



REGIONAL SHELTER PLAN

6/19/14

Fillable Forms, Information, and Lists

Contents

Fillable Forms

Access and Functional Needs MOU	6
Action Log.....	8
AVAILABLE SHELTER SUPPLIES	9
Case Management Form	10
Childcare Unit Registration Form	12
Complaint Form	16
Detailed Shelter Descriptions	17
Donations Tracking Form	18
Durable Medical Equipment List (large shelter).....	19
ENVIRONMENTAL HEALTH ASSESSMENT FORM	20
Facility Opening/closing Assessment Form	22
Facility Use Agreements.....	25
Finance Tracking Form	26
Food Establishment Inspection Form	27
Functional Needs Assistance Request Form	28
ICS 201 – Incident Briefing Form	29
ICS 202b – Station Objective & Update Form	35
ICS 203 – Organizational Assignment List	36
ICS 205b- Personnel & Communications List	37
ICS 206 –Responder Medical Plan	39
ICS 210 – Resource Status Tracking	40
ICS 211 – Personnel Sign-In.....	41
ICS 213 – General Message/Resource Request	42
ICS 214 - Activity Log	43
ICS 221 - Demobilization.....	44
ICS 308 Resource Request Form.....	45
Incident Action Plan.....	47
Incident Action Plan Cover Sheet.....	48
Incident Report	49
Instructions for Completing the Massachusetts Disaster Shelter Surveillance Roster.....	50
Massachusetts Disaster Shelter Surveillance Roster	51
Media Call Intake Form	52

MEDICAL INCIDENT Form	53
Medication Log Form	54
Memoranda of Understanding	55
Plan Endorsements	56
Press Release: Emergency Shelter Opening	57
Press Release: Notice of Shelter Closing.....	58
Press Release: Notice That Shelter Is At Capacity	59
Press Release: Request for Emergency Shelter Donations.....	60
Press Release: Request for Shelter Volunteers	61
Press Release: Shelter Update	62
Press Release: Status of Services at Shelter Facility	63
Service Animal/PET Check-in/Check-out Form	65
Shelter Bulletin: Resident Meeting Announcement.....	66
Shelter Bulletin: Staff Meeting Announcement	67
Shelter Check-In/Check-Out Form	68
Shelter Client Authorization to Release Information	69
Shelter Client Discharge Form.....	70
ShELTER Client INTAKE ASSESSMENT Form	71
Shelter Client Media Release Form	73
Shelter Client Participation Agreement.....	74
Shelter Communication Capabilities	75
Shelter Descriptions.....	76
Shelter Invoice.....	77
Shelter Staff/Volunteer Confidentiality Agreement.....	78
Shelter Staff/Volunteer Emergency Information Form	79
Shelter Suitability for All-Hazards	80
SHELTER SUPPLY LIST	81
Transportation Request Form.....	82
Volunteer Registration Form	84
Information	
Food and Water Emergency Planning	86
Regional Shelter Map: Interior and Exterior	90
Shelter Area with ICS Positions.....	91
Special Needs Menu (One Day Plan)	92

Staffing Level Guide 93

Volunteer – What to Expect at a Mass Care shelter 94

Western Region Shelter Supplies 95

Lists

Consumable Medical Supplies (Children & Adults) 98

Partner Contact List 99

Pre-registration triage Checklist 100

Shelter Policy Checklist 101

Shelter Security Plan 104



REGIONAL SHELTER PLAN

6/19/14

Fillable Forms

REGIONAL SHELTER COMMAND OPERATIONS CASE MANAGEMENT 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"/>
<input type="checkbox"/> Registered with FEMA:	FEMA#	Date:	
<input type="checkbox"/> Are you working with any other Agency? <input type="checkbox"/> Red Cross <input type="checkbox"/> Salvation Army <input type="checkbox"/> Interfaith <input type="checkbox"/> Specify:			
<input type="checkbox"/> Affiliations if wish to share (Faith, organizations, societies):			
Risk Inventory:			
<input type="checkbox"/> Shelter Resident <input type="checkbox"/> Dependent Children <input type="checkbox"/> Over 65 <input type="checkbox"/> Medical Condition <input type="checkbox"/> Disability (specify)			
<input type="checkbox"/> Active Military <input type="checkbox"/> Low Income <input type="checkbox"/> Single Parent <input type="checkbox"/> Uninsured/Underinsured <input type="checkbox"/> English Learner			
<input type="checkbox"/> Household Income if seeking Financial Assistance <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> Under \$20,000 <input type="checkbox"/> Under \$40,000 <input type="checkbox"/> Under \$50,000			
<input type="checkbox"/> Client Permission to share information with other agencies: Signature			
Interviewer Name (print name):			Signature:

DO YOU HAVE A MEDICAL OR SAFETY CONCERN OR ISSUE RIGHT NOW? If yes, STOP and call for assistance NOW! Or Call 911

Disaster Related Individual Unmet Needs Assessment

Immediate Unmet Needs (check applicable)	Actions Taken/Referrals	Follow Up	Date
Water			
Food			
Clothing			
Housing			
Pets/Animals			
Utilities			
Transportation			
Child care			
Medical			
Medications			

Continued...

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

**REGIONAL SHELTER COMMAND OPERATIONS
C-MIST FUNCTIONAL NEEDS WORKSHEET FORM**

DATE:	CLIENT/FAMILY NAME:	COUNTY/STATE:
NUMBER OF FAMILY MEMBERS INCLUDED IN THIS FORM:		
Client location in shelter:		Interviewer:

This is a document to cover possible considerations for scenarios of access and functional needs. This is not an all-inclusive checklist, but rather serves as a simple guideline for referral purposes.

COMMUNICATION

NEED:	ACTION:
<input type="checkbox"/> Access to auxiliary communication service	<input type="checkbox"/> Provide written materials in alternative format (Braille, large and high contrast print, audio recording, or readers) <input type="checkbox"/> Provide visual public announcements <input type="checkbox"/> Provide qualified sign language or oral interpreter <input type="checkbox"/> Provide qualified foreign language interpreter
<input type="checkbox"/> Access to auxiliary communication device	<input type="checkbox"/> Provide access to teletypewriter [TTY, TDD, or CapTel] or cell phone with texting capabilities; pen and paper.
<input type="checkbox"/> Replacement of auxiliary communication equipment	<input type="checkbox"/> Provide replacement eyeglasses <input type="checkbox"/> Provide replacement hearing aid and/or batteries

MAINTAINING HEALTH

NEED:	ACTION:
<input type="checkbox"/> Special diet <input type="checkbox"/> Food Allergies _____(type)	<input type="checkbox"/> Provide alternative (low sugar, low sodium, pureed, gluten-free, dairy-free, peanut-free) food and beverages; _____(diet type)
<input type="checkbox"/> Medical supplies and/or equipment for every day care (including medications) <i>not</i> related to mobility <i>*For replacement eyeglasses or hearing aid, see Communication</i> <i>*For assistive mobility equipment (e.g., wheelchair), see Independence</i>	<i>Refer to Disaster Health Services to provide or procure one or more of the following:</i> <input type="checkbox"/> Replacement medication <input type="checkbox"/> Wound management/dressing supplies <input type="checkbox"/> Diabetes management supplies (e.g., test strips, lances, syringes) <input type="checkbox"/> Bowel or bladder management supplies (e.g., colostomy supplies, catheters) <input type="checkbox"/> Oxygen supplies and/or equipment
<input type="checkbox"/> Assistance with medical care normally provided in the home setting <input type="checkbox"/> Allergies (environmental or other high risk) _____(type) <i>*For medical treatments that are not normally provided in the home setting (e.g., dialysis), see Transportation</i>	<i>Refer to Disaster Health Services to provide assistance with one or more of the following:</i> <input type="checkbox"/> Administration of medication <input type="checkbox"/> Storage of medication (e.g., refrigeration) <input type="checkbox"/> Wound management <input type="checkbox"/> Bowel or bladder management <input type="checkbox"/> Use of medical equipment <input type="checkbox"/> Universal precautions and infection prevention and control (e.g., disposal of bio-hazard materials, such as needles in sharps containers)
<input type="checkbox"/> Support for pregnant women <input type="checkbox"/> Support for nursing mothers; <input type="checkbox"/> Infant care availability	<input type="checkbox"/> Provide support by ongoing observation <input type="checkbox"/> Provide support and/or room for breastfeeding women <input type="checkbox"/> Assure diaper changing area is available

