



FRANKLIN COUNTY REGIONAL SHELTER PLAN

July
2016

Appendix D:
Standard Operating Guidelines (SOG)

Funding and support for this project was provided by the Western Region Homeland Security Advisory Council
(www.wrhsac.org)

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Standard Operating Guidelines (SOG)

Regional Shelter Operations

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

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

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

Shelter Site Assessment /Personnel Safety: facility owner, building inspector., fire, police, CERT
Safe Food, Water , Housing: work with public health, MRC, Red Cross, Salvation Army, Faith Community
Shelter Volunteers /Logistics - Minimum 4 staff/volunteers per shift for an overnight shelter
Communications with the Emergency Operations Center (EOC)/Incident Commander (Fire, EMD)
Medical/Behavioral Health works with MRC, EMS, hospitals and Long-Term Care
Case Management assists disaster impacted individuals in creating/managing their own Recovery Plan
Functional Needs Individuals work with MRC, CERT,EMS, community agencies/organizations
Service Animals/Pets : work with MRC/DART, veterinarians, kennels, farmers
Resource/Donation Management (work with MEMA, EMD, don't let donations become the emergency)

1. Initial Response Actions

Initial Assessment of the Event		Resources
<input type="checkbox"/>	Assess and verify the scope of the emergency/threat: does it need immediate emergency response/action.	ICS Form 201 Incident Briefing Form
<input type="checkbox"/>	Call the local Emergency Management Director (EMD)	See list of EMDs and AEMDs
<input type="checkbox"/>	Summarize the event; estimate how long the situation will last. Determine what type of shelter is needed. Activation Triggers	DPH 24/7 Epidemiologist (Epi) on duty 617-983-6800
	<input type="checkbox"/> Shelter-in-place (first choice if safe)	CEMP
	<input type="checkbox"/> Distribution center for food/water and other bulk supplies	
	<input type="checkbox"/> Warming/Cooling/Shower/Food/Comfort Centers (20 sf/pers.)	
	<input type="checkbox"/> Local short-term overnight general population shelter	
	<input type="checkbox"/> Long-term overnight general population shelter (40 sf./person)	Facility Assessment FORM
	<input type="checkbox"/> Medical/functional needs shelter (60 sf./ person)	
	<input type="checkbox"/> Pet Shelter as needed	
<input type="checkbox"/>	Where/when/source/scope: how many individuals/communities	Note: 10-15% of affected population are likely to seek shelter
<input type="checkbox"/>	Risk Factors/Exposure/Protective Actions	Disease fact sheets – BOH/DPH
<input type="checkbox"/>	Assess impacted population and population health needs	CEMP, HVA, Emergency Plans, IRAA
<input type="checkbox"/>	Language needs and Interpreter resources and other access and functional needs assessment	IRAA CEMP Annex/FNSS Plans
Risk Communication Activities		Media Resources
<input type="checkbox"/>	Develop and Send Initial Public Messages	Reg. Shelter Plan – PIO FORM
	This is an evolving emergency...	Media Call Intake FORM
	We have activated our emergency plan...	Templates, prewritten message
	Local officials are investigating the situation...	and press release forms found in:
	This is what we know right now...	<input type="checkbox"/> PIO Toolkit
	Stay informed and follow official instructions...	<input type="checkbox"/> CEMP
	We will get back to you in 2 hours...	<input type="checkbox"/> Emergency Plans
	Emergency Shelter locations will be announced....	
<input type="checkbox"/>	Activate the local emergency public joint information system (JIS)	
<input type="checkbox"/>	Establish situational awareness with neighboring jurisdictions through the EOC	
Contact relevant response partners		Resources
<input type="checkbox"/>	Begin Notification: Ensure all response partners maintain accurate Situational Awareness and understand the emergency.	
<input type="checkbox"/>	Call Internal Contacts	Internal Emergency Contact List
	Board of Health staff and members	Public Health Pocket Cards

	Emergency Management Director (EMD)	See list of EMDs and AEMDs
	Mayor/Selectboard/Town Manager	HHAN, email, reverse 911
	Public Information Officer (PIO); Spokesperson(s)	
	Police, fire, roads (DPW), water/sewer, building, nursing, etc.	
	Regional Shelter Team Points of Contact/Leaders	TBD
<input type="checkbox"/>	<i>Call External Contacts as needed</i>	Partner Contact List FORM
	Mutual Aid Partners	Phone, satellite phone, email
	Neighboring jurisdictions	Radio, HAM radios
	Hospital(s)	GETS cards (must pre-enroll)
	Department of Public Health (DPH)	(617) 983-6800 EPI on call
	Department of Environmental Protection (DEP)	(888) 304-1133 Spill HotLine
	District Health Officer	(617) 839-3237 Charlie Kaniecki
	DPH Emergency Preparedness Bureau	(617) 647-0343 (pager)
	DPH Regional Hospital Coordinator	(617)438-1466
	Massachusetts Emergency Management Agency (MEMA)	(413) 821-1500 (Western office)
	WebEOC (EMD is the POC)	
	Public Health Emergency Preparedness Coalition(s)	Mohawk Area Public Health Coalition (MAPHCO) Lindsey Britt at lbritt@frcog.org or (413) 774-3167, x136
	Interpreter Strike Team Leader	Massachusetts Registry of Interpreters for the Deaf: http://www.massrid.org/
	Franklin County Regional Emergency Planning Committee (REPC)	www.WesternMassReady.org ; Tracy Rogers at (413) 774-3167, x118 or regionalprep@frcog.org
	Medical Reserve Corps (MRC)/ Community Emergency Response Team (CERT)	(413) 454-5163 – MRC region 1; www.wmmrc.org ; Franklin Co. Coordinator: Tracy Rogers regionalprep@frcog.org or (413) 774-3167, x118
	American Red Cross (ARC) of Central and Western Massachusetts	24 hour phone: Pioneer Valley: 413-737-4306
	Salvation Army: Disaster Services	www.salvationarmy-usaeast.org ; MA Div. (Canton): 339-502-5900 Greenfield office: 413-773-3154
	Schools	See attached list
	Sheriff's Department	Some HSC equipment stored here: 160 Elm Street, Greenfield, MA; (413) 774-4014 Christopher Donelan, Sheriff
	Public Safety Answering Points (PSAP) 9-1-1 services	Shelburne Control Dispatch Center: 413-625-8200
Risk Communication Messages		Media Resources

