

# **HAMPDEN COUNTY**

## **MUNICIPALITIES**

### **SHELTER PLANNING**

#### **MATERIALS & INFORMATION**





# HAMPDEN COUNTY MUNICIPALITIES SHELTER PLANNING MATERIALS & INFO

Concept of Operations



# Table of Contents

Plan Purpose And Authority.....	4
Definitions.....	4
Assumptions.....	5
Participating Municipality Endorsements.....	5
Plan Development And Maintenance.....	6
Plan Activation .....	6
Triggers .....	6
Authority To Request Opening A Shelter: .....	6
Authority To Open The Shelter:.....	7
Shelter Locations.....	7
Criteria For Selecting Shelters.....	7
Shelter Locations With Evacuation/Transportation Routes, Hospitals Etc. ....	8
Location Specific Information .....	8
Shelter Equipment Supplies And Staffing .....	9
Shelter Supplies .....	9
State Resources .....	9
Memoranda Of Understanding .....	9
Staffing.....	9
Financial Protocols, Emergency Plans, Policies And Procedures .....	10
Estimate Shelter Costs .....	10
Municipal Expenses .....	10
Reimbursable Expenses .....	10
Shelter Operations.....	11
Incident Command .....	11
Standard Operating Guidelines .....	12
Initial Response Actions.....	12
Operations .....	12
Recovery .....	12
Policies And Procedures .....	13
Shelter Policy Checklist .....	13
Appendices.....	16
Forms .....	18
Standard Operating Guidelines .....	19
Excel Spreadsheet.....	20
Shelter Signs Electronic File .....	20

**The Western Region Homeland Security Advisory Council ([www.wrhsac.org](http://www.wrhsac.org)) and the Region 1 Public Health Coalitions provided funding and support for this project.**

## Plan Purpose and Authority

The purpose of this document is to provide the municipalities of **Hampden County** with materials and information to facilitate sheltering so that they can provide the essential emergency services associated with 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 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 local, sub-regional or possibly 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

**Local Shelter:** Shelter located in a single community designed to serve people from that community

**Sub-Region:** Set of communities that have agreed to participate in a sub-regional shelter.

**Sub-Regional Shelter:** A sub-regional shelter is opened within the first 72 hours of an event. It is designed to provide temporary shelter from one to thirty days; but generally from five to 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 collocated near sub-regional shelters

**Transitional Shelter:** Shelter that provides limited services, including personal care stations, warming shelters, and 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 off site

## Assumptions

1. The [Shelter Entity] will have trained staff and volunteers to manage and operate shelters.
2. 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.
3. Neighborhood organizations and local groups, and individuals, some without training, will emerge to provide care and shelter support, independent of local government.
4. The duration and scope of government involvement will be responsive and proportionate to the severity and duration of the event.
5. 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% to 15% of the impacted population will seek shelter or sheltering assistance.
6. Depending on the incident, a percentage of the population seeking shelter will have access and functional needs. Individuals in need of additional assistance may include the people who are:
  - seniors
  - medically fragile or dependent
  - limited English proficiency or with other language capability
  - limited mobility or hearing or vision impairment
  - unaccompanied minors
7. 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.
8. Mutual aid agreements have been established across the Commonwealth. These will be used as part of shelter operations. Depending on the scope of the event, State and Federal emergency agencies will also be available to assist.

## Participating Municipality Endorsements

The following municipalities have given the [Shelter Entity] authority for planning, opening, managing, and demobilizing Regional Emergency Shelters. [Complete the Memoranda of Understanding of the Shelter Plan (See Form)]. Complete one for each participating municipality. Attach in **Appendix A**.

Municipal Partners			

## Plan Development and Maintenance

The [Shelter Entity] is responsible for the maintenance, revision, and distribution of the sheltering plan and any subsidiary plans and tools. This includes the Standard Operating Guidelines, Job Action Sheets and Supply/Equipment spreadsheet. The Shelter Planning Committee should establish a recurring process to review, update and revise the shelter plan. The [Shelter Entity] will assess the need for revisions annually and make revisions 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 Shelter Plan include:

- A federal or state-declared emergency that necessitates 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
- [Add additional identified triggers]

### AUTHORITY TO REQUEST OPENING A SHELTER:

A shelter is opened, **only** at the request of the [Shelter Entity].

A municipality may ask the [Shelter Entity] to open a shelter. The request can be verbal, but should be followed with a 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 [Shelter Entity] to open a shelter:

- ☐ Incident Commander
- ☐ Shelter Supervisor
- ☐ Emergency Operations Center
- ☐ Emergency Management Director
- ☐ Massachusetts Emergency Management Agency (MEMA)
- ☐ Municipal Official with the authority to expend municipal funds

## AUTHORITY TO OPEN THE SHELTER:

A shelter is opened by the municipality in which it is located. The host municipality will follow its own policies and procedures for opening the shelter in coordination with the [Shelter Entity].

The municipality and the [Shelter Entity] will choose which 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 shelter locations

## Shelter Locations

### CRITERIA FOR SELECTING SHELTER LOCATIONS

The following criteria were used to select regional emergency shelter locations in [Region]:

- |  |  |
|--|--|
| <input type="checkbox"/> No one required to cross a river  | <input type="checkbox"/> Co-locate, but separate FNSS, medical and feeding services  |
| <input type="checkbox"/> Avoid transportation choke points | <input type="checkbox"/> Generator accessibility to power entire facility            |
| <input type="checkbox"/> Space for co-location of pets     | <input type="checkbox"/> Additional buildings or wings on the camps                  |
| <input type="checkbox"/> Population density                | <input type="checkbox"/> Preference of municipal officials, including EMD            |
| <input type="checkbox"/> ARC designation/ shelter survey   | <input type="checkbox"/> Showers, bathrooms, hygiene facilities                      |
| <input type="checkbox"/> Not in a flood plain              | <input type="checkbox"/> Ability to shelter 500+ people at 20 square feet per person |
| <input type="checkbox"/> Close proximity to a hospital     | <input type="checkbox"/> Adequate parking  |
| <input type="checkbox"/> Building security                 | <input type="checkbox"/> Other (specify)   |

The following table lists all shelter locations. Add rows as needed.

List of Shelters					
Indicate Shelter Type in Column 1:					
•Primary •Alternate •Transitional •Animal					
Type	Issues	Facility Name	Capacity	Shelter Location & Contact	Local EMD & Contact



The following table lists shelters appropriate for a variety of emergencies.

Shelters Appropriate During Specific Emergencies		
Event	Shelter Best Suited	Shelter Name
Flooding	Identify the shelters that are out of the floodplain	
Extended power outage	Identify the shelters that have generators	
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	
Other (Specify)		

## SHELTER LOCATIONS WITH EVACUATION/TRANSPORTATION ROUTES, HOSPITALS ETC.

*Map to be inserted.*

## LOCATION SPECIFIC INFORMATION

*After choosing shelter locations, the Shelter Team conducts assessments. Maintain documentation about each shelter location in **Appendix B**, along with detailed information about the shelter. Include:*

- *List of Shelters: Form*
- *Shelter Assessment: Form*
- *American Red Cross Shelter Surveys*
- *Facility Use Agreements: Form*
- *Contact Information: Form*

## Shelter Equipment Supplies and Staffing

### SHELTER SUPPLIES

#### Locations of Sheltering Supply Caches in Western Massachusetts

The Western Region 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 shelter supplies are insufficient, the Massachusetts Emergency Management Agency (MEMA) is responsible for allocating resources.

**Procedure:** Only the Shelter Manager, Incident Commander, Regional Emergency Operations Center or regional Multi-Agency Coordination Center (MACC) may request resources.

Contact the ESF 6 desk at the Massachusetts Emergency Management Agency (MEMA) in Framingham, MA at (508) 820-2000.

### MEMORANDA OF UNDERSTANDING

The [Shelter Entity] has entered in to agreements with a variety of supply, equipment and service providers. Sample MOUs and lists of suggested MOUs are found in the Form section.

*Complete the summary tables and keep in Appendix A.*

### STAFFING

Suggested staffing levels are found in the Forms section.

The Shelter Team has established a Shelter Management Team composed of trained credentialed professionals, familiar with shelter facilities and specialized components of shelter management. Shelter Support Team includes subject Matter Experts. Choose all that apply.

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

The Western Incident Management Team may also be available to provide support.

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. A list of Memoranda of Understanding with these groups is in Appendix A.

## Financial Protocols, Emergency Plans, Policies and Procedures

### ESTIMATE SHELTER COSTS

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

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

Expense	Cost
Food	\$15
Dormitory and Comfort Supplies:	\$3
HVAC and Electricity	\$3
Cleaning and Sanitation	\$2
Miscellaneous	\$2
Total	<b>\$25</b>

### 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 by the municipality impacted by the emergency. Volunteer time can be used to offset required matching funds, so tracking everyone's time and other donations is important. The Finance Manager needs to work closely with the EOC/Incident Commander and impacted communities to ensure compliance with all reporting and record keeping requirements. The use of donations should also be tracked.

**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.<sup>1</sup> 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 [Shelter Entity] 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.

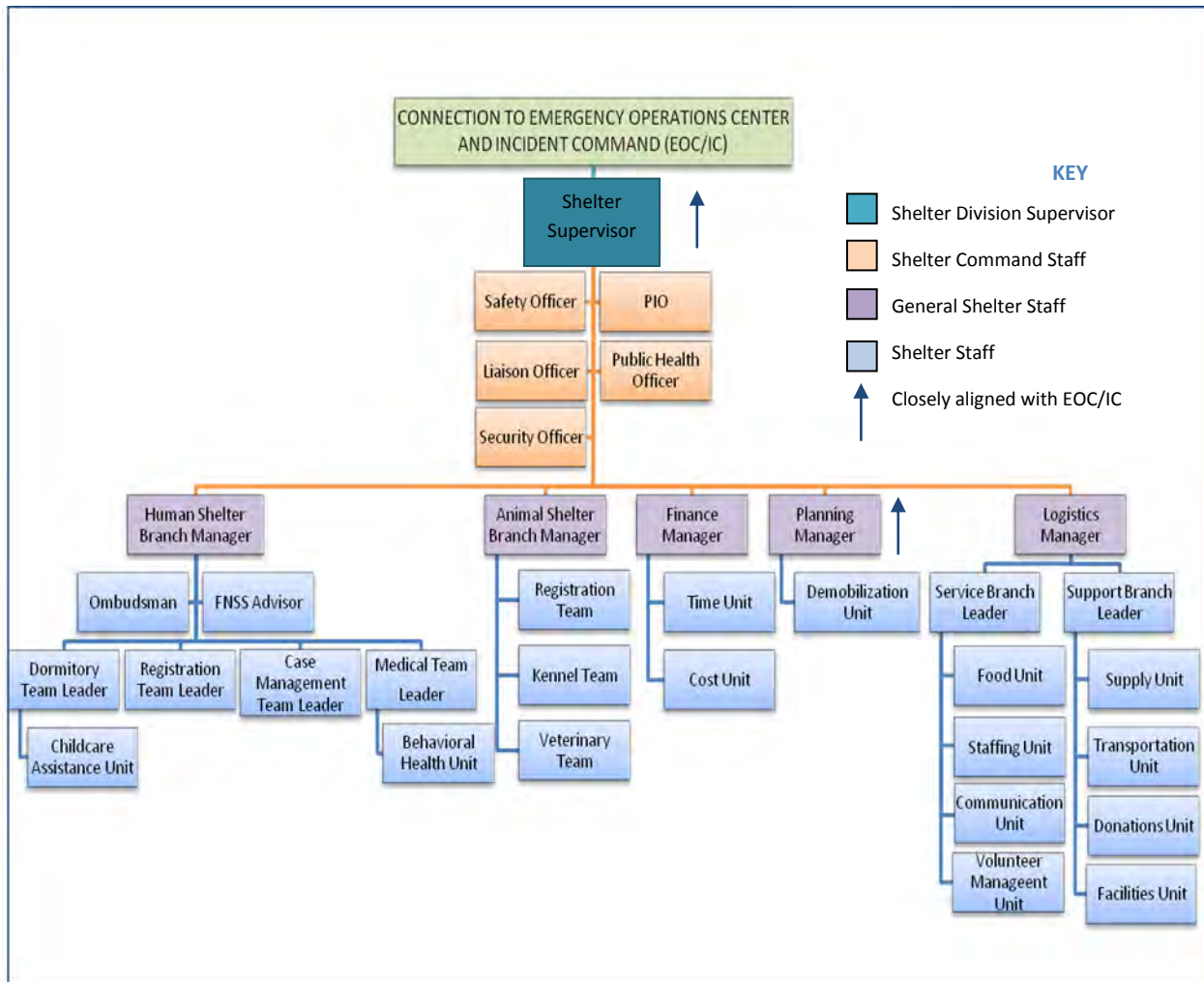
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<sup>1</sup> [http://www.fema.gov/government/grant/pa/9523\\_19.shtm](http://www.fema.gov/government/grant/pa/9523_19.shtm)

## Shelter Operations

### INCIDENT COMMAND

The [Shelter Entity] has established the following incident command structure, which can be scaled to meet varying demands. The ICS structure is accompanied by an extensive set of Job Actions Sheets, which provide detailed guidance about roles and responsibilities. Job Action Sheets are located later in this plan.



## **STANDARD OPERATING GUIDELINES**

Shelter set-up and operations is described in detail in the Standard Operating Guidelines (SOG) portion of this plan.

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 After Action Report and Improvement Plan

## POLICIES AND PROCEDURES

The [Shelter Entity] has established policies and will establish others during a shelter response.

*Review and complete the following table. Add others as needed.*

Shelter Policy Checklist	
	<b>Statewide Policy Guidelines</b>
<input type="checkbox"/>	No one may be turned away from any shelter
<input 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
	<b>Requesting Resources from MEMA</b>
<input type="checkbox"/>	<b>Requesting Additional Supplies</b> Sub-Regional Shelter Branch Manager calls EOC to report dwindling inventories <ul style="list-style-type: none"> <li>Local EOC contacts other shelters to assess inventories</li> <li>Local EOC contacts regional MEMA office to request additional material.</li> <li>Regional MEMA office relays request to other communities in the region OR to the state emergency operations center (SEOC), depending on nature of incident.</li> </ul>
<input type="checkbox"/>	<b>Authorization to Distribute Medication</b> Personnel authorized to dispense medication will be determined by the Sub-Regional 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"/>	<b>Procuring Prescriptions</b>
<input type="checkbox"/>	<b>Standing Orders:</b> 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"/>	<b>Unaccompanied Minors</b> Distribution services to unaccompanied minors will be at the discretion of the Incident Commander, in consultation with the Sub-Regional 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.
	<b>Identification</b>
	Shelter residents must produce an acceptable form of identification in order to be admitted. <b>Acceptable forms of identification include these original documents (not copies):</b> <ul style="list-style-type: none"> <li>Driver's license</li> <li>State issued ID</li> <li>School identification card</li> <li>Valid passport</li> </ul> <b>Unacceptable forms of identification:</b> <ul style="list-style-type: none"> <li>Social security card</li> <li>Credit card</li> <li>Birth Certificate</li> <li>Expired passport</li> <li>Yearbook</li> <li>Written physical description</li> </ul>
	<b>Confidentiality/HIPPA</b>
<input type="checkbox"/>	<b>Media:</b> No personnel associated with Shelter Operations will speak to the press without the express written authorization of the Incident Commander.

<input type="checkbox"/>	<b>Media</b> <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.
	<b>Authorization to Use Shelter Site</b>
	<input type="checkbox"/> MOU available [indicate location] <input type="checkbox"/> See MOU Plan Chapter 2 Worksheet 4 Supplies and Resources <input type="checkbox"/> Community Emergency Management Plan (CEMP) <input type="checkbox"/> Other (specify)
	<b>Procurement of Private Property</b>
<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.
	<b>Use of Force</b>
<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]
	<b>Volunteer Requirements: Handling Spontaneous, Unidentified Volunteers</b>
<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 <a href="http://www.state.ma.us/chsb/cori/cori.html">www.state.ma.us/chsb/cori/cori.html</a> Sex Offender Registry Board      978-740-6400 <a href="http://www.state.ma.us/sorb/">http://www.state.ma.us/sorb/</a>
<input type="checkbox"/>	All volunteers/staff must display visible official shelter identification at all times
<input type="checkbox"/>	Spontaneous volunteers with proof of medical credentials will be allowed to serve in clinical capacity appropriate to their license/credential.
<input type="checkbox"/>	Spontaneous volunteers, without a copy of their license and whose credentials cannot be verified 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.
	<b>Safety</b>
<input type="checkbox"/>	<b>PPE:</b> All staff and volunteers will use standard precautions at all times. Additional PPE requirements will be determined by the IC, in consultation with the medical Team Leader.
<input type="checkbox"/>	<b>Force Protection:</b> Force Protection rosters will be determined by the Incident Commander.
<input type="checkbox"/>	<b>Needle Stick:</b> Customary needle stick protocol will be followed [Add your protocol here]
<input type="checkbox"/>	<b>Emergency Medical Services</b> [will be/ will not] be available.
<input type="checkbox"/>	<b>First Aid:</b> Each 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"/>	<b>AED</b> [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.
	<b>Registered Sex Offenders in Disaster Shelters</b>
<input type="checkbox"/>	During shelter registration, the sex offender should disclose the information. Local law enforcement should work registration and the security officer to determine what is best for the safety of those in the shelter. It will need to be reviewed on a case-by-case basis.
	<b>Childcare Safety</b>
<input type="checkbox"/>	A child may never be alone and unaccompanied. In the Childcare area, when children are present, at least two adults must be present at all times. No child should be left alone with one adult who is not 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 years of age.
<input type="checkbox"/>	Children will only be released to the parent, guardian, caregiver or designee listed on the registration form.
<input type="checkbox"/>	The parents, guardians or caregivers are responsible for identifying any special needs for the child/children (food allergies, behavioral issues, medications, etc.)
	<b>Shelter Rules</b>
	<b>The following shelter rules will be enforced to protect all clients:</b> <i>[Add rules as needed]</i>
<input type="checkbox"/>	Sign in entering the shelter.
<input type="checkbox"/>	All visitors must sign in and sign out.
<input type="checkbox"/>	You are responsible for your belongings. Keep valuables locked in cars 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"/>	We appreciate your help with keeping the shelter neat and tidy.
	<b>Personnel Policies</b>
<input type="checkbox"/>	Workers compensation policies. <i>[Add policy outline here for paid staff and volunteers, as necessary]</i> Paid Staff Volunteers
<input type="checkbox"/>	Other liability protections <i>[Specify here]</i> Paid Staff Volunteers
<input type="checkbox"/>	Community emergency compensation policy <i>[Specify here]</i>
<input type="checkbox"/>	Flexible Work options policy for paid staff <i>[Specify here]</i>
	<b>Stand Down Orders</b>
<input type="checkbox"/>	If at any time the Safety Officer or the Incident Commander issues a stand down order, the shelter site will be deactivated.
<input type="checkbox"/>	Shelter Plan added to CEMP



## Appendix A

Plan Endorsement Memoranda of Understanding

Supply, equipment, service and staffing MOU List

## Appendix B

List of Shelters, with Maps (Regional, Floor Plan, Exterior)

ARC Assessments

Facility Use Agreements

Facility/Municipal Contact Information

## Appendix C

Accompanying materials include:

### FORMS

Plan Endorsements  
Memoranda of Understanding  
Facility Use Agreements  
Access and Functional Needs MOU  
Partner Contact List  
Incident Action Plan Cover Sheet  
Incident Action Plan  
ICS 201 – Incident Briefing Form  
ICS 202 – Incident Objectives & Update Form  
ICS 202b – Station Objective & Update Form  
Shelter Command  
ICS 203 – Organizational Assignment List  
ICS 205b- Personnel & Communications List  
ICS 206 –Responder Medical Plan  
ICS 211 – Personnel Sign-In  
Regional Shelter Command Finance  
ICS 210 – Resource Status Finance Tracking  
ICS 213 – General Message/Resource Request  
ICS 308 Resource Request Form  
Incident Report  
Complaint Form  
Action Log  
Shelter Policy Checklist  
Invoice  
Media call intake form  
Press Release Shelter Update  
Press Release Request for Emergency Shelter Volunteers  
Press Release Request for Emergency Shelter Donations  
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  
Shelter Bulletin: Resident Meeting Announcement  
Shelter Suitability for All-Hazards  
Shelter Descriptions  
Shelter Planning  
Detailed Shelter Descriptions  
Shelter Maps

Shelter Communication Capabilities  
Shelter Supply List  
Facility Walk-Through Assessment Form  
Shelter Security Plan  
Shelter Map: Interior and Exterior  
Shelter Area with ICS Positions  
Suggested Shelter Signs  
Food Establishment Inspection Report  
Special Needs One Day Meal Plan  
Command Operations  
Food and Water Emergency Planning  
Functional Needs Assistance Request Form  
Staffing Level guide  
Shelter Staff/Volunteer Emergency Information Form  
Shelter Staff/Volunteer Confidentiality Agreement  
Environmental Health Assessment Form  
Access and Functional Needs Intake Form  
Childcare Unit Registration Form  
Client Case Management Registration Form  
Shelter Client Participation Agreement  
Shelter Client Authorization To Release Information  
Shelter Client Media Release Form  
Shelter Check-In/Check-Out Form  
Service Animal Check-in/Check-out Form  
Shelter Client Discharge Form  
Shelter Rules and Regulations  
Special Needs One Day Meal Plan  
Transportation Request Form  
Available Shelter Supplies  
Available Shelter Supplies  
Resource Inventory Tracking Form Donations Tracking Form  
Health Record Form

## **STANDARD OPERATING GUIDELINES**

### **Job Action Sheets (See Separate Electronic File)**

Shelter Incident Command Operations Hierarchy  
Common Required Response Actions  
Supervisor  
Branch Operations Manager  
Safety Officer  
Public Information Officer  
Liaison Officer  
Shelter Public Health Officer  
Shelter Security Officer

Shelter FNSS Advisor  
Shelter Dormitory Team Leader  
Childcare Assistance  
Registration Team Leader  
Medical Team Leader  
Behavioral health Unit  
Regional Animal Shelter Branch Manager  
Kennel Team  
Veterinary Team  
Finance Manager  
Cost unit  
Time Unit  
Planning Manager  
Logistics Manager  
Service Branch Leader  
Support Branch Leader  
Supply Unit  
Transportation Unit  
Regional Animal Shelter Registration  
Food Unit  
Facilities Unit  
Volunteer Management  
Staffing Unit  
Donation Unit

