. Time	Purpose: Records responders working in this Operational Period and methods of contacting them. Add rows as needed.
4. Operational Period.		When to fill out: At the start of an Operational Period upon assignment of communications equipment, update as appropriate.
5. Prepared by: Name: Position:		Completed by: Personnel/Volunteer Unit Leader and Communications Unit Leader
6. Approved by: Name: Position:		Send to: <ul style="list-style-type: none"> ▪ At start of operational period: to all responders as a component of the Incident Action Plan ▪ During operational period: to all responders as needed
		Approved by: <ul style="list-style-type: none"> ▪ Logistics Section Chief
		Note Well: Revise to reflect scope and nature of the emergency. <ul style="list-style-type: none"> ▪ This form contains multiple pages

Basic Communication Information

Station	Name	Room	Email	Phone	Cell / pager/ Radio #	Language	Other
Command							
Incident Commander/Shelter Manager							
Information Officer							
Safety Officer							
Liaison Officer							
Public Health Officer							
Plans Section							
Plans Manager							
Demobilization Unit							
Logistics Section							
Logistics Section Manager							
Service Branch							
Service Branch Chief							
Communication Unit Leader							
Food Unit Leader							
Volunteer Unit Leader							
Staffing Unit Leader							
Support Branch							
Support Branch Manager							
Facilities Unit Leader							
Supplies Unit Leader							
Donation Unit Leader							

Continued...

Finance Section							
Finance Section Chief							
Time Tracking Unit Leader							
Cost Unit Leader							
Operations Section							
Shelter Branch Manager							
Ombudsman							
FNSS Advisor							
Registration Team Leader							
Dormitory Team Leader							
Childcare Assistance Unit							
Medical Team Leader							
Behavioral Health Unit							

REGIONAL SHELTER COMMAND SAFETY OFFICER

ICS 206 –RESPONDER MEDICAL PLAN

1. Incident Name		How to use this form
2. Date	3. Time	Purpose: <ul style="list-style-type: none"> Provides information on medical emergency resources and personal protective equipment available for shelter responder use.
1. Operational Period:		When to fill out: At the beginning of the Operational Period
		Completed by: Safety Officer
		Approved by: I C/Shelter Branch Manager
5. Prepared by: Name: Position: Safety Officer		Send to: All responders as a component of the Incident Action Plan
6. Approved by: Name: Position: IC/ Shelter Branch Manager		Note Well: Revise to reflect scope and nature of the emergency.
Safety Message/Policies		
Force Protection: Eligible: Type: Location:		
Instructions on when and how to ask for medical help:		
Location of Medical Aid Stations:		
Personal Protective Equipment		
Position / Station	PPE Type	Instructions for Use
Other Instructions:		

REGIONAL SHELTER COMMAND

ICS 211 – PERSONNEL SIGN-IN

1. Incident Name:		How to use this form
2. Date	3. Time	Purpose: Records the time each responder is working for reimbursement purposes. Each room with responders should use one form per operational period.
4. Operational Period		When to fill out: Anytime responders reports to duty, is relieved or takes a break of 15 min or more.
5. Station(s):		Completed by: responders
6. Prepared by: Name: Position:		Send to: <ul style="list-style-type: none"> ▪ Time Tracking Unit Leader in the Finance Section at the end of the Operational Period ▪ Time Tracking Unit Leader in the Finance Section or Volunteer Unit Leader in the Logistics Support Branch
7. Approved by: Name: Position: Time Tracking Unit Leader or Volunteer Unit Leader		Note Well: Add rows as needed <ul style="list-style-type: none"> ▪ May include multiple pages, copy all pages

Personnel Information				Time Tracking									
Station	Position	Name	Job class	In	Out	In	Out	In	Out	In	Out	In	Out
			<input type="checkbox"/> Credentialed <input type="checkbox"/> CORI <input type="checkbox"/> SORI <input type="checkbox"/> SUV <input type="checkbox"/> Badge #										
			<input type="checkbox"/> Credentialed <input type="checkbox"/> CORI <input type="checkbox"/> SORI <input type="checkbox"/> SUV <input type="checkbox"/> Badge#										
			<input type="checkbox"/> Credentialed <input type="checkbox"/> CORI <input type="checkbox"/> SORI <input type="checkbox"/> SUV <input type="checkbox"/> Badge#										
			<input type="checkbox"/> Credentialed <input type="checkbox"/> CORI <input type="checkbox"/> SORI <input type="checkbox"/> SUV <input type="checkbox"/> Badge#										
			<input type="checkbox"/> Credentialed <input type="checkbox"/> CORI <input type="checkbox"/> SORI <input type="checkbox"/> SUV <input type="checkbox"/> Badge#										

REGIONAL SHELTER COMMAND FINANCE
ICS 210 – RESOURCE STATUS FINANCE TRACKING

1. Incident Name:		2. Operational Period:		Date From:	Date To:
				Time From:	Time To:
3. Resource	4. Requested by	5. Authorized by	6. To/From		7. Time and Date
8. Comments:					
9. Prepared by: Name:		Position/Title: _____		Signature: _____	
ICS 210		Date/Time: _____			

REGIONAL SHELTER COMMAND

ICS 213 – GENERAL MESSAGE/RESOURCE REQUEST

1. Incident Name:		How to use this form:
2. Date	3. Time	Purpose: <ul style="list-style-type: none"> ▪ Transmit any <i>messages</i> from one responder to another (usually used in conjunction with a runner) ▪ To transmit any personnel or resource request
4. Operational Period:		<ul style="list-style-type: none"> ▪ When to fill out :Anytime
5. From: Name: Position:		Completed by: Any shelter staff
6. To: Name: Position:		Approved by: <ul style="list-style-type: none"> ▪ Resource requests for personnel or large amount of resources must be approved by Branch-level Director
		<ul style="list-style-type: none"> ▪ Send to: <i>Messages</i>: intended recipients <i>Resource Requests:</i> Branch-level Director → Section Chief → Logistics Section
7. Subject:		
8. Message:		
9. Resource Request:		
10. Reply:		
11. Date and Time of reply:		
12. Person replying: Position:		

REGIONAL SHELTER COMMAND LOGISTICS

ICS 308 RESOURCE REQUEST FORM

1. Incident Name:		How to use this form:			
2. Date:		Purpose: To transmit any personnel or resource request			
3. Operational Period	4. Time	When to complete: Anytime during the Operational Period			
5. Station:		Completed By: Any Shelter Staff			
6. Prepared by: Name Position:		Approved By: Your supervisor Resource requests for personnel or large amount of resources must be approved by Branch-level Director			
7. Approved by: Name Position		Send to: Supervisor → Branch-level Director → Section Chief → Logistics Section			
Resource Order (completed by requestor)					Order Status (Completed by)
Quantity	Detailed item description	Requested arrival date / time	Priority	Order number	Final Disposition
			<input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		
			<input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		
			<input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		
			<input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		
			<input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		
			<input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		
			<input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		
			<input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		
Logistics Notes:					
Logistics Chief Signature of Approval:			Date / Time:		

Continued...

Documents / Products Developed			
Time	Name and Description	Location	
Changes in personnel and/or resource deployment since last situation status update			
Resource (include name if personnel)	Time of change	Disposition	Current Location
List of major problems or concerns since last update:			
Recommendations for the next operational period (e.g., objectives, tasks, resources):			
Other comments:			

REGIONAL SHELTER COMMAND OPERATIONS INCIDENT REPORT

Complete this section if an injury occurred or equipment was damaged.

- ☐ An incident is an event that caused injury to a person or damage to equipment, facilities, or materials.
- ☐ A near miss is an event that potentially could have caused injury to a person or damage to equipment, facilities, or materials.

Form completed by: _____ Person involved in incident: _____

Witness(es): _____

Personnel ICS Role: _____

Date of incident: _____ Time of incident: _____ ☐ A.M. ☐ P.M. Date reported: _____

Station and location where incident occurred: _____

Worker's shift on day of injury, from: _____ ☐ A.M. ☐ P.M. to: _____ ☐ A.M. ☐ P.M.

Nature of injury (such as strain, cut, bruise, needle stick etc.): _____

Body parts affected (such as left hand or right ankle): _____

Medical treatment required: ☐ None ☐ First aid ☐ Hospital or physician

Name of hospital or attending physician: _____

Was worker hospitalized overnight as a patient? ☐ Yes ☐ No

Did worker leave the shelter because of the injury? ☐ Yes ☐ No If yes, what time: _____ ☐ A.M. ☐ P.M.

Date worker/volunteer returned to regular duty: _____ Date worker returned with light-duty restrictions: _____

Describe incident fully (use back of sheet if necessary, or sketch on back of sheet if needed to clarify): _____

List all equipment, machinery, materials, or chemicals worker was using when incident occurred: _____

Identify factors you believe contributed to or caused the incident: _____

Were proper procedures being followed when incident occurred? ☐ Yes ☐ No

If no, explain: _____

Was worker wearing proper personal protective equipment? ☐ N/A ☐ Yes ☐ No

If no, explain: _____

Are changes necessary to prevent recurrence? ☐ Yes ☐ No

If yes, explain: _____

Worker signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Please forward this form to the Safety Officer as soon as possible following the incident or near miss.

Note: If an employee or volunteer receives medical treatment from a hospital or physician, additional forms need to be filled out and forwarded to the Clinic Safety Officer along with the incident report if workers' compensation claim is applicable

REGIONAL SHELTER COMMAND OPERATIONS COMPLAINT FORM

Complaint Description

Name of Involved Parties	Contact Information
Complainant:	
Other:	
Regional Shelter Manager	Contact Information:
Date of Complaint:	Date of Incident:
Complaint Description: Who, What, Where, Why?	
Corrective Actions	Date
Describe the Corrective Actions:	
Signatures	
Regional Shelter Manager	Print
Ombudsman S	Print
Complainant	Print

REGIONAL SHELTER OPERATIONS ACTION LOG

Directions:

Issues and concerns may arise during shelter operations. Use the Action Log to record the incident and the action(s) you took to address it. Under the "Incident" column, record the issue or concern and under the "Action Taken" column, describe the action you took in response. Make sure to record the date and time of the events and note who was involved in the incident.

Shelter Assignment:**Supervisor:**

Incident	Action Taken	Date/Time	Involved Parties

REGIONAL SHELTER COMMAND OPERATIONS

SHELTER POLICY CHECKLIST

	Establish policies related to Shelter Operations. Check those that apply below, or develop your own and place them in the chart below.
	Statewide Policy Guidelines
<input checked="" type="checkbox"/>	No one may be turned away from any Regional Shelter
<input checked="" type="checkbox"/>	Massachusetts will accept out of state medical licenses only when the individual is deployed through the Emergency System for Advance Registration of Volunteer Health Professionals (MSAR) through an EMAC request made by MEMA
	Requesting Resources from MEMA
<input type="checkbox"/>	Requesting Additional supplies Shelter Branch Manager calls EOC to report dwindling inventories <ul style="list-style-type: none"> • Local EOC contacts other Regional Shelters to assess inventories • Local EOC contacts regional MEMA office to request additional materiel. • Regional MEMA office relays request to other communities in the region OR to the state emergency operations center (SEOC), depending on nature of incident.
<input type="checkbox"/>	Authorization to Distribute Medication Personnel authorized to dispense medication will be determined by the Shelter Branch Manager, in consultation with the Incident Commander in accordance with standing orders. Proof of credentials required. In Massachusetts, a pharmacist is not required to be present, as a waiver exists.
<input type="checkbox"/>	Procuring Prescriptions:
<input type="checkbox"/>	Standing Orders: The SHELTER operates under standing orders from the local medical officer who is a registered physician. In state declared emergencies, standing orders and protocols will be issued by the Department of Public Health to medical practitioners. Altered standards of care may be issued by the State.
<input type="checkbox"/>	Unaccompanied Minors Distribution services to unaccompanied minors will be at the discretion of the Incident Commander, in consultation with the Shelter Branch 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 MEMA.
	Identification
	Shelter residents must produce an acceptable form of identification in order to be admitted. Acceptable forms of identification include these original documents (not copies): <ul style="list-style-type: none"> ▪ Driver's license ▪ State issued ID ▪ School identification card ▪ Valid passport Unacceptable forms of identification: <ul style="list-style-type: none"> ▪ Social security card ▪ Credit card ▪ Birth Certificate ▪ Expired passport ▪ Yearbook • Written physical description
	Confidentiality/ HIPPA?

Continued...

<input type="checkbox"/>	Media: No personnel associated with Shelter Operations will speak to the press without the express written authorization of the Incident Commander.
<input type="checkbox"/>	Media <input type="checkbox"/> will, <input type="checkbox"/> will not be allowed at the Shelter site. Press conferences will be conducted at: [add location here]
<input type="checkbox"/>	SHELTER personnel will protect patient/client confidentiality at all times. All staff and volunteers will sign a confidentiality agreement.
Authorization to use Shelter site	
<input type="checkbox"/>	MOU available [indicate location]
<input type="checkbox"/>	Community Emergency Management Plan (CEMP)
<input type="checkbox"/>	Other (specify)
Procurement of Private Property	
<input type="checkbox"/>	The Massachusetts Civil Defense Act outlines the use of private property during a declared emergency. (See Background information templates for model orders). If you plan to use this, add more detail here.
Use of Force	
<input type="checkbox"/>	Massachusetts 'Use of Force' policy guidelines for Law Enforcement, including the Community Caretaking doctrine and usual and customary force will be followed. [Add more detail here, based on security plan]
Volunteer Requirements: Handling Spontaneous, Unidentified Volunteers	
<input type="checkbox"/>	All staff/volunteers will be credentialed and CORI/SORI checked before working at any shelter site: Criminal History Systems Board 617-660-4640 www.state.ma.us/chsb/cori/cori.html Sex Offender Registry Board 978-740-6400 http://www.state.ma.us/sorb/
<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 will be allowed to serve in clinical capacity appropriate to their license/credential.
<input type="checkbox"/>	Spontaneous volunteers without a copy of the license and whose credentials cannot be verified will 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) [Specify].
<input type="checkbox"/>	Will not accept spontaneous, unidentified volunteers.
Safety	
<input type="checkbox"/>	PPE: 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.
<input type="checkbox"/>	Force Protection: Force Protection rosters will be determined by the Incident Commander.
<input type="checkbox"/>	Needle Stick: Customary needle stick protocol will be followed [Add your protocol here]
<input type="checkbox"/>	Emergency Medical Services [will be/ will not] be available.
<input type="checkbox"/>	First Aid Each Regional Shelter site will maintain a First Aid Kit. [Add who will have access to this, who controls it and other related policies]
<input type="checkbox"/>	AED. [If an AED is available, state your policy re who may use it, where it is located etc.]
<input type="checkbox"/>	Emergency medical equipment for adverse reactions will be performed by EMS with their own equipment and supplies.

Continued...

	Registered Sex Offenders in Disaster Shelters
<input type="checkbox"/>	During shelter registration, the sex offender should disclose the information. Local law enforcement should work with registration staff and the security officer to determine what is best for the safety of those in the shelter. It will need to be reviewed on a case-by-case basis.
	Childcare Safety
<input type="checkbox"/>	<ul style="list-style-type: none"> 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 a single adult who is not its 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.)
	Shelter Rules
	The following shelter rules will be enforced to protect all clients:
<input type="checkbox"/>	All clients must sign in upon entering the shelter.
<input type="checkbox"/>	All visitors must sign in and sign out.
<input type="checkbox"/>	You are responsible for your belongings. Keep valuable s locked in cars or keep them with you, 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 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"/>	Keep noise levels 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 clients must sign out before leaving the shelter.
<input type="checkbox"/>	Hot meals are provided at 7:00 AM, Noon and 5:00 PM. Snacks and drinks are available at all times in the cafeteria area. Please do not remove food from the cafeteria area.
<input type="checkbox"/>	We appreciate your help with keeping the shelter neat and tidy.
	Personnel Policies
<input type="checkbox"/>	Workers compensation policies. In some communities these may applied to both paid staff and volunteers. Specify. [Add policy outline here]
<input type="checkbox"/>	Other liability protections [Specify here]: Paid Staff and Volunteers
<input type="checkbox"/>	Specify community emergency compensation policy [Specify here].
<input type="checkbox"/>	Flexible Work options policy for paid staff [Specify here]
	Stand Down Orders
<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.
<input type="checkbox"/>	Regional Shelter Plan Added to CEMP

REGIONAL SHELTER COMMAND FINANCE INVOICE

INVOICE

Regional Shelter Host Community
Municipality of [City/Town]

INVOICE # [100]
DATE: JUNE 28, 2013

[Contact Name]

[Title]

[Street Address]

[City, ST ZIP Code]

Phone [000.000.0000] Fax [000.000.0000]

[e-mail]

[Name]

CUSTOMER ID # [ABC12345]

To

[Title]

[Municipality/Organization]

[Street Address]

[City, ST ZIP Code]

[Phone]

[e-mail]

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
TOTAL				

Make all checks payable to [Municipality/Name]

and mail to [Address] or fax to [Fax Number]

THANK YOU

REGIONAL SHELTER COMMAND PIO MEDIA CALL INTAKE FORM

Date _____ Time of Call _____ am/pm _____

Inquiry taken by Name _____ Position _____

Deadline: ☐ ASAP ☐ 2 hours ☐ Today am ☐ Today pm ☐ Other

Type of Media Outlet

<input type="checkbox"/> Local	<input type="checkbox"/> TV	Name _____
<input type="checkbox"/> Regional	<input type="checkbox"/> Daily/Wire	Phone _____
<input type="checkbox"/> National	<input type="checkbox"/> Radio	Fax _____
<input type="checkbox"/> Magazine	<input type="checkbox"/> Other	Email _____

Caller Information

Caller's name: (Print first and last) _____

Caller's contact information: Phone: _____

Fax: _____

E-mail: _____

Information Request

Request Type	Topic
<input type="checkbox"/> Subject Matter Expert questions	<input type="checkbox"/> Numbers
<input type="checkbox"/> Interview (name request) _____	<input type="checkbox"/> Response/Investigation_
<input type="checkbox"/> Background Information	<input type="checkbox"/> Health/disease issue/treatment
<input type="checkbox"/> Fact checking	<input type="checkbox"/> Hot issue 1
<input type="checkbox"/> Update	<input type="checkbox"/> Hot issue 2
<input type="checkbox"/> Return call to press/Public Information Officer	<input type="checkbox"/> Other

Action Information

Action needed	Action completed
<input type="checkbox"/> Return call expected from Public Information Officer	Date/time completed _____
<input type="checkbox"/> Return call expected from Subject Matter Expert	Date/time completed _____
<input type="checkbox"/> Other _____	Date/time completed _____

Suggested triage priority ☐ Level A (immediate) ☐ Level B (urgent, within 24 hrs.) ☐ Level C

Results

<input type="checkbox"/> No action needed; call closed by: Name & Position _____ <input type="checkbox"/> Answered questions <input type="checkbox"/> Referred to internet <input type="checkbox"/> Referred to PIO <input type="checkbox"/> Referred to outside agency <input type="checkbox"/> Other	Notes _____ _____ _____ _____ _____
---	---

REGIONAL SHELTER COMMAND PIO
PRESS RELEASE: SHELTER UPDATE

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For immediate release: [Insert Date and Time]

Contacts: [Contact 1 Name] [Contact 1 Phone]
[Contact 2 Name] [Contact 2 Phone]

NOTICE OF [TYPE OF EMERGENCY] [WARNING/WATCH]

[Name of Town or Location] — The [Municipality/ Entity] has issued a [Type of Emergency] [Warning/Watch]. Public safety officials are monitoring the situation and will continue to provide details as the situation develops.

Should conditions warrant, the [Municipality/ Entity] will open local emergency shelters. Further shelter information will be provided in upcoming releases.

[Insert additional information about how to handle specific emergency]

For more information, please go to the following websites and phone hotlines. Do not call 911 unless there is an emergency.

[List of local, state, and federal emergency websites as applicable]

Emergency Phone Hotlines:

-
-
-

[List of local, state, and federal emergency phone numbers as applicable]

-
-

REGIONAL SHELTER COMMAND PIO

PRESS RELEASE: REQUEST FOR SHELTER VOLUNTEERS

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For immediate release: June 28, 2013 4:28 PM

Contacts: [Contact 1 Name] [Contact 1 Phone]
[Contact 2 Name] [Contact 2 Phone]

REQUEST FOR EMERGENCY SHELTER VOLUNTEERS

[Name of town or location] — the [Municipality/Entity] is currently asking volunteers to provide assistance in the staffing of the [Name of Emergency Shelter]. Volunteers are needed to fill the following positions:

[Select as many as apply or add others]

- Shelter Manager
- Shelter Supervisor
- Registrar
- Dormitory Management Associate
- Feeding Associate
- Information Associate
- Donations Associate

For more information about these positions and about volunteering for shelter staffing, please contact the shelter at [Phone Number for Shelter].

For more information about the [Type of Emergency], please use the following websites and phone hotlines. Do not call 911 unless there is an emergency.

Websites:

[List of Local, State, And Federal Emergency Websites As Applicable]

-
-
-

Emergency Phone Hotlines:

[List of Local, State, and Federal Emergency Phone Numbers as Applicable]

-
-
-

PRESS RELEASE: REQUEST FOR EMERGENCY SHELTER DONATIONS

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For immediate release: [Insert Date and Time]

Contacts: [Contact 1 Name] [Contact 1 Phone]
[Contact 2 Name] [Contact 2 Phone]

REQUEST FOR EMERGENCY SHELTER DONATIONS

[Name of town or location] — the [Municipality/Entity] is currently asking for donations to provide assistance in the operation of the [Name of Emergency Shelter].

Financial donations can be provided through [Entity/Mechanism through Which Donations Can Be Provided].

Additionally, the following items can be donated at [Location for Donating Items]:

[List of items needed for shelter operations – blankets, clothing, medical supplies, pet supplies, etc.]

[Do/do not] take items to the shelter.

Please note that food donations will be accepted with prior arrangements from licensed food establishments. Donations from individuals cannot be accepted.

For more information about donations and requested services, please contact [Note contact name/position] at [phone number].

For more information about the [Type of Emergency], please use the following websites and phone hotlines. Do not call 911, unless there is an emergency.

Websites:

[List of local, state, and federal emergency websites as applicable]

-
-
-

Emergency phone hotlines:

REGIONAL SHELTER COMMAND PIO

PRESS RELEASE: EMERGENCY SHELTER OPENING

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For Immediate Release [Insert Date and Time]

Contacts: [Contact 1 Name] [Contact 1 Phone]
[Contact 2 Name] [Contact 2 Phone]

NOTICE OF SHELTER OPENINGS

[Name of town or location] — in response to the [Type Of Emergency Event], [Municipality/Entity] has set up a [Local/Regional Emergency Shelter(s)].

The facilities will be open and ready for residents as of [opening time and date].

The shelter(s) are at the following locations:

- [Emergency Shelter Location 1]
- [Emergency Shelter Location 2]
- [etc.]

The following shelter services will be available:

- Cots and blankets
- Food and drink
- Health and counseling services
- Language translation
- Pet sheltering facilities

The facility is able to accommodate people with [list type: functional needs, including but not limited to residents with children, medical needs, and limited mobility].

No identification is required to check-in to the shelters.

Please bring any vital medications, clothing, bedding, and personal supplies.

Please do not bring your own food or items that are not necessities, as there is limited storage space available.

If you have pets, the following emergency shelters from the list above will be able to assist you: [List of Pet Friendly Emergency Shelters].

[Insert additional information about how to handle specific emergency]

For more information about the [type of emergency], please use the following websites and phone hotlines. Do not call 911, unless there is an emergency.

Websites: [List of local, state, and federal emergency websites as applicable]

▪

Emergency phone hotlines: [list of local, state, and federal emergency phone numbers as applicable]

REGIONAL SHELTER COMMAND PIO

PRESS RELEASE: STATUS OF SERVICES AT SHELTER FACILITY

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For Immediate Release [Insert Date and Time]

Contacts: [Contact 1 Name] [Contact 1 Phone]
[Contact 2 Name] [Contact 2 Phone]

STATUS OF [TYPE OF SHELTER SERVICE] SERVICES AT SHELTERING FACILITY

[Name of town or location] — this release is to announce the status of services at the [Name of Emergency Shelter]. The shelter currently has the following services:

[List of services available at emergency shelter location 1]

-
-
-

[If applicable] Services not provided at this shelter can be found at the following shelters:

[Emergency shelter 1] – [Type of shelter service]

[Insert additional information about how to handle specific emergency]

For more information, please use the following websites and phone hotlines. Do not call 911, unless there is an emergency

Websites:

[List of local, state, and federal emergency websites as applicable]

-
-

Emergency phone hotlines:

[List of local, state, and federal emergency phone numbers as applicable]

REGIONAL SHELTER COMMAND PIO

PRESS RELEASE: NOTICE THAT SHELTER IS AT CAPACITY

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For immediate release [Insert Date and Time]

Contacts: [Contact 1 Name] [Contact 1 Phone]
[Contact 2 Name] [Contact 2 Phone]

NOTICE OF SHELTER CAPACITY REACHED

[Name of Town or Location] — The Following Emergency Shelter Has Reached Its Capacity And Can No Longer Accept Additional Residents:

For Residents Who Are Still Seeking Sheltering Facilities, The Following Nearby Shelters Are Open And Still Accepting New Residents:

- [Emergency Shelter Location 1]
- [Emergency Shelter Location 2]

The following shelter services will be available:

- Cots and blankets
- Food and drink
- Health and counseling services
- Language translation
- Pet sheltering facilities

The facility is able to accommodate members of the public with functional needs, including but not limited to residents with children, medical needs, and limited mobility.

No identification is required to check-in to the shelters.

Please bring any vital medications, clothing, bedding, and pet necessities.

Please do not bring your own food or items that are not necessities, as there is limited storage space available at the shelter.

If you have pets, the following emergency shelters from the list above will be able to assist you: [List of Pet Friendly Emergency Shelters].

[Insert Additional Information about How to Handle Specific Emergency]

For more information, please utilize the following websites and phone hotlines. Do not call 911, unless there is an emergency

Websites:

- [List of local, state, and federal emergency websites as applicable]
-

Emergency phone hotlines: [List of local, state, and federal emergency phone numbers as applicable].

REGIONAL SHELTER COMMAND PIO
PRESS RELEASE: NOTICE OF SHELTER CLOSING

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For immediate release: [Insert Date and Time]

Contacts: [Contact 1 Name] [Contact 1 Phone]
[Contact 2 Name] [Contact 2 Phone]

NOTICE OF SHELTER CLOSING

- **[Name Of Town Or Location]** — Because of changing conditions, the local emergency shelters set up for the [TYPE OF EMERGENCY EVENT] will be closing at [Closing Time and Date].

The shelters to be closed are located at:

- [Emergency Shelter Location 1]
- [Emergency Shelter Location 2]
- [ETC.]

[IF APPLICABLE] For residents still in need of emergency sheltering services, the following shelters are still in operation:

- [Emergency Shelter Location 1]
- [Emergency Shelter Location 2]
- [Etc.]

[insert additional information about how to handle specific emergency]

For more information, please use the following websites and phone hotlines. Do not call 911, unless there is an emergency.

Websites:

[List of local, state, and federal emergency websites as applicable]

-
-
-

[List of local, state, and federal emergency phone numbers as applicable]

-
-
-

REGIONAL SHELTER COMMAND PIO

SHELTER BULLETIN: STAFF MEETING ANNOUNCEMENT

For immediate release: [Insert Date and Time]

Shelter Information Bulletin

Contacts: [Contact 1 Name] [Contact 1 Phone]
[Contact 2 Name] [Contact 2 Phone]

STAFF MEETING ANNOUNCEMENT

[NAME OF SHELTER] will hold a staff meeting at [Date and Time of Meeting].

The following staff members should attend the meeting:

[LIST THE POSITIONS]

Topics to be discussed at the staff meeting include:

[SELECT ALL THAT APPLY]

- Functional needs provisions
- Food service
- Media communications
- Status of emergency
- General resident accommodations
- The date and time of our next staff meeting

For more information contact [Staff Contact Name] At [Contact Phone Number].

REGIONAL SHELTER COMMAND PIO

SHELTER BULLETIN: RESIDENT MEETING ANNOUNCEMENT

For immediate release: [Insert Date, Time and Location]

Shelter Information Bulletin

Contacts: [Contact 1 Name] [Contact 1 Phone]
[Contact 2 Name] [Contact 2 Phone]

RESIDENT MEETING ANNOUNCEMENT

[NAME OF SHELTER] will hold a meeting of all residents at [Date and Time of Meeting].

At least one member of each family should attend.

Topics to be discussed at the staff meeting include:

[SELECT ALL THAT APPLY]

- An update on the status of the emergency
- Services that are now available to residents
- General announcements
- Questions and answers
- The time of our next resident meeting

For more information contact [Staff Contact Name] At [Contact Phone Number].

REGIONAL SHELTER PLANNING

SHELTER COMMUNICATION CAPABILITIES

Pre-identify tactical communication resources available to the shelter. Ensure that shelter staff is able to get support or information about the correct use of communications equipment.

This survey should be reviewed by the Regional Shelter Supervisor and a facility representative at the walk-through prior to opening the shelter.

Check all that apply. List the name and phone number of personnel who can answer questions about the use of each resource:

√	Item	Contact Person	Contact Information (Phone)
<input type="checkbox"/>	Intercom System		
<input type="checkbox"/>	Handheld Radios		
	Number of Radios for Shelter Use:		
	Number and Location of Chargers:		
<input type="checkbox"/>	Bull Horn		
<input type="checkbox"/>	Telephone systems (Note any special instructions)		
<input type="checkbox"/>	Fax Machine/Landline		
	Number:		
<input type="checkbox"/>	Internet Access		
<input type="checkbox"/>	Guest Wi-Fi Access For Residents Username: Password:		
<input type="checkbox"/>	Signage (Note the type of signage, where stored, if key is needed, etc.)		
<input type="checkbox"/>	Ham Radio Operators		
<input type="checkbox"/>			

REGIONAL SHELTER COMMAND LOGISTICS

Shelter Supply Locations

Type	Location	Contact Name	Contact Information	Notes
Regional Shelter MOUs	See Shelter appendix			
Local Shelter MOU's	CEMP plan	EMD		
Supply List	See Shelter Supply List			
State Supplies	<ul style="list-style-type: none"> MEMA State Resource List Resource Management System (RMS) 	ESF 6 Desk	508-820-2000	
Regional Assets	Western Homeland Security Advisory Council			<ul style="list-style-type: none"> Shelter Trailers Disaster Animal Response Trailers Portable Hwy Signs Portable Lights
Pre-positioned Assets				
	UMass Amherst			X Cots
Local assets				

Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
ARC Medic al Kit	3-ring binder with tab dividers		1	
ARC Medic al Kit	3x5" index cards		1 package each	
ARC Medic al Kit	battery operated radio		1	
ARC Medic al Kit	rolls paper towels		2	
ARC Medic al Kit	all purpose cleaner		1	
ARC Medic al Kit	Antiseptic		1 package	
ARC Medic al Kit	box of trash bags		1	
ARC Medic al Kit	box safety pins		1	
ARC Medic al Kit	box sanitary napkins		1	
ARC Medic al Kit	box staples		1	
ARC Medic al Kit	box thumb tacks		1	
ARC Medic al Kit	boxes facial tissue		2	
ARC Medic al Kit	boxes paper clips		2	
ARC Medic al Kit	Carbon paper		1 package	
ARC Medic al Kit	Clip boards		2	
ARC Medic al Kit	Directional Arrows		5	
ARC Medic al Kit	Disposable diapers		1 package	
ARC Medic al Kit	Easel paper		1 pad	
ARC Medic al Kit	Electric lantern/battery		1	
ARC Medic al Kit	File folders/labels		24	
ARC Medic al Kit	Flashlight/battery		1	
ARC Medic al Kit	Large black magic markers		2	
ARC Medic al Kit	manual hole punch		1	
ARC Medic al Kit	package rubber bands		1 package	
ARC Medic al Kit	Paper napkins		1 package	
ARC Medic al Kit	paper tablets		4	
ARC Medic al Kit	pencil sharpener		1	
ARC Medic al Kit	pencils and pens		12	
ARC Medic al Kit	pre-moistened towelettes		50	
ARC Medic al Kit	Registration Forms		100	
ARC Medic al Kit	roles toilet tissue		6	
ARC Medic al Kit	roll orange tape for traffic control		1	
ARC Medic al Kit	roll Scotch tape		1	
ARC Medic al Kit	rolls masking tape		2	
ARC Medic al Kit	Scissors		1	
ARC Medic al Kit	Sign Strips		5	
ARC Medic al Kit	staplers		2	
ARC Medic al Kit	Temporary Name Badges & Holders		2	
ARC Medic al Kit	Utility Pole IDs		5	
ARC Medic al Kit	Whistle		1	
Childcare	Chairs		10	
Childcare	Craft material (paper, glue, scissors, markers, etc.)			

Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Childcare	Games			
Childcare	Nerf balls and other soft toys			
Childcare	Paper towels		1 roll	
Childcare	Paper, pens, markers, signs			
Childcare	Playpens		5	
Childcare	Tables		2	
Childcare	Toys			
Childcare	Trash bags		1 roll	
Childcare	TV			
Communications	Access to internet, radio, TV			
Communications	Air horns		2	
Communications	All purpose communications trailer			
Communications	AM/FM Transistor radios with flashlights		At least 2	
Communications	Barricade tape		3 rolls	
Communications	Bull horns		2	
Communications	Camera		1	
Communications	Computers		10-May	
Communications	Family radios		At least 6	To be used by staff inside the shelter
Communications	HAM radio		At least 1	
Communications	Hand held signs (stop, slow, etc.)			As many as needed
Communications	Message Boards			
Communications	Metal whistles		5	
Communications	Microphone		1	
Communications	Mobile VSAT Satellite Internet Solutions			
Communications	Multiple phone lines			
Communications	Pocket compasses		1	
Communications	Printer/copier		2	
Communications	Satellite telephones		At least 1	
Communications	Smart phones (or identify staff who have them)			Dependent on staff
Communications	Solar powered structure			
Communications	Solar radios		At least 2	
Communications	Tables, chairs		5 tables, 20 chairs	
Communications	White Boards			
Communications	Wireless Router		1	Depends on placement and layout of shelter. More than one may be needed.
Donations	Donation sorting area			
Donations	Donations Tracking Form			
Donations	Garbage Bags			

Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Donations	Pens/Pencils			
Dormitory	Baby bath tubs		5	
Dormitory	Blankets			Should match number of shelter residents
Dormitory	Blankets			
Dormitory	Chairs			
Dormitory	Cleaning and sanitizing supplies and equipment			
Dormitory	Cots			Should match number of shelter residents
Dormitory	Cots (Accessible)			
Dormitory	Craft material (paper, glue, scissors, markers, etc.)			
Dormitory	Cribs		5	
Dormitory	Diapers	Baby	5 bags	
Dormitory	Fans			Dependent on weather
Dormitory	Flashlights/batteries			
Dormitory	Games			
Dormitory	Hand sanitizer		300 small bottles	
Dormitory	Masking Tape (preferably colored)	To mark out space for cots	5-10 roles	
Dormitory	Masking/duct tape		10 rolls	
Dormitory	Mats			Should match number of shelter residents
Dormitory	Paper towels			
Dormitory	Paper, pens, markers, signs			
Dormitory	Personal toiletries kits (sanitary napkins, toothbrushes, toothpaste, etc.)		300 kits	Should match number of shelter residents
Dormitory	Pillows			Should match number of shelter residents
Dormitory	Playpens		5	
Dormitory	Pump soaps		2 for each bathroom	
Dormitory	Shampoo		300 small bottles	Should match number of shelter residents
Dormitory	Showermats		20	
Dormitory	Tables			
Dormitory	Toilet paper			
Dormitory	Towels			Should match number of shelter residents
Dormitory	Toys			
Dormitory	Trash bags			
Dormitory	Whistles		One for each staff	

Shelter Supply List

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

Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
			w/elevating leg rest)	
Durable Medical	Wheelchairs, adult, extra large	Up to 450 lb capacity	1 each- w/footrest; 1 each-w/ elevating leg rest	
Facilities	Broom			
Facilities	Cleaning liquids & solutions			
Facilities	Cleaning rags			
Facilities	Garbage bags			
Facilities	Paper towels			
Facilities	Rubber gloves for cleaning			
Facilities	Sanitizing equipment			
Facilities	Soap			
Facilities	Sponges			
Facilities	Toilet paper			
Facilities	Vacuum			
Facilities				
Food Unit	Aluminum foil	100 ft rolls	4	
Food Unit	Bendable drinking straws	Bulk box	At least 100	
Food Unit	Buckets or dishpan (or 3 bay sink) for washing dishes		4	
Food Unit	Can opener	Not electric	1	
Food Unit	Chlorine or unscented bleach			
Food Unit	Cooking pots	Variety of styles, mainly large		Depends on food being served and size of shelter
Food Unit	Cooking thermometer		1	
Food Unit	Cutting board	Large, washable	10	
Food Unit	Dish Cloths (Disposable)			NO sponges
Food Unit	Disposable gloves for food preparation	Non-latex	1+ box per day	Enough to match number of people preparing/serving meals
Food Unit	Food/drinks for: infants, children, adults, elderly			Quantity determined by the amount of meals being served. Have enough for at least
Food Unit	Ice buckets with sanitizer for drinks			
Food Unit	Knives for food preparation		10	
Food Unit	Large serving bowls			Should match number of serving spoons/ladles
Food Unit	Non-antibacterial wipes			
Food Unit	Paper cups, napkins, plates, paper cup lids	Same amounts of each		Quantity determined by the amount of meals being served. Have enough for at least
Food Unit	Paper towels for handwash station			
Food Unit	Plastic tableware			Have extra available

Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Food Unit	Potholders			
Food Unit	Pump soap for handwash station			
Food Unit	Quart/gallon size storage bags			
Food Unit	Rubber gloves for dishwashing		5 sets	
Food Unit	Sanitizer tablets and test strips			
Food Unit	Serving spoons/ladles			Should match number of large serving bowls
Food Unit	Soap for washing dishes			
Food Unit	Tongs and serving spoons		5 sets	
Food Unit	Water purification tablets			
Food Unit	Waterproof matches, lighter		1 box of matches, 2 lighters	
Medical	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.
Medical	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.
Medical	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.
Medical	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.

Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Medical	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.
Medical	Adhesive, non-allergic	1" paper tape	6 each	1" x 11yds.
Medical	Adhesive, non-allergic	2" paper tape	6 each	2" x 11yds.
Medical	Air Pump (bicycle type)		1	For wheelchair tires w/composite head fitting. Presta, Schrader, and Woods/Dunlop valves without switching internal parts.
Medical	Alcohol Prep Pads		4 boxes of 100	100 pads per box
Medical	Antibacterial Wipes/ Towelettes		40 pack	100
Medical	Application, cotton-tipped	6" long, 100 per box	2 boxes	
Medical	Auto Blood Pressure Cuff, child, with batteries	each	2 with child cuff	Displays simultaneous readings of systolic and diastolic blood pressure and pulse
Medical	Bag, plastic		13 gallon	100
Medical	Baggies (large/small)			10 boxes each
Medical	Bandage Gauze Roll (2")		6 dozen	Cover-roll bandage 2"x10yd.
Medical	Bandage Gauze Roll (4")		6 dozen	Cover-roll bandage 4"x10yd.
Medical	Batteries – assorted		1 package each	AAA/AA/9 VOLT/C/D
Medical	Batteries - hearing aid		1 package each	assorted
Medical	Battery Chargers, universal		2	For recharging wheelchair batteries and other battery-powered equipment.
Medical	Bedpans	each	2 disposable w/o cover	Resistant to stains and cracks. 350-pound weight capacity. Contoured design molded plastic for adults.
Medical	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.
Medical	Beds			
Medical	Bedside Drainage Collectors		3	2000cc drainage bag with drip chamber, sample port and universal hanging device.
Medical	Bendable Drinking Straws			1 case
Medical	Betadine Scrub Solution		4 bottles	16 oz
Medical	Bio-hazard Bags	for medical bio-waste		1 box of 24
Medical	Blankets			

Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Medical	Blood Glucose Meter Kit		4	Allows for alternate site testing and stores upto 300 test results. Includes meter, carrying case, lancing device, 10 lancets, control solution normal, alternate site testing cap.
Medical	Bucket, 2.5 gallon			10 each
Medical	Cannulas Nasal Oxygen Tubes (disposable)		5 each	Nasal cannula, extra soft, curved tip, with 7 ft. (213 cm.) crush - resistant tubing.
Medical	Chairs			
Medical	Chemical-free Shampoo and Body Wash		2 (8 oz bottles)	Hypoallergenic cleanses - rinse free. Contains Aloe Vera Gel, no alcohol.
Medical	Chemical-free Spray Cleaner		2 (8 oz bottles)	Gentle cleanser contains Acemannan Hydrogel - No rinse, Non-irritating
Medical	Chlorine or bleach			2 gallons
Medical	Colostomy Appliance		2 packages	Dependant on manufacturer
Medical	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
Medical	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.
Medical	Colostomy Skin Preps		1 box of 50 wipes	No-Sting Skin-prep Wipes. Forms protective film to prepare skin for tapes and adhesives.
Medical	Colostomy Wafers		2 boxes of 10	Individually wrapped size 4"x4" wafer with flange (skin protector)
Medical	Condom Catheters, male		25 each	Cath Exterior Tex Ltx 2-Pc W-Fm. With 5.5"L x .75"W foam strap.
Medical	Cotton Balls		4 bags of 50	100% cotton balls
Medical	Diapers, adult	x-large	3 cases of 20	
Medical	Diapers, adult	small	3 cases of 20	
Medical	Diapers, adult	large	3 cases of 20	
Medical	Diapers, adult	medium	3 cases of 20	
Medical	Disposable ear plugs			1 case
Medical	Distilled Water (for humidifiers)	gallon	10	
Medical	Duct Tape			12 rolls
Medical	Emesis Basin (shallow)	each	12	Plastic 8.5"
Medical	Extension Cords		3	50 ft. length
Medical	External Catheter, male		25 each	Cath Ext Tex Ltx 2-Pc W-Fm. With 5.5"L x .75"W foam strap.

Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Medical	Face masks			
Medical	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.
Medical	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.
Medical	Glucose tablets to treat low blood sugar			
Medical	Hand Asepsis Towelettes		4 packages pk/160	antimicrobial hand wipe
Medical	Hand Sanitizer		6 each large	
Medical	Hand Sanitizer		100 each individual	
Medical	Instant Heat	pkg of	12	Self-contained, break to use
Medical	Instant heat packs			
Medical	Instant Ice	pkg of	12	Self-contained, break to use
Medical	Insulin and syringes with RX order for diagnosed diabetics			
Medical	Intermittent Catheter, female		25 each	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^.
Medical	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^.
Medical	Iodine			
Medical	Isolation Mask		1 box of 50	Fluid-resistant, polypropylene outer facing with ear loops
Medical	K-Y Jelly		4 tubes	large
Medical	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^.

Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Medical	Magnifying Glasses			2
Medical	Medicine Cups		2 packages 100	1 oz
Medical	Nebulizer		2	FIO (2) settings adjustable from 35% to 100%. It has ports for a feed set and an immersion-type heater. Capacity: ~350ml^.
Medical	Non-latex Cleaning Gloves	disposable		4 boxes of 100
Medical	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.
Medical	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.
Medical	Nutritional Supplemental Drinks for Kids/Children (over 12 months of age), ready to drink	Dispensed by medical authority in shelter		28-120 fl. oz. per day in no larger than 8 oz bottles / 196 - 658 per week (i.e. Pedia-sure)
Medical	Oval eye pads			
Medical	Paper Cup Lids	For 12 oz cups		1 case
Medical	Paper Towels			20 rolls
Medical	Patient Care Gloves, non-latex	disposable		6 boxes
Medical	Peroxide		4 bottles	16 oz
Medical	Pill Crusher		6 each	
Medical	Pill Cutter		6 each	
Medical	Power Strips		5	6 ft. length
Medical	Privacy screens			
Medical	Pull-Up Adult Diapers	small	1 cases of 20	
Medical	Reading Glasses	3 standard strengths	10 of each	
Medical	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.
Medical	Removal Wipes		1 box of 50	Universal adhesive remover for tapes, adhesives, and hydrocolloid skin barriers.

Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Medical	Safety Pins		1 box	Nickel-plated steel. Each pin closed. Secure safety head. 1.75". Box of 1440.
Medical	Saline Solution (wound wash)	each	12	A sterile saline solution (0.9%) for flushing and cleansing superficial wounds
Medical	Sanitary napkins			
Medical	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
Medical	Source of sugar for diabetics			
Medical	Splints for adults/children			
Medical	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.
Medical	Spray Bottle	plastic	4 each	6 oz
Medical	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
Medical	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
Medical	T.E.D. Compression Stockings		1 each medium/large/x-large	Support hose
Medical	Tables			
Medical	TELFA 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".
Medical	Test Strips, diabetic		2 boxes of 50	50 strips per box
Medical	Urinals - male	each	8 disposable w/cover	Plastic, disposable male urinal with cover - translucent

Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Medical	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.
Medical	Water packs			
Medical	Waterproofing Pads	standard size		10 boxes of 24 (i.e. CHUX)
Medical				
Medical				
Registration	Camera/charger	1		
Registration	Caution tape	2 rolls		
Registration	Clipboards	10		
Registration	Clips	2 boxes		
Registration	Confidentiality agreement	250 copies		
Registration	FNSS registration forms	250 copies		
Registration	Folders	Box of 100		
Registration	Markers		2 boxes	
Registration	Paper	2 boxes		
Registration	Pens/pencils	2 boxes of each		
Registration	Registration directional signage	As needed		
Registration	Registration forms	250 copies		
Registration	Sign boards	Depends on facility entrances and exits	At least 2	
Registration	Sign in, Sign out form	5 copies	Where to find form	
Registration				
Staffing	Markers		1 box	
Staffing	Name tags/badges		100	
Staffing	Paper	100 sheets per pack	2 packs	
Staffing	Pencils/pens		2 packs of each	
Staffing	Signage			
Staffing	Staff credentialing/check in forms			Where to find forms
Staffing	Staff training materials			Where to find material
Supply	Copier (for Resource Request Forms)			
Supply	Folders			
Supply	Inventory Forms			
Supply	Paper			
Supply	Paper Clips			
Supply	Pens/Pencils			
Supply	Resource Request Forms			
Supply	Space for storage and storage supplies (bags, shelves, boxes, etc.)			
Volunteer Management	Copier			
Volunteer	Markers		1 box	

Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Management				
Volunteer Management	Name Tags			
Volunteer Management	Paper			
Volunteer Management	Pens/Pencils			
Volunteer Management	Signage			
Volunteer Management	Staff credentialing/check in forms			
Volunteer Management	Staff training materials			

REGIONAL SHELTER COMMAND OPERATIONS

FACILITY WALK THROUGH ASSESSMENT FORM

Facility Name:				Capacity:			
Facility Address:				Facility Phone #:			
Shelter Representative:				Contact Information:			
Facility Representative:				Contact Information:			
Date Of Facility Opening Assessment:				Date Of Facility Closing Assessment:			

		Shelter Opening			Shelter Closing			ADDITIONAL COMMENTS
		Y	N	NA	Y	N	NA	
Fire Safety & Building Security	Are the fire extinguishers inspected?							
	Are the fire sprinklers functional?							
	Are the fire alarm active and all lights working properly?							
	Are all fire exits visible and free of clutter?							
	Is the building secure?							
Utilities	Test the light system. Are there any that are not working?							
	Is the emergency generator working?							
	Date of last inspection:							
	Fuel remaining in the tank:							
	Are you able to refuel it during sheltering?							
	If power fails, is automatic emergency lighting working for all routes, stairs and restrooms?							
HVAC	Is the facility able to provide adequate heating?							
	Date of last heating system inspection system:							
	Is the facility able to provide adequate cooling?							
	Date of last cooling system inspection:							
Communications	Are the phones working and available for use?							
	Is there internet available							

Continued...

		Shelter Opening			Shelter Closing						
		Y	N	NA	Y	N	NA	ADDITIONAL COMMENTS			
Water	Is the water safe for drinking?										
	Calculate the need for water. Projected consumption of water: Projected shelter population x 5 = # of gallons of water needed										
Material Support	Calculate the need. Projected use of cots: Projected population / 10 = # of cots							Cots Available?	<u>Yes/#</u>	<u>No</u>	
	Calculate the need. Projected use of blankets: Projected population / 5 = # of blankets needed							Blankets Available?	<u>Yes/#</u>	<u>No</u>	
	Is accessibility equipment available, secured, installed and without obstructions?	Y	N	NA	Y	N	NA				
	▪ Ramps										
	▪ Support Bars										
	▪ Sanitation Facilities										
	▪ FNSS Cots										
	▪										
Accessibility	Identify any outstanding accessibility issues that need to be addressed before sheltering. <ul style="list-style-type: none"> ▪ ▪ ▪ 										
Sanitation	The ARC recommended ratio for toilet facilities is a minimum of 1 toilet/ 40 people. Calculate the need. Projected toilet facilities needed:										
	Is there one sink for every two toilets?	Y	N	NA	Y	N	NA				
	Are the sanitation facilities separated into male and female?										
	ARC recommends 1 shower for every 40 residents. Calculate the need. Projected showers needed: Projected population / 40 = # of showers needed										
	Is sanitation removal working for handling solid waste?										
	Is there access to laundry facilities?										
	Note any pest control issues.										
	Are there any limitations to any of these sanitation facilities or procedures?										
	The planning target should be 5 meals worth of food in the inventory for each projected shelter resident. Calculate need. Projected shelter meals needed: Projected population x 5 = projected # of meals needed										

Continued...

		Shelter Opening			Shelter Closing			
		Y	N	NA	Y	N	NA	ADDITIONAL COMMENTS
Shelter Feeding	Take inventory of available food. What is on-site and what will need to be accessed elsewhere?							
	Is all kitchen equipment accounted for, cleaned and ready to use?							
	Is there an opportunity for food refrigeration?							
	Is the feeding area space set up and ready for use?							
	Is there adequate, clean space available for medical services located away from the general shelter population?							
Health Services	Is there adequate, clean space available for health related services located away from the general shelter population?							
	Is there isolated space for individuals with functional and access needs away from the general shelter population? Is it prepared?							
	Is there adequate space available for childcare?							
	Is there access to laundry facilities?							
	Is there space available for animal sheltering that is separated from the general shelter population?							
Animal Sheltering	Is there adequate temperature control and ventilation for the space?							
	Note if there is any damage to the space.							
	Is the facility clean, neat and orderly?							
Other	Has the Board of Health inspected the facility?							
	Is the emergency communication system (PA or alarm) functional and available for emergencies?							
	Has the written agreement for use of this facility as a shelter been reviewed?							
Any Damage Or Additional Comments <u>Before</u> Shelter Opening:								
Any Damage Or Additional Comments <u>After</u> Shelter Closing:								

REGIONAL SHELTER COMMAND SECURITY OFFICER SHELTER SECURITY PLAN

Category		Task	Details
Training			
	<input type="checkbox"/>	Conduct Just in Time training for Public Safety personnel on the specific security requirements at the Shelter including security of medical assets and staff	
	<input type="checkbox"/>	Conduct Just in Time training on badging procedures (should include name, role venue, access, Volunteer status (e.g. special designation for spontaneous volunteers.	See Policy Worksheet See Badging Policy
Interior security			
	<input type="checkbox"/>	Conduct security sweep prior to facility use/occupancy by staff	
	<input type="checkbox"/>	Establish law enforcement officer posts	See Shelter Plan Maps
	<input type="checkbox"/>	Control access to locations within the facility	See Shelter Plan Maps
	<input type="checkbox"/>	Crowd control inside the facility	
Exterior security			
	<input type="checkbox"/>	Implement plans for specialized units (canine, explosive ordnance disposal, tactical, traffic, etc.).	
	<input type="checkbox"/>	Determine resource needs e.g. additional physical barriers, lighting	
	<input type="checkbox"/>	Implement vehicular traffic control (ingress and egress)	See Shelter Maps
	<input type="checkbox"/>	Establish access control to facility/facilities	See Shelter Plan
Command and management			
	<input type="checkbox"/>	Establish command center for law enforcement	See Shelter Plan
	<input type="checkbox"/>	Determine radio channels	See Communication Plan
	<input type="checkbox"/>	Ensure communication and coordination between law enforcement organizations	
	<input type="checkbox"/>	Establish security staffing needs (officers and non-professional e.g. CERT)	
	<input type="checkbox"/>	Establish security staffing shifts	
Other Security Issues			
	<input type="checkbox"/>	Review evacuation plans	See evacuation plans
	<input type="checkbox"/>	Establish security breach plans	
	<input type="checkbox"/>	Establish Rules of Engagement	See Policy Worksheet
	<input type="checkbox"/>	Establish stand down procedures	
	<input type="checkbox"/>	Establish plans/procedures regarding CORI/SORI and Restraining Orders	
Personnel Escort			
	<input type="checkbox"/>	Establish plan to escort personnel to and from shelter venues	
Other			
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

REGIONAL SHELTER COMMAND

SHELTER AREA WITH ICS POSITIONS

Shelter Area	Responsible Position
Shelter Operations Incident Command Post	Shelter Manager
Security Station	Security Officer
Safety	Safety Officer
Facilities Management	Logistics; Facilities Unit
Public Information	Command: PIO
Registration Area	Human Shelter Branch Manager, Registration Team Leader
Dormitory Area	Human Shelter Branch Manager, Dormitory Team Leader
Child Care Area	Human Shelter Branch Manager, Childcare Team Leader
Feeding Area	Logistics Manager, Service Branch Leader, Food Unit
Medical/Behavior Health Area	Human Shelter Branch Manager, Medical Team Leader
Case Management	Shelter Manager; Case Management Team
Staffing and Break Area	Logistics Manager, Service Branch Leader, Staffing Unit
Volunteer Management	Logistics Manager, Support Branch Leader, Volunteer Management Unit
Supply/Receiving/Logistics	Logistics Manager, Support Branch Leader, Supply Unit
Donations Intake	Logistics Manager, Support Branch Leader, Donations Unit
Communications	Logistics: Communications Unit
Finance	Finance Manager, Time Unit, Cost Unit
Planning; Situational Awareness	Planning Manager
Animal Registration Area	Animal Shelter Branch Manager, Registration Team
Animal Kennels	Animal Shelter Branch Manager, Kennel Team
Animal Veterinary	Animal Shelter Branch Manager, Veterinary Team

REGIONAL SHELTER COMMAND OPERATIONS

SUGGESTED SHELTER SIGNS

The following signs are available in electronic form:

- Aid
- American Sign Language
- Break Room
- Children
- Directional Arrows
- First Aid
- Hearing
- Incident Command
- Interpreter: Chinese
- Interpreter: Russian
- Interpreter: Spanish
- No Entrance
- No Exit
- Prohibited: Photography Smoking, Video or Sound Recording Pets
- Registration
- Russian
- Spanish

The following suggested signs need to be developed

- Quiet Area
- No Cell Phones
- Restrooms
- Phones
- Computers
- Please Sign In and Out
- Information
- Dining
- Dormitory
- Feeding
- Medical Services
- Kennel
- Animal Shelter Registration
- Staff Check-In/Out Area
- Donations Accepted

Add Additional Sign Needs Below

REGIONAL SHELTER COMMAND OPERATIONS FOOD ESTABLISHMENT INSPECTION FORM

Name	Date	Type of Operation(s)	Type of Inspection
Address	Risk Level	<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person-in-Charge (PIC)	Time	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	In:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
	Out:	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other _____

ENVIRONMENTAL HEALTH AND SAFETY

Each violation checked requires an explanation on the narrative page and a citation of specific provisions violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

- | | |
|---|-------------|
| <input type="checkbox"/> Anti-Choking | 590.009 (E) |
| <input type="checkbox"/> Tobacco | 590.009 (F) |
| <input type="checkbox"/> Allergen Awareness | 590.009 (G) |

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned/Knowledgeable/Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices
☐ 12. Prevention of Contamination from Hands

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the BOH.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

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- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives

- ☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time as a Public Health Control

REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories
☐ 23. Allergen and Anti-choking Training

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION

Inspector's Signature	Print:	Page ____ of ____ Pages
	Print:	
PIC's Signature		

REGIONAL SHELTER COMMAND OPERATIONS

FOOD AND WATER EMERGENCY PLANNING

http://www.mass.gov/?pageID=eohhs2terminal&L=6&L0=Home&L1=Provider&L2=Guidance+for+Businesses&L3=Food+Safety&L4=Retail+Food&L5=Policies+and+Guidelines&sid=Eeohhs2&b=terminalcontent&f=dph_environmental_foodsafety_p_emergency_plans&csid=Eeohhs2

COMMONLY ASKED QUESTIONS REGARDING BOIL WATER ADVISORIES

1. What is the proper way to disinfect my water so that it is safe to drink?

The preferred method of treatment is boiling. Boiling water kills harmful bacteria and parasites (freezing will not disinfect water). Bring water to a full rolling boil for at least 1 minute to kill most infectious organisms. For areas without power, add 8 drops, about ¼ teaspoon, of unscented household bleach per gallon of water.

2. How should I wash my hands during a boil water advisory?

Based on the current conditions of the affected public water supplies, vigorous hand washing with soap and your tap water is safe for basic personal hygiene. If you are washing your hands to prepare food, if at all possible, you should use boiled (then cooled) water or bottled water with hand washing soap.

3. Is potentially contaminated water (where *Cryptosporidium* is not the significant contaminant) safe for washing dishes or clothes?

Yes, if you rinse hand-washed dishes for a minute in a bleach solution (1-tablespoon bleach per gallon of water). Allow dishes to completely air dry. Most household dishwashers do not reach the proper temperature to sanitize dishes. It is safe to wash clothes in tap water.

4. Is potentially contaminated water safe for bathing and shaving?

The water may be used for showering, baths, shaving and washing, so long as care is taken not to swallow or allow water in eyes or nose or mouth. Children and disabled individuals should have their bath supervised to ensure water is not ingested. The time spent bathing should be minimized. Though the risk of illness is minimal, individuals who have recent surgical wounds, are immunosuppressed, or have a chronic illness may want to consider using bottled or boiled water for cleansing until the advisory is lifted.

5. How should I wash fruit and vegetables and make ice?

Fruits and vegetables should be washed with boiled (then cooled water) or bottled water or water sanitized with 8 drops (about ¼ teaspoon) of unscented household bleach per gallon of water. Ice should be made with boiled water, bottled water or sanitized water.

6. What if I have already consumed potentially contaminated water?

Even if someone has consumed potentially contaminated water from either a public water system or a private well before they were aware of the boil water advisory, the likelihood of becoming ill is low. Anyone experiencing symptoms such as diarrhea, nausea, vomiting, abdominal cramps, with or without fever, should seek medical attention.

7. What infectious organisms might be present in contaminated water?

Disease transmission from contaminated water occurs principally by ingesting water. The major organisms of concern are protozoa such as *Giardia* and *Cryptosporidium*, and bacteria, such as *Shigella*, *E. coli* and viruses. These organisms primarily affect the gastrointestinal system, causing diarrhea, abdominal cramps, nausea, and vomiting with or without fever. Most of these illnesses are not usually serious or life threatening except in the elderly, the very young or those who are immune-compromised.

CONSUMER INFORMATION ON BOIL ORDERS FROM MA DEPARTMENT OF ENVIRONMENTAL PROTECTION

- Note: these apply to consumers, not to food establishments

Boil water orders or advisories are public announcements advising the public that they should boil their tap water for drinking and other human consumption uses like cooking, hand washing, brushing teeth, etc. Boil water orders are

preventative measures issued to protect public health from waterborne infectious agents that could be or are known to be present in drinking water. Boil water orders are issued by the MassDEP Drinking Water Program (DWP) when MassDEP DWP determines that the consumers of a particular public water system should take precautionary measures with their tap water.

When a boil order or advisory is issued the local public water supplier (PWS) must take appropriate corrective action, continue to monitor its water supply, and notify customers when it has remedied the problem and the boil water order is lifted. The PWS should be contacted for details, and in limited instances, consumers may find more information on their city or town's web site. For general information on boil water orders consumers may also check the MassDEP or US EPA website and fact sheets on contaminants.

Below are general precautions MassDEP recommends you take when a boil water order has been issued for your community.

General Precautions

DISCARD any ice, juice, formula, stored water and uncooked foods that were prepared with tap water during the period of concern.

USE BOILED OR BOTTLED WATER for drinking, food preparation, mixing baby formula, making ice, washing food, manual utensil and equipment washing, rinsing and sanitizing, brushing teeth or any other activity involving the consumption of water.

CHILD CARE CENTERS AND SCHOOLS should use only bottled or boiled water for mixing infant formula, hand washing, and for mixing sanitizing solutions for diapering areas and surfaces such as tabletops and toys. Adult employees should use a hand sanitizer after washing hands with tap water and soap. Do not use drinking fountains and discontinue the use of water play tables. Follow all guidance provided by the Massachusetts Department of Education (DOE) and/or the Massachusetts Department of Early Education and Care (DEEC).

RETAIL FOOD ESTABLISHMENTS must follow the guidance of the local board of health and the Massachusetts Department of Public Health (MassDPH). Wholesale food manufacturers must follow the guidance of MassDPH. Meat processing plants must follow the guidance of MassDPH and the United States Department of Agriculture.

SWIMMING POOLS, HOT TUBS, AND SPAS that are operated properly, including routine monitoring for adequate disinfection levels, may continue to operate.

SHARE THIS INFORMATION with all other people who drink this water, especially those who may not have received this notice directly (for example, visitors). You can do this by posting this notice in a public place or distributing copies by hand or mail.

TRANSLATE THE PRECAUTIONS for anyone who does not understand English.

Tips for drinking water use during a boil order

There are two simple and effective methods you can use to treat drinking water for microbiological contaminants (bacteria).

Boiling: Bring the water to a rolling boil for at least 1 minute. Laboratory data show this is adequate to make the water safe for drinking.

Disinfecting: Disinfectant tablets obtained from a wilderness store or pharmacy may be used. In an emergency, liquid chlorine bleach such as Clorox™ or Purex™ can be used at a dose of 8 drops (1/8 teaspoon) of bleach to each gallon of water. (Careful measurement with a clean dropper or other accurate measuring device is required when using liquid chlorine bleach.) Let stand for at least 30 minutes before use. Read the label to see that the bleach has 5-6% chlorine.

Specific Activities

Washing Dishes

You may use a dishwasher if it has a sanitizing cycle. If it does not have a sanitizing cycle, or you are not sure if it does, you may hand wash dishes and utensils by following these steps:

1. Wash the dishes as you normally would.
2. As a final step, immerse the dishes for at least one minute in lukewarm water to which a teaspoon of bleach per gallon of water has been added.
3. Allow the dishes to completely air dry.
4. You may also use boiled and cooled water or bottled water.

Young children should be given sponge baths rather than put in a bathtub where they might ingest the tap water. Adults or children should take care not to swallow water when showering.

Brushing your Teeth

Use only disinfected or boiled water for brushing your teeth.

Ice

Ice cubes are not safe unless made with disinfected or boiled water. The freezing process does not kill the bacteria or other microorganisms.

Washing Fruit and Vegetables

Use only disinfected or boiled water to wash fruits and vegetables that are to be eaten raw.

Hand Washing

You should wash your hands with soap and boiled water, or soap with bottled water. If only tap water is available, it is best to use an alcohol-based hand sanitizer after you wash your hands. If neither is possible and your hands have been exposed to germs, such as after using the bathroom, washing with warm tap water and soap and thoroughly drying your hands is much better than not washing them at all. In these instances, try to keep your hands away from your mouth and use a hand sanitizer as soon as possible after you're done.

Cooking

Bring water to a rolling boil for 1 minute before adding food.

Infants

For infants use only prepared canned baby formula that is not condensed and does not require added water. Do not use powdered formulas prepared with contaminated water.

Houseplants and Gardens

Water can be used without treatment for watering household plants and garden plants. The exception would be things like strawberries or tomatoes where the water would contact the edible fruit.

House Pets

The same precautions taken to protect humans should be applied to pets. Aquatic organisms (e.g. fish) should not be exposed to water containing elevated levels of bacteria. If the organism's water needs to be refreshed, use appropriately boiled or bottled water.

Flush All Taps When the Boil Water Order Is Lifted

When flushing it is important to carefully follow the instructions provided. Flush your household and building water lines including: interior and exterior faucets, showers, water/ice dispensers, water treatment units, etc. Water heaters may need to be flushed to remove any contaminated water. Some types of water treatment devices may need to be disinfected or replaced before being used. Check with the manufacturer for details.

Additional Resources

Drinking Water Safety Lookup

Find more information about Boil, Do Not Drink & Do Not Use orders in cities and towns in Massachusetts

Web page: http://db.state.ma.us/dep/boil_order/search.asp

FAQ: Boil Water Order

Frequently asked questions about boil water orders.

Web page: <http://www.mass.gov/dep/water/drinking/boilfaq.htm>

Instructions for Post-Boil-Water Orders

Guidance for flushing water lines following a boil-water order. May 2010.

Web page: <http://www.mass.gov/dep/water/drinking/flushbwo.htm>

Massachusetts Town/City Web Sites

List of Massachusetts town/city web sites, organized alphabetically.

Web page: <http://www.mass.gov/dep/water/drinking/matowns.htm>

Massachusetts Department of Public Health - Guidance for Emergency Action Planning for Retail Food Establishments

Practical guidance for retail grocery and food service establishments to plan and respond to emergencies that create the potential for an imminent health hazard.

DPH Web Site

http://www.mass.gov/?pageID=eohhs2terminal&L=6&L0=Home&L1=Provider&L2=Guidance+for+Businesses&L3=Food+Safety&L4=Retail+Food&L5=Policies+and+Guidelines&sid=Eeohhs2&b=terminalcontent&f=dph_environmental_foodsafety_p_emergency_plans&csid=Eeohhs2

Centers for Disease Control and Prevention (CDC)

Renal Dialysis Units during a Boil Water Advisory

Practical guidance for dialysis units if a boil water advisory is in effect.

CDC Web site

http://www.cdc.gov/crypto/health_professionals/bwa/dialysis.html

Water Demand in Health Care Facilities during Water Disruption Emergencies

List of uses for which safe water will be required during a water-advisory situation.

CDC Web site

<http://www.bt.cdc.gov/disasters/watersystemrepair.asp#4>

Instructions for Post-Boil-Water Orders

Residents are advised to "flush" their water following the lifting of a boil order in order to clear plumbing of potentially contaminated water. Flushing your household and building water lines includes interior and exterior faucets; showers; water and ice dispensers; water treatment units, etc. Please use the following guidance:

Cold Water Faucets: Run tap water until the water feels cold, one minute or more, before drinking tooth brushing, or using for food preparation. *If you have a single-lever faucet, set it to run the cold water first.*

Hot Water Faucets: To clear hot-water pipes and water heater of untreated water, change all faucets to hot water and flush for a minimum of 15 minutes for a typical household 40-gallon hot-water tank, 30 minutes for an 80-gallon hot water tank or larger. Hot water is then safe to use for washing hands, and for hand washing of dishes, pots and pans, etc. Never use water from the "hot" faucet for drinking, cooking, or other internal-consumption purposes.

Dishwashers: After flushing hot water pipes and water heater, run dishwasher empty one time.

Humidifiers: Discard any water used in humidifiers, Continuous Positive Airway Pressure (CPAP), oral, medical or health care devices, and rinse the device with clean water.

Food and baby formula: Discard baby formula and other foods prepared with water on the day or days of the boil order. (If unsure of the dates contact your water department.)

Refrigerator water-dispensing machine: Water dispensers from refrigerators should be flushed by at least one quart of water. If unsure of your dispenser's capacity, refer to manufacturer specifications.

Ice cubes: Automatic ice dispensers should be emptied of ice made during the boil order and run through a 24-hour cycle, discarding the ice to assure purging of the icemaker water supply line. For medical, dental, and food service establishments, please refer to the guidance on the Massachusetts Department of Public Health [website](#).

Due to the flushing of the lines by residents and the flushing of the hydrants, some customers may experience a lack of water pressure and/or discolored water. However, this is an expected result and does not pose an immediate health risk.