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

	Boil Orders; Do Not Use; Do Not Drink	
	Filtering and disinfection procedures	
	Risks of using perishable, contaminated, compromised water/food	
	Functional and Access Needs individuals should contact . . . for additional assistance resources.	
	Positive messages such as:	
	o Check on your neighbors . . .	
	o Shelter in place safely . . .	
	o Shelter will open soon . . .	
	o Take these protective precautions/actions . . .	

Establish Command and Control		Resources
<input type="checkbox"/>	<i>Clarify Incident Command Structure and Chain of Command</i>	
	Incident Commander (IC) identified	CEMP
	Consider Unified Command (especially for regional operations)	
	Incident Command Post (ICP) set up	Local Public Health Emergency Plan
	Emergency Operations Center (EOC) activated if needed	Emergency Dispensing Site plan
	Assess need for Joint Information System (JIS) or Center (JIC)	Risk Communication Plan
	Consider the need for an Area Command (for multiple shelters)	
	Consider adding Functional Needs Officer to Command Staff	IRAA (Access/Functional Needs Plan)
<input type="checkbox"/>	<i>Determine and assign incident command roles</i>	ICS 203: Organization Assignments
	Public Information Officer (PIO) ; Spokesperson(s)	PIO Tool Kit; PIO JAS
	Safety Officer (may be combined with Security)	ICS 206: Responder Medical Plan
	Security Section (May be combined with Safety Officer)	Security JAS
	Functional Needs Officer – coordinates IRAA needs	FNSS JAS
	Liaison Officer – maintain coordination with other agencies/areas	Liaison JAS
	Facility Unit/Staging Manager – set up Site	Facilities JAS
	Communications Unit – assure Shelter communications	Communications JAS
	Operations Section Chief – Shelter Manager (Regional Supervisor)	Manager JAS
	Planning Section Chief - Situational Awareness/next Operational Period	Planning JAS
	Finance Section Chief – track expenses; track data	Finance JAS
	Logistics Section Chief – supplies, equipment, volunteers	Logistics JAS
<input type="checkbox"/>	<i>Respond to designated command location: Emergency Operation Center (EOC) or Incident Command Post (ICP)</i>	EOC Location and Phone
<input type="checkbox"/>	<i>Receive situation awareness report from the Emergency Management Director (EMD) or Incident Commander (IC)</i>	ICS 201: Incident Briefing Report ICS 202 Incident Objectives
<input type="checkbox"/>	<i>Continue Ongoing Activities</i>	
	Continue local and external notification attempts until successful	

	Verify actions taken to ensure their completion	
	Help EMD/IC with development of Incident Action Plan (IAP)	Incident Action Plan - FORMS
	Document all response activities and financial expenditures	Action Log; Finance Tracking FORM

Initiate Risk Communications /Public Information Warning		Resources
<input type="checkbox"/>	<i>Risk Communication Roles, Positions, Locations</i>	Franklin County PIO Tool Kit
	Designate the Incident Public Information Officer (PIO)	CEMP and Risk Communication Plan
	Incident Commander approves all communications/messages	EDS communication plans
	Joint information Center or System (JIC/JIS) (virtual or physical) established as needed for a regional or multi-agency event	Region 1 PIO SOG
	Spokesperson(s) chosen	Trusted Source; PIO Check list
	Subject matter experts identified	PIO Job Action Sheets (JAS)
	Location for press briefing established	Media Intake Form
	Public Information Officer Job Action Sheets (JAS)	Media Contact Lists; IRAA, Mass211
	Public Information Officer Checklists	
	Media Contact Lists, Including Functional/Access Needs Media	
<input type="checkbox"/>	<i>Establish a separate Media Information Center for press briefings</i> <ul style="list-style-type: none"> ○ Food, water, HVAC, lighting, sanitation, tables, chairs ○ Telephones, internet, cell service ○ Security to check press credentials and maintain order 	
<input type="checkbox"/>	<i>Review/Revise the Risk Communication Plan/Media Policies with the EMD, PIO, CEO, JIS/JIC, based on the Incident Action Plan</i>	Risk Communication Plan Communications Plan (ICS 205)
	REMINDERS: MAKE SURE SHELTER OPENING IS REPORTED TO WEB EMERGENCY OPERATIONS CENTER, ONLINE/ CALLING (413) 750-1400. EMD SHOULD REPORT SHELTER OPENING TO MASS 2-1-1, AS WELL AS THE LOCAL EMERGENCY DISPATCH CENTER (SHELburne CONTROL: 413-625-8200).	
<input type="checkbox"/>	<i>Determine the essential messages/ public information</i>	Interpreter Strike Team
	Situational Awareness	
	Disease/injury prevention	Disease and injury fact sheets
	When/where to seek medical advice/ treatment	Functional and Access Needs Communication Plan.
	Universal accommodations for access/ functional needs	
	Shelter locations; opening times	
	What to bring/ <u>not</u> bring to a shelter (weapons, illegal drugs, farm animals, alcohol, valuables,	
	Pets/farm animals Information	
<input type="checkbox"/>	<i>Sources of more information</i>	
	<input type="checkbox"/> Websites	<input type="checkbox"/> Local media
	<input type="checkbox"/> Hotlines	<input type="checkbox"/> Twitter
	<input type="checkbox"/> Mass 211	<input type="checkbox"/> Facebook
<input type="checkbox"/>	<i>Determine how you will notify the public</i>	
	<input type="checkbox"/> TV	<input type="checkbox"/> Printed handouts