## **EXCEL SPREADSHEET**

List of suggested supplies/equipment  
Western Mass Media Channels

## **SHELTER SIGNS ELECTRONIC FILE**



# HAMPDEN COUNTY MUNICIPALITIES SHELTER PLANNING MATERIALS & INFO

Standard Operating Guidelines

# Standard Operating Guidelines (SOG) 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 <b>Assessment</b> of the Event: need and level of mass care/sheltering required	0 - 3 hours
<input type="checkbox"/>	Contact relevant <b>Response Partners</b> : LHD, EMD, CEO, MRC, Interpreter Strike Team	.25 – 1 hour
<input type="checkbox"/>	Establish <b>Command and Control</b> : clarify who is in charge/responsible for Mass Care	.50 – 2 hours
<input type="checkbox"/>	Initiate Risk Communications and Emergency <b>Public Information</b> and Warning	1 – 3 hours
<input type="checkbox"/>	Review <b>Emergency Plans</b> , Policies and Procedures, including financial protocols	2 – 4 hours
2.	Operations	Time Frame
<input type="checkbox"/>	Confirm <b>Unified Command</b> Roles: who is doing what	1 - ongoing
<input type="checkbox"/>	Complete Shelter <b>Facility Walk-through</b> /Assessment: is the shelter safe and adequate	2 - ongoing
<input type="checkbox"/>	Determine/Request Shelter <b>Logistical Needs</b> and Resources, including Volunteers	3 - ongoing
<input type="checkbox"/>	Complete Shelter <b>Set-up and Open</b>	3 - ongoing
<input type="checkbox"/>	Establish <b>Volunteer</b> Management Systems/Policies	4 - ongoing
<input type="checkbox"/>	Meet <b>Transportation</b> Needs	4- ongoing
<input type="checkbox"/>	<b>Monitor</b> Operations: Health, Safety , Functional Needs and begin Case Management	5 - ongoing
<input type="checkbox"/>	<b>Plan</b> for Next Operational Period and Shelter Closing	6 - ongoing
3.	Recovery	Time Frame
<input type="checkbox"/>	<b>Case Management</b> : new normal transition - home, temporary housing, long term care	ongoing
<input type="checkbox"/>	Lift Orders and assist with shelter cleaning and <b>closing</b>	As appropriate
<input type="checkbox"/>	Support <b>recovery</b> and return to normal operations	ongoing
<input type="checkbox"/>	Submit <b>Forms</b> and complete After Action Report and Improvement Plan	30 days
<b>Quick Overview:</b> Shelters are like mini villages, often populated by individuals with varying functional needs, especially cultural, health and animal needs. Shelter Managers skip to <b>Operations</b> for:		
	Shelter <b>Site Assessment</b> /Personnel Safety: facility owner, building inspector., fire, police, CERT	
	Safe <b>Food, Water</b> , Housing: work with public health, MRC, Red Cross, Salvation Army, Faith Community	
	Shelter <b>Volunteers</b> /Logistics - Minimum 4 staff/volunteers per shift for an overnight shelter	
	<b>Communications</b> with the Emergency Operations Center (EOC)/Unified Commander (Fire, EMD)	
	<b>Medical/Behavioral</b> Health works with MRC, EMS, hospitals and Long-Term Care	
	<b>Case Management</b> assists disaster impacted individuals in creating/managing their own Recovery Plan	
	<b>Functional Needs</b> Individuals work with MRC, CERT,EMS, community agencies/organizations	
	<b>Service Animals/Pets</b> : work with MRC/DART, veterinarians, kennels, farmers	
	<b>Resource/Donation</b> 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"/>	<b>Assess and verify the scope of the emergency/threat: does it need immediate emergency response/action.</b>	ICS Form 201 Incident Briefing Form
<input type="checkbox"/>	<b>Call the local Emergency Management Director (EMD)</b>	MEMA 24/7 call line 413.821.1500
<input type="checkbox"/>	<b>Summarize the event; estimate how long the situation will last. Determine what type of shelter is needed. Activation Triggers</b>	DPH 24/7 Epidemiologist (Epi) on duty <b>617-983-6800</b>
<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)	<b>Facility Assessment FORM</b>
<input type="checkbox"/>	Medical/functional needs shelter (60 sf./ person)	
<input type="checkbox"/>	Pet Shelter as needed	
<input type="checkbox"/>	<b>Where/when/source/scope:</b> how many individuals/communities	Note: 10-15% of affected population are likely to seek shelter
<input type="checkbox"/>	<b>Risk Factors/Exposure/Protective Actions</b>	Disease fact sheets – BOH/DPH
<input type="checkbox"/>	<b>Assess impacted population and population health needs</b>	CEMP, HVA, Emergency Plans, IRAA
<input type="checkbox"/>	<b>Language needs and Interpreter resources and other access and functional needs assessment</b>	IRAA CEMP Annex/FNSS Plans
Risk Communication Activities		Media Resources
<input type="checkbox"/>	<b>Develop and Send Initial Public Messages</b>	
<input type="checkbox"/>	This is an evolving emergency...	Reg. Shelter Plan – <b>PIO FORM</b>
<input type="checkbox"/>	We have activated our emergency plan...	<b>Media Call Intake FORM</b>
<input type="checkbox"/>	Local officials are investigating the situation...	Templates, prewritten message and press release forms found in:
<input type="checkbox"/>	This is what we know right now...	<input type="checkbox"/> PIO Toolkit
<input type="checkbox"/>	Stay informed and follow official instructions...	<input type="checkbox"/> CEMP
<input type="checkbox"/>	We will get back to you in 2 hours...	<input type="checkbox"/> Emergency Plans
<input type="checkbox"/>	Emergency Shelter locations will be announced....	
<input type="checkbox"/>	<b>Activate the local emergency public joint information system (JIS)</b>	
<input type="checkbox"/>	<b>Establish situational awareness with neighboring jurisdictions through the EOC</b>	
Contact relevant response partners		Resources
<input type="checkbox"/>	<b>Begin Notification:</b> Ensure all response partners maintain accurate Situational Awareness and understand the emergency.	
<input type="checkbox"/>	<b>Call Internal Contacts</b>	Internal Emergency Contact List
<input type="checkbox"/>	Board of Health/Health Agents staff and members	Public Health Pocket Cards
<input type="checkbox"/>	Emergency Management Director (EMD)	



	Mayor/Selectboard/Town Manager	HHAN, email, reverse 911
	Public Information Officer (PIO); Spokesperson(s)	
	Police, fire, roads (DPW), water/sewer, building, nursing, etc.	
	Shelter Team Points of Contact/Leaders	
<input type="checkbox"/>	<b><i>Call External Contacts as needed</i></b>	<b>Partner Contact List FORM</b>
	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 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)	
	Interpreter Strike Team Leader	Massachusetts Registry of Interpreters for the Deaf
	Regional / Local Emergency Planning Committee (REPC/LEPC)	<a href="http://www.WesternMassReady.org">www.WesternMassReady.org</a>
	Medical Reserve Corps (MRC)	(413) 454-5163 – MRC Region 1; county or unit coordinator <a href="http://www.wmmrc.org">www.wmmrc.org</a>
	Community Emergency Response Team (CERT)	
	American Red Cross (ARC)	24 hour phone Pioneer Valley: 413-737-4306 Greater Westfield: 413-562-9684 Berkshire County: 800-332-2030
	Salvation Army: Disaster Services	(617) 542-5420 <a href="http://www.salvationarmy-usaeast.org">www.salvationarmy-usaeast.org</a>
	Schools	
	Sheriff's Department	Some HSC equipment stored here
	Public Safety Answering Points (PSAP) 9-1-1 services	
<b>Risk Communication Messages</b>		<b>Media Resources</b>
<input type="checkbox"/>	<b><i>Develop and Send Workforce/Responder Protection Messages</i></b>	
	Responders should take the following protective actions...	
<input type="checkbox"/>	<b><i>Situational Awareness Update:</i></b> <ul style="list-style-type: none"> <li>• Who is in charge</li> <li>• Current Status of Emergency</li> <li>• Sympathy for victims</li> <li>• What is being done to address the emergency</li> <li>• Sources of more information</li> </ul>	

<input type="checkbox"/>	<b><i>Risk Communications Messages:</i></b> <ul style="list-style-type: none"> <li>• Evacuate/Don't evacuate</li> <li>• Disease and injury prevention</li> <li>• Hospitals are at capacity/available. Seek medical advice only if you have a life threatening emergency or these symptoms.....</li> <li>• Sources of safe food and water &amp; Points of Mass Distribution for bulk water and food</li> <li>• Boil, Do Not Use or Do Not Drink orders</li> <li>• Filtering and Disinfection procedures</li> <li>• Risk of using perishable, contaminated, compromised food and water</li> </ul>	
<input type="checkbox"/>	<b><i>Continue to Inform the Public</i></b>	
	Continue to monitor ... for official information....	
	Shelter will open at.... (when/where)	
	<ul style="list-style-type: none"> <li>▪ Who should go/not go to shelter (only individuals who can care for themselves or bring a caregiver)</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Bring/<u>DON'T</u> bring bedding, toys, clothing, food, pets, personal care items, comfort items, prescriptions, medications,</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Don't bring weapons, alcohol, illegal drugs, farm animals, valuables</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Pets accepted/not accepted. What to bring: <ul style="list-style-type: none"> <li>○ Immunization records, leash, cage, food, medications</li> </ul> </li> </ul>	
	Safe routes; and/or provided transportation	
	How to secure your home before leaving:	
	<ul style="list-style-type: none"> <li>○ Lock/Don't lock houses; post notices on house for responders regarding pets, hazards, occupancy</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Turn off utilities (gas, water, electric main, etc.)</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Secure and drain house water pipes if appropriate</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Pets, farm animals care options...</li> </ul>	
	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:	
	<ul style="list-style-type: none"> <li>▪ Check on your neighbors...</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Shelter in place safely...</li> </ul>	

	▪ Shelter will open soon...	
	▪ Take these protective precautions/actions...	

Establish Command and Control		Resources
<input type="checkbox"/>	<b>Clarify Unified Command Structure and Chain of Command</b>	
	Unified Commander (UC) identified	CEMP
	Consider Unified Command	
	Unified Command Post (UCP) 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"/>	<b>Determine and assign Unified command roles</b>	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 IRAA 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	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"/>	<b>Respond to designated command location: Emergency Operation Center (EOC) or Unified Command Post (UCP)</b>	EOC Location and Phone
<input type="checkbox"/>	<b>Receive situation awareness report from the Emergency Management Director (EMD) or Unified Commander (UC)</b>	ICS 201: Incident Briefing Report ICS 202: Incident Objectives
<input type="checkbox"/>	<b>Continue Ongoing Activities</b>	
	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"/>	<b>Risk Communication Roles, Positions, Locations</b>	Hampshire PIO Tool Kit
	Designate the Incident Public Information Officer (PIO)	CEMP and Risk Communication Plan
	Unified Commander approves all communications/messages	EDS Communication Plans
	Joint information Center or System (JIC/JIS) (virtual or physical) established as needed for event	Region 1 PIO Standard Operating Guidelines

	Spokesperson(s) chosen	Trusted Source; PIO Check list
	Subject matter experts identified	<b>PIO JAS</b>
	Location for press briefing established	<b>Media Intake FORM</b>
	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"/>	<b><i>Establish a separate Media Information Center for press briefings</i></b> <ul style="list-style-type: none"> <li>Food, water, HVAC, lighting, sanitation, tables, chairs</li> <li>Telephones, internet, cell service</li> <li>Security to check press credentials and maintain order</li> </ul>	
<input type="checkbox"/>	<b><i>Review/Revise the Risk Communication Plan/Media Policies with the EMD, PIO, CEO, JIS/JIC, based on the Incident Action Plan</i></b>	Risk Communication Plan Communications Plan (ICS 205)
	<b>Reminder:</b> Make sure shelter opening is reported to web Emergency Operations Center, online / calling (413) 750 – 1400. EMD should report shelter opening to Mass211 as well.	
<input type="checkbox"/>	<b><i>Determine the essential messages/ public information</i></b>	Interpreter Strike Team
	Situational Awareness	Disease and Injury Fact Sheets
	Disease/injury prevention	
	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"/>	<b><i>Sources of more information</i></b>	
	<input type="checkbox"/> Websites	<input type="checkbox"/> Local media
	<input type="checkbox"/> Hotlines	<input type="checkbox"/> Twitter
	<input type="checkbox"/> Mass 211	<input type="checkbox"/> Facebook
<input type="checkbox"/>	<b><i>Determine how you will notify the public</i></b>	
	<input type="checkbox"/> TV	<input type="checkbox"/> Printed handouts
	<input type="checkbox"/> Radio	<input type="checkbox"/> Hotlines
	<input type="checkbox"/> Newspapers	<input type="checkbox"/> Mass 211
	<input type="checkbox"/> Websites	<input type="checkbox"/> Simultaneous interpretation
	<input type="checkbox"/> Other language media	<input type="checkbox"/> Reverse 911 Systems
	<input type="checkbox"/> Social media	<input type="checkbox"/> Other
<input type="checkbox"/>	<b><i>Draft messages appropriate to media used and public reached</i></b>	
	Multiple languages and formats	
	Updated frequently	
	Volunteer opportunities	
<input type="checkbox"/>	<b><i>Brief Incident Spokesperson(s)</i></b>	
	3 key messages	
<input type="checkbox"/>	<b><i>Monitor public reaction and establish methods for public interaction/information exchange</i></b>	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"/>	<b>Issue Public Information, Warnings, Notifications</b>		
	Coordinate messages with:		Joint Information System
<input type="checkbox"/>	<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		<b>Media Call Intake FORM</b>
	Hold press alerts and conferences as needed		<b>Press Release FORMS</b>
	Brief spokespersons on key messages		ICS 223 – Health & Safety Message
	Ensure Unified Commander approval of all information releases		
<b>Risk Communication      Logistical Needs</b>			<b>Resources</b>
	Computer and cables	Paper, Pens, Clipboards	Region 1 PIO Standard Operating Guidelines
	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)	

<b>Review Emergency Plans, Policies and Procedures</b>		<b>Resources</b>
<input type="checkbox"/>	<b>Review Shelter Plans</b>	Local Shelter Plans
<input type="checkbox"/>	<b>Review Legal Authority</b>	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"/>	<b>Review Financial Protocols, Plans, Policies and Procedures</b> <ul style="list-style-type: none"> <li>Who has the authority to commit financial resources?</li> <li>Has this authority authorized financial resources for the shelter?</li> <li>Has the municipality formally declared a state of emergency?</li> <li>Is this authorization in writing?</li> </ul>	Shelter Plan <b>Finance Tracking FORM</b> <b>Resource Inventory Tracking FORM</b>
<input type="checkbox"/>	<b>Review Food Establishment Emergency Plans</b>	Food Establishment Emergency Plans
<input type="checkbox"/>	<b>Review IT/Data Management Systems and Protocols</b>	
<input type="checkbox"/>	<b>Assist IC with development of the Incident Action Plan (IAP)</b>	<b>Incident Action Plan FORM</b>
<input type="checkbox"/>	<b>Establish Financial tracking systems as appropriate</b>	<b>Finance Tracking FORM</b>
<input type="checkbox"/>	<b>Use Incident Command System (ICS) forms</b>	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		
<b>Confirm Incident Command Roles</b> (suggested minimums)		<b>ICS 201 Incident Briefing Form ICS 203 Organizational Assign.</b>
	Incident Commander	JAS
	Public Information Officer (PIO)	JAS
	Operations (Shelter Branch Manager / Shelter Manager) <ul style="list-style-type: none"> <li>• Registration</li> <li>• Dormitory/Child Care Assistance</li> <li>• Medical/behavioral health</li> <li>• Case Management</li> </ul>	JAS
	Safety and Security Officer (Shelter)	JAS
	Animal Shelter Branch Manager	JAS
	Finance Manager <ul style="list-style-type: none"> <li>○ Data Management</li> <li>○ Financial Management <ul style="list-style-type: none"> <li>• Time Unit</li> <li>• Cost Unit</li> </ul> </li> </ul>	JAS
	Planning/Demobilization Manager	JAS
	Shelter Logistics:	JAS
	○ Service Branch	JAS
	• Food Unit	JAS
	• Staffing Unit	JAS
	• Volunteer Management Unit	JAS
	• Communications (Internal / External) Unit	JAS
	○ Support Branch	JAS
	• Supply Unit	JAS
	• Transportation Unit	JAS
	• Donations Management Unit	JAS
	• Facilities Management Unit	JAS
<b>2. Establish Communications with the EOC/REOC</b>		JAS Communications
<b>3. Complete Shelter Facility Walk-through/Assessment</b>		
<input type="checkbox"/> <b>Red Cross Designation</b>	<input type="checkbox"/> <b>Life Safety</b>	<b>Shelter Assessment Team:</b> <ul style="list-style-type: none"> <li>• Shelter Supervisor/Manager</li> <li>• Facility Representative</li> <li>• Logistics Section</li> <li>• Inspector of Buildings</li> <li>• Health Officer/Inspector</li> <li>• Fire Inspector</li> <li>• Universal Design (FNSS) Specialist</li> </ul> <b>Facility Assessment FORM</b>  <b>Environmental Health</b>
<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,	<input type="checkbox"/> Potable water/adequate sewer	

	cooking, snacks, drinks		<b>Assessment FORM</b>  <a href="http://www.cdc.gov/nceh/ehs/Docs/Guide_for_Local_Jurisdictions_Care_and_Shelter_Planning.pdf">http://www.cdc.gov/nceh/ehs/Docs/Guide_for_Local_Jurisdictions_Care_and_Shelter_Planning.pdf</a>	
<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"/>		
<b>Functional Needs/Universal Design/Accessibility</b>				
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			<b>Special Needs Menu FORMS</b>	
<b>Water Supplies</b>		<b>Food Supplies</b>		
<input type="checkbox"/>	- Tested/known drinking water	<input type="checkbox"/>	- Commercial, known sources	
<input type="checkbox"/>	- Bathing water; showers	<input type="checkbox"/>	- Meets dietary restrictions	
<input type="checkbox"/>	- 4 – 5 gallons per person/day	<input type="checkbox"/>	- Meets ethnic preferences	
<input type="checkbox"/>	- Alternate supply sources	<input type="checkbox"/>	- 2000 calories per day	
<b>4. Determine/Request Shelter Logistical Needs &amp; Resources</b>				
<input type="checkbox"/>	<b>Medical Supplies</b>		<b>See Appendix</b>	
<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"/>	<b>General Sheltering Supplies and Equipment</b>		<b>See Appendix</b>	
<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	
<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"/>	Personal Toiletries: sanitary napkins, toothbrushes, toothpaste	Cleaning and sanitizing supplies and equipment	
<input type="checkbox"/>	Diapers (infant and adult)	Baby supplies (formula, etc)	
<input type="checkbox"/>	Paper towels, toilet paper,	Fans (electric and hand)	
<input type="checkbox"/>	Games, toys	Staff Walkie-Talkies, whistle	
<input type="checkbox"/>	<b>Environmental Health Inspection Kits</b>		
<input type="checkbox"/>	Secure, locked container/ bag	Measuring Tape	
<input type="checkbox"/>	Thermometers: digital/manual	Clipboard, pens, paper	
<input type="checkbox"/>	Flash lights	Masking Tape and Markers	
<input type="checkbox"/>	Batteries: thermometer; flashlights	Inspection Forms	
<input type="checkbox"/>	Alcohol Wipes, hand sanitizer	Sanitizer Test Strips	
<input type="checkbox"/>	Disposable Gloves	Electrical Outlet tester	
<input type="checkbox"/>	<b>Other Supplies</b>		
<input type="checkbox"/>	Forms and information sheets	Flash lights and other lights	<b>Shelter Supply List FORM</b>
<input type="checkbox"/>	Tape measures	Blue/orange painters tape	
<input type="checkbox"/>	Markers and sign boards	Paper, pens, clipboards, clips	
<input type="checkbox"/>	Computers/printers	Crowd Control tape/devises	
<input type="checkbox"/>	<b>Functional and Access Needs</b>		
	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"/>	<b>Staffing Needs</b>		<b>ICS 203 Organizational Assignment</b>
	<b>Shelter Staff per shift (min. 4-6; maximum 12 hour/7 day shifts)</b> Large Shelter staff/clients = <b>34/200; 55/500; 97/1000</b>		Division/Group Assignment List (ICS 204)
	Shelter Manager	Medical/Mental Health	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.
	Security/Registration	Food/Dormitory/Sanitation	
	Child Care Assistance	Service Animals/Pets	
	<b>Shelter Safety and Security</b>		
	"Buddy" system for Volunteers	Law Enforcement available	
	Control Entrances/Exits	9-1-1 phone	
	Verbal and Written Warnings	Document Incidents	
	<b>Health and Safety Inspection Team: (1-2 inspections per day)</b>		
	Environmental Health	Building Safety	
	Food Safety	ADA/Universal Access	
	Medical	Fire Safety	
	Mental Health/Child Trauma	Wastes, pests, sanitation	
	<b>Credentialing requirements: Government Photo ID</b>		
	Affiliation with Health Department, Police, Fire,		
	Affiliation with MRC, ARC, CERT,		
	Unaffiliated volunteers should be CORI/SORI by local police or other		



	<b>Staff Support:</b>	
	Break area with food / water; communications	
	Person Protective Equipment such as masks and gloves	
	Risk Communication (See Communication Below)	
	Tactical Communications	
<input type="checkbox"/>	<b><i>Develop type and content of needed educational materials/methods</i></b>	Medical Reserve Corps: MRC101 ARC
<input type="checkbox"/>	<b><i>Develop resource management/inventory/accountability</i></b>	<b>ICS 210 Finance Tracking FORM</b>
<input type="checkbox"/>	<b><i>Required forms, documentation, paperwork</i></b>	Shelter Plan
<b>5. Complete Shelter Set-up and Open</b>		
	<b>Incident Command Post (ICP)/Manager's Station/ Security Station</b>	
	<b>Register Shelter with the National Shelter System (NSS)</b>	<a href="https://nss.communityos.org/cms/">https://nss.communityos.org/cms/</a>
	<b>Shelter Areas Established:</b> <ul style="list-style-type: none"> <li>○ Manager/Security/Communications</li> <li>○ Registration/Case Management</li> <li>○ Logistics and Supplies/Donations Management</li> <li>○ Food Prep/Service</li> <li>○ Dormitory</li> <li>○ Child Care Assistance/Recreational</li> <li>○ Medical Care/Quiet Area</li> <li>○ Staff/Break</li> <li>○ Service Animal Care (Pets should be in a nearby Pet Shelter)</li> <li>○ Isolation and Quarantine (maybe combined with security area)</li> </ul>	
	<b>ICS Shelter Staffing Chart</b> posted	Shelter Plan
	<b>Shelter Operating Policies and Procedures</b> posted	<b>Shelter Policy Check List FORM</b>
	<b>Shelter Emergency Evacuation Plan</b> posted	Facility Evacuation Plan
	<b>Shelter Log</b> maintained	<b>Action Log FORMS</b>
	<b>Shelter Staff:</b> 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)	
	<b>Shelter Client Registration</b>	<b>Client Registration FORM</b>
	Table, forms and signs near entrance	<b>Shelter Intake Assessment Form</b>
	Optional wristband/stamp/ID for Shelter Clients	<b>ARC Safe &amp; Well Registration FORM</b>
	Forms: Registration, Assessment, Shelter Guide/Rules	<b>Shelter Rules, Regulations FORM</b>
	Red Cross Safe and Well Website – let others know you are safe	<a href="http://www.safeandwell.communityos.org">www.safeandwell.communityos.org</a>
	Case Management Forms	