<input type="checkbox"/> Access to a quiet area	<input type="checkbox"/> Provide access to a quiet room or space within the shelter (e.g., for elderly persons, people with psychiatric disabilities, parents with very young children, children and adults with autism)
<input type="checkbox"/> Access to a temperature-controlled area	<input type="checkbox"/> Provide access to an air-conditioned and/or heated environment (e.g., for those who cannot regulate body temperature)
<input type="checkbox"/> Mental health care (e.g., anxiety and stress management)	<input type="checkbox"/> <i>Refer to Disaster Mental Health Services</i>

INDEPENDENCE

NEED:	ACTION:
<input type="checkbox"/> Durable medical equipment for individuals with conditions that affect mobility	<input type="checkbox"/> Provide assistive mobility equipment (e.g., wheelchair, walker, cane, crutches) <input type="checkbox"/> Provide assistive equipment for bathing and/or toileting (e.g., raised toilet seat with grab bars, handled shower, bath bench) <input type="checkbox"/> Provide accessible cot (may be a crib, inclined head or other bed type)
<input type="checkbox"/> Power source to charge battery-powered assistive devices	<input type="checkbox"/> Provide power source to charge battery-powered assistive devices
<input type="checkbox"/> Bariatric accommodations	<input type="checkbox"/> Provide bariatric cot or bed
<input type="checkbox"/> Service animal accommodations	<input type="checkbox"/> Provide area where service animal can be housed, exercised, and toileted <input type="checkbox"/> Provide food and supplies for service animal
<input type="checkbox"/> Infant supplies and/or equipment	<input type="checkbox"/> Provide infant supplies (e.g., formula, baby food, diapers, crib)

SERVICES, SUPPORT AND SELF-DETERMINATION

NEED:	ACTION:
<input type="checkbox"/> Adult personal assistance services <input type="checkbox"/> Child personal assistance services <i>*Incl. general observation and/or assistance with non-medical activities of daily living, such as grooming, eating, bathing, toileting, dressing and undressing, walking, etc.</i>	<input type="checkbox"/> Identify family member or friend caregiver <input type="checkbox"/> Assign qualified shelter volunteer to provide personal assistance services <input type="checkbox"/> Contact local agency to provide personal assistance services <input type="checkbox"/> Coordinate childcare support such as play areas; age-appropriate activities; equal access to resources.

TRANSPORTATION

NEED:	ACTION:
<input type="checkbox"/> Transportation to designated facility for medical care or treatment <input type="checkbox"/> Transportation for non-medical appointment	<input type="checkbox"/> Coordinate provision of accessible shelter vehicle and driver for transportation <input type="checkbox"/> Contact local transit service to provide accessible transportation

Actions:

- No needs identified
- Contact Shelter Manager
- Contact Disaster Mental Health Services
- Agency, *please provide agency name*

Other _____

Followup/Resolution/date _____

Disaster Health Services print name/signature/date _____

REGIONAL SHELTER COMMAND OPERATIONS COMPLAINT FORM

Complaint Description

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

REGIONAL SHELTER 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	



ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR RAPID ASSESSMENT OF SHELTER CONDITIONS DURING DISASTERS



I. ASSESSING AGENCY DATA

¹Agency /Organization Name _____

²Assessor Name/Title _____

³Phone _____ - _____ - _____ ⁴Email or Other Contact _____

⁹³Immediate Needs Identified: Yes No

II. FACILITY TYPE, NAME AND CENSUS DATA

⁵Shelter Type Personal Care Local-Initiated Overnight Local-Initiated Multi-Community State-Initiated Regional Other _____

⁶ARC Facility Yes No Unk/NA ⁷ARC Code _____

⁸Date Shelter Opened ___/___/___ (mm/dd/yr) ⁹Date Assessed ___/___/___ (mm/dd/yr) ¹⁰Time Assessed ___ : ___ : ___ am pm

¹¹Reason for Assessment Preoperational Initial Routine Other _____

¹²Location Name and Description _____

¹³Street Address _____

¹⁴City / County _____ ¹⁵State ___ ¹⁶Zip Code _____ ¹⁷Latitude/Longitude _____ / _____

¹⁸Facility Contact / Title _____ ¹⁹Facility Type School Arena/Convention center Other _____

²⁰Phone _____ - _____ - _____ ²¹Fax _____ - _____ - _____ ²²E-mail or Other Contact _____

²³Current Census _____ ²⁴Estimated Capacity _____ ²⁵Number of Residents _____ ²⁶Number of Staff / Volunteers _____

