



# FRANKLIN COUNTY REGIONAL SHELTER PLAN

**July  
2016**

**Appendix C:  
Forms and Lists**



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## REGIONAL SHELTER PLANNING PLAN ENDORSEMENTS

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

Municipality	Contact Name	Contact Title	Phone/e-mail
Ashfield	Douglas Field	Emergency Management Director	413-628-4441 <a href="mailto:ddfield1@verizon.net">ddfield1@verizon.net</a>
Buckland	Herb Guyette	Fire Chief/EMD	413-625-2183 <a href="mailto:bucklandfire@gmail.com">bucklandfire@gmail.com</a>
Colrain	Jack Cavolick	EMD/ Resp. Coord./ Dog Officer	(413) 624-3238 <a href="mailto:colrainjack@yahoo.com">colrainjack@yahoo.com</a>
Conway	Matt Boyden	EMD	413-369-4665 <a href="mailto:emd@townofconway.com">emd@townofconway.com</a>
Deerfield	Mark Gilmore	EMD	413-665-4957 <a href="mailto:markgilmore@comcast.net">markgilmore@comcast.net</a>
Gill	Gene Beaubien	Fire Chief/EMD	413-863-2583 <a href="mailto:gmbdab@comcast.net">gmbdab@comcast.net</a>
Greenfield	Robert Strahan	Fire Chief/EMD	413-774-4737 x1104 <a href="mailto:Roberts80@greenfield-ma.gov">Roberts80@greenfield-ma.gov</a>
Heath	Timothy Lively	EMD/Response Coordinator	413-337-4742 <a href="mailto:tmlj8337@yahoo.com">tmlj8337@yahoo.com</a>
Leverett	James Field	EMD/Response Coordinator	413-548-9232 <a href="mailto:emergency@leverett.ma.us">emergency@leverett.ma.us</a>
Montague	John Zellman	EMD/Resp. Coord./TF Fire Chief	413-863-9023
New Salem	Thomas J. Reidy	EMD/Response Coordinator	978-544-2178 <a href="mailto:nsemmgt@yahoo.com">nsemmgt@yahoo.com</a>
Shelburne	Christopher Myers	Emergency Management Director	413-625-0344 <a href="mailto:camyers_1@verizon.net">camyers_1@verizon.net</a>
Warwick	James Erviti	EMD	978-790-4408 <a href="mailto:jlerviti@gmail.com">jlerviti@gmail.com</a>
Wendell	Lonny Ricketts	EMD/Resp. Coord.	978-544-2066 <a href="mailto:zcchef@crocker.com">zcchef@crocker.com</a>
Whately	Lynn Sibley	EMD	413-665-4400 x3


## REGIONAL SHELTER PLANNING MEMORANDA OF UNDERSTANDING

**Complete for each vendor. Repeat as necessary**

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

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

## REGIONAL SHELTER PLANNING FACILITY USE AGREEMENTS

Add sections /pages for each sheltering facility

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

# REGIONAL SHELTER PLANNING

## ACCESS AND FUNCTIONAL NEEDS MOU

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

Continued...



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

## REGIONAL SHELTER PLANNING PARTNER CONTACT LIST

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

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

Continued...

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

# REGIONAL SHELTER COMMAND PLANNING INCIDENT ACTION PLAN COVER SHEET

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

INCIDENT ACTION PLAN (IAP)

Shelter Activation

Name of Incident:

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

The items checked below are included in this Incident Action Plan

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

Other Comments:

## REGIONAL SHELTER COMMAND PLANNING

# INCIDENT ACTION PLAN

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

Continued...

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

Continued...

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

# REGIONAL SHELTER COMMAND

## ICS 201 – INCIDENT BRIEFING FORM

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



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

Continued...

8. Summary of Current Actions Taken:

- 
- 

9. Objectives And Tasks For The Initial Operational Period:

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

10. Other agencies involved:

- 
- 
- 
- 
- 

11. Stations and Staff required for the Response:

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

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

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

#### 12. Key Resources required for the FIRST Operational Period

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

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

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

15. Shelter Layout Diagram: Insert Here

Continued...

16. Maps Insert Here

# REGIONAL SHELTER COMMAND PLANNING

## ICS 202 – INCIDENT OBJECTIVES & UPDATE FORM

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

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

# REGIONAL SHELTER COMMAND OPERATIONS

## ICS 202B – STATION OBJECTIVE & UPDATE FORM

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

# REGIONAL SHELTER COMMAND

## ICS 203 – ORGANIZATIONAL ASSIGNMENT LIST

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

# REGIONAL SHELTER COMMAND LOGISTICS COMMUNICATIONS

## ICS 205B- PERSONNEL & COMMUNICATIONS LIST

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

### Basic Communication Information

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

Continued...



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

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

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

# REGIONAL SHELTER COMMAND

## ICS 211 – PERSONNEL SIGN-IN

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

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

REGIONAL SHELTER COMMAND FINANCE

**ICS 210 – RESOURCE STATUS FINANCE TRACKING**

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

# REGIONAL SHELTER COMMAND

## ICS 213 – GENERAL MESSAGE/RESOURCE REQUEST

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

# REGIONAL SHELTER COMMAND LOGISTICS

## ICS 308 RESOURCE REQUEST FORM

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

Continued...

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

## REGIONAL SHELTER COMMAND OPERATIONS INCIDENT REPORT

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

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

Form completed by: \_\_\_\_\_ Person involved in incident: \_\_\_\_\_

Witness(es): \_\_\_\_\_

Personnel ICS Role: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ ☐ A.M. ☐ P.M. Date reported: \_\_\_\_\_

Station and location where incident occurred: \_\_\_\_\_

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

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

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

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

Name of hospital or attending physician: \_\_\_\_\_

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

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

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

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

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

Identify factors you believe contributed to or caused the incident: \_\_\_\_\_

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

If no, explain: \_\_\_\_\_

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

If no, explain: \_\_\_\_\_

Are changes necessary to prevent recurrence? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Worker signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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



## REGIONAL SHELTER COMMAND OPERATIONS COMPLAINT FORM

### Complaint Description

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

Complaint Description: Who, What, Where, Why?