<b>Logistics/Supplies and Donation Management Area</b>	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)
<b>Food and Water Service Area</b>	<b>Massachusetts Guidance for Emergency Action Planning for Retail Food Establishments</b>
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	<b>Shelter Rules and Regulations</b>
Dining area: no food outside this area	
Hand-wash station a MUST + use of disposable gloves (non latex)	
Food holding: log time/temperatures	
<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	
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	
<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	<b>Food/Water Emergency Plan</b>
Bulk water must be from an approved source	
<b>Dormitory Area:</b>	
Bed spacing: 3 ft. between cots	
Family Areas with extra space for personal items	
Dormitory Area restricted to clients; quiet zone	
<b>Child Care/Recreation Areas (safe and separate): Managed by parents</b>	
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	
<b>Health, Medical and Mental Health Services Area</b>	
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	<b>Staff Confidentiality Agreement</b>
Medical Wastes (Red Bag)	MOU
Elec. outlets for durable medical equipment	
Infection Control Plan: air, droplet, direct/indirect contact	
12-Step Programs access : drugs, alcohol, tobacco	
<b>Special Needs Areas</b>	
Isolation/Quarantine Area for mildly ill clients	
Quiet area for functional needs clients	
<b>Service Animals/Pet Care Area</b>	<b>See Animal Shelter SOP</b>
<b>Shelter Communications</b>	
Tactical Communications with EOC/IC; Response Partners <ul style="list-style-type: none"> <li>o External: Phones, cell, internet, fax, radios, runners, HAM</li> <li>o Internal: Signs, radios, cell, PA system, runners, bullhorn,</li> </ul>	
Shelter signs, flyers, newsletters	
TV and Radio	
Public telephone/internet	
US Mail Service	
<b>General Shelter Rules Posted:</b>	
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	
<b>6. Establish Volunteer Management Systems/Policies</b>	
Must Sign in/Out at ____	<b>ICS 211 Personnel Sign In FORM</b>
Know your ICS role/supervisor	<b>Job Action Sheet</b>

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	<b>Shelter Privacy Statement</b>
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	
<b>7. Meet Transportation Needs</b>	
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
<b>8. Monitor Operations, including Health, Safety and Individual FNSS Needs</b>	Environmental Health and Safety Inspection Team
<input type="checkbox"/> <b>Ensure Health and Safety Inspections</b>	
Begin within 24 - 48 hours of setup	
2 or more times per day	<b>Environmental Health FORM</b>
Reports go to Shelter Manager/EOC	<b>Food Establishment Inspection FORM</b>
<input type="checkbox"/> <b>Coordinate safety, public health, medical and mental/behavioral health mass care services</b>	
Fire and Building Safety Inspections	
Triage (children, pregnant women, elderly, compromised immune systems, high risk)	<b>Intake FORM</b> <b>Medical Incident FORM</b>
<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	See Pet Sheltering SOG
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	
	Coordinate with Pet Shelters and pet supplies	See Pet Shelter SOG for detail
	Animal Quarantine locations	
	Animal Decontamination locations	
	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"/> <b>Monitor and ensure mass care population health</b>		
	<b>Monitoring of Medical Needs and Environmental Health and Safety</b>	
	<b>Monitor</b> First Responder, volunteer & client health for <ul style="list-style-type: none"> <li>○ Illness</li> <li>○ Injury</li> <li>○ Exposure</li> <li>○ Sanitary Survey/Assessment to identify potential risks</li> <li>○ Environmental Health Inspections to correct problems</li> </ul>	<a href="#">MDPH - Guide to Surveillance, Reporting and Control</a> , sections 3 and 4 of related disease chapter
	<b>Disease Surveillance</b> to identify outbreaks: <ul style="list-style-type: none"> <li>○ Waterborne: Typhoid, cholera, dysentery, infectious hepatitis, giardia, cryptosporidium, etc.</li> <li>○ Foodborne: hepatitis A, salmonella, listeria, campylobacter,</li> <li>○ Airborne/Droplets: measles, flu, etc.</li> <li>○ Screening/sampling for contamination and communicable diseases to prevent outbreaks</li> </ul>	CDC 24 hour Active Surveillance and Facility Report Forms
	<b>Begin Case Management Tracking for all shelter clients</b> <ul style="list-style-type: none"> <li>○ Document all client interactions and services</li> <li>○ Number and types of health needs addressed</li> <li>○ Number/type of medical services</li> <li>○ Medical Care Case Reports</li> </ul> Shelter Clients Case Management Reports	<b>Case Management FORM Activity Log FORM</b>
	<b>Refer individuals with health needs to appropriate agencies</b>	
<b>9. Plan for Next Operational Period and Shelter Closing</b>		
	<b>Begin Demobilization Planning:</b> <ul style="list-style-type: none"> <li>○ Create DRAFT Demobilization Plan and update daily</li> <li>○ Assess resources every 24 hours</li> <li>○ Identify excess resources</li> <li>○ Re-assign or deactivate</li> </ul> Obtain written sign-off before deactivation/returns	<b>Demobilization FORM ICS 221</b>
	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)	<b>Demobilization FORM</b>

	Plans for cleaning and restoring facility & equipment	
	<b>Risk Communications</b>	<b>Resources</b>
<input type="checkbox"/>	<b><i>Continue to develop Media Messages:</i></b>	
	<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	
	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	
	Translations into identified languages	
<input type="checkbox"/>	<b><i>Monitor Social Media to keep ahead of rumors</i></b>	
<input type="checkbox"/>	<b><i>Maintain communication with other jurisdictions to ensure that messages are consistent, timely and accurate</i></b>	

### 3. Recovery

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



# HAMPDEN COUNTY MUNICIPALITIES SHELTER PLANNING MATERIALS & INFO

Job Action Sheets

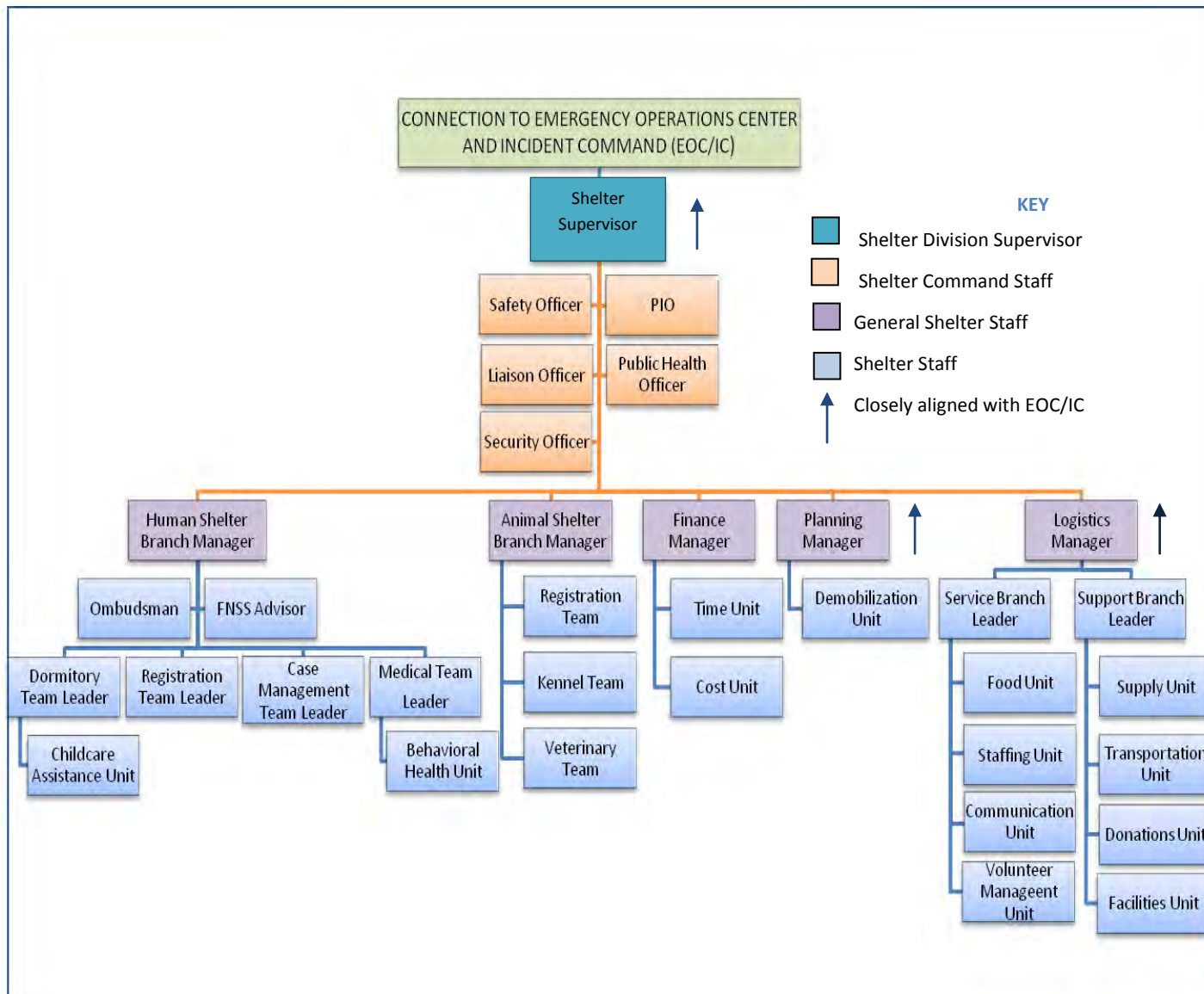


# Table of Contents

Shelter Incident Command Operations Hierarchy.....	2
Common Required Response Actions.....	3
Operations: Shelter Supervisor.....	4
Operations: Shelter Safety Officer.....	8
Operations: Shelter Public Information Officer.....	10
Operations: Shelter Liaison Officer.....	14
Operations: Shelter Public Health Officer.....	16
Operations: Shelter Security Officer.....	19
Operations: Shelter Branch Manager.....	22
Operations: Shelter FNSS Advisor.....	26
Operations: Shelter Ombudsmen.....	28
Operations: Shelter Dormitory Team Leader.....	30
Operations: Shelter Childcare Assistance.....	32
Operations: Shelter Registration Team Leader.....	34
Operations: Shelter Case Management Team.....	36
Operations: Shelter Medical Team Leader.....	40
Operations: Shelter Behavioral Health Staff.....	43
Operations: Animal Shelter Branch Staff.....	45
Operations: Animal Shelter Registration.....	48
Operations: Shelter Kennel Team.....	50
Operations: Shelter Veterinary Staff.....	53
Operations: Shelter Finance Manager / Staff.....	56
Operations: Shelter Cost Staff.....	57
Operations: Shelter Time Unit.....	59
Operations: Shelter Planning Manager.....	61
Operations: Shelter Logistics.....	63
Operations: Shelter Service Branch Leader.....	66
Operations: Shelter Food Unit.....	69
Operations: Shelter Staffing Manager.....	73
Operations: Shelter Volunteer Management.....	76
Operations: Shelter Communications Manager / Staff.....	79
Operations: Shelter Support Branch Manager / Staff.....	82
Operations: Shelter Supply Manager / Staff .....	85
Operations: Shelter Transportation Manager / Staff .....	87
Operations: Shelter Donation Manager / Staff .....	90

**The Western Region Homeland Security Advisory Council ([www.wrhsac.org](http://www.wrhsac.org)) and the Region 1 Public Health Coalitions provided funding and support for this project.**

## SHELTER INCIDENT COMMAND OPERATIONS HIERARCHY



# Shelter Job Action Sheet

## Operations: Common Required Response

### 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

# Shelter Job Action Sheet

## Operations: Shelter Supervisor

Job Description	
<ul style="list-style-type: none"> <li>Responsible for all aspects of shelter operations for the region</li> </ul>	
<ul style="list-style-type: none"> <li>Ensures the provision of all shelter services</li> </ul>	
<ul style="list-style-type: none"> <li>Ensures the health and safety of all staff and clients</li> </ul>	
<ul style="list-style-type: none"> <li>Authorizes all shelter expenditures after approval by the Incident Commander</li> </ul>	
<ul style="list-style-type: none"> <li>Collects and maintains all job Activity Logs and submits all reports for the sheltering response</li> </ul>	
Reports to	Contact Information
Incident Commander	
Supervises	
Shelter Public Information Officer (PIO)	
Shelter Safety Officer	
Shelter Security Officer (may report to Law Enforcement)	
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	627 Randall Road, Ludlow: (413) 547-8000
American Red Cross (ARC)	24 hour phone Pioneer Valley: (413) 737-4306
Salvation Army	(617) 542-5420
Western Mass Medical Reserve Corps	<a href="http://www.wmmrc.org">www.wmmrc.org</a>
Western Region Homeland Security Advisory	<a href="http://www.wrhsac.org">www.wrhsac.org</a>
Boards of Health (BOH)	

# Shelter Job Action Sheet

## Operations: Shelter Supervisor

### Forms, Protocols, and Other Resources

Item	Description/Notes	Quantity/Location
<input type="checkbox"/> Copy of Shelter Plan with FORMS/LISTS/JAS		
<input type="checkbox"/> 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"/> 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 Shelters with the Incident Command/EOC
- ☐ Designate and activate Command Staff positions as needed:
- ☐ Review if available the ARC Assessment of the Shelter Facility to determine capacity and resources  
(Note: 10-15% of the impacted population can be expected to use a 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

# Shelter Job Action Sheet

## Operations: Shelter Supervisor

- ☐ 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

# Shelter Job Action Sheet

## Operations: Shelter Supervisor

- ☐ 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 [Shelter Entity]
  - 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 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
- ☐ 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

# Shelter Job Action Sheet

## Operations: Shelter Safety Officer

Job Description		
<ul style="list-style-type: none"> <li>▪ Ensures the health and safety of all shelter Staff and clients by monitoring the fire and building safety code compliance</li> <li>▪ Monitors all operations for life safety issues</li> </ul>		
Reports to	Contact Information	
Shelter Supervisor		
Supervises		
Safety Staff		
Partner Agencies	Contact Information	
Mass State Police	555 King St., Northampton: ( 413) 587-5514	
Sheriff's Department	627 Randall Road, Ludlow: (413) 547-8000	
Local Law Enforcement		
Local Fire Departments		
Local Building and Health Departments		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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 Shelter operation announcement with the 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		



# Shelter Job Action Sheet

## Operations: Shelter Safety Officer

- ☐ 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 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 Shelter Manager, Facility Manager/Representative
  - ☐ Turn in all logs to supervisor
  - ☐ Participate in the After Action Report process, including identification of areas for improvement

# Shelter Job Action Sheet

## Operations: Shelter Public Information Officer

Job Description			
<ul style="list-style-type: none"> <li>▪ Ensures all public information has been approved by the Incident Commander (IC)</li> <li>▪ Briefs and supports the Incidence Spokesperson</li> <li>▪ Determines the most effective communication methods with the public, including those with functional/access needs</li> <li>▪ Works with Media to provide risk communication services to the public about the regional human and animal shelters</li> <li>▪ Monitors media outlets for rumors and information needs; works with Media to ensure correct information/messages</li> <li>▪ Works closely with other and local shelters, IC, and EOC to ensure that messages are coordinated and relevant</li> <li>▪ Coordinates Agency outreach messages with the Liaison Officer</li> <li>▪ Works with IC, EOC, Shelter Supervisor/Manager, Communications, Security to facilitate the visits of dignitaries</li> </ul>			
Reports to		Contact Information	
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"/>	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 Shelter Plan	
<input type="checkbox"/>	Minimum Equipment Recommendations	Multiple phone lines, radios, smart phone, laptop with internet, printer, TV, fax, printer, copier, files, pens/paper, markers	1 each

# Shelter Job Action Sheet

## Operations: Shelter Public Information Officer

### Initial Planning Actions

- ☐ Plan for a Shelter operation Public Information announcement with the Shelter Supervisor or Incident Command/EOC
- ☐ Review Region 1 PIO Standard Operating Guide (SOG)
- ☐ Appoint Staff as needed:
  - Incident Public Information Officer (PIO)
  - Incident Spokesperson
  - Subject Matter Experts (SME)
  - Receptionist: man phones and answer questions
- ☐ Set up PIO Joint Information Center (JIC) – Responders ONLY
  - Secure/safe location
  - Tables, Chairs, lighting, HVAC
  - Paper, pens/pencils, white boards, note pads, etc.
  - Food, water, sanitation
  - Communications Equipment (in/out private phone line , cell, HAM, radios, power cords, microphone, camera, video,)
  - Media Connections (TV, Radio, Internet, Smartphone, wireless router)
  - Computer, printer, fax, scanner, copier, supplies, cords
- ☐ Set up Media Information Center (separate from JIC) for press briefings
  - Food, water, HVAC, lighting and sanitation
  - Telephones, internet, cell service
  - Tables and chairs
  - Security to check press credentials and maintain order

### Initial Response

- ☐ Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms
- ☐ Establish communications with Shelter Supervisor/Manager IC/EOC
- ☐ Establish communications with other PIO, EOC, Liaison Officers, MEMA PIO
- ☐ Report Shelter Opening to ESF 6 Desk at MEMA and to Mass211
- ☐ Coordinate all Risk Communications/Public Information.  
NOTE: All messages must be approved by Shelter Supervisor/Incident Command/EOC before release
- ☐ Initial Press Release: Situational Awareness update
  - Who is in charge
  - What is being done to address the emergency (current status)
  - Sympathy for victims
  - Am I at risk: take these protective actions
  - Sources of more information
- ☐ Risk Communication Messages:
  - Evacuate/Don't evacuate
  - How to safely shelter in place (always the first option)
  - Disease and injury prevention
  - Hospitals are at capacity? Seek medical advice only if you have a life threatening emergency or these symptoms...
  - Sources of safe food and water & Points of Mass Distribution for bulk water and food
  - Boil, Do Not Use or Do Not Drink orders
  - Filtering and Disinfection procedures
  - Risk of using perishable, contaminated, compromised food and water

# Shelter Job Action Sheet

## Operations: Shelter Public Information Officer

☐ 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

☐ 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

## Shelter Job Action Sheet

### Operations: Shelter Public Information Officer

- ☐ Provide Situational Awareness information to Sub-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

# Shelter Job Action Sheet

## Operations: Shelter Liaison Officer

Job Description		
<ul style="list-style-type: none"> <li>▪ Provides coordination between Incident Command and partners, agencies and organizations involved in response/recovery</li> <li>▪ Coordinates with PIO to ensure consistent, coordinated situational awareness and messages</li> </ul>		
Reports to	Contact Information	
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 <a href="mailto:Charlie.Kaniecki@state.ma.us">Charlie.Kaniecki@state.ma.us</a>	
Mass Dept. of Mental Health – RaeAnn Frenette	(617) 626-8145 <a href="mailto:RaeAnn.Frenette@state.ma.us">RaeAnn.Frenette@state.ma.us</a>	
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.	627 Randall Road, Ludlow: (413) 547-8000 555 King St., Northampton: (413) 587-5514	
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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	Smart phone, laptop with internet, radio, pen/paper	1 each
Initial Planning Actions		
<input type="checkbox"/> Plan for a Shelter operation public information announcement with the 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 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		
<input type="checkbox"/> Hold shift change briefings with Staff and collect Activity Logs: <ul style="list-style-type: none"> <li>○ Situational updates</li> <li>○ Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.</li> <li>○ Emphasize the importance of documenting everything, especially injuries and complaints</li> <li>○ Sign in/out Staff</li> <li>○ Discuss needs or concerns for the next shift</li> <li>○ Create update for the Supervisor/IC</li> </ul>		

## Shelter Job Action Sheet

### Operations: Shelter Liaison Officer

☐ Maintain continuous situational awareness with partner agencies and organizations

☐ Provide daily shelter updates to the 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

# Shelter Job Action Sheet

## Operations: Shelter Public Health Officer

Job Description		
<ul style="list-style-type: none"> <li>▪ Sanitation: Ensures the environmental health/safety of the shelter occupants: indoor air, drinking water, food, sanitation</li> </ul>		
<ul style="list-style-type: none"> <li>▪ 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</li> </ul>		
<ul style="list-style-type: none"> <li>▪ 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.</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Housing: Works closely with the Fire and Building Inspectors to ensure safe and sanitary housing</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Outbreaks: In coordination with BOH and DPH, issues isolation and quarantine orders to prevent or mitigate outbreaks</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Medical: Works with BOH, DPH and medical providers to ensure prevention, vaccination and medical treatment</li> </ul>		
<ul style="list-style-type: none"> <li>▪ FNSS: Works with partner agencies to ensure that individual functional needs are being addressed</li> </ul>		
Reports to	Contact Information	
Shelter Supervisor		
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 <a href="mailto:Charlie.Kaniecki@state.ma.us">Charlie.Kaniecki@state.ma.us</a>	
Mass Dept. of Mental Health – RaeAnn Frenette	(617) 626-8145 <a href="mailto:RaeAnn.Frenette@state.ma.us">RaeAnn.Frenette@state.ma.us</a>	
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"/> 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)	



# Shelter Job Action Sheet

## Operations: Shelter Public Health Officer

<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
<b>Initial Planning Actions</b>		
<input type="checkbox"/> Plan for a Shelter operation health and safety with the 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		
<b>Initial Response</b>		
<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		
<b>Daily Shelter Operations</b>		
<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"> <li>○ Situation updates</li> <li>○ Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.</li> <li>○ Emphasize the importance of documenting everything, especially injuries and complaints</li> <li>○ Sign in/out Staff</li> <li>○ Discuss needs or concerns for the next shift</li> <li>○ Create update for the Supervisor/IC</li> </ul>		
<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 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		
<b>Shelter Closing</b>		
<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		

## Shelter Job Action Sheet

### Operations: Shelter Public Health Officer

- ☐ 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

# Shelter Job Action Sheet

## Operations: Shelter Security Officer

### Job Description

- Ensures the security of all shelter Staff and clients by monitoring the Shelter Facility and parking lot security
- Works with Law Enforcement, Fire and Volunteers to provide security for Shelters
- Provides Staff for monitoring shelter entrances, exits, parking, traffic
- Monitoring for potential conflicts
- Enforces shelter rules and policies to ensure Staff and Client safety and security. Prohibition on
  - Guns and weapons
  - Tobacco
  - Alcohol or illegal drugs
  - Unacceptable actions or activities that endanger the health or safety of the Staff or Clients
- Establishes and operates a security holding area if needed
- Supervises CORI/SORI checks of all staff and volunteers

### Reports to

Shelter Supervisor

### Contact Information

### Supervises

Security Staff

### Partner Agencies

### Contact Information

Mass State Police

555 King St., Northampton: (413) 587-5514

Sheriff's Department

627 Randall Road, Ludlow: (413) 547-8000

Local Law Enforcement

Local Fire Departments

### Forms, Protocols, and Other Resources

Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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

- ☐ Plan for a Shelter operation with the Shelter Supervisor or Incident Command/EOC
- ☐ Appoint and supervise Staff as needed
- ☐ Coordinates with local Law Enforcement and Fire to provide Security Staff volunteers

### Initial Response

- ☐ Shelter facility walk-through with Facility Manager & Safety Officer to identify security issues and mitigation strategies
- ☐ Contact local Law Enforcement to arrange for monitoring of facility

# Shelter Job Action Sheet

## Operations: Shelter Security Officer

- ☐ 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 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 Law Enforcement/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
- ☐ Monitor Security Holding Area if needed
  - Area is temporary holding area until Law Enforcement 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 911 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 law enforcement

