



# REGIONAL SHELTER COMMAND OPERATIONS

7/1/14

Medical/Medication Plan



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### Medical/Medication Plan

The Stafford Act and Post-Katrina Emergency Management Reform Act (PKEMRA), along with Federal civil rights laws and the American with Disabilities Act (ADA) mandate that emergency management directors and shelter managers provide equal opportunity, equal access and reasonable accommodation appropriate for the functional and access needs of individuals with disabilities in general population shelters. Studies have also found that family units function better together and use fewer resources, making integrated shelters more effective and efficient.

**Shelters must if possible, provide an effective way for people to request, receive and safely use durable medical equipment and medication.** Despite advance planning, some individuals with disabilities or functional needs will find themselves in shelters without a supply of the medications or medical equipment they need. For example, some medical insurance plans prohibit people from purchasing medication until their existing supply is almost gone. Other people may be required to evacuate without medication or medical equipment or be inadvertently separated from medication or medical equipment during evacuation. Emergency managers and shelter operators need to plan and make arrangements in advance so shelter clients can obtain emergency supplies of medications and equipment.

Because of the medical needs that are likely to occur at a shelter, each jurisdiction should have plans for collaborating with a Medical Director (physician or physician's assistant), who can prescribe medications and determine medical care needs.

### Standards of Care

During mass care emergencies, there may be shortages of healthcare resources that necessitate altered standards of care. It may be necessary to allocate scarce resources in a different manner than usual, to save as many lives as possible. Protocols for triage need to be flexible enough to scale to the nature and scope of the event. Altered standards of care and triage protocols will be determined by the Incident Commander in consultation with the Medical Coordinator and the Department of Public Health.

### General Medical Policies

#### Reasonable Accommodation

- Regional Shelters will work with shelter Clients, their Caregivers and volunteer Staff to accommodate all individuals who can safely be housed in the shelter, as circumstances allow.
- The fact that an individual uses or requires medications for daily living is not a basis for exclusion from the shelter.
- Shelter Staff will assist individuals with functional needs in maintaining activities of daily living (as required) such as:
  - eating
  - dressing and undressing
  - taking medications
  - transferring to and from a wheelchair or other mobility aid
  - walking
  - steadying
  - bathing
  - toileting

- communicating

The Shelter will assist individuals in maintaining medical activities for daily living as required such as:

- procuring and understanding medications and medical equipment
- maintaining records of medications
- basic wound management
- basic bowel and bladder management
- use of medical equipment
- transportation to medical appointments
- maintaining medically necessary diets
- First Aid

Shelter Clients and/or their Caregivers:

- will assume responsibility for managing their own care for any procedures that they have been managing in the home setting.
- a member of the Shelter Medical Team such as a nurse, doctor, EMT or paramedic will provide supervision and additional assistance only if needed and according to shelter protocols and standing orders

### **Supervision**

The Medical Director (physician or physician's assistant) will

- issue standing orders
- be consulted concerning medical management plans for medically dependent shelter occupants who cannot safely manage their own medical or medication plans.
- be consulted as necessary when there is a question/issue concerning medical/nursing care.
- in consultation with the Incident Commander, approve any altered standards of care

### **Record Keeping**

- Accurate and complete medical progress notes and records will be maintained for each shelter occupant who receives medical care using the **Medical Incidence Form in Appendix C.**
- A medical shelter census will be conducted by medical and behavioral/mental health unit personnel, reviewed by the Unit Leaders or their designee each operational period and reported by the EOC to the SEOC daily (see [Massachusetts Disaster Shelter Surveillance Roster Form in Appendix C](#))
- HIPAA confidentiality guidelines will be maintained at all times by all shelter staff and volunteers ([See Appendix B for HIPAA Guidelines During Emergencies](#))
- All documents containing medical information will be secured in a locked space

### **Medication Storage**

All medications will be kept

- under the constant care and possession of the Client or Client's Caregiver
- in a secure area

secure provisions will be made for medications requiring refrigeration, if possible.

Charging stations will be available for Durable Medical Equipment

For information about prescription medications: Daily Med <http://dailymed.nlm.nih.gov/dailymed> provides high quality information, including FDA approved labels (package inserts). Additional information about medicines is available on NLM's MedlinePlus Web site <http://www.nlm.nih.gov/medlineplus/medicines.html>.

## Medical Supplies

A complete list of suggested durable and consumable medical equipment is located in the shelter plan documents: Forms / Lists.

The following medical supplies, located in List Location here

- Special Needs Cots Add number here
- Bariatric Wheel Chairs Add number here
- First Aid Kit
- Canes (add number here)
- Personal Protective Equipment Add type and number here
- Other
- Other

## Forms

The following forms are available to monitor medical conditions in the shelter.

### [Medical Incidence Form](#)

Complete this form for any Client who needs medical attention. Include treatment information and referral information. Use this form to record prescription information as well.

### [Medication Log Form](#)

Complete this form for any medications stored or distributed by Shelter Staff.

### [Surveillance Roster](#)

The Surveillance Roster provides situational awareness regarding health issues in the shelter to the Local Board of Health, the Incident Commander, the Emergency Operations Center, if activated, and the State Emergency Operations Center (SEOC) ESF-8 Desk. This form is completed by shelter health services and behavioral/mental health services personnel.

It should be reviewed by the Medical Unit Leader or their designee each operational period and reported by the EOC (if activated), the Board of Health or the Shelter Manager to the Massachusetts Department of Public Health Office of Integrated Surveillance and Informatics Systems:

- (confidential fax) 617-983-6813
- [ISISHelp@MassMail.State.MA.US](mailto:ISISHelp@MassMail.State.MA.US).

The Surveillance Roster will be reviewed and the shelter and the State Emergency Operation Center (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](http://www.masslocalinstitute.org).

## **Environmental Health Assessment Form For Shelters For Rapid Assessment Of Shelter Conditions During Disasters**

A Public Health Officer/Agents uses this form to assess the shelter operations to ensure that it provides a safe and healthy environment for all staff and clients.

### **Medications**

The Medical Unit Leader, under the direction of a Medical Coordinator (physician or physician's assistant) who has issued standing orders, is responsible for helping shelter Clients manage their pharmaceutical needs. Shelter Clients' ability and needs will range widely:

- Clients with all required information for receiving and taking their medications,
- Clients who do not have all the required information, but this information is available through various services,
- Clients who do not have any or all the required prescription information

Additionally, there may be an increased need for prescription counseling. For instance a Client may be prescribed a generic drug that is different than their usual medication. If explained during dispensing, it may improve medication adherence, and reduce anxiety and subsequent calls to the pharmacy.