REGIONAL SHELTER COMMAND OPERATIONS
Functional Needs Assistance Request Form

Identify Involved Parties and Contact Information:

Date of Request:

Identify the Request:

Date of Action Taken:

Describe the Action Taken:

REGIONAL SHELTER COMMAND PLANNING

STAFFING LEVEL GUIDE

Positions Highlighted in SHADED-BOLD are required for any activation

Position	50 Person	100 Person	200 Person	500 Person	1,000 Person
Regional Shelter Division Supervisor	1	1	1	1	1
Safety Officer	1	1	1	1	1
PIO	1	1	1	1	1
Liaison Officer	1	1	1	1	1
Public Health Officer	1	1	1	12	12
Security Officer	1	1	2	5	10
Security Staff	1	1	1	2	4
Human Shelter Branch Manager	1	1	1	1	1
Ombudsman	1	1	1	1	1
FNSS Advisor	1	1	1	1	1
Dormitory Team Leader	1	1	1	1	1
Dormitory Staff	2	3	5	8	14-16
Childcare Leader Unit	1	1-2	3-4	8	12
Registration Team Leader	1	1	1	1	1
Registration Staff	2	2	2	3	5
Case Management Team Leader	2	4	8	20	40
Medical Team Leader	1	1	1	1	1
Medical Staff	1	1-2	2	4	8
Behavioral Health Unit	1	1-2	2	4	8
Animal Shelter Branch Manager	1	1	1	1	1
Registration Team	2	2	2	3	5
Kennel Team	2	2	2	3	5
Veterinary Team	2	2	2	3	5
Finance Manager	1	1	1	1	1
Time Unit	1	1	1	2	2
Cost Unit	1	1	1	3	3
Planning Manager	1	1	1	1	1
Demobilization Unit	1	2	3	5	10
Logistics Manager	1	1	1	1	2
Service Branch Leader	1	1	1	1	1
Food Unit	3	3	6	14	28
Staffing Unit	1	1	2	4	8
Communications Unit	1	1	1-2	4	6
Support Branch Leader	1	1	1	1	1
Supply Unit	2	4	6	8	10
Transportation Unit	1	1	1	1	1
Donations Unit	2	2	4	5	10
Volunteer Management Unit	1	2	4	5	10

REGIONAL SHELTER COMMAND OPERATIONS

SHELTER STAFF/VOLUNTEER EMERGENCY INFORMATION FORM

Personal Information

Date:	
Agency Affiliation	
Professional certification or license	
First name	
Middle name	
Last name	
Gender	
Home address	
Home phone	
Cellular phone	
Home e-mail address	
Birthday (MM/DD/YYYY)	

Medical Information

Doctor's name	
Address	
Phone number	
Blood type	
Medical conditions	
Allergies	
Current medications	

Emergency Information

Emergency contact's name	
Relationship	
Address	
Phone number(s)	

REGIONAL SHELTER COMMAND OPERATIONS

SHELTER STAFF/VOLUNTEER CONFIDENTIALITY AGREEMENT

Consistent with applicable state and federal laws, the Principles of Ethics of both the American Medical and Hospital Associations, and established shelter policies and procedures for individuals who may come in contact with patients, information, and records, whether medical, financial, or any other (whether electronic, written, spoken or signed), **I agree to safeguard and protect confidential information.**

- ☐ I understand that accessing confidential information or allowing access by unauthorized individuals, whether intentional or not, or any other breach is grounds for immediate and permanent dismissal from the shelter and will be investigated and possibly reported to applicable local, state and federal authorities.
- ☐ I acknowledge my legal and ethical obligation to maintain the confidentiality of all information pertaining to the shelter, its volunteers, and its patients/clients.
- ☐ I understand that the unauthorized access, use, copy, disclosure, or dissemination of any confidential information or records whether stored in hard copy, film, or electronic form is strictly prohibited.
- ☐ I will contact shelter administrators immediately if I believe any confidential information may have been compromised.
- ☐ I understand that I am to maintain this confidentiality agreement even after I leave the shelter.
- ☐ I acknowledge that I have read the forgoing provisions and agree to abide by their terms.

Print Name

Signature

Date

REGIONAL SHELTER COMMAND OPERATIONS: ENVIRONMENTAL HEALTH ASSESSMENT FORM

I. ASSESSING AGENCY DATA		Agency: /Organization Name		⁹⁰Immediate Shelter Need Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
² Assessor Name/Title		³ Phone _____ - _____ - _____		⁴ Email or Other Contact	
II. FACILITY TYPE, NAME AND CENSUS DATA					
⁵ Shelter Type <input type="checkbox"/> Community/Recovery <input type="checkbox"/> Special Need Shelter <input type="checkbox"/> Other _____		⁶ ARC Facility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		⁷ ARC Code	
⁸ Date Shelter Opened ____/____/____ (mm/dd/yr)		⁹ Date Assessed ____/____/____		¹⁰ Time Assessed ____ : ____ <input type="checkbox"/> am <input type="checkbox"/> pm	
¹¹ Reason for Assessment <input type="checkbox"/> Preoperational <input type="checkbox"/> Initial <input type="checkbox"/> Routine <input type="checkbox"/> Other					
¹² Location Name and Description			¹³ Street Address		
¹⁴ City / County		⁵ State ____		¹⁶ Zip Code ____ ¹⁷ Latitude/Longitude ____ / ____	
¹⁸ Facility Contact/Title ¹⁹ Facility Type <input type="checkbox"/> School <input type="checkbox"/> Arena/Convention center <input type="checkbox"/> Other					
²⁰ Phone _____ - _____		²¹ Fax _____ - _____		²² E-mail/Other Contact _____	
²³ Current Census:		²⁴ Estimated Capacity:		²⁵ Number of Residents: ²⁶ Number Staff/Volunteers:	
III. FACILITY			VIII. SOLID WASTE GENERATED		
²⁷ Structural Environmental Health/Safety <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁶⁴ Adequate number of receptacles <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
²⁸ Security / law enforcement available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁶⁵ Appropriate separation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
²⁹ Water system operational <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁶⁶ Appropriate disposal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
³⁰ Hot water available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁶⁷ Appropriate storage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
³¹ HVAC system operational <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁶⁸ Timely removal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
³² Adequate ventilation/air quality <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁶⁹ Types <input type="checkbox"/> Solid <input type="checkbox"/> Hazardous <input type="checkbox"/> Medical <input type="checkbox"/> Unk/NA		
³³ Adequate space per person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			IX. CHILDCARE AREA		
³⁴ Free of injury /occupational hazards <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁷⁰ Clean diaper-changing facilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
³⁵ Free of pest / vector issues <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁷¹ Hand-washing facilities available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
³⁶ Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁷² Adequate toy hygiene <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
³⁷ Electrical grid system operational <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁷³ Safe toys <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
³⁸ Generator in use, ³⁹ If yes, Type _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁷⁴ Clean food/bottle preparation area <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁴⁰ Indoor temperature _____ °F <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁷⁵ Adequate child/caregiver ratio <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
IV. FOOD (Also Use Food Establishment Inspection Form)			⁷⁶ Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁴¹ Preparation: heat to 165F, serve in 4 hrs. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			X. SLEEPING AREA		
⁴² Knowledgeable Person in Charge (PIC) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁷⁷ Adequate number of cots/blankets/mats <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁴³ Handwashing station available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁷⁸ Adequate supply of bedding <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁴⁴ Served on site: hold below 40F/ above 135F <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁷⁹ Bedding changed regularly <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁴⁵ Safe food source: donations approved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁸⁰ Adequate spacing: wheel chair accessible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁴⁶ Appropriate storage: off floor; secure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁸¹ Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁴⁷ Adequate supply; snacks; special diets <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			XI. COMPANION ANIMALS		
⁴⁸ Safe food handling; cross contamination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁸² Companion animals present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁴⁹ Warewashing/sanitizing facilities avail. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁸³ Animal care/accommodations present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁵⁰ Clean kitchen area: sanitizer used <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁸⁴ Designated animal area <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
V. DRINKING WATER AND ICE			⁸⁵ Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁵¹ Adequate water supply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			XII. OTHER CONSIDERATIONS		
⁵² Adequate ice supply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁸⁶ Handicap accessibility; Universal Design <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁵³ Safe water/ice source ,approved source <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁸⁷ Designated smoking areas <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁵⁴ Safe sanitizer used in beverage ice tubs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁸⁸ Designated adult recreational areas <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
VI. HEALTH / MEDICAL			⁸⁹ Designated quiet areas <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁵⁵ Reported outbreaks, unusual illness / injuries <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁹⁰ Adequate laundry services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
⁵⁶ Medical care services on site <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁹¹ Sewage system type <input type="checkbox"/> Community <input type="checkbox"/> On site <input type="checkbox"/> Portable <input type="checkbox"/> Unk/NA		
⁵⁷ Counseling services available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			XIII. COMMENTS (List Critical Needs on Immediate Needs Sheet)		
VII. SANITATION					
⁵⁸ Adequate number of toilets <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA					
⁵⁹ Adequate number of showers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA					
⁶⁰ Adequate number of hand-washing stations <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA					
⁶¹ Hand-washing supplies available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA					
⁶² Toilet supplies available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			⁹⁰Immediate Shelter Need Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
⁶³ Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA			² Assessor Name/Title		
Agency /Organization Name			³ Phone _____ ⁴ Email or Other Contact		

REGIONAL SHELTER COMMAND OPERATIONS

ACCESS AND FUNCTIONAL NEEDS INTAKE FORM

Date/Time:	Shelter Name/Community/State		
Family Last Name:			
Primary language spoken in home:		Intake Interviewer may need assistance with language/interpreter YES / NO	
Names/ages/genders of all family members present: Continue on over-side	2.	Age:	<input type="checkbox"/> male <input type="checkbox"/> female
	3.	Age:	<input type="checkbox"/> male <input type="checkbox"/> female
	4.	Age:	<input type="checkbox"/> male <input type="checkbox"/> female
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):	Signature:
DO YOU HAVE A MEDICAL OR SAFETY CONCERN OR ISSUE RIGHT NOW? If yes, STOP and call for assistance <u>NOW!</u> Or Call 911.			
COMMUNICATIONS	Circle	Actions to be taken	Name of Individual/Comments
Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager; refer to Additional Assistance.	
HEARING	Circle	Actions to be taken	Name of Individual/Comments
Do you use a hearing aid? If so, do you have it with you?	YES / NO	If Yes to either, ask the next two questions. If no skip next two.	
Is the hearing aid working?	YES / NO	If No, identify replacements.	
Do you need a battery?	YES / NO	If Yes, identify replacements.	
LANGUAGES	Circle	Actions to be taken	Name of Individual/Comments
How do you best communicate with others?	YES / NO	Languages? Sign language? Smartphone? Computer? Other?	
What languages can you communicate in?		Speak:	
		Read:	
		Write:	
Do you need a sign language interpreter?	YES / NO	If Yes, notify Interpreter Strike Team Leader	
VISION/SIGHT	Circle	Actions to be taken	Comments
Do you wear eyeglasses? Do you have them with you?	YES / NO	If no, ask if replacement is needed?	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip to the next section	
Do you use a white cane?	YES / NO	If Yes, ask next questions	
Do you have your white cane with you?	YES / NO	If No, identify replacement.	
Do you need help getting around, even with your white cane?	YES / NO	If Yes, collaborate with Health Services and shelter manager.	
MEDICAL	Circle	Actions to be taken	Comments
Do you have any severe allergies? Environmental, chemical, food, medication?	YES / NO	If Yes, refer to Health Services/Food Services. List:	
Do you use special medical equipment or supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy, etc.)	YES / NO	List:	
Do you have it with you?	YES / NO	If No, list potential sources	
Have you been in the hospital or under the care of a doctor in the past month?	YES / NO	If Yes, list reason.	
Do you take any medicine(s) regularly?	YES / NO		
When did you last take your medicine?		Date/Time.	
When should you take your next dose?		Date/Time.	

Continued...

Do you have the medicine with you?	YES / NO	If No, identify medications and process for replacement.	
Do you have your prescription with you?	YES / NO		
Do you have any other medical needs:	YES / NO	List:	
INDEPENDENCE for Daily Living	Circle	Actions to be taken	Comments
Do you use medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to Health Services.	
Do you normally use a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If No, skip next question.	
Is your caregiver, personal assistant, or service animal here or can they come? If NO, Circle which one	YES / NO	If No refer to Health Services/ DART. If yes, list their name.	
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you need help with your medications?	YES / NO	If Yes, specify and explain.	
Do you need help moving around or getting in/out of bed?	YES / NO	If Yes, explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, determine if general population shelter is appropriate.	
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.	
Do you wear dentures? 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 food allergies?	YES / NO	If Yes, list food allergies and notify feeding staff.	
SUPERVISION AND SUPPORT	CIRCLE	ACTIONS	Comments
Do you or any of your family members require additional support or supervision?	YES / NO	If Yes, list type and frequency.	
Are you presently receiving any benefits e.g. Medicare, Medicaid) or do you have other health insurance?	YES / NO	If Yes, list type and benefit number(s) if available. Photocopy card.	
Do you need access to a 12-step program? Which one?	YES / NO	List program type.	
Would you like to register on the Red Cross SAFE and WELL website to let loved ones know you are OK?	YES / NO	If yes, provide registration form.	
Would you be able or willing to help others in the shelter?	YES / NO	How? Serve food, supervise children, organize service teams	
TRANSPORTATION	Circle	Actions to be taken	Comments
Do you need assistance with transportation?	YES / NO	If Yes, list destination and	
Do you have any other transportation needs?			
ADDITIONAL QUESTIONS TO INTERVIEWER			
Would this person benefit from a more detailed health or mental health assessment?	YES / NO	<ul style="list-style-type: none"> ▪ If Yes, refer to Health Services or DMH. ▪ If client is uncertain or unsure of answer to any question, refer to HS or DMH for in-depth evaluation. 	
Does the client appear to be overwhelmed, disoriented, agitated or a threat to self or others?	REFER to HS/DMH	If life threatening, call 911. If yes, or unsure, refer immediately to Health Services	Interviewer Initial
Can this shelter provide the assistance and support needed?	YES / NO	If No, work with Health Services and shelter manager	
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.	
HS/ DMH signature:			Date:

REGIONAL SHELTER COMMAND OPERATIONS CHILDCARE UNIT REGISTRATION FORM

[illegible]

REGIONAL SHELTER COMMAND OPERATIONS CLIENT CASE MANAGEMENT REGISTRATION FORM

Date/Time:		Shelter Name/City/Town	
Applicant Name:		Spouse:	
Primary language spoken:		Need language assistance/interpreter?	Availability:
Client Statement of the Disaster: (What happened? How were you impacted? How are you doing?)			
<input type="checkbox"/> What is the most important thing you lost?		<input type="checkbox"/> What is your most important need?	
Applicant current phone #		Alternate phone #	
Current Street Address/apt#		Mailing Address	
Email:		Number of Disaster-affected persons residing in current household:	
If under 18, location of next of kin/parent/guardian:		If unknown, notify shelter manager & interviewer initial here:	
Dependent: Name/Age:		Dependent: Name/Age:	
Pre-disaster home address:			
Insurance for this Disaster:			
<input type="checkbox"/> Structure	<input type="checkbox"/> Contents	<input type="checkbox"/> Flood/Earthquake	<input type="checkbox"/> Auto
<input type="checkbox"/> Health	<input type="checkbox"/> Umbrella		
<input type="checkbox"/> Registered with FEMA:		FEMA#	Date:
<input type="checkbox"/> Are you working with any other Agency? <input type="checkbox"/> Red Cross <input type="checkbox"/> Salvation Army <input type="checkbox"/> Interfaith <input type="checkbox"/> Specify:			
<input type="checkbox"/> Affiliations if wish to share (Faith, organizations, societies):			
Risk Inventory:			
<input type="checkbox"/> Shelter Resident <input type="checkbox"/> Dependent Children <input type="checkbox"/> Over 65 <input type="checkbox"/> Medical Condition <input type="checkbox"/> Disability (specify)			
<input type="checkbox"/> Active Military <input type="checkbox"/> Low Income <input type="checkbox"/> Single Parent <input type="checkbox"/> Uninsured/Underinsured <input type="checkbox"/> English Learner			
<input type="checkbox"/> Household Income if seeking Financial Assistance <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> Under \$20,000 <input type="checkbox"/> Under \$40,000 <input type="checkbox"/> Under \$50,000			
<input type="checkbox"/> Client Permission to share information with other agencies: Signature			
Interviewer Name (print name):			Signature:
DO YOU HAVE A MEDICAL OR SAFETY CONCERN OR ISSUE RIGHT NOW? If yes, STOP and call for assistance NOW! Or Call 911			
Disaster Related Individual Unmet Needs Assessment			
	Immediate Unmet Needs (check applicable)	Actions Taken/Referrals	Follow Up
	Water		
	Food		
	Clothing		
	Housing		
	Pets/Animals		
	Utilities		
	Transportation		
	Child care		

Medical			
Medications			Continued...
Mental Health			
Employment			
Pending eviction or utility shut-off			
Client Skills/Resources/Strengths			
Professional Skills:			
Lay Skills:			
Resources/Strengths:			
Brief Case History/Need			
Client's Plan for Recovery (Provide a copy of this Plan to the Client)			
Unmet Disaster Need	Action/Referral	Date	
Client Case Resolution			
Date Case Transferred:	To:		
Date Case Closed:	By:		
Client Signature	Date		
BOH/Case Worker signature:		Date:	

REGIONAL SHELTER COMMAND OPERATIONS

SHELTER CLIENT PARTICIPATION AGREEMENT

CASE MANAGER RESPONSIBILITIES:

- Is culturally responsive and builds on Client's strengths.
- Develops a resource list composed of inter-agency contacts and available programs.
- Verifies information and assist the Client in avoiding duplication of benefits.
- Assists the Client to develop a comprehensive, long-range Recovery Plan (Action Plan), explore available options, identify Client's own resources and provide accesses to government and community resources that will help address disaster-caused needs.
- Assesses unmet needs, with the clients, through interviewing, making appropriate referrals, and providing advocacy for direct assistance to the Client.
- Keeps a written narrative of the work done on the case. If it's not documented it didn't happen. Documentation is extremely important.
- Communicates back to the Client.
- Verifies the results of the assistance provided in order to close the case.
- Adheres to all laws and ethical practices.

CLIENT RESPONSIBILITIES:

- Client needs to be willing to accept responsibility for his/her own recovery and allow a release of information to other agencies in order to leverage all available resources that may assist in the recovery process.
- Must be prepared to cooperate with the Case Manager in providing information about their resources and situation to assist in completing forms and be available for discussions with the case manager.
- Willingness to participate in whatever way they can in their own recovery, exploring all available options, identifying their own resources, accessing public and private resources, making decisions, carrying out the recovery plan and following through with referrals.
- Willingness to provide documentation and verification that is required for the completion of the casework process.
- Willingness to explore all options and available resources that will help in their recovery.
- Client accepts the possible limitations of available assistance.
- Client grants permission for the Case Worker and the Regional Shelter to release information to other agencies needed to assist with obtaining requested/needed services

Client Signature: _____

Caseworker Signature: _____

Date: ____/____/____

REGIONAL SHELTER COMMAND OPERATIONS

SHELTER CLIENT AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, authorize the Regional Shelter and Case Workers to release/share any information I have provided that may be deemed confidential under Federal and State Privacy Acts.

This authorization is given to obtain and/or provide assistance I need as a result of this disaster to insure that benefits are not duplicated. It includes the sharing of information about my application to any State or Federal agency.

This authorization includes only information necessary to allow the appropriate agency or organizations to determine if I am eligible for assistance from that agency or organization. This information is not to be used for any other purpose.

I also understand and acknowledge that signing this does not guarantee that I will get assistance from any Voluntary Agency or any local, State or Federal government. However, without my permission, my information cannot be shared with other agencies or organizations for consideration.

This authorization is submitted pursuant to 28 U.S.C. § 1746 under penalty of perjury.

OPTIONAL - I chose to exclude the following agencies from access to this information:

I understand that it is my choice to sign this Release.

Name (Printed)

Date_____

Signature

Pre-Disaster Address: _____

Current Address: _____

Phone or Message #: _____ FEMA Registration #: _____

REGIONAL SHELTER COMMAND OPERATIONS
SHELTER CLIENT MEDIA RELEASE FORM

Media Release Minor: I, _____, am the parent and legal guardian of the minor individual _____ ("minor") and have the legal authority to execute this release and waiver on behalf of the minor. I have fully read, I fully understand the terms of the release and waiver signed by the minor set forth above, and I have discussed the release and waiver with the minor. We have had the opportunity to discuss the release and waiver with anyone else of our choosing, including an attorney. We are not relying on any representation except as specifically set forth herein. We understand that The Regional Shelter is relying on our representations, as set forth herein. We wish to volunteer to be included in promotional materials and public releases, and we approve and agree to the terms set forth above, and waive any rights, and release the Regional Shelter from any liability as discussed above.

I do not want to see or inspect any of the materials. I am voluntarily giving up any right I may have to approve any materials before they are used.

Initials

Media Release Adult: I, _____ have volunteered to be part of the Regional Shelter promotional materials and public releases. I wish to be included in the materials that that may be used. I understand that I will receive no compensation, and incur no expense in connection with my participation. I understand that nobody is under any obligation to use my story or any likeness of me or information about me. However, I hereby give permission to any publisher of materials for and any of their assigns, licensees and representatives the right, at their sole discretion to use and publish my name, my story, my photograph, any video footage, or any combination thereof, in all forms and media and in any way for advertising and printed materials, video, web site, or any other lawful purposes related to this disaster or emergency preparedness.

I do not want to see or inspect any of the materials. I am voluntarily giving up any right I may have to approve any materials before they are used.

Initials

I fully understand the terms of the release and waiver and I have had the opportunity to discuss the release and waiver with anyone of my choosing, including an attorney. I am not relying on any representation made by anyone except as specifically set forth herein. I understand that the Regional Shelter is relying on my representations as set forth herein.

Signature

Date

REGIONAL SHELTER COMMAND OPERATIONS SHELTER CHECK-IN/CHECK-OUT FORM

[illegible]

REGIONAL SHELTER COMMAND OPERATIONS SERVICE ANIMAL CHECK-IN/CHECK-OUT FORM

[illegible]

REGIONAL SHELTER COMMAND OPERATIONS

SHELTER CLIENT DISCHARGE FORM

Date/Time:	Shelter Name/City/State	
Staff Information		
Destination		
Transportation Needs		
Discharge Checklist		
Name of Person Completing this form		
Equipment and Supplies Returned with Client		
Resident Information		
Resident Name:	Resident ID Number	
Home Address	Phone	
Caregiver Name (if applicable)		
Caregiver Relationship to Client	Phone	
Number of family members discharged with Client:		
Name	Resident ID	Relationship to Resident
<input type="checkbox"/> Home	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Hospital
<input type="checkbox"/> Apartment	<input type="checkbox"/> Retirement Facility	<input type="checkbox"/> Family
<input type="checkbox"/> Shelter	<input type="checkbox"/> Friend	<input type="checkbox"/> Hospice
<input type="checkbox"/> Other (explain)		
Name of Destination Facility		
Address		
Phone	Email	
Alternate Point of Contact Name		Phone
<input type="checkbox"/> Car	<input type="checkbox"/> Bus	<input type="checkbox"/> Accessible Vehicle
<input type="checkbox"/> Ambulance		<input type="checkbox"/> Other
Describe		
<input type="checkbox"/> Electricity	<input type="checkbox"/> Heat	<input type="checkbox"/> Road Clear
<input type="checkbox"/> Client Physically Able to Travel		
<input type="checkbox"/> Medication	Describe:	
<input type="checkbox"/> Equipment	Describe:	
<input type="checkbox"/> Personal Items	Describe:	
Forwarding Address of Client		
Additional Comments		

REGIONAL SHELTER COMMAND OPERATIONS

SHELTER RULES AND REGULATIONS

Welcome	We hope your stay here will be as pleasant as possible under the circumstances. Please take a few minutes to read this sheet, as it contains important information that you will need during your time with us. Our first priority is your safety and security and our Rules and Routines are designed to protect everyone.
Registration	Please sign in at the Registration area if you have not already done so. Registration is required so we have the records necessary to help you and provide adequate food and other services. All registration information is kept strictly confidential. Please leave a forwarding address when relocating out of the shelter. Sign out every time you leave.
Shelter Information	Shelter information, weather and news updates, and other information will be posted on the message board near the main entrance every day.
Smoking	We are NOT allowed to smoke or use matches or lighters inside the shelter. The designated smoking area is outside _____.
Alcohol, Drugs, Weapons	Possession or use of alcohol or illegal drugs is not permitted in any part of the shelter. No weapons of any kind are allowed in the shelter except those of designated police or security staff.
Personal Belongings	We cannot assume any responsibility for your belongings. We recommend that valuables remain elsewhere or out of sight, if possible. If that is impossible, keep all valuables with you at all times.
Pets	We understand that your pets are very important to you. Pets are not allowed in our shelter and must be housed in the designated Animal Shelter. It is your responsibility to make provisions for your pet before entering the shelter. Their owner must care for Service animals at all times.
Children	Parents are responsible for their children at all times. Please keep track and control of your children and their actions and don't leave them unattended.
Medical Problems/Injuries	Notify our staff of any medications that you are taking. If you have a medical condition, please contact the Medical staff.
Volunteering to help	Shelter residents are encouraged to help in the shelter. Many jobs do not require special training and will make everyone more comfortable. Please see the shelter workers if you are willing to help.
Telephones	Shelter residents may need to use a telephone. If that is the case, information will be made available at the shelter meeting regarding use of the facility's telephone. Please be considerate when using any phones in the shelter. Please understand that some telephones are reserved for staff and cannot be used for personal calls.
Problems and Complaints	Please direct all comments about the shelter operations to the Shelter Manager on duty. You may also contact the designated Shelter Ombudsman.
Housekeeping	This shelter is your temporary home. Please help us to keep it clean and safe. Pick up after yourself and help us with the cleaning when you can. Food is NOT allowed anywhere except the cafeteria area.
Food Schedule	Hot meals are provided at 7:00 AM, Noon and 5:00 PM. Snacks and drinks are available at all times in the cafeteria area. Please do not remove food from the cafeteria area.

Quiet Hours/ Lights Out	Quiet hours are set to make everyone more comfortable and are strictly enforced in the sleeping areas between the quiet hours of 10:00 PM to 7:00 AM. However, sleeping areas should be kept as quiet as possible at all times of the day as some shelter residents have to work night shifts or have other conditions that require them to sleep during the day.
Restricted Areas	Please observe any restrictions or limited access areas.
Electrical Outlets	Please share electrical outlets when they are available for charging, etc. Medical needs come first. Any problems should be reported to the Communications Unit or Safety/Security Officer.
Shower Schedule	Please note the shower schedule posted and finish within your allotted time. Please allow time to clean up your shower area before leaving.
News Media	News media representatives often visit shelters during disaster operations. They are allowed to enter the shelter and to request interviews or photographs. They will ask your permission first and it is your right to refuse. Please report any problems with the media to the shelter Manager.
Special Concerns	If you have any special concerns, please contact a staff member or the designated Shelter Ombudsman or Functional and Special Needs Support Services (FNSS) Advisor.
Meal Times	Breakfast 7:00 AM Lunch 12:00 Noon Supper 5:00 PM Snacks available at all times Beverages available at all times

REGIONAL SHELTER COMMAND LOGISTICS

SPECIAL NEEDS ONE DAY MEAL PLAN

One Day Menu for Shelter Providing Functional Needs Support Services

	Regular	Diabetic	Reduced Sodium	Pureed	Infant
Breakfast	Orange Juice 6 oz. Grits Scrambled Egg Bacon Biscuit/Margarine Coffee or Tea Milk skim or 2% 8oz	Orange juice 6 oz. Grits Scrambled Egg Bacon Biscuit/Margarine Coffee or Tea Milk skim 8oz	Orange Juice 6 oz. Grits Scrambled Egg – no salt when cooking Biscuit/Margarine Coffee or Tea Milk skim 8oz	Orange juice 6 oz. Grits Scrambled Egg pureed Biscuit/Margarine pureed Coffee or Tea Milk skim 8oz	Formula and baby food
Lunch	Hamburger on bun Potato chips Peaches in juice Cookie Ketchup/Mustard Coffee or Tea Milk skim or 2% 8 oz.	Hamburger on bun Potato chips Peaches in Juice Sugar free cookie Ketchup/Mustard Coffee or Tea Milk skim 8 oz.	Hamburger (no salt when cooking) on bun Potato chips Peaches in juice Cookie Ketchup Coffee or Tea Milk skim 8 oz.	Hamburger on bun pureed Mashed potatoes Peaches in juice pureed Cookie pureed Ketchup/Mustard Coffee or Tea Milk skim 8 oz.	Formula and baby food
Dinner	Turkey and Gravy Dressing Carrots Pears in juice Bread 2 slices Margarine Coffee or Tea Milk skim or 2% 8 oz.	Turkey and Gravy Dressing Carrots Pears in juice Bread 2 slices Margarine Coffee or Tea Milk skim 8 oz.	Turkey and low sodium gravy Dressing Carrots Pears in juice Bread 2 slices Margarine Coffee or Tea Milk skim 8 oz.	Turkey and gravy pureed Dressing pureed Carrots pureed Pears in juice pureed Bread 2 slices Margarine Coffee or Tea Milk skim 8 oz.	Formula and baby food

REGIONAL SHELTER COMMAND LOGISTICS

TRANSPORTATION REQUEST FORM

Name of requester			
Date of request		Time:	
Name of client needing transportation			
Client ID #:		DOB:	
Additional family members to be transported			
Address of pick-up location			
Purpose of the trip?	<input type="checkbox"/> Medical Need	<input type="checkbox"/> Return Home	<input type="checkbox"/> Other (Specify)
Name of Destination:			
Contact at the discharge destination:			Contact phone
Special equipment or transportation (wheelchair van, stretcher, etc.) needed for persons listed above:			
Luggage to be transported if at discharge:			
Date and time for pick up:			
Date and time for return to shelter if applicable:			
Transportation arranged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:
Requester notified of action on request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date and time of notification:			
Notified by Whom?			

REGIONAL SHELTER PLANNING

AVAILABLE SHELTER SUPPLIES

List all shelter supply caches, locations and how to access them.

[illegible]

REGIONAL SHELTER COMMAND PLANNING

DURABLE MEDICAL EQUIPMENT LIST LARGE SHELTER

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

REGIONAL SHELTER PLANNING

WESTERN REGION SHELTER SUPPLIES

WRHSAC Shelter Supply Trailers

Vehicle Requirements:	Minimum 3/4 ton, with a trailer hitch with a 2-5/16" ball and a standard trailer electrical plug connection.				
County	Host Site Address	Contact	Phone	Alternate Contact	Phone
Berkshire - North	North Adams Fire Dept., 40 American Legion Drive, North Adams, MA 01247	John Morocco, North Adams Commissioner of Public Safety	413-662-3102	Steve Meranti, North Adams Fire Director	413-662-3103
Berkshire - Central	Berkshire County Sheriff's Office, 427 Cheshire Road, Pittsfield, MA 01201	Berkshire Sheriff's Control	413-445-4559		
Berkshire - South	Great Barrington Fire Department, 37 State Road, Great Barrington, MA 01230	Great Barrington Dispatch	413-528-0306	Chief Harry Jennings, GB Fire Department	413-528-0788
Franklin	Franklin County Sheriff's Office, 160 Elm Street, Greenfield, MA 01301	Deputy Chief Bob Strahan, Greenfield Fire Department	413-774-4737		
Franklin – West	Buckland Fire Department, 3 Hodgen Road, Buckland, MA 01338	Chief Herb Guyette	413-625-2183 (home)/ 413-230-4727 (cell)		
Hampshire	The Salvation Army, 310 Russell Road, Hadley, MA 01035	Captain Don Sanderson	413-785-1921 x 104 / 413-218- 0555	Charles Valdez	413-785-1921 x113 / 413-297- 2474
Hampden (2 available)	The Salvation Army, 327 Liberty Street, Springfield, MA 01104	Captain Don Sanderson	413-785-1921 x 104 / 413-218- 0556	Charles Valdez	413-785-1921 x113 / 413-297- 2475

DART (Disaster Animal Response Team) Companion Animal Mobile Equipment Trailers

Request Protocol:	Note each DART Team has its own policy on trailer deployments with and without the Host DART Team. Use of the trailer will depend on the availability of DART volunteers and resources as some DART trailers are only deployed if trained DART volunteers are available to support the operation.				
Vehicle Requirements:	Minimum 3/4 ton, with a 10,000-pound hitch and electric brakes.				
County	Address	Contact Person	Phone Number	Alternate Contact	Phone Number
Franklin	Franklin County Sheriff's Office, 160 Elm Street, Greenfield, MA 01301	Jason Kilgour	413-774-4014 x 2148		
Berkshire	Berkshire County Sheriff's Office, 427 Cheshire Road, Pittsfield, MA 01201	Corinne McKeown, Berkshire Medical Reserve Corps	413-539-4115	Honor Blume or Barbara Wells, Berkshire DART team leaders	413-446-7147; 413-854-7198

Continued...

Hampshire	Davenport Town Offices, 422 Main Road, Chesterfield, MA 01012	Larry Holmberg, Emergency Management Director	413-529-1700 days; 413-296- 4247 nights & weekends; 508- 304-2585 cell		
Hampden	Westfield Animal Shelter, 178 Apremont Way, Westfield, MA 01085	Edward Mello Jr., Director/President of the Greater Westfield & Western Hampden County MRC, Inc.	413-568-0262		
Other					
Other					

Light Towers and Highway Message Boards

Vehicle Requirements:	Minimum 1/2 ton with a trailer hitch with a 2" ball				
County	Address	Contact	Phone	Alternate Contact	Phone
Berkshire	Berkshire County Sheriff's Office, 467 Cheshire Road, Pittsfield, MA 01201	Berkshire Sheriff's Control	413-445-4559		
Franklin	Franklin County Sheriff's Office, 160 Elm Street, Greenfield, MA 01301	Jason Kilgour	413-774-4014 x 2148		
Hampshire (2 message boards)	Hampshire County Sheriff's Office, 205 Rocky Hill Road, Northampton, MA 01060	Deputy Superintendent Pat Cahillane	413-584-5911 x203		
Hampshire (1 light tower)	Northampton Fire Department, 26 Carlon Drive, Northampton, MA 01060	Northampton Fire Department Dispatch	413-587-1100		
Hampshire (1 light tower)	Granby Fire Department, 259-b East State Street, Granby, MA 01033	Granby Fire Station Dispatch	413-467-9222	Chief Russ Anderson	413-315-7719
Hampden	Hampden County Sheriff's Office, 627 Randall Road, Ludlow, MA 01056	Norm Giebner or shift commanders	413-858-0195		
Other					
Other					

REGIONAL SHELTER COMMAND LOGISTICS RESOURCE INVENTORY TRACKING FORM

[illegible]

REGIONAL SHELTER COMMAND LOGISTICS DONATIONS TRACKING FORM

[illegible]

REGIONAL SHELTER COMMAND OPERATIONS HEALTH RECORD FORM

Client Information

Name of Client:	Client Shelter ID #:
DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Care Physician Name:	
Primary Care Physician Contact Information:	
Primary Care Physician Phone:	
Client Allergies? Please list all known allergies:	

Complaint Description

Date	Time	Complaint	Treatment

Additional Comments:

Referral Information

Date of Referral:	
Reason for Referral:	
Regional Shelter Point of Contact for Referral:	
Transportation Method/Service:	
Referral Transportation Contact:	
Location of Referral for Medical Services: (hospital, long-term care facility, etc.)	
Point of Contact for Referral Medical Services:	

*****ATTACH A COPY OF THE FNSS INTAKE FORM*****

REGIONAL SHELTER COMMAND PLANNING

CONSUMABLE MEDICAL SUPPLIES (CHILDREN & ADULTS)

Planning estimate is based on 100 person shelter population for one week

	Item	Description	Quantity	Notes
<input type="checkbox"/>	Antibacterial Wipes/ Towelettes		40 pack	100
<input type="checkbox"/>	Bag, plastic		13 gallon	100
<input type="checkbox"/>	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
<input type="checkbox"/>	Magnifying Glasses (standard)			2
<input type="checkbox"/>	Reading Glasses	Three standard strengths	10 of each	
<input type="checkbox"/>	Paper Cup Lids	for 12 oz. cups		1 case
<input type="checkbox"/>	Disposable ear plugs			1 case
<input type="checkbox"/>	Bendable Drinking Straws			1 case
<input type="checkbox"/>	Duct Tape			12 rolls
<input type="checkbox"/>	Waterproofing Pads(i.e. CHUX)	standard size		10 boxes of 24
<input type="checkbox"/>	Patient Care Gloves, non- latex	disposable		6 boxes
<input type="checkbox"/>	Non-latex Cleaning Gloves	disposable		4 boxes of 100
<input type="checkbox"/>	Bio-hazard Bags	for medical bio- waste		1 box of 24
<input type="checkbox"/>	Bleach, chlorine			2 gallons
<input type="checkbox"/>	Bucket, 2.5 gallon			10 each
<input type="checkbox"/>	Paper Towels			20 rolls
<input type="checkbox"/>	Hand Sanitizer			6 each large
<input type="checkbox"/>	Hand Sanitizer			100 each individual
<input type="checkbox"/>	Baggies (large/small)			10 boxes each
<input type="checkbox"/>	Instant Ice	pkg of	12	Self-contained, break to use
<input type="checkbox"/>	Instant Heat	pkg of	12	Self-contained, break to use
<input type="checkbox"/>	Emesis Basin (shallow)	each	12	Plastic 8.5"
<input type="checkbox"/>	Bedpans	each	2 disposable w/o cover	Resistant to stains and cracks. 350-pound weight capacity. Contoured design molded plastic for adults.
<input type="checkbox"/>	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.