III. FACILITY

²⁷Structural damage/Safety Yes No Unk/NA

²⁸Security / law enforcement available Yes No Unk/NA

²⁹Water system operational Yes No Unk/NA

³⁰Hot water available Yes No Unk/NA

³¹HVAC system operational Yes No Unk/NA

³²Adequate ventilation/air quality Yes No Unk/NA

³³Adequate space: 20 – 40 sq.ft./person Yes No Unk/NA

³⁴Free of injury /occupational hazards Yes No Unk/NA

³⁵Free of pest / vector issues Yes No Unk/NA

³⁶Acceptable level of cleanliness Yes No Unk/NA

³⁷Electrical grid system operational Yes No Unk/NA

³⁸Generator in use Yes No Unk/NA ³⁹If yes, Type _____

⁴⁰Indoor temperature _____ °F Unk/NA

VII. SANITATION

⁵⁹Adequate laundry services Yes No Unk/NA

⁶⁰Adequate number of toilets: 1/20 people Yes No Unk/NA

⁶¹Adequate number of showers: 1/15 people Yes No Unk/NA

⁶²Adequate number of hand-washing stations:1/15 Yes No Unk/NA

⁶³Hand-washing supplies available Yes No Unk/NA

⁶⁴Toilet supplies available Yes No Unk/NA

⁶⁵Acceptable level of cleanliness Yes No Unk/NA

⁶⁶Sewage system type Community On Site Portable Unk/NA

IV. FOOD

⁴¹Preparation on site w/appropriate temp(cold/hot) Yes No Unk/NA

⁴² Served on site w/appropriate temp (cold/hot) Yes No Unk/NA

⁴³Safe food source Yes No Unk/NA

⁴⁴Adequate supply & including special diets Yes No Unk/NA

⁴⁵Appropriate storage: off floor; secure Yes No Unk/NA

⁴⁶ Knowledgeable Person-in-Charge Yes No Unk/NA

⁴⁷Hand-washing facilities available Yes No Unk/NA

⁴⁸Safe food handling Yes No Unk/NA

⁴⁹Dishwashing facilities available Yes No Unk/NA

⁵⁰Clean kitchen area; Sanitizer used Yes No Unk/NA

VIII. SOLID WASTE GENERATED

⁶⁷Adequate number of collection receptacles:1/30 Yes No Unk/NA

⁶⁸Appropriate separation-medical waste Yes No Unk/NA

⁶⁹Appropriate disposal Yes No Unk/NA

⁷⁰Timely removal Yes No Unk/NA

⁷¹Appropriate separation-common areas Yes No Unk/NA

⁷²Types Solid Hazardous Medical Unk/NA

IX. CHILDCARE AREA

⁷³Clean diaper-changing facilities Yes No Unk/NA

⁷⁴Hand-washing facilities available Yes No Unk/NA

⁷⁵Adequate toy hygiene Yes No Unk/NA

⁷⁶Safe toys Yes No Unk/NA

⁷⁷Clean food/bottle preparation area Yes No Unk/NA

⁷⁸Adequate child/caregiver ratio: depends on ages Yes No Unk/NA

⁷⁹Acceptable level of cleanliness Yes No Unk/NA

V. DRINKING WATER AND ICE

⁵¹Adequate water supply: drinking 1-2 gal/person Yes No Unk/NA

⁵²Adequate ice supply Yes No Unk/NA

⁵³Safe(approved) water source Yes No Unk/NA

⁵⁴Safe ice source; sanitizer used in beverage tubs Yes No Unk/NA

X. SLEEPING AREA

⁸⁰Adequate number of cots/beds/mats Yes No Unk/NA

⁸¹Adequate supply of bedding Yes No Unk/NA

⁸²Bedding changed regularly Yes No Unk/NA

⁸³Adequate spacing: 3ft. wheel chair accessible Yes No Unk/NA

⁸⁴Acceptable level of cleanliness Yes No Unk/NA

VI. HEALTH/MEDICAL

⁵⁵Reported outbreaks, unusual illness / injuries Yes No Unk/NA

⁵⁶Medical care services on site Yes No Unk/NA

⁵⁷Medication storage and security appropriate Yes No Unk/NA

⁵⁸Counseling services available Yes No Unk/NA

XI. COMPANION ANIMALS

⁸⁵Companion animals present Yes No Unk/NA

⁸⁶Animal care available Yes No Unk/NA

⁸⁷Designated animal area Yes No Unk/NA

⁸⁸Acceptable level of cleanliness Yes No Unk/NA

COMMENTS

XII. OTHER CONSIDERATIONS

⁸⁹Handicap accessibility: Universal Design Yes No Unk/NA

⁹⁰Designated smoking area or other provisions Yes No Unk/NA

REGIONAL SHELTER COMMAND OPERATIONS FACILITY OPENING/CLOSING 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							

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

Continued...

	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:								

REGIONAL SHELTER PLANNING FACILITY USE AGREEMENTS

Add sections /pages for each sheltering facility

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

REGIONAL SHELTER COMMAND OPERATIONS FOOD ESTABLISHMENT INSPECTION FORM

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

ENVIRONMENTAL HEALTH AND SAFETY

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

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

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

- Anti-Choking 590.009 (E)
- Tobacco 590.009 (F)
- 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

- 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

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.

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

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	

S: 590InspectionForm6-14.doc

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

REGIONAL SHELTER COMMAND OPERATIONS
FUNCTIONAL NEEDS ASSISTANCE REQUEST FORM

Identify Involved Parties and Contact Information:

--

Date of Request:

Identify the Request:

--

Date of Action Taken:

Describe the Action Taken:

--

REGIONAL SHELTER COMMAND ICS 201 – INCIDENT BRIEFING FORM

ICS 201 – Incident Briefing Form		Purpose: Documents the situation and objectives determined by the Incident Commander/SHELTER Manager, Command and General staff during Activation and Notification
1. Incident Name:		When to fill out: At the start of the <i>FIRST</i> Operational Period
2 Date	3. Time	Completed by: Shelter Manager
4. Operational Period:		Approved by: Incident Commander
5. Prepared by: Name: Position: IC/Shelter Branch Manager		Send to: All responders as a component of the Incident Action Plan for the FIRST operational period ONLY
6. Approved by: Name: Position:		Note Well: This form has <u>multiple pages</u> – please check that all are duplicated! Revise to reflect scope and nature of the emergency.
<p>7. Situation Summary</p> <p>What has happened here?</p> <ul style="list-style-type: none"> Where? Likely Duration Scope/Size Risk Factors/Exposures/Protective Actions Assess impacted population Access and Functional Needs Assessment <p>What have I never seen before?</p> <ul style="list-style-type: none"> What is foreign to me? What have I seen before; what is familiar to me? What do I know? What do I need to know? <p>Once these questions are answered, consider:</p> <ul style="list-style-type: none"> What do I want to do? What do I have to do? What can I do? <p><i>Event summary:</i></p> <p>Statistics:</p> <ul style="list-style-type: none"> ▪ Total population ▪ # impacted ▪ # expected at shelter ▪ <p>Duration:</p> <ul style="list-style-type: none"> ▪ Anticipated duration of <u>situation</u>: days / weeks / months / unknown ▪ Anticipated duration of the <u>infectious disease emergency response</u>: days / weeks / months / unknown 		
<p>8. Summary of Current Actions Taken:</p> <ul style="list-style-type: none"> ▪ ▪ 		

Continued...

9. Objectives And Tasks For The Initial Operational Period:

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

10. Other agencies involved:

-
-
-
-
-

11. Stations and Staff required for the Response:

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

Continued...

<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

REGIONAL SHELTER COMMAND PLANNING ICS 202 – INCIDENT OBJECTIVES & UPDATE FORM

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

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

REGIONAL SHELTER COMMAND OPERATIONS ICS 202B – STATION OBJECTIVE & UPDATE FORM

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

REGIONAL SHELTER COMMAND

ICS 203 – ORGANIZATIONAL ASSIGNMENT LIST

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

REGIONAL SHELTER COMMAND LOGISTICS COMMUNICATIONS ICS 205B- PERSONNEL & COMMUNICATIONS LIST

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

Basic Communication Information

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

Continued...

REGIONAL SHELTER COMMAND SAFETY OFFICER ICS 206 –RESPONDER MEDICAL PLAN

1. Incident Name		How to use this form
2. Date	3. Time	Purpose: ■ Provides information on medical emergency resources and personal protective equipment available for shelter responder use.
1. Operational Period:		When to fill out: At the beginning of the Operational Period
		Completed by: Safety Officer
		Approved by: I C/Shelter Branch Manager
5. Prepared by: Name: Position: Safety Officer		Send to: All responders as a component of the Incident Action Plan
6. Approved by: Name: Position: IC/ Shelter Branch Manager		Note Well: Revise to reflect scope and nature of the emergency.
Safety Message/Policies		
Force Protection: Eligible: Type: Location:		
Instructions on when and how to ask for medical help:		
Location of Medical Aid Stations:		
Personal Protective Equipment		
Position / Station	PPE Type	Instructions for Use
Other Instructions:		

