

Draft

Guidance for Sheltering Persons
with Medical Needs

Part III: Medical Shelter Toolkit



DRAFT FOR COMMENT

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BE PREPARED CALIFORNIA

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Introduction

The medical shelter guidance toolkit contains sample tools local jurisdictions may modify and adopt to fit their specific medical shelter needs. Local needs will vary based on each jurisdiction's potential sheltering need, the anticipated skillset and availability of medical shelter staff and resources. These tools may aid local jurisdictions during medical shelter planning and operations.

Each sample tool begins with a coversheet that provides the following information:

- The tool name;
- The last date that California Department of Public Health updated the tool;
- The tool source—in many cases, these tools were adapted from tools contained in other plans and the feedback of the medical shelter advisory workgroup. Each tool cites the source state or local jurisdiction;
- A brief tool description; and
- Tool instructions.

The sample tools are grouped by the flow of medical sheltering events:

- Pre-event sample tools;
- Supplies and checklists which could help both in planning and during operations;
- Medical shelter activation tools;
- Personnel tools;
- The client packet; and
- Medical operations tools.

The audience for this toolkit includes:

- Medical shelter planners;
- Medical shelter staff – nurses, physicians, pharmacists, etc.;
- Local jurisdiction managers and supervisors; and
- Local jurisdiction medical shelter partners.



Pre-event Medical Shelter Tools

This section contains the following medical shelter tools:

- Site Assessment and Selection Tool
- Renal Dialysis Planning Considerations
- Feeding and Food Allergy Awareness Tool
- Oxygen Guidelines



Name: Site Assessment and Selection Tool

Date Last Updated: 7/11/11

Source(s): Stanislaus County, California, California Emergency Preparedness Site Assessment Toolkit

Description:

This site assessment tool should be used during the planning process to identify sites best suited for housing a medical shelter. However, in the event that all pre-determined sites are unavailable, this tool should be used in conjunction with the facility walkthrough to identify new sites.

The process to identify and assess locations capable of accommodating a medical shelter requires a multi-disciplinary team. Local jurisdictions may consider including representatives from local public health, local environmental health, local social services, local mental health, local emergency management, local law enforcement, and the American Red Cross.

Instructions:

Complete all applicable fields.

MEDICAL SHELTER SITE ASSESSMENT AND SELECTION

REQUIRED ATTACHMENTS: site map and/or floor plan drawing of facility.

DATE ASSESSED: _____

SITE INSPECTED AND ACCEPTABLE FOR:

Shelter:	<input type="checkbox"/> Medical Shelter	<input type="checkbox"/> Gen. Population Shelter	<input type="checkbox"/> Co-located Shelter (Gen/Med)
	<input type="checkbox"/> Respite Site Only	<input type="checkbox"/> Client Service Center	<input type="checkbox"/> Pet Shelter
Medical:	<input type="checkbox"/> Alternate Care Site		
	<input type="checkbox"/> Mass Vaccination/Point of Distribution		
Safe Schools:	<input type="checkbox"/> (see attachment)		

FACILITY AVAILABILITY: Available any time Blackout dates: _____

FACILITY CONTACT(S) – (Include Facility Maintenance and/or Custodial Contacts):

Point of Contact (Site Access) _____ Title: _____ E-mail: _____

Daytime Phone: () _____ Alternate Phone: () _____ After Hours: () _____

Point of Contact (Site Security) _____ Title: _____ E-mail: _____

Daytime Phone: () _____ Alternate Phone: () _____ After Hours: () _____

Point of Contact (Maintenance) _____ Title: _____ E-mail: _____

Daytime Phone: () _____ Alternate Phone: () _____ After Hours: () _____

ADDRESS INFORMATION:

Site Name: _____ Thomas Guide Map Page#: _____ Grid#: _____

Street Address: _____ Cross Street: _____

City/State/Zip: _____ Mailing Address (if different): _____

SITE INFORMATION:

- Access to more than one major road or highway from site (+2 lanes)
- Access to public transit – Distance from nearest public bus or train stop _____
- Multi-level

Parking: List any available parking lots on site (e.g. Parking Lot 1, Parking Lot 2, etc.)

List Parking Lot	# of Spaces	# of Disabled Spaces	Type of Surface	Trucks OK?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Exterior Spaces: List any usable space on the site (e.g. athletic field, courtyard, playground, etc.)

Exterior Space	Size (SF)	Fenced?	Equipment (seating, play, etc.)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Whether answer is yes or no, please put actual measurements where indicated

Parking: If off street parking is available	Yes	No	N/A	Min/Max	Actual
1. Is there one or more off-street parking spaces either permanently or temporarily designated for people with disabilities? (If "Yes" then proceed to question 8) (1 van accessible space for every 25 regular spaces, eg, 1-25 = 1 van accessible space).				Car 9 ft wide 18 ft long 5 ft aisle	
2. Is there at least one parking space that is van accessible for every 25 spaces?				Van 9 ft wide 18 ft long 8 ft aisle	
3. Are parking spaces on level ground?				Max: 2 % slope	
4. Is the parking area surface stable, firm and slip resistant?				Concrete Asphalt No gravel	
5. Is the disabled parking space in the closest location to the accessible entrance/pathway to the Shelter?				N/A	
6. Is there signage at the front of the parking stall that identifies the space as reserved, by displaying the international symbol of accessibility so that it is readily visible to passing traffic even if the space is occupied?				80" at the lowest edge of the sign	
7. Is there an accessible route from the parking area to an accessible path of travel (continuous common surface)?				48" min wide 36" min at a single point	
8. Grates – (If the walking space has grating) (Perpendicular to the path of travel)				No greater than ½" wide	

Comments:

BUILDING EXTERIOR:

Access ramps? Accessible doorways (min 35" wide)? Auto-doors or appropriate door handles?

Path of Travel - Parking Area to the Shelter Entrance.	Yes	No	N/A	Min/Max	Actual
1. Is an accessible route provided from accessible parking spaces to the accessible entrance to the building?				48" wide 36" wide at a single point	
2. Is an accessible route provided from public sidewalks and public transportation stops on the emergency shelter to the accessible entrance of the building? (If provided) (You must survey the surrounding block where the shelter is located.)				48" wide 36" wide at a single point	
3. Is the surface of the path of travel stable, firm and slip resistant?				Concrete, asphalt, no gravel	
4. Is the path of travel to the building an accessible width?				48" wide 36" wide at a single point	
5. Is there a continuous common surface not interrupted by un-ramped steps or by abrupt changes in level in the path of travel to the entrance?				¼ " high or beveled from ¼ " to ½ " high.	
6. Is the path of travel to the building entrance free of obstructions (fire hydrants, tree trunks etc.)?				Min of 36" wide	
7. Is the path of travel to the emergency shelter free of any objects (e.g., wall mounted boxes, signs, tree branches, etc.)				Bottom edge lower than 27" high or higher than 80" extending no more than 4 inches into the path of travel.	
7a. If no, can the object be lowered, removed or modified?					

Path of Travel - Parking Area to the Shelter Entrance. (Continued)	Yes	No	N/A	Min/Max	Actual
8. If there is an alternative path of travel for accessibility, is there a sign to identify the accessible route?				Bottom edge lower than 27" high or higher than 80" extending no more than 4 inches into the path of travel.	
9. Alternate Accessible Entrance Signage: If the main entrance is inaccessible, is the accessible alternate entrance clearly marked?				Same as Item #8	
Ramps	Yes	No	N/A	Min/Max	Actual
1. If there are stairs at the main entrance, is there also a ramp or lift, or is there an alternative accessible entrance?				N/A	
2. Do all ramps have a slope no greater than 1-inch rise in 12 inches of horizontal run?				1:50 or 2% max slope	
3. Ramp Width?				48" min.	
4. Does the ramp have edge protection in the form of walls on each side, or wheel guides, or raised curbs?				N/A	
5. Do ramps have a slip-resistant surface?				N/A	
6. If a ramp rises more than 6 inches, or if it is longer than 72 inches, does it have handrails on both sides?				Between 34 – 38" above the surface of the ramp	
7. Is there a landing at both the top and bottom of the ramp?				5'x5' level landing at the top & bottom & at every 30" of rise	
**NOTE – Requirement also needed at every change of direction					

Ramps (Continued)	Yes	No	N/A	Min/Max	Actual
8. If there are stairs at the main entrance, is there also a ramp or lift, or is there an alternative accessible entrance?				N/A	
9. Do all ramps have a slope no greater than 1-inch rise in 12 inches of horizontal run?				1:50 or 2% max slope	
10. Ramp Width?				48" min.	
11. Does the ramp have edge protection in the form of walls on each side, or wheel guides, or raised curbs?				N/A	
12. Do ramps have a slip-resistant surface?				N/A	
13. If a ramp rises more than 6 inches, or if it is longer than 72 inches, does it have handrails on both sides?				Between 34 – 38" above the surface of the ramp	
14. Is there a landing at both the top and bottom of the ramp?				5'x5' level landing at the top & bottom & at every 30" of rise & every change of direction	

Comments:

Structure: Wood Frame Metal/Steel Frame Concrete (Reinforced) Prefabricated
 Reinforced Masonry (Brick) Unreinforced Masonry Trailer Bungalow Pod

Construction Year: _____ Earthquake Retrofit? If checked, date of last retrofit _____

Loading Dock? - Description: _____ Staging Area? - Description: _____

External electrical outlets? Sufficient lighting?