<input type="checkbox"/>	Radio	<input type="checkbox"/>	Hotlines	
<input type="checkbox"/>	Newspapers	<input type="checkbox"/>	Mass 211	
<input type="checkbox"/>	Websites	<input type="checkbox"/>	Simultaneous interpretation	(live & internet/video relay)
<input type="checkbox"/>	Other language media	<input type="checkbox"/>	Reverse 911 Systems	
<input type="checkbox"/>	Social media	<input type="checkbox"/>	Other	
<input type="checkbox"/>	<i>Draft messages appropriate to media used and public reached</i>			
	Multiple languages and formats			
	Updated frequently			
	Volunteer opportunities			
<input type="checkbox"/>	<i>Brief Incident Spokesperson(s)</i>			
	3 key messages			
<input type="checkbox"/>	<i>Monitor public reaction and establish methods for public interaction/information exchange</i>			Media Contacts: General and Functional and Access Needs
	<input type="checkbox"/> Hotlines <input type="checkbox"/> Mass 211 <input type="checkbox"/> Social Media	<input type="checkbox"/> Email <input type="checkbox"/> Shelter Ombudsperson <input type="checkbox"/> Other		
<input type="checkbox"/>	<i>Issue Public Information, Warnings, Notifications</i>			
	Coordinate messages with:			Joint Information System
	<input type="checkbox"/> Other jurisdictions <input type="checkbox"/> DPH/MEMA/DEP/DMH <input type="checkbox"/> ARC	<input type="checkbox"/> Interpreter Strike Team <input type="checkbox"/> Functional and Access Needs Agencies		C-MIST strategies and plans
	Respond to media enquiries			Media Call Intake FORM
	Hold press alerts and conferences as needed			FORMS Press Releases
	Brief spokespersons on key messages			ICS 223 – Health & Safety Message
	Ensure Incident Commander approval of all information releases			
Risk Communication		Logistical Needs		Resources
	Computer and cables		Paper, Pens, Clipboards	Region 1 PIO SOG
	Fax, Printer, Scanner, Copier		Wireless Router; internet	
	In and out only phone lines		Power, extension cords	
	Microphone, cameras, video		Internet: Website, Email, Social Media; contacts for live Interpretation (video for ASL, audio)	

Review Emergency Plans, Policies and Procedures			Resources
<input type="checkbox"/>	<i>Review Shelter Plans</i>		Regional and Local Shelter Plans
<input type="checkbox"/>	<i>Review Legal Authority</i>		Legal Counsel should be consulted
	Isolation and Quarantine; Boil and do-not-use orders		Standing orders (local and/or State)
	Authority to close buildings/businesses/schools		
	Liability and cost issues		
<input type="checkbox"/>	<i>Review Financial Protocols, Plans, Policies and Procedures</i>		Regional Shelter Plan
	o Who has the authority to commit financial resources?		Finance Tracking FORM
	o Has this authority authorized financial resources for the shelter?		Resource Inventory Tracking FORM
	o Has the municipality formally declared a state of emergency?		
	o Is this authorization in writing?		

<input type="checkbox"/>	<i>For a Regional Shelter confirm signed Franklin County Regional Shelter Plan Addendum to the Western Massachusetts Intergovernmental Emergency Mutual Aid Agreement</i>	Regional Shelter Plan
<input type="checkbox"/>	<i>Review Food Establishment Emergency Plans</i>	Food Establishment Emerg. Plans
<input type="checkbox"/>	<i>Review IT/Data Management Systems and Protocols</i>	
<input type="checkbox"/>	<i>Assist IC with development of the Incident Action Plan (IAP)</i>	Incident Action Plan FORM
<input type="checkbox"/>	<i>Establish Financial tracking systems as appropriate</i>	Finance Tracking FORM
<input type="checkbox"/>	<i>Use Incident Command System (ICS) forms</i>	Incident Objectives (ICS 202) Division/Group Assignments (ICS 204) Organizational Assignment List (ICS 203) Incident Map (ICS 225) Communications Plan (ICS 205), Medical Plan (ICS 206)