FRANKLIN COUNTY REGIONAL SHELTER PLAN

**June
2013**

**Appendix D:
Standard Operating Guidelines (SOG)**

Standard Operating Guidelines (SOG)

Regional Shelter Operations

Objective: To determine and meet public health and safety jurisdictional roles and responsibilities and ensure partner agencies are able to address the public health, medical, behavioral health, safety and sheltering needs of individuals at a congregate location.

1.	Initial Response Actions	Time Frame
<input type="checkbox"/>	Initial Assessment of the Event: need and level of mass care/sheltering required	0 - 3 hours
<input type="checkbox"/>	Contact relevant Response Partners : LHD, EMD, CEO, MRC, Interpreter Strike Team	.25 – 1 hour
<input type="checkbox"/>	Establish Command and Control : clarify who is in charge/responsible for Mass Care	.50 – 2 hours
<input type="checkbox"/>	Initiate Risk Communications and Emergency Public Information and Warning	1 – 3 hours
<input type="checkbox"/>	Review Emergency Plans , Policies and Procedures, including financial protocols	2 – 4 hours
2.	Operations	Time Frame
<input type="checkbox"/>	Confirm Incident Command Roles: who is doing what	1 - ongoing
<input type="checkbox"/>	Complete Shelter Facility Walk-through /Assessment: is the shelter safe and adequate	2 - ongoing
<input type="checkbox"/>	Determine/Request Shelter Logistical Needs and Resources, including Volunteers	3 - ongoing
<input type="checkbox"/>	Complete Shelter Set-up and Open	3 - ongoing
<input type="checkbox"/>	Establish Volunteer Management Systems/Policies	4 - ongoing
<input type="checkbox"/>	Meet Transportation Needs	4- ongoing
<input type="checkbox"/>	Monitor Operations: Health, Safety , Functional Needs and begin Case Management	5 - ongoing
<input type="checkbox"/>	Plan for Next Operational Period and Shelter Closing	6 - ongoing
3.	Recovery	Time Frame
<input type="checkbox"/>	Case Management : new normal transition - home, temporary housing, long term care	ongoing
<input type="checkbox"/>	Lift Orders and assist with shelter cleaning and closing	As appropriate
<input type="checkbox"/>	Support recovery and return to normal operations	ongoing
<input type="checkbox"/>	Submit Forms and complete After Action Report and Improvement Plan	30 days

Quick Overview: Shelters are like mini villages, often populated by individuals with varying functional needs, especially cultural, health and animal needs. Shelter Managers skip to **Operations** for:

	Shelter Site Assessment /Personnel Safety: facility owner, building inspector., fire, police, CERT
	Safe Food, Water , Housing: work with public health, MRC, Red Cross, Salvation Army, Faith Community
	Shelter Volunteers /Logistics - Minimum 4 staff/volunteers per shift for an overnight shelter
	Communications with the Emergency Operations Center (EOC)/Incident Commander (Fire, EMD)
	Medical/Behavioral Health works with MRC, EMS, hospitals and Long-Term Care
	Case Management assists disaster impacted individuals in creating/managing their own Recovery Plan
	Functional Needs Individuals work with MRC, CERT,EMS, community agencies/organizations
	Service Animals/Pets : work with MRC/DART, veterinarians, kennels, farmers
	Resource/Donation Management (work with MEMA, EMD, don't let donations become the emergency)

1. Initial Response Actions

Initial Assessment of the Event		Resources
<input type="checkbox"/>	Assess and verify the scope of the emergency/threat: does it need immediate emergency response/action.	ICS Form 201 Incident Briefing Form
<input type="checkbox"/>	Call the local Emergency Management Director (EMD)	See list of EMDs and AEMDs
<input type="checkbox"/>	Summarize the event; estimate how long the situation will last. Determine what type of shelter is needed. Activation Triggers	DPH 24/7 Epidemiologist (Epi) on duty 617-983-6800
	<input type="checkbox"/> Shelter-in-place (first choice if safe)	CEMP
	<input type="checkbox"/> Distribution center for food/water and other bulk supplies	
	<input type="checkbox"/> Warming/Cooling/Shower/Food/Comfort Centers (20 sf/pers.)	
	<input type="checkbox"/> Local short-term overnight general population shelter	
	<input type="checkbox"/> Long-term overnight general population shelter (40 sf./person)	Facility Assessment FORM
	<input type="checkbox"/> Medical/functional needs shelter (60 sf./ person)	
	<input type="checkbox"/> Pet Shelter as needed	
<input type="checkbox"/>	Where/when/source/scope: how many individuals/communities	Note: 10-15% of affected population are likely to seek shelter
<input type="checkbox"/>	Risk Factors/Exposure/Protective Actions	Disease fact sheets – BOH/DPH
<input type="checkbox"/>	Assess impacted population and population health needs	CEMP, HVA, Emergency Plans, IRAA
<input type="checkbox"/>	Language needs and Interpreter resources and other access and functional needs assessment	IRAA CEMP Annex/FNSS Plans
Risk Communication Activities		Media Resources
<input type="checkbox"/>	Develop and Send Initial Public Messages	Reg. Shelter Plan – PIO FORM
	This is an evolving emergency...	Media Call Intake FORM
	We have activated our emergency plan...	Templates, prewritten message
	Local officials are investigating the situation...	and press release forms found in:
	This is what we know right now...	<input type="checkbox"/> PIO Toolkit
	Stay informed and follow official instructions...	<input type="checkbox"/> CEMP
	We will get back to you in 2 hours...	<input type="checkbox"/> Emergency Plans
	Emergency Shelter locations will be announced....	
<input type="checkbox"/>	Activate the local emergency public joint information system (JIS)	
<input type="checkbox"/>	Establish situational awareness with neighboring jurisdictions through the EOC	
Contact relevant response partners		Resources
<input type="checkbox"/>	Begin Notification: Ensure all response partners maintain accurate Situational Awareness and understand the emergency.	
<input type="checkbox"/>	Call Internal Contacts	Internal Emergency Contact List

	Board of Health staff and members	Public Health Pocket Cards
	Emergency Management Director (EMD)	See list of EMDs and AEMDs
	Mayor/Selectboard/Town Manager	HHAN, email, reverse 911
	Public Information Officer (PIO); Spokesperson(s)	
	Police, fire, roads (DPW), water/sewer, building, nursing, etc.	
	Regional Shelter Team Points of Contact/Leaders	TBD
<input type="checkbox"/>	<i>Call External Contacts as needed</i>	Partner Contact List FORM
	Mutual Aid Partners	Phone, satellite phone, email
	Neighboring jurisdictions	Radio, HAM radios
	Hospital(s)	GETS cards (must pre-enroll)
	Department of Public Health (DPH)	(617) 983-6800 EPI on call
	Department of Environmental Protection (DEP)	(888) 304-1133 Spill HotLine
	District Health Officer	(617) 839-3237 Charlie Kaniecki
	DPH Emergency Preparedness Bureau	(617) 647-0343 (pager)
	DPH Regional Hospital Coordinator	(617)438-1466
	Massachusetts Emergency Management Agency (MEMA)	(413) 821-1500 (Western office)
	WebEOC (EMD is the POC)	
	Public Health Emergency Preparedness Coalition(s)	Mohawk Area Public Health Coalition (MAPHCO) Lindsey Britt at lbritt@frcog.org or (413) 774-3167, x136
	Interpreter Strike Team Leader	Massachusetts Registry of Interpreters for the Deaf: http://www.massrid.org/
	Franklin County Regional Emergency Planning Committee (REPC)	www.WesternMassReady.org ; Tracy Rogers at (413) 774-3167, x118 or regionalprep@frcog.org
	Medical Reserve Corps (MRC)/ Community Emergency Response Team (CERT)	(413) 454-5163 – MRC region 1; www.wmmrc.org ; Franklin Co. Coordinator: Tracy Rogers regionalprep@frcog.org or (413) 774-3167, x118
	American Red Cross (ARC) of Central and Western Massachusetts	24 hour phone: Pioneer Valley: 413-737-4306
	Salvation Army: Disaster Services	www.salvationarmy-usaeast.org ; MA Div. (Canton): 339-502-5900 Greenfield office: 413-773-3154
	Schools	See attached list
	Sheriff's Department	Some HSC equipment stored here: 160 Elm Street, Greenfield, MA; (413) 774-4014 Christopher Donelan, Sheriff
	Public Safety Answering Points (PSAP) 9-1-1 services	Shelburne Control Dispatch Center: 413-625-8200

Risk Communication Messages		Media Resources
<input type="checkbox"/>	<i>Develop and Send Workforce/Responder Protection Messages</i>	
	Responders should take the following protective actions . . .	
<input type="checkbox"/>	<i>Situational Awareness Update:</i> <ul style="list-style-type: none"> • Who is in charge • Current Status of Emergency • Sympathy for victims • What is being done to address the emergency • Sources of more information 	
<input type="checkbox"/>	<i>Risk Communications Messages:</i> <ul style="list-style-type: none"> • Evacuate/Don't evacuate • Disease and injury prevention • Hospitals are at capacity/available. 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 	
<input type="checkbox"/>	<i>Continue to Inform the Public</i>	
	Continue to monitor . . . for official information . . .	
	Shelter will open at . . . (when/where)	
	<ul style="list-style-type: none"> ▪ Who should go/not go to shelter (only individuals who can care for themselves or bring a caregiver) 	
	<ul style="list-style-type: none"> ▪ Bring/<u>DON'T</u> bring bedding, toys, clothing, food, pets, personal care items, comfort items, prescriptions, medications, 	
	<ul style="list-style-type: none"> ▪ Don't bring weapons, alcohol, illegal drugs, farm animals, valuables 	
	<ul style="list-style-type: none"> ▪ Pets accepted/not accepted. What to bring: <ul style="list-style-type: none"> ○ Immunization records, leash, cage, food, medications 	
	Safe routes; and/or provided transportation	
	How to secure your home before leaving:	
	<ul style="list-style-type: none"> ○ Lock/Don't lock houses; post notices on house for responders regarding pets, hazards, occupancy 	
	<ul style="list-style-type: none"> ○ Turn off utilities (gas, water, electric main, etc.) 	
	<ul style="list-style-type: none"> ○ Secure and drain house water pipes if appropriate 	
	<ul style="list-style-type: none"> ○ Pets, farm animals care options . . . 	
	Seek medical attention only if you have these symptoms . . .	

	Do not come to the shelter if you have the following . . .	
	Sources of safe food and water. Points of Mass Distribution . . .	
	Boil Orders; Do Not Use; Do Not Drink	
	Filtering and disinfection procedures	
	Risks of using perishable, contaminated, compromised water/food	
	Functional and Access Needs individuals should contact . . . for additional assistance resources.	
	Positive messages such as:	
	o Check on your neighbors . . .	
	o Shelter in place safely . . .	
	o Shelter will open soon . . .	
	o Take these protective precautions/actions . . .	

Establish Command and Control		Resources
<input type="checkbox"/>	<i>Clarify Incident Command Structure and Chain of Command</i>	
	Incident Commander (IC) identified	CEMP
	Consider Unified Command (especially for regional operations)	
	Incident Command Post (ICP) set up	Local Public Health Emergency Plan
	Emergency Operations Center (EOC) activated if needed	Emergency Dispensing Site plan
	Assess need for Joint Information System (JIS) or Center (JIC)	Risk Communication Plan
	Consider the need for an Area Command (for multiple shelters)	
	Consider adding Functional Needs Officer to Command Staff	IRAA (Access/Functional Needs Plan)
<input type="checkbox"/>	<i>Determine and assign incident command roles</i>	ICS 203: Organization Assignments
	Public Information Officer (PIO) ; Spokesperson(s)	PIO Tool Kit; PIO JAS
	Safety Officer (may be combined with Security)	ICS 206: Responder Medical Plan
	Security Section (May be combined with Safety Officer)	Security JAS
	Functional Needs Officer – coordinates IRRA needs	FNSS JAS
	Liaison Officer – maintain coordination with other agencies/areas	Liaison JAS
	Facility Unit/Staging Manager – set up Site	Facilities JAS
	Communications Unit – assure Shelter communications	Communications JAS
	Operations Section Chief – Shelter Manager (Regional Supervisor)	Manager JAS
	Planning Section Chief - Situational Awareness/next Operational Period	Planning JAS
	Finance Section Chief – track expenses; track data	Finance JAS
	Logistics Section Chief – supplies, equipment, volunteers	Logistics JAS
<input type="checkbox"/>	<i>Respond to designated command location: Emergency Operation Center (EOC) or Incident Command Post (ICP)</i>	EOC Location and Phone
<input type="checkbox"/>	<i>Receive situation awareness report from the Emergency</i>	ICS 201: Incident Briefing Report

	Management Director (EMD) or Incident Commander (IC)	ICS 202 Incident Objectives
<input type="checkbox"/>	Continue Ongoing Activities	
	Continue local and external notification attempts until successful	
	Verify actions taken to ensure their completion	
	Help EMD/IC with development of Incident Action Plan (IAP)	Incident Action Plan - FORMS
	Document all response activities and financial expenditures	Action Log; Finance Tracking FORM

Initiate Risk Communications /Public Information Warning		Resources
<input type="checkbox"/>	Risk Communication Roles, Positions, Locations	Franklin County PIO Tool Kit
	Designate the Incident Public Information Officer (PIO)	CEMP and Risk Communication Plan
	Incident Commander approves all communications/messages	EDS communication plans
	Joint information Center or System (JIC/JIS) (virtual or physical) established as needed for a regional or multi-agency event	Region 1 PIO SOG
	Spokesperson(s) chosen	Trusted Source; PIO Check list
	Subject matter experts identified	PIO Job Action Sheets (JAS)
	Location for press briefing established	Media Intake Form
	Public Information Officer Job Action Sheets (JAS)	Media Contact Lists; IRAA, Mass211
	Public Information Officer Checklists	
	Media Contact Lists, Including Functional/Access Needs Media	
<input type="checkbox"/>	Establish a separate Media Information Center for press briefings <ul style="list-style-type: none"> Food, water, HVAC, lighting, sanitation, tables, chairs Telephones, internet, cell service Security to check press credentials and maintain order 	
<input type="checkbox"/>	Review/Revise the Risk Communication Plan/Media Policies with the EMD, PIO, CEO, JIS/JIC, based on the Incident Action Plan	Risk Communication Plan Communications Plan (ICS 205)
	REMINDERS: MAKE SURE SHELTER OPENING IS REPORTED TO WEB EMERGENCY OPERATIONS CENTER, ONLINE/ CALLING (413) 750-1400. EMD SHOULD REPORT SHELTER OPENING TO MASS 2-1-1, AS WELL AS THE LOCAL EMERGENCY DISPATCH CENTER (SHELburne CONTROL: 413-625-8200).	
<input type="checkbox"/>	Determine the essential messages/ public information	Interpreter Strike Team
	Situational Awareness	
	Disease/injury prevention	Disease and injury fact sheets
	When/where to seek medical advice/ treatment	Functional and Access Needs Communication Plan.
	Universal accommodations for access/ functional needs	
	Shelter locations; opening times	
	What to bring/ <u>not</u> bring to a shelter (weapons, illegal drugs, farm animals, alcohol, valuables,	
	Pets/farm animals Information	
<input type="checkbox"/>	Sources of more information	
	<input type="checkbox"/> Websites	<input type="checkbox"/> Local media

<input type="checkbox"/>	<input type="checkbox"/> Hotlines	<input type="checkbox"/> Twitter	
<input type="checkbox"/>	<input type="checkbox"/> Mass 211	<input type="checkbox"/> Facebook	
<input type="checkbox"/>	Determine how you will notify the public		
<input type="checkbox"/>	<input type="checkbox"/> TV	<input type="checkbox"/> Printed handouts	
<input type="checkbox"/>	<input type="checkbox"/> Radio	<input type="checkbox"/> Hotlines	
<input type="checkbox"/>	<input type="checkbox"/> Newspapers	<input type="checkbox"/> Mass 211	
<input type="checkbox"/>	<input type="checkbox"/> Websites	<input type="checkbox"/> Simultaneous interpretation	(live & internet/video relay)
<input type="checkbox"/>	<input type="checkbox"/> Other language media	<input type="checkbox"/> Reverse 911 Systems	
<input type="checkbox"/>	<input type="checkbox"/> Social media	<input type="checkbox"/> Other	
<input type="checkbox"/>	Draft messages appropriate to media used and public reached		
	Multiple languages and formats		
	Updated frequently		
	Volunteer opportunities		
<input type="checkbox"/>	Brief Incident Spokesperson(s)		
	3 key messages		
<input type="checkbox"/>	Monitor public reaction and establish methods for public interaction/information exchange		Media Contacts: General and Functional and Access Needs
<input type="checkbox"/>	<input type="checkbox"/> Hotlines <input type="checkbox"/> Mass 211 <input type="checkbox"/> Social Media	<input type="checkbox"/> Email <input type="checkbox"/> Shelter Ombudsperson <input type="checkbox"/> Other	
<input type="checkbox"/>	Issue Public Information, Warnings, Notifications		
	Coordinate messages with:		Joint Information System
	<input type="checkbox"/> Other jurisdictions <input type="checkbox"/> DPH/MEMA/DEP/DMH <input type="checkbox"/> ARC	<input type="checkbox"/> Interpreter Strike Team <input type="checkbox"/> Functional and Access Needs Agencies	C-MIST strategies and plans
	Respond to media enquiries		Media Call Intake FORM
	Hold press alerts and conferences as needed		FORMS Press Releases
	Brief spokespersons on key messages		ICS 223 – Health & Safety Message
	Ensure Incident Commander approval of all information releases		
Risk Communication		Logistical Needs	Resources
	Computer and cables	Paper, Pens, Clipboards	Region 1 PIO SOG
	Fax, Printer, Scanner, Copier	Wireless Router; internet	
	In and out only phone lines	Power, extension cords	
	Microphone, cameras, video	Internet: Website, Email, Social Media; contacts for live Interpretation (video for ASL, audio)	
Review Emergency Plans, Policies and Procedures			Resources
<input type="checkbox"/>	Review Shelter Plans		Regional and Local Shelter Plans
<input type="checkbox"/>	Review Legal Authority		Legal Counsel should be consulted
	Isolation and Quarantine; Boil and do-not-use orders		Standing orders (local and/or State)
	Authority to close buildings/businesses/schools		
	Liability and cost issues		

<input type="checkbox"/>	Review Financial Protocols, Plans, Policies and Procedures <ul style="list-style-type: none"> Who has the authority to commit financial resources? Has this authority authorized financial resources for the shelter? Has the municipality formally declared a state of emergency? Is this authorization in writing? 	Regional Shelter Plan Finance Tracking FORM Resource Inventory Tracking FORM
<input type="checkbox"/>	For a Regional Shelter confirm signed Franklin County Regional Shelter Plan Addendum to the Western Massachusetts Intergovernmental Emergency Mutual Aid Agreement	Regional Shelter Plan
<input type="checkbox"/>	Review Food Establishment Emergency Plans	Food Establishment Emerg. Plans
<input type="checkbox"/>	Review IT/Data Management Systems and Protocols	
<input type="checkbox"/>	Assist IC with development of the Incident Action Plan (IAP)	Incident Action Plan FORM
<input type="checkbox"/>	Establish Financial tracking systems as appropriate	Finance Tracking FORM
<input type="checkbox"/>	Use Incident Command System (ICS) forms	Incident Objectives (ICS 202) Division/Group Assignments (ICS 204) Organizational Assignment List (ICS 203) Incident Map (ICS 225) Communications Plan (ICS 205), Medical Plan (ICS 206)

2. Operations

Mass Care Operations		
<ul style="list-style-type: none"> Confirm Incident Command Roles (suggested minimums) For a Regional Shelter see ICS Operations Organization Chart 		ICS 201 Incident Briefing Form ICS 203 Organizational Assign.
	Incident Commander	JAS
	Public Information Officer (PIO)	JAS
	Operations (Shelter Branch Manager) <ul style="list-style-type: none"> Registration Dormitory/Child Care Assistance Medical/behavioral health Case Management 	JAS
	Safety and Security Officer (Shelter)	JAS
	Animal Shelter Branch Manager	JAS
	Finance Manager <ul style="list-style-type: none"> Data Management Financial Management <ul style="list-style-type: none"> Time Unit Cost Unit 	JAS
	Planning/Demobilization Manager	JAS
	Shelter Logistics:	JAS
	<ul style="list-style-type: none"> Service Branch 	JAS
	<ul style="list-style-type: none"> Food Unit 	JAS
	<ul style="list-style-type: none"> Staffing Unit 	JAS
	<ul style="list-style-type: none"> Volunteer Management Unit 	JAS
	<ul style="list-style-type: none"> Communications (Internal / External) Unit 	JAS

	○ Support Branch	JAS
	● Supply Unit	JAS
	● Transportation Unit	JAS
	● Donations Management Unit	JAS
	● Facilities Management Unit	JAS
2. Establish Communications with the EOC/REOC		JAS Communications
3. Complete Shelter Facility Walk-through/Assessment		
<input type="checkbox"/> Red Cross Designation	<input type="checkbox"/> Life Safety	Shelter Assessment Team: <ul style="list-style-type: none"> Shelter Supervisor/Manager Facility Representative Logistics Section Inspector of Buildings Health Officer/Inspector Fire Inspector Universal Design (FNSS) Specialist Facility Assessment FORM Environmental Health Assessment FORM http://www.cdc.gov/nceh/ehs/Docs/Guide for Local Jurisdictions Care and Shelter Planning.pdf
<input type="checkbox"/> Population Centers nearby	<input type="checkbox"/> Parking adequate/safe	
<input type="checkbox"/> Potable Water: 1.5 gal/day/per.	<input type="checkbox"/> Controlled Access	
<input type="checkbox"/> Bathrooms, showers, hot water	<input type="checkbox"/> Controlled Entrances/Exits	
<input type="checkbox"/> Handsinks: 1/20, serviced daily	<input type="checkbox"/> No floodplain/bridges	
<input type="checkbox"/> Toilets: M & F; 1/20 people; serviced daily	<input type="checkbox"/> Weather Ready: flooding, wind, heat, cold, earthquake	
<input type="checkbox"/> M & F Showers: 1 /25 people (15 min shower) serviced daily	<input type="checkbox"/> Air Quality: dust, mold, hazardous materials, CO, VOC	
<input type="checkbox"/> FNSS space (ADA access)	<input type="checkbox"/> Structural: Railings, ramps	
<input type="checkbox"/> Size: min. 20 s.f./person	<input type="checkbox"/> Alternate power supply	
<input type="checkbox"/> Kitchens: Refrigeration, cooking, snacks, drinks	<input type="checkbox"/> Potable water/adequate sewer	
<input type="checkbox"/> Dormitory Area: 20 s.f./person	<input type="checkbox"/> Security Station	
<input type="checkbox"/> Dining Area: tables, chairs	<input type="checkbox"/> Isolation Area	
<input type="checkbox"/> Child Care/Recreation Areas	<input type="checkbox"/> Staff Area	
<input type="checkbox"/> Medical/Mental Health Areas	<input type="checkbox"/> Service Animal Area	
<input type="checkbox"/> Laundry or access to	<input type="checkbox"/> Exit Signs, Extinguishers, AED	
<input type="checkbox"/> HVAC: heating, cooling	<input type="checkbox"/> Medical Waste Containers	
<input type="checkbox"/> Lighting with dimmable areas	<input type="checkbox"/> Public phones/internet	
<input type="checkbox"/> Solid Waste: 30 gallon container per 10 people; 5 lb/person/day	<input type="checkbox"/> Communications: phones, internet, interpretation	
<input type="checkbox"/> Vector/pest management	<input type="checkbox"/>	
Functional Needs/Universal Design/Accessibility		
Remove barriers to disabled; ramps, smooth floors		C-MIST: maintaining Communication, Medical, (Medical/Functional) Independence, Supervision, and Transportation
Aisles min 32-36" wide, marked with tape		
Signs (Universal Design/Access)		
Handicapped toilet, shower, sink		
Minimum 20 sf/person		
Handicapped cots (higher, heavier, sit-up,)		
Adequate lighting (especially in bathrooms)		
Chairs with arms		
Additional space for walkers/wheelchairs		
Special diets accommodated		Special Needs Menu FORMS
Water Supplies	Food Supplies	
- Tested/known drinking water	- Commercial, known sources	
- Bathing water; showers	- Meets dietary restrictions	

	- 4 – 5 gallons per person/day	- Meets ethnic preferences	
	- Alternate supply sources	- 2000 calories per day	
4. Determine/Request Shelter Logistical Needs & Resources			
<input type="checkbox"/>	Medical Supplies		Shelter Medical Supply LIST
	<input type="checkbox"/> First Aid Kit or Jump Kit		
	<input type="checkbox"/> Spill Kits for bodily fluids		
	<input type="checkbox"/> Red Medical Waste Bags (marked, heavy duty plastic bags)		
	<input type="checkbox"/> Sharps Containers (sturdy, secure plastic containers)		
	<input type="checkbox"/> Access to pharmacy for prescriptions		
	<input type="checkbox"/> Access to oxygen generator/concentrator		
	<input type="checkbox"/> Locking/Secure medical supplies refrigerator		
	<input type="checkbox"/> Automated External Defibrillators (AED)		
<input type="checkbox"/>	General Sheltering Supplies and Equipment		SEE Consumable Medical Supply Sample List
	<input type="checkbox"/> Flashlights and batteries	<input type="checkbox"/> Portable radio with batteries	
	<input type="checkbox"/> Cots, mats, blankets, pillows	<input type="checkbox"/> Chairs, tables	Shelter Supplies List FORM
	<input type="checkbox"/> Cribs, playpens, baby bathtubs	<input type="checkbox"/> Hand sanitizer	
	<input type="checkbox"/> Trash bags, trash cans	<input type="checkbox"/> Paper, pens, markers, signs	
	<input type="checkbox"/> Task lighting	<input type="checkbox"/> Masking Tape/Duct Tape	
	<input type="checkbox"/> Pump soaps, if possible	<input type="checkbox"/> Towels, washcloths, soap, shampoo, shower-mats,	
	<input type="checkbox"/> Handsanitizer: 60% alcohol	<input type="checkbox"/> Cleaning and sanitizing supplies and equipment	
	<input type="checkbox"/> Personal Toiletries: sanitary napkins, toothbrushes, toothpaste	<input type="checkbox"/> Baby supplies (formula, etc)	
	<input type="checkbox"/> Diapers (infant and adult)	<input type="checkbox"/> Fans (electric and hand)	
	<input type="checkbox"/> Paper towels, toilet paper,	<input type="checkbox"/> Staff Walkie-Talkies, whistle	
	<input type="checkbox"/> Games, toys		
<input type="checkbox"/>	Environmental Health Inspection Kits		
	<input type="checkbox"/> Secure, locked container/ bag	<input type="checkbox"/> Measuring Tape	
	<input type="checkbox"/> Thermometers: digital/manual	<input type="checkbox"/> Clipboard, pens, paper	
	<input type="checkbox"/> Flash lights	<input type="checkbox"/> Masking Tape and Markers	
	<input type="checkbox"/> Batteries: thermometer; flashlights	<input type="checkbox"/> Inspection Forms	
	<input type="checkbox"/> Alcohol Wipes, hand sanitizer	<input type="checkbox"/> Sanitizer Test Strips	
	<input type="checkbox"/> Disposable Gloves	<input type="checkbox"/> Electrical Outlet tester	
<input type="checkbox"/>	Other Supplies		
	<input type="checkbox"/> Forms and information sheets	<input type="checkbox"/> Flash lights and other lights	Shelter Supply List FORM
	<input type="checkbox"/> Tape measures	<input type="checkbox"/> Blue/orange painters tape	
	<input type="checkbox"/> Markers and sign boards	<input type="checkbox"/> Paper, pens, clipboards, clips	
	<input type="checkbox"/> Computers/printers	<input type="checkbox"/> Crowd Control tape/devises	
<input type="checkbox"/>	Functional and Access Needs		
	Ombudsperson/FNSS Coordinator		
	Translator/Interpreter Strike Team; Simultaneous Interpreters		
	Behavior Health Staff		
	Universal Design for access to daily living activities		
	Translation software programs		

	Signs/forms in multiple languages							
	Supply of eyeglasses/magnifying sheets							
	Computers with access to applications for adaptive communication							
<input type="checkbox"/>	Staffing Needs	ICS 203 Organizational Assignment						
	Shelter Staff per shift (min. 4-6; maximum 12 hour/7 day shifts) Large Shelter staff/clients = 34/200; 55/500; 97/1000	Division/Group Assignment List (ICS 204)						
	<table border="1"> <tr> <td>▪ Shelter Manager</td> <td>▪ Medical/Mental Health</td> </tr> <tr> <td>▪ Security/Registration</td> <td>▪ Food/Dormitory/Sanitation</td> </tr> <tr> <td>▪ Child Care Assistance</td> <td>▪ Service Animals/Pets</td> </tr> </table>	▪ Shelter Manager	▪ Medical/Mental Health	▪ Security/Registration	▪ Food/Dormitory/Sanitation	▪ Child Care Assistance	▪ Service Animals/Pets	Shelter Support Team List: Subject Matter Experts in public health, mental health, nursing, child care, child trauma, food services, pharmacist, doctor, Universal Design, Building and Fire Inspectors, etc.
▪ Shelter Manager	▪ Medical/Mental Health							
▪ Security/Registration	▪ Food/Dormitory/Sanitation							
▪ Child Care Assistance	▪ Service Animals/Pets							
Shelter Safety and Security								
"Buddy" system for Volunteers	Law Enforcement available							
Control Entrances/Exits	9-1-1 phone							
Verbal and Written Warnings	Document Incidents							
Health and Safety Inspection Team: (1-2 inspections per day)								
<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Building Safety							
<input type="checkbox"/> Food Safety	<input type="checkbox"/> ADA/Universal Access							
<input type="checkbox"/> Medical	<input type="checkbox"/> Fire Safety							
<input type="checkbox"/> Mental Health/Child Trauma	<input type="checkbox"/> Wastes, pests, sanitation							
Credentialing requirements: Government Photo ID								
Affiliation with Health Department, Police, Fire,								
Affiliation with MRC, ARC, CERT,								
Unaffiliated volunteers should be CORI/SORI by local police or other								
Staff Support:								
Break area with food / water; communications								
Person Protective Equipment such as masks and gloves								
Risk Communication (See Communication Below)								
Tactical Communications								
<input type="checkbox"/>	Develop type and content of needed educational materials/methods	Medical Reserve Corps: MRC101 ARC,						
<input type="checkbox"/>	Develop resource management/inventory/accountability	ICS 210 Finance Tracking FORM						
<input type="checkbox"/>	Required forms, documentation, paperwork	Shelter Plan						
5. Complete Shelter Set-up and Open								
	Incident Command Post (ICP)/Manager's Station/ Security Station							
	Register Shelter with the National Shelter System (NSS)	https://nss.communityos.org/cms/						
	Shelter Areas Established: <ul style="list-style-type: none"> ○ Manager/Security/Communications ○ Registration/Case Management ○ Logistics and Supplies/Donations Management ○ Food Prep/Service ○ Dormitory ○ Child Care Assistance/Recreational ○ Medical Care/Quiet Area ○ Staff/Break 							

	<ul style="list-style-type: none"> o Service Animal Care (Pets should be in a nearby Pet Shelter) o Isolation and Quarantine (maybe combined with security area) 	
	ICS Shelter Staffing Chart posted	Shelter Plan
	Shelter Operating Policies and Procedures posted	Shelter Policy Check List FORM
	Shelter Emergency Evacuation Plan posted	Facility Evacuation Plan
	Shelter Log maintained	Action Log FORMS
	Shelter Staff: post staff shifts and staff meeting schedules	EMS Patient Tracking System may be available for Client Registration and Tracking
	Shelter Staff (minimum 4 per shift; 6 – 12 hr. shifts)	Shelter Support Team JAS
	Staff Registration, Training and Break Area	
	Security Team (a must for large shelters)	
	Interpreter Strike Team (highly advantageous at most shelters)	
	Medical Team (highly advantageous at all shelters)	
	Case Management/FNSS/Ombudsman (highly advantageous)	
	Animal Care Team (a must for large shelters)	
	Shelter Client Registration	Client Registration FORM
	Table, forms and signs near entrance	Shelter Intake Assessment Form
	Optional wristband/stamp/ID for Shelter Clients	ARC Safe & Well Registration Form
	Forms: Registration, Assessment, Shelter Guide/Rules	Shelter Rules, Regulations FORM
	Red Cross Safe and Well Website – let others know you are safe	www.safeandwell.communityos.org
	Case Management Forms	
	Logistics/Supplies and Donation Management Area	Laminated sheet with pictures of flags off all nations
	Scheduling: post staff schedule in changeable format	
	Management/Tracking: maintain records and receipts	
	Ordering/requesting supplies	
	Spontaneous (in-kind) donations management	
	<input type="checkbox"/> Accept food ONLY from known sources (commercial)	
	<input type="checkbox"/> Accept donations with a known use/need only	
	<input type="checkbox"/> Don't let the donations become the emergency	(Goodwill may be a resource)
	Food and Water Service Area	Massachusetts Guidance for Emergency Action Planning for Retail Food Establishments
	Person in Charge (PIC) must have food safety certification	
	Good lighting and ventilation a must, especially when cooking	
	Control access to Food preparation/storage areas	
	Food Prep Area: clean and sanitize often (10% bleach)	
	Refrigeration (generators, dry ice)	
	Post Meal times; allow for snacks and beverages at most hours	Shelter Rules and Regulations
	Dining area: no food outside this area	
	Hand-wash station a MUST + use of disposable gloves (non latex)	
	Food holding: log time/temperatures	See Temperature Guidelines
	<input type="checkbox"/> Hot/cold food holding: above 140 F./ below 40 F.	