Comments: _____

BUILDING INTERIOR SPACES:

of Stories: _____ Elevator(s)? Movement between floors ADA accessible?

Elevators	Yes	No	N/A	Min/Max	Actual
1. If an elevator is required to reach the voting area, is the elevator doorway wide enough for a wheelchair user?				At least 36 inches clearance	
2. Is the elevator cab size?				68" wide x 51" deep	
3. Are elevator controls clearly marked with raised lettering for visually impaired persons?				Braille Lettering	
4. Are the elevator controls low enough for a person in a wheelchair to reach them?				No higher than 54" from the elevator floor	

Comments:

Features inside the shelter area

Sketch and attach a space diagram for each of the following (if applicable), include pictures:

- Dormitory (sleeping or alternate care area)
 Dining
 Office(s)
 Interviewing
 Disaster Health Station

 Recreation/meeting area
 Client storage area
 Staff break area
 Bathroom/Shower area
 Isolation

 Lighting (dimmers, switches, etc)
 Electrical (outlets, mains, etc.)

BUILDING FURNITURE:

Furniture	Description/Quantity/Size
Tables	
Chairs	
Cafeteria Tables/Benches	
Desks	
Portable Room Dividers	

Comments:

FOOD PREPARATION FACILITIES:

None on site Warming oven kitchen Full-service kitchen with a capacity of _____ meals a day

Facility representative required on site when using kitchen? Contact name/phone _____

Equipment	Quantity/Size	Equipment	Quantity/Size	Equipment	Quantity/Size
Refrigerator		Walk-in Refrig.		Ice Machine	
Freezer		Walk-in Freezer		Braising Pan	
Burner		Griddle		Warmer	
Oven		Convection Oven		Microwave	
Steamers		Steam Kettles		Sinks	
Dishwasher		Deep Fryer		Coffee Maker	

Kitchen with valid health permit Kitchen without valid health permit

Comments:

SANITATION:

Potable water source: City Small Public Water System Private Well

Solid waste collection service/company: _____

Sewer: City Aerobic Onsite Wastewater Septic Onsite Wastewater

	Men	Women	Unisex	Disabled (M/W)	Hot Water?
# of Toilets					
# of Diaper Changing Stations					
# of Sinks					
# of Showers					

Restrooms	Yes	No	N/A	Min/Max	Actual
1. Is there sufficient clearance area on the floor in the direction of the door swing for a wheelchair user to maneuver?				60" diameter turning space or 56" x 63" clear space	
2. a. Is there an accessible toilet area? b. Stall door automatic closing device? c. Handle below latch on door? d. Grab bars? e. Toilet seat height? f. Sufficient clearance?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	a. loop or U-shaped handle below the latch b. on one side and behind the toilet c. 17" – 19" high d. 60" in width	
3. Sufficient floor clearance in the room?				60" diameter or a T-turn clearance	
4. Where urinals are provided, is there sufficient clear floor space in front of the urinal for a wheelchair user to approach?				30" x 48"	
5. a. Is there a clear floor space in front of and underneath the sink area to accommodate a wheelchair user? b. Counter Height? c. Knee space? d. Faucet Hardware?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	a. 30" x 48" b. 34" from the floor max c. 29" reducing to 27" high at 8" back d. Shall be operable with a single effort.	
6. Are the following within reach of a person in a wheelchair? a. towel, b. mirror, c. sanitary napkins d. and waste receptacles	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	All: 40" high max	

Other building features	Yes	No	N/A	Min/Max	Actual
1. Door Widths: Are doorways in the path of travel sufficiently wide enough to accommodate a wheelchair?				32" with door open at 90 degrees	
2. Is there adequate space for a person in a wheelchair to turn around at the entrance?				5' diameter circle	
3. Are doorway thresholds no more than ½ inch in height?				¼ " high or beveled from ¼ " to ½ " high.	
4. Are all doors equipped with either arch or lever-type handles, push plates or automatic openers that can be used with a closed fist and are all handles no higher than 48 inches?				Door handle to be no more than 48" high	
4a. If no, will the doors remain open?				N/A	
5. Hallways and corridors in the path of travel?				44" wide min	
6. Is there an adequate maneuvering clearance for a wheelchair on each side of the doorway?				60" on the pull side 48" on the push	

Laundry facilities available for shelter use? # of Washers _____ # of Dryers _____

UTILITIES:

Generators? If generators are portable, list type and location: _____

Generator fuel type: _____ Fuel capacity: _____ Kilowatt capacity: _____

What does the generator power? _____ Operating time: _____ hours at rated capacity.

Usage	Utility Provider	Energy Source
Heating		<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil
Cooling		<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil
Cooking		<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil
Usage	Yes/No	Description
Lighting		
Water		

Comments: _____

COMMUNICATIONS:

Item	Location	How Many	Phone Number
Office Phone			
Pay Phone			
TTY Phone			
Fax			
Network/Internet Access			
PA System			
Audio Visual Equipment			

Comments: _____

SAFETY/SECURITY:

- Facility grounds are securable (gates, fences) Full-time emergency vehicle access (*police, fire, ambulance*)
- Building areas are securable (gates, fences) Buildings have key-card or other access method
- Security Alarm System if checked, Automatically alerts Police
- Fire Alarm if checked, Manual (pull station) Automatic Automatically alerts Fire Department
- Sprinkler system Fire Extinguishers on site
- Alarm Systems are regularly maintained and tested Alarm systems are easily used by facility staff

Comments: _____



Name: Renal Dialysis Planning Considerations

Date Last Updated: 7/11/11

Source(s): State of Texas, Medical Special Needs Planning Toolkit

Description:

Planning and sheltering considerations for clients with renal dialysis needs.

Instructions:

Review and apply to clients with dialysis needs.

MEDICAL SHELTER RENAL DIALYSIS PLANNING CONSIDERATIONS

The purpose of this section is to provide local jurisdictions with recommendations/ considerations to accommodate and assist individuals with functional and medical dialysis needs in a disaster/emergency.

1. Planning

A. General

- Include provisions for individuals with kidney failure in all plans, and involve End Stage Renal Disease (ESRD) networks and dialysis facilities in all planning efforts.
- Establish clear contacts in each response area and make contact information known to ESRD networks and dialysis facilities on an annual basis.
- Provide alternate sites for treatment if dialysis clinic operations are impacted by the disaster. Work with the End Stage Renal Disease Network organization (<http://www.esrdnetworks.org/>), dialysis providers, and state agencies in establishing appropriate locations.
- Provide security assistance to protect dialysis facility staff, emergency generators, and fuel used to run the dialysis equipment.
- Allow dialysis facilities to provide dialysis to all their patients if at all possible prior to mandatory evacuation. This is critical to the safety of the patient.

B. ESRD Patients

- Persons with kidney failure have both a critical medical need as well as a functional need. Persons with kidney failure require either medications to prevent rejection of a transplanted kidney or regular dialysis treatments to clean their blood in addition to medications (most likely for diabetes or high blood pressure) in order to remain alive.
- Encourage early evacuation of individuals with kidney failure if they are on dialysis, with appropriate family members (where possible). Since medical services are needed on a frequent basis, the individual should be triaged, provided urgent care if indicated, and evacuated to a location where services can be provided frequently in a safe environment.
- Recognize that individuals with kidney failure have unique medical needs and will need to limit fluid intake and use caution in consuming foods high in salt and potassium (such as Meals Ready to Eat (MREs) particularly during periods of limited access to dialysis; as example, public service announcements may need to be edited to recognize these restrictions.

C. Dialysis Facilities

- List dialysis facilities as high priority locations for restoration of all services such as power; water, and phone services.
- Designate dialysis facility as high priority for emergency services such as generators; fuel; and tanker water.
- Give priority to dialysis personnel for limited supplies such as gasoline and housing.
- Facilitate delivery of needed supplies to dialysis clinics that will be handling evacuees as well as prioritize delivery of supplies to dialysis clinics that will continue to serve patients in areas that have been impacted by the disaster if safely possible.
- Allow patients and staff with appropriate identification to cross roadblocks and travel during curfews in order to get to and from dialysis clinics.

2. Shelters

- Many kidney dialysis patients will come to a shelter with a purple wrist band and a purple fanny pack that includes their medications and kidney dialysis physician orders.
- Dialysis patients may be sheltered in either a general shelter or a medical shelter based upon their functional need and other underlying medical condition.
- Ask shelters
 - to consider that arrangements for transportation to dialysis must be made
 - to consider transferring these individuals to another shelter nearer a dialysis facility
- Designate a few shelters as the “go to” locations for dialysis patients to make transportation to dialysis treatment easier. These go to shelters should be close to large dialysis centers (if possible). These shelters can also be used for others.
- Routinely screen for people who require dialysis or have a transplant when individuals seek shelter in disasters. Add: “Do you require dialysis?” and “Do you have a transplanted organ?” to all screening tools.