2. Operations

Mass Care Operations		
<ul style="list-style-type: none"> Confirm Incident Command Roles (suggested minimums) For a Regional Shelter see ICS Operations Organization Chart 		ICS 201 Incident Briefing Form ICS 203 Organizational Assign.
	Incident Commander	JAS
	Public Information Officer (PIO)	JAS
	Operations (Shelter Branch Manager) <ul style="list-style-type: none"> Registration Dormitory/Child Care Assistance Medical/behavioral health Case Management 	JAS
	Safety and Security Officer (Shelter)	JAS
	Animal Shelter Branch Manager	JAS
	Finance Manager <ul style="list-style-type: none"> Data Management Financial Management <ul style="list-style-type: none"> Time Unit Cost Unit 	JAS
	Planning/Demobilization Manager	JAS
	Shelter Logistics:	JAS
	<ul style="list-style-type: none"> Service Branch 	JAS
	<ul style="list-style-type: none"> Food Unit 	JAS
	<ul style="list-style-type: none"> Staffing Unit 	JAS
	<ul style="list-style-type: none"> Volunteer Management Unit 	JAS
	<ul style="list-style-type: none"> Communications (Internal / External) Unit 	JAS
	<ul style="list-style-type: none"> Support Branch 	JAS
	<ul style="list-style-type: none"> Supply Unit 	JAS
	<ul style="list-style-type: none"> Transportation Unit 	JAS
	<ul style="list-style-type: none"> Donations Management Unit 	JAS
	<ul style="list-style-type: none"> Facilities Management Unit 	JAS

2. Establish Communications with the EOC/REOC		JAS Communications
3. Complete Shelter Facility Walk-through/Assessment		
<input type="checkbox"/> Red Cross Designation	<input type="checkbox"/> Life Safety	Shelter Assessment Team: <ul style="list-style-type: none"> Shelter Supervisor/Manager Facility Representative Logistics Section Inspector of Buildings Health Officer/Inspector Fire Inspector Universal Design (FNSS) Specialist Facility Assessment FORM Environmental Health Assessment FORM http://www.cdc.gov/nceh/ehs/Docs/Guide_for_Local_Jurisdictions_Care_and_Shelter_Planning.pdf
<input type="checkbox"/> Population Centers nearby	<input type="checkbox"/> Parking adequate/safe	
<input type="checkbox"/> Potable Water: 1.5 gal/day/per.	<input type="checkbox"/> Controlled Access	
<input type="checkbox"/> Bathrooms, showers, hot water	<input type="checkbox"/> Controlled Entrances/Exits	
<input type="checkbox"/> Handsinks: 1/20, serviced daily	<input type="checkbox"/> No floodplain/bridges	
<input type="checkbox"/> Toilets: M & F; 1/20 people; serviced daily	<input type="checkbox"/> Weather Ready: flooding, wind, heat, cold, earthquake	
<input type="checkbox"/> M & F Showers: 1 /25 people (15 min shower) serviced daily	<input type="checkbox"/> Air Quality: dust, mold, hazardous materials, CO, VOC	
<input type="checkbox"/> FNSS space (ADA access)	<input type="checkbox"/> Structural: Railings, ramps	
<input type="checkbox"/> Size: min. 20 s.f./person	<input type="checkbox"/> Alternate power supply	
<input type="checkbox"/> Kitchens: Refrigeration, cooking, snacks, drinks	<input type="checkbox"/> Potable water/adequate sewer	
<input type="checkbox"/> Dormitory Area: 20 s.f./person	<input type="checkbox"/> Security Station	
<input type="checkbox"/> Dining Area: tables, chairs	<input type="checkbox"/> Isolation Area	
<input type="checkbox"/> Child Care/Recreation Areas	<input type="checkbox"/> Staff Area	
<input type="checkbox"/> Medical/Mental Health Areas	<input type="checkbox"/> Service Animal Area	
<input type="checkbox"/> Laundry or access to	<input type="checkbox"/> Exit Signs, Extinguishers, AED	
<input type="checkbox"/> HVAC: heating, cooling	<input type="checkbox"/> Medical Waste Containers	
<input type="checkbox"/> Lighting with dimmable areas	<input type="checkbox"/> Public phones/internet	
<input type="checkbox"/> Solid Waste: 30 gallon container per 10 people; 5 lb/person/day	<input type="checkbox"/> Communications: phones, internet, interpretation	
<input type="checkbox"/> Vector/pest management	<input type="checkbox"/>	
Functional Needs/Universal Design/Accessibility		
Remove barriers to disabled; ramps, smooth floors		C-MIST: maintaining Communication, Medical, (Medical/Functional) Independence, Supervision, and Transportation
Aisles min 32-36" wide, marked with tape		
Signs (Universal Design/Access)		
Handicapped toilet, shower, sink		
Minimum 20 sf/person		
Handicapped cots (higher, heavier, sit-up,)		
Adequate lighting (especially in bathrooms)		
Chairs with arms		
Additional space for walkers/wheelchairs		
Special diets accommodated		Special Needs Menu FORMS
Water Supplies	Food Supplies	
- Tested/known drinking water	- Commercial, known sources	
- Bathing water; showers	- Meets dietary restrictions	
- 4 – 5 gallons per person/day	- Meets ethnic preferences	
- Alternate supply sources	- 2000 calories per day	
4. Determine/Request Shelter Logistical Needs & Resources		
<input type="checkbox"/> Medical Supplies		Shelter Medical Supply LIST
<input type="checkbox"/> First Aid Kit or Jump Kit		

