



HAMPSHIRE COUNTY REGIONAL SHELTER PLAN

2016

Appendix D: Standard Operating Guideline (SOG)

- 1. Initial Response Actions..... D-4
- 2. Mass Care Operations D-10
- 3. Recovery D-19



Region 1 Shelter Standard Operating Guidelines (SOG)

OBJECTIVE

To ensure effective, efficient and safe Mass Care in emergencies.

This Standard Operating Guideline provides guidance and procedures to the Emergency Operations Center for establishing and managing Mass Care during an emergency. It outlines the concept of operations, organizational arrangements, and responsibilities for coordinating the efforts of responders and volunteer groups to plan for, establish, manage and close an Emergency Mass Care Shelter

SPECIAL CONSIDERATIONS

- In addition to resources provided by government, large scale emergencies require resources from community organizations and affiliated and unaffiliated volunteers.
- All Mass Care Shelters must provide equal opportunity of access to all individuals including those with functional or access needs

CONCEPT OF OPERATIONS

This guide is based on the Region 1 Shelter Plan Concept of Operations which should be reviewed. This SOG assumes:

- Pre-event planning and is NOT a substitute for any Plan, Laws, Regulations or Official Forms.
- Adherence to the National Incident Management System (NIMS)/Incident Command System (ICS).
- Each community has a responsibility to address the needs of all residents in an emergency
- Access to emergency response plans such as the Regional Shelter Toolkit (RST), Comprehensive Emergency Management Plans (CEMP); Continuity of Operations Plans (COOP), Region 1 MRC Spontaneous Volunteer Management Plan (SVMP), Animal Shelter Plan, Emergency Rest Center (ERC) Plan and other Region 1 SOGs such as the PIO SOG, Food and Water SOG, etc.

Instructions

Page one is a Table of Contents (TOC) and quick checklist. Items points to a section with a checklist of Regional Shelter Operation considerations, including:

Initial Response Actions: procedures common to all incidents and addresses incident response procedures such as assessing the situation, establishing command and control, maintaining communications and connecting with response partners.

Operations: Includes many public health and safety issues around safe food, water, air, housing, disease prevention, public information, etc. Consider consulting multiple SOGs.

Recovery: may be the longest phase of the Incident, requiring the most resources. Community partner organizations are essential to ensure recovery and return to normal. Connect with the local COAD (Community Organizations Active in Disasters) to help with resource needs.

Check Boxes: Use the check boxes to track action items considered or acted upon. In the Resource Column find and add resources: items, notes, plans, and people.

Starred Items are critical tasks that should always be considered in any large scale Emergency/Incident

Gray shaded areas indicate/suggest risk communication/public information activities



Regional Shelter Operations Standard Operating Guidelines (SOG)

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

| 1. | Initial Response Actions | Begin Within |
|--------------------------|--|----------------|
| <input type="checkbox"/> | 1.1 Initial Assessment of the Event: need and level of mass care/sheltering required | 0 - 3 hours |
| <input type="checkbox"/> | 1.2 Contact relevant Response Partners: LHD, EMD, CEO, MRC, Interpreter Strike Team | .25 – 1 hour |
| <input type="checkbox"/> | 1.3 Establish Command and Control: clarify who is in charge/responsible for Mass Care | .50 – 2 hours |
| <input type="checkbox"/> | 1.4 Initiate Risk Communications and Emergency Public Information and Warning | 1 – 3 hours |
| <input type="checkbox"/> | 1.5 Review Emergency Plans, Policies and Procedures, including financial protocols | 2 – 4 hours |
| 2. | Mass Care Operations | Begin Within |
| <input type="checkbox"/> | 2.1 Confirm Incident Command Roles: who is doing what | 1 - ongoing |
| <input type="checkbox"/> | 2.2 Establish Communications with IC/EOC/MACC | 1 - ongoing |
| <input type="checkbox"/> | 2.3 Complete Shelter Facility Walk-through/Assessment: is the shelter safe/adequate | 2 - ongoing |
| <input type="checkbox"/> | 2.4 Determine/Request Shelter Logistical Needs and Resources, including Volunteers | 3 - ongoing |
| <input type="checkbox"/> | 2.5 Establish Volunteer Management Systems/Policies | 3 - ongoing |
| <input type="checkbox"/> | 2.6 Complete Shelter Set-up and Open | 4 - ongoing |
| <input type="checkbox"/> | 2.7 Meet Transportation Needs | 4- ongoing |
| <input type="checkbox"/> | 2.8 Monitor Operations, including Health, Safety; Individual FNSS Needs | 5 - ongoing |
| <input type="checkbox"/> | 2.9 Plan for Next Operational Period and Shelter Closing | 6 - ongoing |
| 3. | Recovery | Begin Within |
| <input type="checkbox"/> | 3.1 Case Management: new normal transition: home, temp. housing, long term care | ongoing |
| <input type="checkbox"/> | 3.2 Lift Orders and assist with shelter cleaning and closing | As appropriate |
| <input type="checkbox"/> | 3.3 Support recovery and return to normal operations | ongoing |
| <input type="checkbox"/> | 3.4 Submit Forms and complete After Action Report and Improvement Plan | 30 days |

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

| | |
|---|---|
| ★ | Communications with the Incident Commander/EMD/ Emergency Operations Center (EOC)/MACC |
| ★ | Shelter Site/Facility Assessment/Personnel Safety: facility owner, building inspector., fire, police, CERT |
| ★ | Functional Needs/Accessibility -work with MRC, CERT,EMS, community agencies/COAD/Public Health |
| ★ | Determine/Request Shelter Logistical Needs and Resources – work with MACC/COAD/MEMA |
| ★ | Shelter Volunteer Management System/Policies – minimum 4 staff/shift for overnight shelter |
| ★ | Logistics/Supplies/Donation Management Area - MACC/COAD - don't let donations become the emergency |

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| ★ | Safe Food, Water, Housing Provided: work with public health, MRC, Red Cross, Salvation Army, COAD/Faith |
| ★ | Service Animals/Pets: work with MRC/DART, veterinarians, kennels, farmers, ACO, etc. |
| ★ | Ensure Medical/Behavioral Health – work with MRC, EMS, COAD, hospitals/clinics and Long-Term Care |
| ★ | Case Management assists disaster impacted individuals in creating/managing their own Recovery Plan |