There are also several categories nonprescription items that may require special consideration.

- Syringes and needles (for insulin, and other injectable medications)
- Exempt narcotics (cough syrups and anti-diarrheal)

Although they do not legally require prescriptions, there are legal restrictions associated with their distribution. In both cases a, requestor is required to be 18 years of age or older and have a valid photo ID. If it is determined that there is a valid need, a written prescription would eliminate the legal restrictions associated with the nonprescription distribution. This may also reduce the possibility of misuse or abuse.

### **Obtaining Prescription Medication or Supplies**

#### **From the Shelter Client**

If safely able to do so, bring/ retrieve all medications from Client's home. Some medication may require constant refrigeration.

#### **When the Shelter Client has medication...**

The Client or Client's Caregiver assumes responsibility for administering routine medications (as in the home setting). The shelter medical team may store or assist the shelter Client, if needed, and administer medications according to standard protocol or standing orders.

#### **When the Shelter Client uses oxygen:**

- Shelter Clients requiring 24-hour oxygen and/or who are electricity-dependent should be evaluated for transfer to a skilled healthcare or long-term care facility.
- The Client or Client's Caregiver is responsible for managing oxygen and associated equipment.

- Instructions for the use of portable oxygen provided by the client’s own physician should be followed to the extent possible.
- An oxygen supply representative or respiratory therapist, respiratory technician, EMT, or experienced RN or LPN who is present, may assist as needed, according to standard protocols.
- Clients using oxygen concentrators should be encouraged to bring their equipment with them for use while electrical power is available. When possible, Clients who use oxygen concentrators should have battery backup and provide a small tank in case of power failure or switch to portable oxygen tanks for the duration of their shelter stay.
- Monitor the shelter Clients who are receiving oxygen and make a referral to a respiratory therapist if problems occur.

**When The Client/Caregiver can identify the required medication and associated details, use the Medical Incident Form to record:**

- Primary Physician Name
- Medication
- Medication Dosage
- Medication Frequency

Then....

- Assist the shelter Client in calling the regular pharmacy for a *partial* refill  
or
- Call Medical Director and have refill called into Client’s pharmacy.

**AFTER HOURS**

- Assist the Client in calling a 24 hours pharmacy listed in the attached list (Appendix A)  
The pharmacist can call the company pharmacy benefits manager and will be told what current medications have been filled that have been paid for by the Client’s insurance.  
If a Client has paid for a medication “out of pocket,” this medication information will *not* be found in this database.
- If no record exists, call the Medical Director for an evaluation and prescription.

**When the Client does not know the details (Name/dosage/frequency) about their medication, please use the Medical Incident Form to record:**

- Primary physician or physician who prescribed medication(s)
- Regular pharmacy
- Name of Insurance Company
- Assist the Client in calling any of the above to get information in order to provide a partial refill.
- If unable to get required information, call the Medical Director for advice/prescription

**Filling Prescriptions**

**At the Client’s Pharmacy**

1. Assist the Client in calling the pharmacy that regularly fills the Client's prescription. The pharmacist may be able to access all information from their master database, including: medication name(s), dosage and frequency of medication(s) and prescribing physician.
2. When a pharmacy(s) is part of a chain of pharmacies, the pharmacist may be able to obtain information about a shelter Client's medications by checking a centralized database.
3. If a Client does not have insurance coverage and is unable to pay for a medication, assist the Client in speaking with the pharmacy manager and asking for financial assistance. The Emergency Prescription Assistance Program (EPAP) may be available to pay for medications for those with no insurance coverage.
4. If unable to fill a prescription, assist the Client in calling the Shelter Medical Director to write a prescription.

## Administering Medication

- Whenever possible, shelter Clients or Caregivers should administer their own medications
- Nurses and other medical professionals assigned to a shelter are operating in an emergency situation and should exercise reasonable care and judgment to assure Client safety.
- All medical personnel and shelter staff should follow standard universal precautions and bodily substance isolation precautions.

## Storing Medication

Clients are responsible for safeguarding, storing, and administering their own medications. Some shelters may have medication lock boxes for distribution to Clients.

If it is not practical for the Clients or Caregivers to manage their own medication due to a need for refrigeration, concerns regarding drug security, or the ability of the Client to self-medicate; then Client's prescription medications will be kept in a locked/secure container or refrigerator used only for medications such as insulin, certain ophthalmic preparations, topical preparations and injectable medications. A Medication Log Form will be maintained at all storage and dispensing areas.

## Documentation

- All medication, medical supplies and equipment, and oxygen supplied will be documented. Medication Logs will be maintained at all times and in all medication storage/dispensing areas.
- All documentation with personal medical information will be secured to ensure conformity with HIPAA regulations and HIV/STI regulations.
- At the close of operations, all personal medical information will be:
  - Destroyed by a cross-cut shredder after (60) days
  - Maintained by << >>> for <<Time>>
  - Transferred to the Client's medical provider
  - Other (specify)

## Medication/ Medical Waste Disposal

- If a Client's medication is kept in the first aid station or other secure medication area or storage area, Staff should return all medications to the Client when they are discharged from the shelter. This includes medications that have passed the expiration date or been discontinued. Record this transaction on the Medication Log Form.
- Needles or hypodermic syringes with needles attached must be disposed of in secure sharps bio-hazard containers.



## Suitability of the Shelter for Various Medical Conditions

The fact that an individual has a medical condition is not a basis for exclusion from the shelter. Individuals who normally function in their home environment with or without support can usually function in a general shelter. However, in some cases, the shelter may not be able to safely house individuals with certain medical conditions or functional needs. In this case, the shelter Case Manager will determine a more suitable location and arrange for the relocation.