REGIONAL SHELTER COMMAND ICS 211 – PERSONNEL SIGN-IN

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

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

REGIONAL SHELTER COMMAND

ICS 213 – GENERAL MESSAGE/RESOURCE REQUEST

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

REGIONAL SHELTER COMMAND PLANNING ICS 221 - DEMOBILIZATION

1. Incident Name:		2. Incident Number:																																																																																											
3. Planned Release Date/Time: Date: _____ Time: _____		4. Resource or Personnel Released:																																																																																											
5. Order Request Number: _____																																																																																													
<p>6. Resource or Personnel: You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate head / Demobilization Unit Leader (or Planning Section)</p> <p>LOGISTICS SECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Manager</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Supply Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Communications Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Facilities Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ground Support Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Security Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>FINANCE/ADMINISTRATION SECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Leader</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Time Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>OTHER SECTION/STAFF</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Other</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>PLANNING SECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Leader</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Documentation Leader</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Demobilization Leader</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Unit/Manager	Remarks	Name	Signature	<input type="checkbox"/>	Supply Unit				<input type="checkbox"/>	Communications Unit				<input type="checkbox"/>	Facilities Unit				<input type="checkbox"/>	Ground Support Unit				<input type="checkbox"/>	Security Manager				<input type="checkbox"/>						Unit/Leader	Remarks	Name	Signature	<input type="checkbox"/>	Time Unit				<input type="checkbox"/>					<input type="checkbox"/>						Unit/Other	Remarks	Name	Signature	<input type="checkbox"/>					<input type="checkbox"/>						Unit/Leader	Remarks	Name	Signature	<input type="checkbox"/>					<input type="checkbox"/>	Documentation Leader				<input type="checkbox"/>	Demobilization Leader			
	Unit/Manager	Remarks	Name	Signature																																																																																									
<input type="checkbox"/>	Supply Unit																																																																																												
<input type="checkbox"/>	Communications Unit																																																																																												
<input type="checkbox"/>	Facilities Unit																																																																																												
<input type="checkbox"/>	Ground Support Unit																																																																																												
<input type="checkbox"/>	Security Manager																																																																																												
<input type="checkbox"/>																																																																																													
	Unit/Leader	Remarks	Name	Signature																																																																																									
<input type="checkbox"/>	Time Unit																																																																																												
<input type="checkbox"/>																																																																																													
<input type="checkbox"/>																																																																																													
	Unit/Other	Remarks	Name	Signature																																																																																									
<input type="checkbox"/>																																																																																													
<input type="checkbox"/>																																																																																													
	Unit/Leader	Remarks	Name	Signature																																																																																									
<input type="checkbox"/>																																																																																													
<input type="checkbox"/>	Documentation Leader																																																																																												
<input type="checkbox"/>	Demobilization Leader																																																																																												
7. Remarks: _____																																																																																													
8. Travel Information:		Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
Estimated Time of Departure: _____		Actual Release Date/Time: _____																																																																																											
Destination: _____		Estimated Time of Arrival: _____																																																																																											
Travel Method: _____		Contact Information While Traveling: _____																																																																																											
Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No		Area/Agency/Region Notified: _____																																																																																											
Number: _____																																																																																													
9. Reassignment Information: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																													
Incident Name: _____		Incident Number: _____																																																																																											
Location: _____		Order Request Number: _____																																																																																											
10. Prepared by: Name: _____ Position/Title: _____ Signature: _____																																																																																													
ICS 221		Date/Time: _____																																																																																											

REGIONAL SHELTER COMMAND LOGISTICS ICS 308 RESOURCE REQUEST FORM

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

Continued...

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

REGIONAL SHELTER COMMAND PLANNING INCIDENT ACTION PLAN

Location:	Control Level:	Operational Period From To
-----------	----------------	--

1.0 SITUATION

Disease, community, environment Prompts: Weather, disease trends, Resources, Hazards & safety Reference: Maps, weather reports, Sit reps, , warnings, alerts	Current
	Predicted

Objectives INCIDENT ACTION PLAN (IAP)
 Shelter Activation
 Name of Incident: _____
 Operational Period to be covered by this IAP: am / pm to am / pm
 The items checked below are included in this Incident Action Plan

- 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:

	Current
	Alternate

Continued...

REGIONAL SHELTER COMMAND PLANNING INCIDENT ACTION PLAN COVER SHEET

Incident Action Plan Cover Sheet		How to use this form:
1. Incident Name		Purpose: Cover page of the Incident Action Plan for this Operational Period
2. Date	3.. Time	When to fill out: Before Each Operational Period
4. Operational Period:		Completed by: Planning Section
5. Prepared by: Name: Position: Plans Section		Approved by Shelter Manager or IC
6.Approved by: Name: Position: SHELTER Manager or IC		Send to: All responders responsible for components of the Incident Action Plan
<p>INCIDENT ACTION PLAN (IAP)</p> <p>Shelter Activation</p> <p>Name of Incident:</p> <p>Operational Period to be covered by this IAP: am / pm to am / pm</p> <p>The items checked below are included in this Incident Action Plan</p> <p><input type="checkbox"/> ICS 201: Incident Briefing Form (<i>FIRST Operational Period ONLY</i>)</p> <p><input type="checkbox"/> ICS 202: Incident Objectives and Situational Status (<i>All Operational Periods after the first</i>)</p> <p><input type="checkbox"/> ICS 202b: Station Incident Objectives (<i>All Operational Periods after the first</i>)</p> <p><input type="checkbox"/> ICS 203: Personnel Roster</p> <p><input type="checkbox"/> ICS 205: Communications List</p> <p><input type="checkbox"/> ICS 308 Resource Order Form</p> <p><input type="checkbox"/> ICS 206: Medical Plan</p> <p><input type="checkbox"/> ICS 211 Personnel Sign-in</p> <p><input type="checkbox"/> ICS 213 General Message</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Other Comments:</p>		

REGIONAL SHELTER COMMAND OPERATIONS INCIDENT REPORT

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

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

Form completed by: _____ Person involved in incident: _____

Witness(es): _____

Personnel ICS Role: _____

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

Station and location where incident occurred: _____

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

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

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

Medical treatment required: None First aid Hospital or physician

Name of hospital or attending physician: _____

Was worker hospitalized overnight as a patient? Yes No

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

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

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

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

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

Were proper procedures being followed when incident occurred? Yes No

If no, explain: _____

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

If no, explain: _____

Are changes necessary to prevent recurrence? Yes No

If yes, explain: _____

Worker signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Please forward this form to the Safety Officer as soon as possible following the incident or near miss.
Note: If an employee or volunteer receives medical treatment from a hospital or physician, additional forms need to be filled out and forwarded to the Clinic Safety Officer along with the incident report if workers' compensation claim is applicable

**INSTRUCTIONS FOR COMPLETING THE MASSACHUSETTS DISASTER SHELTER SURVEILLANCE ROSTER
"SURVEILLANCE ROSTER"**

The Surveillance Roster provides situational awareness for the Local Emergency Operations Center if it is activated and the State Emergency Operations Center (SEOC) ESF-8 desk. The form is completed by shelter health services and behavioral/mental health services personnel. It should be reviewed by the Health Services Manager/Leader or their designee each operational period and reported by the LEOC (if activated), the Shelter Manager, or their designee to the Massachusetts Department of Public Health Office of Integrated Surveillance and Informatics Systems to (confidential fax) 617-983-6813 or ISISHelp@MassMail.State.MA.US. The Surveillance Roster will be reviewed and the shelter and the SEOC ESF-8 desk will be contacted if follow up is indicated. Online training for use of this form is available at www.masslocalinstitute.org.

<p>Part I: Facility Information</p>	<p>Shelter: Include the shelter facility name</p> <p>Address: Include the street number, name, zip code, and state where the shelter/medical unit is located</p> <p>Reporting Period: Include the start/end date (MM/DD/YY) and time for the operational period that corresponds to the information on the report</p> <p>Reporting Person: Include the name of the contact person along with the telephone, fax, and/or email where the contact can be reached</p> <p># of Pages: Indicate the total number of Surveillance Roster pages submitted for the Reporting Period</p> <p>Facility Population: Include the total population of the individuals (not staff/volunteers) in the facility during the Reporting Period</p> <p>Total Visits: Include the total number of people that were seen or treated by health services or behavioral/mental health services personnel</p> <p>Other Significant Events: Include other significant events impacting health, medical, and behavioral/mental health not captured elsewhere</p>
--	---

<p>Part II: Persons Seen or Treated</p>	<p>Individual: Each row represents one "visit." Include the time seen/treated, age, sex, and race/ethnicity of the person. Race is designated as American Indian/Native Alaskan, Asian, Black/African American, Native Hawaiian/Pacific Islander, White or Other. Ethnicity is designated as Hispanic or non-Hispanic.</p> <p>Reason for Visit: Using the Signs/Symptoms, Behavioral/MH, Health Maintenance categories, indicate with a Y/N all boxes that relate to the person's current reason for seeking care. Use the Trauma and Chronic Disease columns to note specific information if related to the reason for the visit</p> <p>Intervention: Include what intervention was provided, if any</p> <p>Disposition: Include what happened to the person after the visit (e.g., returned to self-care, referred to other clinician, refer/transfer to hospital)</p> <p>Comment: Include other relevant comments which may include time of onset or additional details of symptoms</p>
--	--