<input type="checkbox"/>	<input type="checkbox"/> Spill Kits for bodily fluids	
<input type="checkbox"/>	<input type="checkbox"/> Red Medical Waste Bags (marked, heavy duty plastic bags)	
<input type="checkbox"/>	<input type="checkbox"/> Sharps Containers (sturdy, secure plastic containers)	
<input type="checkbox"/>	<input type="checkbox"/> Access to pharmacy for prescriptions	
<input type="checkbox"/>	<input type="checkbox"/> Access to oxygen generator/concentrator	
<input type="checkbox"/>	<input type="checkbox"/> Locking/Secure medical supplies refrigerator	
<input type="checkbox"/>	<input type="checkbox"/> Automated External Defibrillators (AED)	
<input type="checkbox"/>	General Sheltering Supplies and Equipment	SEE Consumable Medical Supply Sample List
<input type="checkbox"/>	<input type="checkbox"/> Flashlights and batteries	<input type="checkbox"/> Portable radio with batteries
<input type="checkbox"/>	<input type="checkbox"/> Cots, mats, blankets, pillows	<input type="checkbox"/> Chairs, tables
<input type="checkbox"/>	<input type="checkbox"/> Cribs, playpens, baby bathtubs	<input type="checkbox"/> Hand sanitizer
<input type="checkbox"/>	<input type="checkbox"/> Trash bags, trash cans	<input type="checkbox"/> Paper, pens, markers, signs
<input type="checkbox"/>	<input type="checkbox"/> Task lighting	<input type="checkbox"/> Masking Tape/Duct Tape
<input type="checkbox"/>	<input type="checkbox"/> Pump soaps, if possible	<input type="checkbox"/> Towels, washcloths, soap, shampoo, shower-mats,
<input type="checkbox"/>	<input type="checkbox"/> Handsanitizer: 60% alcohol	<input type="checkbox"/> Cleaning and sanitizing supplies and equipment
<input type="checkbox"/>	<input type="checkbox"/> Personal Toiletries: sanitary napkins, toothbrushes, toothpaste	<input type="checkbox"/> Baby supplies (formula, etc)
<input type="checkbox"/>	<input type="checkbox"/> Diapers (infant and adult)	<input type="checkbox"/> Fans (electric and hand)
<input type="checkbox"/>	<input type="checkbox"/> Paper towels, toilet paper,	<input type="checkbox"/> Staff Walkie-Talkies, whistle
<input type="checkbox"/>	<input type="checkbox"/> Games, toys	
<input type="checkbox"/>	Environmental Health Inspection Kits	
<input type="checkbox"/>	<input type="checkbox"/> Secure, locked container/ bag	<input type="checkbox"/> Measuring Tape
<input type="checkbox"/>	<input type="checkbox"/> Thermometers: digital/manual	<input type="checkbox"/> Clipboard, pens, paper
<input type="checkbox"/>	<input type="checkbox"/> Flash lights	<input type="checkbox"/> Masking Tape and Markers
<input type="checkbox"/>	<input type="checkbox"/> Batteries: thermometer; flashlights	<input type="checkbox"/> Inspection Forms
<input type="checkbox"/>	<input type="checkbox"/> Alcohol Wipes, hand sanitizer	<input type="checkbox"/> Sanitizer Test Strips
<input type="checkbox"/>	<input type="checkbox"/> Disposable Gloves	<input type="checkbox"/> Electrical Outlet tester
<input type="checkbox"/>	Other Supplies	
<input type="checkbox"/>	<input type="checkbox"/> Forms and information sheets	<input type="checkbox"/> Flash lights and other lights
<input type="checkbox"/>	<input type="checkbox"/> Tape measures	<input type="checkbox"/> Blue/orange painters tape
<input type="checkbox"/>	<input type="checkbox"/> Markers and sign boards	<input type="checkbox"/> Paper, pens, clipboards, clips
<input type="checkbox"/>	<input type="checkbox"/> Computers/printers	<input type="checkbox"/> Crowd Control tape/devices
<input type="checkbox"/>	Functional and Access Needs	
	Ombudsperson/FNSS Coordinator	
	Translator/Interpreter Strike Team; Simultaneous Interpreters	
	Behavior Health Staff	
	Universal Design for access to daily living activities	
	Translation software programs	
	Signs/forms in multiple languages	
	Supply of eyeglasses/magnifying sheets	
	Computers with access to applications for adaptive communication	
<input type="checkbox"/>	Staffing Needs	ICS 203 Organizational Assignment
	Shelter Staff per shift (min. 4-6; maximum 12 hour/7 day shifts) Large Shelter staff/clients = 34/200; 55/500; 97/1000	Division/Group Assignment List (ICS 204)