Relocation may be recommended for a shelter Client who:

- Has recently been released from the hospital for major surgery
- Has an open wound that must be kept open to the air
- Has severe asthma (to prevent exacerbation of illness)
- Has a compromised immune system due to disease or medication. This includes any serious chronic or terminal illness that would put the patient at risk if exposed to other shelter Clients who have colds or other common illnesses
- Has a communicable disease and requires isolation
- Is severely disabled, and the facility cannot be made a barrier-free environment.
- Is mentally or physically unable to function in a shelter environment
- Is an active substance abuser
- Requires life support equipment
- Requires a hospital bed and/or total care
- Requires IV chemotherapy

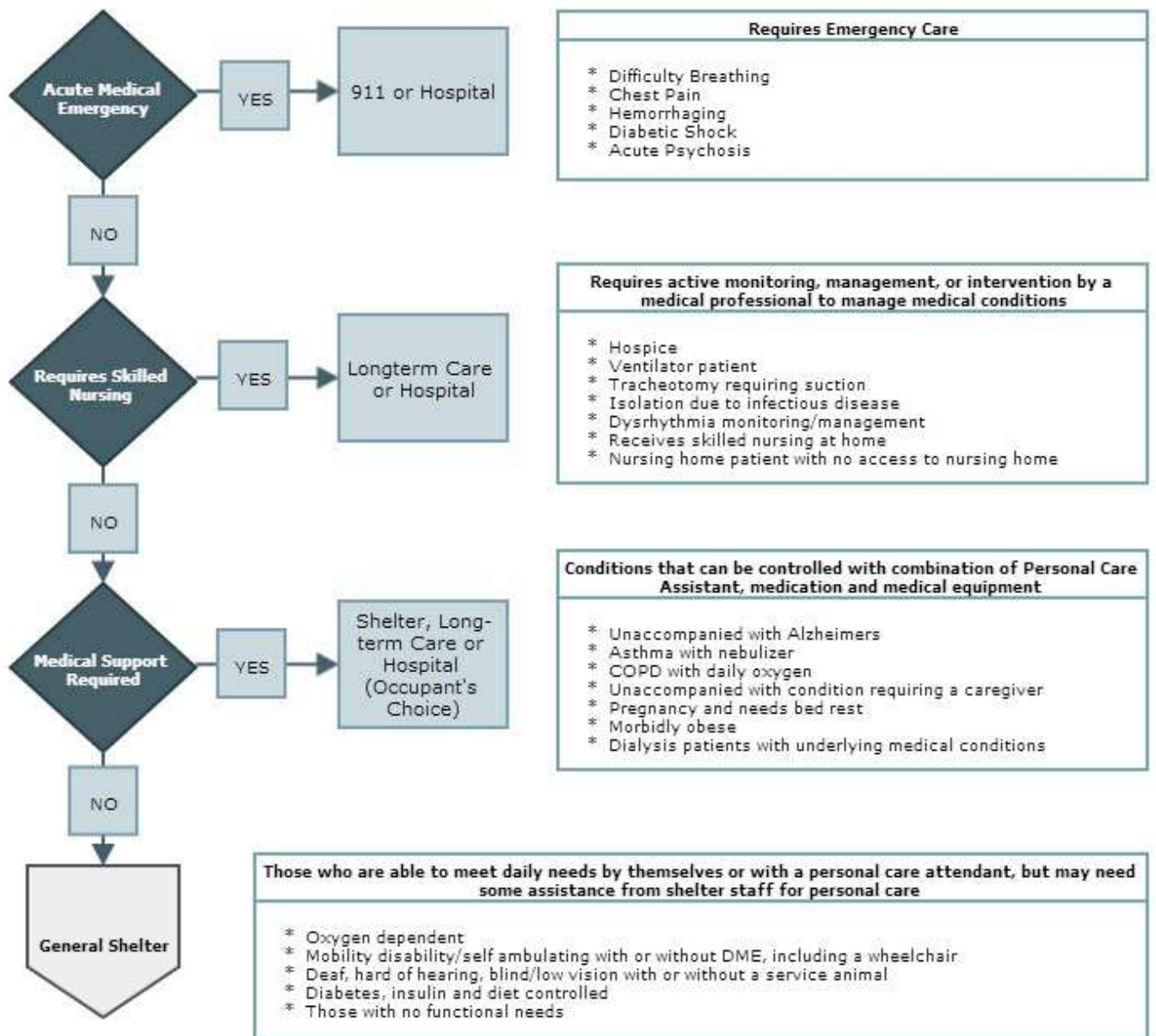


Figure 1: Regional Shelter Placement Guide<sup>1</sup>

From Medical Sheltering 2012: Texas Department of State Health Services;  
<http://www.dshs.state.tx.us/commprep/response/ToolsInfo.aspx><sup>1</sup>

## Appendix A Contact Information

### CONTACT INFORMATION – BERKSHIRE AREA

Company/Name	Street	Municipality	Phone
<b>Medical Director (able to issue standing orders and write prescriptions)</b>			
<b>Pharmacies</b>			
<b>Hospitals/Community Health Clinics</b>			
CHP Health Center	444 Stockbridge Road	Great Barrington, MA 01230	(413) 528-8580
CHP Lee Family Practice	11 Quarry Hill Road	Lee, MA 01238	(413) 243-0536
CHP Neighborhood Health Center	510 North Street	Pittsfield, MA 01201	(413) 447-2351



#### Berkshire County Pharmacies

[http://www.rxlist.com/pharmacy/pittsfield-ma\\_pharmacies.htm#pharm](http://www.rxlist.com/pharmacy/pittsfield-ma_pharmacies.htm#pharm)

Pharmacy	Address	Community	Phone
<b>Big Y Pharmacy #25</b>	1 Myrtle St	Adams, MA 01220	(413) 743-5702
<b>Rite Aid Pharmacy #10068</b>	21 Columbia St	Adams, MA 01220	(413) 743-4659
<b>O'laughlins Homecare Pharmacy</b>	403 Main St	Dalton, MA 01226	(413) 684-0023
<b>Big Y Pharmacy #</b>	740 Main St, Rt 7	Great Barrington, MA 01230	(413) 528-1314
<b>Rite Aid Pharmacy #10069</b>	197 Main St	Great Barrington, MA 01230	(413) 528-2424