Corrective Actions	Date
Describe the Corrective Actions:	

### Signatures

Regional Shelter Manager	Print
Ombudsman S	Print
Complainant	Print

## REGIONAL SHELTER OPERATIONS ACTION LOG

**Directions:**

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

**Shelter Assignment:****Supervisor:**

Incident	Action Taken	Date/Time	Involved Parties

## REGIONAL SHELTER COMMAND OPERATIONS

### SHELTER POLICY CHECKLIST

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

Continued...

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

Continued...

	<b>Registered Sex Offenders in Disaster Shelters</b>
<input type="checkbox"/>	During shelter registration, the sex offender should disclose the information. Local law enforcement should work with registration staff and the security officer to determine what is best for the safety of those in the shelter. It will need to be reviewed on a case-by-case basis.
	<b>Childcare Safety</b>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>▪ A child may never be alone and unaccompanied</li> <li>▪ In the Childcare area, when children are present, at least two adults must be present at all times. No child should be left alone with a single adult who is not its parent, guardian or caregiver.</li> </ul>
<input type="checkbox"/>	The Unit leader must be at least 21 years of age and all staff members must be at least 18 yrs.
<input type="checkbox"/>	Children will only be released to the parent, guardian, caregiver or designee listed on the registration form.
<input type="checkbox"/>	The parents, guardians or caregivers are responsible for identifying any special needs for the child/children (food allergies, behavioral issues, medications, etc.)
	<b>Shelter Rules</b>
	<b>The following shelter rules will be enforced to protect all clients:</b>
<input type="checkbox"/>	All clients must sign in upon entering the shelter.
<input type="checkbox"/>	All visitors must sign in and sign out.
<input type="checkbox"/>	You are responsible for your belongings. Keep valuable s locked in cars or keep them with you, at all times. The shelter is not responsible for lost, stolen, or damaged items.
<input type="checkbox"/>	Weapons are NOT permitted in the shelter (except those that may be carried by security personnel.)
<input type="checkbox"/>	Alcohol or illegal drugs are NOT permitted in the shelter.
<input type="checkbox"/>	Parents are responsible for controlling the actions and whereabouts of their children. Children may not be left unattended.
<input type="checkbox"/>	Keep noise levels to a minimum during all hours of the day. Quiet hours are observed between 10:00 pm and 7:00 am.
<input type="checkbox"/>	All clients must sign out before leaving the shelter.
<input type="checkbox"/>	Hot meals are provided at 7:00 AM, Noon and 5:00 PM. Snacks and drinks are available at all times in the cafeteria area. Please do not remove food from the cafeteria area.
<input type="checkbox"/>	We appreciate your help with keeping the shelter neat and tidy.
	<b>Personnel Policies</b>
<input type="checkbox"/>	Workers compensation policies. In some communities these may applied to both paid staff and volunteers. Specify. [Add policy outline here]
<input type="checkbox"/>	Other liability protections [Specify here]: Paid Staff and Volunteers
<input type="checkbox"/>	Specify community emergency compensation policy [Specify here].
<input type="checkbox"/>	Flexible Work options policy for paid staff [Specify here]
	<b>Stand Down Orders</b>
<input type="checkbox"/>	If at any time the Safety Officer or the Incident Commander issues a stand down order, the Shelter site will be deactivated.
<input type="checkbox"/>	Regional Shelter Plan Added to CEMP

REGIONAL SHELTER COMMAND FINANCE

**INVOICE**

INVOICE

Regional Shelter Host Community  
Municipality of [City/Town]

**INVOICE # [100]**  
**DATE: JULY 29, 2016**

[Contact Name]

[Title]

[Street Address]

[City, ST ZIP Code]

Phone [000.000.0000] Fax [000.000.0000]

[e-mail]

[Name]

**CUSTOMER ID #** [ABC12345]

To

[Title]

[Municipality/Organization]

[Street Address]

[City, ST ZIP Code]

[Phone]

[e-mail]

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
TOTAL				

Make all checks payable to [Municipality/Name]

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

## THANK YOU

# REGIONAL SHELTER COMMAND PIO MEDIA CALL INTAKE FORM

Date \_\_\_\_\_ Time of Call \_\_\_\_\_ am/pm \_\_\_\_\_

Inquiry taken by \_\_\_\_\_ Name \_\_\_\_\_ Position \_\_\_\_\_

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

## Type of Media Outlet

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

## Caller Information

Caller's name: (Print first and last) \_\_\_\_\_

Caller's contact information: Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Information Request

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

## Action Information

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

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

## Results

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

REGIONAL SHELTER COMMAND PIO  
**PRESS RELEASE: SHELTER UPDATE**

[MUNICIPALITY/ENTITY]

## NEWS RELEASE

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**For immediate release:** [Insert Date and Time]

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

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

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

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

[Insert additional information about how to handle specific emergency]

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

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

#### **Emergency Phone Hotlines:**

- 
- 
- 

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

- 
-



REGIONAL SHELTER COMMAND PIO

## PRESS RELEASE: REQUEST FOR SHELTER VOLUNTEERS

[MUNICIPALITY/ENTITY]

# NEWS RELEASE

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**For immediate release:** July 29, 2016 5:49 PM

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

## REQUEST FOR EMERGENCY SHELTER VOLUNTEERS

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

[Select as many as apply or add others]

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

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

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

### Websites:

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

- 
- 
- 

### Emergency Phone Hotlines:

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

- 
- 
-

## PRESS RELEASE: REQUEST FOR EMERGENCY SHELTER DONATIONS

[MUNICIPALITY/ENTITY]

### NEWS RELEASE

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**For immediate release:** [Insert Date and Time]