1. Initial Response Actions

| 1.1 Initial Assessment of the Event | | Resources |
|--|---|--|
| <input type="checkbox"/> | Assess and verify the scope of the emergency/threat: does it need immediate emergency response/action. | ICS Form 201 Incident Briefing Form |
| <input type="checkbox"/> | Connect with the local Emergency Management Director (EMD) | MEMA 24/7 call line 413.821.1500 |
| <input type="checkbox"/> | Summarize the event; estimate how long the situation will last. Determine what type of shelter is needed: | DPH 24/7 Epidemiologist (Epi) on duty 617-983-6800 |
| | <input type="checkbox"/> Shelter-in-place (first choice if safe) | CEMP |
| | <input type="checkbox"/> Point of Distribution(POD) for food/water and other bulk supplies | |
| | <input type="checkbox"/> Warming/Cooling/Shower/Food/Comfort Centers (20 sf/pers.) | Emergency Rest Center (ERC) Plan |
| | <input type="checkbox"/> Local short-term overnight general population shelter | |
| | <input type="checkbox"/> Long-term overnight general population shelter (40 sf./person) | Facility Opening/Closing Assessment FORM |
| | <input type="checkbox"/> Medical/functional needs shelter (60 sf./ person) | |
| | <input type="checkbox"/> Mega/regional shelters (requires Regional Shelter Team) | State Initiated Regional Shelter (SIRS) |
| | <input type="checkbox"/> Pet Shelter will most likely be needed in all prolonged events | DART Pet Shelter Plan/SOG |
| <input type="checkbox"/> | Where/when/source/scope: how many individuals/communities | Note: 10-15% of affected population are likely to seek shelter |
| <input type="checkbox"/> | Risk Factors/Exposure/Protective Actions | Disease fact sheets – BOH/DPH |
| <input type="checkbox"/> | Assess impacted population and population health needs | CEMP, HVA, Emergency Plans, IRAA |
| <input type="checkbox"/> | Language needs and Interpreter resources and other access and functional needs assessment | IRAA CEMP Annex/FNSS Plans |
| Risk Communication Activities | | Media Resources |
| <input type="checkbox"/> | Work with IC/Incident PIO to Develop/Send Initial Public Messages | Media Release FORM |
| | This is an evolving emergency... | Media Call Intake FORM |
| | We have activated our emergency plan... | Templates, prewritten message |
| | Local officials are investigating the situation... | and press release forms found in: |
| | This is what we know right now... | <input type="checkbox"/> PIO Toolkit/SOG |
| | Stay informed and follow official instructions... | <input type="checkbox"/> CEMP |
| | We will get back to you in 2 hours... | <input type="checkbox"/> Emergency Plans |
| | Emergency Shelter locations will be announced.... | |
| <input type="checkbox"/> | Work with IC/PIO to activate emerg. joint information system (JIS) | |
| <input type="checkbox"/> | Work with PIO/Liaison to establish situational awareness with neighboring jurisdictions through the EOC/REOC/MACC/HMCC | |
| 1.2 Contact relevant Response Partners | | Resources |
| <input type="checkbox"/> | Begin Notification: Ensure all response partners maintain accurate Situational Awareness and understand the emergency. | |
| <input type="checkbox"/> | Work with IC/EOC to ensure contact with Internal Response Partners | Internal Emergency Contact List |
| | Board of Health staff and members | Public Health Pocket Cards |

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|------------------------------------|--|--|
| | Emergency Management Director (EMD) | |
| | Mayor/Selectboard/Town Manager | HHAN, email, reverse 911 |
| | Public Information Officer (PIO); Spokesperson(s) | |
| | Police, fire, roads (DPW), water/sewer, building, nursing, etc. | |
| | Regional Shelter Team Points of Contact/Leaders | |
| <input type="checkbox"/> | <i>Work with IC/Liaison to ensure External Partners are contacted</i> | Partner Contact List FORM |
| | Mutual Aid Partners/REPC/MACC | Phone, satellite phone, email |
| | Neighboring jurisdictions | Radio, HAM radios |
| | Hospital(s) | GETS cards (must pre-enroll) |
| | Department of Public Health (DPH)/HMCC | (617) 983-6800 EPI on call |
| | Department of Environmental Protection (DEP) | (888) 304-1133 Spill HotLine |
| | District Health Officer | (617) 839-3237 Charlie Kaniecki |
| | DPH Emergency Preparedness Bureau | (617) 647-0343 (pager) |
| | DPH Regional Hospital Coordinator | (617)438-1466 |
| | Massachusetts Emergency Management Agency (MEMA) | (413) 821-1500 (Western office) |
| <input type="checkbox"/> | WebEOC (EMD is the POC) | |
| | Public Health Emergency Preparedness Coalition(s) | |
| | Interpreter Strike Team Leader | Massachusetts Registry of Interpreters for the Deaf |
| | Regional (Local) Emergency Planning Committee (REPC/LEPC) | www.WesternMassReady.org |
| | Medical Reserve Corps (MRC) | (413) 454-5163 – MRC region 1; county or unit coordinator www.wmmrc.org |
| | Community Emergency Response Team (CERT) | |
| | American Red Cross (ARC) | 24 hour phone Pioneer Valley: 413-737-4306 Greater Westfield: 413-562-9684 Berkshire County: 800-332-2030 |
| | Salvation Army: Disaster Services | (617) 542-5420 www.salvationarmy-usaeast.org |
| | Schools | |
| | Sheriff's Department | Some HSC equipment stored here |
| | Public Safety Answering Points (PSAP) 9-1-1 services | |
| Risk Communication Messages | | Media Resources |
| <input type="checkbox"/> | <i>Work with Incident PIO and IC to develop and Send Workforce/Responder and Public Protection Messages</i> | ICS 206 Responder Medical Plan FORM |
| | Responders/Public should take the following protective actions... | |
| <input type="checkbox"/> | <i>Situational Awareness Update:</i> <ul style="list-style-type: none"> • Who is in charge • Current Status of Emergency • Sympathy for victims • What is being done to address the emergency | ICS 201 Incident Briefing FORM |