▪ Shelter Manager	▪ Medical/Mental Health	Shelter Support Team List: Subject Matter Experts in public health, mental health, nursing, child care, child trauma, food services, pharmacist, doctor, Universal Design, Building and Fire Inspectors, etc.
▪ Security/Registration	▪ Food/Dormitory/Sanitation	
▪ Child Care Assistance	▪ Service Animals/Pets	
Shelter Safety and Security		
“Buddy” system for Volunteers	Law Enforcement available	
Control Entrances/Exits	9-1-1 phone	
Verbal and Written Warnings	Document Incidents	
Health and Safety Inspection Team: (1-2 inspections per day)		
<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Building Safety	
<input type="checkbox"/> Food Safety	<input type="checkbox"/> ADA/Universal Access	
<input type="checkbox"/> Medical	<input type="checkbox"/> Fire Safety	
<input type="checkbox"/> Mental Health/Child Trauma	<input type="checkbox"/> Wastes, pests, sanitation	
Credentialing requirements: Government Photo ID		
Affiliation with Health Department, Police, Fire,		
Affiliation with MRC, ARC, CERT,		
Unaffiliated volunteers should be CORI/SORI by local police or other		
Staff Support:		
Break area with food / water; communications		
Person Protective Equipment such as masks and gloves		
Risk Communication (See Communication Below)		
Tactical Communications		
<input type="checkbox"/>	<i>Develop type and content of needed educational materials/methods</i>	Medical Reserve Corps: MRC101 ARC,
<input type="checkbox"/>	<i>Develop resource management/inventory/accountability</i>	ICS 210 Finance Tracking FORM
<input type="checkbox"/>	<i>Required forms, documentation, paperwork</i>	Shelter Plan
5. Complete Shelter Set-up and Open		
Incident Command Post (ICP)/Manager’s Station/ Security Station		
Register Shelter with the National Shelter System (NSS)		https://nss.communityos.org/cms/
Shelter Areas Established: <ul style="list-style-type: none"> ○ Manager/Security/Communications ○ Registration/Case Management ○ Logistics and Supplies/Donations Management ○ Food Prep/Service ○ Dormitory ○ Child Care Assistance/Recreational ○ Medical Care/Quiet Area ○ Staff/Break ○ Service Animal Care (Pets should be in a nearby Pet Shelter) ○ Isolation and Quarantine (maybe combined with security area) 		
ICS Shelter Staffing Chart posted		Shelter Plan
Shelter Operating Policies and Procedures posted		Shelter Policy Check List FORM
Shelter Emergency Evacuation Plan posted		Facility Evacuation Plan

Shelter Log maintained	Action Log FORMS
Shelter Staff: post staff shifts and staff meeting schedules	EMS Patient Tracking System may be available for Client Registration and Tracking
Shelter Staff (minimum 4 per shift; 6 – 12 hr. shifts)	Shelter Support Team JAS
Staff Registration, Training and Break Area	
Security Team (a must for large shelters)	
Interpreter Strike Team (highly advantageous at most shelters)	
Medical Team (highly advantageous at all shelters)	
Case Management/FNSS/Ombudsman (highly advantageous)	
Animal Care Team (a must for large shelters)	
Shelter Client Registration	Client Registration FORM
Table, forms and signs near entrance	Shelter Intake Assessment Form
Optional wristband/stamp/ID for Shelter Clients	ARC Safe & Well Registration Form
Forms: Registration, Assessment, Shelter Guide/Rules	Shelter Rules, Regulations FORM
Red Cross Safe and Well Website – let others know you are safe	https://safeandwell.communityos.org/
Case Management Forms	
Logistics/Supplies and Donation Management Area	Laminated sheet with pictures of flags off all nations
Scheduling: post staff schedule in changeable format	
Management/Tracking: maintain records and receipts	
Ordering/requesting supplies	
Spontaneous (in-kind) donations management	
<input type="checkbox"/> Accept food ONLY from known sources (commercial)	
<input type="checkbox"/> Accept donations with a known use/need only	
<input type="checkbox"/> Don't let the donations become the emergency	(Goodwill may be a resource)
Food and Water Service Area	Massachusetts Guidance for Emergency Action Planning for Retail Food Establishments
Person in Charge (PIC) must have food safety certification	
Good lighting and ventilation a must, especially when cooking	
Control access to Food preparation/storage areas	
Food Prep Area: clean and sanitize often (10% bleach)	
Refrigeration (generators, dry ice)	
Post Meal times; allow for snacks and beverages at most hours	Shelter Rules and Regulations
Dining area: no food outside this area	
Hand-wash station a MUST + use of disposable gloves (non latex)	
Food holding: log time/temperatures	See Temperature Guidelines
<input type="checkbox"/> Hot/cold food holding: above 140 F./ below 40 F.	
<input type="checkbox"/> Re-heat ONCE in 2 hours to 165 F.	
<input type="checkbox"/> Discard after 4 hours if between 40 – 140 F.	
Food Storage: secure and off the floor if possible	
Safe Ice/Drinks (treat drink tubs with 1 tsp. bleach/5-8 gallons)	(Slight “bleach” smell)
Reduced menus; fewer potentially hazardous foods	See Appendix for example
Meal plans that meet dietary/cultural needs within 36 hrs.	
Hand and ware washing protocols posted	See Sanitation Guidelines
Sanitation and cleanliness (sanitizer – 10% bleach solution)	