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

### REQUEST FOR EMERGENCY SHELTER DONATIONS

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

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

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

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

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

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

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

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

**Websites:**

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

- 
- 
- 

**Emergency phone hotlines:**

REGIONAL SHELTER COMMAND PIO

## PRESS RELEASE: EMERGENCY SHELTER OPENING

[MUNICIPALITY/ENTITY]

### NEWS RELEASE

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#### For Immediate Release [Insert Date and Time]

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

[Contact 2 Name] [Contact 2 Phone]

#### NOTICE OF SHELTER OPENINGS

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

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

The shelter(s) are at the following locations:

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

The following shelter services will be available:

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

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

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

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

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

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

[Insert additional information about how to handle specific emergency]

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

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

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

REGIONAL SHELTER COMMAND PIO

## PRESS RELEASE: STATUS OF SERVICES AT SHELTER FACILITY

[MUNICIPALITY/ENTITY]

### NEWS RELEASE

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#### For Immediate Release [Insert Date and Time]

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

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

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

[List of services available at emergency shelter location 1]

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

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

[Insert additional information about how to handle specific emergency]

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

**Websites:**

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

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**Emergency phone hotlines:**

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

REGIONAL SHELTER COMMAND PIO

## PRESS RELEASE: NOTICE THAT SHELTER IS AT CAPACITY

[MUNICIPALITY/ENTITY]

## NEWS RELEASE

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**For immediate release [Insert Date and Time]**

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

### NOTICE OF SHELTER CAPACITY REACHED

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

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

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

The following shelter services will be available:

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

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

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

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

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

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

[Insert Additional Information about How to Handle Specific Emergency]

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

**Websites:**

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

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

REGIONAL SHELTER COMMAND PIO

## PRESS RELEASE: NOTICE OF SHELTER CLOSING

[MUNICIPALITY/ENTITY]

## NEWS RELEASE

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### For immediate release: [Insert Date and Time]

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

### NOTICE OF SHELTER CLOSING

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

The shelters to be closed are located at:

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

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

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

[insert additional information about how to handle specific emergency]

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

#### Websites:

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

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

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- 
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REGIONAL SHELTER COMMAND PIO

## SHELTER BULLETIN: STAFF MEETING ANNOUNCEMENT

For immediate release: [Insert Date and Time]

# Shelter Information Bulletin

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

### STAFF MEETING ANNOUNCEMENT

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

The following staff members should attend the meeting:

[LIST THE POSITIONS]

Topics to be discussed at the staff meeting include:

[SELECT ALL THAT APPLY]

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

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

REGIONAL SHELTER COMMAND PIO

## SHELTER BULLETIN: RESIDENT MEETING ANNOUNCEMENT

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

# Shelter Information Bulletin

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

## RESIDENT MEETING ANNOUNCEMENT

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

At least one member of each family should attend.

Topics to be discussed at the staff meeting include:

[SELECT ALL THAT APPLY]

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

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



## REGIONAL SHELTER PLANNING

# SHELTER COMMUNICATION CAPABILITIES

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

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

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

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

## REGIONAL SHELTER COMMAND LOGISTICS

## Shelter Supply Locations

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

# Shelter Supply List

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

# Shelter Supply List

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

# Shelter Supply List

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

# Shelter Supply List

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

# Shelter Supply List

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

## Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Food Unit	Potholders			
Food Unit	Pump soap for handwash station			
Food Unit	Quart/gallon size storage bags			
Food Unit	Rubber gloves for dishwashing		5 sets	
Food Unit	Sanitizer tablets and test strips			
Food Unit	Serving spoons/ladles			Should match number of large serving bowls
Food Unit	Soap for washing dishes			
Food Unit	Tongs and serving spoons		5 sets	
Food Unit	Water purification tablets			
Food Unit	Waterproof matches, lighter		1 box of matches, 2 lighters	
Medical	ABDs	sterile wound gauze pads(not the blue pads)	1 case(approx 200)	ABD Pad Sterile 8"x10". Soft, non-woven layer for patient comfort and fluff filler for absorbency. All four edges are sealed to prevent lint residue and leaking. Sterile, in single peel back sleeve.
Medical	Ace Bandages (2")	rolls	2 boxes	Economy Woven Elastic Bandage 2"x4.5yd. Clip Closure 1ea/bx 1ea/cs ETO Latex-free used for compression or securing of splints, dressings, and ice packs. Economy and standard REBs are standard grade woven bandages that offer balanced stretch and compression.
Medical	Ace Bandages (3")	rolls	2 boxes	Economy Woven Elastic Bandage 3"x4.5yd. Clip Closure 1ea/bx 1ea/cs ETO Latex Free used for compression or securing of splints, dressings, and ice packs. Economy and standard REBs are standard grade woven bandages that offer balanced stretch and compression.
Medical	Ace Bandages (4")	rolls	2 boxes	Economy Woven Elastic Bandage 4"x4.5yd. Clip Closure 1ea/bx 1ea/cs ETO Latex Free used for compression or securing of splints, dressings, and ice packs. Economy and standard REBs are standard grade woven bandages that offer balanced stretch and compression.



# Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Medical	Ace Bandages (6")	rolls	2 boxes	Economy Woven Elastic Bandage 6"x4.5yd. Clip Closure 1ea/bx 1ea/cs ETO Latex Free used for compression or securing of splints, dressings, and ice packs. Economy and standard REBs are standard grade woven bandages that offer balanced stretch and compression.
Medical	Adhesive, non-allergic	1" paper tape	6 each	1" x 11yds.
Medical	Adhesive, non-allergic	2" paper tape	6 each	2" x 11yds.
Medical	Air Pump (bicycle type)		1	For wheelchair tires w/composite head fitting. Presta, Schrader, and Woods/Dunlop valves without switching internal parts.
Medical	Alcohol Prep Pads		4 boxes of 100	100 pads per box
Medical	Antibacterial Wipes/ Towelettes		40 pack	100
Medical	Application, cotton-tipped	6" long, 100 per box	2 boxes	
Medical	Auto Blood Pressure Cuff, child, with batteries	each	2 with child cuff	Displays simultaneous readings of systolic and diastolic blood pressure and pulse
Medical	Bag, plastic		13 gallon	100
Medical	Baggies (large/small)			10 boxes each
Medical	Bandage Gauze Roll (2")		6 dozen	Cover-roll bandage 2"x10yd.
Medical	Bandage Gauze Roll (4")		6 dozen	Cover-roll bandage 4"x10yd.
Medical	Batteries – assorted		1 package each	AAA/AA/9 VOLT/C/D
Medical	Batteries - hearing aid		1 package each	assorted
Medical	Battery Chargers, universal		2	For recharging wheelchair batteries and other battery-powered equipment.
Medical	Bedpans	each	2 disposable w/o cover	Resistant to stains and cracks. 350-pound weight capacity. Contoured design molded plastic for adults.
Medical	Bedpans	each	10 disposable w/o cover	Resistant to stains and cracks. Dimensions: 14" L x 11" W x 2.5"D. Weight capacity: 250 pounds.
Medical	Beds			
Medical	Bedside Drainage Collectors		3	2000cc drainage bag with drip chamber, sample port and universal hanging device.
Medical	Bendable Drinking Straws			1 case
Medical	Betadine Scrub Solution		4 bottles	16 oz
Medical	Bio-hazard Bags	for medical bio-waste		1 box of 24
Medical	Blankets			

# Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Medical	Blood Glucose Meter Kit		4	Allows for alternate site testing and stores upto 300 test results. Includes meter, carrying case, lancing device, 10 lancets, control solution normal, alternate site testing cap.
Medical	Bucket, 2.5 gallon			10 each
Medical	Cannulas Nasal Oxygen Tubes (disposable)		5 each	Nasal cannula, extra soft, curved tip, with 7 ft. (213 cm.) crush - resistant tubing.
Medical	Chairs			
Medical	Chemical-free Shampoo and Body Wash		2 (8 oz bottles)	Hypoallergenic cleanses - rinse free. Contains Aloe Vera Gel, no alcohol.
Medical	Chemical-free Spray Cleaner		2 (8 oz bottles)	Gentle cleanser contains Acemannan Hydrogel - No rinse, Non-irritating
Medical	Chlorine or bleach			2 gallons
Medical	Colostomy Appliance		2 packages	Dependant on manufacturer
Medical	Colostomy Ileostomy Bags (pouches)	11" drainable colostomy/ileostomy bag (pouch)	1 boxes of 10	1 box of 10, cut to fit, drainable colostomy/ileostomy pouch
Medical	Colostomy Paste		4 tubes (2 oz)	IB Ostomy Paste 2 Oz Tube. Pectin based, skin barrier paste helps protect the skin around stomas and fistulas to prevent skin irritation and to fill-in uneven skin surfaces.
Medical	Colostomy Skin Preps		1 box of 50 wipes	No-Sting Skin-prep Wipes. Forms protectivefilm to prepare skin for tapes and adhesives.
Medical	Colostomy Wafers		2 boxes of 10	Individually wrapped size 4"x4" wafer with flange (skin protector)
Medical	Condom Catheters, male		25 each	Cath Exterior Tex Ltx 2-Pc W-Fm. With 5.5"L x .75"W foam strap.
Medical	Cotton Balls		4 bags of 50	100% cotton balls
Medical	Diapers, adult	x-large	3 cases of 20	
Medical	Diapers, adult	small	3 cases of 20	
Medical	Diapers, adult	large	3 cases of 20	
Medical	Diapers, adult	medium	3 cases of 20	
Medical	Disposable ear plugs			1 case
Medical	Distilled Water (for humidifiers)	gallon	10	
Medical	Duct Tape			12 rolls
Medical	Emesis Basin (shallow)	each	12	Plastic 8.5"
Medical	Extension Cords		3	50 ft. length
Medical	External Catheter, male		25 each	Cath Ext Tex Ltx 2-Pc W-Fm. With 5.5"L x .75"W foam strap.

# Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Medical	Face masks			
Medical	Foley Catheter		10 each	Cath Foley Sil 12Fr 5cc. An All Silicone Foley Catheter that is designed for enhanced comfort and elimination of concerns regarding potential health risks that may be associated with repeated exposure to latex devices.
Medical	General Antiseptic Cleansers (i.e., BZK Towelettes)		2 boxes of 100	BZK Towelettes 5"x 7". Used for general antiseptic cleansing for patients and staff, each towelette is saturated with benzalkonium chloride 1:750. Contains no alcohol. Latex-free.
Medical	Glucose tablets to treat low blood sugar			
Medical	Hand Asepsis Towelettes		4 packages pk/160	antimicrobial hand wipe
Medical	Hand Sanitizer		6 each large	
Medical	Hand Sanitizer		100 each individual	
Medical	Instant Heat	pkg of	12	Self-contained, break to use
Medical	Instant heat packs			
Medical	Instant Ice	pkg of	12	Self-contained, break to use
Medical	Insulin and syringes with RX order for diagnosed diabetics			
Medical	Intermittent Catheter, female		25 each	Intmt Pvc Pls Cath F 14 Fr 6.5". Sterile. Clear polyvinyl chloride with matte finish, smooth rounded tip, funnel end. Size A: ~6.5"^. Size B: ~14 Fr^.
Medical	Intermittent Catheter, male		25 each	Cath Intmt Rdrbr 8Fr 16". All-purpose, urethral, X-ray opaque with funnel end and round, hollow tip. Two opposing eyes. Sterile. Size A: 16"^. Size B: 8Fr^.
Medical	Iodine			
Medical	Isolation Mask		1 box of 50	Fluid-resistant, polypropylene outer facing with ear loops
Medical	K-Y Jelly		4 tubes	large
Medical	Leg Bags, assorted sizes small/medium/large	500ml x 3 600ml x 3 950ml x 3	9 (3 of each)	T-Tap Leg Bag 500ml. Sterile. Secure, comfortable, soft vinyl bags, with flutter valve and Velcro strap. Latex-free. SizeA: ~500ml^. Style A:~With latex-free tubing and connector^. Sterility: Sterile^.

# Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Medical	Magnifying Glasses			2
Medical	Medicine Cups		2 packages 100	1 oz
Medical	Nebulizer		2	FIO (2) settings adjustable from 35% to 100%. It has ports for a feed set and an immersion-type heater. Capacity: ~350ml^.
Medical	Non-latex Cleaning Gloves	disposable		4 boxes of 100
Medical	Nutrition Drink (i.e. Ensure)	each	48 (8 oz. reclosable bottle)	Source of concentrated calories and is high in protein to help patients gain or maintain healthy weight. It is a complete and balanced oral nutritional supplement that can be used with or between meals or, in appropriate amounts, as a meal replacement.
Medical	Nutrition drink for diabetics (i.e. Glucerna)	each	48 (8 oz bottles)	Plastic bottle contains ingredients that contribute to blood glucose management and support cardiovascular health. For people with diabetes. For the use as a supplement, snack, or meal as a part of a diabetes management plan.
Medical	Nutritional Supplemental Drinks for Kids/Children (over 12 months of age), ready to drink	Dispensed by medical authority in shelter		28-120 fl. oz. per day in no larger than 8 oz bottles / 196 - 658 per week (i.e. Pedia-sure)
Medical	Oval eye pads			
Medical	Paper Cup Lids	For 12 oz cups		1 case
Medical	Paper Towels			20 rolls
Medical	Patient Care Gloves, non-latex	disposable		6 boxes
Medical	Peroxide		4 bottles	16 oz
Medical	Pill Crusher		6 each	
Medical	Pill Cutter		6 each	
Medical	Power Strips		5	6 ft. length
Medical	Privacy screens			
Medical	Pull-Up Adult Diapers	small	1 cases of 20	
Medical	Reading Glasses	3 standard strengths	10 of each	
Medical	Regulators, O2		2	Oxygen Regulator with overall length less than 4" and weighs just 6.9 oz. Lightweight aluminum body with brass sleeve and brass internals. Downward facing outlet port.
Medical	Removal Wipes		1 box of 50	Universal adhesive remover for tapes, adhesives, and hydrocolloid skin barriers.

# Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Medical	Safety Pins		1 box	Nickel-plated steel. Each pin closed. Secure safety head. 1.75". Box of 1440.
Medical	Saline Solution (wound wash)	each	12	A sterile saline solution (0.9%) for flushing and cleansing superficial wounds
Medical	Sanitary napkins			
Medical	Saniwipe Disinfectant Towels		2 pkgs	Textured cloth for a rigorous disinfection in the most stringent medical environments and continuous exposure to bodily fluids and blood
Medical	Source of sugar for diabetics			
Medical	Splints for adults/children			
Medical	Spray Adhesive, medical		5 cans	Medical Adhesive Spray 3.2 oz. Increases the adhesion to skin for pouches, wound drainage collectors and fecal incontinence systems.
Medical	Spray Bottle	plastic	4 each	6 oz
Medical	Sterile Gauze Sponges 2"x2"		2 boxes of 50	100 % cotton sponges of fine mesh gauze for wound debriding, prepping, packing, dressing, and general wound care
Medical	Sterile Gauze Sponges 4"x4"		2 boxes of 100	100 % cotton sponges of fine mesh gauze for wound debriding, prepping, packing, dressing, and general wound care
Medical	T.E.D. Compression Stockings		1 each medium/large/x-large	Support hose
Medical	Tables			
Medical	TELFA Dressings, sterile		2 boxes	Absorbent cotton pad. Superior "Ouchless" TELFA dressing won't disrupt healing tissue by sticking to wound. Each dressing individually wrapped in peel-open envelope. Ideal as primary dressing for lightly draining wounds. Bonded on both sides with perforated non-adherent film; can be cut to any shape without separating. Sterile. Size: 3"x4".
Medical	Test Strips, diabetic		2 boxes of 50	50 strips per box
Medical	Urinals - male	each	8 disposable w/cover	Plastic, disposable male urinal with cover - translucent

# Shelter Supply List

Unit	Item	Description	Quantity (100-person shelter for 1 week)	Notes
Medical	Velcro, double sided(loop and hook)	1",2" and 4"	6 rolls(2 or each)	2 rolls ea of 1", 2", and 4"x 50yds.
Medical	Water packs			
Medical	Waterproofing Pads	standard size		10 boxes of 24 (i.e. CHUX)
Medical				
Medical				
Registration	Camera/charger	1		
Registration	Caution tape	2 rolls		
Registration	Clipboards	10		
Registration	Clips	2 boxes		
Registration	Confidentiality agreement	250 copies		
Registration	FNSS registration forms	250 copies		
Registration	Folders	Box of 100		
Registration	Markers		2 boxes	
Registration	Paper	2 boxes		
Registration	Pens/pencils	2 boxes of each		
Registration	Registration directional signage	As needed		
Registration	Registration forms	250 copies		
Registration	Sign boards	Depends on facility entrances and exits	At least 2	
Registration	Sign in, Sign out form	5 copies	Where to find form	
Registration				
Staffing	Markers		1 box	
Staffing	Name tags/badges		100	
Staffing	Paper	100 sheets per pack	2 packs	
Staffing	Pencils/pens		2 packs of each	
Staffing	Signage			
Staffing	Staff credentialing/check in forms			Where to find forms
Staffing	Staff training materials			Where to find material
Supply	Copier (for Resource Request Forms)			
Supply	Folders			
Supply	Inventory Forms			
Supply	Paper			
Supply	Paper Clips			
Supply	Pens/Pencils			
Supply	Resource Request Forms			
Supply	Space for storage and storage supplies (bags, shelves, boxes, etc.)			
Volunteer Management	Copier			
Volunteer	Markers		1 box	

## Shelter Supply List

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

# REGIONAL SHELTER COMMAND OPERATIONS

## FACILITY WALK THROUGH ASSESSMENT FORM

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

  

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

Continued...