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

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

| 1.3 Establish Command and Control | | Resources |
|-----------------------------------|---|--|
| <input type="checkbox"/> | Clarify Incident Command Structure and Chain of Command with IC | |
| | Incident Commander (IC) identified | CEMP |
| | Consider Unified Command (especially for regional operations) | |
| | Incident Command Post (ICP) set up | Local Public Health Emergency Plan |
| | Emergency Operations Center (EOC) activated if needed | Emergency Dispensing Site plan |
| | Area Command/MACC for multiple shelter operations | Regional MACC Concept of Operations |
| | Consider adding Functional Needs Officer to Command Staff | IRAA (Access/Functional Needs) Plan |
| | Joint Information System (JIS) or Center (JIC) might be needed | PIO SOG: Risk Communication Plan |
| <input type="checkbox"/> | Work with IC/EOC to clarify and assign Incident Command roles | ICS 203: Organization Assignments |
| | Incident Public Information Officer (PIO) ; Spokesperson(s) | PIO Tool Kit; PIO JAS |
| | Safety Officer (may be combined with Security) | ICS 206: Responder Medical Plan |
| | Security Section (May be combined with Safety Officer) | Security JAS |
| | Functional Needs Officer – coordinates IRAA needs | FNSS JAS |
| | Liaison Officer – maintain coordination with other agencies/areas | Liaison JAS |
| | Facility Unit/Staging Manager – set up Site | Facilities JAS |
| | Communications Unit – assure Shelter communications | Communications JAS |
| | Operations Section Chief – Shelter Manager (Regional Supervisor) | Manager JAS |
| | Planning Section Chief - Situational Awareness/next Operational Period | Planning JAS |
| | Finance Section Chief – track expenses; track data | Finance JAS - |
| | Logistics Section Chief – supplies, equipment, volunteers | Logistics JAS |
| <input type="checkbox"/> | Respond to designated command location: Emergency Operation Center (EOC) or Incident Command Post (ICP) | EOC Location and Phone |
| <input type="checkbox"/> | Receive situation awareness report from the Emergency Management Director (EMD) or Incident Commander (IC) | ICS 201: Incident Briefing Form ICS 202: Incident Objectives/Update |
| <input type="checkbox"/> | Work with IC/EOC to continue Ongoing Activities | |
| | Continue local and external notification attempts until successful | |
| | Verify actions taken to ensure their completion | |
| | Help EMD/IC with development of Incident Action Plan (IAP) | Incident Action Plan - FORMS |
| | Document all response activities and financial expenditures | Action Log; Finance Tracking FORM |

| 1.4 Initiate Risk Communications /Public Information Warning | | Resources |
|--|---|----------------------------------|
| <input type="checkbox"/> | Work with IC to clarify Risk Communication Roles, Positions, Locations | Hampshire PIO Tool Kit |
| | Connect with Incident Public Information Officer (PIO) | CEMP and Risk Communication Plan |
| | Incident Commander approves all communications/messages | EDS communication plans |
| | Joint information Center or System (JIC/JIS) (virtual or physical) established as needed for a regional or multi-agency event | Region 1 PIO SOG |

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| | Spokesperson(s) chosen | Trusted Source; PIO Check list |
| | Subject matter experts identified | PIO Job Action Sheet JAS |
| | Location for press briefing established | Media Intake Form FORM |
| | Public Information Officer Job Action Sheets (JAS) | Media Contact Lists; IRAA, Mass211 |
| | Public Information Officer Checklists | |
| | Media Contact Lists, Including Functional/Access Needs Media | |
| <input type="checkbox"/> | Establish a separate Media Information Center for press briefings <ul style="list-style-type: none"> ○ Food, water, HVAC, lighting, sanitation, tables, chairs ○ Telephones, internet, cell service ○ Security to check press credentials and maintain order | |
| <input type="checkbox"/> | Review/Revise the Risk Communication Plan/Media Policies with the EMD, PIO, CEO, JIS/JIC, based on the Incident Action Plan | Risk Communication Plan ICS205b:Personnel/Communications FORM |
| | REMINDERS: MAKE SURE SHELTER OPENING IS REPORTED TO WEB EMERGENCY OPERATIONS CENTER, ONLINE/ CALLING (413) 750-1400. EMD SHOULD REPORT SHELTER OPENING TO MASS 2-1-1, AS WELL. | |
| <input type="checkbox"/> | Work with PIO to determine essential messages/ public information | Interpreter Strike Team |
| | Situational Awareness | Disease and injury fact sheets |
| | Disease/injury prevention | |
| | When/where to seek medical advice/ treatment | Functional and Access Needs Communication Plan. |
| | Universal accommodations for access/ functional needs | |
| | Shelter locations; opening times | |
| | What to bring/not bring to a shelter (weapons, illegal drugs, farm animals, alcohol, valuables, | |
| | Pets/farm animals Information | |
| <input type="checkbox"/> | Sources of more information | |
| | <input type="checkbox"/> Websites | <input type="checkbox"/> Local media |
| | <input type="checkbox"/> Hotlines | <input type="checkbox"/> Twitter |
| | <input type="checkbox"/> Mass 211 | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> | Determine how you will notify the public | |
| | <input type="checkbox"/> TV | <input type="checkbox"/> Printed handouts |
| | <input type="checkbox"/> Radio | <input type="checkbox"/> Hotlines |
| | <input type="checkbox"/> Newspapers | <input type="checkbox"/> Mass 211 |
| | <input type="checkbox"/> Websites | <input type="checkbox"/> Simultaneous interpretation (live & internet/video relay) |
| | <input type="checkbox"/> Other language media | <input type="checkbox"/> Reverse 911 Systems |
| | <input type="checkbox"/> Social media | <input type="checkbox"/> Other |
| <input type="checkbox"/> | Draft messages appropriate to media used and public reached | |
| | Multiple languages and formats | |
| | Updated frequently | |
| | Volunteer opportunities | |
| <input type="checkbox"/> | Brief Incident Spokesperson(s) | |
| | 3 key messages | |
| <input type="checkbox"/> | Monitor public reaction and establish methods for public interaction/information exchange | Media Contacts: General and Functional and Access Needs |

| | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Hotlines | <input type="checkbox"/> Email | |
| <input type="checkbox"/> Mass 211 | <input type="checkbox"/> Shelter Ombudsperson | |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Issue Public Information, Warnings, Notifications | | |
| Coordinate messages with: | | Joint Information System (JIS) |
| <input type="checkbox"/> Other jurisdictions | <input type="checkbox"/> Interpreter Strike Team | C-MIST strategies and plans |
| <input type="checkbox"/> DPH/MEMA/DEP/DMH | <input type="checkbox"/> Functional and Access Needs Agencies | |
| <input type="checkbox"/> ARC | | |
| Respond to media enquiries | | Media Call Intake FORM |
| Hold press alerts and conferences as needed | | Press Releases FORM |
| Brief spokespersons on key messages | | ICS 223 – Health & Safety Message |
| Ensure Incident Commander approval of all information releases | | |
| Risk Communication Logistical Needs | | Resources |
| Computer and cables | Paper, Pens, Clipboards | Region 1 PIO SOG |
| Fax, Printer, Scanner, Copier | Wireless Router; internet | |
| In and out only phone lines | Power, extension cords | |
| Microphone, cameras, video | Internet: Website, Email, Social Media; contacts for live Interpretation (video for ASL, audio) | |