### 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

## Shelter Job Action Sheet

### Operations: Shelter Security Officer

- ☐ 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

# Shelter Job Action Sheet

## Operations: Shelter Branch Manager

Job Description		
<ul style="list-style-type: none"> <li>▪ Responsible for all aspects of a shelter operation</li> <li>▪ Ensures the provision of all shelter services at a shelter</li> <li>▪ Ensures the health and safety of all shelter staff and clients</li> <li>▪ Authorizes all shelter expenditures for final approval by the Shelter Supervisor or Incident Commander</li> <li>▪ Collects and maintains all job Activity Logs and submits all reports for the sheltering response</li> </ul>		
Reports to	Contact Information	
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), Pioneer Valley Chapter	(413) 737-4306	
Salvation Army	(617) 542-5420	
Medical Reserve Corps	<a href="http://www.wmmrc.org">www.wmmrc.org</a>	
Board of Health		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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"/> 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	
<input type="checkbox"/> Incident Report Forms (FORM)	Accidents and Complaints – Forms Section of Plan	

# Shelter Job Action Sheet

## Operations: Shelter Branch Manager

<input type="checkbox"/> Minimum Equipment Recommendations	Radio, cell phone, laptop with internet	
<b>Initial Planning Actions</b>		
<input type="checkbox"/> Plan for Shelters with the 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 Shelter Facility to determine capacity and resources Note: 10% of the impacted population can be expected to use a shelter		
<b>Initial Response</b>		
<input type="checkbox"/> Conduct shelter facility walk-through (Shelter Assessment Form) as available: <ul style="list-style-type: none"> <li>○ Facility Manager/Representative</li> <li>○ Inspector of Buildings</li> <li>○ Fire Inspector</li> <li>○ Public Health Officer/Inspector</li> <li>○ Logistic Manager</li> <li>○ ARC Representative</li> </ul>		
<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"> <li>○ Manager/Security/Communications Area</li> <li>○ Registration Area</li> <li>○ Logistics and Supplies/Donations Management Area</li> <li>○ Food Preparation/Service Area</li> <li>○ Dormitory Area</li> <li>○ Child Care Assistance Area</li> <li>○ Recreation Area</li> <li>○ Medical Care Area/Quiet Area</li> <li>○ Staff Break Area</li> <li>○ Service Animal Care Area (Pets should be in a nearby Pet Shelter)</li> <li>○ Isolation and Quarantine Area (may be used as temporary Security Area)</li> <li>○ Shelter Signs posted</li> </ul>		
<input type="checkbox"/> Confirm shelter set-up and approve opening		
<input type="checkbox"/> Obtain approval for all shelter expenditures from the Shelter Supervisor or Incident Command/EOC		
<b>Daily Shelter Operations</b>		
<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"> <li>○ Situational updates</li> <li>○ Collect/Distribute Forms: JAS; Activity Logs; Medical Logs; Client Count; Expense Sheets, Inspections, etc.</li> <li>○ Emphasize the importance of documenting everything, especially injuries and complaints</li> <li>○ Sign in/out Staff</li> <li>○ Discuss needs or concerns for the next shift</li> <li>○ Create update for the Supervisor/IC</li> </ul>		
<input type="checkbox"/> Ensure continuous communications with the Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Ensure shelters operate safely and efficiently and address needs as they arise		

# Shelter Job Action Sheet

## Operations: Shelter Branch Manager

- ☐ 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
- ☐ 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 Shelter Plan



## Shelter Job Action Sheet

### Operations: Shelter Branch Manager

☐ 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

# Shelter Job Action Sheet

## Operations: Shelter FNSS Advisor

Job Description		
<ul style="list-style-type: none"> <li>▪ Works with partner agencies to ensure that individual daily functional needs are being addressed</li> <li>▪ Works to ensure dietary, limited mobility, limited hearing, languages, etc. needs, including ADA compliance, are met</li> <li>▪ <b>Works with Shelter Branch Supervisor, Logistics Manager and Ombudsman to ensure that shelter set-up and supplies meet access and functional needs</b></li> </ul>		
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 <a href="mailto:Charlie.Kaniecki@state.ma.us">Charlie.Kaniecki@state.ma.us</a>	
Mass Dept. of Mental Health – RaeAnn Frenette	(617) 626.8145 <a href="mailto:RaeAnn.Frenette@state.ma.us">RaeAnn.Frenette@state.ma.us</a>	
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"/> 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 shelter operation health and safety with the Shelter Branch Manager or Incident Command/EOC		
<input type="checkbox"/> Appoint Staff as needed		
<input type="checkbox"/> Review FNSS shelter policies and procedures		

# Shelter Job Action Sheet

## Operations: Shelter FNSS Advisor

☐ 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 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)

☐ Turn in all logs to Supervisor

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

# Shelter Job Action Sheet

## Operations: Shelter Ombudsman

Job Description		
<ul style="list-style-type: none"> <li>▪ Works with shelter Staff, shelter Clients and FNSS Advisor to ensure that shelter Clients needs are being addressed</li> <li>▪ Serves as a liaison between shelter Staff and shelter Clients</li> <li>▪ <b>Acts as a an advocate and spokesperson for shelter Clients</b></li> </ul>		
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 <a href="mailto:Charlie.Kaniecki@state.ma.us">Charlie.Kaniecki@state.ma.us</a>	
Mass Dept. of Mental Health – RaeAnn Frenette	(617) 626-8145 <a href="mailto:RaeAnn.Frenette@state.ma.us">RaeAnn.Frenette@state.ma.us</a>	
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"/> 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 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		
<input type="checkbox"/> Ensure accurate and timely responses to shelter Client and shelter Staff communications		

# Shelter Job Action Sheet

## Operations: Shelter Ombudsman

### 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

# Shelter Job Action Sheet

## Operations: Shelter Dormitory Team Leader

Job Description		
<ul style="list-style-type: none"> <li>▪ Provide adequate dormitory services to shelter Clients</li> <li>▪ Works with partner agencies to ensure that individual sheltering needs are met</li> <li>▪ Provide coordination and assistance to parents to provide age appropriate child care activities</li> </ul>		
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, Pioneer Valley Chapter	(413) 737-4306	
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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 shelter dormitory operation with the 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 Shelter Branch Manager or IC		
<input type="checkbox"/> Appoint Childcare Assistance Unit Leader		
<input type="checkbox"/> Appoint Staff (Volunteers) as needed		
<input type="checkbox"/> Hold Initial Staff Briefing and distribute Activity Logs, Resource Request Forms and Dormitory Rules List		

# Shelter Job Action Sheet

## Operations: Shelter Dormitory Team Leader

☐ Oversee and assist with Dormitory and Childcare Assistance area set-up

- Minimum 20 sf. per person
- 3 ft. between cots
- Allow families to form groups with extra space
- Dormitory Area is restricted to clients and is quiet zone

☐ Confirm Staffing and Resource Requests with Logistics

☐ Confirm Set-up with Shelter Branch Manager or 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

☐ Oversee Dormitory and Childcare Assistance Areas (Note: parents are responsible for the children at all times.)

☐ Set up FNSS cots only as needed to ensure that there cots available for FNSS clients as they arrive

☐ Maintain quiet and low light hours as posted for the Dormitory Area

### 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 demobilization, clean-up and equipment return in Dormitory Area, including cot cleaning

- 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)

☐ Turn in all logs to Supervisor

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

# Shelter Job Action Sheet

## Operations: Shelter Childcare Assistance

### Job Description

- Assist parents in providing age appropriate child care services in the shelter
- Help ensure parents are able to provide their children with a safe environment while in the shelter

### Reports to

Shelter Dormitory Team Leader

### Contact Information

### 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"/>	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

- ☐ Plan for a shelter childcare assistance operation with the Regional Dormitory Team Leader
- ☐ Contact Partner Agencies to assist with Operations
- ☐ Determine Staffing and Supply needs, complete Resource Request Form (ICS 308) and send to Logistics
- ☐ **Review childcare policies and procedures:**
  - 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 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 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.



# Shelter Job Action Sheet

## Operations: Shelter Childcare Assistance

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

- ☐ Parents/guardians must sign child in and out, on Childcare Registration 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)
- ☐ Turn in all logs to Supervisor
- ☐ Participate in the After Action Report process, including identification of areas for improvement

# Shelter Job Action Sheet

## Operations: Shelter Registration Team Leader

Job Description		
<ul style="list-style-type: none"> <li>▪ Responsible for tracking each shelter occupant, including shelter Clients</li> <li>▪ Oversight of all shelter in-take, check-in, registration, check-out and exit procedures and logs</li> <li>▪ Monitor shelter capacity</li> <li>▪ Refer shelter registrants to FNSS Advisor, Medical Team, Animal Shelter Team, Security as appropriate</li> <li>▪ Distribute and work with Ombudsman to explain/implement shelter information, policies and procedures</li> </ul>		
Reports to	Contact Information	
Shelter Branch Manager		
Supervises		
Registration Staff		
Partner Agencies	Contact Information	
American Red Cross Pioneer Valley Chapter	(413) 737-4306	
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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		
<input type="checkbox"/> Plan for a shelter registration operation with the Shelter Branch Manager or Incident Command/EOC		
<input type="checkbox"/> Review shelter registration 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"/> Registration Policies: <ul style="list-style-type: none"> <li>○ Everyone must sign in and out</li> <li>○ Shelter Registration form should be used for all shelter Clients</li> <li>○ Shelter Clients must sign in and out every time and are asked to indicate if they are permanently signing out</li> <li>○ Make sure dates/times are always noted</li> </ul>		
Initial Response		
<input type="checkbox"/> Conduct Final Pre-Opening Shelter inspection with Shelter Branch Manager or IC		

# Shelter Job Action Sheet

## Operations: Shelter Registration Team Leader

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

# Shelter Job Action Sheet

## Operations: Shelter Case Management Team

Job Description	
<ul style="list-style-type: none"> <li>▪ <b>Outreach:</b> Works with PIO to provide outreach messages/information about available services</li> <li>▪ <b>Case Tracking:</b> Creates Client Case Files and tracking system , documenting continuity of care and discharge</li> <li>▪ <b>Point of Contact:</b> Time Limited partnership providing Case Management for a shelter Client and his/her family</li> <li>▪ <b>Assessment:</b> Works with Registration and Medical Teams to assess disaster-caused unmet needs</li> <li>▪ <b>Plan:</b> works with Client to create a goal-oriented, self-sufficiency disaster recovery Plan with steps for achieving recovery</li> <li>▪ <b>Advocate:</b> Responsible for advocating, coordinating, managing, tracking and monitoring shelter Client Plan and progress</li> <li>▪ <b>Service Coordination:</b> 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</li> <li>▪ <b>Confidentiality:</b> Maintains client confidentiality and works to obtain permission to share information</li> </ul>	
Reports to	Contact Information
Shelter Branch Manager	
Supervises	
Case Management Staff	
Partner Agencies	Contact Information
American Red Cross Pioneer Valley Chapter	(413) 737-4306
Salvation Army	(617) 542-5420
Public Information Officers and Media	
Community Based Organizations	
Massachusetts Office of Disability (MOD)	<a href="http://www.mass.gov/mod">http://www.mass.gov/mod</a> , (617) 727-7440
FEMA/Disaster Case Management Program Teams	
Council on Aging	
Veterans Administration	1550 Main St # 310 Springfield, MA 01103: (413) 785-0301
Refugee and Immigrant Health	
Department of Mental Health	(617) 626-8000
Department of Social Services	(617) 876-4210
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	

# Shelter Job Action Sheet

## Operations: Shelter Case Management Team

### Forms, Protocols, and Other Resources

Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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 Shelter Case Management operation with the 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

# Shelter Job Action Sheet

## Operations: Shelter Case Management Team

- ☐ 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 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

## Shelter Job Action Sheet

### Operations: Shelter Case Management Team

- ☐ 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

# Shelter Job Action Sheet

## Operations: Shelter Medical Team Leader

Job Description			
<ul style="list-style-type: none"> <li>▪ Provide low risk, outpatient medical care</li> <li>▪ Triage, refer and transport high risk or at risk individuals with complex medical needs to standard medical providers</li> <li>▪ Work with Medical Advisor to coordinate standing orders</li> <li>▪ Oversight of all on-site medical staff, including the Behavioral Health Team and Medical Reserve Corps volunteers</li> </ul>			
Reports to		Contact Information	
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 <a href="mailto:Charlie.Kaniecki@state.ma.us">Charlie.Kaniecki@state.ma.us</a>	
Mass Dept. of Mental Health – RaeAnn Frenette		(617) 626-8145 <a href="mailto:RaeAnn.Frenette@state.ma.us">RaeAnn.Frenette@state.ma.us</a>	
Local hospitals and medical providers			
Medical Reserve Corps		(413) 454-5163 <a href="mailto:kccs2010@gmail.com">kccs2010@gmail.com</a>	
Forms, Protocols, and Other Resources			
	Item	Description/Notes	Quantity/Location
<input type="checkbox"/>	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 Shelter medical support operation with the Shelter Branch Manager or Incident Command/EOC		
<input type="checkbox"/>	Determine medical staff needs, equipment and resources based on shelter occupants' needs		
<input type="checkbox"/>	Appoint Staff as needed: Activate Medical Team and Behavioral Health Units		
<input type="checkbox"/>	Activate Medical Teams and Behavioral Health Units		



# Shelter Job Action Sheet

## Operations: Shelter Medical Team Leader

- ☐ 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 or 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
- ☐ 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

## Shelter Job Action Sheet

### Operations: Shelter Medical Team Leader

- ☐ 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 Staff
- ☐ 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

# Shelter Job Action Sheet

## Operations: Shelter Behavioral Health Staff

Job Description		
<ul style="list-style-type: none"> <li>▪ Provide behavioral health first aid and emergency mental health support to shelter clients and staff</li> <li>▪ Make client and staff mental health referrals</li> <li>▪ Monitor for Staff burnout</li> </ul>		
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 <a href="mailto:RaeAnn.Frenette@state.ma.us">RaeAnn.Frenette@state.ma.us</a>	
Faith Community		
Mental Health Response Teams		
Mental Health Providers		
Medical Reserve Corps	<a href="http://www.wmmrc.org">www.wmmrc.org</a>	
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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 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		

# Shelter Job Action Sheet

## Operations: Shelter Behavioral Health Staff

### 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

# Shelter Job Action Sheet

## Operations: Animal Shelter Branch Staff

Job Description		
<ul style="list-style-type: none"> <li>▪ Responsible for all aspects of animal shelter operation</li> <li>▪ Ensures the provision of animal sheltering services for service animal and pet owners</li> <li>▪ Ensures the health and safety of all shelter pets</li> <li>▪ Provide isolation or quarantine areas for pets if needed</li> <li>▪ Authorizes all animal shelter expenditures for final approval by the Shelter Supervisor or Incident Commander</li> <li>▪ Monitors and reports on animal shelter capacity and needs</li> <li>▪ Collects and maintains all job Activity Logs and submits all reports for the sheltering response</li> </ul>		
Reports to	Contact Information	
Shelter Supervisor		
Supervises		
Animal Registration Team		
Kennel Team		
Veterinarian Team		
DART Team Volunteers		
Partner Agencies	Contact Information	
SPCA		
Animal Shelters		
Medical Reserve Corps/DART	<a href="http://www.wmmrc.org">www.wmmrc.org</a>	
SMART	<a href="http://www.smartma.org">www.smartma.org</a>	
Animal Control Officers		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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)	<a href="http://www.wrhasac.org">www.wrhasac.org</a> 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	
Initial Planning Actions		
<input type="checkbox"/> Review Animal Shelter Plans, Policies and Procedures		

# Shelter Job Action Sheet

## Operations: Animal Shelter Branch Staff

- ☐ Plan for Kenneling of Pets and Service animals for a 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 Shelter Supervisor and approve opening
- ☐ Obtain approval for all animal shelter expenditures from the 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 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
- ☐ Ensure planning for the next operational periods

### Shelter Closing

- ☐ Receive closing orders from Incident Command/EOC

# Shelter Job Action Sheet

## Operations: Animal Shelter Branch Staff

- ☐ 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 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
- ☐ 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

# Shelter Job Action Sheet

## Operations: Animal Shelter Registration Team

Job Description		
<ul style="list-style-type: none"> <li>▪ Ensures all pet and owner information is recorded</li> <li>▪ Completes a pet care FORM</li> <li>▪ Responsible for animal in-take, registration, ownership tracking and check-out</li> <li>▪ Works with Veterinary Team to conduct triage and prioritize animal needs at intake</li> <li>▪ Works with animal Owners and Shelter Staff to document, track and provide animal needs</li> </ul>		
Reports to	Contact Information	
Animal Shelter Branch Manager		
Supervises		
Animal Registration Team		
Partner Agencies	Contact Information	
SPCA		
Animal Shelters		
Medical Reserve Corps/DART	<a href="http://www.wmmrc.org">www.wmmrc.org</a>	
SMART	<a href="http://www.smartma.org">www.smartma.org</a>	
Animal Control Officers		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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)	<a href="http://www.wrhsac.org">www.wrhsac.org</a> 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 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		
Initial Response		
<input type="checkbox"/> Set up animal Registration Area and check-in and out process		



# Shelter Job Action Sheet

## Operations: Animal Shelter Registration Team

- ☐ 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

# Shelter Job Action Sheet

## Operations: Shelter Kennel Team

Job Description		
<ul style="list-style-type: none"> <li>▪ Responsible for animal care including, water, food exercise and sanitation</li> <li>▪ Responsible for supplies storage area</li> </ul>		
Reports to	Contact Information	
Animal Shelter Branch Manager		
Supervises		
Kennel Team Volunteers		
Partner Agencies	Contact Information	
Local Animal Service Organizations		
DART/SMART	<a href="http://www.wmdart.org">www.wmdart.org</a>	
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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)	<a href="http://www.wrhsac.org">www.wrhsac.org</a> 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 animal shelter Kennel Area with the 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 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"> <li>○ NOTE: Animal Shelter Staff assist pet owners in caring for their own animals</li> <li>○ Staff are not expected to help care for dangerous or sick animals</li> </ul>		
<input type="checkbox"/> Review Animal Shelter Guidelines and Kennel Protocols (Resources)		
<input type="checkbox"/> Supervise and assist with set-up of Shelter Kennel Area		

# Shelter Job Action Sheet

## Operations: Shelter Kennel Team

- ☐ 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 Shelter Plan
- ☐ Work with Finance Officer as needed to ensure that invoices and reimbursement forms are completed

## Shelter Job Action Sheet

### Operations: Shelter Kennel Team

- ☐ 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

# Shelter Job Action Sheet

## Operations: Shelter Veterinary Staff

Job Description		
<ul style="list-style-type: none"> <li>Provide basic medical services for pets in regional animal shelter</li> </ul>		
Reports to	Contact Information	
Animal Shelter Branch Manager		
Supervises		
Veterinary Team Volunteers		
Partner Agencies	Contact Information	
Local Veterinarians		
DART/SMART	<a href="http://www.wmdart.org">www.wmdart.org</a>	
Animal Control Officers		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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 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		

# Shelter Job Action Sheet

## Operations: Shelter Veterinary Staff

- ☐ 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 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

# Shelter Job Action Sheet

## Operations: Shelter Finance Manager / Staff

Job Description		
<ul style="list-style-type: none"> <li>▪ Keeps track of all expenses and required financial paperwork associated with shelter operations</li> <li>▪ Works closely with IC Finance Section Chief and the fiduciary of the Shelter Authority</li> <li>▪ Collect and track all resource requests and purchase orders after approval by the IC</li> <li>▪ Collect and track all time logs, including volunteer time to be used as FEMA/State matching funds</li> <li>▪ Collect and track all other data and reports for the sheltering response</li> <li>▪ Work with Donations Unit to receive and track monetary donations</li> </ul>		
Reports to	Contact Information	
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"/> 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 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:		
<input type="checkbox"/> Create a expense and time tracking data base that: <ul style="list-style-type: none"> <li>○ Identifies the expense, vendor and date</li> <li>○ Indicates who authorized the expense</li> <li>○ Allocates expenses by Municipality</li> </ul>		

# Shelter Job Action Sheet

## Operations: Shelter Finance Manager / Staff

### 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 Shelter Supervisor

### Daily Shelter Operations

- ☐ Ensure continuous communications with the 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 pre-approved by the Shelter Supervisor and IC/EOC
- ☐ Cost Unit oversees the monitoring and documenting of all expenses with the Logistics Manager
- ☐ Keep the 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 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



# Shelter Job Action Sheet

## Operations: Shelter Cost Staff

Job Description		
<ul style="list-style-type: none"> <li>▪ Keeps track of all shelter expenses</li> <li>▪ Coordinates purchases with Logistics Manager</li> <li>▪ Ensures that all purchase orders have been approval by the IC</li> </ul>		
Reports to	Contact Information	
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"/> 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 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 Shelter Authority as it must approve of all expenses as it has the final authority to spend 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:		
<input type="checkbox"/> Create a expense and time tracking data base that: <ul style="list-style-type: none"> <li>○ Tracks all employee and volunteer hours, including their agency or affiliation and the work performed</li> <li>○ Identifies the expense, vendor and date</li> <li>○ Indicates who authorized the expense</li> <li>○ Allocates expenses by Municipality</li> <li>○ Notes time/date of IC approval</li> <li>○ Shows signature of the approving individual from the Shelter Authority</li> </ul>		

# Shelter Job Action Sheet

## Operations: Shelter Cost Staff

### 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 pre-approved by the Shelter Supervisor and IC/EOC
- ☐ Cost Unit oversees the monitoring and documenting of all shelter expenses with the Logistics Manager
- ☐ Keep the 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 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)
- ☐ Create expense summary
- ☐ Seek reimbursement from outside sources as appropriate
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

# Shelter Job Action Sheet

## Operations: Shelter Time Unit

Job Description		
<ul style="list-style-type: none"> <li>▪ Keeps track of all data and paperwork associated with shelter operations</li> <li>▪ Collect and track all time logs, including volunteer time to be used as FEMA/State matching funds</li> <li>▪ Collect and track all other data and reports for the sheltering response, except financial data</li> </ul>		
Reports to	Contact Information	
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"/> 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 Shelter Plans		
<input type="checkbox"/> Create a time, volunteer and donation tracking data base that: <ul style="list-style-type: none"> <li>○ Identifies the volunteer</li> <li>○ Indicates date and time served</li> <li>○ Shows job function</li> <li>○ Notes any donations or in-kind services</li> <li>○ Allocates donations or volunteer time by Municipality</li> </ul>		
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)		
<input type="checkbox"/> Hold Initial Staff Briefing		
<input type="checkbox"/> Confirm set-up with Finance Manager / staff		

# Shelter Job Action Sheet

## Operations: Shelter Time Unit

### Daily Shelter Operations

- ☐ Ensure continuous communications with the 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 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

# Shelter Job Action Sheet

## Operations: Shelter Planning Manager

Job Description		
<ul style="list-style-type: none"> <li>▪ Responsible for planning for next Operational or 24 hour Period - Incident Action Plan</li> <li>▪ Responsible for maintaining Situational Awareness at all times and providing updates to IC and Staff</li> <li>▪ Responsible for estimating, projecting and coordinating shifts, anticipated resource requests, staffing needs</li> <li>▪ Provides resource estimates to Logistics for procurement</li> <li>▪ Responsible for Demobilization planning which begins on opening day of shelter operations</li> </ul>		
Reports to	Contact Information	
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"/> 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		
<input type="checkbox"/> Check in Staff as they arrive and distribute Job Action Sheets (JAS)		