<input type="checkbox"/> Re-heat ONCE in 2 hours to 165 F.	
<input type="checkbox"/> Discard after 4 hours if between 40 – 140 F.	
Food Storage: secure and off the floor if possible	
Safe Ice/Drinks (treat drink tubs with 1 tsp. bleach/5-8 gallons)	(Slight “bleach” smell)
Reduced menus; fewer potentially hazardous foods	See Appendix for example
Meal plans that meet dietary/cultural needs within 36 hrs.	
Hand and ware washing protocols posted	See Sanitation Guidelines
Sanitation and cleanliness (sanitizer – 10% bleach solution)	
Disposables/gloves (non-latex)	
Solid Waste management (trash, garbage, medical waste)	
Food Embargoes/Fitness of Food	
<input type="checkbox"/> Discard Potentially Hazardous Food(PHF) after 4 hours @40 F	
<input type="checkbox"/> Sorting, condemnation, disposal	
<input type="checkbox"/> Donations of Food: must meet Safe Food Standards	
Potable Water Supplies	
<input type="checkbox"/> Monitor for contamination: chemical, bacterial, radiation, viral, particulate matter	
Boil and other water use orders	Food/Water Emergency Plan
Bulk water must be from an approved source	
Dormitory Area:	
Bed spacing: 3 ft. between cots	
Family Areas with extra space for personal items	
Dormitory Area restricted to clients; quiet zone	
Child Care/Recreation Areas (safe and separate): Managed by parents	
Adult: cards, games, TV, Radio	
Youth: Games (outside if possible); activities	
Child: volunteers should be SORI; supervised; extra	
Non-allergenic cleaning supplies for toys/tables	
Health, Medical and Mental Health Services Area	
Accessible, some privacy, clean, secure storage	
First Aid Kit and supplies	
Standing Orders/Medical Advisor	
Mental/behavioral Health staff	
Secure (locked) medicine storage and refrigeration	Coordinate with Security
Sanitation & Personal Protective Equipment (PPE)	
Privacy/HIPPA/Confidentiality reminders to staff/volunteers	Staff Confidentiality Agreement
Medical Wastes (Red Bag)	Medical Waste hauler MOU
Elec. outlets for durable medical equipment	
Infection Control Plan: air, droplet, direct/indirect contact	
12-Step Programs access : drugs, alcohol, tobacco	
Special Needs Areas	
Isolation/Quarantine Area for mildly ill clients	
Quiet area for functional needs clients	
Service Animals/Pet Care Area	See Animal Shelter Plan/SOP
Shelter Communications	

	Tactical Communications with EOC/IC; Response Partners <ul style="list-style-type: none"> o External: Phones, cell, internet, fax, radios, runners, HAM o Internal: Signs, radios, cell, PA system, runners, bullhorn, 	
	Shelter signs, flyers, newsletters	
	TV and Radio	
	Public telephone/internet	
	US Mail Service	
	General Shelter Rules Posted:	
	You must register and obtain a Shelter ID	
	Respect People, Personal Property, and Privacy	
	No Weapons, Alcohol, Tobacco use, Matches	
	Media must be accompanied by the Shelter Manager or PIO	
	Prescription Drugs only (ask about secure storage)	
	Trained Service Animals only, no pets	
	No food in dormitory areas	
	Respect Quiet Areas and Times	
	Respect Restricted Areas	
	Respected Phone-Free Areas	
	Children must be supervised at all times	
	Safety First: Keep all items off the floor	
	Valuables should be kept in a safe place	
	Not liable for damage to vehicles/personal property	
	Must be dressed appropriately at all times	
	Please remember that we are Volunteers	
	Please volunteer to help us, help everyone	
6. Establish volunteer Management Systems/Policies		
	Must Sign in/Out at ____	ICS 211 Personnel Sign In FORM
	Know your ICS role/supervisor	Job Action Sheet
	Safety First: use the Buddy or Mentor system	
	Document any issues or problems	
	Staff Rest/Food Breaks: schedule every 3 – 4 hours	
	Monitor for burnout and health issues	
	Act only within the scope of your training or experience. If you are not comfortable with your assignment, ask.	
	Use Just-in-Time training and Job Action Sheets	
	Volunteers should be affiliated with an approved organization or be partnered with an affiliated organization volunteer	
	All staff and volunteers must have a current CORI/SORI	Ask local police to run checks
	Maximum 12 hour shifts (6 - 9 hour shifts easier on staff)	
	Maximum 7 days in a row (1 day break minimum)	
	Protect Client Safety and Privacy	Shelter Privacy Statement
	Encourage Clients to be Shelter Volunteers	
	Use Client Ombudsman/Shelter Representatives if needed	
	Remember Media Care; refer all Media to the Shelter Manager	
	Performance Reviews after 3-7 days may be available	

7. Meet Transportation Needs		
	Parking – lighting, safety, adequate spaces, ADA	
	Buses, vans and other transportation options to and from shelter	
	Functional/Access Needs Transportation Options	
	To Shelter (Private, buses, taxis, cabulance, etc.)	DPH policy on EMS transport
	To medical care (emergency and non-emergency)	Long Term Care Vans
	From Shelter to appointments/home	
	Wheelchair accessible options	Elder Service/Long Term Care van
8. Monitor Operations, including Health, Safety and Individual FNSS Needs		Environmental Health and Safety Inspection Team
<input type="checkbox"/> Ensure Health and Safety Inspections		
	Begin within 24 - 48 hours of setup	
	2 or more times per day	Environmental Health FORM
	Reports go to Shelter Manager/EOC	Food Establishment Inspection Form
<input type="checkbox"/> Coordinate safety, public health, medical and mental/behavioral health mass care services		
	Fire and Building Safety Inspections	
	Triage (children, pregnant women, elderly, compromised immune systems, high risk)	Intake FORM, Medical Incident FORM
	<input type="checkbox"/> Immediate decontamination (chemical, biological, radiological)	
	<input type="checkbox"/> Immediate medical care	
	<input type="checkbox"/> Medical transport to hospitals, clinics, long term care	
	Medical Services: outpatient/low risk medical care	
	Pharmaceuticals: connect clients with resources	
	Behavioral Health Services: connect clients with resources	
	Faith Community: connect clients with resources	
	Maintain Adequate Medical Consumables: batteries, diapers, oxygen	See Shelter Plan
	Provide access to Durable Medical Equipment: wheel chairs, walkers, canes, oxygen machines, etc.	See Shelter Plan
	Institute data system to track care, medications, equipment	
	Organize Service Animal care and supplies	See Pet Shelter SOG for detail
	Coordinate care with owners	See Pet Shelter SOG for detail
	Coordinate with Pet Shelters and pet supplies	See Pet Shelter SOG for detail
	Animal Quarantine locations	See Pet Shelter SOG for detail
	Animal Decontamination locations	See Pet Shelter SOG for detail
	Provide Isolation and Quarantine if required	
	Individuals returned to pre-incident medical setting	
	Establish registries for long-term monitoring of exposed individuals	
<input type="checkbox"/> Monitor and ensure mass care population health		
	Environmental Health and Safety Monitoring	
	Monitor First Responder, volunteer & client health for <ul style="list-style-type: none"> o Illness o Injury o Exposure o Sanitary Survey/Assessment to identify potential risks 	MDPH - Guide to Surveillance, Reporting and Control , sections 3 and 4 of related disease chapter

	<ul style="list-style-type: none"> Environmental Health Inspections to correct problems 	
	Disease Surveillance to identify outbreaks: <ul style="list-style-type: none"> Waterborne: Typhoid, cholera, dysentery, infectious hepatitis, giardia, cryptosporidium, etc. Foodborne: hepatitis A, salmonella, listeria, campylobacter, Airborne/Droplets: measles, flu, etc. Screening/sampling for contamination and communicable diseases to prevent outbreaks 	CDC 24 hour Active Surveillance and Facility Report Forms
	Begin Case Management Tracking for all shelter clients <ul style="list-style-type: none"> Document all client interactions and services Number and types of health needs addressed Number/type of medical services Medical Care Case Reports Shelter Clients Case Management Reports	Case Management FORM Activity Log FORM
	Begin Demobilization Planning: <ul style="list-style-type: none"> Create DRAFT Demobilization Plan and update daily Assess resources every 24 hours Identify excess resources Re-assign or deactivate Obtain written sign-off before deactivation/returns 	Demobilization FORM ICS 221
	Refer individuals with health needs to appropriate agencies	
9. Plan for Next Operational Period and Shelter Closing		
	Continue to monitor the situation	
	Continue to develop incident action plans (IAP) for operational periods	
	Continue to document all response activities	
	Continue to monitor personnel/staffing	
	Continue to monitor and document all expenses	
	Follow Up and report on Actions Taken: close all loops	
	Plan for extended operations	
	Prepare for Demobilization and Recovery: update Demobilization Plan Notify partners of closing plans/dates (24 hour notice of closure) Plans for cleaning and restoring facility & equipment	Demobilization FORM
	Risk Communications	Resources
<input type="checkbox"/>	<i>Continue to develop Media Messages:</i>	
	<u>Ensure</u> SHELTER OPENING IS REPORTED TO WEB EMERGENCY OPERATIONS CENTER, ONLINE /(413) 750-1400. EMD SHOULD REPORT SHELTER OPENING TO MASS 2-1-1 AS WELL AS THE LOCAL EMERGENCY DISPATCH CENTER (SHELBURNE CONTROL: 413-625-8200).	
	Update and inform the public	
	Shelter status	
	At-risk and functional needs individuals resources	
	Disease risks and prevention information	
	Water filtering and disinfection procedures	
	Closings and embargoes	
	Perishables: contaminated, suspect, temperatures	

<input type="checkbox"/>	Translations into identified languages	
<input type="checkbox"/>	Monitor Social Media to keep ahead of rumors	
<input type="checkbox"/>	Maintain communication with other jurisdictions to ensure that messages are consistent, timely and accurate	

3. Recovery

Recovery		Resources
<input type="checkbox"/>	Transition Clients to New Normal: Home, Temporary Housing, LTC <ul style="list-style-type: none"> <input type="checkbox"/> Red Cross Client Care Team <input type="checkbox"/> Case Management Unit <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Social Service Agencies 	Agreements with Long Term Care facilities
<input type="checkbox"/>	Lift orders that are no longer needed	
<input type="checkbox"/>	Inspect and clean all facilities; return them to normal operations <ul style="list-style-type: none"> <input type="checkbox"/> Restore: Clean, replace and repair facility, <input type="checkbox"/> Replace: all consumables used <input type="checkbox"/> Clean cots, mats, blankets and return <input type="checkbox"/> Replace pillows, and other supplies that can't be cleaned <input type="checkbox"/> Walk-through facility with owner 	
<input type="checkbox"/>	Disposal of solid/medical wastes coordinated with DPH/DEP/LPH as needed	
<input type="checkbox"/>	Assist with Ongoing Recovery	
<input type="checkbox"/>	Submit forms for emergency expenditures	Summary Contact List ISC 221: Demobilization Checkout
<input type="checkbox"/>	After Action Report with Improvement Plan and revise plans	HSEEP After Action Report template
Risk Communications		Resources
<input type="checkbox"/>	Continue to develop Media Messages:	
	Update and inform the public on closing and recovery efforts	
	Interpret into identified languages	
	Sources of additional information and help	Mass211
	Volunteer and donation opportunities	CERT, MRC, ARC, VOAD, MAREsponds
<input type="checkbox"/>	Monitor Social Media to keep ahead of rumors	
<input type="checkbox"/>	Maintain communication with other jurisdictions to ensure that messages are consistent, timely and accurate	



FRANKLIN COUNTY REGIONAL SHELTER PLAN

June
2013

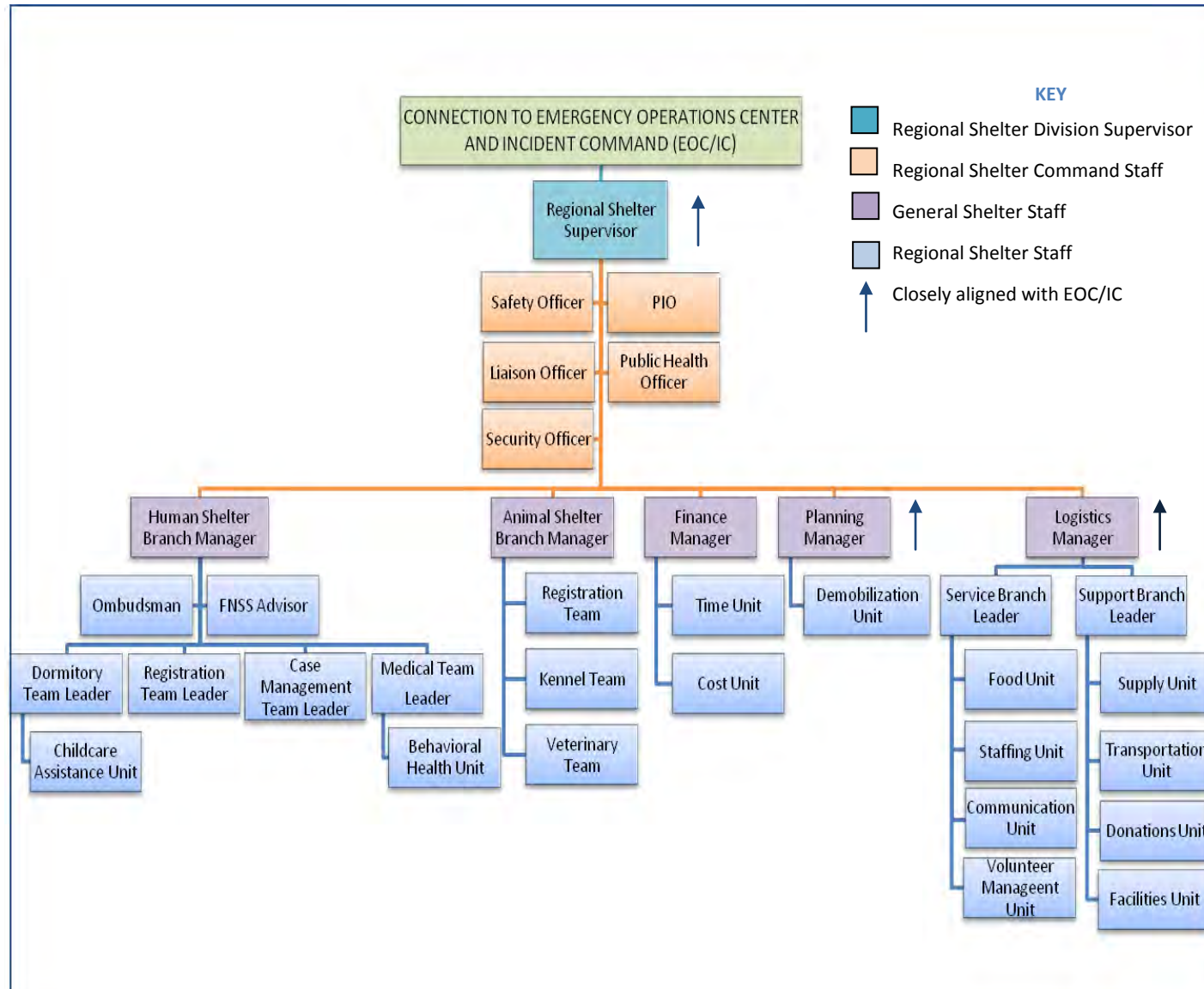
Appendix E:
Job Action Sheets

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The Western Regional Homeland Security Advisory Council (www.wrhsac.org) provided funding and support for this project.

REGIONAL SHELTER INCIDENT COMMAND OPERATIONS HIERARCHY



Regional Shelter Job Action Sheet

Operations: Common Required Response Actions

2013

Be Aware of the Following

- ☐ Chain of Command: Know your supervisor and who you supervise
- ☐ Safety First: Be aware of staff and public safety. If in doubt call for help
- ☐ Media/Social Media: Have permission before talking to the press/media or posting information
- ☐ Behavioral Health: Take care of yourself, your co-workers and shelter clients. Be aware of staff burnout

Complete Required Forms

- ☐ Activity Logs: Track event/action taken and submit at shift change
- ☐ Resources: Provide all Resource Requests to the Logistics Section
- ☐ Job Action Sheets: Provide information for actions specific to your position

Initial Response

- ☐ Always sign in and out with the Volunteer or Staffing Unit
- ☐ Wear proper identification at all times
- ☐ Attend/hold shelter supervisor briefings to receive: Situational Awareness, Job Action Sheet, Activity Logs and Resource Forms
- ☐ Review incident briefing forms, as well as all shelter policies, plans and procedures for your position
- ☐ Set-up your designated shelter operations area
- ☐ Request needed supplies or staff from Logistics
- ☐ Confirm set-up with your supervisor

Daily Shelter Operation Actions

- ☐ Hold or attend daily shift change briefings with Staff and collect Activity Logs
- ☐ Complete required Job Activity Logs for each shift
- ☐ Monitor for Shelter clients' safety at all times
- ☐ Monitor for staff burnout/safety at all times
- ☐ Provide shelter services to the best of your ability and within the scope of your training/credentials
- ☐ If in doubt or uncertain, ask for clarification or assistance

Closing the Shelter

- ☐ Hold/Attend shelter closing briefing by supervisor to receive cleaning and take down protocols
- ☐ Assist with the transition of shelter clients to their "new normal"
- ☐ Assist with demobilization and help take down and clean your operations area
- ☐ Confirm clean-up with supervisor
- ☐ Hold/Attend debriefing with staff if you are an officer, manager or team leader
- ☐ Participate in After Action Meetings
- ☐ Participate in the After Action Report process, including identification of areas for improvement and revision of Shelter Plan

Regional Shelter Job Action Sheet

Operations: Regional Shelter Supervisor

2013

Job Description	
<ul style="list-style-type: none"> Responsible for all aspects of shelter operations for the region Ensures the provision of all shelter services Ensures the health and safety of all staff and clients Authorizes all regional shelter expenditures after approval by the Incident Commander Collects and maintains all job Activity Logs and submits all reports for the sheltering response 	
Reports to	Contact Information
Incident Commander	
Supervises	
Shelter Public Information Officer (PIO)	
Shelter Safety Officer	
Shelter Security Officer (may report to Law Enforce.)	
Shelter Public Health Officer	
Shelter Liaison Officer	
Shelter Medical Advisor	
Shelter Branch Manager	
Animal Shelter Branch Manager	
Finance Manager (Requisitions, time, data tracking)	
Planning Manager (Situational Awareness; next Operational Period, Demobilization)	
Logistics Manager (Resources, supplies, staff)	
Partner Agencies	Contact Information
Western Mass MEMA	MEMA 24/7 call line 413.821.1500
MEMA State Emergency Operations Center	MEMA SEOC - (508) 820-2000 – ESF 6 (sheltering desk)
Department of Public Health (DPH)	MEMA 24/7 call line 413.821.1500 – ESF 8 (medical desk)
DPH Epidemiologist (Epi) on duty 24/7	617-983-6800
Department of Environmental Protection (DEP)	(888) 304-1133 Spill HotLine
County Sheriff's Department	
American Red Cross (ARC)	24 hour phone Pioneer Valley: 413-737-4306
Salvation Army	(617) 542-5420
Western Mass Medical Reserve Corps	www.wmmrc.org
Western Region Homeland Security Advisory	www.wrhsac.org
Boards of Health (BOH)	

Regional Shelter Job Action Sheet

Operations: Regional Shelter Supervisor

2013

Forms, Protocols, and Other Resources

Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Copy of Regional Shelter Plan with FORMS/LISTS/JAS		
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets for all positions (JAS)	In Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> ARC Shelter Kit		
<input type="checkbox"/> Regional Shelter SOP (SOP)		
<input type="checkbox"/> Facility Opening/Closing Assessment Form (FORM)	In Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)	In Forms Section of Shelter Plan	2 per JAS
<input type="checkbox"/> Activity Log ICS 214 (FORM)	In Forms Section of Shelter Plan	
<input type="checkbox"/> Staffing Guidelines (LIST)	Resource Section of Shelter Plan	
<input type="checkbox"/> Supply Guidelines (LIST)	Resource Section of Shelter Plan	
<input type="checkbox"/> Cot Cleaning Guide (LIST)	Resource Section of Shelter Plan	
<input type="checkbox"/> Client Registration Forms (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Incident Report Forms (FORM)	Accidents and Complaints – Forms Section of Plan	
<input type="checkbox"/> Equipment Recommendations	Radio, cell phone, laptop with internet	

Initial Planning Actions

- ☐ Plan for regional shelters with the Incident Command/EOC
- ☐ Designate and activate Command Staff positions as needed:
- ☐ Review if available the ARC Assessment of the Regional Shelter Facility to determine capacity and resources
(Note: 10-15% of the impacted population can be expected to use a Regional Shelter)

Initial Response

- ☐ Conduct shelter facility walk-through (Shelter Assessment Form) as available:
 - Facility Manager/Representative
 - Inspector of Buildings
 - Fire Inspector
 - Public Health Officer/Environmental Health Inspector
 - Logistic Manager
 - ARC Representative
 - Universal Design/FNSS Advisor
- ☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)
- ☐ Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms

Regional Shelter Job Action Sheet

Operations: Regional Shelter Supervisor

2013

- ☐ Supervise shelter set-up or delegates to the Shelter Branch Manager
 - Manager/Security/Communications Area
 - Registration Area
 - Logistics and Supplies/Donations Management Area
 - Food Preparation/Service Area
 - Dormitory Area
 - Child Care Assistance Area
 - Recreation Area
 - Medical Care Area/Quiet Area
 - Staff Break Area
 - Service Animal Care Area (Pets should be in a nearby Pet Shelter)
 - Isolation and Quarantine Area (may be used as temporary Security Area)

- ☐ Confirm shelter set-up and approve opening

- ☐ Obtain approval for all shelter expenditures from the Incident Command/EOC

- ☐ Ensure continuous communications with the Incident Command/EOC

Daily Shelter Operations

- ☐ 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 IC

- ☐ Ensure shelters operate safely and efficiently and address issues as they arise

- ☐ Monitor the shelter capacity with the Human and Animal Shelter Branch Managers

- ☐ Ensure the safe and efficient transition of shelter clients back to their homes or their new normal

- ☐ Ensure planning for the next operational periods

Shelter Closing

- ☐ Receive closing orders from Incident Command/EOC
- ☐ Work with Communications and PIO to ensure that the Public is aware of the shelter closing status

Regional Shelter Job Action Sheet

Operations: Regional Shelter Supervisor

2013

- ☐ Shelter Closing Check List:
 - Determine a plan for the debriefing of shelter workers
 - Can they be of assistance with another sheltering operation?
 - Make sure to capture all staff rosters so that workers can receive recognition
 - Prepare list of voluntary organizations, vendors and other partners to be thanked and recognized – give list to **Regional Shelter Authority**
 - Pack excess supplies as they become unnecessary
 - Determine where the supplies need to go and begin the shipping process as soon as possible
 - Update the supply inventory
 - All shelter staff should work to clean and return the shelter to its original condition as the shelter population decreases
 - Return all moved furniture
 - Remove all signage
 - Hold staff debriefing (see below)
 - Begin preparing narrative for shelter operations
 - Include Activity Logs, financial forms and other documentation collected at the shelter debriefing
 - Update the National Shelter System to reflect the shelter closing
- ☐ 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)
- ☐ Conduct facility closing walk-through with Representative (Opening/Closing Assessment Form)
 - Shelter Facility Manager/Representative
 - Inspector of Buildings
 - Public Health Officer/Inspector
- ☐ Hold final Staff De-briefing and collect forms
 - 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 Regional Shelter Plan
- ☐ Collect all Forms as record of shelter actions
 - Job Activity Logs
 - Time Sheets
 - Expense Sheets
 - Environmental and Building Assessments/Reports
 - Staff Check-in Sheets
 - Complaints and Investigation Reports
 - Medical Logs and Reports
 - Client Registration Logs
 - Resource Request Forms and Inventories

Regional Shelter Job Action Sheet Operations: Regional Shelter Supervisor

2013

- ☐ 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Safety Officer

2013

Job Description		
<ul style="list-style-type: none"> ▪ Ensures the health and safety of all shelter Staff and clients by monitoring the fire and building safety code compliance ▪ Monitors all operations for life safety issues 		
Reports to	Contact Information	
Regional Shelter Supervisor		
Supervises		
Safety Staff		
Partner Agencies	Contact Information	
Mass State Police		
Sheriff's Department		
Local Law Enforcement		
Local Fire Departments		
Local Building and Health Departments		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy Chart		
<input type="checkbox"/> Job Action Sheet (JAS)		
<input type="checkbox"/> Activity Log (FORM)		
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Assessment and Inspection Check Lists (LIST)	Forms Section of Shelter Plan	3 each
<input type="checkbox"/> Incident Report Forms (FORM)	Forms Section of Shelter Plan	1 each
<input type="checkbox"/> Equipment Recommendations	Radio, cell phone, laptop with internet, flashlights Signage, caution tape, masking & duct tape, markers	3 each
Initial Planning Actions		
<input type="checkbox"/> Plan for a regional shelter operation with the Regional Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Appoint Staff as needed		
Initial Response		
<input type="checkbox"/> Conduct shelter facility walk-through with Facility Manager/Representative (Shelter Assessment Form)		
<input type="checkbox"/> Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Safety Officer

2013

- ☐ Determine the extent of Safety Needs for the Operations by reviewing shelter facility and layout
 - Mark all fire extinguishers and AED
 - Ensure that staff knows where they are located. Current inspection tags and charge levels should be verified during the pre-occupancy inspection.
 - Address life safety issues for the facility during the pre-occupancy inspection. Document all repairs and actions.
 - Make sure all exits are clearly marked.
 - Limit the number of entrances and exits to control who enters and exits the facility. Unused doors should be secured. "Work with the fire marshal to make sure restricted entrances/exits are not used.
 - In the case of hurricane, tornado or high winds, make sure that doors and windows remain closed, since the structural building codes are created with the presumption that doors and windows are closed. Failure to follow these procedures can cause a building to fail and suffer structural damage, even if it is built to storm shelter standards.

- ☐ Conduct Safety Check of facility with Fire, Health and Building Inspectors

- ☐ Post Shelter safety signs and warnings

- ☐ Confirm shelter set-up with Regional Shelter Supervisor, Shelter Manager or IC

Daily Shelter Operations

- ☐ 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

- ☐ Monitor Shelter Operations for Safety

- ☐ Address Safety Issues as they arise

- ☐ Inspect Shelter entrances and exits every shift change

Shelter Closing

- ☐ Monitor shelter demobilization for safety
- ☐ Address shelter safety issues as needed
- ☐ Remove and store shelter safety signage and safety equipment
- ☐ 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)
- ☐ Conduct facility closing walk-through with Regional Shelter Manager Facility Manager/Representative
- ☐ Turn in all logs to supervisor
- ☐ Participate in the After Action Report process, including identification of areas for improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Public Information Officer

2013

Job Description			
<ul style="list-style-type: none"> Ensures all public information has been approved by the Incident Commander (IC) 			
<ul style="list-style-type: none"> Briefs and supports the Incidence Spokesperson 			
<ul style="list-style-type: none"> Determines the most effective communication methods with the public, including those with functional/access needs 			
<ul style="list-style-type: none"> Works with Media to provide risk communication services to the public about the regional human and animal shelters 			
<ul style="list-style-type: none"> Monitors media outlets for rumors and information needs; works with Media to ensure correct information/messages 			
<ul style="list-style-type: none"> Works closely with other regional and local shelters, IC, and EOC to ensure that messages are coordinated and relevant 			
<ul style="list-style-type: none"> Coordinates Agency outreach messages with the Liaison Officer 			
<ul style="list-style-type: none"> Works with IC, EOC, Shelter Supervisor/Manager, Communications, Security to facilitate the visits of dignitaries 			
Reports to		Contact Information	
Regional Shelter Supervisor			
Supervises			
PIO Staff			
Partner Agencies		Contact Information	
MEMA		MEMA SEOC - (508) 820-2000 – ESF 6 (sheltering desk)	
Local Municipal PIO			
Hospital PIO			
DPH and MEMA PIO			
ARC PIO			
Mass 2-1-1			
Mass 5-1-1			
Local Media/Social Media			
Interpreter Strike Team			
Forms, Protocols, and Other Resources			
	Item	Description/Notes	Quantity/Location
<input type="checkbox"/>	Regional Shelter Hierarchy Chart		
<input type="checkbox"/>	Job Action Sheet (JAS)		
<input type="checkbox"/>	Activity Log (FORM)		
<input type="checkbox"/>	Resource Request ICS 308 (FORM)		
<input type="checkbox"/>	Region 1 PIO Standard Operating Guide (SOG)	Region 1 Public Health Coalitions	
<input type="checkbox"/>	Shelter PIO Message Templates (FORM)		
<input type="checkbox"/>	Shelter Message Templates (PIO)	Resource Section	
<input type="checkbox"/>	Media Contact Lists, including FNSS media		
<input type="checkbox"/>	Communications Equipment Recommendations	Resource Section Regional Shelter Plan	

Regional Shelter Job Action Sheet

Operations: Regional Shelter Public Information Officer

2013

<input type="checkbox"/> Minimum Equipment Recommendations	Multiple phone lines, radios, smartphone, laptop with internet, printer, TV, fax, copier, files, pens/paper, markers	1 each
Initial Planning Actions		
<input type="checkbox"/> Plan for a regional shelter operation Public Information with the Regional Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Review Region 1 PIO Standard Operating Guide (SOG)		
<input type="checkbox"/> Appoint Staff as needed: <ul style="list-style-type: none"> ○ Incident Public Information Officer (PIO) ○ Incident Spokesperson ○ Subject Matter Experts (SME) ○ Receptionist: man phones and answer questions 		
<input type="checkbox"/> Set up PIO Joint Information Center (JIC) – Responders ONLY <ul style="list-style-type: none"> ○ 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 		
<input type="checkbox"/> Set up Media Information Center (separate from JIC) for press briefings <ul style="list-style-type: none"> ○ Food, water, HVAC, lighting and sanitation ○ Telephones, internet, cell service ○ Tables and chairs ○ Security to check press credentials and maintain order 		
Initial Response		
<input type="checkbox"/> Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms		
<input type="checkbox"/> Establish communications with Regional Shelter Supervisor/Manager IC/EOC		
<input type="checkbox"/> Establish communications with other PIO, EOC, Liaison Officers, MEMA PIO		
<input type="checkbox"/> Report Shelter Opening to ESF 6 Desk at MEMA and to MASS 2-1-1		
<input type="checkbox"/> Coordinate all Risk Communications/Public Information. NOTE: All messages must be approved by Regional Shelter Supervisor/Incident Command/EOC before release		
<input type="checkbox"/> Initial Press Release: Situational Awareness update <ul style="list-style-type: none"> ○ 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 		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Public Information Officer

2013

- ☐ 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, Mass211, 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

Daily Shelter Operations

- ☐ Monitor Staff for "burn-out" and inappropriate behavior. Report concerns to Supervisor and Medical Unit

Regional Shelter Job Action Sheet

Operations: Regional Shelter Public Information Officer

2013

- ☐ 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
 - ☐ 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
- Shelter Closing**
- ☐ Develop Shelter closing announcements
 - ☐ Distribute Closing information
 - ☐ Continue to monitor all Media
 - ☐ Assist with clean up and equipment return
 - ☐ Turn in all logs to supervisor
 - ☐ Participate in the After Action Report process, including identification of areas for improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Liaison Officer

2013

Job Description		
<ul style="list-style-type: none"> ▪ Provides coordination between Incident Command and partners, agencies and organizations involved in response/recovery ▪ Coordinates with PIO to ensure consistent, coordinated situational awareness and messages 		
Reports to	Contact Information	
Regional Shelter Supervisor		
Supervises		
Liaison Staff		
Partner Agencies	Contact Information	
Mass Department of Public Health – 24/7	(617) 983-6800 EPI on call	
District Health Officer – Charlie Kaniecki	(617) 839.3237 Charlie.Kaniecki@state.ma.us	
Mass Dept. of Mental Health – RaeAnn Frenette	(617) 626.8145 RaeAnn.Frenette@state.ma.us	
DEP 24/7 Spill Hot Line	(888) 304-1133	
MEMA 24/7 Line	(413) 821-1500 (Western office)	
Mass State Police or County Sheriff's Dept.		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy Chart		
<input type="checkbox"/> Job Action Sheet (JAS)		
<input type="checkbox"/> Agency Contact List (LIST)		
<input type="checkbox"/> Activity Log (FORM)		
<input type="checkbox"/> Minimum Equipment Recommendations	smartphone, laptop with internet, radio, pen/paper	1 each
Initial Planning Actions		
<input type="checkbox"/> Plan for a regional shelter operation Public Information with the Regional Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Appoint Staff as needed		
Initial Response		
<input type="checkbox"/> Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms		
<input type="checkbox"/> Establish communications with Regional Shelter Supervisor/Manager IC/EOC and partner agencies and organizations		
Daily Shelter Operations		
<input type="checkbox"/> Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Supervisor and Medical Unit		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Liaison Officer

2013

- ☐ 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

- ☐ Maintain continuous situational awareness with partner agencies and organizations

- ☐ Provide daily shelter updates to the Regional Shelter Supervisor/Manager, IC, EOC, PIO

Shelter Closing

- ☐ Maintain continuous situational awareness with partner agencies and organizations and distribute closing information
- ☐ Assist with clean up and equipment return
- ☐ Turn in all logs to supervisor
- ☐ Participate in the After Action Report process, including identification of areas for improvement