<b>Fairview Hospital Pharmacy</b>	29 Lewis Ave	Great Barrington, MA 01230	(413) 528-0790
<b>Price Chopper Pharmacy #155</b>	320 Stockbridge Rd	Great Barrington, MA 01230	413) 528-2408
<b>CVS Pharmacy #8970</b>	362 Main St	Great Barrington, MA 01230	(413) 528-2860
<b>Target Pharmacy #2127</b>	655 Cheshire Rd	Lanesboro, MA 01237	(413) 236-4223
<b>Rite Aid Pharmacy #10071</b>	25 Park St	Lee, MA 01238	(413) 243-2402
<b>Lenox Village Integrative Phcy</b>	5 Walker St Ste 1	Lenox, MA 01240	(413) 637-4700
<b>Walmart Pharmacy #1984</b>	830 Curran Hwy	North Adams, MA 01247	(413) 664-4040
<b>Stop &amp; Shop Pharmacy #784</b>	876 State Rd	North Adams, MA 01247	(413) 664-8550
<b>Nassif's Professional Pharmacy</b>	51 Ashland St	North Adams, MA 01247	(413) 663-3711
<b>CVS Pharmacy #1131</b>	55 Veterans Memorial Dr	North Adams, MA 01247	(413) 664-8712
<b>Rite Aid Pharmacy #10072</b>	60 Lincoln St	North Adams, MA 01247	(413) 663-6180
<b>Little's Health Saving Ctr Phcy</b>	109 Eagle St	North Adams, MA 01247	(413) 663-6450
<b>Big Y Pharmacy #23</b>	200 West St	Pittsfield, MA 01201	(413) 447-9844
<b>Rite Aid Pharmacy #10066</b>	163 South St Ste 1	Pittsfield, MA 01201	(413) 442-4940
<b>Stop &amp; Shop Pharmacy #21</b>	7 Dan Fox Dr	Pittsfield, MA 01201	(413) 442-8898
<b>Rite Aid Pharmacy #10064</b>	501 North St	Pittsfield, MA 01201	(413) 499-5412
<b>Flynn's Pharmacy</b>	173 Elm St	Pittsfield, MA 01201	(413) 445-5567
<b>Rite Aid Pharmacy #10067</b>	180 Elm St	Pittsfield, MA 01201	(413) 499-1640
<b>Stop &amp; Shop Pharmacy #458</b>	660 Merrill Rd	Pittsfield, MA 01201	(413) 443-0064
<b>Rite Aid Pharmacy #10065</b>	5 Cheshire Rd Ste 9	Pittsfield, MA 01201	(413) 443-4486
<b>Walmart Pharmacy #2228</b>	555 Hubbard Ave	Pittsfield, MA 01201	(413) 442-2241

 <b>Berkshire Medical Center Phcy</b>	<b>725 North St</b>	<b>Pittsfield, MA 01201</b>	<b>(413) 447-2681</b>
 <b>Berkshire Med Ctr Hillcrest Phc</b>	<b>725 North St</b>	<b>Pittsfield, MA 01201</b>	<b>(413) 443-4761</b>
<b>Rite Aid Pharmacy #10073</b>	212 Main St	Williamstown, MA 01267	(413) 458-2138

## CONTACT INFORMATION – FRANKLIN AREA

Company/Name	Street	Municipality	Phone
<b>Medical Director (able to issue standing orders and write prescriptions)</b>			
<b>Pharmacies</b>			
<b>Hospitals/Community Health Clinics</b>			
Baystate Franklin Medical Center	164 High St	Greenfield, MA	(413) 773-0211
Community Health Center of Franklin County	489 Bernardston Road Suite 108	Greenfield, MA 01301•	Medical: (413) 325-8500
	338 Montague City Road	Turners Falls, MA 01376	
	450 W. River St.	Orange, MA 01364	(978) 544-7800

<b>Franklin County Pharmacies</b>			
Pharmacy	Address	Community	Phone
Deerfield Pharmacy	45 N Main St	Deerfield, MA 01373	(413) 665-8143
Walgreens	5 Pierce St	Greenfield, MA	(413) 773-3801
Big Y	237 Mohawk Trail	Greenfield, MA	(413) 772-0435
Rite Aid	107 Main St	Greenfield, MA	(413) 774-2201
CVS	137 Federal St,	Greenfield, MA 01301	(413) 774-7201
Stop and Shop	89 French King Hwy.	Greenfield, MA 01301	(413) 774-6096
 CVS Pharmacy #1094	137 Federal St	Greenfield, MA 01301	(413) 774-7201
Walgreens	329 Conway St	Greenfield, MA 01301	(413) 774-5468



CVS	Conway St	Greenfield, MA 01301	413) 774-5468
Baker Pharmacy	52 Bridge St	Shelburne Falls, MA 01370	(413) 625-6324
Rite Aid	240 Avenue A	Turner Falls, MA	(413) 863-3107

## CONTACT INFORMATION – HAMPDEN AREA

Company/Name	Street	Municipality	Phone
<b>Medical Director (able to issue standing orders and write prescriptions)</b>			
<b>Hampden County Hospitals/Community Health Clinics</b>			
Organization	Address	Community	Phone
Chicopee Health Center	505 Front St	Chicopee MA 01013	(413) 420-2222
Holyoke Health Center	230 Maple St	Holyoke MA 01040	(413) 420-2200
Holyoke Medical Center	575 Beech St	Holyoke, MA	(413) 534-2500
Wing Memorial Hospital	40 Wright St	Palmer, MA	(413) 283-7651
Baystate	759 Chestnut St	Springfield, MA	(413) 794-0000
Mercy Medical Center	271 Carew St (	Springfield, MA	(413) 748-9000
Shriners Hospital	516 Carew St	Springfield, MA	(413) 787-2051
Noble Hospital	115 W Silver St	Westfield, MA	(413) 568-2811



<b>Hampden County Pharmacies</b>			
<b>Pharmacy</b>	<b>Address</b>	<b>Community</b>	<b>Phone</b>
<a href="http://www.rxlist.com/pharmacy/springfield-ma_pharmacies.htm#pharm">http://www.rxlist.com/pharmacy/springfield-ma_pharmacies.htm#pharm</a>			
CVS Pharmacy #2476	163 Silver St	Agawam, MA 01001	(413) 789-3339
CVS Pharmacy #859	287 Springfield St	Agawam, MA 01001	(413) 786-4100
Rite Aid Pharmacy #10050	17 Springfield St	Agawam, MA 01001	(413) 786-6060
Walgreens Pharmacy #4358	60 Springfield St	Agawam, MA 01001	(413) 786-1126
CVS Pharmacy #843	235 Center St	Chicopee, MA 01013	(413) 594-8156
Rite Aid Pharmacy #10052	577 Meadow St	Chicopee, MA 01013	(413) 592-4696
CVS Pharmacy #2339	1176 Granby Rd	Chicopee, MA 01020	(413) 532-0991
 <b>CVS Pharmacy #693</b>	<b>1616 Memorial Dr</b>	<b>Chicopee, MA 01020</b>	<b>(413) 532-3299</b>
Rite Aid Pharmacy #10051	1 Saint James Ave # 5	Chicopee, MA 01020	(413) 557-1559
Stop & Shop Pharmacy #36	672 Memorial Dr	Chicopee, MA 01020	(413) 593-3999
Walgreens Pharmacy #11688	1195 Granby Rd	Chicopee, MA 01020	(413) 533-0210
 <b>Walgreens Pharmacy #7063</b>	<b>583 James St</b>	<b>Chicopee, MA 01020</b>	<b>(413) 493-1860</b>
Walmart Pharmacy #5278	591 Memorial Dr	Chicopee, MA 01020	(413) 593-6503
Big Y Pharmacy #14	441 N Main St	East Longmeadow, MA 01028	(413) 525-6346
CVS Pharmacy #769	217 N Main St	East Longmeadow, MA 01028	(413) 525-4510
Stop & Shop Pharmacy #61	470 N Main St	East Longmeadow, MA 01028	(413) 525-6929