| 1.5 Review Emergency Plans, Policies and Procedures | | Resources |
|--|---|---|
| <input type="checkbox"/> | Review Shelter Plans, including the Annexes | Regional and Local Shelter Plans |
| <input type="checkbox"/> | Review Legal Authority | Legal Counsel should be consulted |
| | Isolation and Quarantine; Boil and do-not-use orders | Standing orders (local/ State) |
| | Authority to close buildings/businesses/schools | |
| | Liability and cost issues | |
| <input type="checkbox"/> | Review Financial Protocols, Plans, Policies and Procedures <ul style="list-style-type: none"> o Who has the authority to commit financial resources? o Has this authority authorized financial resources for the shelter? o Has the municipality formally declared a state of emergency? o Is this authorization in writing? | Shelter Plan & MOUs Finance Tracking FORM ICS 210:Resource Status Tracking FORM Emergency Declarations |
| <input type="checkbox"/> | For a Regional Shelter confirm signed Shared Cost Agreements/MOU/MAA? | Regional Shelter Plan |
| <input type="checkbox"/> | Review Food Establishment Emergency Plans | Food Establishment Emerg. Plans |
| <input type="checkbox"/> | Review IT/Data Management Systems and Protocols | ICS 214 Activity Log FORM |
| <input type="checkbox"/> | Assist IC with development of the Incident Action Plan (IAP) | Incident Action Plan FORM |
| <input type="checkbox"/> | Establish Financial tracking systems as appropriate | Finance Tracking FORM |
| <input type="checkbox"/> | Use Incident Command System (ICS) forms | Incident Objectives (ICS 202) Division/Group Assignments (ICS 204) Organizational Assignment List (ICS 203) Incident Map (ICS 225) Communications Plan (ICS 205), Medical Plan (ICS 206) |

2. Mass Care Operations

| 2.1 Confirm Incident Command Roles | | |
|---|--|---|
| <input type="checkbox"/> | See Regional Shelter ICS Shelter Hierarchy Chart. These are the suggested minimum staffing/personnel levels: | Staffing Level Guide (LIST) Regional Shelter Roster (FORM) |
| <input type="checkbox"/> | Incident Commander (IC) | JAS, FORMs, LISTs |
| <input type="checkbox"/> | Incident Public Information Officer (PIO) | JAS, FORMs, LISTs |
| <input type="checkbox"/> | Public Health Officer – should be a BOH Agent/Inspector | JAS, FORMs, LISTs |
| <input type="checkbox"/> | Operations Areas (Shelter Branch Manager) <ul style="list-style-type: none"> ○ Registration /Case Management Area ○ Dormitory/Child Care Assistance Area ○ Feeding Area ○ Medical/Behavioral Health Area | JAS, FORMs, LISTs |
| <input type="checkbox"/> | Safety and Security Officer (Shelter) | JAS, FORMs, LISTs |
| <input type="checkbox"/> | Animal Shelter Branch Manager | JAS, FORMs, LISTs |
| | Finance Manager <ul style="list-style-type: none"> ○ Data Management ○ Financial Management <ul style="list-style-type: none"> ● Time Unit ● Cost Unit | JAS, FORMs, LISTs |
| | Planning/Demobilization Manager | JAS, FORMs, LISTs |
| | Shelter Logistics: | JAS, FORMs, LISTs |
| | ○ Service Branch | JAS, FORMs, LISTs |
| | ● Food Unit | JAS, FORMs, LISTs |
| | ● Staffing Unit | JAS, FORMs, LISTs |
| | ● Volunteer Management Unit | JAS, FORMs, LISTs |
| | ● Communications (Internal / External) Unit | JAS, FORMs, LISTs |
| | ○ Support Branch | JAS, FORMs, LISTs |
| | ● Supply Unit | JAS, FORMs, LISTs |
| | ● Transportation Unit | JAS, FORMs, LISTs |
| | ● Donations Management Unit | JAS, FORMs, LISTs |
| | ● Facilities Management Unit | JAS, FORMs, LISTs |
| 2.2 Establish Communications with the IC/EOC/MACC | | |
| <input checked="" type="checkbox"/> | Establish and Maintain communications with all Response Partners: | |
| <input type="checkbox"/> | IC/EOC/EMD | |
| <input type="checkbox"/> | MEMA/MACC/HMCC | |
| <input type="checkbox"/> | COAD/MRC/ARC | |
| 2.3 Complete Shelter Facility Walk-through/Assessment | | |
| <input checked="" type="checkbox"/> | Shelter Site/Facility Assessment | |
| <input type="checkbox"/> | Red Cross Assess/Designation | Life Safety Issues |
| <input type="checkbox"/> | Population Centers nearby | <input type="checkbox"/> Parking adequate/safe/lighting |
| <input type="checkbox"/> | Consider Functional/Access Needs | <input type="checkbox"/> Controlled Access |
| <input type="checkbox"/> | Potable Water: 1.5 gal/day/per. | <input type="checkbox"/> Controlled Entrances/Exits |
| <input type="checkbox"/> | Bathrooms, showers, hot water | <input type="checkbox"/> No floodplain/bridges |
| <input type="checkbox"/> | Toilets: M & F; 1/20 people; | <input type="checkbox"/> Weather Ready: flooding, wind, |
| | | Shelter Assessment Team: <ul style="list-style-type: none"> ● Shelter Supervisor/Manager ● Facility Representative ● Logistics Section ● Inspector of Buildings ● Health Officer/Inspector |

