



FRANKLIN COUNTY REGIONAL SHELTER PLAN

**July
2016**

**Appendix F:
Medical/Medication Plan**

REGIONAL SHELTER COMMAND OPERATIONS

Medical/Medication Plan

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

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

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

Standards of Care

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

General Medical Policies

Reasonable Accommodation

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

- communicating

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

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

Shelter Clients and/or their Caregivers:

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

Supervision

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

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

Record Keeping

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

Medication Storage

All medications will be kept

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

- secure provisions will be made for medications requiring refrigeration, if possible.
- Charging stations will be available for Durable Medical Equipment

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

Medical Supplies

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

The following medical supplies, located in List Location here

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

Forms

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

Medical Incidence Form

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

Medication Log Form

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

Surveillance Roster

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

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

- (confidential fax) 617-983-6813
- ISISHelp@MassMail.State.MA.US.

The Surveillance Roster will be reviewed and the shelter and the State Emergency Operation Center (SEOC) ESF-8 desk will be contacted if follow up is indicated. Online training for use of this form is available at www.masslocalinstitute.org.

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

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

Medications

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

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

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

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

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

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

Obtaining Prescription Medication or Supplies

From the Shelter Client

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

When the Shelter Client has medication...

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

When the Shelter Client uses oxygen:

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

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

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

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

Then....

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

AFTER HOURS

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

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

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

Filling Prescriptions

At the Client’s Pharmacy

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

Administering Medication

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

Storing Medication

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

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

Documentation

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

Medication/ Medical Waste Disposal

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

Suitability of the Shelter for Various Medical Conditions

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

Relocation may be recommended for a shelter Client who:

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

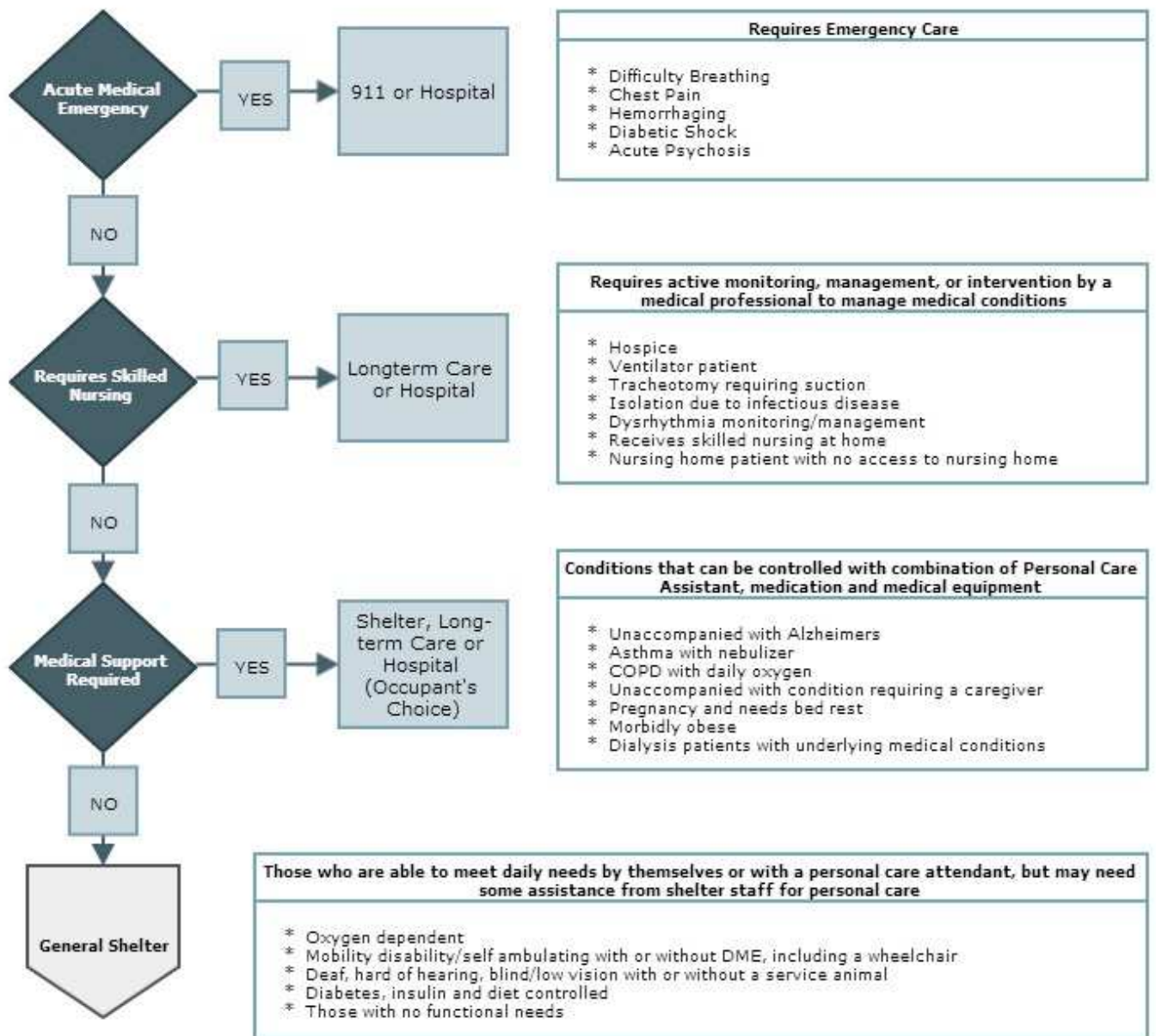


Figure 1: Regional Shelter Placement Guide¹

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

Appendix A Contact Information

CONTACT INFORMATION – BERKSHIRE AREA

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

http://www.rxlist.com/pharmacy/pittsfield-ma_pharmacies.htm#pharm

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




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

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

CONTACT INFORMATION – FRANKLIN AREA

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

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

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

CONTACT INFORMATION – HAMPDEN AREA

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



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

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

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

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

CONTACT INFORMATION – HAMPSHIRE COUNTY AREA

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



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

Hampshire County Senior Care Facilities

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



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

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

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

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

Appendix B: HIPAA During Emergencies

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

1. Treatment

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

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

2. Notification

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

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

3. Imminent Danger

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

4. Facility Directory

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

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

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

5. Public Health Exclusions

HIPAA does not prohibit disclosure for public health purposes.

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

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

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

REGIONAL SHELTER COMMAND OPERATIONS

Medical Incident Form

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

Client Information

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

Client Medical Information

Allergies/Medical History: (Include recent hospitalizations)

| | | |
|------------------------|----------------|------------|
| Primary Care Provider: | Phone: | |
| Health Insurance Co: | Policy Holder: | |
| Health Ins. # | Ins. Phone: | |
| Pharmacy: | Phone: | |
| Current Medications: | Dosage: | Last Dose: |
| | | |
| | | |
| | | |

Primary Complaints

| Date | Time | Complaint | Treatment |
|------|------|-----------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

Additional Comments:

Referral Information

| | |
|---|--|
| Date of Referral: | |
| Reason for Referral: | |
| Regional Shelter Point of Contact for Referral: | |
| Transportation Method/Service: | |
| Referral Transportation Contact: | |
| Medical Services Referral: hospital, LTC, other | |
| Point of Contact for Referral Medical Services: | |
| | |

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



| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|



ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR SHELTERS



For Rapid Assessment of Shelter Conditions During Disasters

I. ASSESSING AGENCY DATA

¹Agency /Organization Name _____ ⁹³Immediate Needs Identified: Yes No
²Assessor Name/Title _____
³Phone _____ ⁴Email or Other Contact _____