3. Resources

- Northern California - <http://www.esrdnet17.org/>
- Southern California - <http://www.esrdnetwork18.org/>



Name: Feeding and Food Allergy Awareness Tool

Date Last Updated: 6/27/2011

Source(s): Fairfax County, Virginia, Fairfax County VA Medical Shelter Plan

Description:

This tool outlines specific planning and operational considerations related to feeding and food allergies.

Instructions:

Review and apply to clients with special feeding or food requirements.

FEEDING AND FOOD ALLERGY AWARENESS

Individuals taking refuge in a medical shelter may require special dietary accommodations due to oral motor problems, food allergies, chewing and swallowing problems, food aversions, and special medical dietary needs. This checklist outlines key planning considerations, including:

Tube Feeding and Swallowing Disorders: When the client cannot eat safely or take adequate amounts of food orally, an alternative feeding method may be instituted. This type of feeding may require:

- Liquids to be thickened and the consistency of solid foods may be adjusted,
- Close supervision while eating,
- Special equipment and training for staff,
- For texture modifications or blended diets, an institutional blender is needed,
- A variety of special eating utensils also may be required.

Food Allergies: Feeding a client with food allergies can be challenging in a shelter setting. Staff will need to be cognizant of food labels and ingredients lists to avoid particular client allergens. Below are a few suggestions of what to be aware of for different common allergies. If a client is allergic to:

- **Gluten:** Avoid breads, cake, cereals, cookies, flour, pastas, and pancakes
- **Milk:** Avoid cheeses, butter, creams, and yogurt. Also avoid lactose-free milk as well as foods with ingredients such as casein and whey.
- **Eggs:** Avoid cakes, cookies, pastries, mayonnaise, and egg substitutes. Also avoid foods that contain ovalbumin, often abbreviated as Ov. Some fresh pastas and soups also may be prepared with eggs.
- **Soy:** Avoid soybeans, soy nut butter, soy sauce, soy protein, soy oil, and tofu. Also avoid any food with lecithin in the ingredients list.
- **Peanuts:** Avoid any food that contains nuts, as well as peanut flour or peanut oil, egg rolls, chocolate, candy bars, and any pastries that may contain nuts. If a food's ingredients include hydrolyzed plant or vegetable protein, avoid it because it may contain peanuts. Although peanuts and tree nuts are two different foods and are not actually related, clients who have peanut allergies are advised to avoid tree nuts (and vice versa) because about 30% react to both allergens.
- **Tree nuts:** Avoid almonds, Brazil nuts, walnuts, pecans, cashews, and macadamia nuts. Avoid nut butters or any product that mentions nuts in the ingredients list, including ice cream or crackers, unless you know them to be nut-free.
- **Shellfish:** Avoid crab, lobster, shrimp, snails, clams, and oysters, as well as other types of shellfish. Clients who are allergic to shellfish may be able to tolerate fish that swim, such as flounder or cod, but testing may be needed to determine any sensitivity to those foods. Alternatively, children who are allergic to fish that swim may tolerate shellfish. Marinara sauce,

Worcestershire sauce, salad dressings, and hot dogs and deli meats also may contain fish or shellfish ingredients.

- Containers: Avoid re-using storage containers or bags that contained other foods

Diabetes: A disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. It is important to keep in mind that clients will be under stress both from the incident that displaced them and from living in a medical shelter. Stress can cause a diabetic's blood sugar to rise. Erratic mealtimes also can cause blood sugar to be unstable and potentially dangerous for an individual with diabetes. It is also important to avoid greasy, fried foods and to have readily available fast sources of sugar such as:

- Glucose tablets,
- Small boxes of raisins,
- Small hard sugar candies.

When preparing food for individuals with diabetes, limit products with these sugar-containing ingredients:

- Sugar,
- Corn syrup,
- Dextrose,
- Sucrose,
- Corn sweeteners,
- Honey,
- Molasses,
- Brown sugar,
- Fruit syrup.

Modifications to Diet: Medical shelter staff should verify substitutions or modifications of diet for clients with medical needs based on a prescription written by a licensed physician. It is important that all recommendations for accommodations or changes to existing diet orders be documented in writing. Medical shelters should retain copies of special, non-meal pattern diets.



Name: Oxygen Guidelines

Date Last Updated: 7/11/11

Source(s): Santa Barbara County, California, Santa Barbara County Public Health Department, Operational Tools

Description:

Guidelines for the intermittent use of oxygen to relieve the symptoms of chronic obstructive lung disease or some related condition.

Instructions:

Review for use in the medical shelter.

MEDICAL SHELTER OXYGEN GUIDELINES

Oxygen Administration

Clients may be permitted to follow their physician's instructions about the intermittent use of oxygen to relieve the symptoms of chronic obstructive lung disease or some related condition. Clients requiring 24-hour oxygen and/or who are electric dependent, should be evaluated for transfer to a skilled health care facility. Use of the client's own portable oxygen tanks is encouraged. Clients utilizing oxygen concentrators are encouraged to bring their equipment with them for use while electrical power is available. Whenever possible, residents should have battery backup and provide a small tank in case of power failure or switch to portable oxygen tanks for the duration of the shelter period.

Medical shelter staff should request oxygen delivery after the resident has been triaged or the need for oxygen has been determined. Instructions for the use of portable oxygen provided by the client's own physician would be followed to the maximum extent possible.

The preferable method of administering oxygen in a shelter environment is through the use of liquid oxygen, particularly those residents who are receiving oxygen 24-hours per day or are being administered a high volume of oxygen.

Oxygen Considerations

- Consideration should be given to including several small tanks in packs to be used for ambulation of clients to toilet facilities.
- Bulk oxygen packs must be transported by a licensed vendor

Calculations

Tank	Cylinder Constant	Flow ‡	Duration †	Tanks Per Person Per day	Tanks Per 12 hours for 30 people	Tanks Per 24 hours for 30 people	Tanks Per 36 hours for 30 people	Tanks Per 48 hours for 30 people	Tanks Per 72 hours for 30 people
D	0.16	3 liters /min	1.6 hours {1° 36 minutes}	15	225	450	675	900	1350
E	0.28	3 liters /min	2.8 hours {2° 48 minutes}	9	135	270	405	540	810
M	1.56	3 liters /min	15.6 hours {15° 36 minutes}	1.54	23.1	46.2	69.3	92.4	138.6
H (K)*	3.14	3 liters /min	31.4 hours {31° 24 minutes}	0.76	11.5	23	34.5	46	69

‡ Standard non conservation type regulator

† Tank Calculations (tank pressure – 200 {safe residual pressure} x cylinder constant divided by {/} liters per minute = tank life in Minutes / 60 = hours of oxygen remaining)

* Not Pictured Below, dimensions are usually 9" x 55"



CYLINDER	M2	M4	ML6	M6,B	M7	M9,C	D	JD	E	M60	M	
DIA./ in.	2.5	3.2	4.3	3.2	4.3	4.3	4.3	5.3	4.3	7.3	8	Diameter
HT./ in. WITHOUT VALVE	5.3	8.5	7.5	11.5	9	12	16.5	16.5	25.5	23	36	Height

Source: <http://www.americanairworks.com/oxygenrefilling2.html>

Supplies and Equipment Checklists

This section contains the following medical shelter tools:

- Command Center Supplies Checklist
- Consumable Medical Supplies Checklist
- Durable Medical Equipment Supplies Checklist
- Pharmaceuticals Checklist
- Nursing Station Supplies Checklist
- Registration Section Supplies Checklist



Name: Command Center Supplies Checklist

Date Last Updated: 7/11/11

Source(s): Adapted from:

State of Florida, 2008 Statewide Emergency Shelter Plan

State of Missouri, Special Needs Sheltering, Protocols for Local and County Level Emergency Management

State of Mississippi, Disaster and Emergency, Special Medical Needs Shelter Plan, Emergency Care Guidelines, Functional Annex 1.01

Description:

A checklist of supplies that local jurisdictions should consider having available for the medical shelter command center.

The column labeled “ACS” is a crosswalk to the equipment and supplies lists for the Alternate Care Site caches. If the checklist item exists in the ACS cache, the row is marked with a “Y.”

Instructions:

This tool can be used for planning purposes as well as inventory management and replenishing the shelter.