Walgreens Pharmacy #7703	54 Center Sq	East Longmeadow, MA 01028	(413) 526-9664
Stop & Shop Pharmacy #782	1282 Springfield St	Feeding Hills, MA 01030	(413) 789-2226
CVS Pharmacy #373	250 Whiting Farms Rd	Holyoke, MA 01040	(413) 532-3216
K Mart Pharmacy #3433	2203 Northampton St	Holyoke, MA 01040	(413) 538-6908
Providence Hospital	1233 Main St	Holyoke, MA 01040	(413) 536-5111
Stop & Shop Pharmacy #30	2265 Northampton St	Holyoke, MA 01040	(413) 536-9101
Target Pharmacy #1232	50 Holyoke St	Holyoke, MA 01040	(413) 532-9568
Big Y Pharmacy #13	802 Williams St	Longmeadow, MA 01106	(413) 567-0679
CVS Pharmacy #517	720 Bliss Rd	Longmeadow, MA 01106	(413) 567-8961
CVS Pharmacy #950	410 Longmeadow St	Longmeadow, MA 01106	(413)567-2033
Walgreens#: 2699	54 East St	Ludlow MA 01056	(413)547-8128
CVS Store#315	451 Center Street	Ludlow, MA 01056	(413) 589-9559
Rite Aid #10055)	117 Main St.	Monson, MA 01057	(413) 267-4021
BiG Y Pharmacy	1180 Thorndike Street,	Palmer, MA 01069	(413) 283-6918
Rite Aid #10057	1047 Thorndike Street	Palmer, MA 01069	(413) 83-3658
CVS Palmer # 969	1001 Thorndyke Street	Palmer, MA 01069	(413) 283-2545
Rite Aid Pharmacy #10105	519 College Hwy	Southwick, MA 01077	(413) 569-1251
 <b>CVS Pharmacy #1972</b>	<b>152 Elm St West</b>	<b>Springfield, MA 01089</b>	<b>(413) 827-0732</b>
Apothecary Center	1985 Main St Ste J	Springfield, MA 01103	(413) 734-2080
CVS Pharmacy #1026	1500 Main St	Springfield, MA 01103	(413) 827-7143
Bay State Home Infusion Pharmacy	211 Carando Dr	Springfield, MA 01104	(413) 794-4663

CVS Pharmacy #488	970 Saint James Ave	Springfield, MA 01104	(413) 737-6346
Louis & Clark Pharmacy #572	490 Page Blvd	Springfield, MA 01104	(413) 781-2996
Shriner Hosp For Children Phcy	516 Carew St	Springfield, MA 01104	(413) 787-2000
Stop & Shop Pharmacy #80	1277 Liberty St	Springfield, MA 01104	(413) 732-7040
VA Outpatient Clinic Pharmacy	25 Bond St	Springfield, MA 01104	(413) 731-6011
Walgreens Pharmacy #10127	625 Carew St	Springfield, MA 01104	(413) 205-1495
Walgreens Pharmacy #2268	50 Saint James Blvd	Springfield, MA 01104	(413) 733-3002
Baystate Pharmacy South Campus	140 High St	Springfield, MA 01105	(413) 794-9960
Plainfield Brightwood Pharmacy	380 Plainfield St	Springfield, MA 01107	(413) 794-9442
 <b>CVS Pharmacy #1130</b>	<b>615 Belmont Ave</b>	<b>Springfield, MA 01108</b>	<b>(413) 732-2998</b>
 <b>Walgreens Pharmacy #3736</b>	<b>501 Sumner Ave</b>	<b>Springfield, MA 01108</b>	<b>(413) 746-1563</b>
Big Y Louis & Clark Pharmacy #96	471 Breckwood Blvd	Springfield, MA 01109	(413) 783-1209
 <b>CVS Pharmacy #4471</b>	<b>600 State St</b>	<b>Springfield, MA 01109</b>	<b>(413) 736-0351</b>
Parkview Kindred Hospital Phcy	1400 State St	Springfield, MA 01109	(413) 726-6216
Walgreens Pharmacy #3625	707 State St	Springfield, MA 01109	(413) 731-6410
Rite Aid Pharmacy #10062	126 Island Pond Rd	Springfield, MA 01118	(413) 737-6294
CVS Pharmacy #1291	770 Boston Rd	Springfield, MA 01119	(413) 783-0125
Walmart Pharmacy #1967	1105 Boston Rd	Springfield, MA 01119	(413) 782-6897
Big Y Pharmacy #66	300 Cooley St	Springfield, MA 01128	(413) 783-0105
Rite Aid Pharmacy #10063	381 Cooley St	Springfield, MA 01128	(413) 783-4451
Walgreens Pharmacy #2311	1919 Wilbraham Rd	Springfield, MA 01129	(413) 783-2535