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| | serviced daily | heat, cold, earthquake | <ul style="list-style-type: none"> • Fire Inspector • Universal Design (FNSS) Specialist |
| <input type="checkbox"/> | M & F Showers: 1 /25 people (15 min shower) serviced daily | <input type="checkbox"/> Air Quality: dust, mold, hazardous materials, CO, VOC | Facility Opening/Closing Assessment FORM Environmental Health Shelter Assessment FORM http://www.cdc.gov/nceh/ehs/Docs/Guide_for_Local_Jurisdictions_Care_and_Shelter_Planing.pdf |
| <input type="checkbox"/> | Handsinks: 1/20, serviced daily | <input type="checkbox"/> Structural: Railings, ramps | |
| <input type="checkbox"/> | FNSS space (ADA accessible) | <input type="checkbox"/> Service Animal Area | |
| <input type="checkbox"/> | Size: min. 20-40 s.f./person | <input type="checkbox"/> Alternate power supply | |
| <input type="checkbox"/> | Kitchens: Refrigeration, cooking, snacks, drinks | <input type="checkbox"/> Potable water <input type="checkbox"/> Adequate sewerage | |
| <input type="checkbox"/> | Dormitory Area: 20-40 sf/person | <input type="checkbox"/> Security Station | |
| <input type="checkbox"/> | Dining Area: tables, chairs | <input type="checkbox"/> Isolation Area | |
| <input type="checkbox"/> | Child Care/Recreation Areas | <input type="checkbox"/> Staff Area | |
| <input type="checkbox"/> | Medical/Mental Health Areas | <input type="checkbox"/> Pet Shelter nearby | |
| <input type="checkbox"/> | Laundry or access to | <input type="checkbox"/> Exit Signs, Extinguishers, AED | |
| <input type="checkbox"/> | HVAC: heating, cooling | <input type="checkbox"/> Medical Waste Containers | |
| <input type="checkbox"/> | Lighting with dimmable areas | <input type="checkbox"/> Public phones/internet | |
| <input type="checkbox"/> | Solid Waste: 30 gallon container per 10 people; 5 lb/person/day | <input type="checkbox"/> Communications: phones, internet, interpretation | |
| <input type="checkbox"/> | Vector/pest management | <input type="checkbox"/> Availability for length of operat. | |
| <input type="checkbox"/> | Water Supplies | Food Supplies | |
| | - Tested/known drinking water | - Commercial, known sources | |
| | - Bathing water; showers | - Meets dietary restrictions | |
| | - 4 – 5 gallons per person/day | - Meets ethnic preferences | |
| | - Alternate supply sources | - 2000 calories per day | |
| <input checked="" type="checkbox"/> | Functional Needs/Universal Design/Accessibility | | Ensure equal opportunity/access |
| | Remove barriers to disabled; ramps, smooth floors | | C-MIST Functional Needs Worksheet FORM: maintaining Communication, Medical, (Medical/Functional) Independence, Supervision, and Transportation |
| | Aisles min 32-36" wide, marked with tape | | |
| | Signs (Universal Design/Access) | | |
| | Handicapped toilet, shower, sink | | |
| | Minimum 40 sf/person | | |
| | Handicapped cots (higher, heavier, sit-up,) | | |
| | Adequate lighting (especially in bathrooms) | | |
| | Chairs with arms | | |
| | Additional space for walkers/wheelchairs | | |
| | Special diets accommodated | | Special Needs Menu LIST |
| 2.4 Determine/Request Shelter Logistical Needs & Resources | | | |
| <input type="checkbox"/> | Medical Supplies | | Durable Medical Equipment LIST |
| <input type="checkbox"/> | First Aid Kit or Jump Kit | | Consumable Med. Equip. LIST |
| <input type="checkbox"/> | Spill Kits for bodily fluids | | |
| <input type="checkbox"/> | Red Medical Waste Bags (marked, heavy duty plastic bags) | | |
| <input type="checkbox"/> | Sharps Containers (sturdy, secure plastic containers) | | |
| <input type="checkbox"/> | Access to pharmacy for prescriptions | | |
| <input type="checkbox"/> | Access to oxygen generator/concentrator | | |
| <input type="checkbox"/> | Locking/Secure medical supplies refrigerator | | |
| <input type="checkbox"/> | Automated External Defibrillators (AED) | | |
| <input type="checkbox"/> | General Sheltering Supplies and Equipment | | Shelter Supply LIST |
| <input type="checkbox"/> | Flashlights and batteries | <input type="checkbox"/> Portable radio with batteries | |

| | | | | |
|--------------------------|--|--------------------------|---|--|
| <input type="checkbox"/> | Cots, mats, blankets, pillows | <input type="checkbox"/> | Chairs, tables | |
| <input type="checkbox"/> | Cribs, playpens, baby bathtubs | <input type="checkbox"/> | Hand sanitizer | |
| <input type="checkbox"/> | Trash bags, trash cans | <input type="checkbox"/> | Paper, pens, markers, signs | |
| <input type="checkbox"/> | Task lighting | <input type="checkbox"/> | Masking Tape/Duct Tape | |
| <input type="checkbox"/> | Pump soaps, if possible | <input type="checkbox"/> | Towels, washcloths, soap, shampoo, shower-mats, | |
| <input type="checkbox"/> | Handsanitizer: 60% alcohol | <input type="checkbox"/> | Cleaning and sanitizing supplies and equipment | |
| <input type="checkbox"/> | Personal Toiletries: sanitary napkins, toothbrushes, toothpaste | <input type="checkbox"/> | Baby supplies (formula, etc) | |
| <input type="checkbox"/> | Diapers (infant and adult) | <input type="checkbox"/> | Fans (electric and hand) | |
| <input type="checkbox"/> | Paper towels, toilet paper, | <input type="checkbox"/> | Staff Walkie-Talkies, whistle | |
| <input type="checkbox"/> | Games, toys | | | |
| <input type="checkbox"/> | Environmental Health Inspection Kits | | | |
| <input type="checkbox"/> | Secure, locked container/ bag | <input type="checkbox"/> | Measuring Tape | |
| <input type="checkbox"/> | Thermometers: digital/manual | <input type="checkbox"/> | Clipboard, pens, paper | |
| <input type="checkbox"/> | Flash lights | <input type="checkbox"/> | Masking Tape and Markers | |
| <input type="checkbox"/> | Batteries: thermometer; flashlights | <input type="checkbox"/> | Inspection Forms | |
| <input type="checkbox"/> | Alcohol Wipes, hand sanitizer | <input type="checkbox"/> | Sanitizer Test Strips | |
| <input type="checkbox"/> | Disposable Gloves | <input type="checkbox"/> | Electrical Outlet tester | |
| <input type="checkbox"/> | Other Supplies | | | |
| <input type="checkbox"/> | Forms and information sheets | <input type="checkbox"/> | Flash lights and other lights | Shelter Supply LIST |
| <input type="checkbox"/> | Tape measures | <input type="checkbox"/> | Blue/orange painters tape | |
| <input type="checkbox"/> | Markers and sign boards | <input type="checkbox"/> | Paper, pens, clipboards, clips | |
| <input type="checkbox"/> | Computers/printers | <input type="checkbox"/> | Crowd Control tape/devises | |
| <input type="checkbox"/> | Functional and Access Needs | | | |
| | Ombudsperson/FNSS Advisor | | | |
| | Translator/Interpreter Strike Team; Simultaneous Interpreters | | | |
| | Behavior Health Staff | | | |
| | Universal Design for access to daily living activities | | | |
| | Translation software programs | | | |
| | Signs/forms in multiple languages – large font | | | |
| | Supply of eyeglasses/magnifying sheets | | | |
| | Medical sized cots | | | |
| | Walkers/Wheelchairs | | | |
| | Computers with access to applications for adaptive communication | | | |
| <input type="checkbox"/> | Staffing Needs – Initial Staff to open shelter should be affiliated/trained | | | ICS 203 Organizational Assign. |
| | Shelter Staff per shift (min. 4-6; maximum 12 hour/7 day shifts) | | | Division/Group Assignment (ICS 204) |
| | Large Shelter staff/Clients = 34/200; 55/500; 97/1000 | | | |
| | Shelter Manager | ▪ | Medical/Mental Health | Shelter Support Team List: Subject Matter Experts in public health, mental health, nursing, child care, child trauma, food services, pharmacist, doctor, Universal Design, Building and Fire Inspectors, etc. |
| | Security/Registration | ▪ | Food/Dormitory/Sanitation | |
| | Child Care Assistance | ▪ | Service Animals/Pets | |
| | Shelter Safety and Security | | | |
| | “Buddy” system for Spont. Unafil. Vol. | | Law Enforcement available | |
| | Control Entrances/Exits | | 9-1-1 phone | |
| | Verbal and Written Warnings | | Document Incidents | |
| | Health and Safety Inspection Team: (1-2 inspections per day) | | | |
| <input type="checkbox"/> | Environmental Health | <input type="checkbox"/> | Building Safety | |