REGIONAL SHELTER COMMAND PIO MEDIA CALL INTAKE FORM

Date _____ Time of Call _____ am/pm _____

Inquiry taken by Name _____ Position _____

Deadline: ASAP 2 hours Today am Today pm Other

Type of Media Outlet

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

Caller Information

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

Caller's contact information: Phone: _____
 Fax: _____
 E-mail: _____

Information Request

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

Action Information

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

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

Results

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

REGIONAL SHELTER COMMAND OPERATIONS MEDICAL INCIDENT FORM

Shelter Name: *Information below is protected and must be kept confidential*

Client Information

Name of Client:	Client Shelter ID #:	Age/DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Phone:	Other:
Caregiver/Other Contact:		Phone:	Other:

Client Medical Information

Allergies/Medical History: (Include recent hospitalizations)

Primary Care Provider:	Phone:
Health Insurance Co:	Policy Holder:
Health Ins. #	Ins. Phone:
Pharmacy:	Phone:

Current Medications:	Dosage:	Last Dose:

Primary Complaints

Date	Time	Complaint	Treatment

Additional Comments:

Referral Information

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

*** ATTACH A COPY OF THE SHELTER ASSESSMENT INTAKE FORM

REGIONAL SHELTER PLANNING MEMORANDA OF UNDERSTANDING

Complete for each vendor. Repeat as necessary

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

REGIONAL SHELTER COMMAND PIO

PRESS RELEASE: EMERGENCY SHELTER OPENING

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For Immediate Release [Insert Date and Time]

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

NOTICE OF SHELTER OPENINGS

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

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

The shelter(s) are at the following locations:

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

The following shelter services will be available:

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

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

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

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

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

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

[Insert additional information about how to handle specific emergency]

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

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

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

REGIONAL SHELTER COMMAND PIO
PRESS RELEASE: NOTICE OF SHELTER CLOSING

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For immediate release: [Insert Date and Time]

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

NOTICE OF SHELTER CLOSING

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

The shelters to be closed are located at:

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

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

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

[insert additional information about how to handle specific emergency]

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

Websites:

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

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

REGIONAL SHELTER COMMAND PIO
PRESS RELEASE: NOTICE THAT SHELTER IS AT CAPACITY

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For immediate release [Insert Date and Time]

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

NOTICE OF SHELTER CAPACITY REACHED

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

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

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

The following shelter services will be available:

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

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

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

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

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

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

[Insert Additional Information about How to Handle Specific Emergency]

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

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

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

REGIONAL SHELTER COMMAND PIO
PRESS RELEASE: REQUEST FOR EMERGENCY SHELTER DONATIONS

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For immediate release: [Insert Date and Time]

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

REQUEST FOR EMERGENCY SHELTER DONATIONS

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

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

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

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

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

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

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

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

Websites:

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

Emergency phone hotlines:

REGIONAL SHELTER COMMAND PIO
PRESS RELEASE: REQUEST FOR SHELTER VOLUNTEERS

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For immediate release: July 10, 2014 9:38 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]

REGIONAL SHELTER COMMAND PIO
PRESS RELEASE: SHELTER UPDATE

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For immediate release: [Insert Date and Time]

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

[Contact 2 Name] [Contact 2 Phone]

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

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

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

[Insert additional information about how to handle specific emergency]

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

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

Emergency Phone Hotlines:

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

REGIONAL SHELTER COMMAND PIO
PRESS RELEASE: STATUS OF SERVICES AT SHELTER FACILITY

[MUNICIPALITY/ENTITY]

NEWS RELEASE

For Immediate Release [Insert Date and Time]

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

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

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

[List of services available at emergency shelter location 1]

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

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

[Insert additional information about how to handle specific emergency]

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

Websites:

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

Emergency phone hotlines:

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

REGIONAL SHELTER COMMAND OPERATIONS POSITION/JOB/ROSTER/CALL DOWN LIST

Position/ Job	Name	Contact Info	Training/s Completed
Regional Shelter Supervisor		Phone:	
		Mobile:	
		Email:	
Human Shelter Branch Manager		Phone:	
		Mobile:	
		Email:	
Shelter Safety Officer		Phone:	
		Mobile:	
		Email:	
Shelter Public Information Officer		Phone:	
		Mobile:	
		Email:	
Shelter Liaison Officer		Phone:	
		Mobile:	
		Email:	
Shelter Public Health Officer		Phone:	
		Mobile:	
		Email:	
Shelter Security Officer		Phone:	
		Mobile:	
		Email:	
FNSS Advisor		Phone:	
		Mobile:	
		Email:	
Dormitory Team Leader		Phone:	
		Mobile:	
		Email:	
Childcare Assistance		Phone:	
		Mobile:	
		Email:	
Registration Team Leader		Phone:	
		Mobile:	
		Email:	
Medical Team Leader		Phone:	
		Mobile:	
		Email:	

REGIONAL SHELTER COMMAND PIO
SHELTER BULLETIN: RESIDENT MEETING ANNOUNCEMENT

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

Shelter Information Bulletin

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

RESIDENT MEETING ANNOUNCEMENT

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

At least one member of each family should attend.

Topics to be discussed at the staff meeting include:

[SELECT ALL THAT APPLY]

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

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

REGIONAL SHELTER COMMAND PIO
SHELTER BULLETIN: STAFF MEETING ANNOUNCEMENT

For immediate release: [Insert Date and Time]

Shelter Information Bulletin

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

STAFF MEETING ANNOUNCEMENT

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

The following staff members should attend the meeting:

[LIST THE POSITIONS]

Topics to be discussed at the staff meeting include:

[SELECT ALL THAT APPLY]

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

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

REGIONAL SHELTER COMMAND OPERATIONS SHELTER CLIENT AUTHORIZATION TO RELEASE INFORMATION

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

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

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

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

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

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

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

Name (Printed)

_____ Date _____

Signature

Pre-Disaster Address: _____

Current Address: _____

Phone or Message #: _____ FEMA Registration #: _____

REGIONAL SHELTER COMMAND OPERATIONS SHELTER CLIENT DISCHARGE FORM

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

REGIONAL SHELTER COMMAND OPERATIONS SHELTER CLIENT INTAKE ASSESSMENT 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 NOW! Or Call 911.

**Are you required by law to register with any state or local government agency for any reason?
If yes ask to speak to the shelter manager immediately.**

COMMUNICATIONS	Circle	Actions to be taken	Name of Individual/Comments
Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager; refer to Additional Assistance.	
HEARING	Circle	Actions to be taken	Name of Individual/Comments
Do you use a hearing aid? If so, do you have it with you?	YES / NO	If no skip next two.	
Is the hearing aid working?	YES / NO	If No, identify replacements.	
Do you need a battery?	YES / NO	If Yes, identify replacements.	
LANGUAGES	Circle	Actions to be taken	Name of Individual/Comments
How do you best communicate with others?	YES / NO	Languages? Sign language? Smartphone? Computer? Other?	
What languages can you communicate in?		Speak:	
		Read:	
		Write:	
Do you need a sign language interpreter?	YES / NO	If Yes, notify Interpreter Strike Team Leader	
VISION/SIGHT	Circle	Actions to be taken	Comments
Do you wear eyeglasses? Do you have them with you?	YES / NO	If no, ask if replacement is needed?	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip to the next section	
Do you use a white cane?	YES / NO	If Yes, ask next questions	
Do you have your white cane with you?	YES / NO	If No, identify replacement.	
Do you need help getting around, even with your white cane?	YES / NO	If Yes, collaborate with Health Services and shelter manager.	
MEDICAL	Circle	Actions to be taken	Comments
Do you have any severe allergies? Environmental, chemical, food, medication?	YES / NO	If Yes, refer to Health Services/Food Services. List:	
Do you use special medical equipment or supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy,	YES / NO	List:	
Do you have it with you?		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		

Continued...