COMMAND CENTER SUPPLIES CHECKLIST

	ITEM	DESCRIPTION	UNIT	BASE QTY.	ACS
<input type="checkbox"/>	Batteries	AA (6-Radio, 4-Clock, 2-Pencil Sharpener)	Each	12	
<input type="checkbox"/>	Binder Clips	Small, 12/Box	Box	1	
<input type="checkbox"/>	Binder Clips	Medium, 12/Box	Box	1	
<input type="checkbox"/>	Calculator W/Batteries	Standard	Each	1	
<input type="checkbox"/>	Clock	Atomic Battery Operated	Each	1	
<input type="checkbox"/>	Copy Paper	White, 8 1/2" x 11", 500 Sheets/Ream	Ream	2	
<input type="checkbox"/>	Copy Paper	Asst. Colors, 8 1/2" x 11" 100 Sheets/Pack	Pack	1	
<input type="checkbox"/>	Daily Census Report Log		Each	1	
<input type="checkbox"/>	Dry Erase Markers	Standard, Multi-Color	Each	4	
<input type="checkbox"/>	Dry-Erase Board Cleaner	Towelettes	Pack	1	
<input type="checkbox"/>	Dry-Erase Eraser	Standard	Each	1	
<input type="checkbox"/>	Duct Tape	2"	Roll	2	Y
<input type="checkbox"/>	Emergency Radio Issue Log Binder		Each	1	
<input type="checkbox"/>	Envelope	Plain, Standard 9" x 12"	Each	10	
<input type="checkbox"/>	Envelope	HCHD Return Address, Standard 9" x 12"	Each	4	
<input type="checkbox"/>	Envelope	Buckshot, Standard	Each	2	
<input type="checkbox"/>	Extension Cords	25' Length, Heavy Duty	Each	12	
<input type="checkbox"/>	Extension Cords	50' Length, Heavy Duty	Each	4	Y (3)
<input type="checkbox"/>	Extension Cords	100' Length, Heavy Duty			
<input type="checkbox"/>	File Folders	Standard	Each	10	
<input type="checkbox"/>	Glue Stick	Standard	Each	1	
<input type="checkbox"/>	Highlighters	Standard Point, Multi-Color	Each	5	
<input type="checkbox"/>	Labels	Various Sizes Placed In An Envelope	Envelope	1	
<input type="checkbox"/>	Lysol Sanitizing Wipes	35 Wipes/Pack	Pack	1	
<input type="checkbox"/>	Marks-A-Lot	Permanent Ink, Chisel Point, Black	Each	2	
<input type="checkbox"/>	Masking Tape	1"	Roll	2	
<input type="checkbox"/>	Note Pads	8 1/2" x 11", Lined	Each	4	
<input type="checkbox"/>	Packaging Tape	Clear, 2" Wide	Roll	2	
<input type="checkbox"/>	Packaging Tape Dispenser	Standard	Each	1	
<input type="checkbox"/>	Paper Clips	#1, Standard, 100/Box	Box	1	
<input type="checkbox"/>	Paper Clips	Jumbo, 100/Box	Box	1	
<input type="checkbox"/>	Pencil Sharpener	Battery Operated	Each	1	
<input type="checkbox"/>	Pencils	Standard #2	Each	12	

	ITEM	DESCRIPTION	UNIT	BASE QTY.	ACS
<input type="checkbox"/>	Pens	Standard, Med. Pt., Black or Blue Ink	Each	12	
<input type="checkbox"/>	Permanent Markers	Permanent Ink, Fine Point, Multi-Color	Each	12	
<input type="checkbox"/>	Phone Activity Log		Each	2	
<input type="checkbox"/>	Phone Book		Each	1	
<input type="checkbox"/>	Phone Cord	25'	Each	2	
<input type="checkbox"/>	Phone Message Book	11" x 5 1/2", 400 duplicate message blanks	Each	2	
<input type="checkbox"/>	Push Pins	Standard, 100/Box	Box	1	
<input type="checkbox"/>	Radio, Portable	With Weather Band Capability	Each	1	
<input type="checkbox"/>	Rubber Bands	Various Sizes, 100/Bag	Bag	1	
<input type="checkbox"/>	Scissors	Standard	Each	2	
<input type="checkbox"/>	Shelter Receipts Labeled Envelope	Large, Buckshot	Each	1	
<input type="checkbox"/>	Stapler	Standard	Each	2	
<input type="checkbox"/>	Stapler Puller	Standard	Each	1	
<input type="checkbox"/>	Staples	Standard, 5,000/Box	Box	2	
<input type="checkbox"/>	Sticky Notes	3" X 3"	Each	12	
<input type="checkbox"/>	Sticky Notes	1 3/8" x 1 7/8"	Each	12	
<input type="checkbox"/>	Storage Bin	Shoe Box Size, For Pens, Pencils, etc.	Each	3	
<input type="checkbox"/>	Storage Bin	50 quart	Each	8	
<input type="checkbox"/>	Suitcase, Storage	Large, With Wheels	Each	1	
<input type="checkbox"/>	Surge Protectors	Standard, To Use With SNS Radios	Each	11	Y(3)
<input type="checkbox"/>	Clear Tape	Roll	Each	2	Y
<input type="checkbox"/>	Tape Dispenser	Standard	Each	1	
<input type="checkbox"/>	Three Hole Punch	Standard	Each	1	
<input type="checkbox"/>	USB Flash Drives	10/Box	Box	1	
<input type="checkbox"/>	White Out, Liquid	Bottle	Bottle	1	



Name: Consumable Medical Supplies Checklist

Date Last Updated: 7/11/11

Source(s): Adapted from:

State of Florida, 2008 Statewide Emergency Shelter Plan

State of Missouri, Special Needs Sheltering, Protocols for Local and County Level Emergency Management

State of Mississippi, Disaster and Emergency, Special Medical Needs Shelter Plan, Emergency Care Guidelines, Functional Annex 1.01

Description:

A checklist of consumable medical supplies that local jurisdictions should consider having available for the medical shelter. This list was developed for a shelter assuming 50 clients for three days.

The column labeled “ACS” is a crosswalk to the equipment and supplies lists for the Alternate Care Site caches. If the checklist item exists in the ACS cache, the row is marked with a “Y.”

Instructions:

This tool can be used for planning purposes as well as inventory management and replenishing the shelter.

CONSUMABLE MEDICAL SUPPLIES CHECKLIST

	ITEM	DESCRIPTION	UNIT	BASE QTY.	ACS
<input type="checkbox"/>	Activated Charcoal Bottles		Each	2	
<input type="checkbox"/>	Adhesive Strips Assorted Size	Hypo-Allergenic, 30/Box	Box	3	
<input type="checkbox"/>	Adhesive Strips, Standard Size	Hypo-Allergenic, 30/Box	Box	6	
<input type="checkbox"/>	Adhesive Tape 1" Paper	Hypo-Allergenic	Roll	10	
<input type="checkbox"/>	Alcohol Prep Pads	Indiv. Wrapped, 100/Box	Box	6	Y
<input type="checkbox"/>	AMBU Spur Bag,	Adult, Mask W/Oxyg. Bag, Disposable	Each	2	Y
<input type="checkbox"/>	AMBU Spur Bag,	Child, Mask W/Oxyg. Bag, Disposable	Each	2	Y
<input type="checkbox"/>	Antibacterial hand wash	Bottles	Each	2	
<input type="checkbox"/>	Antiseptic foam alcohol	Bottles	Each	3	
<input type="checkbox"/>	Antiseptic germicide pre sol (iodine)	1 Fluid Oz Bottle	Each	8	
<input type="checkbox"/>	Applicators, Cotton Tipped, Wood	Single Tipped, 100 Box	Box	1	Y
<input type="checkbox"/>	Baby Bottles	9 oz.	Each	24	
<input type="checkbox"/>	Baby Pre-Moistened Wipes	80/Pack	Pack	2	
<input type="checkbox"/>	Backboard	16"W x 70"L, Weight Capacity = 500lbs, X-ray translucent (Orange Color), Model = Dixie Medical #540055 NO SUBS	Each	2	Y
<input type="checkbox"/>	Backboard straps		Each	6	Y
<input type="checkbox"/>	Bag Valve Mask (BVM)	Adult	Each	2	Y
<input type="checkbox"/>	Bag Valve Mask (BVM)	Pediatric	Each	2	Y
<input type="checkbox"/>	Bio-Hazard Waste Bags	Red, 12" x 12", 50/Pack	Pack	2	
<input type="checkbox"/>	Bleach	Gallon	Each	3	
<input type="checkbox"/>	Blood Glucose Strips	50 per box	Box	10	
<input type="checkbox"/>	Bubble Humidifier Cup		Each	1	
<input type="checkbox"/>	Cervical Collar,	Adjustable, Oversized trachea opening and open rear ventilation panel, One Size Fits All, Model - Ambu	Each	3	Y
<input type="checkbox"/>	Colostomy Bag		Box	1	
<input type="checkbox"/>	Connectors, 2"		Each	25	
<input type="checkbox"/>	Connectors, Oxygen Tubing		Each	4	
<input type="checkbox"/>	Cotton Balls	Bulk, 300/Bag	Bag	1	
<input type="checkbox"/>	CPR Barrier, Microshield	Disposable	Each	4	
<input type="checkbox"/>	CPR Face Mask	Pediatric	Each	3	