# Shelter Job Action Sheet

## Operations: Shelter Planning Manager

☐ Hold Initial Staff Briefing

☐ Confirm set-up with 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 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 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 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

# Shelter Job Action Sheet

## Operations: Shelter Logistics Manager or Staff

Job Description		
<ul style="list-style-type: none"> <li>▪ Oversight of the Service Branch Team                             <ul style="list-style-type: none"> <li>○ Food Staff</li> <li>○ Staffing Staff</li> <li>○ Volunteer Management Staff</li> <li>○ Communications Staff</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>▪ Oversight of Support Branch Team                             <ul style="list-style-type: none"> <li>○ Supply Unit</li> <li>○ Transportation Unit</li> <li>○ Donations Unit</li> <li>○ Facilities Unit</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>▪ Collects and manages all resource requests for goods and services for the shelters</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Coordinates procurement of goods and services for all shelters</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Coordinates and fills shelter staffing requests except Security requests which are directed to the Security Officer</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Coordinate all communication resources, both internal and external for the shelters</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Responsible for returning all equipment and supplies</li> </ul>		
Reports to	Contact Information	
Shelter Supervisor		
Supervises		
Service Branch Team Leader		
Support Branch Team Leader		
Partner Agencies	Contact Information	
MEMA		
Salvation Army (feeding)		
American Red Cross (feeding, dormitory)	(413) 737-4306	
Western Region Homeland Security Advisory	<a href="http://www.wrhsac.org">www.wrhsac.org</a>	
Medical Reserve Corps	<a href="http://www.wmmrc.org">www.wmmrc.org</a>	
Voluntary Agencies		
Faith Community		
Local Businesses		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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	

# Shelter Job Action Sheet

## Operations: Shelter Logistics Manager or Staff

<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,	
<b>Initial Planning Actions</b>		
<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, Shelter Supervisor, Manager, EOC to identify resource needs		
<b>Initial Response</b>		
<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"> <li>○ Food Service: food delivery, food prep, food service, clean up. Requires a Knowledgeable Person In-charge (PIC)</li> <li>○ Staffing: staff for all aspects of the shelter response</li> <li>○ Volunteer Management: recruiting, credentialing and training of volunteers <ul style="list-style-type: none"> <li>● Area: Volunteer check-in, processing and training area</li> </ul> </li> <li>○ Communications: internal and external shelter staff communications, signage and interpretation services; external communication options for shelter guests. For extended shelter operations, may have to coordinate with US Postal Service.</li> </ul>		
<input type="checkbox"/> Activate Support Branch Staff as needed and provide oversight: <ul style="list-style-type: none"> <li>○ Supply: goods <ul style="list-style-type: none"> <li>● Area for Storage, Shipping/Receiving</li> </ul> </li> <li>○ Transportation: to and from shelter and client requests as able</li> <li>○ Donations: goods, services and money <ul style="list-style-type: none"> <li>● Area for Receiving/shipping, sorting, storage (may need refrigeration for food supplies)</li> </ul> </li> <li>○ Facilities: in coordination with the facilities owner/operator <ul style="list-style-type: none"> <li>● Area for Facilities cleaning and maintenance service area</li> </ul> </li> </ul>		
<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"> <li>○ Resource Request Form received</li> <li>○ Determine in resource is currently available by checking with Support Branch Leader/Supply Unit</li> <li>○ Distribute/deliver as available</li> <li>○ If not available, through MEMA or as a donation, work with Finance Manager/Cost Unit to coordinate purchase</li> <li>○ Update the Resource Inventory List (maintained by Support Branch Manager/Supply Unit)</li> </ul>		
<input type="checkbox"/> Confirm set-up with Shelter Supervisor		
<b>Daily Shelter Operations</b>		
<input type="checkbox"/> Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary		
<input type="checkbox"/> Ensure continuous communications with the Shelter Supervisor or Incident Command/EOC		
<input type="checkbox"/> Coordinate procurement of goods and services with Finance Manager		
<input type="checkbox"/> Receive and address resource and service requests		



## Shelter Job Action Sheet

### Operations: Shelter Logistics Manager or Staff

- ☐ 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 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

# Shelter Job Action Sheet

## Operations: Shelter Service Branch Staff

Job Description		
<ul style="list-style-type: none"> <li>▪ Responsible for coordinating the delivery of safe and adequate food to all shelters, including animal shelters</li> <li>▪ Responsible for coordinating Staffing requests at shelters, including shelter security</li> <li>▪ Coordinates shelter Volunteer recruitment, credentialing and training</li> <li>▪ Responsible for coordinating communications for the shelters occupants and shelter staff</li> </ul>		
Reports to	Contact Information	
Shelter Logistics Manager		
Supervises		
Service Branch Team <ul style="list-style-type: none"> <li>○ Food Staff</li> <li>○ Staffing Staff</li> <li>○ Volunteer Management</li> <li>○ Communications Staff</li> </ul>		
Partner Agencies	Contact Information	
MEMA	400 Worcester Road, Framingham, MA (508) 820-2000	
Salvation Army (feeding)	(617) 542-5420	
American Red Cross (feeding, dormitory)	(413) 737-4306	
Western Region Homeland Security Advisory	<a href="http://www.wrhsac.org">www.wrhsac.org</a>	
Medical Reserve Corps	<a href="http://www.wmmrc.org">www.wmmrc.org</a>	
Voluntary Agencies		
Faith Community		
Local Businesses		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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		
Initial Response		

# Shelter Job Action Sheet

## Operations: Shelter Service Branch Staff

- ☐ 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 guests. 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
- ☐ Brief Staff on closing and forms collections
  - Turn in all Forms, Logs, Inspections, Assessments, and other shelter Forms and Documents
  - Hot Wash: What went well; what needs improvement
  - After Action Process and Report
  - Review and revise Shelter Plan

## Shelter Job Action Sheet

### Operations: Shelter Service Branch Staff

- ☐ 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

# Shelter Job Action Sheet

## Operations: Shelter Food Manager / Staff

Job Description		
<ul style="list-style-type: none"> <li>▪ Responsible for coordinating and delivery of safe and adequate food to all shelters, including animal shelters</li> <li>▪ Responsible for obtaining, storing, preparing, feeding, distribution and clean-up</li> <li>▪ Determine the feeding schedule based on resources and needs</li> <li>▪ Ensure that there is a knowledgeable Person-in-Charge(PIC) of food operations</li> <li>▪ Work with Public Health to provide daily food safety inspections</li> </ul>		
Reports to	Contact Information	
Shelter Service Branch Manager / Staff		
Supervises		
Food Unit Staff		
Partner Agencies	Contact Information	
MEMA	400 Worcester Road, Framingham, MA (508) 820-2000	
Salvation Army (feeding)	(617) 542-5420	
American Red Cross (feeding, dormitory)	(413) 737-4306 x1952	
Medical Reserve Corps	<a href="http://www.wmmrc.org">www.wmmrc.org</a>	
Voluntary Agencies		
Faith Community		
Local Restaurants and Caterers		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity /Location
<input type="checkbox"/> 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		
<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		

# Shelter Job Action Sheet

## Operations: Shelter Food Manager / Staff

- ☐ Establish communications with Logistics Manager, Support Branch Manager / Staff
- ☐ Determine Types of Food Service:
  - Pre-prepared, packaged meals
  - Contract with catering service
  - Church or community group using a knowledgeable Person-in-Charge in a certified and licensed kitchen
  - Permitted/licensed mobile Kitchen (Red Cross, Salvation Army)
  - Volunteers with a knowledgeable Person-in-Charge operating the shelter as a Temporary Food Establishment
- ☐ Establish Food Unit Policies:
  - Maintain a clean, professional appearance and attitude
  - Post Meal and snack times (Menus if you can are always appreciated by shelter Clients and Staff)
  - Provide beverages and snacks at all hours if possible
  - NO donated food from non-commercial/unknown sources
  - ALWAYS follow safe food handling procedures
  - ELIMINATE cross contamination of raw and ready-to-eat foods
  - Keep it clean and sanitary at all times
  - Hot foods are hot and cold foods are cold
  - Note time food leaves temperature control
  - Keep accurate count of all meals and snacks served each day (ARC FORM F5266)
  - General Public not allowed in the Food Prep Area
  - Try to accommodate special diets. Coordinate special needs with FNSS Advisor
  - No food/drinks in the Dormitory Area
  - Wash, rinse and sanitize (sanitizing tablets or chlorine drops) all utensils and food work services
  - Collect and dispose of all wastes at least three times per day
  - Anyone who needs food is served
  - Food distribution is responsive, transparent and equitable
  - More than 10% food waste means meals portions need to be adjusted smaller
  - When in doubt, throw it out
  - Potentially Hazardous Foods (PHF) outside of temperature control must be thrown out after 4 hours
  - Consider cultural, ethnic, religious, and dietary needs within 36 hours of shelter opening
- ☐ Meal Standards:
  - 2000 calories/per day
  - 8 oz. by volume entrée
  - 6 oz. by volume side dishes
  - 6 oz. by volume desert
- ☐ Post feeding schedule based on available resources and needs. (confirm with Shelter Manager)
  - Meals (7-8; 12-1:00; 5-6:30)
  - Snacks (self-serve, ready-to-eat, whole fruits and vegetables, crackers, popcorn, granola bars, cookies, etc.)
- ☐ Food Area Requirements
  - Person in Charge (PIC) must have a current food safety certification
  - Good lighting and ventilation are a must, especially when cooking
  - Control access to Food preparation/storage areas
  - Food Prep Area: clean and sanitize often (10% bleach)
  - Refrigeration (or generators, dry ice)
  - Hand-wash station a MUST + use of disposable gloves (non-latex)

# Shelter Job Action Sheet

## Operations: Shelter Food Manager / Staff

### ☐ 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
- ☐ 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

# Shelter Job Action Sheet

## Operations: Shelter Food Manager / Staff

- ☐ 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 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



# Shelter Job Action Sheet

## Operations: Shelter Staffing Manager

Job Description		
<ul style="list-style-type: none"> <li>Responsible for finding and coordinating enough Staff for all Shelter Positions</li> <li>Responsible for providing Staff support services</li> <li>Responsible for monitoring for Staff burnout</li> <li>Coordinates with Volunteer Manager/Ombudsman/Agencies to obtain shelter Volunteers</li> </ul>		
Reports to	Contact Information	
Shelter Service Branch Leader		
Supervises		
Staff Unit Staff		
Partner Agencies	Contact Information	
Medical Reserve Corps	<a href="http://www.wmmrc.org">www.wmmrc.org</a>	
Voluntary Organizations (VOAD)		
Faith Community		
Local Businesses		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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)	<a href="http://www.wmmrc.org">www.wmmrc.org</a> ; <a href="http://www.wmrhsac.org">www.wmrhsac.org</a>	
<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		
<input type="checkbox"/> Establish Staffing Policies and Procedures: (General policies listed on the Common Required Response Actions JAS) <ul style="list-style-type: none"> <li>Schedule Staff breaks every 3-4 hours</li> <li>All Staff must have current CORI/SORI</li> <li>Non-affiliated or credentialed staff will be paired with a Mentor at all times</li> <li>Maximum 12 hour shifts, 7 days in a row; with minimum 1 day break</li> <li>Shelter Clients are encouraged to volunteer and take a role in daily living activities at the shelter</li> </ul>		

# Shelter Job Action Sheet

## Operations: Shelter Staffing Manager

- ☐ 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 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
- ☐ 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

## Shelter Job Action Sheet

### Operations: Shelter Staffing Manager

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

- ☐ Ensure planning for the next operational periods

#### **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 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

# Shelter Job Action Sheet

## Operations: Shelter Volunteer Management

Job Description		
<ul style="list-style-type: none"> <li>Responsible for finding enough Volunteers to adequately staff the shelter</li> <li>Responsible for shelter Volunteer recruitment, credentialing/screening and training</li> <li>Works with Ombudsman, Staffing Unit and Shelter Manager to recruit shelter Clients to assist with daily living activities</li> <li>Work with Shelter PIO to notify the Public regarding sheltering needs, including volunteers</li> </ul>		
Reports to	Contact Information	
Shelter Service Branch Manager / Staff		
Supervises		
Volunteer Management Staff		
Partner Agencies	Contact Information	
Medical Reserve Corps	<a href="http://www.wmmrc.org">www.wmmrc.org</a>	
Voluntary Agencies		
Faith Community		
Local Businesses		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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)	<a href="http://www.wmmrc.org">www.wmmrc.org</a> ; <a href="http://www.wmrhsac.org">www.wmrhsac.org</a>	
<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		

# Shelter Job Action Sheet

## Operations: Shelter Volunteer Management

- ☐ 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 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

# Shelter Job Action Sheet

## Operations: Shelter Volunteer Management

- ☐ 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 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

# Shelter Job Action Sheet

## Operations: Shelter Communications Manager / Staff

### 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

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"/> 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		
<input type="checkbox"/> Equipment Recommendations	Phone, laptop, radio, internet, printer, files, copier, sat phone, HAM radio, cell phone, camera, bull horn	

# Shelter Job Action Sheet

## Operations: Shelter Communications Manager / Staff

### Initial Planning Actions

- ☐ Obtain briefing on Situational Awareness from Supervisor
- ☐ Designate and activate Staff positions as needed
- ☐ Establish or maintain communications with Supervisor and EOC/IC

### Initial Response

- ☐ Establish a work station in the Shelter Command Post, Security Station or Logistics Center
- ☐ Document all key activities and decisions in an Activity Log FORM
- ☐ Review and update the Incident Communications Log FORM
- ☐ Check in Staff as they arrive and distribute Job Action Sheets (JAS)
- ☐ Inventory and assess all available communications equipment
- ☐ Hold Initial Staff Briefing
- ☐ Determine or verify all radio channels assigned for the response
- ☐ Distribute hand held radios
- ☐ Conduct radio checks on all portables
- ☐ 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
- ☐ Confirm set-up with Supervisor

### Daily Shelter Operations

- ☐ Maintain Situational Awareness and communications with Operations/EOC. Use runner/observers if necessary
- ☐ Provide and maintain both internal and external communications systems for the shelter
- ☐ Receive and address communications requests
- ☐ Support the IC/ Shelter Manager/PIO/Security before, during and after visits by high level dignitaries
- ☐ As directed by the IC/ Shelter Manager/PIO/Security provide Media support
- ☐ Document all key activities and decisions in an Activity Log FORM
- ☐ Document all messages on Incident Message FORM and provide a copy to the Data Unit
- ☐ Determine daily and next Operational Period Resource and Staffing needs for the 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 planning for the next operational periods
- ☐ Re-assign Staff that are not needed
- ☐ Re-assign equipment that is not needed



## Shelter Job Action Sheet

### Operations: Shelter Communications Manager / Staff

#### 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 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

# Shelter Job Action Sheet

## Operations: Shelter Support Manager / Staff

Job Description		
<ul style="list-style-type: none"> <li>▪ Responsible for providing goods for the sheltering operation</li> <li>▪ Responsible for all services that support the shelter operation (except food service)</li> <li>▪ Responsible for coordinating shelter facility maintenance</li> <li>▪ Responsible for arranging transportation to and from shelters</li> <li>▪ Responsible for donations management</li> </ul>		
Reports to	Contact Information	
Shelter Logistics Manager		
Supervises		
Support Branch Team <ul style="list-style-type: none"> <li>○ Supply Staff</li> <li>○ Facilities Staff</li> <li>○ Transportation Staff</li> <li>○ Donations Staff</li> </ul>		
Partner Agencies	Contact Information	
MEMA	400 Worcester Road, Framingham, MA (508) 820-2000	
American Red Cross	(413) 737-4306	
Western Region Homeland Security Advisory	<a href="http://www.wrhsac.org">www.wrhsac.org</a>	
Voluntary Agencies		
Faith Community		
Local Businesses		
<b>Forms, Protocols, and Other Resources</b>		
Item	Description/Notes	Quantity /Location
<input type="checkbox"/> 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		
<input type="checkbox"/> Establish communications with Planning, Shelter Supervisor, Manager, Service Branch, EOC to identify resource needs		

## Shelter Job Action Sheet

### Operations: Shelter Support Manager / Staff

#### 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 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

## Shelter Job Action Sheet

### Operations: Shelter Support Manager / Staff

- ☐ 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

# Shelter Job Action Sheet

## Operations: Shelter Supply Manager / Staff

Job Description		
<ul style="list-style-type: none"> <li>▪ Responsible for providing all supplies for the sheltering operations</li> <li>▪ Responsible for establishing space for supply shipping/receiving, processing and storage</li> <li>▪ Responsible for acquiring, tracking, receiving, processing and delivering supplies</li> <li>▪ Responsible for real time maintenance of the Resource Inventory Tracking FORM</li> <li>▪ Coordinates all purchases with Finance Manager and Shelter Supply Manager and Staff</li> </ul>		
Reports to	Contact Information	
Shelter Support Branch Leader		
Supervises		
Supply Staff		
Partner Agencies	Contact Information	
MEMA	400 Worcester Road, Framingham, MA (508) 820-2000	
American Red Cross	(413) 737-4306	
Western Region Homeland Security Advisory	<a href="http://www.wrhsac.org">www.wrhsac.org</a>	
Voluntary Agencies		
Faith Community		
Local Businesses		
Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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, 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		
<input type="checkbox"/> Determine immediate shelter needs with Shelter Manager/Supervisor/IC/EOC		

## Shelter Job Action Sheet

### Operations: Shelter Supply Manager / Staff

- ☐ Check/Create an inventory of existing/available 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 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
- ☐ Brief Staff on closing and forms collections
  - Turn in all Forms, Logs, Inspections, Assessments, and other shelter Forms and Documents
  - Hot Wash: What went well; what needs improvement
  - After Action Process and Report
  - Review and revise Shelter Plan
- ☐ Participate in the After Action Report process, including identification of areas that need improvement

## Shelter Job Action Sheet

### Operations: Transportation Manager / Staff

#### Job Description

- Responsible for traffic control and safety around shelter facility
- Coordinates the transportation needs of shelter guests to and from the 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

Shelter Support Branch Leader

#### Contact Information

#### Supervises

Transportation Unit Staff

#### Partner Agencies

#### Contact Information

Local 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"/> 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, 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)
- ☐ Hold Initial Staff Briefing

## Shelter Job Action Sheet

### Operations: Transportation Manager / Staff

- ☐ Determine immediate transportation needs with Support Manager / Staff or the Shelter Supervisor
- ☐ 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 neighboring communities, 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 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



## Shelter Job Action Sheet

### Operations: Transportation Manager / Staff

- ☐ 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 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

## Shelter Job Action Sheet

### Operations: Shelter Donations Manager / Staff

#### Job Description

- Responsible for management and tracking of all donations (goods, services and money) for the 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

Shelter Support Branch Leader

#### Contact Information

#### Supervises

Donations Management Staff

#### Partner Agencies

#### Contact Information

Municipal Finance Officers

American Red Cross

(413) 737-4306

Medical Reserve Corps

[www.wmmrc.org](http://www.wmmrc.org)

Voluntary Agencies

Goodwill

Food Bank

#### Forms, Protocols, and Other Resources

Item	Description/Notes	Quantity/Location
<input type="checkbox"/> 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

## Shelter Job Action Sheet

### Operations: Shelter Donations Manager / Staff

- ☐ 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, 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
- ☐ 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

## Shelter Job Action Sheet

### Operations: Shelter Donations Manager / Staff

- ☐ 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 Shelter Plan

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

## Shelter Job Action Sheet

### Operations: Shelter Donations Manager / Staff

#### 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

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"/> 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, Shelter Supervisor, Manager, Service Branch, EOC to identify resource needs
- ☐ Participate in shelter facility walk-through with 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)

## Shelter Job Action Sheet

### Operations: Shelter Donations Manager / Staff

- ☐ 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 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

#### Shelter Closing

- ☐ Receive closing orders from Incident Command/EOC

## Shelter Job Action Sheet

### Operations: Shelter Donations Manager / Staff

- ☐ 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



## HAMPDEN COUNTY MUNICIPALITIES SHELTER PLANNING MATERIALS & INFO

Forms, Maps and Lists



# Table of Contents

Plan Endorsements _____	3
Memoranda of Understanding _____	4
Facility Use Agreements _____	5
Access and Functional Needs MOU _____	6
Partner Contact List _____	8
Incident Action Plan Cover Sheet _____	10
Incident Action Plan _____	11
ICS 201 – Incident Briefing Form _____	14
ICS 202 – Incident Objectives & Update Form _____	18
ICS 202b – Station Objective & Update Form _____	20
ICS 203 – Organizational Assignment List _____	21
ICS 205b- Personnel & Communications List _____	22
ICS 206 –Responder Medical Plan _____	24
ICS 211 – Personnel Sign-In _____	25
ICS 210 – Resource Status Finance Tracking _____	26
ICS 213 – General Message/Resource Request _____	27
ICS 308 Resource Request Form _____	28
Incident Report _____	30
Complaint Form _____	31
Action Log _____	32
Shelter Policy Checklist _____	33
Invoice _____	36
Media Call Intake Form _____	37
Press Release: Shelter Update _____	38
Press Release: Request for Shelter Volunteers _____	39
Press Release: Request for Emergency Shelter Donations _____	40
Press Release: Emergency Shelter Opening _____	41
Press Release: Status of Services at Shelter Facility _____	42
Press Release: Notice That Shelter Is At Capacity _____	43
Press Release: Notice of Shelter Closing _____	44
Shelter Bulletin: Staff Meeting Announcement _____	45
Shelter Bulletin: Resident Meeting Announcement _____	46
Shelter Suitability for All-Hazards _____	47
Shelter Descriptions _____	48
Shelter Planning _____	49
Detailed Shelter Descriptions _____	49
Shelter Maps _____	50
Shelter Communication Capabilities _____	51
Shelter Supply List _____	52
Facility Walk Through Assessment Form _____	53

	2
Shelter Security Plan _____	56
Shelter Map: Interior and Exterior _____	57
Shelter Area with ICS Positions _____	58
Shelter Command Operations _____	60
Food Establishment Inspection Form _____	60
Food and Water Emergency Planning _____	61
Functional Needs Assistance Request Form _____	65
Staffing Level Guide _____	66
Shelter Staff/Volunteer Emergency Information Form _____	67
Shelter Staff/Volunteer Confidentiality Agreement _____	68
environmental Health Assessment Form _____	69
Access and Functional Needs Intake Form _____	70
Childcare Unit Registration Form _____	72
Shelter Command Operations _____	73
Client Case Management Registration Form _____	73
Shelter Client Participation Agreement _____	75
Shelter Client Authorization to Release Information _____	76
Shelter Client Media Release Form _____	77
Shelter Check-In/Check-Out Form _____	78
Service Animal Check-in/Check-out Form _____	79
Shelter Client Discharge Form _____	80
Shelter Rules and Regulations _____	81
Special Needs One Day Meal Plan _____	83
Transportation Request Form _____	84
Available Shelter Supplies _____	85
Shelter Command Planning _____	86
Durable Medical Equipment List large shelter _____	86
Shelter Planning _____	87
Western Sub-region Shelter Supplies _____	87
Resource Inventory Tracking Form _____	89
Donations Tracking Form _____	90
Health Record Form _____	91
Shelter Command Planning _____	92
Consumable Medical Supplies (Children & Adults) _____	92
Community Health Centers, Behavioral Health Centers, LTC facilities, and COAs _____	93
Dialysis _____	94
Hospitals _____	95
Long Term Care Facilities _____	96
Medical Supply _____	99
Oxygen Therapy Equipment and Supplies _____	100
Nutritional Support Supplies _____	101
Visiting Nurses _____	102
Shelter Supply List _____	103
Animal Sheltering _____	115