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| <input type="checkbox"/> Food Safety | <input type="checkbox"/> ADA/Universal Access | |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Fire Safety | |
| <input type="checkbox"/> Mental Health/Child Trauma | <input type="checkbox"/> Wastes, pests, sanitation | |
| Credentialing requirements: Government Photo ID | | |
| Affiliation with Health Department, Police, Fire, | | |
| Affiliation with MRC, ARC, CERT, | | |
| Unaffiliated volunteers should be CORI/SORI by local police or other | | Region 1 MRC SVMP |
| Staff Support: | | |
| Break area with food / water; communications | | |
| Person Protective Equipment such as masks and gloves | | |
| Risk Communication (See Communication Below) | | |
| Tactical Communications | | |
| <input type="checkbox"/> | <i>Develop type and content of needed educational materials/methods</i> | MRC101; ARC Shelter Volunteer SVMP JITT |
| <input type="checkbox"/> | <i>Develop resource management/inventory/accountability</i> | ICS 210 Resource Status Tracking FORM |
| <input type="checkbox"/> | <i>Required forms, documentation, paperwork</i> | Shelter Plan and FORMS |

2.5 Establish Volunteer Management System/Policies

| | | |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | <i>Shelter Volunteer Management System and Policies</i> | Region 1 SVMP/SOG; SUV JITT |
| | Minimum Staff on each shift – 4 for overnight shelters | Record on ICS 214 Activity Log |
| | Each staff/volunteer must be registered & credentialed/CORI/SORI | |
| | Must Sign in/Out at _____ | ICS 211 Personnel Sign In FORM |
| | Know your ICS role/supervisor | Job Action Sheet |
| | Safety First: use the Buddy or Mentor system | |
| | Document any issues or problems | Action Log; Incident Report FORM |
| | Staff Rest/Food Breaks: schedule every 3 – 4 hours | |
| | Monitor for burnout and health issues | |
| | Act only within the scope of your training or experience. If you are not comfortable with your assignment, ask. | |
| | Use Just-in-Time training and Job Action Sheets | |
| | Volunteers should be affiliated with an approved organization or be partnered with an affiliated organization volunteer | MRC, CERT, schools, VIPS, ARC, DART, Fire, EMS, |
| | All staff and volunteers must have a current CORI/SORI | Local police may run checks |
| | Maximum 12 hour shifts (6 - 9 hour shifts easier on staff) | |
| | Maximum 7 days in a row (1 day break minimum) | |
| | Protect Client Safety and Privacy | Shelter Staff/Volunteer Confidentiality Agreement FORM |
| | Encourage Shelter Clients to be Shelter Volunteers | |
| | Use Client Ombudsman/Shelter Representatives if needed | |
| | Remember Media Care; refer all Media to the Shelter Manager | |
| | Performance Reviews after 3-7 days may be available | |

2.6 Complete Shelter Set-up and Open

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | <i>Incident Command Post (ICP)/Manager's Station/ Security Station</i> | |
| <input type="checkbox"/> | <i>Register Shelter with the National Shelter System (NSS)</i> | https://nss.communityos.org/cms/ |
| <input type="checkbox"/> | <i>Regional Shelter Established</i> | |

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| <input type="checkbox"/> | Shelter Areas: <ul style="list-style-type: none"> o Manager/Security/Communications o Registration/Case Management o Logistics and Supplies/Donations Management o Food Prep/Service o Dormitory o Child Care Assistance/Recreational o Medical Care/Quiet Area o Staff/Break o Service Animal Care (Pets should be in a nearby Pet Shelter) o Isolation and Quarantine (maybe combined with security area) | |
| <input type="checkbox"/> | ICS Shelter Staffing Chart posted | Regional Shelter Roster (FORM) |
| <input type="checkbox"/> | Shelter Operating Policies and Procedures posted | Shelter Rules/Regulations FORM |
| <input type="checkbox"/> | Shelter Emergency Evacuation Plan posted | Facility Evacuation Plan |
| <input type="checkbox"/> | Shelter Action Log and Check-in/Check-out Form maintained | Action Log FORM Shelter Check-in/Check-out FORM |
| <input type="checkbox"/> | Shelter Staff: post staff shifts and staff meeting schedules | EMS Patient Tracking System may be available for Client Registration and Tracking |
| | Shelter Staff (minimum 4 per shift; 6 – 12 hr. shifts) | Shelter Support Team JAS |
| | Staff Registration, Training and Break Area | |
| | Security Team (a must for large shelters) | |
| | Interpreter Strike Team (highly advantageous at most shelters) | |
| | Medical Team (highly advantageous at all shelters) | |
| | Case Management/FNSS/Ombudsman (highly advantageous) | |
| | Animal Care Team (a must for large shelters) | Animal Shelter Plan/SOG |
| | Shelter Client Registration | Shelter Intake Assessment FORM |
| | Accessible Table, forms and signs near entrance must be accessible | Childcare Unit Registration Form |
| | Optional wristband/stamp/ID for Shelter Clients | ARC Safe & Well Registration Form |
| | Forms: Registration, Assessment, Shelter Guide/Rules | Shelter Rules/Regulations FORM |
| | Red Cross Safe and Well Website – let others know you are safe | www.safeandwell.communityos.org |
| | Case Management Forms | |
| ★ | Logistics/Supplies and Donation Management Area Established | Work with EMC/EOC, MACC/COAD donations don't become a disaster |
| | Scheduling: post staff schedule in changeable format | |
| | Management/Tracking: maintain records and receipts | |
| | Ordering/requesting supplies | |
| | Spontaneous (in-kind) donations management | |
| | <input type="checkbox"/> Accept food ONLY from known sources (commercial) | |
| | <input type="checkbox"/> Accept donations with a known use/need only | |
| | <input type="checkbox"/> Don't let the donations become the emergency | (Goodwill may be a resource) |
| ★ | Safe Food, Water and Housing Provided | Work with COAD/Public Health |
| | Food and Water Service Area | Massachusetts Guidance for Emergency Action Planning for Retail Food Establ. |
| | Person in Charge (PIC) must be knowledgeable/have food safety certification | |
| | Good lighting and ventilation a must, especially when cooking | |
| | Control access to Food preparation/storage areas | |
| | Food Prep Area: clean and sanitize often (10% bleach) | |
| | Refrigeration (generators, dry ice) | |
| | Monitor Staff for illness | |