Baystate Medical Center OP Phcy	759 Chestnut St	Springfield, MA 01199	(413) 794-3291
 <b>Mercy Hospital Pharmacy</b>	<b>271 Carew St</b>	<b>Springfield, MA01104</b>	<b>(413) 748-9476</b>
Costco Pharmacy #302	119 Daggett Dr	West Springfield, MA 01089	(413) 747-5524
CVS Pharmacy #993	239 Memorial Ave	West Springfield, MA 01089	(413) 736-5950
Mcclelland Home Health	85 Interstate Dr	West Springfield, MA 01089	(413) 733-8600
Rite Aid Pharmacy #10061	99 Westfield St	West Springfield, MA 01089	(413) 737-6523
Stop & Shop Pharmacy #94	935 Riverdale St	West Springfield, MA 01089	(413) 733-8511
Western Mass Compounding Center	138 Memorial Ave	West Springfield, MA 01089	(413) 737-2600
Arrow Prescription Center #31	427 N Elm St	Westfield, MA 01085	(413) 568-8911
CVS Pharmacy #838	427 East Main Westfield Shops	Westfield, Ma 01085	(413) 562-5181
Noble Hospital Pharmacy	115 W Silver St	Westfield, MA 01085	(413) 568-2811
Rite Aid Pharmacy #10060	7 E Silver St	Westfield, MA 01085	(413) 568-5116
Stop & Shop Pharmacy #72	57 Main St	Westfield, MA 01085	(413) 568-9660
Walgreens Pharmacy #2710	78 Main St	Westfield, MA 01085	(413) 568-1929
Walmart Pharmacy #2174	141 Springfield Rd	Westfield, MA 01085	(413) 572-0800
CVS Pharmacy #1234	208 Elm St	Westfield, MA 01085	(413) 568-4149
Big Y Foods Pharmacy	2035 Boston Rd,	Wilbraham, MA	(413) 543-9912
CVS Pharmacy   Photo	1990 Boston Rd,	Wilbraham, MA(	413) 543-8256

## CONTACT INFORMATION – HAMPSHIRE COUNTY AREA

### Medical Director (able to issue standing orders and write prescriptions)

Name	Address	Municipality	Phone



### Hospitals/Community Health Clinics

Cooley Dickinson Hospital	30 Locust Street	Northampton	(413) 582-2312
Northampton VA Medical Center	421 North Main Street	Northampton	(413) 584-4040
Bay state Mary Lane Hospital	85 South Street	Ware	(413) 967-2180
Hilltown Community Health Center	73 Russell Rd	Huntington	(413) 667-3009 After Hours (413) 667-3009 or (413) 238-5511
Hilltown Community Health Center	58 Old North Rd	Worthington	(413) 238-5511

### Hampshire County Senior Care Facilities

Facility	Street	Municipality	Bed Count	Phone
Applewood at Amherst	1 Spencer Drive	Amherst	103	(413) 253-9833
The Arbors at Amherst	130 University Drive	Amherst	78	(413) 548-6800
Center for Extended Care at Amherst	150 University Drive	Amherst	134	(413) 256-8185
Fisher Home	1165 North Pleasant Street	Amherst	6	(413) 549-0115
Lathrop at Easthampton	3 Chapman Street	Easthampton	120	(413) 586-0006

Sunbridge Care	20 North Maple Street	Hadley	154	(413) 584-5057
Overlook at Northampton	222 River Road	Northampton	120	(413) 584-8457
River Valley Rest Home	159 Pine Street	Northampton	25	(413) 584-3776
Linda Manor Extended Care Facility	349 Haydenville Road	Northampton	123	(413) 586-7700
Rockridge Retirement Community	25 Coles Meadow Road	Northampton	60	(413) 586-2902
Lathrop Home for Aged Women	215 South Street	Northampton	39	(413) 584-2865
Northampton Rehab and Nursing Center	737 Bridge Road	Northampton	166	(413) 586-3300
Calvin Coolidge Nursing and Rehabilitation Center	548 Elm Street	Northampton	125	(413) 586-3150
Loomis Village	246 North Main Street	South Hadley	21	(413) 532-5325
Wingate at South Hadley Rehab	573 Granby Road	South Hadley	132	(413) 650-6408

<b>Hampshire County Pharmacies</b>			
<b>Pharmacy</b>	<b>Address</b>	<b>Community</b>	<b>Phone</b>
Amherst Pharmacy	381 College St	Amherst	(413) 253-0387
CVS Pharmacy	76 N Pleasant St	Amherst	(413) 253-9307
CVS Pharmacy	165 University Dr	Amherst	(413) 256-0421
Walgreens	31 Hall Dr	Amherst	(413) 256-1428
Belchertown Pharmacy	8 Park St.	Belchertown	(413) 323-7530
CVS Pharmacy	151 N Main St	Belchertown	(413) 323-9621
Stop & Shop Pharmacy	Rt 9 & George Hannum St	Belchertown	(413) 323-9096
 CVS Pharmacy: 24-Hr	1616 Memorial Dr	Chicopee	(413) 532-3299
 Edwards Pharmacy 24 hr.	650 Memorial Dr.	Chicopee	(413) 593-0421
Walgreens	591 James St	Chicopee	(413) 493-1860
Walgreens	1193 Granby Rd	Chicopee	(413) 533-0210
CVS Pharmacy	118 N Hampton St	Easthampton	(413) 527-1562
Rite Aid Pharmacy	32 Union Street	Easthampton	(413) 527-7412
Medicine Shoppe	53 Main St	Florence	(413) 584-9252
Medicine Shoppe 0055	53 Main St.	Florence	(413) 584-9252

Walgreens	70 Main St	Florence	(413) 586-1190
CVS Pharmacy	70 W State St	Granby	(413) 467-1650
Johns Center Pharmacy, Inc.	242 State St	Granby	(413) 467-7022
 <b>CVS 24 hour</b>	<b>137 Federal Street</b>	<b>Greenfield 01301</b>	<b>(413)774-7201</b>
Stop & Shop Pharmacy	440 Russell St	Hadley	(413) 256-4167
Target Pharmacy	367 Russell St	Hadley	(413) 586-6681
Wal-Mart Pharmacy	337 Russell St	Hadley	(413) 586-4265
Arrow Prescription Center #24	260 Westfield Rd.	Holyoke	(413) 536-5506
CVS Pharmacy	250 Whiting Farms Rd	Holyoke	(413) 532-3216
CVS Pharmacy	400 Beech St	Holyoke	(413) 536-1432
Hebert Drug Co.	49 Ely St.	Holyoke	(413) 538-8632
Kmart Pharmacy	2203 Northampton St	Holyoke	(413) 538-6908
Rite Aid Pharmacy	Beacon Ave & Northampton	Holyoke	(413) 533-7985
Stop & Shop Pharmacy	2217 North Hampton St	Holyoke	(413) 536-9613
Stop & Shop Pharmacy	28 Lincoln St	Holyoke	(413) 536-5483
Target Pharmacy	50 Holyoke St	Holyoke	(413) 532-9568
Walgreens	1588 Northampton St	Holyoke	(781) 890-0588
Northampton VAMC	421 N Main St	Leeds	(413) 584-4040
Big Y Pharmacy	425 Center St	Ludlow	(413) 583-7910
CVS Pharmacy	451 Center St	Ludlow	(413) 589-9559
Louis & Clark #471	429 Center St.	Ludlow	(413) 583-5136
Walgreens	54 East St	Ludlow	(413) 547-8128
Big Y Pharmacy	136 N King St Rt 5	Northampton	(413) 586-5145
CVS Pharmacy	366 King St	Northampton	(413) 586-8315
CVS Pharmacy	90 Main St	Northampton	(413) 584-2580
Serio's Pharmacy	63 State St.	Northampton	(413) 584-8980
Stop & Shop Pharmacy	228 King St	Northampton	(413) 584-6627
Wal-Mart Pharmacy	180 N King St	Northampton	(413) 587-9555