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

Continued...

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

## REGIONAL SHELTER COMMAND SECURITY OFFICER SHELTER SECURITY PLAN

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

## REGIONAL SHELTER COMMAND

### SHELTER AREA WITH ICS POSITIONS

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

## REGIONAL SHELTER COMMAND OPERATIONS

### SUGGESTED SHELTER SIGNS

**The following signs are available in electronic form:**

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

**The following suggested signs need to be developed**

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

**Add Additional Sign Needs Below**

# REGIONAL SHELTER COMMAND OPERATIONS FOOD ESTABLISHMENT INSPECTION FORM

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

## ENVIRONMENTAL HEALTH AND SAFETY

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

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

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

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

### FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned/Knowledgeable/Duties

### EMPLOYEE HEALTH

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

### FOOD FROM APPROVED SOURCE

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

### PROTECTION FROM CONTAMINATION

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

### Violations Related to Good Retail Practices (Blue Items)

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

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

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- ☐ 13. Handwash Facilities

### PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

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

### REQUIREMENTS FOR HIGHLY-SUSCEPTIBLE-POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

### CONSUMER ADVISORY

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

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

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

### DATE OF RE-INSPECTION

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

## REGIONAL SHELTER COMMAND OPERATIONS

# FOOD AND WATER EMERGENCY PLANNING

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/food-safety/retail-food/policies/food.html>

### COMMONLY ASKED QUESTIONS REGARDING BOIL WATER ADVISORIES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### CONSUMER INFORMATION ON BOIL ORDERS FROM MA DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

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

present in drinking water. Boil water orders are issued by the MassDEP Drinking Water Program (DWP) when MassDEP DWP determines that the consumers of a particular public water system should take precautionary measures with their tap water.

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

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

## General Precautions

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

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

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

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

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

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

**TRANSLATE THE PRECAUTIONS** for anyone who does not understand English.

### Tips for drinking water use during a boil order

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

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

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

## Specific Activities

### Washing Dishes

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

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



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

#### **Brushing your Teeth**

Use only disinfected or boiled water for brushing your teeth.

#### **Ice**

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

#### **Washing Fruit and Vegetables**

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

#### **Hand Washing**

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

#### **Cooking**

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

#### **Infants**

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

#### **Houseplants and Gardens**

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

#### **House Pets**

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

#### **Flush All Taps When the Boil Water Order Is Lifted**

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

### **Additional Resources**

#### **Drinking Water Safety Lookup**

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

Web page: <http://public.dep.state.ma.us/BoilOrder/Search.aspx>

#### **FAQ: Boil Water Order**

Frequently asked questions about boil water orders.

Web page: <http://www.mass.gov/eea/agencies/massdep/water/drinking/boil-water-order-faq.html>

#### **Instructions for Post-Boil-Water Orders**

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

Web page: <http://www.mass.gov/eea/agencies/massdep/water/drinking/instructions-for-post-boil-water-orders.html>

## Massachusetts Town/City Web Sites

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

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

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

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

DPH Web Site: <http://www.mass.gov/eohhs/docs/dph/environmental/foodsafety/emergency-action-plans.pdf>

## Centers for Disease Control and Prevention (CDC)

Renal Dialysis Units during a Boil Water Advisory

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

CDC Web site

[http://www.cdc.gov/parasites/crypto/health\\_professionals/bwa/dialysis.html](http://www.cdc.gov/parasites/crypto/health_professionals/bwa/dialysis.html)

Water Demand in Health Care Facilities during Water Disruption Emergencies

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

CDC Web site

<http://emergency.cdc.gov/disasters/watersystemrepair.asp>

## Instructions for Post-Boil-Water Orders

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

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

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

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

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

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

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

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

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

REGIONAL SHELTER COMMAND OPERATIONS  
**Functional Needs Assistance Request Form**

Identify Involved Parties and Contact Information:

Date of Request:

Identify the Request:

Date of Action Taken:

Describe the Action Taken:

## REGIONAL SHELTER COMMAND PLANNING STAFFING LEVEL GUIDE

**Positions Highlighted in SHADED-BOLD are required for any activation**

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

# REGIONAL SHELTER COMMAND OPERATIONS

## SHELTER STAFF/VOLUNTEER EMERGENCY INFORMATION FORM

### Personal Information

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

### Medical Information

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

### Emergency Information

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

## REGIONAL SHELTER COMMAND OPERATIONS

# SHELTER STAFF/VOLUNTEER CONFIDENTIALITY AGREEMENT

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

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

Print Name

Signature

Date

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

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

# REGIONAL SHELTER COMMAND OPERATIONS

## ACCESS AND FUNCTIONAL NEEDS INTAKE FORM

Date/Time:	Shelter Name/Community/State		
Family Last Name:			
Primary language spoken in home:		Intake Interviewer may need assistance with language/interpreter YES / NO	
Names/ages/genders of all family members present: Continue on over-side	2.	Age:	<input type="checkbox"/> male <input type="checkbox"/> female
	3.	Age:	<input type="checkbox"/> male <input type="checkbox"/> female
	4.	Age:	<input type="checkbox"/> male <input type="checkbox"/> female
If alone and under 18, location of next of kin/parent/guardian: If unknown, notify shelter manager & interviewer initial here:			
Home Address:			
Client Contact Number:		Interviewer Name (print name):	Signature:
DO YOU HAVE A MEDICAL OR SAFETY CONCERN OR ISSUE RIGHT NOW? If yes, STOP and call for assistance <u>NOW!</u> Or Call 911.			
<b>COMMUNICATIONS</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Name of Individual/Comments</b>
Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager; refer to Additional Assistance.	
<b>HEARING</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Name of Individual/Comments</b>
Do you use a hearing aid? If so, do you have it with you?	YES / NO	If Yes to either, ask the next two questions. If no skip next two.	
Is the hearing aid working?	YES / NO	If No, identify replacements.	
Do you need a battery?	YES / NO	If Yes, identify replacements.	
<b>LANGUAGES</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Name of Individual/Comments</b>
How do you best communicate with others?	YES / NO	Languages? Sign language? Smartphone? Computer? Other?	
What languages can you communicate in?		Speak:	
		Read:	
		Write:	
Do you need a sign language interpreter?	YES / NO	If Yes, notify Interpreter Strike Team Leader	
<b>VISION/SIGHT</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
Do you wear eyeglasses? Do you have them with you?	YES / NO	If no, ask if replacement is needed?	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip to the next section	
Do you use a white cane?	YES / NO	If Yes, ask next questions	
Do you have your white cane with you?	YES / NO	If No, identify replacement.	
Do you need help getting around, even with your white cane?	YES / NO	If Yes, collaborate with Health Services and shelter manager.	
<b>MEDICAL</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
Do you have any severe allergies? Environmental, chemical, food, medication?	YES / NO	If Yes, refer to Health Services/Food Services. List:	
Do you use special medical equipment or supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy, etc.)	YES / NO	List:	
Do you have it with you?	YES / NO	If No, list potential sources	
Have you been in the hospital or under the care of a doctor in the past month?	YES / NO	If Yes, list reason.	
Do you take any medicine(s) regularly?	YES / NO		
When did you last take your medicine?		Date/Time.	
When should you take your next dose?		Date/Time.	

Continued...



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

# REGIONAL SHELTER COMMAND OPERATIONS CHILDCARE UNIT REGISTRATION FORM

[illegible]

## REGIONAL SHELTER COMMAND OPERATIONS CLIENT CASE MANAGEMENT REGISTRATION FORM

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

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

## REGIONAL SHELTER COMMAND OPERATIONS

# SHELTER CLIENT PARTICIPATION AGREEMENT

### CASE MANAGER RESPONSIBILITIES:

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

### CLIENT RESPONSIBILITIES:

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

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

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

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

REGIONAL SHELTER COMMAND OPERATIONS

## SHELTER CLIENT AUTHORIZATION TO RELEASE INFORMATION

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

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

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

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

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

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

---

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

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date\_\_\_\_\_

Signature

Pre-Disaster Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone or Message #: \_\_\_\_\_ FEMA Registration #: \_\_\_\_\_

REGIONAL SHELTER COMMAND OPERATIONS  
**SHELTER CLIENT MEDIA RELEASE FORM**

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

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

\_\_\_\_\_  
**Initials**

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

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

\_\_\_\_\_  
**Initials**

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

[illegible]



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

[illegible]

## REGIONAL SHELTER COMMAND OPERATIONS

# SHELTER CLIENT DISCHARGE FORM

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

## REGIONAL SHELTER COMMAND OPERATIONS

# SHELTER RULES AND REGULATIONS

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

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

## REGIONAL SHELTER COMMAND LOGISTICS

### SPECIAL NEEDS ONE DAY MEAL PLAN

#### One Day Menu for Shelter Providing Functional Needs Support Services

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

# REGIONAL SHELTER COMMAND LOGISTICS

## TRANSPORTATION REQUEST FORM

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

## REGIONAL SHELTER PLANNING

### AVAILABLE SHELTER SUPPLIES

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

[illegible]

## REGIONAL SHELTER COMMAND PLANNING

### DURABLE MEDICAL EQUIPMENT LIST LARGE SHELTER

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



# REGIONAL SHELTER PLANNING

## WESTERN REGION SHELTER SUPPLIES

### WRHSAC Shelter Supply Trailers

Vehicle Requirements:	Minimum 3/4 ton, with a trailer hitch with a 2-5/16" ball and a standard trailer electrical plug connection.				
County	Host Site Address	Contact	Phone	Alternate Contact	Phone
Berkshire - North	North Adams Fire Dept., 40 American Legion Drive, North Adams, MA 01247	Steve Meranti, North Adams Fire Director	413-662- 3313		413-652-9004
Berkshire - Central	Berkshire County Sheriff's Office, 427 Cheshire Road, Pittsfield, MA 01201	Berkshire Sheriff's Control	413-445- 4559		
Berkshire - South	Great Barrington Fire Department, 37 State Road, Great Barrington, MA 01230	Great Barrington Dispatch	413-528- 0306	Chief Harry Jennings, GB Fire Department	413-528-0788
Franklin	Franklin County Sheriff's Office, 160 Elm Street, Greenfield, MA 01301	Sgt. Chris Pelletier	413-774- 4014 Ext. 2178		
Franklin – West	Buckland Fire Department, 3 Hodgen Road, Buckland, MA 01338	Chief Herb Guyette	413-625- 2183 (home)/ 413-230- 4727 (cell)	Email: <a href="mailto:bucklandfire@gmail.com">bucklandfire@gmail.com</a>	
Hampshire	The Salvation Army, 310 Russell Road, Hadley, MA 01035	Paul Leslie	(413)250- 1205	Jarrid Kendall	(413) 687- 1578
Hampden (2 available)	The Salvation Army, 327 Liberty Street, Springfield, MA 01104	Paul Leslie	(413)250- 1205	Jarrid Kendall	(413) 687- 1578

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

Request Protocol:	<b>Note each DART Team has its own policy on trailer deployments with and without the Host DART Team. Use of the trailer will depend on the availability of DART volunteers and resources as some DART trailers are only deployed if trained DART volunteers are available to support the operation.</b>				
Vehicle Requirements:	Minimum 3/4 ton, with a 10,000-pound hitch and electric brakes.				
County	Address	Contact Person	Phone Number	Alternate Contact	Phone Number
Franklin	Franklin County Sheriff's Office, 160 Elm Street, Greenfield, MA 01301	Sgt. Chris Pelletier	413-774-4014 Ext. 2178		
Berkshire	Berkshire County Sheriff's Office, 427 Cheshire Road, Pittsfield, MA 01201	Corinne McKeown, Berkshire Medical Reserve Corps	413-539-4115	Berkshire Sheriff Control	413.445.4559