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

REGIONAL SHELTER COMMAND OPERATIONS SHELTER CLIENT MEDIA RELEASE FORM

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

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

Initials

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

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

Initials

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

Signature

Date

REGIONAL SHELTER COMMAND OPERATIONS

SHELTER CLIENT PARTICIPATION AGREEMENT

CASE MANAGER RESPONSIBILITIES:

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

CLIENT RESPONSIBILITIES:

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

Client Signature: _____

Caseworker Signature: _____

Date: ____/____/____

REGIONAL SHELTER PLANNING SHELTER COMMUNICATION CAPABILITIES

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

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

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

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

REGIONAL SHELTER PLANNING SHELTER DESCRIPTIONS

FILL IN THE TABLE BELOW AND REPEAT SECTION FOR EACH SHELTER

LOCATION NAME:	<input type="checkbox"/> Regional Primary <input type="checkbox"/> Alternate Primary <input type="checkbox"/> Sub-regional <input type="checkbox"/> Local Primary	<input type="checkbox"/> Local Alternate <input type="checkbox"/> Transitional (Warming/Cooling) <input type="checkbox"/> Pet <input type="checkbox"/> Other (specify)
Address		
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 a regional emergency disaster shelter		
Identify the strengths of this location		
Identify the problems and areas of concern for this location		
Other:		

**REGIONAL SHELTER COMMAND FINANCE
SHELTER INVOICE**

INVOICE

Regional Shelter Authority

INVOICE # [100]
DATE: JULY 10, 2014

[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

REGIONAL SHELTER COMMAND OPERATIONS

SHELTER STAFF/VOLUNTEER CONFIDENTIALITY AGREEMENT

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

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

Print Name

Signature

Date

**REGIONAL SHELTER COMMAND OPERATIONS
SHELTER STAFF/VOLUNTEER EMERGENCY INFORMATION FORM**

Personal Information

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

Medical Information

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

Emergency Information

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

REGIONAL SHELTER PLANNING SHELTER SUITABILITY FOR ALL-HAZARDS

Event	Regional Shelter Best Suited	Shelter Name/Location
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)		

REGIONAL SHELTER COMMAND LOGISTICS TRANSPORTATION REQUEST FORM

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

REGIONAL SHELTER COMMAND OPERATIONS VOLUNTEER PERSONAL READINESS ASSESSMENT WORKSHEET FORM

Instructions: Use this job aid to assess your readiness for participating in the ICS response organization. At the bottom, note actions you can take to get yourself ready.

	Yes	No	Not Sure
Are you ready to assume accountability?			
Do you know the procedure for being mobilized/assigned to an incident?			
Do you know the procedure for check-in?			
Do you have a checklist to help ensure that you receive all needed information?			
Do you know what forms you'll be required to complete? Do you have copies of these forms?			
Have you assembled a travel or go-kit containing any special technical information (e.g., maps, manuals, contact lists, and reference materials)?			
Have you prepared personal items needed for your estimated length of stay, including medications, cash, credit cards, etc.?			
Have you made arrangements to take care of your personal and home matters?			
Do you know the demobilization procedures?			

Comments & Action Steps:

REGIONAL SHELTER COMMAND OPERATIONS VOLUNTEER REGISTRATION FORM

Shelter Name:	Date/Time	Interviewer:
---------------	-----------	--------------

Did someone ask you to report for duty, or are you reporting on your own accord? I was asked My own choice

Are you required by law to register with any state or local government agency for any reason?

CONTACT INFORMATION: IF YOU ARE A MEDICAL PROFESSIONAL, COMPLETE MEDICAL PROF. REG. FORM

Name:		Day Phone:
Home Address:		Evening Phone:
Last 6 digits of SSN:	Gender: M F	Cell Phone:
Date of Birth:	Drivers Lic. #:	Employer:
Emergency Contact (Relationship):		Alternate Emergency Contact:
Emergency Contact Phone:		Alternate Phone:
Medical Provider Information:		
Do you have any health issues <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:
Special accommodations:		
Occupation/Professional Specialty/Licenses:		
Current CORI/SORI/from who/where?		
List any agency affiliation/disaster relief experience/disaster training taken:		
Availability: M T W Th F S Sun	Hours:	Months: J F M A M Jun Jul A S O N D

SKILLS AND EXPERIENCE

Medical	Services	Transportation
<i>Complete Medical Registration Form</i>	Food (serve safe)	Car
Communications	Elderly/Disabled Assistant.	Station Wagon/Mini-Van
CB or Ham Operator	Licensed Day Care	Maxi-van, capacity:
Own Equip? <input type="checkbox"/> Yes <input type="checkbox"/> No	Search and Rescue	ATV
Hotline Operator <input type="checkbox"/> Yes <input type="checkbox"/>	Auto Repair/towing	Own off-road veh./4wd
Cell phone	Traffic Control	Own truck: desc.:
Public Relations	Animal Rescue	Commercial driver:
Language other than English	Animal Care	Class and Lic #:
French	Runner	Camper/RV, cap:
German	HR/Management	Type:
ASL	Social Service/Com Org	Snowmobile:
Spanish	Clergy	Tractor trailer
Office Manager	Damage assessment	Equipment
Labor	Wood construction	Chainsaw
Loading/shipping	Block construction	Generator
Clean-up	Certificate #	Trailer (open/closed)
Operate equipment:		Bobcat
Supervisory Experience		Dump Truck
		Truck & Plow



REGIONAL SHELTER PLAN

6/19/14

Information

REGIONAL SHELTER COMMAND OPERATIONS

FOOD AND WATER EMERGENCY PLANNING

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

COMMONLY ASKED QUESTIONS REGARDING BOIL WATER ADVISORIES

1. **What is the proper way to disinfect my water so that it is safe to drink?**
The preferred method of treatment is boiling. Boiling water kills harmful bacteria and parasites (freezing will not disinfect water). Bring water to a full rolling boil for at least 1 minute to kill most infectious organisms. For areas without power, add 8 drops, about ¼ teaspoon, of unscented household bleach per gallon of water.
2. **How should I wash my hands during a boil water advisory?**
Based on the current conditions of the affected public water supplies, vigorous hand washing with soap and your tap water is safe for basic personal hygiene. If you are washing your hands to prepare food, if at all possible, you should use boiled (then cooled) water or bottled water with hand washing soap.
3. **Is potentially contaminated water (where *Cryptosporidium* is not the significant contaminant) safe for washing dishes or clothes?**
Yes, if you rinse hand-washed dishes for a minute in a bleach solution (1-tablespoon bleach per gallon of water). Allow dishes to completely air dry. Most household dishwashers do not reach the proper temperature to sanitize dishes. It is safe to wash clothes in tap water.
4. **Is potentially contaminated water safe for bathing and shaving?**
The water may be used for showering, baths, shaving and washing, so long as care is taken not to swallow or allow water in eyes or nose or mouth. Children and disabled individuals should have their bath supervised to ensure water is not ingested. The time spent bathing should be minimized. Though the risk of illness is minimal, individuals who have recent surgical wounds, are immunosuppressed, or have a chronic illness may want to consider using bottled or boiled water for cleansing until the advisory is lifted.
5. **How should I wash fruit and vegetables and make ice?**
Fruits and vegetables should be washed with boiled (then cooled water) or bottled water or water sanitized with 8 drops (about ¼ teaspoon) of unscented household bleach per gallon of water. Ice should be made with boiled water, bottled water or sanitized water.
6. **What if I have already consumed potentially contaminated water?**
Even if someone has consumed potentially contaminated water from either a public water system or a private well before they were aware of the boil water advisory, the likelihood of becoming ill is low. Anyone experiencing symptoms such as diarrhea, nausea, vomiting, abdominal cramps, with or without fever, should seek medical attention.
7. **What infectious organisms might be present in contaminated water?**
Disease transmission from contaminated water occurs principally by ingesting water. The major organisms of concern are protozoa such as *Giardia* and *Cryptosporidium*, and bacteria, such as *Shigella*, *E. coli* and viruses. These organisms primarily affect the gastrointestinal system, causing diarrhea, abdominal cramps, nausea, and vomiting with or without fever. Most of these illnesses are not usually serious or life threatening except in the elderly, the very young or those who are immune-compromised.