Walgreens	225r King St	Northampton	(413) 587-2802
Deerfield Pharmacy	45 S. Main St	South Deerfield	(413) 665-8143
Big Y Pharmacy	44 Willimansett St	South Hadley	(413) 538-6178
Big Y Pharmacy	501 Newton St	South Hadley	(413) 534-1766
Walgreens	625 Carew St	Springfield	(413) 205-1495
CVS Pharmacy	104 West St	Ware	(413) 967-5997
Rite Aid Pharmacy	162 West Street	Ware	(413) 967-5371
Walgreens	171 West St	Ware	(413) 277-9749
Wal-Mart Pharmacy	352 Palmer Orad	Ware	(413) 967-0044
Williamsburg Pharmacy	50 Main St.	Williamsburg	(413) 268-3001

## Appendix B: HIPAA During Emergencies

During an emergency, providers and health plans covered by the HIPAA Privacy Rule can share patient information in the following ways:

### 1. Treatment

Health care providers can share patient information, as follows, to provide treatment.

- Sharing information with other providers (including hospitals and clinics)
- Referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services). Providers can also share patient information to the extent necessary to seek payment for these health care services.

### 2. Notification

Health care providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care, or the individual's location, general condition, or death. The health care provider should get verbal permission from individuals, when possible; but if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest. Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones.

In addition, when a health care provider is sharing information with disaster relief organizations, like the American Red Cross, that are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

### 3. Imminent Danger

Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and the provider's standards of ethical conduct.

### 4. Facility Directory

Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.



The HIPAA Privacy Rule does not apply to disclosures if they are made by entities not covered by the Privacy Rule. For instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.

Source: United States Department of Health and Human Services  
<http://www.hhs.gov/ocr/hipaa/emergencyPPR.html>

## 5. Public Health Exclusions

HIPAA does not prohibit disclosure for public health purposes.

The HIPAA is intended to protect the public from unauthorized access to, use of, and disclosure of individually identifiable health information. It places responsibility on health care providers to avoid using or disclosing protected health information (PHI) unless authorized by the person to whom it pertains, or unless the disclosure or use is required or permitted by regulation or law. Specifically excluded from the requirement for individual authorization are disclosures for public health activities. This means that sharing PHI for public health purposes is permitted as long as the agency to which the information is provided is legally authorized to collect and receive the information.

This specific exclusion was allowed because public health authorities have a legitimate need for PHI to ensure public health and safety, and because public health agencies have a track record of protecting the confidentiality of PHI. The HIPAA privacy rule attempts to strike a balance between individual privacy rights and the need for public protection.

1. Medical Incident Form
2. Medication Log Form
3. Environmental Health Assessment Form For Shelters For Rapid Assessment Of Shelter Conditions During Disasters
4. Massachusetts Disaster Shelter Surveillance Roster

REGIONAL SHELTER COMMAND OPERATIONS

# Medical Incident Form

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

**Client Information**

Name of 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:	
Medical Services Referral: hospital, LTC, other	
Point of Contact for Referral Medical Services:	

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





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# ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR SHELTERS



## For Rapid Assessment of Shelter Conditions During Disasters

### I. ASSESSING AGENCY DATA

<sup>1</sup>Agency /Organization Name \_\_\_\_\_ <sup>93</sup>Immediate Needs Identified:  Yes  No

<sup>2</sup>Assessor Name/Title \_\_\_\_\_

<sup>3</sup>Phone \_\_\_\_\_ <sup>4</sup>Email or Other Contact \_\_\_\_\_

### II. FACILITY TYPE, NAME AND CENSUS DATA

<sup>5</sup>Shelter Type  Personal Care  Local-Initiated Overnight  Local-Initiated Multi-Community  State-Initiated Regional  Other \_\_\_\_\_

<sup>6</sup>ARC Facility  Yes  No  Unk/NA <sup>7</sup>ARC Code \_\_\_\_\_

<sup>8</sup>Date Shelter Opened \_\_\_/\_\_\_/\_\_\_ (mm/dd/yr) <sup>9</sup>Date Assessed \_\_\_/\_\_\_/\_\_\_ (mm/dd/yr) <sup>10</sup>Time Assessed \_\_\_ : \_\_\_  am  pm

<sup>11</sup>Reason for Assessment  Preoperational  Initial  Routine  Other \_\_\_\_\_

<sup>12</sup>Location Name and Description \_\_\_\_\_

<sup>13</sup>Street Address \_\_\_\_\_

<sup>14</sup>City / County \_\_\_\_\_ <sup>15</sup>State \_\_\_\_\_ <sup>16</sup>Zip Code \_\_\_\_\_ <sup>17</sup>Latitude/Longitude \_\_\_\_\_ / \_\_\_\_\_

<sup>18</sup>Facility Contact / Title \_\_\_\_\_ <sup>19</sup>Facility Type  School  Arena/Convention center  Other \_\_\_\_\_

<sup>20</sup>Phone \_\_\_\_\_ <sup>21</sup>Fax \_\_\_\_\_ <sup>22</sup>E-mail or Other Contact \_\_\_\_\_

<sup>23</sup>Current Census \_\_\_\_\_ <sup>24</sup>Estimated Capacity \_\_\_\_\_ <sup>25</sup>Number of Residents \_\_\_\_\_ <sup>26</sup>Number of Staff / Volunteers \_\_\_\_\_

### III. FACILITY

<sup>27</sup>Structural damage/Safety  Yes  No  Unk/NA

<sup>28</sup>Security / law enforcement available  Yes  No  Unk/NA

<sup>29</sup>Water system operational  Yes  No  Unk/NA

<sup>30</sup>Hot water available  Yes  No  Unk/NA

<sup>31</sup>HVAC system operational  Yes  No  Unk/NA

<sup>32</sup>Adequate ventilation/air quality  Yes  No  Unk/NA

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

<sup>34</sup>Free of injury /occupational hazards  Yes  No  Unk/NA

<sup>35</sup>Free of pest / vector issues  Yes  No  Unk/NA

<sup>36</sup>Acceptable level of cleanliness  Yes  No  Unk/NA

<sup>37</sup>Electrical grid system operational  Yes  No  Unk/NA

<sup>38</sup>Generator in use  Yes  No  Unk/NA <sup>39</sup> If yes, Type \_\_\_\_\_