Funding and support for this project was provided by the Western Region Homeland Security Advisory Council ([www.wrhsac.org](http://www.wrhsac.org)) and the Region 1 Public Health Coalitions

[illegible]

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

## SHELTER PLANNING FACILITY USE AGREEMENTS

Add sections /pages for each sheltering facility

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

## 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								

## SHELTER PLANNING PARTNER CONTACT LIST

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

Name	Phone Number	Emergency Number
Animal Control Officer		
Local EMT		
Local Fire		
Local Health		
Local Emergency Management Director		
Local Police		
Army National Guard at Barnes Air Force Base	(413) 568-9151	
Bureau of Animal Health	(617) 626-1700	
Channel 22	(413) 786-2200	
Channel 3	(860) 728-3333	
Channel 40	(413) 733-7640	
Charlie Kaniecki: District Health Officer	(413) 586-7525 ext. 1167	Emergency: (800) 445-1255
Closest State Police Barracks	(413) 584-3000	
Bay State Hospital	(413) 784-0000	
The Republican	(413) 788-1200	
DEP Office/Departments	(413) 784-1100	Emergency: (617) 727-3200
Department of Mental Health	(413) 587-6265	
Department of Social Services	(800) 841-2692	
Don Snyder: Emergency Preparedness Coordinator	(413) 586-7525 ext. 1117	Cell: (413) 326-1051
DPH Lab	(617) 983-6201	Emergency: (617) 983-6800
Health and Human Services Springfield	(413) 787-6736	
Gail Bienvenue-Mailhott: Hospital Coordinator	(413) 586-7525 ext. 1161	Nextel: (617) 438-1466
Hazmat Team	Call dispatch	
IMAT Team		
MEMA Region 3 and 4	(413) 323-6306	
MMRS Springfield Metropolitan Medical Response System: Bob Hassett	(413) 787-6720	
Pamela E. Smith Assistant Strategic National Stockpile Coordinator	(413) 586-7525 ext.3112	Mobile: (617) 785-9741 Email: Pamela.Smith@state.ma.us



Name	Phone Number	Emergency Number
Poison Control Center	(800) 222-1222	Emergency: (800) 321-6742
Red Cross Pioneer Valley Chapter	(413) 737-4306	
Local Newsroom		
Salvation Army	(617) 542-5420	
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	
WHYN	(413) 781-1011	
Strategic National Stockpile Western Mass:	(413) 586-7525	
Agency	Website	617-719-5601, carly.levy@state.ma.us
Massachusetts Department of Public Health (MDPH)	<a href="http://www.mass.gov/dph/">http://www.mass.gov/dph/</a>	Emergency Preparedness
Massachusetts Department of Public Health Flu Page	<a href="http://www.mass.gov/eohhs/gov/departments/dph/programs/emergency-preparedness.html">http://www.mass.gov/eohhs/gov/departments/dph/</a> <a href="http://www.mass.gov/dph">www.mass.gov/dph</a>	<a href="http://www.mass.gov/eohhs/gov/departments/dph/programs/emergency-preparedness.html">http://www.mass.gov/eohhs/gov/departments/dph/programs/emergency-preparedness.html</a>
Massachusetts Emergency Management Agency	<a href="http://www.mass.gov/mema/">http://www.mass.gov/mema/</a>	-
Massachusetts Department of Environmental Protection	<a href="http://www.mass.gov/dep/">http://www.mass.gov/dep/</a>	
Massachusetts Department of Mental Health (MDPH)	<a href="http://www.mass.gov/dmh/">http://www.mass.gov/dmh/</a>	
US Centers for Disease Control	<a href="http://www.cdc.gov/">http://www.cdc.gov/</a>	<a href="http://emergency.cdc.gov/">http://emergency.cdc.gov/</a>

## 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:

## SHELTER COMMAND PLANNING INCIDENT ACTION PLAN

Location:	Control Level:	<b>Operational Period</b> From                      To
<b>1.0 SITUATION</b>		
Disease, community, environment Prompts: Weather, disease trends, Resources, Hazards & safety Reference: Maps, weather reports, Sit reps, , warnings, alerts	<b>Current</b>	
	<b>Predicted</b>	
<b>Objectives</b> 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"/> <b>ICS 201: Incident Briefing Form (<i>FIRST Operational Period ONLY</i>)</b> <input type="checkbox"/> <b>ICS 202: Incident Objectives and Situational Status (<i>All Operational Periods after the first</i>)</b> <input type="checkbox"/> <b>ICS 202b: Station Incident Objectives (<i>All Operational Periods after the first</i>)</b> <input type="checkbox"/> <b>ICS 203: Personnel Roster</b> <input type="checkbox"/> <b>ICS 205: Communications List</b> <input type="checkbox"/> <b>ICS 308 Resource Order Form</b> <input type="checkbox"/> <b>ICS 206: Medical Plan</b> <input type="checkbox"/> <b>ICS 211 Personnel Sign-in</b> <input type="checkbox"/> <b>ICS 213 General Message</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Comments:		
	<b>Current</b>	
	<b>Alternate</b>	

Continued...

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

Continued...

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

## SHELTER COMMAND

# ICS 201 – INCIDENT BRIEFING FORM

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

Continued...

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

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>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>		

Continued...

<input checked="" type="checkbox"/>	FNSS Advisor		
<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

Continued...



15. Shelter Layout Diagram: Insert Here

16. Maps Insert Here

## SHELTER COMMAND PLANNING

# ICS 202 – INCIDENT OBJECTIVES & UPDATE FORM

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

## SHELTER COMMAND OPERATIONS

### ICS 202B – STATION OBJECTIVE & UPDATE FORM

How to use this form		
1. Incident Name:		<b>Purpose:</b> 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:		<b>When to fill out:</b> At the end of the operational period, or as directed by Plans
6. Prepared by: Name: Position:		<b>Completed by:</b> All stations
7. Approved by: Name: Position:		<b>Approved by:</b> Branch-level Director → Section Chief
		<b>Send to:</b> Branch-level Director → Section Chief → Plans Section
		<b>Note Well:</b> <ul style="list-style-type: none"> <li>Keep a copy in your station binder for future reference</li> <li>During shift transfers provide copies to the new station lead</li> <li>Revise to reflect scope and nature of the emergency.</li> <li>This form has multiple pages; make sure to complete all fields!</li> </ul>
<b>Situational Update for your station</b>		
(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	

## 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)		
<b>5. INCIDENT COMMAND AND STAFF</b>		<b>9. OPERATIONS SECTION</b>		
Incident Commander		Chief		
Deputy		Deputy		
Safety Officer		A. Branch I- Division/Groups		
Information Officer		Branch Director		
Liaison Officer		Deputy		
		Division/Group		
<b>6. AGENCY REPRESENTATIVES</b>		Division/ Group		
<b>AGENCY</b>	<b>NAME</b>	Division/ Group		
		Division/Group		
		Division /Group		
		B. Branch li- Divisions/Groups		
		Branch Director		
		Deputy		
		Division/Group		
<b>7. PLANNING SECTION</b>		Division/Group		
Chief		Division/Group		
Deputy		Division/Group		
Resources Unit				
Situation Unit		C. Branch lii- Divisions/Groups		
Documentation Unit		Branch Director		
Demobilization Unit		Deputy		
Technical Specialists		Division/Group		
		Division/Group		
		Division/Group		
<b>8. LOGISTICS SECTION</b>				
Chief				
Deputy				
<b>a. SUPPORT BRANCH</b>				
Director				
Supply Unit				
Facilities Unit				
Ground Support Unit		<b>10. FINANCE/ADMINISTRATION SECTION</b>		
		Chief		
		Deputy		
<b>b. SERVICE BRANCH</b>		Time Unit		
Director		Procurement Unit		
Communications Unit		Compensation/Claims Unit		
Medical Unit		Cost Unit		
Food Unit				
<b>PREPARED BY (RESOURCES UNIT)</b>				

## SHELTER COMMAND LOGISTICS COMMUNICATIONS

### ICS 205B- PERSONNEL & COMMUNICATIONS LIST

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

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...

[illegible]

## SHELTER COMMAND SAFETY OFFICER ICS 206 –RESPONDER MEDICAL PLAN

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



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

[illegible]

## 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: _____			

## SHELTER COMMAND

# ICS 213 – GENERAL MESSAGE/RESOURCE REQUEST

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

## SHELTER COMMAND LOGISTICS

# ICS 308 RESOURCE REQUEST FORM

<b>1. Incident Name:</b>		<b>How to use this form:</b>			
<b>2. Date:</b>		<b>Purpose:</b> To transmit any personnel or resource request			
<b>3. Operational Period</b>	<b>4. Time</b>	<b>When to complete:</b> Anytime during the Operational Period			
<b>5. Station:</b>		<b>Completed By:</b> Any Shelter Staff			
<b>6. Prepared by:</b> Name Position:		<b>Approved By:</b> Your supervisor Resource requests for personnel or large amount of resources must be approved by Branch-level Director			
<b>7. Approved by:</b> Name Position		<b>Send to:</b> Supervisor → Branch-level Director → Section Chief → Logistics Section			
<b>Resource Order (completed by requestor)</b>					<b>Order Status (Completed by)</b>
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:			

## 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

## SHELTER COMMAND OPERATIONS COMPLAINT FORM

### Complaint Description

Name of Involved Parties	Contact Information
Complainant:	
Other:	
Shelter Manager	Contact Information:
Date of Complaint:	Date of Incident:

Complaint Description: Who, What, Where, Why?

Corrective Actions	Date
Describe the Corrective Actions:	

### Signatures

Shelter Manager	Print
Ombudsman	Print
Complainant	Print

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.

**Supervisor:**

[illegible]



## SHELTER COMMAND OPERATIONS

### SHELTER POLICY CHECKLIST

	<b>Establish policies related to Shelter Operations. Check those that apply below, or develop your own and place them in the chart below</b>
	<b>Statewide Policy Guidelines</b>
<input checked="" type="checkbox"/>	No one may be turned away from any 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
	<b>Requesting Resources from MEMA</b>
<input type="checkbox"/>	<b>Requesting Additional supplies</b> Shelter Branch Manager calls EOC to report dwindling inventories <ul style="list-style-type: none"> <li>Local EOC contacts other shelters to assess inventories</li> <li>Local EOC contacts MEMA office to request additional materiel.</li> <li>MEMA office relays request to other communities in the region OR to the state emergency operations center (SEOC), depending on nature of incident.</li> </ul>
<input type="checkbox"/>	<b>Authorization to Distribute Medication</b> Personnel authorized to dispense medication will be determined by the 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"/>	<b>Procuring Prescriptions:</b>
<input type="checkbox"/>	<b>Standing Orders:</b> 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"/>	<b>Unaccompanied Minors</b> 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.
	<b>Identification</b>
	Shelter residents must produce an acceptable form of identification in order to be admitted. <b>Acceptable forms of identification include these original documents (not copies):</b> <ul style="list-style-type: none"> <li>Driver's license</li> <li>State issued ID</li> <li>School identification card</li> <li>Valid passport</li> </ul> <b>Unacceptable forms of identification:</b> <ul style="list-style-type: none"> <li>Social security card</li> <li>Credit card</li> <li>Birth Certificate</li> <li>Expired passport</li> <li>Yearbook</li> <li>Written physical description</li> </ul>
	<b>Confidentiality/ HIPPA?</b>

Continued...

<input type="checkbox"/>	<b>Media:</b> No personnel associated with Shelter Operations will speak to the press without the express written authorization of the Incident Commander.
<input type="checkbox"/>	<b>Media</b> <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
<b>Authorization to use Shelter site</b>	
<input type="checkbox"/>	MOU available [indicate location]
<input type="checkbox"/>	(See MOU Plan Chapter 2 Worksheet 4 Supplies and Resources
<input type="checkbox"/>	Community Emergency Management Plan (CEMP)
<input type="checkbox"/>	Other (specify)
<b>Procurement of Private Property</b>	
<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.
<b>Use of Force</b>	
<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]
<b>Volunteer Requirements: Handling Spontaneous, Unidentified Volunteers</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>All staff/volunteers will be credentialed and CORI/SORI checked before working at any shelter site.</li> </ul> Criminal History Systems Board      617-660-4640 <a href="http://www.state.ma.us/chsb/cori/cori.html">www.state.ma.us/chsb/cori/cori.html</a> Sex Offender Registry Board      978-740-6400 <a href="http://www.state.ma.us/sorb/">http://www.state.ma.us/sorb/</a>
<input type="checkbox"/>	All volunteers/staff must display visible official Shelter Identification at all times
<input type="checkbox"/>	Spontaneous volunteers with proof of medical credentials 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.
<b>Safety</b>	
<input type="checkbox"/>	<b>PPE:</b> All staff and volunteers will use standard precautions at all times. Additional PPE requirements will be determined by the IC, in consultation with the medical Team Leader.
<input type="checkbox"/>	<b>Force Protection:</b> Force Protection rosters will be determined by the Incident Commander.
<input type="checkbox"/>	<b>Needle Stick:</b> Customary needle stick protocol will be followed [Add your protocol here]
<input type="checkbox"/>	<b>Emergency Medical Services</b> [will be/ will not] be available.
<input type="checkbox"/>	<b>First Aid</b> Each 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"/>	<b>AED.</b> [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.
<b>Registered Sex Offenders in Disaster Shelters</b>	

Continued...

<input type="checkbox"/>	During shelter registration, the sex offender should disclose the information. Local law enforcement should work registration and the security officer to determine what is best for the safety of those in the shelter. It will need to be reviewed on a case-by-case basis.
	<b>Childcare Safety</b>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>▪ A child may never be alone and unaccompanied</li> <li>▪ 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.</li> </ul>
<input type="checkbox"/>	The Unit leader must be at least 21 years of age and all staff members must be at least 18 yrs.
<input type="checkbox"/>	Children will only be released to the parent, guardian, caregiver or designee listed on the registration form.
<input type="checkbox"/>	The parents, guardians or caregivers are responsible for identifying any special needs for the child/children (food allergies, behavioral issues, medications, etc.)
	<b>Shelter Rules</b>
	<b>The following shelter rules will be enforced to protect all clients: Add rules as needed.</b>
<input type="checkbox"/>	Sign in entering the shelter.
<input type="checkbox"/>	All visitors must sign in and sign out.
<input type="checkbox"/>	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 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"/>	We appreciate you help with keeping the shelter neat and tidy.
	<b>Personnel Policies</b>
<input type="checkbox"/>	Workers compensation policies. In some communities these may applied to both paid staff and volunteers. Specify. [Add policy outline here]: Paid Staff and Volunteers
<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]
	<b>Stand Down Orders</b>
<input type="checkbox"/>	If at any time the Safety Officer or the Incident Commander issues a stand down order, the Shelter site will be deactivated.
<input type="checkbox"/>	Shelter Plan Added to CEMP

# SHELTER COMMAND FINANCE INVOICE

## INVOICE

### Shelter Authority

INVOICE # [100]  
DATE: DECEMBER 6, 2012

[Street Address], [City, ST ZIP Code]

Phone [000.000.0000] Fax [000.000.0000]

[e-mail]

To [Name]  
[Company Name]  
[Street Address]  
[City, ST ZIP Code]  
[Phone]  
Customer ID [ABC12345]

SHIP  
TO

[Name]  
[Company Name]  
[Street Address]  
[City, ST ZIP Code]  
[Phone]  
Customer ID [ABC12345]

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
SUBTOTAL				
SALES TAX				
TOTAL				

Make all checks payable to [Municipality/Name]

THANK YOU

## 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"/> Sub-region	<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 <input type="checkbox"/> Level A (immediate)	<input type="checkbox"/> Level B (urgent, within 24 hrs.) <input type="checkbox"/> Level C

### Results

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

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]

- 
-

**PRESS RELEASE: REQUEST FOR SHELTER VOLUNTEERS**

[MUNICIPALITY/ENTITY]

**NEWS RELEASE****For immediate release: December 6, 2012 10:39 AM**

**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]

- 
- 
-

## SHELTER COMMAND PIO

**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:**



## 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 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]

## 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]

## 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].

## 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]

- 
- 
-

**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].

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].

[illegible]

## SHELTER PLANNING

### SHELTER DESCRIPTIONS

**FILL IN THE TABLE BELOW AND REPEAT SECTION FOR EACH SHELTER**

<b>LOCATION NAME:</b>	<input type="checkbox"/> Regional Primary <input type="checkbox"/> Alternate Primary	<input type="checkbox"/> Transitional (Warming/Cooling) <input type="checkbox"/> Pet <input type="checkbox"/> Other (specify)
Address		
Building Owner Contact Information		
Location Capacity (Number of people sheltered per 20 sq. ft. and 40 sq. ft.)		
Emergency Management Director Contact Information		
Police Chief Contact Information		
Fire Chief Contact Information		
Location of Floor Plans		
Date of most recent ARC shelter survey		
ARC NSS Shelter Number		
Location of MOU for facility use as an emergency disaster shelter		
Identify the strengths of this location	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> </ul>	
Identify the problems and areas of concern for this location	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> </ul>	
Other:		



## SHELTER PLANNING

### DETAILED SHELTER DESCRIPTIONS

**Shelter Name:**

<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 _____)
---	--

**Shelter Name:**

(    )		(    )
Phone		Mobile

Shelter Address	(Street, Community, ZIP)
-----------------	--------------------------

Shelter Email
---------------

**EMD Name:**

(    )		(    )
Phone		Mobile

EMD Address	(Street, Community, ZIP)
-------------	--------------------------

EMD Email
-----------

**Police Chief Name:**

(    )		(    )
Phone		Mobile Phone

Police Chief Address	(Street, Community, ZIP)
----------------------	--------------------------

Police Chief Email
--------------------

**Building Owner Name:**

(    )		(    )
Owner Phone		Owner Mobile

Owner Address	(Street, Community, ZIP)
---------------	--------------------------

Owner Email
-------------

**Fire Chief Name:**

(    )		(    )
Fire Chief Phone		Fire Chief Mobile

Fire Chief Address	(Street, Community, ZIP)
--------------------	--------------------------

Fire Chief Email
------------------

**Board of Health Name:**

(    )		(    )
Board of Health Phone		Board of Health Mobile

Board of Health Address	(Street, Community, ZIP)
-------------------------	--------------------------

Board of Health Email
-----------------------

**Shelter Information**

Capacity @ 20 sq. ft. per person:	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------	--

Capacity @ 40 sq. ft. per person:	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------	--

Location of Floor Plans
-------------------------

Date of most recent ARC shelter survey
--

Location of ARC shelter survey
--------------------------------

Location of facility- use MOU
-------------------------------

Identify the problems and areas of concern for this location
--

Identify any special resources at this location
---

## SHELTER PLANNING SHELTER MAPS

Replace this Example: Show shelters, evacuation/Transportation routes, Hospitals



## 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 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"/>			

[illegible]

## 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...

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.								
	▪								
	▪								
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. <u>Projected showers needed:</u> 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...

		Y	N	NA		Y	N	NA	
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 Before Shelter Opening:									
Any Damage Or Additional Comments <u>After</u> Shelter Closing:									

## 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"/>		

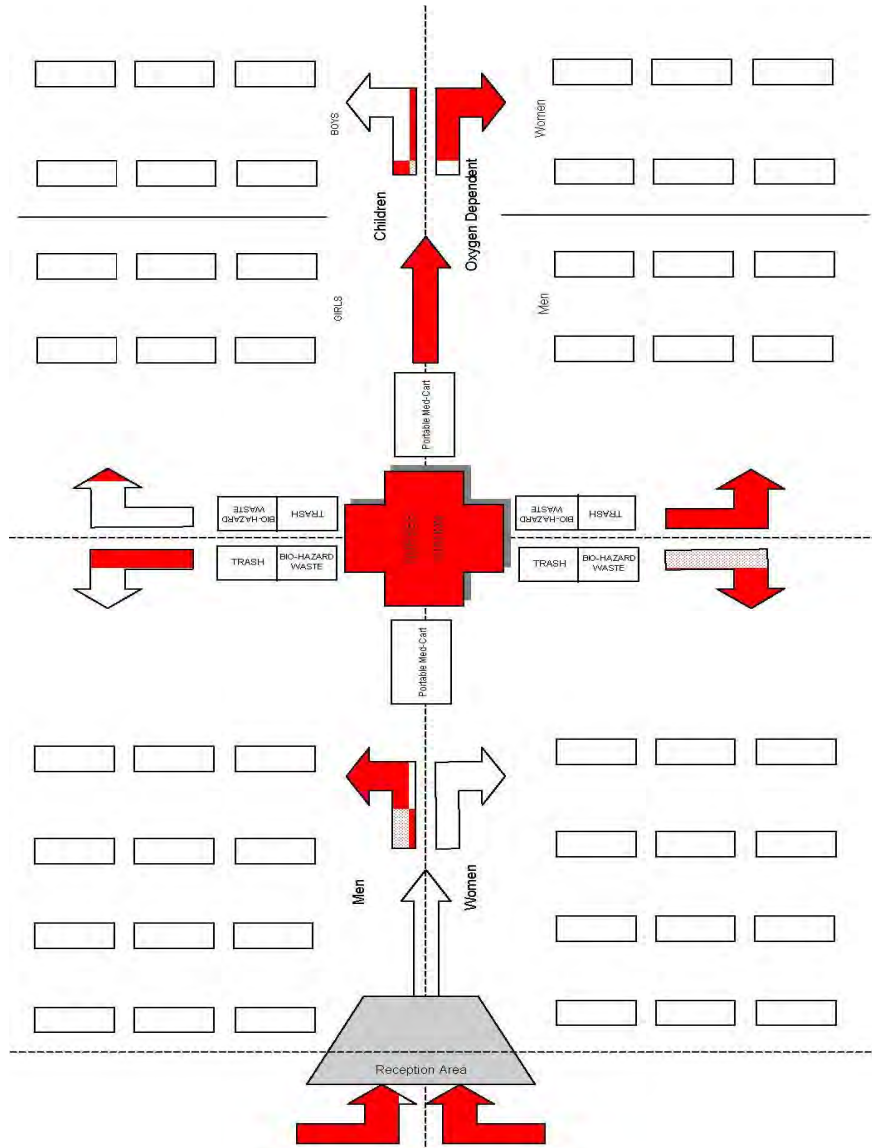


## SHELTER PLANNING

### 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



## 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

## 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**

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

### 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		

## 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=Eohhs2&b=terminalcontent&f=dph\\_environmental\\_foodsafety\\_p\\_emergency\\_plans&csid=Eohhs2](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=Eohhs2&b=terminalcontent&f=dph_environmental_foodsafety_p_emergency_plans&csid=Eohhs2)