Disposables/gloves (non-latex)	
Solid Waste management (trash, garbage, medical waste)	
Food Embargoes/Fitness of Food	
<input type="checkbox"/> Discard Potentially Hazardous Food(PHF) after 4 hours @40 F	
<input type="checkbox"/> Sorting, condemnation, disposal	
<input type="checkbox"/> Donations of Food: must meet Safe Food Standards	
Potable Water Supplies	
<input type="checkbox"/> Monitor for contamination: chemical, bacterial, radiation, viral, particulate matter	
Boil and other water use orders	Food/Water Emergency Plan
Bulk water must be from an approved source	
Dormitory Area:	
Bed spacing: 3 ft. between cots	
Family Areas with extra space for personal items	
Dormitory Area restricted to clients; quiet zone	
Child Care/Recreation Areas (safe and separate): Managed by parents	
Adult: cards, games, TV, Radio	
Youth: Games (outside if possible); activities	
Child: volunteers should be SORI; supervised; extra	
Non-allergenic cleaning supplies for toys/tables	
Health, Medical and Mental Health Services Area	
Accessible, some privacy, clean, secure storage	
First Aid Kit and supplies	
Standing Orders/Medical Advisor	
Mental/behavioral Health staff	
Secure (locked) medicine storage and refrigeration	Coordinate with Security
Sanitation & Personal Protective Equipment (PPE)	
Privacy/HIPPA/Confidentiality reminders to staff/volunteers	Staff Confidentiality Agreement
Medical Wastes (Red Bag)	Medical Waste hauler MOU
Elec. outlets for durable medical equipment	
Infection Control Plan: air, droplet, direct/indirect contact	
12-Step Programs access : drugs, alcohol, tobacco	
Special Needs Areas	
Isolation/Quarantine Area for mildly ill clients	
Quiet area for functional needs clients	
Service Animals/Pet Care Area	See Animal Shelter Plan/SOP
Shelter Communications	
Tactical Communications with EOC/IC; Response Partners	
o External: Phones, cell, internet, fax, radios, runners, HAM	
o Internal: Signs, radios, cell, PA system, runners, bullhorn,	
Shelter signs, flyers, newsletters	
TV and Radio	
Public telephone/internet	
US Mail Service	
General Shelter Rules Posted:	
You must register and obtain a Shelter ID	

Respect People, Personal Property, and Privacy	
No Weapons, Alcohol, Tobacco use, Matches	
Media must be accompanied by the Shelter Manager or PIO	
Prescription Drugs only (ask about secure storage)	
Trained Service Animals only, no pets	
No food in dormitory areas	
Respect Quiet Areas and Times	
Respect Restricted Areas	
Respected Phone-Free Areas	
Children must be supervised at all times	
Safety First: Keep all items off the floor	
Valuables should be kept in a safe place	
Not liable for damage to vehicles/personal property	
Must be dressed appropriately at all times	
Please remember that we are Volunteers	
Please volunteer to help us, help everyone	
6. Establish volunteer Management Systems/Policies	
Must Sign in/Out at _____	ICS 211 Personnel Sign In FORM
Know your ICS role/supervisor	Job Action Sheet
Safety First: use the Buddy or Mentor system	
Document any issues or problems	
Staff Rest/Food Breaks: schedule every 3 – 4 hours	
Monitor for burnout and health issues	
Act only within the scope of your training or experience. If you are not comfortable with your assignment, ask.	
Use Just-in-Time training and Job Action Sheets	
Volunteers should be affiliated with an approved organization or be partnered with an affiliated organization volunteer	
All staff and volunteers must have a current CORI/SORI	Ask local police to run checks
Maximum 12 hour shifts (6 - 9 hour shifts easier on staff)	
Maximum 7 days in a row (1 day break minimum)	
Protect Client Safety and Privacy	Shelter Privacy Statement
Encourage Clients to be Shelter Volunteers	
Use Client Ombudsman/Shelter Representatives if needed	
Remember Media Care; refer all Media to the Shelter Manager	
Performance Reviews after 3-7 days may be available	
7. Meet Transportation Needs	
Parking – lighting, safety, adequate spaces, ADA	
Buses, vans and other transportation options to and from shelter	
Functional/Access Needs Transportation Options	
To Shelter (Private, buses, taxis, cabulance, etc.)	DPH policy on EMS transport
To medical care (emergency and non-emergency)	Long Term Care Vans
From Shelter to appointments/home	
Wheelchair accessible options	Elder Service/Long Term Care van
8. Monitor Operations, including Health, Safety and Individual FNSS Needs	
	Environmental Health and Safety Inspection Team