Regional Shelter Job Action Sheet

Operations: Regional Public Health Officer

2013

Job Description

- Sanitation: Ensures the environmental health/safety of the shelter occupants: indoor air, drinking water, food, sanitation
- Diseases: Works closely with the local Boards of Health (BOH), Department of Public Health (DPH) and the Centers for Disease Control and Prevention (CDC) to monitor, prevent and control injuries and disease outbreaks
- Hazardous Wastes/Materials: Works closely with Department of Environmental Protection (DEP) to mitigate and manage exposures to hazardous materials, solid and medical wastes, contaminated air and water, etc.
- Housing: Works closely with the Fire and Building Inspectors to ensure safe and sanitary housing
- Outbreaks: In coordination with BOH and DPH, issues isolation and quarantine orders to prevent or mitigate outbreaks
- Medical: Works with BOH, DPH and medical providers to ensure prevention, vaccination and medical treatment
- FNSS: Works with partner agencies to ensure that individual functional needs are being addressed

Reports to

Regional Shelter Supervisor

Contact Information

Supervises

Inspectors and Staff

Partner Agencies

Contact Information

Mass Department of Public Health – 24/7

(617) 983-6800 EPI on call

District Health Officer – Charlie Kaniecki

(617) 839.3237 Charlie.Kaniecki@state.ma.us

Mass Dept. of Mental Health – RaeAnn Frenette

(617) 626.8145 RaeAnn.Frenette@state.ma.us

DEP 24/7 Spill Hot Line

(888) 304-1133

MEMA 24/7 Line

(413) 821-1500 (Western office)

Local Public Health Agents and Directors

Forms, Protocols, and Other Resources

Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy Chart		
<input type="checkbox"/> Job Action Sheet (JAS)		
<input type="checkbox"/> Contact List (LIST)		
<input type="checkbox"/> Activity Log (FORM)		
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Food/Water Standard Operating Guide (SOG)	Region 1 Public Health Coalitions SOG series	
<input type="checkbox"/> Food Inspection Form (FORM)		2/day
<input type="checkbox"/> Shelter Environmental Health Inspection (FORM)		1/day
<input type="checkbox"/> Public Health Officer Inspection Kit	(BOH Officers may already have one)	

Regional Shelter Job Action Sheet

Operations: Regional Public Health Officer

2013

<input type="checkbox"/> Minimum Equipment Recommendations	Smartphone, flashlight, thermometer, alcohol wipes, tape measure, hand sanitizer, disposable gloves, N95 mask, clipboard/pen, markers, masking tape, Sanitizer Test Strips, Electrical Outlet Tester,	1 each
Initial Planning Actions		
<input type="checkbox"/> Plan for a regional shelter operation health and safety with the Regional Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Appoint Staff as needed (work with regional public health agents to monitor shelter health and safety)		
<input type="checkbox"/> Participate in the initial Shelter walk-through/assessment (FORM)		
<input type="checkbox"/> Obtain or assemble an Environmental Health Inspection Kit to be stored at the Shelter		
<input type="checkbox"/> Work with food area Person In Charge (PIC) to set-up of Shelter Food prep and service areas		
<input type="checkbox"/> Establish connections with BOH, DPH, DEP		
<input type="checkbox"/> Establish connections with local Hospitals and Medical Providers to monitor for disease outbreaks		
Initial Response		
<input type="checkbox"/> Conduct Final Pre-Opening Shelter Inspection (FORM)		
<input type="checkbox"/> Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms and Sanitation and Food Guides		
<input type="checkbox"/> Closely monitor initial food prep and service at shelter		
Daily Shelter Operations		
<input type="checkbox"/> Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Supervisor and Medical Unit		
<input type="checkbox"/> Hold shift change briefings with Staff and collect Activity Logs: <ul style="list-style-type: none"> ○ 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 		
<input type="checkbox"/> Begin Health and Safety inspections within 24 – 48 hours of shelter set-up		
<input type="checkbox"/> File all inspection forms with the Regional Shelter Manager/Supervisor and BOH		
<input type="checkbox"/> Monitor daily Public Health and Safety status		
<input type="checkbox"/> Conduct daily Food and Environmental Health Inspections (FORM – twice daily for large shelters)		
<input type="checkbox"/> Monitor for disease outbreaks (MAVEN and local medical providers)		
<input type="checkbox"/> Work with Shelter Staff to ensure FNSS needs in shelter are being addressed		
<input type="checkbox"/> Work with the BOH to take protective actions/issue orders to protect the Public Health and safety		
Shelter Closing		
<input type="checkbox"/> Coordinate with BOH and DPH on shelter closing		
<input type="checkbox"/> Continue to monitor Public Health public health and safety, including disease surveillance		
<input type="checkbox"/> Assist with placement of shelter clients to their new normal		
<input type="checkbox"/> Lift any orders as appropriate		

Regional Shelter Job Action Sheet

Operations: Regional Public Health Officer

2013

- ☐ 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)
- ☐ Turn in all logs to Supervisor
- ☐ Participate in the After Action Report process, including identification of areas for improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Security Officer

2013

Job Description		
<ul style="list-style-type: none"> ▪ Ensures the security of all shelter Staff and clients by monitoring the Shelter Facility and parking lot security 		
<ul style="list-style-type: none"> ▪ Works with Law Enforcement, Fire and Volunteers to provide security for regional shelters 		
<ul style="list-style-type: none"> ▪ Provides Staff for monitoring shelter entrances, exits, parking, traffic 		
<ul style="list-style-type: none"> ▪ Monitoring for potential conflicts 		
<ul style="list-style-type: none"> ▪ Enforces shelter rules and policies to ensure Staff and Client safety and security. Prohibition on <ul style="list-style-type: none"> ○ Guns and weapons ○ Tobacco ○ Alcohol or illegal drugs ○ Unacceptable actions or activities that endanger the health or safety of the Staff or Clients 		
<ul style="list-style-type: none"> ▪ Establishes and operates a security holding area if needed 		
<ul style="list-style-type: none"> ▪ Supervises CORI/SORI checks of all staff and volunteers 		
Reports to	Contact Information	
Regional Shelter Supervisor		
Supervises		
Security Staff		
Partner Agencies	Contact Information	
Mass State Police		
Sheriff's Department		
Local Law Enforcement		
Local Fire Departments		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy Chart		
<input type="checkbox"/> Job Action Sheet (JAS)		
<input type="checkbox"/> Activity Log (FORM)		
<input type="checkbox"/> Assessment and Inspection Check Lists (LIST)	Forms Section of Shelter Plan	3 each
<input type="checkbox"/> Incident Report Forms (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Equipment Recommendations	Barriers, radios, cell phone, flashlight, signage, caution tape, masking & duct tape, markers	1 each
Initial Planning Actions		
<input type="checkbox"/> Plan for a regional shelter operation with the Regional Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Appoint and supervise Staff as needed		
<input type="checkbox"/> Coordinates with local Law Enforcement (LE) and Fire to provide Security Staff volunteers		
Initial Response		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Security Officer

2013

- ☐ Shelter facility walk-through with Facility Manager & Safety Officer to identify security issues and mitigation strategies
- ☐ Contact local LE to arrange for monitoring of facility
- ☐ Check and establish building security, entrances, exits and parking
- ☐ Work with Safety Officer to identify security issues and mitigate
- ☐ Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms and Security Rules List
- ☐ Identify and set up secure holding area and procedures if needed
- ☐ Conduct Safety Check of facility with Safety Officer and Fire, Health and Building Inspectors
- ☐ Post Shelter security signs and warnings
- ☐ Confirm shelter set-up with Regional Shelter Supervisor, Shelter Manager or IC

Daily Shelter Operations

- ☐ 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
- ☐ Monitor Shelter Operations for Security and address issues as they arise
- ☐ Registration Policies:
 - No person will be turned away because of legal status
 - Sex Offenders are required to register with LE/Shelter Security
 - All staff and clients are expected to conduct themselves in a civil manner
 - All bags and persons are subject to security checks and screenings
 - Shelter staff is not responsible for valuables
- ☐ Conduct registration bag checks and security screenings as needed.
- ☐ Coordinate with local Law Enforcement (LE)
- ☐ Monitor Security Holding Area if needed
 - Area is temporary holding area until LE can come
 - Area should be secure and empty of potential weapons such as furniture
 - Area should be continuously monitored when in use
- ☐ Security Policies:
 - Call 9-1-1 in the event of any physical altercations, contact, violence, significant disturbance or threat
 - Shelter Clients and Staff are responsible for their personal items
 - Report suspicious activity to LE

Shelter Closing

- ☐ Monitor shelter demobilization for security and address issues as needed
- ☐ Assist with transition of shelter clients to their new normal
- ☐ Remove and store shelter security signage and equipment

Regional Shelter Job Action Sheet

Operations: Regional Shelter Security Officer

2013

- ☐ 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)
- ☐ Turn in all logs to supervisor
- ☐ Participate in the After Action Report process, including identification of areas for improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Branch Manager

2013

Job Description		
<ul style="list-style-type: none"> ▪ Responsible for all aspects of a shelter operation ▪ Ensures the provision of all shelter services at a regional shelter ▪ Ensures the health and safety of all regional shelter staff and clients ▪ Authorizes all regional shelter expenditures for final approval by the Regional Shelter Supervisor or Incident Commander ▪ Collects and maintains all job Activity Logs and submits all reports for the sheltering response 		
Reports to	Contact Information	
Regional Shelter Supervisor		
Supervises		
Ombudsman		
FNSS Advisor		
Dormitory Team Leader		
Registration Team Leader		
Case Management Team Leader		
Medical Team Leader		
Partner Agencies	Contact Information	
American Red Cross (ARC)		
Salvation Army		
Medical Reserve Corps	www.wmmrc.org	
Board of Health		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets for all positions (JAS)	In Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> ARC Shelter Kit		
<input type="checkbox"/> Regional Shelter SOP (SOP)		
<input type="checkbox"/> Facility Opening/Closing Assessment Form (FORM)	In Forms Section of Shelter Plan	
<input type="checkbox"/> Activity Log (FORM)	In Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Staffing Guidelines (LIST)	Resource Section of Shelter Plan	
<input type="checkbox"/> Supply Guidelines (LIST)	Resource Section of Shelter Plan	
<input type="checkbox"/> Shelter Signs		
<input type="checkbox"/> Shelter Policies		
<input type="checkbox"/> Cot Cleaning Guide (LIST)	Resource Section of Shelter Plan	
<input type="checkbox"/> Client Registration Forms (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	

Regional Shelter Job Action Sheet

Operations: Regional Shelter Branch Manager

2013

<input type="checkbox"/> Incident Report Forms (FORM)	Accidents and Complaints – Forms Section of Plan	
<input type="checkbox"/> Minimum Equipment Recommendations	Radio, cell phone, laptop with internet	
Initial Planning Actions		
<input type="checkbox"/> Plan for regional shelters with the Regional Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Designate and activate Staff positions as needed:		
<input type="checkbox"/> Review if available the ARC Assessment of the Regional Shelter Facility to determine capacity and resources Note: 10% of the impacted population can be expected to use a Regional Shelter		
Initial Response		
<input type="checkbox"/> Conduct shelter facility walk-through (Shelter Assessment Form) as available: <ul style="list-style-type: none"> ○ Facility Manager/Representative ○ Inspector of Buildings ○ Fire Inspector ○ Public Health Officer/Inspector ○ Logistic Manager ○ ARC Representative 		
<input type="checkbox"/> Check in Staff as they arrive and distribute Job Action Sheets (JAS)		
<input type="checkbox"/> Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms		
<input type="checkbox"/> Supervise shelter set-up <ul style="list-style-type: none"> ○ Manager/Security/Communications Area ○ Registration Area ○ Logistics and Supplies/Donations Management Area ○ Food Preparation/Service Area ○ Dormitory Area ○ Child Care Assistance Area ○ Recreation Area ○ Medical Care Area/Quiet Area ○ Staff Break Area ○ Service Animal Care Area (Pets should be in a nearby Pet Shelter) ○ Isolation and Quarantine Area (may be used as temporary Security Area) ○ Shelter Signs posted 		
<input type="checkbox"/> Confirm shelter set-up and approve opening		
<input type="checkbox"/> Obtain approval for all shelter expenditures from the Regional Shelter Supervisor or Incident Command/EOC		
Daily Shelter Operations		
<input type="checkbox"/> Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Supervisor and Medical Unit		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Branch Manager

2013

- ☐ 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 continuous communications with the Regional Shelter Supervisor or Incident Command/EOC

- ☐ Ensure shelters operate safely and efficiently and address needs as they arise

- ☐ Monitor the shelter capacity with the Human and Animal Shelter Branch Managers

- ☐ Ensure the safe and efficient transition of shelter clients back to their homes or their new normal

- ☐ Ensure planning for the next operational periods

Shelter Closing

- ☐ Receive closing orders from Incident Command/EOC

- ☐ Coordinate closing announcement with Shelter Supervisor, Public Information Officer, Communications

- ☐ Shelter Closing Check List:
 - Determine a plan for the debriefing of shelter workers
 - Can they be of assistance with another sheltering operation?
 - Make sure to capture all staff rosters so that workers can receive recognition
 - Prepare list of voluntary organizations, vendors and other partners to be thanked and recognized
 - Pack excess supplies as they become unnecessary
 - Determine where the supplies need to go and begin the shipping process as soon as possible
 - Update the supply inventory
 - All shelter staff should work to clean and return the shelter to its original condition as the shelter closes
 - Return all moved furniture
 - Remove all signage
 - Begin preparing narrative for shelter operations
 - Include Activity Logs, financial forms and other documentation collected at the shelter debriefing
 - Update the National Shelter System to reflect the shelter closing

- ☐ 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)

- ☐ Conduct facility closing walk-through with Representative (Opening/Closing Assessment Form)
 - Shelter Facility Manager/Representative
 - Inspector of Buildings
 - Public Health Officer/Inspector

Regional Shelter Job Action Sheet

Operations: Regional Shelter Branch Manager

2013

- ☐ Hold final Staff De-briefing and collect forms
 - 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 Regional Shelter Plan
- ☐ Collect all Forms as record of shelter actions
 - Activity Logs
 - Time Sheets
 - Expense Sheets
 - Resource Requests and Inventories
 - Environmental and Building Assessments/Reports
 - Staff Check-in Sheets
 - Complaints and Investigation Reports
 - Medical Logs and Reports
 - Client Registration Logs
- ☐ 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 that need improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter FNSS Advisor

2013

Job Description		
<ul style="list-style-type: none"> ▪ Works with partner agencies to ensure that individual daily functional needs are being addressed ▪ Works to ensure dietary, limited mobility, limited hearing, languages, etc. needs , including ADA compliance, are met ▪ Works with Shelter Branch Supervisor, Logistics Manager and Ombudsman to ensure that shelter set-up and supplies meet access and functional needs 		
Reports to	Contact Information	
Shelter Branch Manager		
Supervises		
Functional Needs Services Support (FNSS) Staff		
Interpreter Strike Team		
Partner Agencies	Contact Information	
Mass Department of Public Health – 24/7	(617) 983-6800 EPI on call	
District Health Officer – Charlie Kaniecki	(617) 839.3237 Charlie.Kaniecki@state.ma.us	
Mass Dept. of Mental Health – RaeAnn Frenette	(617) 626.8145 RaeAnn.Frenette@state.ma.us	
Massachusetts Registry of Interpreters for the Deaf		
Interpreter Strike Team		
Local Long Term Care (LTC) Facilities		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy Chart		
<input type="checkbox"/> Job Action Sheet (JAS)		
<input type="checkbox"/> Contact List (LIST)		
<input type="checkbox"/> Activity Log (FORM)		
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Mass Care Functional Needs Intake Form (FORM)		
<input type="checkbox"/> FNSS Assistance Request Form (FORM)		
<input type="checkbox"/> Shelter Confidentiality Agreement (FORM)		
<input type="checkbox"/> FNSS Diet Sample Menus (LIST)		
<input type="checkbox"/> Minimum Equipment Recommendations	Phone, Pens/Pencils, Folders	1 each
Initial Planning Actions		
<input type="checkbox"/> Plan for a regional shelter operation health and safety with the Regional Shelter Branch Manager or Incident Command/EOC		
<input type="checkbox"/> Appoint Staff as needed		
<input type="checkbox"/> Review FNSS Shelter policies and procedures		

Regional Shelter Job Action Sheet

Operations: Regional Shelter FNSS Advisor

2013

☐ Participate in the initial Shelter walk-through/assessment (FORM) to identify FNSS and Universal Design Issues:

- Minimum 20 s.f. per person
- Ramps, smooth floors, wide doorways;
- Aisles at least 32-36" wide and marked with tape
- Signs (pictograms, multiple languages, large print, simple fonts, etc.)
- Handicapped toilet, sink, shower; Adequate lighting
- Chairs with arms; Handicapped (high and wide) cots; Space for walkers and wheelchairs
- Quiet area for Autism, elderly, small children
- Special Diets such as allergies, low salt, gluten free, nuts, low fat, vegetarian, etc.

☐ Identify and address any FNSS issues as soon as practical with Shelter Manager

Initial Response

☐ Conduct Final Pre-Opening Shelter inspection with Regional Shelter Branch Manager or IC

☐ Contact partner agencies to assist with any FNSS needs

☐ Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms and Shelter Information and Rules List

☐ Provide Registration Team with FNSS Intake Form (FORM)

☐ Provide Registration Team with Confidentiality Agreement (FORM)

Daily Shelter Operations

☐ 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

☐ Track all FNSS issues and requests (FORM)

☐ Work to resolve FNSS issues and log how they were resolved (FORM)

☐ Assist with the transition out of the shelter of clients who have functional or support needs

Shelter Closing

☐ Coordinate with DPH and Shelter Branch Manager on shelter closing

☐ Continue to assist clients with FNSS needs to transfer to their new normal

☐ Continue to track all FNSS issues and requests (FORM)

☐ 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)

Regional Shelter Job Action Sheet

Operations: Regional Shelter FNSS Advisor

2013

- ☐ Turn in all logs to Supervisor
- ☐ Participate in the After Action Report process, including identification of areas for improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Ombudsman

2013

Job Description		
<ul style="list-style-type: none"> ▪ Works with Shelter Staff, shelter Clients and FNSS Advisor to ensure that shelter Clients needs are being addressed ▪ Serves as a liaison between shelter Staff and shelter Clients ▪ Acts as an advocate and spokesperson for shelter Clients for Shelter Clients 		
Reports to	Contact Information	
Shelter Branch Manager		
Supervises		
Shelter Client Volunteers		
Partner Agencies	Contact Information	
Mass Department of Public Health – 24/7	(617) 983-6800 EPI on call	
District Health Officer – Charlie Kaniecki	(617) 839.3237 Charlie.Kaniecki@state.ma.us	
Mass Dept. of Mental Health – RaeAnn Frenette	(617) 626.8145 RaeAnn.Frenette@state.ma.us	
Massachusetts Registry of Interpreters for the Deaf		
Interpreter Strike Team		
Social Service Agencies		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy Chart		
<input type="checkbox"/> Job Action Sheet (JAS)		
<input type="checkbox"/> Contact List (LIST)		
<input type="checkbox"/> Activity Log (FORM)		
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Mass Care Functional Needs Intake Form (FORM)		
<input type="checkbox"/> FNSS Assistance Request Form (FORM)		
<input type="checkbox"/> Shelter Confidentiality Agreement (FORM)		
<input type="checkbox"/> FNSS Diet Sample Menus (LIST)		
<input type="checkbox"/> Minimum Equipment Recommendations	Phone, Pens/Pencils, Folders	1 each
Initial Planning Actions		
<input type="checkbox"/> Assist with planning for a regional shelter operation		
<input type="checkbox"/> Appoint Staff and Shelter Client Volunteers as needed to help with Shelter planning		
<input type="checkbox"/> Review Shelter policies and procedures		
<input type="checkbox"/> Identify and address any Shelter Client issues as soon as possible		
Initial Response		
<input type="checkbox"/> Greet Shelter Clients as they arrive and help them get settled		
<input type="checkbox"/> Act as liaison between Shelter Staff and Shelter Clients to ensure a smooth transition to the Shelter		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Ombudsman

2013

- ☐ Ensure accurate and timely responses to Shelter Client and Shelter Staff communications

Daily Shelter Operations

- ☐ Greet Shelter Clients and note any concerns or issues that impact the health and safety of the Shelter Clients
- ☐ Work to resolve any Shelter Client/Shelter Staff related issues or concerns and log how they were resolved (FORM)
- ☐ Organize and integrate Shelter Clients into Shelter support teams to assist with daily operations of the Shelter
- ☐ Monitor Shelter Client Volunteers for inappropriate behavior. Report concerns to Supervisor and Medical Unit
- ☐ Attend/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

- ☐ Track all issues and requests (FORM)

- ☐ Assist with the transition out of Clients out of the shelter

Shelter Closing

- ☐ Coordinate with Shelter Branch Manager on shelter closing
- ☐ Continue to assist Clients to transfer to their new normal: previous housing, new housing, temporary housing, care facility
- ☐ Continue to track all FNSS issues and requests (FORM)
- ☐ 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)
- ☐ Turn in all logs to Supervisor
- ☐ Participate in the After Action Report process, including identification of areas for improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Dormitory Team Leader

2013

Job Description		
<ul style="list-style-type: none"> ▪ Provide adequate dormitory services to regional shelter clients ▪ Works with partner agencies to ensure that individual sheltering needs are met ▪ Provide coordination and assistance to parents to provide age appropriate child care activities 		
Reports to	Contact Information	
Shelter Branch Manager		
Supervises		
Childcare Assistance Unit Staff		
Partner Agencies	Contact Information	
Local Schools		
Local Day Care		
Local Hotels/Motels		
Local Social Service Agencies		
American Red Cross		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy Chart		
<input type="checkbox"/> Job Action Sheet (JAS)		
<input type="checkbox"/> Activity Log (FORM)		
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Shelter Information and Rules (LIST)	Post in Shelter	
<input type="checkbox"/> Childcare Registration (FORM)		
<input type="checkbox"/> Minimum Dormitory Equipment Recommendations	Cots or floor mats, blankets, cribs,	1 each client
<input type="checkbox"/> Minimum Childcare Equipment Recommendations	Simple toys, cards, TV,	Selection
<input type="checkbox"/> Dormitory Information, Rules and Routines		
Initial Planning Actions		
<input type="checkbox"/> Plan for a regional shelter dormitory operation with the Regional Shelter Branch Manager or Incident Command/EOC		
<input type="checkbox"/> Review dormitory policies and procedures		
<input type="checkbox"/> Contact Partner Agencies to assist with Operations		
<input type="checkbox"/> Determine Staffing and Supply needs, complete Resource Request Form (ICS 308) and send to Logistics		
<input type="checkbox"/> Set and post Dormitory Rules (See Attached LIST)		
Initial Response		
<input type="checkbox"/> Conduct Final Pre-Opening Shelter inspection with Regional Shelter Branch Manager or IC		
<input type="checkbox"/> Appoint Childcare Assistance Unit Leader		
<input type="checkbox"/> Appoint Staff (Volunteers) as needed		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Dormitory Team Leader

2013

<input type="checkbox"/> Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms and Dormitory Rules List
<input type="checkbox"/> Oversee and assist with Dormitory and Childcare Assistance area set-up <ul style="list-style-type: none"> ○ 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
<input type="checkbox"/> Confirm Staffing and Resource Requests with Logistics
<input type="checkbox"/> Confirm Set-up with Shelter Branch Manager or Regional Shelter Supervisor/IC/EOC
Daily Shelter Operations
<input type="checkbox"/> Determine staffing schedule with Planning Manager and Shelter Branch Manager
<input type="checkbox"/> Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Supervisor and Medical Unit
<input type="checkbox"/> Hold shift change briefings with Staff and collect Activity Logs: <ul style="list-style-type: none"> ○ 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
<input type="checkbox"/> Oversee Dormitory and Childcare Assistance Areas (Note: parents are responsible for the children at all times.)
<input type="checkbox"/> Set up FNSS cots only as needed to ensure that there cots available for FNSS clients as they arrive
<input type="checkbox"/> Maintain quiet and low light hours as posted for the Dormitory Area
Shelter Closing
<input type="checkbox"/> Coordinate with Shelter Branch Manager on shelter closing
<input type="checkbox"/> Hold shelter closing briefing with Dormitory and Childcare Staff
<input type="checkbox"/> Assist with transition of Shelter clients to their new normal as needed
<input type="checkbox"/> Assist with demobilization, clean-up and equipment return in Dormitory Area, including cot cleaning <ul style="list-style-type: none"> ○ Refresh (Clean and sanitize facility and cots) ○ Repair (if practical) ○ Restore (if able, otherwise replace) ○ Return (borrowed equipment) ○ Replace (pillows and blankets) ○ Remove (trash and broken equipment)
<input type="checkbox"/> Turn in all logs to Supervisor
<input type="checkbox"/> Participate in the After Action Report process, including identification of areas for improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Childcare Assistance

2013

Job Description			
<ul style="list-style-type: none"> ▪ Assist parents in providing age appropriate child care services in the regional shelter ▪ Help ensure parents are able to provide their children with a safe environment while in the shelter 			
Reports to		Contact Information	
Shelter Dormitory Team Leader			
Supervises			
Childcare Assistance Unit Staff			
Partner Agencies		Contact Information	
Local Schools			
Local Day Care			
Local Faith Community			
Forms, Protocols, and Other Resources			
	Item	Description/Notes	Quantity/Location
<input type="checkbox"/>	Regional Shelter Hierarchy Chart		
<input type="checkbox"/>	Job Action Sheet (JAS)		
<input type="checkbox"/>	Childcare Registration (FORM)		
<input type="checkbox"/>	Activity Log (FORM)		
<input type="checkbox"/>	Minimum Childcare Equipment Recommendations	Simple toys, cards, TV	Selection
<input type="checkbox"/>	Other Equipment	Playpens, cribs, tables, chairs, paper/markers, games, toys, craft materials, paper towels, Nerf balls,	5 playpens, 2 tables, 10 chairs,
Initial Planning Actions			
<input type="checkbox"/> Plan for a regional shelter childcare assistance operation with the Regional Dormitory Team Leader			
<input type="checkbox"/> Contact Partner Agencies to assist with Operations			
<input type="checkbox"/> Determine Staffing and Supply needs, complete Resource Request Form (ICS 308) and send to Logistics			
<input type="checkbox"/> Review childcare policies and procedures: <ul style="list-style-type: none"> ○ Staff should provide safe, pleasant, age appropriate resources for parents to run a child friendly activities area. ○ When children are present, at least two adults are to be present at all times. No child should be left alone with one adult who is not their parent, guardian or caregiver. ○ A child should never be alone in the shelter. They must be accompanied to all parts of the regional shelter. ○ The children area should be free from significant physical hazards and/or structural barriers. ○ The environment should be secure and separated from other parts of the regional shelter. ○ The area should be close to restrooms. ○ All staff members must be at least 18 years of age. Supervisors should be at least 21 years of age. 			

Regional Shelter Job Action Sheet

Operations: Regional Shelter Childcare Assistance

2013

☐ **Procedures for sign in and sign out:**

- Parents/guardians must sign child in and out, on Childcare Registration Form (FORM)
- When placing their child or children in this area parents, guardians or caregivers are required to stay on-site or designate a responsible adult child care proxy to be responsible for their child who is on-site at all times.
- Children can only be released to the parent, guardian, caregiver or designee listed on the registration form.
- The parents, guardians or caregivers are responsible for identifying any special needs for the child/children (food allergies, behavioral issues, medications, etc.)

Initial Response

- ☐ Set-up Childcare Assistance Area
- ☐ Confirm Set-up with Dormitory Team Leader
- ☐ Appoint Staff (Volunteers) as needed
- ☐ Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms and Childcare Rules
- ☐ Confirm Staffing and Resource Requests with Logistics

Daily Shelter Operations

- ☐ Determine staffing schedule with Planning Manager and Dormitory Team Leader
- ☐ 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
- ☐ Recruit parents to lead/provide childcare activities
- ☐ Oversee Childcare Assistance Areas (Note: parents are responsible for the children at all times.)
- ☐ Oversight of child sign-in and sign-out in Childcare Assistance Area
- ☐ Monitor for child safety and security
- ☐ Assist parents with maintaining order in the Childcare Assistance Area

Shelter Closing

- ☐ Coordinate with Dormitory Team Leader on shelter closing
- ☐ Hold shelter closing briefing with Childcare Staff
- ☐ Assist with transition of Shelter clients to their new normal as needed
- ☐ 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)

Regional Shelter Job Action Sheet

Operations: Regional Shelter Childcare Assistance

2013

- ☐ Turn in all logs to Supervisor
- ☐ Participate in the After Action Report process, including identification of areas for improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Registration Team Leader

2013

Job Description

- 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 regional shelter capacity
- Refer shelter registrants to FNSS Advisor, Medical Team, Animal Shelter Team, Security as appropriate
- Distribute and work with Ombudsman to explain/implement shelter information, policies and procedures

Reports to

Shelter Branch Manager

Contact Information

Supervises

Registration Staff

Partner Agencies

American Red Cross

Contact Information

Forms, Protocols, and Other Resources

Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy Chart		
<input type="checkbox"/> Job Action Sheet (JAS)		
<input type="checkbox"/> Activity Log (FORM)		
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Registration (FORM)		
<input type="checkbox"/> FNSS Registration (FORM)		
<input type="checkbox"/> Confidentiality Agreement (FORM)		
<input type="checkbox"/> Sign-in and Sign- Log (FORM)		
<input type="checkbox"/> Minimum Equipment	Paper, pens/pencils, forms, registration signs	
<input type="checkbox"/> Other Equipment/Supplies Recommendations	Desks, chairs, clipboards, folders, clips, signboards, camera/charger, caution tape, markers,	

Initial Planning Actions

- ☐ Plan for a regional shelter registration operation with the Regional Shelter Branch Manager or Incident Command/EOC
- ☐ Review shelter registration policies and procedures
- ☐ Contact Partner Agencies to assist with Operations
- ☐ Determine Staffing and Supply needs, complete Resource Request Form (ICS 308) and send to Logistics
- ☐ 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Registration Team Leader

2013

Initial Response

- ☐ Conduct Final Pre-Opening Shelter inspection with Regional Shelter Branch 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 Branch Manager or Regional Shelter Supervisor/IC/EOC

Daily Shelter Operations

- ☐ 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

Shelter Closing

- ☐ Coordinate with Shelter Branch Manager on shelter closing
- ☐ Hold shelter closing briefing with Dormitory and Childcare Staff
- ☐ Assist with transition of Shelter clients to their new normal as needed
- ☐ 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)
- ☐ Turn in all logs to Supervisor

Regional Shelter Job Action Sheet
Operations: Regional Shelter Registration Team Leader

2013

☐ Participate in the After Action Report process, including identification of areas for improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Case Management Team

2013

Job Description	
<ul style="list-style-type: none"> ▪ Outreach: Works with PIO to provide outreach messages/information about available services ▪ Case Tracking: Creates Client Case Files and tracking system , documenting continuity of care and discharge ▪ Point of Contact: Time Limited partnership providing Case Management for a Shelter Client and his/her family ▪ Assessment: Works with Registration and Medical Teams to assess disaster-caused unmet needs ▪ Plan: works with Client to create a goal-oriented, self-sufficiency disaster recovery Plan with steps for achieving recovery ▪ Advocate: Responsible for advocating, coordinating, managing, tracking and monitoring shelter Client Plan and progress ▪ Service Coordination: Works with Shelter Teams and agencies to provide needed services: medical, transportation, childcare, legal and social services, mental health , material goods, financial assistance or employment ▪ Confidentiality: Maintains client confidentiality and works to obtain permission to share information 	
Reports to	Contact Information
Shelter Branch Manager	
Supervises	
Case Management Staff	
Partner Agencies	Contact Information
American Red Cross	
Salvation Army	
Public Information Officers and Media	
Community Based Organizations	
Massachusetts Office of Disability (MOD)	http://www.mass.gov/mod , (617) 727-7440
FEMA/Disaster Case Management Program Teams	
Council on Aging	
Veterans Administration	
Refugee and Immigrant Health	
Department of Mental Health	617-626-8000
Department of Social Services	
MassMatch	617-204-3600
Department of Developmental Services	617-727-5608
Disability Law Center	617-723-8455
Faith Community	
State Commission for the Blind	800-392-6450
State Commission for the Deaf and Hard of Hearing	617-740-1600
Long Term Care Providers	
Local and State Agencies who provide food stamp, supplemental income assistance, housing vouchers	

Regional Shelter Job Action Sheet

Operations: Regional Shelter Case Management Team

2013

Forms, Protocols, and Other Resources

Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy Chart		
<input type="checkbox"/> Job Action Sheet (JAS)		
<input type="checkbox"/> Activity Log (FORM)		
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Case Management FORM		
<input type="checkbox"/> FNSS Registration (FORM)		
<input type="checkbox"/> Confidentiality Agreement (FORM)		
<input type="checkbox"/> Client Information Release (FORM)		
<input type="checkbox"/> Client Liability Release (FORM)		
<input type="checkbox"/> Client Media Release (FORM)		
<input type="checkbox"/> Sign-in and Sign- Log (FORM)		
<input type="checkbox"/> Minimum Equipment	Paper, pens/pencils, FORMS, registration signs	
<input type="checkbox"/> Other Equipment/Supplies Recommendations	Desks, chairs, clipboards, folders, clips, signboards, camera/charger, caution tape, markers,	

Initial Planning Actions

- ☐ Plan for a regional shelter Case Management operation with the Regional Shelter Branch 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 agencies as available
 - All relevant laws and ethical practices will be adhered to

Initial Response

- ☐ Work with Shelter Manager to establish a private Client interview center in with secure file storage

Regional Shelter Job Action Sheet

Operations: Regional Shelter Case Management Team

2013

- ☐ 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

Daily Shelter Operations

- ☐ 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.