	ITEM	DESCRIPTION	UNIT	BASE QTY.	ACS
<input type="checkbox"/>	CPR Face Mask	Adult	Each	3	
<input type="checkbox"/>	Diapers, Adult	Adult, Large, Disposable	Each	18	Y
<input type="checkbox"/>	Diapers, Adult	Adult, Xlarge, Disposable	Each	14	Y
<input type="checkbox"/>	Diapers, Infant	Infant, Small, 56/Pack	Pack	1	Y
<input type="checkbox"/>	Diapers, Infant	Infant, Medium, 40/Pack	Pack	1	Y
<input type="checkbox"/>	Diapers, Infant	Infant, Large, 26/Pack	Pack	1	
<input type="checkbox"/>	Disinfect/Deodorant Spray	Can	Each	1	
<input type="checkbox"/>	Dressing, Abdominal Pad	Sterile, 5" x 9", 12/ Box	Box	6	
<input type="checkbox"/>	Dressing, Non-Adherent (Adaptic)	Sterile, 3" x 4"	Each	50	
<input type="checkbox"/>	Elastic Bandage	Ace, 3"	Each	6	Y
<input type="checkbox"/>	Eye Pads		Box	1	Y
<input type="checkbox"/>	Face Masks	Disposable, PPE, 5/Box	Box	6	Y
<input type="checkbox"/>	Facial Tissue	Box	Box	10	
<input type="checkbox"/>	Foley Catheter Tray		Each	12	
<input type="checkbox"/>	Foley Catheter, 14 FR		Each	4	Y
<input type="checkbox"/>	Foley Catheter, 16 FR		Each	3	Y
<input type="checkbox"/>	Foley Catheter, 18 FR		Each	3	Y
<input type="checkbox"/>	Gauze Bandage, 2"	Kling - Non-Sterile	Each	10	
<input type="checkbox"/>	Gauze Bandage, 3"	Kling - Non-Sterile	Each	14	
<input type="checkbox"/>	Gauze Bandage, 4"	Kling - Non-Sterile, 24/Pack	Pack	4	Y
<input type="checkbox"/>	Gauze Pads, 4"	Sterile, 25/Box	Box	4	
<input type="checkbox"/>	Gauze Sponges, Wound Cleaning	4" X 4", Sterile, 50/Box	Box	3	
<input type="checkbox"/>	Gloves	Latex, Disposable, 100/Box	Box	12	Y
<input type="checkbox"/>	Hand Sanitizer	Gel, Bottle	Bottle	4	Y
<input type="checkbox"/>	Insulin Syringes	.5cc	Each	100	Y
<input type="checkbox"/>	Irrigation Kit		Each	2	
<input type="checkbox"/>	IV Administration Set	78", w/clamp, Vented (15 Drop) Macro drip (LATEX FREE), Model = Amsino #AA3101, NO SUBS	Each	50	Y
<input type="checkbox"/>	IV Administration Set	78",w/clamp, Vented (60 Drop) Microdrip (LATEX FREE), Model = Amsino #608306, NO SUBS	Each	30	Y
<input type="checkbox"/>	IV Fluid Bags	Normal Saline 100 ml, Model = Baxter #629122A, NO SUBS	Each	64	Y
<input type="checkbox"/>	IV Fluid Bags	Normal Saline 1000 ml, Model = Baxter #2B1324X, NO SUBS	Each	168	Y
<input type="checkbox"/>	IV Saline Locks	Model = Amsino #AE3108 NO SUBS	Each	60	Y

	ITEM	DESCRIPTION	UNIT	BASE QTY.	ACS
<input type="checkbox"/>	IV Starter Set	Model = Dixie #783 LATEX FREE	Each	30	Y
<input type="checkbox"/>	Lubricant, Surgical (Individual Packets)		Each	100	Y
<input type="checkbox"/>	Mask, Oxygen (Adult),	Medium Concentration, with 7 ft Tubing (LATEX FREE) Model = Amsino #AS74010 NO SUBS	Each	15	Y
<input type="checkbox"/>	Mask, Oxygen (Non-Rebreather, Adult)	With patient safety vent, 7 ft tubing and reservoir bag (LATEX FREE), Model = Amsino #AS75010 NO SUBS	Each	15	Y
<input type="checkbox"/>	Mask, Oxygen (Non-Rebreather, Pediatric)	With patient safety vent, 7 ft tubing and reservoir bag (LATEX FREE), Model = Amsino #AS75020 NO SUBS	Each	6	Y
<input type="checkbox"/>	Mask, Oxygen (Pediatric),	Medium Concentration, with 7 ft Tubing (LATEX FREE), Model = Amsino #AS74030 NO SUBS	Each	6	Y
<input type="checkbox"/>	Nasal Cannula	Adult	Each	53	
<input type="checkbox"/>	Nebulizer Mask and Tubes		Each	2	Y
<input type="checkbox"/>	No Touch Portable Airway	Pocket Mask	Each	1	
<input type="checkbox"/>	Obstetrical Kit	Disposable	Each	1	
<input type="checkbox"/>	Oral Airway	Infant Neonatal 40 mm	Each	2	Y
<input type="checkbox"/>	Oral Airway	Infant 50 mm	Each	2	
<input type="checkbox"/>	Oral Airway	Small Child 60 mm	Each	5	
<input type="checkbox"/>	Oral Airway	Small Adult 80 mm	Each	2	Y
<input type="checkbox"/>	Oral Airway	Medium Adult 90 mm	Each	2	
<input type="checkbox"/>	Oral Airway	Large Adult 100 mm	Each	2	Y
<input type="checkbox"/>	Oral Airway	Xlarge Adult 110 mm	Each	1	
<input type="checkbox"/>	Oxygen Gauge Connectors		Each	6	
<input type="checkbox"/>	Oxygen Tubing		Each	28	
<input type="checkbox"/>	Pack, Cold, Crush Activated		Each	100	Y
<input type="checkbox"/>	Petroleum Jelly	2.5 oz. tube	Each	2	
<input type="checkbox"/>	Pillows	disposable (size = 18"x24", 15 oz)	Each	50	Y
<input type="checkbox"/>	Razors	Disposable, 10/Pack	Pack	5	
<input type="checkbox"/>	Safety Pins	Large, 40/Pack	Pack	1	Y
<input type="checkbox"/>	Sanitary Napkins	18/Pack	Pack	1	
<input type="checkbox"/>	Sharps Containers	2 Gal.	Each	2	Y
<input type="checkbox"/>	Sheet, Bed	White, Disposable, Poly/Tissue	Each	150	Y

	ITEM	DESCRIPTION	UNIT	BASE QTY.	ACS
		(size = 40" x 90"), Model = Graham Medical #323 NO SUBS			
<input type="checkbox"/>	Splint,	HARE Traction, Adult NO SUBS	Each	1	Y
<input type="checkbox"/>	Storage Bin	45 Gal.	Each	1	
<input type="checkbox"/>	Storage Bin	45 Gal.	Each	1	
<input type="checkbox"/>	Storage Bin	35 Gal.	Each	1	
<input type="checkbox"/>	Storage Bin	95 Qt.	Each	1	
<input type="checkbox"/>	Storage Bin	45 Gal.	Each	1	
<input type="checkbox"/>	Storage Bin - Sharps	22 Gal.	Each	1	
<input type="checkbox"/>	Tampons	40/Pack	Pack	1	
<input type="checkbox"/>	Tape, Cloth	(2" x 10 yards), Model = Dixie Medical #2600010 NO SUBS	Each	8	Y
<input type="checkbox"/>	Tape, Surgical,	Micropore (1") Model = Dynarex #3553 NO SUBS	Each	30	Y
<input type="checkbox"/>	Tongue Depressors	Wooden Individual	Each	20	
<input type="checkbox"/>	Trash Bags	60 gal., 38" x 60", 200/Case	Case	1	
<input type="checkbox"/>	Triangular Bandage	Muslin	Each	4	Y
<input type="checkbox"/>	Under pads (Chux)	18/Pack	Pack	9	Y
<input type="checkbox"/>	Underpads		Each	150	
<input type="checkbox"/>	Urinary Drainage Bag		Each	21	
<input type="checkbox"/>	Wash Cloth		Each	150	Y



Name: Durable Medical Equipment Supplies Checklist

Date Last Updated: 7/11/11

Source(s): Adapted from:

State of Florida, 2008 Statewide Emergency Shelter Plan

State of Missouri, Special Needs Sheltering, Protocols for Local and County Level Emergency Management

State of Mississippi, Disaster and Emergency, Special Medical Needs Shelter Plan, Emergency Care Guidelines, Functional Annex 1.01

Description:

A checklist of durable medical equipment that local jurisdictions should consider having available for the medical shelter. This list was developed for a shelter assuming 50 clients for three days.

The column labeled “ACS” is a crosswalk to the equipment and supplies lists for the Alternate Care Site caches. If the checklist item exists in the ACS cache, the row is marked with a “Y.”

Instructions:

This tool can be used for planning purposes as well as inventory management and replenishing the shelter.