II. FACILITY TYPE, NAME AND CENSUS DATA

⁵Shelter Type Personal Care Local-Initiated Overnight Local-Initiated Multi-Community State-Initiated Regional Other _____
⁶ARC Facility Yes No Unk/NA ⁷ARC Code _____
⁸Date Shelter Opened ___/___/___ (mm/dd/yr) ⁹Date Assessed ___/___/___ (mm/dd/yr) ¹⁰Time Assessed ___:___ am pm
¹¹Reason for Assessment Preoperational Initial Routine Other _____
¹²Location Name and Description _____
¹³Street Address _____
¹⁴City / County _____ ¹⁵State ___ ¹⁶Zip Code _____ ¹⁷Latitude/Longitude _____/
¹⁸Facility Contact / Title _____ ¹⁹Facility Type School Arena/Convention center Other _____
²⁰Phone _____ ²¹Fax _____ ²²E-mail or Other Contact _____
²³Current Census _____ ²⁴Estimated Capacity _____ ²⁵Number of Residents _____ ²⁶Number of Staff / Volunteers _____

III. FACILITY

²⁷Structural damage/Safety Yes No Unk/NA
²⁸Security / law enforcement available Yes No Unk/NA
²⁹Water system operational Yes No Unk/NA
³⁰Hot water available Yes No Unk/NA
³¹HVAC system operational Yes No Unk/NA
³²Adequate ventilation/air quality Yes No Unk/NA
³³Adequate space: 20 – 40 sq.ft./person Yes No Unk/NA
³⁴Free of injury /occupational hazards Yes No Unk/NA
³⁵Free of pest / vector issues Yes No Unk/NA
³⁶Acceptable level of cleanliness Yes No Unk/NA
³⁷Electrical grid system operational Yes No Unk/NA
³⁸Generator in use Yes No Unk/NA
³⁹If yes, Type _____
⁴⁰Indoor temperature _____ °F Unk/NA

IV. FOOD

⁴¹Preparation on site w/appropriate temp(cold/hot) Yes No Unk/NA
⁴²Served on site w/appropriate temp (cold/hot) Yes No Unk/NA
⁴³Safe food source Yes No Unk/NA
⁴⁴Adequate supply & including special diets Yes No Unk/NA
⁴⁵Appropriate storage: off floor; secure Yes No Unk/NA
⁴⁶Knowledgeable Person-in-Charge Yes No Unk/NA
⁴⁷Hand-washing facilities available Yes No Unk/NA
⁴⁸Safe food handling Yes No Unk/NA
⁴⁹Dishwashing facilities available Yes No Unk/NA
⁵⁰Clean kitchen area; Sanitizer used Yes No Unk/NA

V. DRINKING WATER AND ICE

⁵¹Adequate water supply: drinking 1-2 gal/person Yes No Unk/NA
⁵²Adequate ice supply Yes No Unk/NA
⁵³Safe(approved) water source Yes No Unk/NA
⁵⁴Safe ice source; sanitizer used in beverage tubs Yes No Unk/NA

VI. HEALTH/MEDICAL

⁵⁵Reported outbreaks, unusual illness / injuries Yes No Unk/NA
⁵⁶Medical care services on site Yes No Unk/NA
⁵⁷Medication storage and security appropriate Yes No Unk/NA
⁵⁸Counseling services available Yes No Unk/NA

COMMENTS

VII. SANITATION

⁵⁹Adequate laundry services Yes No Unk/NA
⁶⁰Adequate number of toilets: 1/20 people Yes No Unk/NA
⁶¹Adequate number of showers: 1/15 people Yes No Unk/NA
⁶²Adequate number of hand-washing stations:1/15 Yes No Unk/NA
⁶³Hand-washing supplies available Yes No Unk/NA
⁶⁴Toilet supplies available Yes No Unk/NA
⁶⁵Acceptable level of cleanliness Yes No Unk/NA
⁶⁶Sewage system type Community On Site Portable Unk/NA

VIII. SOLID WASTE GENERATED

⁶⁷Adequate number of collection receptacles:1/30 Yes No Unk/NA
⁶⁸Appropriate separation-medical waste Yes No Unk/NA
⁶⁹Appropriate disposal Yes No Unk/NA
⁷⁰Timely removal Yes No Unk/NA
⁷¹Appropriate separation-common areas Yes No Unk/NA
⁷²Types Solid Hazardous Medical Unk/NA