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| Post Meal times; allow for snacks and beverages at most hours | Shelter Rules/Regulations FORM |
| Dining area: no food outside this area | |
| Hand-wash station a MUST + use of disposable gloves (non latex) | |
| Food holding: log time/temperatures | Food /Water Emergency Planning |
| <input type="checkbox"/> Hot/cold food holding: above 140 F./ below 40 F. | |
| <input type="checkbox"/> Re-heat ONCE in 2 hours to 165 F. | |
| <input type="checkbox"/> Discard after 4 hours if between 40 – 140 F. | |
| Food Storage: secure and off the floor if possible | |
| Safe Ice/Drinks (treat drink tubs with 1 tsp. bleach/5-8 gallons) | (Slight “bleach” smell) |
| Reduced menus; fewer potentially hazardous foods | |
| Meal plans that meet dietary/cultural needs within 36 hrs. | |
| Hand and ware washing protocols posted | Region 1 Food and Water SOG |
| Sanitation and cleanliness (sanitizer – 10% bleach solution) | |
| Disposables/gloves (non-latex) | |
| Solid Waste management (trash, garbage, medical waste) | |
| Food Embargoes/Fitness of Food | |
| <input type="checkbox"/> Discard Potentially Hazardous Food(PHF) after 4 hours @40 F | |
| <input type="checkbox"/> Sorting, condemnation, disposal | |
| <input type="checkbox"/> Donations of Food: must meet Safe Food Standards | |
| Potable Water Supplies | |
| <input type="checkbox"/> Monitor for contamination: chemical, bacterial, radiation, viral, particulate matter | |
| Boil and other water use orders | Food & Water Emergency Plan |
| Bulk water must be from an approved source | |
| Dormitory Area: | Cot Cleaning Guide |
| Bed spacing: 3 ft. between cots | |
| Family Areas with extra space for personal items | |
| Dormitory Area restricted to Clients; quiet zone | |
| Child Care/Recreation Areas (safe and separate): Managed by parents | Childcare Unit Registration FORM |
| Adult: cards, games, TV, Radio | |
| Youth: Games (outside if possible); activities | |
| Child: volunteers should be SORI; supervised; extra | |
| Non-allergenic cleaning supplies for toys/tables | |
| Health, Medical and Mental Health Services Area | Medical Incident FORM |
| Accessible, some privacy, clean, secure storage | |
| First Aid Kit and supplies | |
| Standing Orders/Medical Advisor | Medication Log FORM |
| Mental/behavioral Health staff | |
| Secure (locked) medicine storage and refrigeration | Coordinate with Security |
| Sanitation & Personal Protective Equipment (PPE) | |
| Privacy/HIPPA/Confidentiality reminders to staff/volunteers | Shelter Staff/Volunteer Confidentiality Agreement FORM |
| Medical Wastes (Red Bag) | Medical Waste hauler MOU |
| Elec. outlets for durable medical equipment | |
| Infection Control Plan: air, droplet, direct/indirect contact | |
| 12-Step Programs access : drugs, alcohol, tobacco | |

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| | Special Needs Areas | |
| | Isolation/Quarantine Area for mildly ill Clients | |
| | Quiet area for functional needs Clients | |
| ★ | Service Animal/Pet Care Area Established (in nearby location) (Note Service Animals must be cared for by owner in Human Shelter) | Animal Shelter Plan, FORMs, JAS. SOG |
| | Shelter Communications | |
| | Tactical Communications with EOC/IC; Response Partners <ul style="list-style-type: none"> ○ External: Phones, cell, internet, fax, radios, runners, HAM ○ Internal: Signs, radios, cell, PA system, runners, bullhorn, | |
| | Shelter signs, flyers, newsletters | |
| | TV and Radio | |
| | Public telephone/internet | |
| | US Mail Service | |
| | General Shelter Rules and Routines Posted: | Shelter Rules/Regulations LIST |
| | You must register and obtain a Shelter ID | |
| | Respect People, Personal Property, and Privacy | |
| | No Weapons, Alcohol, Tobacco use, Matches | |
| | Media must be accompanied by the Shelter Manager or PIO | |
| | Prescription Drugs only (ask about secure storage) | |
| | Trained Service Animals only, no pets | |
| | No food in dormitory areas | |
| | Respect Quiet Areas and Times | |
| | Respect Restricted Areas | |
| | Respected Phone-Free Areas | |
| | Children must be supervised at all times | |
| | Safety First: Keep all items off the floor | |
| | Valuables should be kept in a safe place | |
| | Not liable for damage to vehicles/personal property | |
| | Must be dressed appropriately at all times | |
| | Please remember that we are Volunteers | |
| | Please volunteer to help us, help everyone | |
| 2.7 Meet Transportation Needs | | |
| | Parking – lighting, safety, adequate spaces, ADA | |
| | Buses, vans and other transportation options to and from shelter | |
| | Functional/Access Needs Transportation Options | |
| | To Shelter (Private, buses, taxis, cabulance, etc.) | DPH policy on EMS transport |
| | To medical care (emergency and non-emergency) | Long Term Care Vans |
| | From Shelter to appointments/home | |
| | Wheelchair accessible options | Elder Service/Long Term Care van |
| 2.8 Monitor Operations, including Health, Safety; Individual FNSS Needs | | |
| <input type="checkbox"/> | Ensure Health and Safety Inspections | Environmental Health and Safety Inspection Team |
| | Begin within 24 - 48 hours of setup | BOH Agent/Inspector |
| | 2 or more times per day | Envir. Health Shelter Assess. FORM |
| | Reports go to Shelter Manager/EOC | Food Establishm. Inspection FORM |
| ★ | Coordinate/ensure Medical/Behavioral Health with safety, public health, medical, mass care services | |