DURABLE MEDICAL SUPPLIES CHECKLIST

	ITEM	DESCRIPTION	UNIT	BASE QTY.	ACS
<input type="checkbox"/>	Bed Pans		Each	6	Y
<input type="checkbox"/>	Beds, bariatric, on wheels	up to 600-lb capacity	Unit	6	
<input type="checkbox"/>	Blood Glucose Monitor		Each	1	Y
<input type="checkbox"/>	Bulb Syringe	3 oz.	Each	2	
<input type="checkbox"/>	Canes, quad	6 small base; 2 large base; 2 bariatric	Unit	10	
<input type="checkbox"/>	Canes, white		Unit	3	
<input type="checkbox"/>	Commodes	3-in-1, for over-toilet use (300-lb capacity)	Unit	5	
<input type="checkbox"/>	Commodes, bedside	3 with 300-lb capacity; 2 with 450-lb capacity	Unit	5	
<input type="checkbox"/>	Cots	medical, with mattress and half side rails	Unit	4	Y
<input type="checkbox"/>	Crutches, adult		Pair	3	Y
<input type="checkbox"/>	Crutches, pediatric		Pair	3	Y
<input type="checkbox"/>	Defibrillator		Each	1	Y
<input type="checkbox"/>	Dressing aid sticks		Unit	5	
<input type="checkbox"/>	Emesis Basins		Each	6	Y
<input type="checkbox"/>	Gurney	400 lb capacity	Each	1	
<input type="checkbox"/>	IV poles, 5-castor		Unit	3	
<input type="checkbox"/>	Nebulizer		Each	1	Y
<input type="checkbox"/>	Padding, egg crate	10 beds and 6 wheelchairs	Unit	6-Oct	
<input type="checkbox"/>	Patient lifts with 2 mesh slings	Hoyer; 450-lb capacity	Unit	2	
<input type="checkbox"/>	Pill crusher		Unit		
<input type="checkbox"/>	Pill cutter				
<input type="checkbox"/>	Potty Chairs	Portable, Adult	Each	2	
<input type="checkbox"/>	Ramps, wheelchair, portable	1 each 10'; 1 each 6'	Unit	2	
<input type="checkbox"/>	Refrigerators	Counter height, no freezer (for medication)	Unit	2	
<input type="checkbox"/>	Scissors, Bandage	Stainless Steel	Each	1	
<input type="checkbox"/>	Screen		Roll	1	
<input type="checkbox"/>	Screens, privacy, 3-panel with castors		Unit	10	Y
<input type="checkbox"/>	Sheets, flat and fitted, for bariatric beds	200-thread count or higher	Unit	6	
<input type="checkbox"/>	Shower chairs, with back rest	4 with 400-lb capacity; 2 bariatric	Unit	6	
<input type="checkbox"/>	Showers, handheld, with 84" hose		Unit	4	

	ITEM	DESCRIPTION	UNIT	BASE QTY.	ACS
<input type="checkbox"/>	Sphygmomanometer	Manual, Child Cuff	Each	1	
<input type="checkbox"/>	Sphygmomanometer	Manual, Adult Cuff	Each	2	
<input type="checkbox"/>	Sphygmomanometer	Manual, Large Adult Cuff	Each	1	
<input type="checkbox"/>	Stethoscope	Spraig Style	Each	10	
<input type="checkbox"/>	Storage Bin	19 quart	Each	1	
<input type="checkbox"/>	Storage Bin	45 Gal.	Each	1	
<input type="checkbox"/>	Suction Pump		Each	1	
<input type="checkbox"/>	Thermometer Sleeves, Oral	Disposable, 30/Box	Box	3	
<input type="checkbox"/>	Thermometer, Oral	Electronic	Each	2	Y
<input type="checkbox"/>	Toilet seats, independent, with safety bars		Unit	4	
<input type="checkbox"/>	Transfer boards, wheelchair		Unit	8	
<input type="checkbox"/>	Tweezers	Stainless Steel	Each	2	
<input type="checkbox"/>	Urinal	Male	Each	3	Y
<input type="checkbox"/>	Utensil holders, assorted		Unit	8	
<input type="checkbox"/>	Walkers, dual release	4 standard with wheels; 2 heavy-duty with wheels; 2 bariatric without wheels; 2 standard without wheels	Unit	10	
<input type="checkbox"/>	Wash Basins		Each	10	Y
<input type="checkbox"/>	Wheelchairs, adult	7 with footrests; 3 with elevating leg rest	Unit	10	
<input type="checkbox"/>	Wheelchairs, adult, extra large	up to 450-lb capacity; 1 with footrest; 1 with elevating leg rest	Unit	2	Y
<input type="checkbox"/>	Wheelchairs, pediatric	1 with footrest; 1 with leg rest	Unit	2	



Name: Pharmaceuticals Checklist

Date Last Updated: 7/11/11

Source(s): Adapted from:

Mississippi State Department of Health, Special Medical Needs Shelter Plan, Functional Annex 1.0, August 11, 2008

Highlands County Health Department (Florida), Special Needs Shelter Plan, Annex 11, July 2007

Description:

The following table provides a checklist of medications and solutions that local jurisdictions should consider having available for the medical shelter. The column labeled “ACS” is a crosswalk to the equipment and supplies lists for the Alternate Care Site caches. If the checklist item exists in the ACS cache, the row is marked with a “Y.”

Instructions:

This tool can be used for planning purposes as well as inventory management and replenishing the shelter.

PHARMACEUTICALS CHECKLIST

	ITEM	DESCRIPTION	UNIT	BASE QTY.	ACS
<input type="checkbox"/>	Albuterol Sulfate	MDI	Box	1	
<input type="checkbox"/>	Antacid	Chewable Tablets, Roll	Roll	1	
<input type="checkbox"/>	Antacid	Low sodium 24's	Box	1	
<input type="checkbox"/>	Antacid Suspension	12 oz.	Bottle	2	
<input type="checkbox"/>	Anti-Diarrheal	Liquid, Bottle	Bottle	1	
<input type="checkbox"/>	Antihistamine	Adult, Tablets,24/Pack	Pack	1	
<input type="checkbox"/>	Antihistamine	Pediatric, Bottle, Liquid	Bottle	1	
<input type="checkbox"/>	Aromatic Spirits of Ammonia	Snap Capsules, 12/Box	Box	1	
<input type="checkbox"/>	Bacitracin Ointment	Tube	Tube	1	
<input type="checkbox"/>	Betadine Solution	Bottle	Bottle	1	
<input type="checkbox"/>	Calamine Lotion	Bottle 6 oz.	Bottle	1	
<input type="checkbox"/>	Decongestant	Pediatric, Bottle, Liquid	Bottle	2	
<input type="checkbox"/>	Decongestant Tabs	Adult	Bottle	2	
<input type="checkbox"/>	Diaper Rash Ointment	Small Tube	Tube	1	
<input type="checkbox"/>	Epinephrine Pen	Adult	Each	4	
<input type="checkbox"/>	Epinephrine Pen	Pediatric	Each	4	
<input type="checkbox"/>	Eye Drops	Saline	Bottle	2	
<input type="checkbox"/>	Glucose, Instant, Paste	Paste	Tube	1	
<input type="checkbox"/>	Glucose	Tabs	Bottle	1	
<input type="checkbox"/>	Hemorrhoid Cream	Tube, 2 oz.	Tube	1	
<input type="checkbox"/>	Hydrocortisone	0.5% cream/ tube	Tube	1	
<input type="checkbox"/>	Hydrocortisone	1% cream/tube	Tube	1	
<input type="checkbox"/>	Hydrogen Peroxide	Bottle, Pint	Bottle	2	
<input type="checkbox"/>	Ibuprofen	200ml Tablets 100	Bottle	4	
<input type="checkbox"/>	Infant Formula	Liquid	Each	24	
<input type="checkbox"/>	Infant Formula	Powder	Each	12	
<input type="checkbox"/>	Insulin Regular, NPH & 70/30 10ml.	10 vials of each	Vials	10	
<input type="checkbox"/>	Laxative	Tablets, 25/Box	Box	1	
<input type="checkbox"/>	Loperamide	2mg tablets 24's	Box	4	
<input type="checkbox"/>	Loperamide	4oz Bottle, Liquid	Bottle	2	
<input type="checkbox"/>	Normal Saline for Irrigation	500 ML Bottle	Bottle	4	
<input type="checkbox"/>	Pediatric Electrolyte	12 Oz Bottle	Bottle	20	
<input type="checkbox"/>	Petroleum	Tube	Tube	1	
<input type="checkbox"/>	Storage Bin	Plastic, Medium Size, Storage File Size	Each	1	
<input type="checkbox"/>	Throat Lozenges	20/Bag	Bag	2	
<input type="checkbox"/>	Tylenol	Adult, Caplets, 250 mg., 100/Bottle	Bottle	1	
<input type="checkbox"/>	Tylenol	Children's, 125 mg/5cc, 4 oz. Liquid	Bottle	1	
<input type="checkbox"/>	Zinc Ointment	1 Oz Tube	Tube	2	



Name: Nursing Station Supplies Checklist

Date Last Updated: 7/11/11

Source(s): Adapted from:

State of Florida, 2008 Statewide Emergency Shelter Plan

State of Missouri, Special Needs Sheltering, Protocols for Local and County Level Emergency Management

State of Mississippi, Disaster and Emergency, Special Medical Needs Shelter Plan, Emergency Care Guidelines, Functional Annex 1.01

Description:

A checklist of nursing station supplies that local jurisdictions should consider having available for the medical shelter. This list was developed for a shelter assuming 50 clients for three days.