IX. CHILDCARE AREA

⁷³Clean diaper-changing facilities Yes No Unk/NA
⁷⁴Hand-washing facilities available Yes No Unk/NA
⁷⁵Adequate toy hygiene Yes No Unk/NA
⁷⁶Safe toys Yes No Unk/NA
⁷⁷Clean food/bottle preparation area Yes No Unk/NA
⁷⁸Adequate child/caregiver ratio: depends on ages Yes No Unk/NA
⁷⁹Acceptable level of cleanliness Yes No Unk/NA

X. SLEEPING AREA

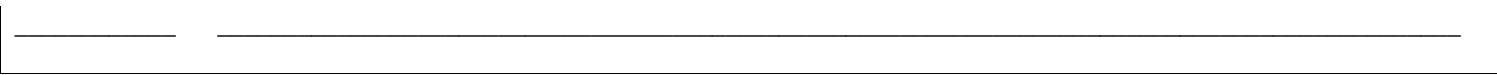
⁸⁰Adequate number of cots/beds/mats Yes No Unk/NA
⁸¹Adequate supply of bedding Yes No Unk/NA
⁸²Bedding changed regularly Yes No Unk/NA
⁸³Adequate spacing: 3ft. wheel chair accessible Yes No Unk/NA
⁸⁴Acceptable level of cleanliness Yes No Unk/NA

XI. COMPANION ANIMALS

⁸⁵Companion animals present Yes No Unk/NA
⁸⁶Animal care available Yes No Unk/NA
⁸⁷Designated animal area Yes No Unk/NA
⁸⁸Acceptable level of cleanliness Yes No Unk/NA

XII. OTHER CONSIDERATIONS

⁸⁹Handicap accessibility: Universal Design Yes No Unk/NA
⁹⁰Designated smoking area or other provisions Yes No Unk/NA
⁹¹Donation receiving/management area: clean/safe Yes No Unk/NA



Instructions for Completing the Massachusetts Disaster Shelter Surveillance Roster

"Surveillance Roster"

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

| | |
|---|---|
| Part I: Facility Information | <p>Shelter: Include the shelter facility name</p> <p>Address: Include the street number, name, zip code, and state where the shelter/medical unit is located</p> <p>Reporting Period: Include the start/end date (MM/DD/YY) and time for the operational period that corresponds to the information on the report</p> <p>Reporting Person: Include the name of the contact person along with the telephone, fax, and/or email where the contact can be reached</p> <p># of Pages: Indicate the total number of Surveillance Roster pages submitted for the Reporting Period</p> <p>Facility Population: Include the total population of the individuals (not staff/volunteers) in the facility during the Reporting Period</p> <p>Total Visits: Include the total number of people that were seen or treated by health services or behavioral/mental health services personnel</p> <p>Other Significant Events: Include other significant events impacting health, medical, and behavioral/mental health not captured elsewhere</p> |
| Part II: Persons Seen or Treated | <p>Individual: Each row represents one "visit." Include the time seen/treated, age, sex, and race/ethnicity of the person. Race is designated as American Indian/Native Alaskan, Asian, Black/African American, Native Hawaiian/Pacific Islander, White or Other. Ethnicity is designated as Hispanic or non-Hispanic.</p> <p>Reason for Visit: Using the Signs/Symptoms, Behavioral/MH, Health Maintenance categories, indicate with a Y/N all boxes that relate to the person's current reason for seeking care. Use the Trauma and Chronic Disease columns to note specific information if related to the reason for the visit</p> <p>Intervention: Include what intervention was provided, if any</p> <p>Disposition: Include what happened to the person after the visit (e.g., returned to self-care, referred to other clinician, refer/transfer to hospital)</p> <p>Comment: Include other relevant comments which may include time of onset or additional details of symptoms</p> |

Massachusetts Disaster Shelter Surveillance Roster

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