CONSUMER INFORMATION ON BOIL ORDERS FROM MA DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Boil water orders or advisories are public announcements advising the public that they should boil their tap water for drinking and other human consumption uses like cooking, hand washing, brushing teeth, etc. Boil water orders are preventative measures issued to protect public health from waterborne infectious agents that could be or are known to be present in drinking water. Boil water orders are issued by the MassDEP Drinking Water Program (DWP) when MassDEP

DWP determines that the consumers of a particular public water system should take precautionary measures with their tap water.

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

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

General Precautions

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

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

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

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

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

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

TRANSLATE THE PRECAUTIONS for anyone who does not understand English.

Tips for drinking water use during a boil order

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

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

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

Specific Activities

Washing Dishes

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

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

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

Brushing your Teeth

Use only disinfected or boiled water for brushing your teeth.

Ice

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

Washing Fruit and Vegetables

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

Hand Washing

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

Cooking

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

Infants

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

Houseplants and Gardens

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

House Pets

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

Flush All Taps When the Boil Water Order Is Lifted

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

Additional Resources

Drinking Water Safety Lookup

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

[Web page](#)

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

FAQ: Boil Water Order

Frequently asked questions about boil water orders.

[Web page](#)

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

Instructions for Post-Boil-Water Orders

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

[Web page](#)

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

Massachusetts Town/City Web Sites

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

[Web page](#)

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

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

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

DPH Web Site

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

Centers for Disease Control and Prevention (CDC)

Renal Dialysis Units during a Boil Water Advisory

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

CDC Web site

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

Water Demand in Health Care Facilities during Water Disruption Emergencies

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

CDC Web site

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

Instructions for Post-Boil-Water Orders

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

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

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

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

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

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

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

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

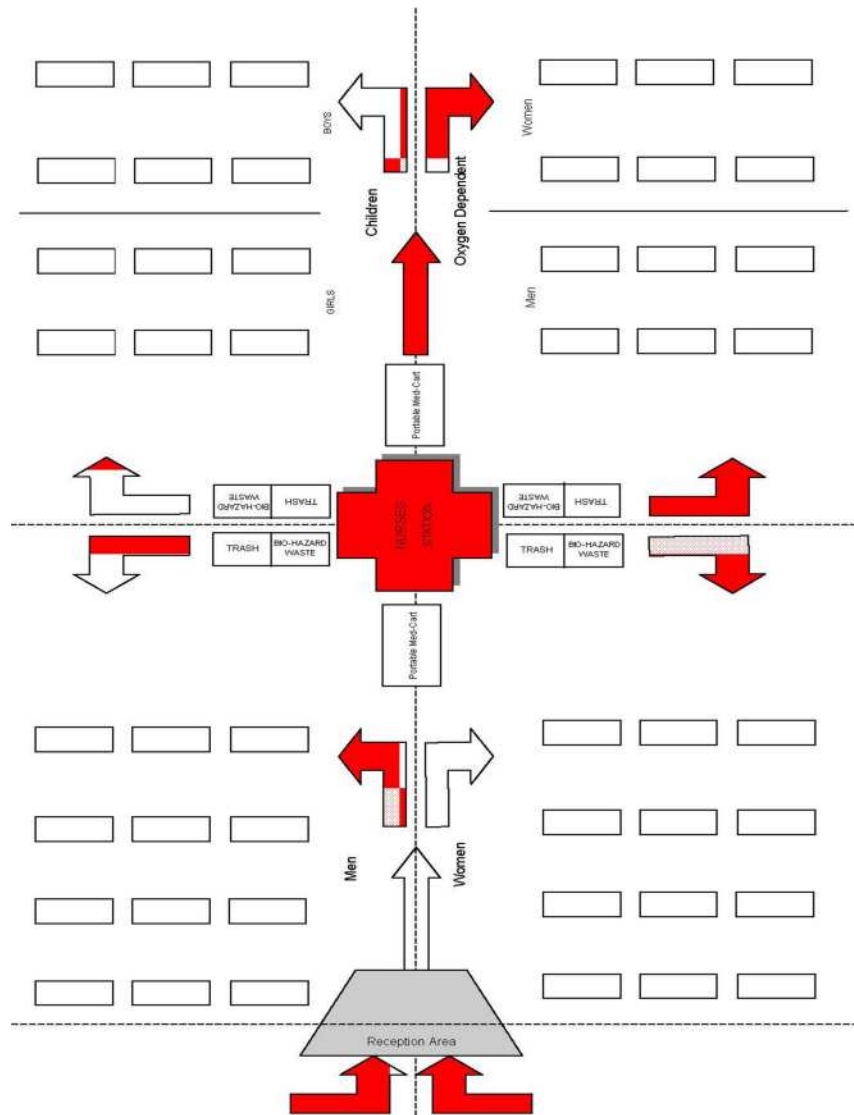
Due to the flushing of the lines by residents and the flushing of the hydrants, some customers may experience a lack of water pressure and/or discolored water. However, this is an expected result and does not pose an immediate health risk. Contact your l

REGIONAL SHELTER PLANNING

REGIONAL SHELTER MAP: INTERIOR AND EXTERIOR

Replace this example with:

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



REGIONAL SHELTER COMMAND SHELTER AREA WITH ICS POSITIONS

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

REGIONAL SHELTER COMMAND LOGISTICS SPECIAL NEEDS MENU (ONE DAY PLAN)

One Day Menu for Shelter Providing Functional Needs Support Services

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

REGIONAL SHELTER COMMAND PLANNING STAFFING LEVEL GUIDE

Positions Highlighted in SHADED-BOLD are required for any activation

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

REGIONAL SHELTER COMMAND OPERATIONS

VOLUNTEER – WHAT TO EXPECT AT A MASS CARE SHELTER

Ideal	Possible Reality	What You Can Do
Clear Incident Command Structure	ICS may not be in place. You may not have a supervisor, or know who it is.	Find out who is in charge. Who your report to. Who you go to if there is some sort of incident. Who to ask for supplies. Write these names down.
You are given a specific assignment before you get to the shelter and are provided with a job action sheet when you get there	You walk in and someone tells you to figure something out and get busy	Ask for an assignment and write down your duties Do not work outside the scope of your training, experience, comfort level and credential
You are signed in and receive Shelter ID	No sign-in or Id	Have Your MRC ID with you Wear your MRC identified Clothing
You are provided with Just in Time Training and Situational Awareness	No training. You don't know what is going on.	Ask about the situation. Have your MRC Package with you. It includes Job Action Sheets and Forms
Shelter set-up is orderly with adequate resources for everyone	Resources are very limited for the first few days after a disaster, chaos reigns	Be prepared for an austere environment. Expect the unexpected. Use stress management techniques
Everything you need is available at the shelter	There isn't enough food or water	Be prepared. Take your Go-Kit. Have personal supplies: water and energy bars, your medication, sturdy shoes, warm clothes, your charged cell phone and charger.
You are assigned to a shift before you go to the shelter.	You think you will be there for 8 hours, but they need you to stay for another shift, as no other volunteers show up	Be ready for uncertainty. Be prepared to stay, or let those in charge know at the beginning of the shift that you need to leave.
You are part of a large contingent of volunteers and shelter personnel	You are alone, or with inadequate shelter staff support	Be mentally prepared. Call your MRC contact. Do NOT work outside the scope of your training, experience, comfort.