Shelter Closing

- ☐ Coordinate with Shelter Branch Manager on shelter closing
- ☐ Hold shelter closing briefing with Dormitory and Childcare Staff
- ☐ Assist with transition of Shelter clients to their new normal as needed
- ☐ Transfer Client Case files to ongoing Case Workers as appropriate

Regional Shelter Job Action Sheet

Operations: Regional Shelter Case Management Team

2013

- ☐ 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)
- ☐ Turn in all logs to Supervisor
- ☐ Participate in the After Action Report process, including identification of areas for improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Medical Team Leader

2013

Job Description			
<ul style="list-style-type: none"> ▪ Provide low risk, outpatient medical care ▪ Triage, refer and transport high risk or at risk individuals with complex medical needs to standard medical providers ▪ Work with Medical Advisor to coordinate standing orders ▪ Oversight of all on-site medical staff, including the Behavioral Health Team and Medical Reserve Corps volunteers 			
Reports to		Contact Information	
Regional Shelter Branch Manager			
Supervises			
Medical Staff			
Behavioral Health Team			
Medical Reserve Corps Volunteers			
Partner Agencies		Contact Information	
Mass Department of Public Health – 24/7		(617) 983-6800 EPI on call	
District Health Officer – Charlie Kaniecki		(617) 839.3237 Charlie.Kaniecki@state.ma.us	
Mass Dept. of Mental Health – RaeAnn Frenette		(617) 626.8145 RaeAnn.Frenette@state.ma.us	
Local hospitals and medical providers			
Medical Reserve Corps			
Forms, Protocols, and Other Resources			
	Item	Description/Notes	Quantity/Location
<input type="checkbox"/>	Regional Shelter Hierarchy Chart		
<input type="checkbox"/>	Job Action Sheet (JAS)		
<input type="checkbox"/>	Contact List (LIST)		
<input type="checkbox"/>	Activity Log (FORM)		
<input type="checkbox"/>	Resource Request ICS 308 (FORM)		
<input type="checkbox"/>	Medical Log (FORM)		
<input type="checkbox"/>	Shelter Medical and Referral Record (FORM)		
<input type="checkbox"/>	Consumable Medical Supplies (LIST)		
<input type="checkbox"/>	Durable Medical Equipment (LIST)		
<input type="checkbox"/>	ARC Disaster Health Services Protocols (Resource)		
<input type="checkbox"/>	Minimum Equipment Recommendations	PPE, Phone, First Aid Kit, flashlight, gloves, sanitizer, sharps container, medical waste bag, AED, refrig.	1 each
Initial Planning Actions			
<input type="checkbox"/>	Plan for a regional shelter medical support operation with the Regional Shelter Branch Manager or Incident Command/EOC		
<input type="checkbox"/>	Determine medical staff needs, equipment and resources based on shelter occupants' needs		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Medical Team Leader

2013

- ☐ Appoint Staff as needed: Activate Medical Team and Behavioral Health Units
- ☐ Activate Medical Teams and Behavioral Health Units
- ☐ Connect with Shelter Medical Advisor for standing orders and medical advice
- ☐ Establish connections with BOH, DPH, DEP
- ☐ Establish connections with local Hospitals and Medical Providers to monitor for disease outbreaks

Initial Response

- ☐ Set up secure, separate, quiet Medical Areas, including secure refrigeration for medical supplies and medications
- ☐ Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms, Medical Log Forms, Policies and Procedures
- ☐ Identify and be ready to activate a remote Isolation and Quarantine Area
- ☐ Confirm set-up with Shelter Branch Director and opening time
- ☐ Institute Medical Data Tracking System
- ☐ Begin operations and triage

Daily Shelter Operations

- ☐ 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
- ☐ Triage:
 - Immediate decontamination for chemical, biological or radiological
 - Immediate medical care to stabilize
 - Medical transport to hospital, clinic of long term care (LTC)
- ☐ Connect clients with pharmaceutical resources
- ☐ Maintain medical consumables such as batteries, diapers, oxygen, first aid kits,
- ☐ Provide access to Durable Medical Equipment: wheel chairs, walkers, canes, oxygen machines,
- ☐ Provide oversight of all shelter medical services, staff, equipment and medical supplies
 - At each shift assess the ability of the Medical Team to safely provide medical services and care
 - Assess, triage and treat as appropriate the medical needs of the shelter occupants
 - Evaluate each client’s past medical history and pre-existing conditions that may have been exacerbated by the emergency or occupancy in the shelter
 - Immediately refer any medical needs that require a higher level of care to Medical Providers or Long Term Care
 - Arrange appropriate transportation to other medical and community resources for further evaluation or care
 - Assist Clients in understanding how the disaster impacted their health and well-being
 - Document everything in accordance with HIPPA guidelines to ensure client confidentiality
- ☐ Monitor and complete the Health Record FORM daily and report status to Shelter Manager
- ☐ Monitor for Mass Care population health and injuries

Regional Shelter Job Action Sheet

Operations: Regional Shelter Medical Team Leader

2013

- ☐ Monitor for Disease Outbreaks:
 - Waterborne: Typhoid, cholera, dysentery, infectious hepatitis, giardia, cryptosporidium, etc.
 - Foodborne: hepatitis A, salmonella, listeria, campylobacter,
 - Airborne/Droplets: measles, flu, etc.
 - Screening/sampling for contamination and communicable diseases to prevent outbreaks

- ☐ Refer individuals with health needs to appropriate agencies
 - Document number and types of health needs addressed
 - Document numbers of individuals using medical services
 - Document medical care provided
 - Document disposition of shelter clients given care

- ☐ Work with Shelter Staff to ensure FNSS medical needs in shelter are being addressed

- ☐ Work with BOH to ensure that public health and safety

Shelter Closing

- ☐ Hold Shelter closing briefing with Medical Team and Behavioral Health Unit
- ☐ Continue to monitor Health and Medical status
- ☐ Assist with placement of shelter clients to outside medical services or return to their pre-incident medical setting
- ☐ Hold Staff De-briefing meeting and collect all reports and Activity Logs
- ☐ Establish registries for long-term monitoring of exposed individuals
- ☐ 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)
- ☐ Turn in all logs to Supervisor
- ☐ Participate in the After Action Report process, including identification of areas for improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Behavioral Health Unit

2013

Job Description		
<ul style="list-style-type: none"> Provide behavioral health first aid and emergency mental health support to shelter clients and staff Make client and staff mental health referrals Monitor for Staff burnout 		
Reports to	Contact Information	
Medical Team Leader		
Supervises		
Behavioral Health Team		
Partner Agencies	Contact Information	
Mass Dept. of Mental Health – RaeAnn Frenette	(617) 626.8145 RaeAnn.Frenette@state.ma.us	
Faith Community		
Mental Health Response Teams		
Mental Health Providers		
Medical Reserve Corps		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy Chart		
<input type="checkbox"/> Job Action Sheet (JAS)		
<input type="checkbox"/> Contact List (LIST)		
<input type="checkbox"/> Activity Log (FORM)		
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Medical Log (FORM)		
<input type="checkbox"/> Shelter Medical and Referral Record (FORM)		
<input type="checkbox"/> Minimum Equipment Recommendations	Phone, tissues, pen/paper	1 each
Initial Planning Actions		
<input type="checkbox"/> Plan for regional shelter behavioral health support with the Medical Team Leader		
<input type="checkbox"/> Determine behavioral health first aid staff, equipment and resource needs based on shelter occupants' needs		
<input type="checkbox"/> Appoint Staff as needed		
<input type="checkbox"/> Review Health Service Protocols		
Initial Response		
<input type="checkbox"/> Set up separate, quiet Behavioral Health Area		
<input type="checkbox"/> Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms, Medical Log Forms, Policies and Procedures		
<input type="checkbox"/> Confirm set-up with Shelter Medical Team Leader opening time		
<input type="checkbox"/> Begin operations		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Behavioral Health Unit

2013

Daily Shelter Operations

- ☐ 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
- ☐ Provide basic behavioral and mental health services as needed:
 - Perform mental health screening/informal assessment and triage
 - Provide emotional care and support
 - Provide crisis intervention
 - Educate shelter staff and clients about emotional recovery and effective coping techniques
 - Make referrals for additional mental health services and/or follow-up
 - Document all services and referrals using the Health Record FORM
- ☐ Provide Awareness Training for Staff and Clients on Critical Incident Stress:
 - Stress is a normal reaction to an emergency
 - Everyone is susceptible to burnout
 - Encourage Staff to only work a maximum of 12 hours per day, 7 days in a row then 2 days break
 - Take time to eat healthy food, drink plenty of water and rest
 - Be aware that drugs, tobacco and alcohol will not help them to rest or wind-down
 - Walking, playing and socializing are the most effective stress reducers
 - Health and Safety is everyone’s responsibility
- ☐ Monitor and complete the Health Record FORM daily and report status to Medical Team Leader
- ☐ Work with Shelter Staff to ensure FNSS behavioral health needs in shelter are being addressed

Shelter Closing

- ☐ Hold Shelter closing briefing with Medical Team and Behavioral Health Unit
- ☐ Continue to monitor Health and Medical status
- ☐ Assist with placement of shelter clients to outside mental health services
- ☐ Hold Staff De-briefing meeting and collect all reports and Activity Logs
- ☐ 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)
- ☐ Turn in all logs to Supervisor
- ☐ Participate in the After Action Report process, including identification of areas for improvement

Regional Shelter Job Action Sheet

Operations: Regional Animal Shelter Branch Manager

2013

Job Description		
<ul style="list-style-type: none"> ▪ Responsible for all aspects of animal shelter operation ▪ Ensures the provision of animal sheltering services for service animal and pet owners ▪ Ensures the health and safety of all shelter pets ▪ Provide isolation or quarantine areas for pets if needed ▪ Authorizes all animal shelter expenditures for final approval by the Regional Shelter Supervisor or Incident Commander ▪ Monitors and reports on animal shelter capacity and needs ▪ Collects and maintains all job Activity Logs and submits all reports for the sheltering response 		
Reports to	Contact Information	
Regional Shelter Supervisor		
Supervises		
Animal Registration Team		
Kennel Team		
Veterinarian Team		
DART Team Volunteers		
Partner Agencies	Contact Information	
SPCA		
Animal Shelters		
Medical Reserve Corps/DART	www.wmmrc.org	
SMART		
Animal Control Officers		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	In Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> DART Shelter Team Contacts (LIST)	www.wrhasac.org to access	
<input type="checkbox"/> Regional DART Shelter SOP (SOP)		
<input type="checkbox"/> Activity Log (FORM)	In Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Animal Shelter Guidelines (Resources)		
<input type="checkbox"/> Pet Check-in/out Forms (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Volunteer Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Incident Report Forms (FORM)	Accidents and Complaints – Forms Section of Plan	
<input type="checkbox"/> Minimum Equipment Recommendations	Radio, cell phone, cages, water bowls, leashes, flashlights, pens/paper	

Regional Shelter Job Action Sheet

Operations: Regional Animal Shelter Branch Manager

2013

Initial Planning Actions

- ☐ Review Animal Shelter Plans, Policies and Procedures
- ☐ Plan for Kenneling of Pets and Service animals for a regional shelter
- ☐ Designate and activate Staff positions as needed
- ☐ Review if available the DART Assessment of the Regional Animal Shelter Facility to determine capacity and resources
Note: many evacuees will have service animals or pets

Initial Response

- ☐ Conduct animal shelter facility walk-through with Animal Shelter Branch Manager and DART Team Leader if available
- ☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)
- ☐ Hold Initial Staff Briefing with DART staff to review shelter needs and distribute Activity Logs, Resource Request FORMS
 - NOTE: Animal Shelter Staff assist pet owners in caring for their own animals
 - Staff are not expected to help care for dangerous or sick animals
- ☐ Supervise and assist with animal shelter set-up area:
 - Registration Area
 - Cages
 - Food Preparation Area
 - Animal Medical Care Area
 - Staff Break Area
 - Communications Area
 - Animal Caging Areas
 - Animal Exercise Areas
 - Animal Toilet Areas
 - Donations Management Area
- ☐ Confirm animal shelter set-up with Regional Shelter Supervisor and approve opening
- ☐ Obtain approval for all animal shelter expenditures from the Regional Shelter Supervisor or Incident Command/EOC

Daily Shelter Operations

- ☐ 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 continuous communications with the Regional Shelter Supervisor or Incident Command/EOC
- ☐ Assist pet owners in caring for their pets
- ☐ Ensure animal shelter operates safely and efficiently and address needs as they arise
- ☐ Monitor the shelter capacity and needs
- ☐ Ensure the safe and efficient transition of owners and their pets back to their new normal

Regional Shelter Job Action Sheet

Operations: Regional Animal Shelter Branch Manager

2013

☐ Ensure planning for the next operational periods

Shelter Closing

☐ Receive closing orders from Incident Command/EOC

☐ Shelter Closing Check List:

- Determine a plan for the debriefing of shelter workers
- Can they be of assistance with another sheltering operation?
- Make sure to capture all staff rosters so that workers can receive recognition
- Prepare list of voluntary organizations, vendors and other partners to be thanked and recognized
- Pack excess supplies as they become unnecessary
- Determine where the supplies need to go and begin the shipping process as soon as possible
- Update the supply inventory
- All shelter staff should work to clean and return the shelter to its original condition as the shelter closes
- Return all moved furniture
- Remove all signage
- Begin preparing narrative for shelter operations
- Include Activity Logs, financial forms and other documentation collected at the shelter debriefing

☐ Ensure that all animals are returned to owners, caretakers or animal facility

☐ Coordinate closing announcement with Public Information Officer

☐ Supervise and assist with facility cleaning and repair

- Refresh (Clean and sanitize facility and equipment)
- Repair (if practical)
- Restore (if able, otherwise replace)
- Return (borrowed equipment)
- Replace
- Remove (trash and broken equipment)

☐ Conduct facility closing walk-through with Representative (Opening/Closing Assessment Form)

- Shelter Facility Manager/Representative
- Inspector of Buildings
- Public Health Officer/Inspector

☐ Hold final Staff De-briefing and collect forms

- 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 Regional Shelter Plan

☐ Collect all Forms as record of shelter actions

- Activity Logs
- Time Sheets
- Expense Sheets
- Resource Requests and Inventories
- Environmental and Building Assessments/Reports
- Staff Check-in Sheets
- Complaints and Investigation Reports

Regional Shelter Job Action Sheet

Operations: Regional Animal Shelter Branch Manager

2013

- ☐ 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 that need improvement

Regional Shelter Job Action Sheet

Operations: Regional Animal Shelter Registration Team

2013

Job Description		
<ul style="list-style-type: none"> ▪ Ensures all pet and owner information is recorded ▪ Completes a pet care FORM ▪ Responsible for animal in-take, registration, ownership tracking and check-out ▪ Works with Veterinary Team to conduct triage and prioritize animal needs at intake ▪ Works with animal Owners and Shelter Staff to document, track and provide animal needs 		
Reports to	Contact Information	
Animal Shelter Branch Manager		
Supervises		
Animal Registration Team		
Partner Agencies	Contact Information	
SPCA		
Animal Shelters		
Medical Reserve Corps/DART	www.wmmrc.org	
SMART		
Animal Control Officers		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	In Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> DART Shelter Team Contacts (LIST)	www.wrhsac.org to access	
<input type="checkbox"/> Regional DART Shelter SOP (SOP)		
<input type="checkbox"/> Activity Log (FORM)	In Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Animal Shelter Guidelines (Resources)		
<input type="checkbox"/> Pet Check-in/out Forms (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Pet Care FORM		
<input type="checkbox"/> Volunteer Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Incident Report Forms (FORM)	Accidents and Complaints – Forms Section of Plan	
<input type="checkbox"/> Minimum Equipment Recommendations	Phone, pens/paper, files, table, chairs, tags, camera	
Initial Planning Actions		
<input type="checkbox"/> Plan for registration area for Pets and Service animals for a regional shelter		
<input type="checkbox"/> Designate and activate Staff positions as needed		
<input type="checkbox"/> Review Animal Shelter Plans, Policies and Procedures. Note: many Shelter Clients/evacuees will have service animals/pets		

Regional Shelter Job Action Sheet

Operations: Regional Animal Shelter Registration Team

2013

Initial Response

- ☐ Set up animal Registration Area and check-in and out process
- ☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)
- ☐ Attend/hold Initial Staff Briefing with DART staff to review shelter needs and distribute Activity Logs, Resource Request FORMS
 - NOTE: Animal Shelter Staff assist pet owners in caring for their own animals
 - Staff are not expected to help care for dangerous or sick animals
- ☐ Assist with animal shelter set-up area:
- ☐ Confirm animal registration set-up with Supervisor
- ☐ Obtain approval for all animal shelter expenditures from Supervisor

Daily Shelter Operations

- ☐ Register Pets:
 - Complete a Pet Registration FORM and Pet Care FORM
 - Check for Pet immunization records
 - Ensure that all pets are labeled/tagged/photographed if possible
 - Triage and monitor pets for health or behavioral problems
 - Offer the pet water if appropriate
 - Ask Pet owners for leashes, cages, food, medications, toys, etc.
 - Label pet food and pet supplies and store near pet
- ☐ 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
- ☐ Assist pet owners in caring for their pets
- ☐ Ensure animal shelter operates safely and efficiently and address needs as they arise
- ☐ Monitor the shelter capacity and needs
- ☐ Ensure the safe and efficient transition of owners and their pets back to their new normal
- ☐ Ensure planning for the next operational periods

Shelter Closing

- ☐ Assist with Pet Shelter closing

☐ Shelter Closing Check List:

- ☐ Pack excess supplies as they become unnecessary and ship to other locations
- ☐ Refresh (Clean and sanitize facility and equipment)
- ☐ Repair (if practical)
- ☐ Restore (if able, otherwise replace)
- ☐ Return (borrowed equipment)
- ☐ Replace
- ☐ Remove (trash and broken equipment)
- ☐ Turn-in Activity Logs, financial forms and other documentation

☐ Document the transfer of animals to owners, caretakers or animal facilities

☐ Participate in the After Action Report process, including identification of areas that need improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Kennel Team

2013

Job Description		
<ul style="list-style-type: none"> ▪ Responsible for animal care including, water, food exercise and sanitation ▪ Responsible for supplies storage area 		
Reports to	Contact Information	
Regional Animal Shelter Branch Manager		
Supervises		
Kennel Team Volunteers		
Partner Agencies	Contact Information	
Local Animal Service Organizations		
DART/SMART		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	In Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> DART Shelter Team Contacts (LIST)	www.wrhsac.org to access	
<input type="checkbox"/> Regional DART Shelter SOP (SOP)		
<input type="checkbox"/> Regional DART Shelter Supply (LIST)		
<input type="checkbox"/> Activity Log (FORM)	In Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Animal Shelter Guidelines (Resources)		
<input type="checkbox"/> Pet Check-in/out Forms (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Volunteer Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Incident Report Forms (FORM)	Accidents and Complaints – Forms Section of Plan	
<input type="checkbox"/> Minimum Equipment Recommendations	Radio, cell phone, cages, water bowls, leashes, flashlights, pens/paper, camera, tags, markers	
Initial Planning Actions		
<input type="checkbox"/> Plan for regional animal shelter Kennel Area with the Regional Animal Shelter Branch Manager		
<input type="checkbox"/> Designate and activate Staff positions as needed		
<input type="checkbox"/> Review if available the DART Assessment of the Regional Animal Shelter Facility to determine capacity and resources Note: many evacuees will have service animals or pets		
Initial Response		
<input type="checkbox"/> Check in Staff as they arrive and distribute Job Action Sheets (JAS)		
<input type="checkbox"/> Hold Initial Staff Briefing with DART staff to review shelter needs and distribute Activity Logs, Resource Request FORMS <ul style="list-style-type: none"> ○ NOTE: Animal Shelter Staff assist pet owners in caring for their own animals ○ Staff are not expected to help care for dangerous or sick animals 		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Kennel Team

2013

- ☐ Review Animal Shelter Guidelines and Kennel Protocols (Resources)
- ☐ Supervise and assist with set-up of Shelter Kennel Area
- ☐ Assist with Supply Storage and Food Prep Areas
- ☐ Confirm shelter Kennel set-up with Animal Shelter Branch Manager and set opening time
- ☐ Obtain approval for all animal shelter expenditures from the Animal Shelter Branch Manager
- ☐ Confirm set-up with Animal Shelter Branch Manager

Daily Shelter Operations

- ☐ 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 that a Pet Registration and Animal Care Sheet is completed for each animal
- ☐ Ensure that every animal is tagged, labeled and photographed
- ☐ Provide Kennel and Storage/Food Staff to assist Pet Owners in caring for their pets
- ☐ Ensure continuous communications with the Animal Shelter Branch Manager
- ☐ Ensure animal kennel operates safely and efficiently and address needs as they arise
- ☐ Monitor the kennel capacity and needs
- ☐ Ensure the safe and efficient transition of owners and their pets back to their new normal or shelter
- ☐ Ensure planning for the next operational periods

Shelter Closing

- ☐ Receive closing orders from Incident Command/EOC
- ☐ Kennel Closing Check List:
 - Determine if volunteers can work at another animal shelter
 - Pack excess supplies as they become unnecessary
 - Determine where the supplies need to go and begin the shipping process as soon as possible
 - Update the supply inventory
 - Clean and return the shelter to its original condition as the shelter closes
 - Return all moved furniture and remove signage
 - Dispose of all wastes and Clean and Sanitize
- ☐ Ensure that all animals are returned to owners, caretakers or animal facility
- ☐ Hold final Staff De-briefing and collect forms
 - Turn in all Forms, Logs, Inspections, Assessments, and other Shelter Forms and Documents
 - Hot Wash: What went well; what needs improvement as well as After Action Process and Report
 - Review and revise Regional Shelter Plan
- ☐ Work with Finance Officer as needed to ensure that invoices and reimbursement forms are completed

Regional Shelter Job Action Sheet

Operations: Regional Shelter Kennel Team

2013

- ☐ 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Veterinary Team

2013

Job Description		
<ul style="list-style-type: none"> Provide basic medical services for pets in regional animal shelter 		
Reports to	Contact Information	
Regional Animal Shelter Branch Manager		
Supervises		
Veterinary Team Volunteers		
Partner Agencies	Contact Information	
Local Veterinarians		
DART/SMART		
Animal Control Officers		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	In Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	In Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Volunteer Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Incident Report Forms (FORM)	Accidents and Complaints – Forms Section of Plan	
<input type="checkbox"/> Minimum Equipment Recommendations	Cell phone and veterinarian medical kit	
Initial Planning Actions		
<input type="checkbox"/> Plan for regional animal shelter Veterinarian Service Area with the Regional Animal Shelter Branch Manager		
<input type="checkbox"/> Designate and activate Staff positions as needed		
Initial Response		
<input type="checkbox"/> Check in Staff as they arrive and distribute Job Action Sheets (JAS)		
<input type="checkbox"/> Set-up Veterinary Service Area		
<input type="checkbox"/> Review Animal Shelter Guidelines and Veterinary Protocols (Resources)		
<input type="checkbox"/> Confirm shelter Veterinary set-up with Animal Shelter Branch Manager and set opening time		
<input type="checkbox"/> Obtain approval for all animal shelter expenditures from the Animal Shelter Branch Manager		
<input type="checkbox"/> Confirm set-up with Animal Shelter Branch Manager		
Daily Shelter Operations		
<input type="checkbox"/> Monitor Staff for “burn-out” and inappropriate behavior. Report concerns to Supervisor and Medical Unit		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Veterinary Team

2013

- ☐ 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

- ☐ Review and update an Animal Care Sheet for each animal

- ☐ Ensure continuous communications with the Animal Shelter Branch Manager

- ☐ Ensure the safe and efficient transition of owners and their pets back to their new normal or another shelter

- ☐ Ensure planning for the next operational periods

Shelter Closing

- ☐ Receive closing orders from Incident Command/EOC

- ☐ Kennel Closing Check List:
 - Determine if volunteers can work at another animal shelter
 - Pack excess supplies as they become unnecessary
 - Determine where the supplies need to go and begin the shipping process as soon as possible
 - Update the supply inventory
 - Clean and return the shelter to its original condition as the shelter closes
 - Return all moved furniture
 - Remove all signage
 - Clean and Sanitize
 - Dispose of all wastes

- ☐ Ensure that all animals are returned to owners, caretakers or animal facility

- ☐ 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)

- ☐ Hold final Staff De-briefing and collect forms
 - 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 Regional Shelter Plan

- ☐ 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 that need improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Finance Manager

2013

Job Description		
<ul style="list-style-type: none"> ▪ Keeps track of all expenses and required financial paperwork associated with regional shelter operations ▪ Works closely with IC Finance Section Chief and the fiduciary of the Regional Shelter Authority ▪ Collect and track all resource requests and purchase orders after approval by the IC ▪ Collect and track all time logs, including volunteer time to be used as FEMA/State matching funds ▪ Collect and track all other data and reports for the sheltering response ▪ Work with Donations Unit to receive and track monetary donations 		
Reports to	Contact Information	
Regional Shelter Supervisor		
Supervises		
Time Unit		
Cost Unit		
Partner Agencies	Contact Information	
Municipal Finance Officers		
Local Businesses		
State Finance Officers		
Voluntary Agencies		
Responder Groups and Agencies		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	In Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	In Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Expense Tracking Form (FORMS)		
<input type="checkbox"/> Regional Shelter Authority Invoice Form (FORMS)		
<input type="checkbox"/> Shelter Time Log Table		
<input type="checkbox"/> Equipment Recommendations	Phone, laptop with EXCEL and internet, printer, files, Fiduciary checkbook and/or credit card	
Initial Planning Actions		
<input type="checkbox"/> Review financial tracking and approval protocols with the Shelter Supervisor and Incident Command/EOC		
<input type="checkbox"/> Designate and activate Staff positions as needed:		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Finance Manager

2013

☐ Create a expense and time tracking data base that:

- Identifies the expense, vendor and date
- Indicates who authorized the expense
- Allocates expenses by Municipality

Initial Response

- ☐ Establish a working Finance/Data Center Location
- ☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)
- ☐ Hold Initial Staff Briefing
- ☐ Confirm set-up with Regional Shelter Supervisor

Daily Shelter Operations

- ☐ Ensure continuous communications with the Regional Shelter Supervisor or Incident Command/EOC
- ☐ 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 that all expenses have by preapproved by the Regional Shelter Supervisor and IC/EOC
- ☐ Cost Unit oversees the monitoring and documenting of all expenses with the Logistics Manager
- ☐ Keep the Regional Shelter Authority informed of all shelter expenditures
- ☐ Time Unit collects and monitors all documents and Action Logs, Time sheets, Volunteer Time and Donations
- ☐ Work with Donations Unit to receive and track monetary donations
- ☐ Collects, collates and reports on all data/reports generated during the Shelter Operations
- ☐ Ensure planning for the next operational periods

Shelter Closing

- ☐ Receive closing orders from Incident Command/EOC
- ☐ 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 Regional Shelter Plan

Regional Shelter Job Action Sheet

Operations: Regional Shelter Finance Manager

2013

- ☐ 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Cost Unit

2013

Job Description		
<ul style="list-style-type: none"> ▪ Keeps track of all regional Shelter expenses ▪ Coordinates purchases with Logistics Manager ▪ Ensures that all purchase orders have been approval by the IC 		
Reports to	Contact Information	
Regional Shelter Finance Manager		
Supervises		
Cost Unit Staff		
Partner Agencies	Contact Information	
Municipal Finance Officers		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	In Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	In Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Expense Tracking Form (FORMS)		
<input type="checkbox"/> Regional Shelter Authority Invoice Form (FORMS)		
<input type="checkbox"/> Shelter Time Log Table		
<input type="checkbox"/> Equipment Recommendations	Phone, laptop with EXCEL and internet, printer, files, Fiduciary checkbook and/or credit card	
Initial Planning Actions		
<input type="checkbox"/> Review financial tracking and approval protocols with the Shelter Supervisor and Incident Command/EOC		
<input type="checkbox"/> Coordinate all purchases with the Regional Shelter Authority as it must approve of all expenses as it has the final authority to spend regional shelter funds		
<input type="checkbox"/> Create estimates of funds that may be needed for the shelter operation. Estimate \$25/person/day of operations.		
<input type="checkbox"/> Plan on tracking all expenses. Bottom half of Resource Request Form has space for tracking expenses		
<input type="checkbox"/> Designate and activate Staff positions as needed:		
<input type="checkbox"/> Designate and activate Staff positions as needed:		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Cost Unit

2013

- ☐ Create a expense and time tracking data base that:
 - Tracks all employee and volunteer hours, including their agency or affiliation and the work performed
 - Identifies the expense, vendor and date
 - Indicates who authorized the expense
 - Allocates expenses by Municipality
 - Notes time/date of IC approval
 - Shows signature of the approving individual from the Regional Shelter Authority

Initial Response

- ☐ Assist with establishing a working Finance/Data Center Location
- ☐ Confirm Center set-up with Finance Manager
- ☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)
- ☐ Hold Initial Staff Briefing
- ☐ Confirm set-up with Finance Manager

Daily Shelter Operations

- ☐ Ensure continuous communications with Shelter Finance 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
- ☐ Ensure that all expenses have by preapproved by the Regional Shelter Supervisor and IC/EOC
- ☐ Cost Unit oversees the monitoring and documenting of all shelter expenses with the Logistics Manager
- ☐ Keep the Regional Shelter Authority informed of all shelter expenditures
- ☐ Ensure planning for the next operational periods

Shelter Closing

- ☐ Receive closing orders from Incident Command/EOC
- ☐ 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 Regional Shelter Plan

Regional Shelter Job Action Sheet

Operations: Regional Shelter Cost Unit

2013

- ☐ 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)
- ☐ Create expense summary
- ☐ Seek reimbursement from outside sources as appropriate
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Time Unit

2013

Job Description		
<ul style="list-style-type: none"> ▪ Keeps track of all data and paperwork associated with regional shelter operations ▪ Collect and track all time logs, including volunteer time to be used as FEMA/State matching funds ▪ Collect and track all other data and reports for the sheltering response, except financial data 		
Reports to	Contact Information	
Regional Shelter Finance Manager		
Supervises		
Time Unit Staff		
Partner Agencies	Contact Information	
Local Business		
Voluntary Agencies		
Responder Groups and Agencies		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	In Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	In Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Expense Tracking Form (FORMS)		
<input type="checkbox"/> Shelter Time Log Table		
<input type="checkbox"/> Equipment Recommendations	Phone, laptop with EXCEL and internet, printer, files,	
Initial Planning Actions		
<input type="checkbox"/> Review data tracking protocols with the Finance Manager		
<input type="checkbox"/> Designate and activate Staff positions as needed:		
<input type="checkbox"/> Review Regional Shelter Plans		
<input type="checkbox"/> Create a time, volunteer and donation tracking data base that: <ul style="list-style-type: none"> ○ Identifies the volunteer ○ Indicates date and time served ○ Shows job function ○ Notes any donations or in-kind services ○ Allocates donations or volunteer time by Municipality 		
Initial Response		
<input type="checkbox"/> Establish a working Finance/Data Center Location		
<input type="checkbox"/> Check in Staff as they arrive and distribute Job Action Sheets (JAS)		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Time Unit

2013

☐ Hold Initial Staff Briefing

☐ Confirm set-up with Finance Manager

Daily Shelter Operations

☐ Ensure continuous communications with the Regional Shelter Finance 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

☐ Time Unit oversees the monitoring and documenting of all data except expenses

☐ Time Unit collects and monitors all documents and Action Logs, Time sheets, Volunteer Time and Donations

☐ Ensure planning for the next operational periods

Shelter Closing

☐ Receive closing orders from Incident Command/EOC

☐ 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 Regional 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Planning Manager

2013

Job Description		
<ul style="list-style-type: none"> ▪ Responsible for planning for next Operational or 24 hour Period - Incident Action Plan ▪ Responsible for maintaining Situational Awareness at all times and providing updates to IC and Staff ▪ Responsible for estimating, projecting and coordinating shifts, anticipated resource requests, staffing needs ▪ Provides resource estimates to Logistics for procurement ▪ Responsible for Demobilization planning which begins on opening day of shelter operations 		
Reports to	Contact Information	
Regional Shelter Supervisor		
Supervises		
Planning Staff		
Demobilization Unit (if appointed)		
Partner Agencies	Contact Information	
Municipal Finance Officers		
Local Businesses		
State Finance Officers		
Voluntary Agencies		
Responder Groups and Agencies		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	In Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	In Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)		
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Incident Action Plan (FORM)		
<input type="checkbox"/> Demobilization Plan Check List (FORM)		
<input type="checkbox"/> Demobilization Check Out (FORM) – ICS 221		
<input type="checkbox"/> Equipment Recommendations	Phone, laptop, radio, internet, printer, files,	
<input type="checkbox"/> Demobilization Equipment Recommendations	Signage, Bullhorn, Garbage bags, Information Packets	
Initial Planning Actions		
<input type="checkbox"/> Obtain briefing on Situational Awareness from Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Designate and activate Staff positions as needed:		
<input type="checkbox"/> Assess adequacy of current resources		
Initial Response		
<input type="checkbox"/> Establish a working Planning Section Location		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Planning Manager

2013

☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)

☐ Hold Initial Staff Briefing

☐ Confirm set-up with Regional Shelter Supervisor

Daily Shelter Operations

☐ Maintain Situational Awareness. Use runner/observers if necessary

☐ Establish communications with the PIO

☐ Determine Shelter Resource and Staffing needs beyond the first 24 hours

☐ Develop an Incident Action Plan for the next 24 hours or next Operational Period

☐ Ensure continuous communications with the Regional Shelter Supervisor or Incident Command/EOC

☐ 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

☐ Demobilization planning occurs at least once during each 24 hour period

- Assess resource needs by working with Supervisors/Managers and lists from Logistics and Finance
- Identify excess resources that can be returned or de-activated
- Obtain signatures on ICS Form 221 from Section Chiefs/Supervisors/Agencies before releasing un-needed resources
- Estimate the projected timing of shelter closing
- Work with Regional Shelter Supervisor and Command Staff to create a DRAFT Demobilization Plan
- Work with PIO to create Public Information/ Media Management Plan
- Work with EOC/ EMD, IC, Shelter Supervisor to finalize Demobilization Plan once Shelter closing date identified
- Update all Section Chiefs on Demobilization Plan status

☐ Ensure planning for the next operational periods

Shelter Closing

☐ Receive closing orders from Incident Command/EOC

☐ 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 Regional Shelter Plan

Regional Shelter Job Action Sheet

Operations: Regional Shelter Planning Manager

2013

- ☐ 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Logistics Manager

2013

Job Description		
<ul style="list-style-type: none"> ▪ Oversight of the Service Branch Team <ul style="list-style-type: none"> ○ Food Unit ○ Staffing Unit ○ Volunteer Management Unit ○ Communications Unit 		
<ul style="list-style-type: none"> ▪ Oversight of Support Branch Team <ul style="list-style-type: none"> ○ Supply Unit ○ Transportation Unit ○ Donations Unit ○ Facilities Unit 		
<ul style="list-style-type: none"> ▪ Collects and manages all resource requests for goods and services for the shelters 		
<ul style="list-style-type: none"> ▪ Coordinates procurement of goods and services for all regional shelters 		
<ul style="list-style-type: none"> ▪ Coordinates and fills Shelter Staffing requests except Security requests which are directed to the Security Officer 		
<ul style="list-style-type: none"> ▪ Coordinate all communication resources, both internal and external for the shelters 		
<ul style="list-style-type: none"> ▪ Responsible for returning all equipment and supplies 		
Reports to	Contact Information	
Regional Shelter Supervisor		
Supervises		
Service Branch Team Leader		
Support Branch Team Leader		
Partner Agencies	Contact Information	
MEMA		
Salvation Army (feeding)		
American Red Cross (feeding, dormitory)		
Western Region Homeland Security Advisory	www.wrhsac.org	
Medical Reserve Corps	www.wmmrc.org	
Voluntary Agencies		
Faith Community		
Local Businesses		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	FORMS Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Staffing Needs List (LIST)	LIST Section of Shelter Plan	