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| | Fire and Building Safety Inspections | |
| | Triage (children, pregnant women, elderly, compromised immune systems, high risk, disabled/handicapped, mentally distressed): | Pre-Registration Triage FORM C-MIST Functional Needs Worksheet FORM |
| | <input type="checkbox"/> Immediate decontamination (chemical, biological, radiological) | D-Con trailers at hospitals |
| | <input type="checkbox"/> Immediate low level medical care | Medical/Medication Plan |
| | <input type="checkbox"/> Medical transport to hospitals, clinics, long term care | See Pet Sheltering SOG |
| | Medical Services: outpatient/low risk medical care | Medical Incident FORM |
| | Medications: document medication storage/dispensing | Medication Log FORM |
| | Pharmaceuticals: connect Clients with resources | Pharmacy/Medical Services LIST |
| | Behavioral Health Services: connect Clients with resources | |
| | Faith Community: connect Clients with resources | |
| | Maintain Adequate Medical Consumables: batteries, diapers, oxygen, | See Shelter Plan |
| | Provide access to Durable Medical Equipment: wheel chairs, walkers, canes, oxygen machines, etc. | Durable Medical Equipment LIST |
| | Institute data system to track care, medications, equipment | |
| | Provide Isolation and Quarantine Area, if required | |
| | Assist Client to return to pre-incident medical setting | |
| | Establish registries for long-term monitoring of exposed individuals | |
| | Organize Service Animal care and supplies | See Pet Shelter SOG for detail |
| | Coordinate care with owners | |
| | Coordinate with Pet Shelters and DART (Disaster Animal Response Team) | See Pet Shelter SOG for detail |
| | o Animal Quarantine locations | |
| | o Animal Decontamination locations | |
| <input type="checkbox"/> | Monitor and ensure mass care population health | |
| <input type="checkbox"/> | Environmental Health and Safety Monitoring | |
| | Facility Safety: o Exits/Entrances secure o Parking and access o Evacuation Plans and Alarms o Security | MDPH - Guide to Surveillance, Reporting and Control , sections 3 and 4 of related disease chapter |
| | Monitor First Responder, staff/volunteer & Client health for: o Illness o Injury o Exposure o Sanitary Survey/Assessment to identify potential risks o Environmental Health Inspections to correct problems | |
| | Disease Surveillance to identify outbreaks: o Waterborne: Typhoid, cholera, dysentery, infectious hepatitis, giardia, cryptosporidium, etc. o Foodborne: hepatitis A, salmonella, listeria, campylobacter, o Airborne/Droplets: measles, flu, etc. o Screening/sampling for contamination /communicable diseases to prevent outbreaks | Use Massachusetts Disaster Shelter Surveillance Roster FORM to report medical issues to DPH |
| ★ | Begin Case Management Tracking for all shelter Clients o Assist Clients in creating and implementing their own Recovery Plan o Document all Client interactions and services o Number /types of health needs – refer to Medical Team | -Case Management FORM -Client Participation Agreement -Client Authorization Release Info. -Shelter Client Media Release FORM -Transportation Request FORM |

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| | <ul style="list-style-type: none"> ○ Shelter Clients Case Management FORM ○ Refer individuals with needs to appropriate agencies | -ICS 214 Activity Log FORM |
| | <p>Begin Demobilization Planning as soon as Shelter Opens:</p> <ul style="list-style-type: none"> ○ Create DRAFT Demobilization Plan and update daily ○ Assess resources every 24 hours ○ Identify excess resources ○ Re-assign or deactivate ○ Obtain written sign-off before deactivation/returns | ICS 221: Demobilization FORM |
| 2.9 Plan for Next Operational Period and Shelter Closing | | |
| | Continue to monitor the situation | |
| | Work with Planning Section and IC to develop Incident Action Plans (IAP) for next operational periods | ICS 202 Incident Objectives and Update FORM |
| | Continue to document all response activities | ICS 214 Activity Log FORM |
| | Continue to monitor personnel/staffing | |
| | Continue to monitor and document all expenses | |
| | Follow Up and report on Actions Taken: close all loops | |
| | Plan for extended operations | |
| | <p>Prepare for Demobilization and Recovery</p> <ul style="list-style-type: none"> ○ Update Demobilization Plan ○ Notify partners of closing plans/dates -24 hour notice of closure ○ Plans for cleaning and restoring facility & equipment | ICS 221: Demobilization FORM |
| Risk Communications | | Resources |
| <input type="checkbox"/> | <i>Continue to work with Incident PIO/IC to develop Media Messages:</i> | |
| | <u>Ensure</u> SHELTER OPENING IS REPORTED TO WEB EMERGENCY OPERATIONS CENTER, ONLINE (413) 750-1400. EMD SHOULD REPORT SHELTER OPENING TO MASS 2-1-1 | |
| | Update and inform the public | |
| | Shelter status | |
| | At-risk and functional needs individuals resources | |
| | Disease risks and prevention information | |
| | Water filtering and disinfection procedures | |
| | Closings and embargoes | |
| | Perishables: contaminated, suspect, temperatures | |
| | Translations into identified languages | |
| <input type="checkbox"/> | <i>Work with PIO to monitor Social Media to keep ahead of rumors</i> | |
| <input type="checkbox"/> | <i>Work with PIO & Liaison to maintain communication with other jurisdictions to ensure that messages are consistent, timely and accurate</i> | |

3. Recovery

| 3.1 Case Management | | Resources |
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| <input type="checkbox"/> | Transition Clients to New Normal: Home, Temporary Housing, LTC <ul style="list-style-type: none"> <input type="checkbox"/> Red Cross Client Care Team <input type="checkbox"/> Case Management Unit <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Social Service Agencies | Agreements with Long Term Care facilities – MassMAP |
| 3.2 Lift Order and Assist with Cleaning and Closing | | |
| <input type="checkbox"/> | Lift orders that are no longer needed | |
| <input type="checkbox"/> | Inspect and clean all facilities; return them to normal operations <ul style="list-style-type: none"> <input type="checkbox"/> Restore: Clean, replace and repair facility, <input type="checkbox"/> Replace: all consumables used <input type="checkbox"/> Clean cots, mats, blankets and return <input type="checkbox"/> Replace pillows, and other supplies that can't be cleaned <input type="checkbox"/> Walk-through facility with owner | |
| <input type="checkbox"/> | Disposal of solid/medical wastes coordinated with DPH/DEP/LPH | |
| 3.3 Support Recovery and Return to New Normal | | |
| <input type="checkbox"/> | Assist with Ongoing Recovery | |
| 3.4 Submit Forms and complete After Action Report/Improvement Plan | | |
| <input type="checkbox"/> | Submit forms for emergency expenditures | Summary Contact List ISC 221: Demobilization FORM |
| <input type="checkbox"/> | After Action Report with Improvement Plan and revise plans | HSEEP After Action Report |
| Risk Communications | | Resources |
| <input type="checkbox"/> | Continue to work with Incident PIO/IC to develop Media Messages: | |
| | Update and inform the public on closing and recovery efforts | |
| | Interpret into identified languages | |
| | Sources of additional information and help | Mass211 |
| | Volunteer and donation opportunities | CERT, MRC, ARC, VOAD, MAREsponds |
| <input type="checkbox"/> | Monitor Social Media to keep ahead of rumors | |
| <input type="checkbox"/> | Maintain communication with other jurisdictions to ensure that messages are consistent, timely and accurate | |