The column labeled “ACS” is a crosswalk to the equipment and supplies lists for the Alternate Care Site caches. If the checklist item exists in the ACS cache, the row is marked with a “Y.”

Instructions:

This tool can be used for planning purposes as well as inventory management and replenishing the shelter.

NURSING STATION SUPPLIES CHECKLIST

	ITEM	DESCRIPTION	UNIT	BASE QTY.	ACS
<input type="checkbox"/>	Batteries	"C" Cell	Each	32	Y
<input type="checkbox"/>	Batteries	"D" Cell	Each	17	
<input type="checkbox"/>	Batteries	"AA" Cell	Each	8	
<input type="checkbox"/>	Clear Tape	Standard Size	Roll	3	Y
<input type="checkbox"/>	Disaster Nursing Protocols-Binder		Each	1	
<input type="checkbox"/>	Flashlights	Basic, Uses D Batteries	Each	20	Y
<input type="checkbox"/>	Hanging File Folders	25/Box	Box	2	
<input type="checkbox"/>	Note Pads	White, Lined, 8 1/2" x 11"	Each	12	
<input type="checkbox"/>	Paper Clips	Large, 100/Box	Box	3	
<input type="checkbox"/>	Paper Clips	Jumbo, 100 Box	Box	3	
<input type="checkbox"/>	Pencil Case	Plastic, Standard	Each	1	
<input type="checkbox"/>	Pencil Sharpener	Battery Operated	Each	1	
<input type="checkbox"/>	Pencils	No. 2, 12/Pack	Pack	2	
<input type="checkbox"/>	Pens, Ballpoint	Medium, Black Ink, 12/Pack	Pack	4	
<input type="checkbox"/>	Pens, Ballpoint	Medium, Red Ink, 12/Pack	Pack	2	
<input type="checkbox"/>	Permanent Markers	Fine Point, Black	Each	6	
<input type="checkbox"/>	Rubber Bands	200/Bag	Bag	1	
<input type="checkbox"/>	Scissors	Regular, Stainless Steel	Each	2	
<input type="checkbox"/>	Sticky Notes	3" x 3", 6/Pack	Pack	1	
<input type="checkbox"/>	Storage Bin	Plastic, Medium Size, Storage File Size	Each	1	
<input type="checkbox"/>	Storage Bin, Chart Files	For Hanging Files	Each	1	
<input type="checkbox"/>	Supply/Bin Inventory Manual-Binder		Each	1	
<input type="checkbox"/>	Tape Dispenser	Standard Size	Each	1	



Name: Registration Section Supplies Checklist

Date Last Updated: 7/11/11

Source(s): Adapted from:

State of Florida, 2008 Statewide Emergency Shelter Plan

State of Missouri, Special Needs Sheltering, Protocols for Local and County Level Emergency Management

State of Mississippi, Disaster and Emergency, Special Medical Needs Shelter Plan, Emergency Care Guidelines, Functional Annex 1.01

Description:

A checklist of nursing station supplies that local jurisdictions should consider having available for the medical shelter. This list was developed for a shelter assuming 50 clients for three days.

The column labeled "ACS" is a crosswalk to the equipment and supplies lists for the Alternate Care Site caches. If the checklist item exists in the ACS cache, the row is marked with a "Y."

Instructions:

This tool can be used for planning purposes as well as inventory management and replenishing the shelter.

REGISTRATION SECTION SUPPLIES CHECKLIST

	ITEM	DESCRIPTION	UNIT	BASE QTY.	ACS
<input type="checkbox"/>	Clear Tape	Standard Size	Roll	1	Y
<input type="checkbox"/>	Clipboards	Pressboard, 8 1/2" x 11"	Each	10	
<input type="checkbox"/>	Color Coding Chart Label Dots	White, 560/Pack	Pack	2	
<input type="checkbox"/>	Color Coding Chart Label Dots	Assorted Colors, 560/Pack	Pack	4	
<input type="checkbox"/>	Duct Tape		Roll	6	Y
<input type="checkbox"/>	File Folder Label	White, 120/Pack	Pack	3	
<input type="checkbox"/>	File Folder Label	Assorted Colors, 96/Pack	Pack	1	
<input type="checkbox"/>	File Folders (Extra)	Standard, Manila, 100/Box	Box	1	
<input type="checkbox"/>	Forms	Blank, Various	Each	As Needed	
<input type="checkbox"/>	Individual Line List For Evacuees - Form	20/Folder	Folder	2	
<input type="checkbox"/>	Insect Repellent	W/Deet, Can/Bottle	Each	7	Y
<input type="checkbox"/>	Masking Tape		Roll	5	
<input type="checkbox"/>	Name Badge Labels	No Specific Color Trim, 50/Pack	Pack	5	
<input type="checkbox"/>	Note Pads	White, Lined, 8 1/2" x 11"	Each	8	
<input type="checkbox"/>	Pens, Ballpoint	Medium, Black Ink, 12/Pack	Pack	3	
<input type="checkbox"/>	Pens, Ballpoint	Medium, Red Ink, 12/Pack	Pack	1	
<input type="checkbox"/>	Permanent Markers	Fine Point, Black	Each	8	
<input type="checkbox"/>	Portable File Keeper	Plastic, Letter Size, With Handle	Each	1	
<input type="checkbox"/>	Prepared Blank Registration Charts	Manila Folders With Forms	Each	125	
<input type="checkbox"/>	Scissors	Regular, Stainless Steel	Each	4	
<input type="checkbox"/>	Sticky Notes	3" x 3"	Each	6	
<input type="checkbox"/>	Storage Bin	Plastic, Large, 45 Gal., With Wheels	Each	1	
<input type="checkbox"/>	Storage Bin	66 Qt.	Each	1	
<input type="checkbox"/>	Sunscreen	SPF 30 or higher	Btle	2	
<input type="checkbox"/>	Tape Dispenser	Standard Size	Each	1	



Medical Shelter Activation Tools

This section contains the following medical shelter tools:

- Medical Shelter Activation Checklist
- Facility Walkthrough Form (Open and Close)
- Medical Shelter Flow and Layout
- Medical Shelter Staff Structure / Organization Chart
- Medical Shelter Job Action Sheets
- Medical Shelter Incident Action Plan Sample
- Medical Shelter Message Development Template
- Medical Shelter Signage and Pictograms
- Medical Shelter Talk Boards
- Medical Shelter Rules



Name: Medical Shelter Activation Checklist

Date Last Updated: 6/25/2011

Source(s): Santa Barbara County, California, Santa Barbara County Public Health Department, Operational Tools

Description:

This checklist provides the steps for local jurisdiction's to activate a medical shelter.

Instructions:

Once adopted to meet the local jurisdiction's specific actions, the EOC/DOC can follow the checklist to activate the medical shelter(s).

MEDICAL SHELTER ACTIVATION CHECKLIST

1. Upon notification of Emergency Operations Center (EOC) or Department Operations Center (DOC) activation, report to the operation center's Medical Shelter Branch.

- Retrieve and/or identify location of Medical Shelter Plan, nursing go-backpacks, rolling carts.

2. Upon arrival to EOC or DOC, receive incident briefing, status report, and objectives for next operational period from Medical Health Branch Chief (EOC) or Ops Section Chief (DOC)

- Review IAP and other response documentation for more information as necessary.

3. Determine number of evacuees and their acuity.

- Consult with Medical Health Branch to determine the estimated number of evacuees and their acuity.

4. Identify medical shelter sites for evacuees

- Consult with EOC Sheltering and Medical Health Branches to determine if a site has been identified. Emergency Medical Services (EMS)/Public Health Department (PHD), American Red Cross (ARC), the Executive Director or Long Term Care (LTC) Ombudsmen, and Department of Social Services (DSS) work together to identify the medical shelter site.
- Consult with EOC ARC rep to ascertain whether co-location with ARC general shelter is possible (if 25 or less medical clients). Work with LTC Ombudsman and DSS to consider the selection, location, and capacity of the ARC general shelters and whether the location would function well for medically fragile individuals.
- If co-location is possible, obtain the names and contact numbers for these shelters and prepare to co-locate the medical shelter facility at the general population shelter site.
- If co-location with ARC general shelter is not possible, consult EOC Logistics, ARC, DSS and the "Predetermined list of appropriate locations" to determine an appropriate location for at least one medical shelter.
- Determine if first aid supplies, cots, blankets, food, water and coffee can be provided by the ARC to the co-located or independent medical shelter site or if Public Health will provide.

5. Inform individuals and medical facilities

- Once medical shelter site is confirmed, ensure that the locations are communicated to: Public Information Officer (PIO) to communicate to individuals under evacuation warning or orders, via phone call, press releases, hotline scripts, press conferences, etc.

6. Use the staffing model form for Medical Shelter to fill the roles needed at the site.

- Determine the number of staff needed.
- Select staff for first and second shift positions. Shifts are 12 hours.
- Complete a Medical Shelter Staffing List and Org Chart for first and second shift. (Include Mental Health and Social Services)
- Notify staff according to the local notification policy. Provide information about when and where they need to report.