Regional Shelter Job Action Sheet

Operations: Regional Shelter Logistics Manager

2013

<input type="checkbox"/> Supply List (LIST)	LIST Section of Shelter Plan	
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Equipment Recommendations	Phone, laptop, radio, internet, printer, files,	
Initial Planning Actions		
<input type="checkbox"/> Obtain briefing on Situational Awareness from Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Designate and activate Staff positions as needed		
<input type="checkbox"/> Establish communications with Planning, Regional Shelter Supervisor, Manager, EOC to identify resource needs		
Initial Response		
<input type="checkbox"/> Establish a Logistics Center with office space for processing requests		
<input type="checkbox"/> Check in Staff as they arrive and distribute Job Action Sheets (JAS)		
<input type="checkbox"/> Hold Initial Staff Briefing		
<input type="checkbox"/> Determine immediate shelter needs with Shelter Manager/Supervisor/IC/EOC		
<input type="checkbox"/> Assist with setting up Shelter		
<input type="checkbox"/> Activate Service Branch Units as needed and provide oversight: <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ● 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. 		
<input type="checkbox"/> Activate Support Branch Units as needed and provide oversight: <ul style="list-style-type: none"> ○ Supply: goods <ul style="list-style-type: none"> ● Area for Storage, Shipping/Receiving ○ Transportation: to and from shelter and client requests as able ○ Donations: goods, services and money <ul style="list-style-type: none"> ● Area for Receiving/shipping, sorting, storage (may need refrigeration for food supplies) ○ Facilities: in coordination with the facilities owner/operator <ul style="list-style-type: none"> ● Area for Facilities cleaning and maintenance service area 		
<input type="checkbox"/> Establish communications with Finance Manager to coordinate procurement of goods and services		
<input type="checkbox"/> Resource Request Protocols: <ul style="list-style-type: none"> ○ 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 MEMA 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) 		
<input type="checkbox"/> Confirm set-up with Regional Shelter Supervisor		
Daily Shelter Operations		
<input type="checkbox"/> Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Logistics Manager

2013

- ☐ Ensure continuous communications with the Regional Shelter Supervisor 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 Supervisor/IC
- ☐ Ensure planning for the next operational periods

Shelter Closing

- ☐ 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 Regional 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Service Branch Leader

2013

Job Description		
<ul style="list-style-type: none"> ▪ Responsible for coordinating the delivery of safe and adequate food to all shelters, including animal shelters ▪ Responsible for coordinating Staffing requests at shelters, including shelter security ▪ Coordinates Shelter Volunteer recruitment, credentialing and training ▪ Responsible for coordinating communications for the shelters occupants and shelter staff 		
Reports to	Contact Information	
Regional Shelter Logistics Manager		
Supervises		
Service Branch Team <ul style="list-style-type: none"> ○ Food Unit ○ Staffing Unit ○ Volunteer Management ○ Communications Unit 		
Partner Agencies	Contact Information	
MEMA		
Salvation Army (feeding)		
American Red Cross (feeding, dormitory)		
Western Region Homeland Security Advisory	www.wrhsac.org	
Medical Reserve Corps	www.wmmrc.org	
Voluntary Agencies		
Faith Community		
Local Businesses		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Staffing Needs List (LIST)		
<input type="checkbox"/> Supply List (LIST)		
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Equipment Recommendations	Phone, laptop, radio, internet, printer, files, copier	
Initial Planning Actions		
<input type="checkbox"/> Obtain briefing on Situational Awareness from Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Designate and activate Staff positions as needed		
<input type="checkbox"/> Establish communications with Logistics Manager, Support Branch Leader, MEMA		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Service Branch Leader

2013

Initial Response

- ☐ 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 needs requests from Shelter Manager/Supervisor/IC/EOC
- ☐ Assist with setting up Shelter
- ☐ Establish communications with Finance Manager to coordinate procurement of goods and services
- ☐ 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
 - Staffing: Requires a long list of volunteers and professionals to meet staffing needs of large, extended operations
 - Volunteer Management: recruiting, credentialing, and training of volunteers
 - 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.
- ☐ 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 MEMA 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

Daily Shelter Operations

- ☐ 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
- ☐ 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 Supervisor/IC
- ☐ Ensure planning for the next operational periods

Shelter Closing

- ☐ Receive closing orders from Logistics Manager

Regional Shelter Job Action Sheet

Operations: Regional Shelter Service Branch Leader

2013

- ☐ 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 Regional Shelter Plan
- ☐ Work with Planning to 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
- ☐ 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Food Unit

2013

Job Description		
<ul style="list-style-type: none"> ▪ Responsible for coordinating and delivery of safe and adequate food to all shelters, including animal shelters ▪ Responsible for obtaining, storing, preparing, feeding, distribution and clean-up ▪ Determine the feeding schedule based on resources and needs ▪ Ensure that there is a knowledgeable Person-in-Charge(PIC) of food operations ▪ Work with Public Health to provide daily food safety inspections 		
Reports to	Contact Information	
Regional Shelter Service Branch Leader		
Supervises		
Food Unit Staff		
Partner Agencies	Contact Information	
MEMA		
Salvation Army (feeding)		
American Red Cross (feeding, dormitory)		
Medical Reserve Corps	www.wmmrc.org	
Voluntary Agencies		
Faith Community		
Local Restaurants and Caterers		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity /Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Staffing Needs List (LIST)		
<input type="checkbox"/> Supply List (LIST)		
<input type="checkbox"/> Shelter Menus (Resources)		
<input type="checkbox"/> Food Unit Recommended Equipment (LIST)		
<input type="checkbox"/> (ARC form F5266) FORM		
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Minimum Equipment Recommendations	Phone, refrigerator, stove/microwave, instant read thermometer, non-latex gloves, sanitizer tablets, paper towels, paper plates, plastic utensils, paper cups, trash bags,	
Initial Planning Actions		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Food Unit

2013

- ☐ Obtain briefing on Situational Awareness from Shelter Supervisor or Incident Command/EOC
- ☐ Designate and activate Staff positions as needed
- ☐ 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.)

Regional Shelter Job Action Sheet

Operations: Regional Shelter Food Unit

2013

☐ 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)
- 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

Initial Response

☐ 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Food Unit

2013

- ☐ 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 in resource is currently available by checking with Support Branch Leader/Supply Unit
 - Distribute/deliver as available
 - If not available, through MEMA 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

Daily Shelter Operations

- ☐ 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

Shelter Closing

- ☐ Receive closing orders from Logistics Manager
- ☐ 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 Regional Shelter Plan

Regional Shelter Job Action Sheet Operations: Regional Shelter Food Unit

2013

- ☐ 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
- ☐ 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Staffing Unit

2013

Job Description		
<ul style="list-style-type: none"> ▪ Responsible for finding and coordinating enough Staff for all Shelter Positions ▪ Responsible for providing Staff support services ▪ Responsible for monitoring for Staff burnout ▪ Coordinates with Volunteer Manager/Ombudsman/Agencies to obtain Shelter Volunteers 		
Reports to	Contact Information	
Regional Shelter Service Branch Leader		
Supervises		
Staff Unit Staff		
Partner Agencies	Contact Information	
Medical Reserve Corps	www.wmmrc.org	
Voluntary Organizations (VOAD)		
Faith Community		
Local Businesses		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Just-In-Time Training Tools (Resources)	www.wmmrc.org ; www.wmrhsac.org	
<input type="checkbox"/> Volunteer Screening Tool (Resources)		
<input type="checkbox"/> Volunteer Registration FORM		
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Equipment Recommendations	Phone, laptop, internet, printer, files, name tags, markers, signage, copier	
Initial Planning Actions		
<input type="checkbox"/> Obtain briefing on Situational Awareness from Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Designate and activate Staff positions as needed		
<input type="checkbox"/> Establish communications with Service Branch Leader and Logistics Manager		
<input type="checkbox"/> Review Staff check-in, credentialing, and screening procedures		
<input type="checkbox"/> Create a database to record all Staff and Volunteer hours		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Staffing Unit

2013

- ☐ 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 available Just-In-Time Training materials (Medical Reserve Corps, ARC, WRHSAC):
 - Review the emergency and impact on shelter clients and their stress/needs and special considerations
 - Review the Regional Shelter Hierarchy Chart and Chain of Command
 - Review Job Action Sheets and Roles and Responsibilities
 - Provide copies of the Resource Request FORM and Activity Log FORM
 - Review Volunteer expectations
 - Remind Volunteers that this is an emergency situation and things are expected to go wrong
 - Reinforce the importance of Volunteers to the emergency response and the service they are providing
 - Emphasize the importance of documenting everything that happens
 - Remind Volunteers to ask if they are in doubt about their ability to perform their Job Assignments
- ☐ Review Volunteer Management Policies and Procedures:
 - All Volunteers must complete a Volunteer FORM, provide a reference and show a government photo ID
 - Medical Volunteers must be affiliated or have their professional licenses verified before serving as Medical Volunteer
 - Volunteers should always act within their training and experience. If not comfortable with an assignment, ask.
 - Affiliated Volunteers who have proper credentials receive assignments immediately
 - Un-affiliated or Volunteers who have not be verified will be partnered with a credentialed Volunteer at all times
 - Volunteers should be affiliated or have a current CORI/SORI to work in any occupied Shelter Area near children/youth
 - Volunteers who handle funds should be directly supervised

Initial Response

- ☐ 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 in resource is currently available by checking with Support Branch Leader/Supply Unit
 - Distribute/deliver as available
 - If not available, through MEMA 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

Daily Shelter Operations

- ☐ 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Staffing Unit

2013

- ☐ 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 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

Shelter Closing

- ☐ Receive closing orders from Logistics Manager
- ☐ 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 Regional Shelter Plan
- ☐ 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
- ☐ 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Volunteer Management

2013

Job Description		
<ul style="list-style-type: none"> ▪ Responsible for finding enough Volunteers to adequately staff the Shelter ▪ Responsible for Shelter Volunteer recruitment, credentialing/screening and training ▪ Works with Ombudsman, Staffing Unit and Shelter Manager to recruit shelter Clients to assist with daily living activities ▪ Work with Shelter PIO to notify the Public regarding sheltering needs, including volunteers 		
Reports to	Contact Information	
Regional Shelter Service Branch Leader		
Supervises		
Volunteer Management Staff		
Partner Agencies	Contact Information	
Medical Reserve Corps	www.wmmrc.org	
Voluntary Agencies		
Faith Community		
Local Businesses		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Just-In-Time Training Tools (Resources)	www.wmmrc.org ; www.wmrhsac.org	
<input type="checkbox"/> Volunteer Screening Tool (Resources)		
<input type="checkbox"/> Volunteer Registration FORM		
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Equipment Recommendations	Phone, laptop, internet, printer, files, name tags, markers, signage, copier	
Initial Planning Actions		
<input type="checkbox"/> Obtain briefing on Situational Awareness from Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Designate and activate Staff positions as needed		
<input type="checkbox"/> Establish communications with Service Branch Leader and Logistics Manager		
<input type="checkbox"/> Establish contact with Shelter PIO to alert the Public to the need for Shelter Volunteers		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Volunteer Management

2013

- ☐ Review available Just-In-Time Training materials (Medical Reserve Corps, ARC, WRHSAC):
 - Review the emergency and impact on shelter clients and their stress/needs and special considerations
 - Review the Regional Shelter Hierarchy Chart and Chain of Command
 - Review Job Action Sheets and Roles and Responsibilities
 - Provide copies of the Resource Request FORM and Activity Log FORM
 - Review Volunteer expectations
 - Remind Volunteers that this is an emergency situation and things are expected to go wrong
 - Reinforce the importance of Volunteers to the emergency response and the service they are providing
 - Emphasize the importance of documenting everything that happens
 - Remind Volunteers to ask if they are in doubt about their ability to perform their Job Assignments
- ☐ Review Volunteer Management Policies and Procedures:
 - All Volunteers must complete a Volunteer FORM, provide a reference and show a government photo ID
 - Medical Volunteers must be affiliated or have their professional licenses verified before serving as a Medical Volunteer
 - Volunteers should always work within their training and experience
 - Affiliated Volunteers who have proper credentials receive assignments immediately
 - Un-affiliated or Volunteers who have not be verified will be partnered with a credentialed Volunteer at all times
 - Volunteers should be affiliated or have a current CORI/SORI to work in any occupied Shelter Area near children/youth
 - Volunteers who handle funds should be directly supervised

Initial Response

- ☐ 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 volunteer requests from Logistics Manager
- ☐ Set up Volunteer Check-in Area at Shelter
- ☐ 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 MEMA 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

Daily Shelter Operations

- ☐ 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 Staff for "burn-out" and inappropriate behavior. Report concerns to Supervisor and Medical Unit

Regional Shelter Job Action Sheet

Operations: Regional Shelter Volunteer Management

2013

- ☐ 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

Shelter Closing

- ☐ Receive closing orders from Logistics Manager
- ☐ 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 Regional Shelter Plan
- ☐ 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
- ☐ 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Communications Unit

2013

Job Description

- Responsible for providing and coordinating all Shelter communications both internal and external, including:
 - Telephones
 - Cell Phones
 - Radios
 - Fax
 - Internet
 - Runners
 - Signage
 - Media feeds
 - Postal Service during prolonged activations
- Responsible for providing daily shelter communications for Shelter Clients, including telephone, internet, mail
- Responsible for maintaining communications with the IC/EOC
- Maintains or coordinates maintenance of all communications equipment and services

Reports to

Regional Shelter Service Branch Leader

Contact Information

Supervises

Communications Unit

Partner Agencies

Contact Information

Telephone and Wireless Providers

Law Enforcement

Fire Departments

HAM radio operators

US Postal Service

Volunteer Organizations Active in Disasters (VOAD)

Forms, Protocols, and Other Resources

Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	Forms Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Incident Message Log (FORM)		
<input type="checkbox"/> Incident Communications Log (FORM)		
<input type="checkbox"/> Resource Request ICS 308 (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Staffing Needs List (LIST)		
<input type="checkbox"/> Supply List (LIST)		
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	Forms Section of Shelter Plan	
<input type="checkbox"/> Telephone directories and Contact Lists		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Communications Unit

2013

<input type="checkbox"/> Equipment Recommendations	Phone, laptop, radio, internet, printer, files, copier, sat phone, HAM radio, cell phone, camera, bull horn	
Initial Planning Actions		
<input type="checkbox"/> Obtain briefing on Situational Awareness from Supervisor		
<input type="checkbox"/> Designate and activate Staff positions as needed		
<input type="checkbox"/> Establish or maintain communications with Supervisor and EOC/IC		
Initial Response		
<input type="checkbox"/> Establish a work station in the Shelter Command Post, Security Station or Logistics Center		
<input type="checkbox"/> Document all key activities and decisions in an Activity Log FORM		
<input type="checkbox"/> Review and update the Incident Communications Log FORM		
<input type="checkbox"/> Check in Staff as they arrive and distribute Job Action Sheets (JAS)		
<input type="checkbox"/> Inventory and assess all available communications equipment		
<input type="checkbox"/> Hold Initial Staff Briefing		
<input type="checkbox"/> Determine or verify all radio channels assigned for the response		
<input type="checkbox"/> Distribute hand held radios		
<input type="checkbox"/> Conduct radio checks on all portables		
<input type="checkbox"/> Receive immediate shelter needs requests from Shelter Manager/Supervisor/IC/EOC		
<input type="checkbox"/> Assist with setting up Shelter		
<input type="checkbox"/> Establish communications with Finance Manager to coordinate procurement of goods and services		
<input type="checkbox"/> Confirm set-up with Supervisor		
Daily Shelter Operations		
<input type="checkbox"/> Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary		
<input type="checkbox"/> Provide and maintain both internal and external communications systems for the Shelter		
<input type="checkbox"/> Receive and address communications requests		
<input type="checkbox"/> Support the IC/Shelter Manager/PIO/Security before, during and after visits by high level dignitaries		
<input type="checkbox"/> As directed by the IC/Shelter Manager/PIO/Security provide Media support		
<input type="checkbox"/> Document all key activities and decisions in an Activity Log FORM		
<input type="checkbox"/> Document all messages on Incident Message FORM and provide a copy to the Data Unit		
<input type="checkbox"/> Determine daily and next Operational Period Resource and Staffing needs for the operations		
<input type="checkbox"/> Monitor Staff for "burn-out" and inappropriate behavior. Report concerns to Supervisor and Medical Unit		
<input type="checkbox"/> Hold shift change briefings with Staff and collect Activity Logs: <ul style="list-style-type: none"> ○ 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 		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Communications Unit

2013

☐ Ensure planning for the next operational periods

☐ Re-assign Staff that are not needed

☐ Re-assign equipment that is not needed

Shelter Closing

☐ Receive closing orders from Supervisor

☐ 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 Regional Shelter Plan

☐ 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

☐ 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Support Branch Leader

2013

Job Description		
<ul style="list-style-type: none"> ▪ Responsible for providing goods for the sheltering operation ▪ Responsible for all services that support the shelter operation (except food service) ▪ Responsible for coordinating shelter facility maintenance ▪ Responsible for arranging transportation to and from shelters ▪ Responsible for donations management 		
Reports to	Contact Information	
Regional Shelter Logistics Manager		
Supervises		
Support Branch Team <ul style="list-style-type: none"> ○ Supply Unit ○ Facilities Unit ○ Transportation Unit ○ Donations Unit 		
Partner Agencies	Contact Information	
MEMA		
American Red Cross		
Western Region Homeland Security Advisory	www.wrhsac.org	
Voluntary Agencies		
Faith Community		
Local Businesses		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity /Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	FORMS Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Staffing Needs List (LIST)	LIST Section of Shelter Plan	
<input type="checkbox"/> Supply List (LIST)	LIST Section of Shelter Plan	
<input type="checkbox"/> Inventory List (LIST)	LIST Section of Shelter Plan	
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Equipment Recommendations	Phone, laptop, radio, internet, printer, files, copier	
Initial Planning Actions		
<input type="checkbox"/> Obtain briefing on Situational Awareness from Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Designate and activate Staff positions as needed		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Support Branch Leader

2013

- ☐ Establish communications with Planning, Regional Shelter Supervisor, Manager, Service Branch, EOC to identify resource needs

Initial Response

- ☐ 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
- ☐ Assist with setting up Shelter
- ☐ Establish communications with Finance Manager to coordinate procurement of goods and services
- ☐ Responsible for Support Branch Units:
- 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
- ☐ 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 MEMA 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

Daily Shelter Operations

- ☐ Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary
- ☐ Ensure continuous communications with the Regional Shelter Supervisor 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 Supervisor/IC
- ☐ Ensure planning for the next operational periods

Shelter Closing

Regional Shelter Job Action Sheet

Operations: Regional Shelter Support Branch Leader

2013

- ☐ 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 Regional 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Supply Unit

2013

Job Description		
<ul style="list-style-type: none"> ▪ Responsible for providing all 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 ▪ Responsible for real time maintenance of the Resource Inventory Tracking FORM ▪ Coordinates all purchases with Finance Manager and Cost Unit 		
Reports to	Contact Information	
Regional Shelter Support Branch Leader		
Supervises		
Supply Unit Staff		
Partner Agencies	Contact Information	
MEMA		
American Red Cross		
Western Region Homeland Security Advisory	www.wrhsac.org	
Voluntary Agencies		
Faith Community		
Local Businesses		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	FORMS Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Supply List (LIST)	LIST Section of Shelter Plan	
<input type="checkbox"/> Resource Inventory Tracking (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Equipment Recommendations	Phone, laptop, radio, internet, printer, files, copier	
Initial Planning Actions		
<input type="checkbox"/> Obtain briefing on Situational Awareness from Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Designate and activate Staff positions as needed		
<input type="checkbox"/> Establish communications with Planning, Regional Shelter Supervisor, Manager, Service Branch, EOC to identify resource needs		
Initial Response		
<input type="checkbox"/> Establish a work station in the Logistics Center location		
<input type="checkbox"/> Check in Staff as they arrive and distribute Job Action Sheets (JAS)		
<input type="checkbox"/> Hold Initial Staff Briefing		

Regional Shelter Job Action Sheet

Operations: Regional Shelter Supply Unit

2013

- ☐ 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 MEMA or as a donation, work with Finance Manager/Cost Unit to coordinate purchase
 - Update the Resource Inventory Tracking FORM
- ☐ Confirm set-up with Support Branch Leader

Daily Shelter Operations

- ☐ Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary
- ☐ Ensure continuous communications with the Regional Shelter Supervisor 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:
 - 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

Shelter Closing

- ☐ 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
 - Coordinate with Logistics to return supplies
 - Ship extra supplies to other shelters, return or donate
 - Take-down and clean Supply Unit Area

Regional Shelter Job Action Sheet

Operations: Regional Shelter Supply Unit

2013

- ☐ 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 Regional Shelter Plan
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Transportation Unit

2013

Job Description

- Responsible for traffic control and safety around regional shelter facility
- Coordinates the transportation needs of shelter residents to and from the regional shelter
- Coordinates Functional Needs transportation services
- Coordinates evacuation transportation
- Provides a vehicle staging area
- Coordinates all purchases with Finance Manager and Cost Unit

Reports to

Regional Shelter Support Branch Leader

Contact Information

Supervises

Transportation Unit Staff

Partner Agencies

Contact Information

Regional Transportation Authorities
Private Transportation Organizations
Bus Companies
Elder Van Services
Voluntary Agencies
Faith Community

Forms, Protocols, and Other Resources

Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	FORMS Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Supply List (LIST)	LIST Section of Shelter Plan	
<input type="checkbox"/> Resource Inventory Tracking (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Equipment Recommendations	Phone, laptop, radio, internet, printer, files, copier	

Initial Planning Actions

- ☐ Obtain briefing on Situational Awareness from Shelter Supervisor or Incident Command/EOC
- ☐ Designate and activate Staff positions as needed
- ☐ Establish communications with Planning, Support Branch, Regional Shelter Supervisor/IC/EOC to identify transportation needs

Initial Response

- ☐ Establish a work station in the Logistics Center location
- ☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)

Regional Shelter Job Action Sheet

Operations: Regional Shelter Transportation Unit

2013

- ☐ Hold Initial Staff Briefing
- ☐ Determine immediate transportation needs with Support Branch Leader, Regional Shelter Supervisor/IC/EOC
- ☐ 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 MEMA or as a donation, work with Finance Manager/Cost Unit to coordinate purchase
 - Update the Transportation Resource Inventory Tracking FORM
- ☐ Confirm set-up with Support Branch Leader

Daily Shelter Operations

- ☐ Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary
- ☐ Ensure continuous communications with the Regional Shelter Supervisor or Incident Command/EOC
- ☐ Coordinate procurement of goods and services with Finance Manager
- ☐ Receive and address transportation service requests:
 - Coordinate with cabs, cabulances, 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

Shelter Closing

- ☐ Receive closing orders from Incident Command/EOC

Regional Shelter Job Action Sheet

Operations: Regional Shelter Transportation Unit

2013

- ☐ Create a Closing/Demobilization Plan
 - Include a list of voluntary agencies and individuals to be thanked
 - Pack excess supplies as they become unnecessary
 - Coordinate with Logistics to return supplies
 - Ship extra supplies to other shelters, return or donate
 - Take-down and clean Supply Unit Area
- ☐ 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 Regional 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Donations Unit

2013

Job Description

- Responsible for management and tracking of all donations (goods, services and money) for the regional Shelter
- Ensure that donations do not become the emergency
- Work closely with the Supply Unit to distribute and re-distribute donations of goods and services
- Work closely with Finance Manager to receive and track monetary donations
- Work with Shelter PIO to notify the Public regarding sheltering needs, including volunteers, goods, services and money
- Responsible for acknowledging all donations

Reports to

Regional Shelter Support Branch Leader

Contact Information

Supervises

Donations Management Staff

Partner Agencies

Contact Information

Municipal Finance Officers

American Red Cross

Medical Reserve Corps

Voluntary Agencies

Goodwill

Food Bank

Forms, Protocols, and Other Resources

Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	FORMS Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Donations Tracking FORM		
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Equipment Recommendations	Phone, laptop, radio, internet, printer, files, copier, hand truck, van or truck, garbage bags,	

Initial Planning Actions

- ☐ Obtain briefing on Situational Awareness from Shelter Supervisor or Incident Command/EOC
- ☐ Designate and activate Staff positions as needed

Regional Shelter Job Action Sheet

Operations: Regional Shelter Donations Unit

2013

- ☐ Donations Protocols:
 - Need: Must meet an identified need
 - Known Sources: Food and Drink MUST come from an approved/known source
 - Bulk Supplies: In order to provide an equitable distribution of supplies, attempt to only accept products donated in quantities large enough to support the needs of all or most of the impacted population.
 - Packaging: whenever possible, product should be received on pallets and shrink-wrapped to facilitate sorting and ensure fast, equitable distribution.
 - Condition: only accept products that are in good condition and that are not expired. Be careful accepting used items because it is difficult to ensure the quality.
 - Appropriateness: do not accept products that are not familiar to the affected population or products that are not appropriate due to cultural or religious considerations. Certain items can be inappropriate for particular climates as well.
 - Money is always the easiest donation to accept.

- ☐ Establish communications with Planning, Regional Shelter Supervisor, PIO, to identify and report shelter resource needs

Initial Response

- ☐ Establish a work station in the Logistics Center location
- ☐ Establish a receiving, sorting and storage area for donations
- ☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)
- ☐ Hold Initial Staff Briefing
- ☐ Work with Supply Unit and Shelter Supervisor/Manager to identify what donations are a priority
- ☐ Work with PIO to post messages to the Public on how and where to donate and what donations are NOT needed
- ☐ Assist with setting up Shelter
- ☐ Establish communications with Finance Manager to coordinate monetary donations
- ☐ Work with Supply Unit to establish and area for Receiving/shipping, sorting, storage (may need refrigeration for food supplies)
- ☐ 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 MEMA 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
- ☐ Begin accepting donations

Daily Shelter Operations

- ☐ Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary
- ☐ Ensure continuous communications with the Support Branch Director or Logistics Manager
- ☐ Update Donations Inventory List and track all donations with Supply Unit
- ☐ Continue to receive donation priority lists and coordinate with PIO on Public messages regarding donations
- ☐ Continue to work with Finance Manager to accept and track monetary donations
- ☐ Work with Supply Unit to re-donate supplies that are not needed

Regional Shelter Job Action Sheet

Operations: Regional Shelter Donations Unit

2013

- ☐ 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

Shelter Closing

- ☐ Receive closing orders from Incident Command/EOC
- ☐ Create a Closing/Demobilization Plan
 - Continue to accept money and any needed supplies or services
 - Create 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 re-donate
 - Take-down and clean up Donations Unit areas
- ☐ 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)
- ☐ 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 Regional Shelter Plan
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

Regional Shelter Job Action Sheet

Operations: Regional Shelter Donations Unit

2013

Job Description

- Responsible for coordinating shelter facility cleaning and maintenance
- Responsible for coordinating solid waste disposal
- Responsible for coordinating showers and laundry facilities
- Maintain contact and coordination with Facilities owner/manager

Reports to

Regional Shelter Support Branch Leader

Contact Information

Supervises

Facilities Unit Staff

Partner Agencies

Contact Information

Voluntary Agencies

Local Cleaning Services

Solid Waste Disposal Services

Laundry services

Plumbers, electricians, carpenters, repairmen

Forms, Protocols, and Other Resources

Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	FORMS Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Supply List (LIST)	LIST Section of Shelter Plan	
<input type="checkbox"/> Cot Cleaning Guidelines (Resources)		
<input type="checkbox"/> Facility Opening/Closing Assessment (FORM)		
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Equipment Recommendations	Trash bags, mops, sanitizer, soap, cleaning rags, rubber gloves, vacuum, paper towels, brushes, broom, buckets, dust pan,	

Initial Planning Actions

- ☐ Obtain briefing on Situational Awareness from Shelter Supervisor or Incident Command/EOC
- ☐ Designate and activate Staff positions as needed
- ☐ Establish communications with Planning, Regional Shelter Supervisor, Manager, Service Branch, EOC to identify resource needs
- ☐ Participate in Shelter facility walk-through with Regional Shelter Supervisor and Facilities Manager using the Facility Opening/Closing Assessment Form

Initial Response

Regional Shelter Job Action Sheet

Operations: Regional Shelter Donations Unit

2013

- ☐ 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 facility needs with Shelter Manager/Supervisor/IC/EOC
 - ☐ Assist with setting up Shelter
 - ☐ Establish communications with Finance Manager to coordinate procurement of goods and services
 - ☐ Plan for:
 - Potable Water
 - Sanitary Waste disposal
 - Power Supply and backup power
 - Telephones and internet
 - Shelter Cleaning Service
 - Shelter waste disposal
 - Showers, if needed
 - Laundry, if needed
 - ☐ 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 MEMA 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
- Daily Shelter Operations**
- ☐ Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary
 - ☐ Ensure continuous communications with the Regional Shelter Supervisor or Incident Command/EOC
 - ☐ Coordinate procurement of goods and services with Finance Manager
 - ☐ Receive and address Shelter Facility requests such as:
 - Spills (Spill kit on –site)
 - Trash (Remove at least 3 times per day)
 - Repairs (Contractor contact information)
 - Bathroom Conditions (need servicing at least 3 times per day)
 - ☐ 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Donations Unit

2013

Shelter Closing

- ☐ 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 Regional 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

Regional Shelter Job Action Sheet

Operations: Regional Shelter Facilities Unit

2013

Job Description

- Responsible for coordinating shelter facility cleaning and maintenance
- Responsible for coordinating solid waste disposal
- Responsible for coordinating showers and laundry facilities
- Maintain contact and coordination with Facilities owner/manager

Reports to

Regional Shelter Support Branch Leader

Contact Information

Supervises

Facilities Unit Staff

Partner Agencies

Contact Information

Voluntary Agencies

Local Cleaning Services

Solid Waste Disposal Services

Laundry services

Plumbers, electricians, carpenters, repairmen

Forms, Protocols, and Other Resources

Item	Description/Notes/	Quantity /Location
<input type="checkbox"/> Regional Shelter Hierarchy	ICS Chart; posted chart showing ARC/ICS roles	
<input type="checkbox"/> Job Action Sheets (JAS)	FORMS Section of Shelter Plan	At Least 2 copies
<input type="checkbox"/> Activity Log (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Resource Request ICS 308 (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Supply List (LIST)	LIST Section of Shelter Plan	
<input type="checkbox"/> Cot Cleaning Guidelines (Resources)		
<input type="checkbox"/> Facility Opening/Closing Assessment (FORM)		
<input type="checkbox"/> Sign In/Out Time Sheets (FORM)	FORMS Section of Shelter Plan	
<input type="checkbox"/> Equipment Recommendations	Trash bags, mops, sanitizer, soap, cleaning rags, rubber gloves, vacuum, paper towels, brushes, broom, buckets, dust pan,	

Initial Planning Actions

- ☐ Obtain briefing on Situational Awareness from Shelter Supervisor or Incident Command/EOC
- ☐ Designate and activate Staff positions as needed
- ☐ Establish communications with Planning, Regional Shelter Supervisor, Manager, Service Branch, EOC to identify resource needs
- ☐ Participate in Shelter facility walk-through with Regional Shelter Supervisor and Facilities Manager using the Facility Opening/Closing Assessment Form

Initial Response

- ☐ Establish a work station in the Logistics Center location
- ☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)

Regional Shelter Job Action Sheet

Operations: Regional Shelter Facilities Unit

2013

<input type="checkbox"/> Hold Initial Staff Briefing
<input type="checkbox"/> Determine immediate shelter facility needs with Shelter Manager/Supervisor/IC/EOC
<input type="checkbox"/> Assist with setting up Shelter
<input type="checkbox"/> Establish communications with Finance Manager to coordinate procurement of goods and services
Plan for: <ul style="list-style-type: none"> <input type="checkbox"/> Potable Water <input type="checkbox"/> Sanitary Waste disposal <input type="checkbox"/> Power Supply and backup power <input type="checkbox"/> Telephones and internet <input type="checkbox"/> Shelter Cleaning Service <input type="checkbox"/> Shelter waste disposal <input type="checkbox"/> Showers, if needed <input type="checkbox"/> Laundry, if needed
<input type="checkbox"/> Resource Request Protocols: <ul style="list-style-type: none"> <input type="checkbox"/> Resource Request Form received <input type="checkbox"/> Determine in resource is currently available by checking with Support Branch Leader/Supply Unit <input type="checkbox"/> Distribute/deliver as available <input type="checkbox"/> If not available, through MEMA or as a donation, work with Finance Manager/Cost Unit to coordinate purchase <input type="checkbox"/> Update the Resource Inventory List (maintained by Support Branch Manager/Supply Unit)
<input type="checkbox"/> Confirm set-up with Logistics Manager
Daily Shelter Operations
<input type="checkbox"/> Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary
<input type="checkbox"/> Ensure continuous communications with the Regional Shelter Supervisor or Incident Command/EOC
<input type="checkbox"/> Coordinate procurement of goods and services with Finance Manager
<input type="checkbox"/> Receive and address Shelter Facility requests such as: <ul style="list-style-type: none"> <input type="checkbox"/> Spills (Spill kit on –site) <input type="checkbox"/> Trash (Remove at least 3 times per day) <input type="checkbox"/> Repairs (Contractor contact information) <input type="checkbox"/> Bathroom Conditions (need servicing at least 3 times per day)
<input type="checkbox"/> Determine daily and next Operational Period Resource and Staffing needs for the shelters
<input type="checkbox"/> Hold Shift Change Staff Briefing and distribute Activity Logs, Resource Request Forms: <ul style="list-style-type: none"> <input type="checkbox"/> Staff updates/Incident Briefing <input type="checkbox"/> Collect/Distribute Forms: JAS; Activity Logs <input type="checkbox"/> Emphasize the importance of documenting everything <input type="checkbox"/> Sign in/out Staff <input type="checkbox"/> Discuss needs or concerns for the next shift <input type="checkbox"/> Emphasize the need to document everything <input type="checkbox"/> Create Finance update for the Shelter Supervisor
<input type="checkbox"/> Ensure planning for the next operational periods
Shelter Closing
<input type="checkbox"/> Receive closing orders from Incident Command/EOC

Regional Shelter Job Action Sheet

Operations: Regional Shelter Facilities Unit

2013

- ☐ 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 Regional 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