<sup>40</sup>Indoor temperature \_\_\_\_\_ °F  Unk/NA

### IV. FOOD

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

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

<sup>43</sup>Safe food source  Yes  No  Unk/NA

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

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

<sup>46</sup> Knowledgeable Person-in-Charge  Yes  No  Unk/NA

<sup>47</sup>Hand-washing facilities available  Yes  No  Unk/NA

<sup>48</sup>Safe food handling  Yes  No  Unk/NA

<sup>49</sup>Dishwashing facilities available  Yes  No  Unk/NA

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

### V. DRINKING WATER AND ICE

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

<sup>52</sup>Adequate ice supply  Yes  No  Unk/NA

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

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

### VI. HEALTH/MEDICAL

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

<sup>56</sup>Medical care services on site  Yes  No  Unk/NA

<sup>57</sup>Medication storage and security appropriate  Yes  No  Unk/NA

<sup>58</sup>Counseling services available  Yes  No  Unk/NA

### COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### VII. SANITATION

<sup>59</sup>Adequate laundry services  Yes  No  Unk/NA

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

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

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

<sup>63</sup>Hand-washing supplies available  Yes  No  Unk/NA

<sup>64</sup>Toilet supplies available  Yes  No  Unk/NA

<sup>65</sup>Acceptable level of cleanliness  Yes  No  Unk/NA

<sup>66</sup>Sewage system type  Community  On Site  Portable  Unk/NA

### VIII. SOLID WASTE GENERATED

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

<sup>68</sup>Appropriate separation-medical waste  Yes  No  Unk/NA

<sup>69</sup>Appropriate disposal  Yes  No  Unk/NA

<sup>70</sup>Timely removal  Yes  No  Unk/NA

<sup>71</sup>Appropriate separation-common areas  Yes  No  Unk/NA

<sup>72</sup>Types  Solid  Hazardous  Medical  Unk/NA

### IX. CHILDCARE AREA

<sup>73</sup>Clean diaper-changing facilities  Yes  No  Unk/NA

<sup>74</sup>Hand-washing facilities available  Yes  No  Unk/NA

<sup>75</sup>Adequate toy hygiene  Yes  No  Unk/NA

<sup>76</sup>Safe toys  Yes  No  Unk/NA

<sup>77</sup>Clean food/bottle preparation area  Yes  No  Unk/NA

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

<sup>79</sup>Acceptable level of cleanliness  Yes  No  Unk/NA

### X. SLEEPING AREA

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

<sup>81</sup>Adequate supply of bedding  Yes  No  Unk/NA

<sup>82</sup>Bedding changed regularly  Yes  No  Unk/NA

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

<sup>84</sup>Acceptable level of cleanliness  Yes  No  Unk/NA

### XI. COMPANION ANIMALS

<sup>85</sup>Companion animals present  Yes  No  Unk/NA

<sup>86</sup>Animal care available  Yes  No  Unk/NA

<sup>87</sup>Designated animal area  Yes  No  Unk/NA

<sup>88</sup>Acceptable level of cleanliness  Yes  No  Unk/NA

### XII. OTHER CONSIDERATIONS

<sup>89</sup>Handicap accessibility: Universal Design  Yes  No  Unk/NA

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

<sup>91</sup>Donation receiving/management area: clean/safe  Yes  No  Unk/NA







## 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](http://www.masslocalinstitute.org).

<b>Part I: Facility Information</b>	<p><b>Shelter:</b> Include the shelter facility name</p> <p><b>Address:</b> Include the street number, name, zip code, and state where the shelter/medical unit is located</p> <p><b>Reporting Period:</b> Include the start/end date (MM/DD/YY) and time for the operational period that corresponds to the information on the report</p> <p><b>Reporting Person:</b> Include the name of the contact person along with the telephone, fax, and/or email where the contact can be reached</p> <p><b># of Pages:</b> Indicate the total number of Surveillance Roster pages submitted for the Reporting Period</p> <p><b>Facility Population:</b> Include the total population of the individuals (not staff/volunteers) in the facility during the Reporting Period</p> <p><b>Total Visits:</b> Include the total number of people that were seen or treated by health services or behavioral/mental health services personnel</p> <p><b>Other Significant Events:</b> Include other significant events impacting health, medical, and behavioral/mental health not captured elsewhere</p>
<b>Part II: Persons Seen or Treated</b>	<p><b>Individual:</b> 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><b>Reason for Visit:</b> Using the <b>Signs/Symptoms, Behavioral/MH, Health Maintenance</b> categories, indicate with a Y/N all boxes that relate to the person's current reason for seeking care. Use the <b>Trauma</b> and <b>Chronic Disease</b> columns to note specific information if related to the reason for the visit</p> <p><b>Intervention:</b> Include what intervention was provided, if any</p> <p><b>Disposition:</b> 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><b>Comment:</b> Include other relevant comments which may include time of onset or additional details of symptoms</p>

**Massachusetts Disaster Shelter Surveillance Roster**

Submit completed roster each operational period to [ISISHelp@MassMail.State.MA.US](mailto:ISISHelp@MassMail.State.MA.US) or confidential fax: 617-983-6813.

Part I: Facility Information																														
Shelter:					Reporting Person:					Other Significant Events:																				
Address:					Telephone:			Fax/Email:																						
Reporting Period (date/time - date/time):					# of Pages:		Total Facility Population:		Total Visits:																					
Part II: Persons Seen or Treated - Check all that apply																														
#	Time	Individual			Signs/Symptoms								Trauma (nature)	Behavioral/MH					Chronic Disease (list)	Health Maintenance						Intervention	Disposition	Comments and Initials of Reporter		
		Age	Sex	Race/ Ethnicity	Pregnant	Fever	Upper Resp	Lower Resp	Diarrhea	Vomiting	Shortness of Breath	Chest Pain		Skin/ Rash/ Infection	Other	Anxiety/ Stress	Agitated Behavior	Substance Use		Memory	Other	Blood Pressure check	Blood sugar check	Medication refill	Vaccination				Wound care	Other
Page total																														