### 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](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=Eohhs2&b=terminalcontent&f=dph\\_environmental\\_foodsafety\\_p\\_emergency\\_plans&csid=Eohhs2](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=Eohhs2&b=terminalcontent&f=dph_environmental_foodsafety_p_emergency_plans&csid=Eohhs2)

## 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](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. Contact your l



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:

## 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
<b>Shelter Division Supervisor</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Safety Officer</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>PIO</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Liaison Officer</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Public Health Officer</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>12</b>	<b>12</b>
<b>Security Officer</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>10</b>
Security Staff	1	1	1	2	4
<b>Human Shelter Branch Manager</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Ombudsman	1	1	1	1	1
FNSS Advisor	1	1	1	1	1
<b>Dormitory Team Leader</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Dormitory Staff	2	3	5	8	14-16
Childcare Leader Unit	1	1-2	3-4	8	12
<b>Registration Team Leader</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Registration Staff	2	2	2	3	5
<b>Case Management Team Leader</b>	<b>2</b>	<b>4</b>	<b>8</b>	<b>20</b>	<b>40</b>
<b>Medical Team Leader</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Medical Staff	1	1-2	2	4	8
Behavioral Health Unit	1	1-2	2	4	8
<b>Animal Shelter Branch Manager</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
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
<b>Logistics Manager</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>
Service Branch Leader	1	1	1	1	1
<b>Food Unit</b>	<b>3</b>	<b>3</b>	<b>6</b>	<b>14</b>	<b>28</b>
<b>Staffing Unit</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>8</b>
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)	

## 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, 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

**SHELTER COMMAND OPERATIONS:  
ENVIRONMENTAL HEALTH ASSESSMENT FORM**

<b>I. ASSESSING AGENCY DATA</b>		Agency: /Organization Name _____		<b><sup>90</sup>Immediate Shelter Need Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	
<sup>2</sup> Assessor Name/Title _____		<sup>3</sup> Phone _____ - _____ - _____		<sup>4</sup> Email or Other Contact _____	
<b>II. FACILITY TYPE, NAME AND CENSUS DATA</b>					
<sup>5</sup> Shelter Type <input type="checkbox"/> Community/Recovery <input type="checkbox"/> Special Need Shelter <input type="checkbox"/> Other _____		<sup>6</sup> ARC Facility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		<sup>7</sup> ARC Code _____	
<sup>8</sup> Date Shelter Opened ____/____/____ (mm/dd/yr)		<sup>9</sup> Date Assessed ____/____/____		<sup>10</sup> Time Assessed ____ : ____ <input type="checkbox"/> am <input type="checkbox"/> pm	
<sup>11</sup> Reason for Assessment <input type="checkbox"/> Preoperational <input type="checkbox"/> Initial <input type="checkbox"/> Routine <input type="checkbox"/> Other _____					
<sup>12</sup> Location Name and Description _____		<sup>13</sup> Street Address _____			
<sup>14</sup> City / County _____		<sup>5</sup> State ____ <sup>16</sup> Zip Code _____		<sup>17</sup> Latitude/Longitude _____ / _____	
<sup>18</sup> Facility Contact/Title _____		<sup>19</sup> Facility Type <input type="checkbox"/> School <input type="checkbox"/> Arena/Convention center <input type="checkbox"/> Other _____			
<sup>20</sup> Phone _____ - _____ - _____		<sup>21</sup> Fax _____ - _____ - _____		<sup>22</sup> E-mail/Other Contact _____	
<sup>23</sup> Current Census: _____		<sup>24</sup> Estimated Capacity: _____		<sup>25</sup> Number of Residents: _____ <sup>26</sup> Number Staff/Volunteers: _____	
<b>III. FACILITY</b>			<b>VIII. SOLID WASTE GENERATED</b>		
<sup>27</sup> Structural Environmental Health/Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>64</sup> Adequate number of receptacles	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>28</sup> Security / law enforcement available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>65</sup> Appropriate separation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>29</sup> Water system operational	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>66</sup> Appropriate disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>30</sup> Hot water available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>67</sup> Appropriate storage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>31</sup> HVAC system operational	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>68</sup> Timely removal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>32</sup> Adequate ventilation/air quality	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>69</sup> Types <input type="checkbox"/> Solid <input type="checkbox"/> Hazardous <input type="checkbox"/> Medical <input type="checkbox"/> Unk/NA			
<sup>33</sup> Adequate space per person	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<b>IX. CHILDCARE AREA</b>			
<sup>34</sup> Free of injury /occupational hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>70</sup> Clean diaper-changing facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>35</sup> Free of pest / vector issues	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>71</sup> Hand-washing facilities available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>36</sup> Acceptable level of cleanliness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>72</sup> Adequate toy hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>37</sup> Electrical grid system operational	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>73</sup> Safe toys	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>38</sup> Generator in use, <sup>39</sup> If yes, Type _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>74</sup> Clean food/bottle preparation area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>40</sup> Indoor temperature _____ °F	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>75</sup> Adequate child/caregiver ratio	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<b>IV. FOOD (Also Use Food Establishment Inspection Form)</b>			<sup>76</sup> Acceptable level of cleanliness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	
<sup>41</sup> Preparation: heat to 165F, serve in 4 hrs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<b>X. SLEEPING AREA</b>			
<sup>42</sup> Knowledgeable Person in Charge (PIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>77</sup> Adequate number of cots/blankets/mats	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>43</sup> Handwashing station available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>78</sup> Adequate supply of bedding	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>44</sup> Served on site: hold below 40F/ above 135F	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>79</sup> Bedding changed regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>45</sup> Safe food source: donations approved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>80</sup> Adequate spacing: wheel chair accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>46</sup> Appropriate storage: off floor; secure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>81</sup> Acceptable level of cleanliness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>47</sup> Adequate supply; snacks; special diets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<b>XI. COMPANION ANIMALS</b>			
<sup>48</sup> Safe food handling; cross contamination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>82</sup> Companion animals present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>49</sup> Warewashing/sanitizing facilities avail.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>83</sup> Animal care/accommodations present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>50</sup> Clean kitchen area: sanitizer used	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>84</sup> Designated animal area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<b>V. DRINKING WATER AND ICE</b>			<sup>85</sup> Acceptable level of cleanliness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	
<sup>51</sup> Adequate water supply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<b>XII. OTHER CONSIDERATIONS</b>			
<sup>52</sup> Adequate ice supply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>86</sup> Handicap accessibility; Universal Design	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>53</sup> Safe water/ice source ,approved source	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>87</sup> Designated smoking areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>54</sup> Safe sanitizer used in beverage ice tubs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>88</sup> Designated adult recreational areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<b>VI. HEALTH / MEDICAL</b>			<sup>89</sup> Designated quiet areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	
<sup>55</sup> Reported outbreaks, unusual illness / injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>90</sup> Adequate laundry services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA		
<sup>56</sup> Medical care services on site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>91</sup> Sewage system type <input type="checkbox"/> Community <input type="checkbox"/> On site <input type="checkbox"/> Portable <input type="checkbox"/> Unk/NA			
<sup>57</sup> Counseling services available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<b>XIII. COMMENTS (List Critical Needs on Immediate Needs Sheet)</b>			
<b>VII. SANITATION</b>					
<sup>58</sup> Adequate number of toilets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA				
<sup>59</sup> Adequate number of showers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA				
<sup>60</sup> Adequate number of hand-washing stations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA				
<sup>61</sup> Hand-washing supplies available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA				
<sup>62</sup> Toilet supplies available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<b><sup>90</sup>Immediate Shelter Need Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>			
<sup>63</sup> Acceptable level of cleanliness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	<sup>2</sup> Assessor Name/Title _____			
<sup>1</sup> Agency /Organization Name _____		<sup>3</sup> Phone _____		<sup>4</sup> Email or Other Contact _____	

## 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.			
<b>COMMUNICATIONS</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Name of Individual/Comments</b>
Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager; refer to Additional Assistance.	
<b>HEARING</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Name of Individual/Comments</b>
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.	
<b>LANGUAGES</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Name of Individual/Comments</b>
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	
<b>VISION/SIGHT</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
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.	
<b>MEDICAL</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
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,	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.	

Continued...

When should you take your next dose?		Date/Time.	
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:	
<b>INDEPENDENCE for Daily Living</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
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	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.	
<b>SUPERVISION AND SUPPORT</b>	<b>CIRCLE</b>	<b>ACTIONS</b>	<b>Comments</b>
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	
<b>TRANSPORTATION</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
Do you need assistance with transportation?	YES / NO	If Yes, list destination and	
Do you have any other transportation needs?			
<b>ADDITIONAL QUESTIONS TO INTERVIEWER</b>			
Would this person benefit from a more detailed health or mental health assessment?	YES / NO	<ul style="list-style-type: none"> <li>▪ If Yes, refer to Health Services or DMH.</li> <li>▪ If client is uncertain or unsure of answer to any question, refer to HS or DMH for in-depth evaluation.</li> </ul>	
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:

[illegible]



## 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"/> Umbrella	<input type="checkbox"/> Health	<input type="checkbox"/>	
<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: <b>Signature</b>			
Interviewer Name (print name):			Signature:
<b>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</b>			
<b>Disaster Related Individual Unmet Needs Assessment</b>			
	<b>Immediate Unmet Needs</b> (check applicable)	<b>Actions Taken/Referrals</b>	<b>Follow Up</b>
	Water		
	Food		
	Clothing		
	Housing		
	Pets/Animals		
	Utilities		
	Transportation		
	Child care		
	Medical		

Continued...

Medications			
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:	

## 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 Shelter to release information to other agencies needed to assist with obtaining requested/needed services

Client Signature: \_\_\_\_\_

Caseworker Signature: \_\_\_\_\_

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

## SHELTER COMMAND OPERATIONS

**SHELTER CLIENT AUTHORIZATION TO RELEASE INFORMATION**

I, the undersigned, authorize the 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:

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**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 #: \_\_\_\_\_

## 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 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 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 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 Shelter is relying on my representations as set forth herein.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

## SHELTER COMMAND OPERATIONS

### SHELTER CHECK-IN/CHECK-OUT FORM

[illegible]

[illegible]

## SHELTER COMMAND OPERATIONS

# SHELTER CLIENT DISCHARGE FORM

Date/Time:	Shelter Name/City/State	
<b>Staff Information</b>		
Destination		
Transportation Needs		
Discharge Checklist		
Name of Person Completing this form		
Equipment and Supplies Returned with Client		
<b>Resident Information</b>		
Resident Name:	Resident ID Number	
Home Address	Phone	
Caregiver Name (if applicable)		
Caregiver Relationship to Client	Phone	
Number of family members discharged with Client:		
<b>Name</b>	<b>Resident ID</b>	<b>Relationship to Resident</b>
<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		



## SHELTER COMMAND OPERATIONS

### SHELTER RULES AND REGULATIONS

<b>Welcome</b>	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.
<b>Registration</b>	Please <b>sign in</b> 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. <b>Sign out</b> every time you leave
<b>Shelter Information</b>	Shelter information, weather and news updates, and other information will be posted on the message board near the main entrance every day.
<b>Smoking</b>	We are NOT allowed to smoke or use matches or lighters inside the shelter. The designated smoking area is outside _____
<b>Alcohol, Drugs, Weapons</b>	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.
<b>Personal Belongings</b>	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.
<b>Pets</b>	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.
<b>Children</b>	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.
<b>Medical Problems/Injuries</b>	Notify our staff of any medications that you are taking. If you have a medical condition, please contact the Medical staff.
<b>Volunteering to help</b>	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.
<b>Telephones</b>	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 facilities telephone. Please be considerate when using any phones in the shelter. Please understand that some telephones are reserved staff and cannot be used for personal calls.
<b>Problems and Complaints</b>	Please direct all comments about the shelter operations to the Shelter Manager on duty. You may also contact the designated Shelter Ombudsman.
<b>Housekeeping</b>	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.
<b>Food Schedule</b>	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.

Continued...

[illegible]

## 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
<b>Breakfast</b>	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
<b>Lunch</b>	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
<b>Dinner</b>	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

## 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?			

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

[illegible]

## 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	

## SHELTER PLANNING

### WESTERN SUB-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	Chief Harry Jennings, Great Barrington Dispatch	413-528-0306		
Franklin	Franklin County Sheriff's Office, 160 Elm Street, Greenfield, MA 01301	Deputy Chief Bob Strahan, Greenfield Fire Department	413-774-4737		
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
Other					
Other					

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

Request Protocol:	<b>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.</b>				
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
Berkshire	Berkshire Humane Society, 214 Barker 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
Franklin	Franklin County Sheriff's Office, 160 Elm Street, Greenfield, MA 01301	Jason Kilgour	413-774-4014 x 2148		

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	Larry Lajoie	413-858-0132		
Other					
Other					



## SHELTER COMMAND LOGISTICS

[illegible]

## SHELTER COMMAND LOGISTICS DONATIONS TRACKING FORM

[illegible]

## SHELTER COMMAND OPERATIONS HEALTH RECORD FORM

Date	Time	Complaint	Treatment
<b>Referral Information</b>			
Name of Client:		Client Shelter ID #:	DOB <input type="checkbox"/> Male <input type="checkbox"/> Female
Allergies:			
Primary Care Physician			
Primary Care Physician Contact Information:			
Name		Phone:	
<b>Description</b>			
Date	Time	Complaint	Treatment
Additional Comments:			
<b>Referral Information</b>			
Date of Referral:			
Reason for Referral:			
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:			
<b>***ATTACH A COPY OF THE FNSS INTAKE FORM</b>			

## 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.

## COMMUNITY HEALTH CENTERS, BEHAVIORAL HEALTH CENTERS, LTC FACILITIES, AND COAS

WestMass ElderCare, Inc. (WMEC), a state designated Aging Services Access Point (home care agency) and federally designated Area Agency on Aging, serves elders 60+ years and disabled individuals in Hampden and Hampshire Counties. WMEC services to Hampden County consumers are primarily in the communities of Holyoke, Chicopee, and Ludlow. The following is a listing of organizations and contact persons for this service area.

Note: Greater Springfield Senior Services and Highland Valley Elder Services provide coverage to the remainder of Hampden County.

Facility	Street	City	Phone
WestMass ElderCare	4 Mill Valley Road.	Holyoke, MA	413-538-9020
Highland Valley Elder Services	16 Washington Street #121	Westfield, MA	413-568-2909
Greater Springfield Senior Services	66 Industry Ave # 9	Springfield, MA	413-781-8800

## DIALYSIS CENTERS

Facility	Street	City	Phone	Bed Count
Heritage Dialysis Center LLC	67 Cooper Street	Agawam, MA	413-786-2022	Bed Count: 11
Chicopee Dialysis Center	317 Meadow Street	Chicopee, MA	413-535-2529	Bed Count: 16
Dialysis of Western Mass	601 Memorial Drive	Chicopee, MA	413-593-3078	Bed Count: 14
Palmer Dialysis Center	42 Wright Street	Palmer, MA	413-284-0700	Bed Count: 12
Springfield Dialysis Center	125 Liberty Street	Springfield, MA	413-736-9600	Bed Count: 15
Western Mass Kidney Center	2000 Main Street	Springfield, MA	413-739-5601	Bed Count: 32
Pioneer Valley Dialysis Center	208 Ashley Ave.	West Springfield, MA	413-750-3400	Bed Count: 27

End-Stage Renal Disease (ESRD) Network of New England EP page:

<http://www.networkofnewengland.org/Emerg.htm>

To find updated lists of open and closed dialysis units during emergencies, visit <http://www.dialysisunits.com/>

*Emergency Management and Dialysis: What disaster planners need to know about dialysis patients and facilities.* Kidney Community Emergency Response Coalition [www.kcercoalition.com](http://www.kcercoalition.com) 866 901-3773

## HOSPITALS

Facility	Street	City	Phone
Baystate Medical Center	759 Chestnut Street	Springfield, MA	413-794-0000
HealthSouth Rehabilitation Hospital of Western Mass	14 Chestnut Place	Ludlow, MA	413-589-7581
Holyoke Medical Center	575 Beech Street	Holyoke, MA	413-534-2500
Mercy Medical Center	271 Carew Street	Springfield, MA	413-748-9000
Noble Hospital	115 West Silver Street	Westfield, MA	413-568-2811
Wing Memorial Hospital	40 Wright Street	Palmer, MA	413-283-7651

## LONG-TERM CARE FACILITIES

Facility	Street	City	Phone	Bed Count
Country Estates (ventilator care)	1200 Suffield Street	Agawam, MA	413-789-2200	Bed Count: 176
Heritage Hall East	464 Main Street	Agawam, MA	413-786-8000	Bed Count: 123
Heritage Hall North	55 Cooper Street	Agawam, MA	413-786-8000	Bed Count: 124
Heritage Hall South	65 Cooper Street	Agawam, MA	413-786-8000	Bed Count: 122
Heritage Hall West	61 Cooper Street	Agawam, MA	413-786-8000	Bed Count: 164
Willimansett Center East	11 St. Anthony Street	Chicopee, MA	413-536-2540	Bed Count: 85
Willimansett Center West	546 Chicopee Street	Chicopee, MA	413-536-2540	Bed Count: 103
Redstone Rehabilitation and Nursing	135 Benton Drive	East Longmeadow, MA	413-525-3336	Bed Count: 172
Renaissance Manor on Cabot	279 Cabot Street	Holyoke, MA	413-536-3435	Bed Count: 61
Jewish Geriatric Services	770 Converse Street	Longmeadow, MA		Bed Count: 200
Palmer Healthcare Center	250 Shearer Street	Palmer, MA	413-283-8361	Bed Count: 61
Chapin Center	200 Kendall Street	Springfield, MA	413-737-4756	Bed Count: 160
Kindred Hospital Park View (ventilator care)	1400 State Street	Springfield, MA	413-787-6700	Bed Count: 172
Governors Center	66 Broad Street	Westfield, MA	413-562-5464	Bed Count: 100
Renaissance Manor of Westfield	37 Feeding Hills Road	Westfield, MA	413-568-2341	Bed Count: 80
Life Care of Wilbraham	2399 Boston Road	Wilbraham, MA	413-596-3111	Bed Count: 123



## LONG-TERM CARE FACILITIES

Facility	Street	City	Phone	Bed Count
Wingate @ East Longmeadow	32 Chestnut Street	East Longmeadow, MA	413-525-1893	Bed Count: 135
Wingate @ Hampden	34 Main Street	Hampden, MA	413-566-5511	Bed Count: 100
Wingate @ South Hadley	573 Granby Road	South Hadley, MA	413-532-2200	Bed Count: 132
Wingate @ Springfield	215 Bicentennial Hwy	Springfield, MA	413-796-7511	Bed Count: 120
Wingate @ West Springfield	42 Prospect Ave	West Springfield, MA	413-733-3151	Bed Count: 168
Wingate @ Wilbraham	9 Maple Street	Wilbraham, MA	413-596-2411	Bed Count: 135
Beaven Kelly Rest Home	25 Brightside Drive	Holyoke, MA	413-532-4892	Bed Count: 57
Birch Manor Nursing Home	44 New Lombard Road	Chicopee, MA	413-592-7738	Bed Count: 68
Holyoke Geriatric Center	45 Lower Westfield Rd	Holyoke, MA	413-536-8110	Bed Count: 80
Holyoke Health Care Center	282 Cabot Street	Holyoke, MA	413-538-7470	Bed Count: 102 Beds
Holyoke Rehabilitation Center	260 Easthampton Road	Holyoke, MA	413-538-9733	Bed Count: 164 Beds
Loomis Nursing Center	298 Jarvis Avenue	Holyoke, MA	413-538-7551	Bed Count: 94
Mary's Meadow at Providence Place	12 Gamelin Street	Holyoke, MA	413-420-2533	Bed Count: 40
Mont Marie Health Care Center	34 Lower Westfield Road	Holyoke, MA	413-538-6050	Bed Count: 84 Beds
Mount St Vincent's Care Center	35 Holy Family Road	Holyoke, MA	413-532-3246	Bed Count: 125
Greater Springfield Senior Services Congregate Housing	66 Industry Ave #9	Springfield, MA	413-781-8800	
Danahy Schoolhouse	51 Maple Street	Agawam, MA		

## LONG-TERM CARE FACILITIES

Facility	Street	City	Phone	Bed Count
McLaren House	82 Quarry Hill Road	East Longmeadow, MA		
Springfield Robert O. Morris	603 Berkshire Avenue	Springfield, MA		

## MEDICAL SUPPLY VENDORS

Facility	Street	City	Phone
Agawam Medical Supply	56 Abrams Drive	Agawam, MA	413-789-1100
Footit Health Care Store	340 Memorial Drive	West Springfield, MA	413-733-7843
Louis and Clark Medical Equipment and Supply	309 East Street	East Springfield, MA	413-737-7456
Mass Surgical Supply, LLC	249 High Street	Holyoke, MA	413-532-1401
Traveler's Supply	2024R Westover Road	Chicopee, MA	413-593-5493

## OXYGEN THERAPY EQUIPMENT AND SUPPLIES

Facility	Street	City	Phone
Apria Healthcare	170 Carando Drive	Springfield, MA	413-736-4529
Baystate Home Infusion and Respiratory Services	211 Carando Drive	Springfield, MA	413-794-4663
Life Supply Oxygen, CPAP, DME	299 Carew Street	Springfield, MA	413-737-5555
Mercy Hospital Campus	11 Veterans Drive	Chicopee, MA	413-593-5555
Lincare Inc.	53 Capital Drive	West Springfield, MA	413-734-2562

## NUTRITIONAL SUPPORT SUPPLIERS

Facility	City	Phone	Services
Campus Pharmacy and Medical Equipment	Springfield, MA	413-739-6316	Special Infant Formulas, Oral Nutritional Supplements, Metabolic Foods
Shoppers Medical Supply	Springfield, MA	413-737-5516	Services: Special Infant Formulas, Oral Nutritional Supplements, Metabolic Foods
Spring Street Drug, Inc.	Springfield, MA	413-736-0351	Special Infant Formulas, Oral Nutritional Supplements

## VISITING NURSES

Facility	Street	City	Phone
Baystate Visiting Nurse Association and Hospice	50 Maple Street	Springfield, MA	413-781-5070
Mercy Home Care	1236 Main Street	Holyoke, MA	413-536-0503
Health Care for the Homeless	769 Worthington Street	Springfield, MA	413-734-7140
Wing VNA and Hospice	42B Wright Street	Palmer, MA	413-283-8084
Holyoke VNA & Hospice	113 Hampden Street	Holyoke, MA	413-534-5691
Chicopee VNA	2024 Westover Road	Chicopee, MA	413-437-9862
Spectrum Home Health and Hospice Care	770 Converse Street	Longmeadow, MA	Home Care Phone: 413-567-4600 Hospice Phone: 413-565-2500 TTY/TDD: 413-565-6680
Noble Visiting Nurses	77 Mill St, Suite 207	Westfield, MA	413-562-7049
O'Connell Care at Home	14 Bobala Road	Holyoke, MA	413-533-1030

## 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			
Donations	Pens/Pencils			



## Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
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	
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		

## Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
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- 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	

## Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
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
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

## Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
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.
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.

## Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
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			
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.

## Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
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 protectivefilm 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.
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.

## Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
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^.
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.

## Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
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.
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			



## Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
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
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		

## Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
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 Management	Markers		1 box	
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			

## ANIMAL SHELTERING SERVICES – INTRODUCTION

The goal of regional sheltering is to co-locate or provide close proximity located animal shelters. Animal shelter operations should only be performed by trained Disaster Animal Response Team staff.

More information on animal sheltering completed by the Western Region Homeland Security Advisory Council can be found at: <http://www.drc-group.com/project/dart.html>.

### Mission Statement

The mission of Western Massachusetts Disaster Animal Response Team (WMDART) is to assist with the care of domesticated animals who have been displaced by a disaster. We believe that operating a pet shelter concurrent with a shelter for people is the best way to support both the pets and their owners during times of crisis.

WMDART also promotes education, safety and disaster planning to animal owners, city or town government leaders, emergency responders and other interested parties.

### Legality: The PETS Act

FEMA Disaster Assistance Policy DAP9523.19 (Derived from the U.S. House press release):

*The destructive force of Hurricane Katrina exposed many flaws in our nation's emergency preparedness programs. One easily correctible issue that has come to light is that many of our city and state authorities' disaster plans do not take into account how to rescue the portion of the population who are pet owners. In order to qualify for Federal Emergency Management Agency funding, a city or state is required to submit a plan detailing its disaster preparedness program. The PETS Act would simply require that the State and local emergency preparedness authorities include how they will accommodate households with pets or service animals when presenting these plans to the FEMA. This bi-partisan legislation is necessary because Hurricane Katrina has clearly shown that when given a choice between their own personal safety or abandoning their household pets, a significant number of people will choose to risk their lives in order to remain with their pets. It is now clear that we must require these jurisdictions to have plans in effect to deal with their pet-owning populations as a matter of public safety.*

PETS Act definition of household pets:

*What they are: "A domesticated animal, such as a dog, cat, bird, rodent, or turtle that is traditionally kept in the home for pleasure rather than for commercial purposes and that can travel in commercial carriers and be housed in temporary facilities."*

*What they are not: "Household pets do not include reptiles, amphibians, fish, insects/arachnids, farm animals (including horses), and animals kept for racing purposes."*

PETS Act definition of service animals:

*"Any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items."*

## ANIMAL SHELTERING SERVICES – DEPLOYMENT POLICY

It is expected that all volunteers adhere to the following guidelines when deployed:

<b>1. Never Self-Deploy</b>	Self-deployment is grounds for dismissal.
<b>2. Bring your go-kit</b>	For your safety and comfort, you will find these items useful during deployment.
<b>3. Sign in and record time of arrival</b>	In order to qualify for state or federal reimbursement of resources used during an emergency, including the value of volunteer time per hour, it is critical that your service hours be recorded. Always sign in and out.
<b>4. Report to the Incident Commander or his/her Designee</b>	It is a component of the Incident Command System that you will only report to one person during your service. When you are called, you should be told who to report to and how this person will be identifiable. If you are unsure who to report to, ask. Do not just go to work because you see something that needs to be done.
<b>5. You will be given clear tasks and instructions at the scene</b>	You will never be expected to carry out an assignment that you are physically unable to carry out or uncomfortable with in any way. Remember, a core competency of your service is that you take care of yourself and no your limits. If you have concerns about your assigned task, or are unclear about instructions, ask.
<b>6. Personal Conduct</b>	While deployed you are a representative of Western Massachusetts DART. As such, it is expected that you will conduct yourself in a respectful and sensible way at all times. If you have a conflict with a civilian or another volunteer, it is expected that you will bring it to the attention of your supervisor and that you do not discuss it with others. Remember that anytime we are deployed there are likely to be stressful circumstances and distressed pet owners. If you encounter an incident, do not attempt to handle it alone, rather, bring it to the attention of your supervisor. In some more challenging cases, supervisors may find it advisable to contact security.
<b>7. Know your limits</b>	Monitor yourself and your fellow volunteers at all times for signs of excessive stress or exhaustion. You cannot be of service to anyone if you do not first take care of yourself.
<b>8. Do not speak with the press</b>	Never speak with the press or with any authorities outside the response about that response. Direct questioning individuals to the Incident Commander or Public Information Officer.
<b>9. Treat all animals with care</b>	
<b>10. Remember to sign out!</b>	

## TRAINING REQUIREMENTS FOR WMDART MEMBERSHIP

### 1. Complete MA Responds registration and profile

MA Responds is a volunteer management system that integrates local, regional, and statewide volunteer programs to effectively respond to disasters and public health emergencies. This database system was designed to enhance the Commonwealth's ability to prepare for and respond to disasters and health related emergencies and will ensure that volunteers be quickly identified and credentialed, so they can be properly utilized in response to a disaster or public health emergency.

Go to [www.MAResponds.org](http://www.MAResponds.org) to register and select the appropriate MRC affiliation for your County:

Berkshire County:	Berkshire MRC
Franklin County:	Franklin MRC
Hampden County	Hampden MRC
Hampshire County:	Hilltown MRC

Note: Because we may be dealing with vulnerable populations when responding to an emergency, a criminal background check will be conducted as part of your application. Please be sure to fully fill out the information in the criminal history section of the application.

### 2. Incident Command System (ICS) ICS 700 / ICS 100

Volunteers are needed for many tasks and we welcome your participation. Those volunteers who want to interface with animals in a disaster or emergency shelter situation must complete training requirements before they can be 'deployed' with the team.

When a disaster or incident requires response from multiple local emergency management and response agencies, and volunteer groups such as DART, effective coordination using common processes and systems is critical. The Incident Command System (ICS) provides a flexible, yet standardized core mechanism for coordinated and collaborative incident management, whether for incidents where additional resources are required or are provided from different organizations within a single jurisdiction or outside the jurisdiction, or for complex incidents with national implications. You can think of ICS as a common language that everyone speaks when different response groups work together.

For more in depth information about ICS go here:

<http://www.fema.gov/emergency/nims/IncidentCommandSystem.shtm>

### 3. Introduction to Disaster Response

(Taught by a qualified Medical Reserve Corps member)

This course will familiarize you with the specific skills, actions and Core Competencies required of all disaster response volunteers, as well as the basics of responding to disasters involving animals. You will learn about the DART and the Medical Reserve Corps, and their role in disaster response.

#### 4. Dealing with People in Distress - *Psychological First Aid*

(Taught by a qualified Medical Reserve Corps member)

When you deal with companion animals in disaster situations, you also deal with their families. This course deals with principals and techniques of dealing with people in the midst or immediate aftermath of disaster. Also called *Psychological First Aid*, these practices are designed to reduce the initial distress caused by traumatic events, and to foster adaptive functioning and coping. The course aims to foster an understanding that disaster survivors, and others impacted by such events, will experience a broad range of reactions (e.g. physical, psychological, cognitive, spiritual). Some of these reactions will cause sufficient distress for the individual and may be alleviated by support from compassionate and caring disaster responders.

#### 5. Pet First Aid

Topics covered in this course include symptoms and care for common ailments and emergencies, how to recognize emergencies and how to give medications. You will learn instructions for creating a pet first aid kit as well as tips on maintaining the health and well-being of animals.

#### Highly Recommended Trainings:

(Required trainings for leadership positions)

- Human First Aid/CPR
- Animals in Disasters – Awareness and Preparedness
- CERT Animal response 1 and 2 ([http://www.citizencorps.gov/cert/training\\_mat.shtm](http://www.citizencorps.gov/cert/training_mat.shtm))
- Pet First Aid
- SMART Training: ICS 100 and NIMS 700
- <http://training.fema.gov/EMIWeb/IS/is10a.asp>
- Animals in Disasters – Community Planning
- <http://training.fema.gov/EMIWeb/IS/IS11a.asp>

## PLANNING FOR ANIMAL SHELTERING

In general, all DART established shelters require the following:

- Operations manual
- DART trailer or MOU to get you what you need, with standard supplies for pet care and shelter management
- Trained volunteers to staff shelter and rescue efforts and vet / vet technicians. People who volunteer to assist at animal shelters should have same training as humans, including CERT Animal Response 1&2, Pet 1<sup>st</sup> Aid, and SMART training.
- List of contacts in each of the regions for the following:
  1. Individuals or sites which will provide care for animals not accommodated in the shelter (large animals or exotics)
  2. Veterinarians who will assist with care or medical supplies as needed
  3. Rescue groups, breed clubs, kennels, farms, zoos and animal shelters which can take custody of or assist in the placement of animals whose owners may not be able to maintain custody and care of their pets due to issues arising from the disaster such as loss of home or health
  4. Businesses who have signed agreements to assist with specific supplies such as pet food, hardware or other special needs in the time of disaster
  5. Wildlife rehabilitators to assist in rescue and care of injured wildlife or exotics
- Contact for SMART team personnel for assistance in rescue of pets in the event of a disaster
- Back up method of communications (radios, internet connections, prepaid cells or access to HAM radio contacts) in the event that shelter was not able to utilize traditional methods of communication due to the disaster
- Back up power source such as generators and capacity of facility to support the alternate source (three prong outlets, etc)
- Designated staging areas for intake of large numbers of animals or animals requiring decontamination or emergency medical treatment

Emergency Type	Animals Needing Shelter	Specific Sheltering Needs
FLOODING	Any animal who is housed in area determined to be flooding or area which may be isolated due to flooding.	<ul style="list-style-type: none"> <li>• When determination is made by City or Town officials to open human shelter, arrangements should be made for pets in co-located facility *</li> <li>• Animals may require decontamination or emergency medical treatment.</li> <li>• Specific necessities such as decontamination equipment/supplies, medical supplies, warm running water, towels/blankets</li> </ul>
HEAT WAVE	Any animal whose living area cannot be adequately cooled and ventilated in order to maintain comfortable and healthy living conditions. This would include animals which are evacuated due to owners need for cooling stations.	<ul style="list-style-type: none"> <li>• When determination is made by City or Town officials to open cooling stations or shelters, arrangements should be made for pets in co-located cooling facility *</li> <li>• Emergency medical treatment may be necessary for animals who are seriously overheated.</li> <li>• Specific necessities such as fans, power source for running fans, ice, cool running water, shade/cover</li> </ul>

COLD SNAPS	Any animal whose living area cannot be adequately heated in order to maintain comfortable and healthy living conditions. This would include animals which are evacuated due to owners need for shelter from the cold.	<ul style="list-style-type: none"> <li>When determination is made by City or Town officials to open warming station or shelter, arrangements should be made for pets in co-located facility *</li> <li>Emergency medical treatment may be necessary for animals who have been overly exposed to cold.</li> <li>Specific necessities such as heated rooms, space heaters, warming pads, availability of hot water, blankets</li> </ul>
ICE STORMS SNOW STORMS	Any animal whose owner needs to be evacuated or is seeking shelter due to the effects of a winter storm. This will include animals whose living areas threaten to be isolated due of the storms.	<ul style="list-style-type: none"> <li>When determination is made by City or Town officials to open warming station or shelter, arrangements should be made for pets in co-located facility *</li> <li>Emergency medical treatment may be necessary for animals who have been overly exposed to cold.</li> <li>Specific necessities such as heated rooms, space heaters, warming pads, availability of hot water, blankets, shovels, sand or pet safe ice melt for walking areas</li> </ul>
TORNADOES EARTHQUAKES HURRICANES	Any animal whose owner needs to be evacuated or is seeking shelter due to effects of disaster. This will include animals whose living areas threaten to be isolated due to the disaster.	<ul style="list-style-type: none"> <li>When determination is made by City or Town officials to open an evacuation shelter, arrangements should be made for pets in co-located facility *</li> <li>Emergency medical treatment may be necessary for animals impacted or injured in the disaster.</li> <li>Specific necessities such as inspection of facility regarding impact of disaster on facility, cleared areas for animal walking, medical supplies, blankets</li> </ul>
FIRES	Any animal that is evacuated as a result of a fire in their primary place of dwelling or a fire in the area of their dwelling which places them in jeopardy.	<ul style="list-style-type: none"> <li>When determination is made by City or Town officials to open human shelter, arrangements should be made for pets in co-located facility *</li> <li>Emergency medical treatment may be necessary for animals impacted or injured in a fire</li> <li>Specific necessities such as medical supplies, towels, blankets</li> </ul>
HAZARDOUS CHEMICAL SPILL	Any animal whose primary dwelling is impacted by a chemical spill or hazardous material contamination.	<ul style="list-style-type: none"> <li>When determination is made by City or Town officials to open human shelter, arrangements should be made for pets in co-located facility *</li> <li>Animals may require decontamination or emergency medical treatment.</li> <li>Specific necessities such as decontamination equipment/supplies, medical supplies, warm running water, towels/blankets</li> </ul>



Other emergency / urgent situations that need to be considered:

1. Often those volunteering in the animal shelter are also seriously impacted by the disaster. In recent situations, some volunteers homes and animals were in areas that were greatly affected or isolated due to the situation. This leaves those volunteers with extraordinary burdens while they respond to others in need. It has been suggested a plan be developed to accommodate those volunteers and their families (human and animal) at the shelter.
2. Many times, due to the nature of the disaster, it is difficult for volunteers to respond to the shelter due to roads impacted by the event. It would be helpful to develop a procedure for updating volunteers as to the state of the route they will be traveling.
3. DART teams will need training regarding shelter in place / lockdown / evacuation specific to the facility where they are located.
4. In many disasters, it is advisable for large scale animal operations such as farms, stables, zoos to shelter in place. It is imperative that each DART Director / Team Leader become acquainted with such facilities in their areas. It is important to establish relationships with these operations and to be familiar with their emergency plans in case assistance from DART is needed in a disaster.
5. MOUs with businesses and other agencies will need to be established in each region. Samples of MOUs are attached.
6. A DART representative should be included in each briefing of staff at the EOC. Urgent information should be communicated immediately through a pre-established method of communication between Team Leader and EOC.
7. The DART shelter should be included on communication plan with EOC. DART should be provided with necessary contacts for each operational period.
8. The DART shelter should be included in the security plan established at the EOC. In some past events, while security was "on call", the DART shelter was not "on the rounds" of security staff.

## ANIMAL SHELTERING GUIDELINES

1. In Hampden County, the region is divided by the river. We have two very active animal response teams, one based in Westfield that serves western Hampden County, and one based in Monson that serves eastern Hampden County. These two Animal Response Teams will take responsibility for establishing and operating 24 hour animal shelters. The shelters will take admissions of animals as they arrive 24 hours a day. The shelters reserve the right to make a determination as to which animals can be safely housed at the shelter based on the animal's health, disposition and care needs.
2. All owners / animals will be required to complete the registration process with a staff member upon arrival. At this time, information will be gathered as to the needs of the animal and owner as well as contact and emergency information. All owners / animals will be given id bands which must be worn at all times. These provide instant identification and will be required for owner to enter the shelter and to check their animal out of the shelter.
3. We strive to maintain as stress free of an environment as possible for all involved during this time. We encourage owners to spend time with and care for their pets as they would at home. In order to make this possible, we will require the following:
  - All owners will keep their pet under their control at all times. Animals will be leashed (no expandable leashes, please) or crated in common areas both in and outside of the shelter.
  - Staff will assist owners in getting their animal from their crates for visits, walks and feeding. Staff will accompany owners while they are in the kennel areas of the shelter or will bring your animal to you.
  - Only one owner will be allowed in the kennel area at a time. This will allow for the least amount of stress for all the animals. Please be patient with us.
  - Please refrain from visiting or engaging anyone else's animal without permission. This is a stressful time for all and we seek to keep everyone safe.
  - Shelter staff will be available to assist owners and their animals as needed. Please ask for whatever you need and please allow us to help.
  - Only owners and their family members who have received id bands will be allowed to access the shelter. This is done for the safety and well being of the animals. In an effort to keep stress at a minimum, we do not allow other visitors access.
  - Owners will be required to show their id band in order to check out their pet. Staff are required to check the id numbers to be sure that they correspond with the number on your pet's band. They may also verify your identity in the photo taken with your pet when you registered. Please do not take offense. We do this to protect your pet. Their safety and well-being is first and foremost to us. We thank you in advance for your understanding.

4. Shelter schedule is as follows:

8:30 a.m. - 12:00 p.m.

Shelter open for owners to visit, walk, feed animals

12:00 p.m. – 1:30 p.m.

Animal rest time – shelter closed

1:30 p.m. – 5:00 p.m.

Shelter open for owners to visit, walk, feed animals

5:00 p.m. – 6:00 p.m.

Animal rest time - shelter closed

6:00 p.m. – 9:30 p.m.

Shelter open for owners to visit, walk, feed animals

9:30 p.m. – 8:30 a.m.

Shelter closed

#### **Animal Shelter Staff Guidelines**

Shelters established by DART teams in times of disasters will post guidelines which outline necessary rules and procedures for shelter volunteers. The Team Leader or designee will review these procedures with volunteers at the beginning of each shift.

These guidelines should be posted in area that volunteers access, but not necessarily in the public view.

#### **Animal Shelter Staff Guidelines:**

- All staff will sign in and check in with Shelter Manager or designee at their time of arrival at the shelter for updates and briefing.
- Staff will be assigned role and given assignments by Shelter Manager.
- Staff will accompany all owners in animal care areas of the shelter at all times and provide help as needed to ensure safety of all.
- Please report any problems, accidents or concerns directly to the Shelter Manager immediately.
- Staff will follow all shelter guidelines and procedures. If exceptions are needed or requested, please consult with Shelter Manager or designee.
- Please check cage card prior to engaging with any animal. Care instructions / information about disposition or any problems with animal will be noted there.
- If you are uncomfortable handling any animal or any assigned task, please tell the Shelter Manager immediately. We want everyone to be safe and happy during their shift.
- Please be sure to sign out at the end of your shift.

#### **Animal Shelter Guidelines**

Shelters established by DART teams in times of disasters will post guidelines which outline necessary rules and procedures of the shelter. These guidelines will be posted in prominent place so that all owners, volunteers and visitors to the shelter will have the opportunity to review them. A copy of these guidelines will be given to each person placing their animal in the shelter prior to their leaving their pet in the care of the DART volunteers. Guidelines will include procedures such as visiting times, who is allowed access to the shelter and check in / out requirements. Please see sample guidelines below.



## ANIMAL SHELTER RULES

The Disaster Animal Response Team will operate an animal shelter for pets

1. The shelter will take admissions of animals as they arrive 24 hours a day. The DART SHELTER reserves the right to make a determination as to which animals can be safely housed at the shelter based on the animal's health, disposition and care needs.
2. All animal owners will be required to complete the registration process with a staff member upon arrival. All owners / animals will be given matching identification bands which must be worn at all times while the animal is in the DART shelter.
3. Animals will be leashed or crated in common areas both in and outside of the shelter.
4. Staff will assist owners with their animal(s) when in the animal area, visiting area and the exercise area.
5. One animal at a time will be removed from its crate with owner and handler to go to the walking/exercise or other designation.
6. Refrain from visiting or engaging anyone else's animal.
7. Shelter staff will be available to assist owners and their animals as needed.

ORGANIZATION	CONTACT PERSON / INFO	POTENTIAL ROLE
SMART	David Schwartz, DVM <a href="http://www.smartma.org">www.smartma.org</a>	Coordination of SMART resources including equipment, personnel and rescue assistance
WESTERN MASS DART TEAMS	Audra Staples Monson/Hampden County Ed Mello Westfield/Hampden County  Outside region: Larry Holmberg/ Hampshire County Joyce Hanousek/Hampshire County Corinne McKeown/Berkshire County Honor Blume/BerkshireCounty Leslee Colucci /Franklin County * see attached contact info *	Provide response, set up and staffing for emergency shelter Westfield DART has an agreement with a local cab company and/or school buses to drive people in human shelter to visit their pets in the animal shelter
ANIMAL CONTROL OFFICER (ACO)	Most municipalities have an animal control officer, although some do share one. For a partial list of MA animal control officers, go to: <a href="http://masslostpet.net/ACO.html">http://masslostpet.net/ACO.html</a> The MA Association of animal control officers is located at: <a href="http://www.acoam.com/index.html">http://www.acoam.com/index.html</a> Wendy LeSage (Palmer, Monson, Wales) member of SMART and a great resource	Provide consultation and assistance in animal rescue and animal care at shelter
MRC	Kathleen Conley-Norbut Monson MRC Ed Mello / Hampden County MRC	Assistance with staffing and resources needed for shelter

	Outside county: Michael Nelson / Hilltown MRC Julie Page / Berkshire MRC Corinne McKeown / Berkshire MRC	
MEMA	<a href="http://www.mass.gov/eopss/agencies/mema/pet-safety.html">http://www.mass.gov/eopss/agencies/mema/pet-safety.html</a>	Assistance with planning and resources
VETERINARIANS	Many vets throughout the county. Specialist in cardiology at: <a href="http://massvetcardiology.com/413/743-1292">http://massvetcardiology.com/413/743-1292</a> The Monson DART at: <a href="http://wmdart.org/teams/hampden-county/">http://wmdart.org/teams/hampden-county/</a>	Assistance with emergency medical treatment / triage and assessment of pets in shelter
AREA BUSINESS	Dave's in Agawam Pet Co PetSmart Ace Hardware Home Depot The Monson DART website plans to create and maintain a listing of regional pet-related resources at: <a href="http://wmdart.org/teams/hampden-county/">http://wmdart.org/teams/hampden-county/</a>	Pet food and supplies Hardware Grocery and supplies Livestock feed and supplies Animal Food and supplies
INDIVIDUALS/GROUPS WITH SPECIFIC EXPERTISE	The MA Dept of AG maintains a website of "Pet Care Assistance" resources at: <a href="http://www.massresources.org/pet-care-assistance.html">http://www.massresources.org/pet-care-assistance.html</a> LUPA Zoo in Ludlow is a possible resource: <a href="http://www.lupazoo.org">www.lupazoo.org</a>	Consultation Consultation/ assistance
Dakin Pioneer Valley Humane Society	Dakin Shelter: <a href="http://www.dpvhs.org/">http://www.dpvhs.org/</a> 171 Union Street, Springfield	May have space available for hosting evacuated pets
TJ O'Connor	TJ O'Connor Animal Control: <a href="http://www.tjoconnoradoptioncenter.com/tjo/animal-control.0.html">http://www.tjoconnoradoptioncenter.com/tjo/animal-control.0.html</a>	Has 150 volunteers trained to care for animals
MSPCA	<a href="http://www.mspca.org">www.mspca.org</a>	The Mission of the Massachusetts Society for the Prevention of Cruelty to Animals-Angell Animal Medical Center is to protect animals, relieve their suffering, advance their health and welfare, prevent cruelty and work for a just and compassionate society.
FACILITY STAFF		Assistance at facility
Pet Friendly Hotels	<a href="http://hotels.petswelcome.com/massachusetts/">http://hotels.petswelcome.com/massachusetts/</a>	A searchable data base of pet friendly hotels in MA
Disaster Resistant Communities Group	<a href="http://www.drc-group.com/project/dart.html">http://www.drc-group.com/project/dart.html</a>	Essential disaster planning, training and exercising for America's communities – has link to W MA DART resources
Large Animal planning/resources	<a href="http://www.mass.gov/agr/animalhealth/farm_emergency.htm">http://www.mass.gov/agr/animalhealth/farm_emergency.htm</a>	MA Farm animal planning template from MA Dept of Ag