Hampshire	Davenport Town Offices, 422 Main Road, Chesterfield, MA 01012	Larry Holmberg, Emergency Management Director	413-529-1700 days; 413-296- 4247 nights & weekends; 508- 304-2585 cell		
Hampden	Westfield Animal Shelter, 178 Apremont Way, Westfield, MA 01085	Edward Mello Jr., Director/President of the Greater Westfield & Western Hampden County MRC, Inc.	413-568-0262		
Hampden	Monson Town Hall, 110 Main Street, Monson 01057	Georgina Polverari	413.267.0540	Monson Police Dispatch	(413) 893-9500
Hampden	Springfield Emergency Management, 1212 Carew Street, Springfield, MA	Robert Hassett	(413) 787-6720		

### Light Towers and Highway Message Boards

Vehicle Requirements:	Minimum 1/2 ton with a trailer hitch with a 2" ball				
County	Address	Contact	Phone	Alternate Contact	Phone
<b>Berkshire</b> (2 message boards & 3 light towers)	Berkshire County Sheriff's Office, 467 Cheshire Road, Pittsfield, MA 01201	Berkshire Sheriff's Control	413-445-4559		
<b>Franklin</b> (2 message boards & 3 light towers)	Franklin County Sheriff's Office, 160 Elm Street, Greenfield, MA 01301	Sgt. Chris Pelletier	413-774-4014 Ext. 2178		
<b>Hampshire</b> (3 message boards)	Hampshire County Sheriff's Office, 205 Rocky Hill Road, Northampton, MA 01060	Deputy Superintendent Pat Cahillane	413-584-5911 x203		
<b>Hampshire</b> (1 light tower)	Northampton Fire Department, 26 Carlon Drive, Northampton, MA 01060	Northampton Fire Department Dispatch	413-587-1100		
<b>Hampshire</b> (1 light tower)	Granby Fire Department, 259-b East State Street, Granby, MA 01033	Granby Fire Station Dispatch	413-467-9222	Chief Russ Anderson	413-315-7719
<b>Hampden</b> (3 message boards & 2 light towers)	Hampden County Sheriff's Office, 627 Randall Road, Ludlow, MA 01056	Norm Giebner or shift commanders	413-858-0195		
<b>Hampden</b> (1 Message Board)	Holyoke Fire Department, 600 High Street, Holyoke 01040	Chief John Pond	413.219.5010		413.534.2250
Other					

For the most current **WRHSAC Resource Guide** see: <http://wrhsac.org/resources/resource-guide/>

# REGIONAL SHELTER COMMAND LOGISTICS RESOURCE INVENTORY TRACKING FORM

[illegible]

# REGIONAL SHELTER COMMAND LOGISTICS DONATIONS TRACKING FORM

[illegible]

## REGIONAL SHELTER COMMAND OPERATIONS HEALTH RECORD FORM

### Client Information

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

### Complaint Description

Date	Time	Complaint	Treatment

Additional Comments:

### Referral Information

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

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

## REGIONAL SHELTER COMMAND PLANNING

### CONSUMABLE MEDICAL SUPPLIES (CHILDREN & ADULTS)

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

	Item	Description	Quantity	Notes
<input type="checkbox"/>	Antibacterial Wipes/ Towelettes		40 pack	100
<input type="checkbox"/>	Bag, plastic		13 gallon	100
<input type="checkbox"/>	Nutritional Supplemental Drinks for Kids/Children (over 12 months of age), ready to drink (i.e., Pedia-sure)	dispensed by medical authority in shelter		28-120 fl. oz. per day in no larger than 8 oz. bottles / 196 - 658 per week
<input type="checkbox"/>	Magnifying Glasses (standard)			2
<input type="checkbox"/>	Reading Glasses	Three standard strengths	10 of each	
<input type="checkbox"/>	Paper Cup Lids	for 12 oz. cups		1 case
<input type="checkbox"/>	Disposable ear plugs			1 case
<input type="checkbox"/>	Bendable Drinking Straws			1 case
<input type="checkbox"/>	Duct Tape			12 rolls
<input type="checkbox"/>	Waterproofing Pads(i.e. CHUX)	standard size		10 boxes of 24
<input type="checkbox"/>	Patient Care Gloves, non- latex	disposable		6 boxes
<input type="checkbox"/>	Non-latex Cleaning Gloves	disposable		4 boxes of 100
<input type="checkbox"/>	Bio-hazard Bags	for medical bio- waste		1 box of 24
<input type="checkbox"/>	Bleach, chlorine			2 gallons
<input type="checkbox"/>	Bucket, 2.5 gallon			10 each
<input type="checkbox"/>	Paper Towels			20 rolls
<input type="checkbox"/>	Hand Sanitizer			6 each large
<input type="checkbox"/>	Hand Sanitizer			100 each individual
<input type="checkbox"/>	Baggies (large/small)			10 boxes each
<input type="checkbox"/>	Instant Ice	pkg of	12	Self-contained, break to use
<input type="checkbox"/>	Instant Heat	pkg of	12	Self-contained, break to use
<input type="checkbox"/>	Emesis Basin (shallow)	each	12	Plastic 8.5"
<input type="checkbox"/>	Bedpans	each	2 disposable w/o cover	Resistant to stains and cracks. 350-pound weight capacity. Contoured design molded plastic for adults.
<input type="checkbox"/>	Bedpans	each	10 disposable w/o cover	Resistant to stains and cracks. Dimensions: 14" L x 11" W x 2.5"D. Weight capacity: 250 pounds.