REGIONAL SHELTER PLANNING WESTERN REGION SHELTER SUPPLIES

WRHSAC Shelter Supply Trailers

Vehicle Requirements:	Minimum 3/4 ton, with a trailer hitch with a 2-5/16" ball and a standard trailer electrical plug connection.				
County	Host Site Address	Contact	Phone	Alternate Contact	Phone
Berkshire - North	North Adams Fire Dept., 40 American Legion Drive, North Adams, MA 01247	John Morocco, North Adams Commissioner of Public Safety	413-662-3102	Steve Meranti, North Adams Fire Director	413-662-3103
Berkshire - Central	Berkshire County Sheriff's Office, 427 Cheshire Road, Pittsfield, MA 01201	Berkshire Sheriff's Control	413-445-4559		
Berkshire - South	Great Barrington Fire Department, 37 State Road, Great Barrington, MA 01230	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:	Note each DART Team has its own policy on trailer deployments with and without the Host DART Team. Use of the trailer will depend on the availability of DART volunteers and resources as some DART trailers are only deployed if trained DART volunteers are available to support the operation.				
Vehicle Requirements:	Minimum 3/4 ton, with a 10,000-pound hitch and electric brakes.				
County	Address	Contact Person	Phone Number	Alternate Contact	Phone Number
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		
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		Continued...

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					



REGIONAL SHELTER PLAN

6/19/14

Lists

REGIONAL SHELTER COMMAND OPERATIONS

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.

REGIONAL 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		
Bureau of Animal Health		
Channel 22		
Channel 3		
Channel 40		
Charlie Kaniecki: District Health Officer	413-586-7525 ext. 1167	or (800) 445-1255
Closest State Police Barracks		
Cooley Dickinson Hospital		
Daily Hampshire Gazette		
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: Regional Emergency Preparedness Coordinator	413-586-7525 ext. 1117	Cell: (413) 326-1051
DPH Lab	617-983-6201	Emergency 617-983-6800
DPH Northampton	413-586-7525	
Gail Bienvenue-Mailhott: Regional Hospital Coordinator	413- 586-7525 ext. 1161	Nextel: (617) 438-1466
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	
National Disaster Medical System Representative: Gary J. Kleinman (Supervisor)	617-565-1159	rhassett@springfieldcityhall.com mobile: (413) 454-5175

Continued...

REGIONAL SHELTER COMMAND OPERATIONS PRE-REGISTRATION TRIAGE CHECKLIST

These are yes/no observations and questions to support registration staff in identifying and obtaining assistance and supplies for Shelter Clients

Observations/Questions:

Does the Client or a family member appear to need immediate medical

If YES, STOP and call for Medical/Mental Health Service assistance NOW! Or Call 911.

Does the Client have a service animal, use a wheelchair/walker or demonstrate any other circumstance where it appears he/she may need help in the shelter?

If NO proceed to registration

If YES, Stop and

Acknowledge their need

Ask Questions:

1. Is there anything you or a family member needs right now to stay healthy while in the shelter?
2. Is there anything you or a family member need in the next 6 – 8 hours?
3. Do you/family member have a health, mental health, disability, or other condition about which you are concerned?

Add them to your Pre-Registration Functional Needs List

Offer Assistance:

- Contact Medical Team
- Send to Medical Triage
- Refer to Behavioral Health Services
- Notify Shelter Manager
- Call Security

REGIONAL SHELTER COMAMAND OPERATIONS SHELTER POLICY CHECKLIST

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

Continued...

<input type="checkbox"/>	Media: No personnel associated with Shelter Operations will speak to the press without the express written authorization of the Incident Commander.
<input type="checkbox"/>	Media <input type="checkbox"/> will, <input type="checkbox"/> will not be allowed at the Shelter site. Press conferences will be conducted at: [add location here]
<input type="checkbox"/>	SHELTER personnel will protect patient/client confidentiality at all times. All staff and volunteers will sign a confidentiality agreement
Authorization to use Shelter site	
<input type="checkbox"/>	MOU available [indicate location]
<input type="checkbox"/>	(See MOU Plan Chapter 2 Worksheet 4 Supplies and Resources
<input type="checkbox"/>	Community Emergency Management Plan (CEMP)
<input type="checkbox"/>	Other (specify)
Procurement of Private Property	
<input type="checkbox"/>	The Massachusetts Civil Defense Act outlines the use of private property during a declared emergency. (See Background information templates for model orders). If you plan to use this, add more detail here.
Use of Force	
<input type="checkbox"/>	Massachusetts 'Use of Force" policy guidelines for Law Enforcement, including the Community Caretaking doctrine and usual and customary force will be followed. [Add more detail here, based on security plan]
Volunteer Requirements: Handling Spontaneous, Unidentified Volunteers	
<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ All staff/volunteers will be credentialed and CORI/SORI checked before working at any shelter site. Criminal History Systems Board 617-660-4640 www.state.ma.us/chsb/cori/cori.html Sex Offender Registry Board 978-740-6400 http://www.state.ma.us/sorb/
<input type="checkbox"/>	All volunteers/staff must display visible official Shelter Identification at all times
<input type="checkbox"/>	Spontaneous volunteers with proof of medical credentials will be allowed to serve in clinical capacity appropriate to their license/credential.
<input type="checkbox"/>	Spontaneous volunteers without a copy of the license and whose credentials cannot be verified will be assigned to non-clinical roles.
<input type="checkbox"/>	Spontaneous volunteers ID will indicate that they are such. (Designated by a colored dot or other marker, approved by the IC) [Specify].
<input type="checkbox"/>	Will not accept spontaneous, unidentified volunteers.
Safety	
<input type="checkbox"/>	PPE: All staff and volunteers will use standard precautions at all times. Additional PPE requirements will be determined by the IC, in consultation with the medical Team Leader.
<input type="checkbox"/>	Force Protection: Force Protection rosters will be determined by the Incident Commander.
<input type="checkbox"/>	Needle Stick: Customary needle stick protocol will be followed [Add your protocol here]
<input type="checkbox"/>	Emergency Medical Services [will be/ will not] be available.
<input type="checkbox"/>	First Aid Each Regional Shelter site will maintain a First Aid Kit. [Add who will have access to this, who controls it and other related policies]
<input type="checkbox"/>	AED. [If an AED is available, state your policy re who may use it, where it is located etc.]
<input type="checkbox"/>	Emergency medical equipment for adverse reactions will be performed by EMS with their own equipment and supplies.
Registered Sex Offenders in Disaster Shelters	
<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

Continued...

	reviewed on a case-by-case basis.
	Childcare Safety
<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 yrs.
<input type="checkbox"/>	Children will only be released to the parent, guardian, caregiver or designee listed on the registration form.
<input type="checkbox"/>	The parents, guardians or caregivers are responsible for identifying any special needs for the child/children (food allergies, behavioral issues, medications, etc.)
	Shelter Rules
	The following shelter rules will be enforced to protect all clients: Add rules as needed.
<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.
	Personnel Policies
<input type="checkbox"/>	Workers compensation policies. In some communities these may applied to both paid staff and volunteers. Specify. [Add policy outline here]: 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]
	Stand Down Orders
<input type="checkbox"/>	If at any time the Safety Officer or the Incident Commander issues a stand down order, the Shelter site will be deactivated.
<input type="checkbox"/>	Regional Shelter Plan Added to CEMP

REGIONAL SHELTER COMMAND 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"/>		