<input type="checkbox"/> Ensure Health and Safety Inspections		
	Begin within 24 - 48 hours of setup	
	2 or more times per day	Environmental Health FORM
	Reports go to Shelter Manager/EOC	Food Establishment Inspection Form
<input type="checkbox"/> Coordinate safety, public health, medical and mental/behavioral health mass care services		
	Fire and Building Safety Inspections	
	Triage (children, pregnant women, elderly, compromised immune systems, high risk)	Intake FORM, Medical Incident FORM
	<input type="checkbox"/> Immediate decontamination (chemical, biological, radiological)	
	<input type="checkbox"/> Immediate medical care	
	<input type="checkbox"/> Medical transport to hospitals, clinics, long term care	
	Medical Services: outpatient/low risk medical care	
	Pharmaceuticals: connect clients with resources	
	Behavioral Health Services: connect clients with resources	
	Faith Community: connect clients with resources	
	Maintain Adequate Medical Consumables: batteries, diapers, oxygen	See Shelter Plan
	Provide access to Durable Medical Equipment: wheel chairs, walkers, canes, oxygen machines, etc.	See Shelter Plan
	Institute data system to track care, medications, equipment	
	Organize Service Animal care and supplies	See Pet Shelter SOG for detail
	Coordinate care with owners	See Pet Shelter SOG for detail
	Coordinate with Pet Shelters and pet supplies	See Pet Shelter SOG for detail
	Animal Quarantine locations	See Pet Shelter SOG for detail
	Animal Decontamination locations	See Pet Shelter SOG for detail
	Provide Isolation and Quarantine if required	
	Individuals returned to pre-incident medical setting	
	Establish registries for long-term monitoring of exposed individuals	
<input type="checkbox"/> Monitor and ensure mass care population health		
	Environmental Health and Safety Monitoring	
	Monitor First Responder, volunteer & client health for <ul style="list-style-type: none"> o Illness o Injury o Exposure o Sanitary Survey/Assessment to identify potential risks o Environmental Health Inspections to correct problems 	MDPH - Guide to Surveillance, Reporting and Control , sections 3 and 4 of related disease chapter
	Disease Surveillance to identify outbreaks: <ul style="list-style-type: none"> o Waterborne: Typhoid, cholera, dysentery, infectious hepatitis, giardia, cryptosporidium, etc. o Foodborne: hepatitis A, salmonella, listeria, campylobacter, o Airborne/Droplets: measles, flu, etc. o Screening/sampling for contamination and communicable diseases to prevent outbreaks 	CDC 24 hour Active Surveillance and Facility Report Forms
	Begin Case Management Tracking for all shelter clients <ul style="list-style-type: none"> o Document all client interactions and services o Number and types of health needs addressed o Number/type of medical services 	Case Management FORM Activity Log FORM

	<ul style="list-style-type: none"> ○ Medical Care Case Reports Shelter Clients Case Management Reports 	
	<p>Begin Demobilization Planning:</p> <ul style="list-style-type: none"> ○ Create DRAFT Demobilization Plan and update daily ○ Assess resources every 24 hours ○ Identify excess resources ○ Re-assign or deactivate ○ Obtain written sign-off before deactivation/returns 	Demobilization FORM ICS 221
	Refer individuals with health needs to appropriate agencies	
9. Plan for Next Operational Period and Shelter Closing		
	Continue to monitor the situation	
	Continue to develop incident action plans (IAP) for operational periods	
	Continue to document all response activities	
	Continue to monitor personnel/staffing	
	Continue to monitor and document all expenses	
	Follow Up and report on Actions Taken: close all loops	
	Plan for extended operations	
	Prepare for Demobilization and Recovery: update Demobilization Plan Notify partners of closing plans/dates (24 hour notice of closure) Plans for cleaning and restoring facility & equipment	Demobilization FORM
Risk Communications		Resources
<input type="checkbox"/>	<i>Continue to develop Media Messages:</i>	
	<u>Ensure</u> SHELTER OPENING IS REPORTED TO WEB EMERGENCY OPERATIONS CENTER, ONLINE /(413) 750-1400. EMD SHOULD REPORT SHELTER OPENING TO MASS 2-1-1 AS WELL AS THE LOCAL EMERGENCY DISPATCH CENTER (SHELBURNE CONTROL: 413-625-8200).	
	Update and inform the public	
	Shelter status	
	At-risk and functional needs individuals resources	
	Disease risks and prevention information	
	Water filtering and disinfection procedures	
	Closings and embargoes	
	Perishables: contaminated, suspect, temperatures	
	Translations into identified languages	
<input type="checkbox"/>	<i>Monitor Social Media to keep ahead of rumors</i>	
<input type="checkbox"/>	<i>Maintain communication with other jurisdictions to ensure that messages are consistent, timely and accurate</i>	

3. Recovery

Recovery		Resources
<input type="checkbox"/>	<p>Transition Clients to New Normal: Home, Temporary Housing, LTC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Red Cross Client Care Team 	Agreements with Long Term Care facilities

	<input type="checkbox"/> Case Management Unit <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Social Service Agencies	
<input type="checkbox"/>	Lift orders that are no longer needed	
<input type="checkbox"/>	Inspect and clean all facilities; return them to normal operations <ul style="list-style-type: none"> <input type="checkbox"/> Restore: Clean, replace and repair facility, <input type="checkbox"/> Replace: all consumables used <input type="checkbox"/> Clean cots, mats, blankets and return <input type="checkbox"/> Replace pillows, and other supplies that can't be cleaned <input type="checkbox"/> Walk-through facility with owner 	
<input type="checkbox"/>	Disposal of solid/medical wastes coordinated with DPH/DEP/LPH as needed	
<input type="checkbox"/>	Assist with Ongoing Recovery	
<input type="checkbox"/>	Submit forms for emergency expenditures	Summary Contact List ISC 221: Demobilization Checkout
<input type="checkbox"/>	After Action Report with Improvement Plan and revise plans	HSEEP After Action Report template
Risk Communications		Resources
<input type="checkbox"/>	<i>Continue to develop Media Messages:</i>	
	Update and inform the public on closing and recovery efforts	
	Interpret into identified languages	
	Sources of additional information and help	Mass211
	Volunteer and donation opportunities	CERT, MRC, ARC, VOAD, MAResponds
<input type="checkbox"/>	<i>Monitor Social Media to keep ahead of rumors</i>	
<input type="checkbox"/>	<i>Maintain communication with other jurisdictions to ensure that messages are consistent, timely and accurate</i>	