- Send/give the Medical Shelter Manager:
 - Medical shelter Job Action Sheets and the Medical Shelter Plan.
 - Completed medical shelter staffing model list
 - Telephone numbers for the contact person at the facility that is being used.
 - Phone lists for EOC and DOC, the Disaster Call List if applicable

7. Assure medical supervision and consultation at medical shelter

Notify the appropriate contact (e.g. Local Health Officer) to request physician supervision for the duration of medical operations of the shelter. Medical consultation for client needs must be available for the duration of the medical shelter operations either on-site or on-call.

- Contact #1 information
- Contact #2 information

8. Identify shelter supplies based on estimated need and deploy to sites, as necessary.

- Obtain medical shelter cache.
- Get additional specialty supplies or medical equipment from hospitals or suppliers, as necessary
- Get oxygen supplier to deliver O₂

9. Pharmaceuticals

- Notify the PHD Pharmacy to ensure they are prepared to fill prescriptions for non-PHD clients and from non-PHD providers. A cache of pharmaceuticals will need to be available to deploy if requested.
- Contact the Pharmacist On-Call.

10. Ensure that Environmental Health (EH) and Public Health Nursing (PHN) are informed about the medical shelter operation and are prepared to perform routine site assessments for general shelters and medical shelters, as necessary.

- Make sure that EHS and PHNs are properly briefed on the situation and know which sites are active.
- Make a schedule for environmental and public health assessments (e.g. every operational period, every day, every two days, etc).

11. Open the shelters

- Ensure that the person opening each medical shelter has the Facility Walkthrough form and, if possible, any information from the site assessment.

Note: Once the walkthrough has been conducted the Job Action sheets will continue with setup and operational activities.



Name: Facility Walkthrough Form (Open and Close)

Date Last Updated: 7/11/11

Source(s): Adapted from:

State of Florida, 2008 Statewide Emergency Shelter Plan

State of Missouri, Special Needs Sheltering, Protocols for Local and County Level Emergency Management

State of Mississippi, Disaster and Emergency, Special Medical Needs Shelter Plan, Emergency Care Guidelines, Functional Annex 1.01

Description:

A facility walkthrough checklist for the individual opening a medical shelter.

Instructions:

Complete this form when opening the medical shelter. Retain a copy of the completed form for use when closing the shelter to note any deficiencies or damage.

FACILITY WALKTHROUGH FORM (OPEN AND CLOSE)

FACILITY INFORMATION

Facility Name:		Date of Walkthrough:	
Location:		Conducted By:	
	Facility Representative:		
	Representative Phone:		
	Facility Issues Contact:		
	Contact Phone:		
1. Has a Site Assessment been conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, use Site Assessment tool.	
2. Initial Walkthrough Date:			
3. Closing Walkthrough Date:			

AREAS TO REVIEW

For each of the following areas, check "Yes", "No", "NA" for not applicable, or "U" for unable to determine. Then in the Comments column add a brief note for how/if items check "No" or "U" will be addressed.

Area	Yes	No	NA	U	
4. Are the indoor and outdoor walking surfaces free of tripping or falling hazards?					
5. Are the paths to exits straight and clear of obstructions (chained, partially blocked, debris)?					
6. Are all emergency exits properly identified and secure?					
7. Are there at least two exits from each floor?					
8. Are illuminated exit and exit directional signs visible from all aisles?					
9. Is there an emergency evacuation plan and identified meeting place?					

10. Are there guidelines for directing occupants to an identified assemble area away from the building?					
11. Are there any site-specific hazards? If "Yes" please describe.					
12. Is the facility clean, neat, and orderly?					
13. Is the electrical system working?					
14. Is the water system working?					
15. Is the water potable?					
16. Is the sewage system working?					
17. Is HVAC functioning?					
18. Are fire extinguishers present and inspected?					
19. Are smoke detectors present and tested?					
20. If power fails, is there automatic emergency lighting available for egress, stairs, and restrooms?					
21. Is there a PA or Alarm system to announce an emergency evacuation?					
22. Are carbon monoxide detectors present and tested?					
23. Is there visible structural damage to the site?					

INITIAL DAMAGE REVIEW

Please note any damage that exists on the initial walkthrough and indicate if the damage must be addressed or mitigated for the shelter to operate. (Also attach photos here of damaged areas with date/time stamp.)

INITIAL WALKTHROUGH SIGN-OFF

Worker Signature:		Date:	
Reviewer Signature:		Date:	



Name: Medical Shelter Flow and Layout

Date Last Updated: 7/11/11

Source(s): Adapted from:

State of Connecticut, Emergency Supportive Care Shelter Planning Guidance

Orange County, California, County of Orange Operational Area, Orange County Emergency Plan, Mass Care and Shelter Annex

United States Federal Medical Stations, Concept of Operations, Federal Medical Stations Baseline

Description:

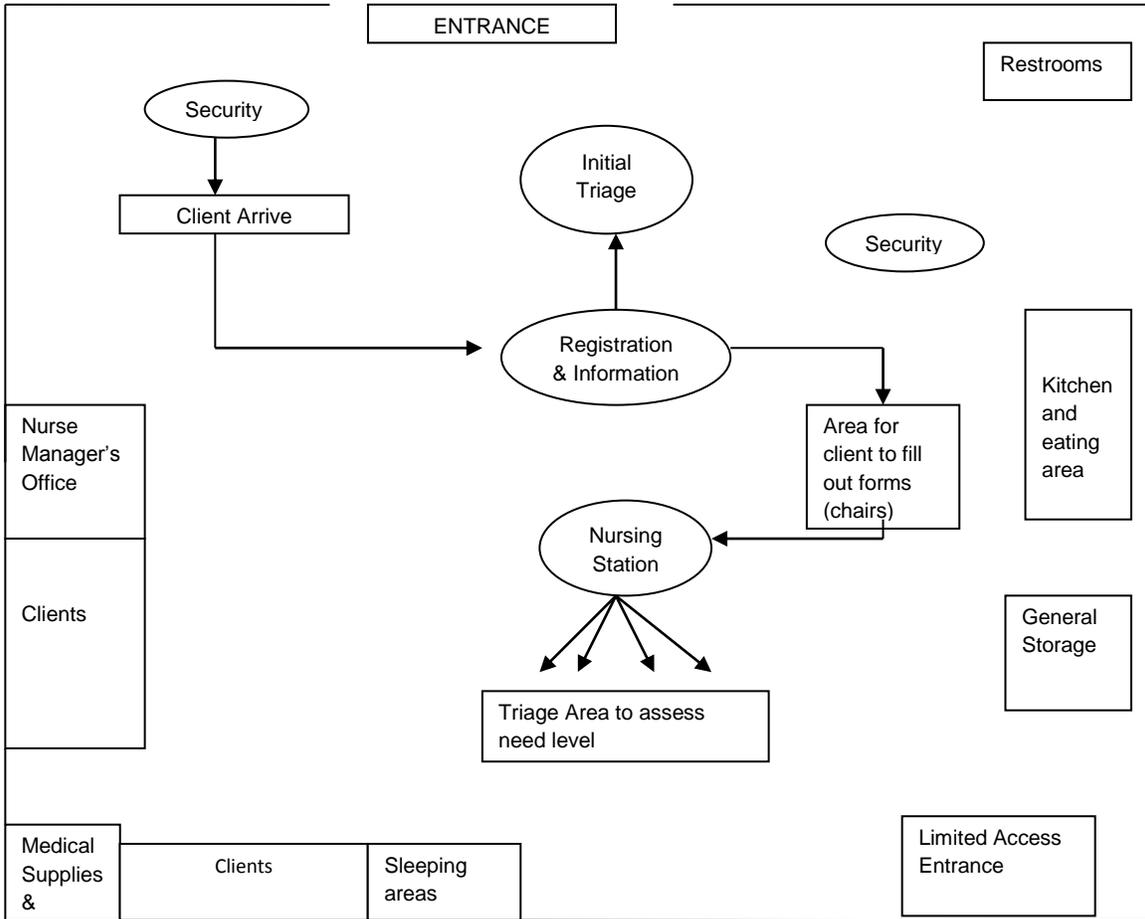
This tool provides a basic flow for client triage, intake, and registration as well as a layout for the configuration of the medical shelter cots. The shelter flow below shows triage being conducted inside the shelter; however, triage can be conducted outside, in a separate area, or when clients are on buses or in their vehicles.

The sample shelter layouts provide two options to consider: one for 88 clients and another for 25 clients.

Instructions:

Review, modify, and adopt as needed

MEDICAL SHELTER FLOW



MEDICAL SHELTER LAYOUT – 88 CLIENTS



NOTE: Shelter layout for 88 beds and includes provisions for separate staff rest area

⁴ U.S. Department of Health and Human Services, 2008, *Federal Medical Supplies*



Name: Medical Shelter Staff Structure / Organization Chart

Date Last Updated: 7/15/11

Source(s): California Department of Public Health Emergency Preparedness Office

Description:

Sample medical shelter organization chart

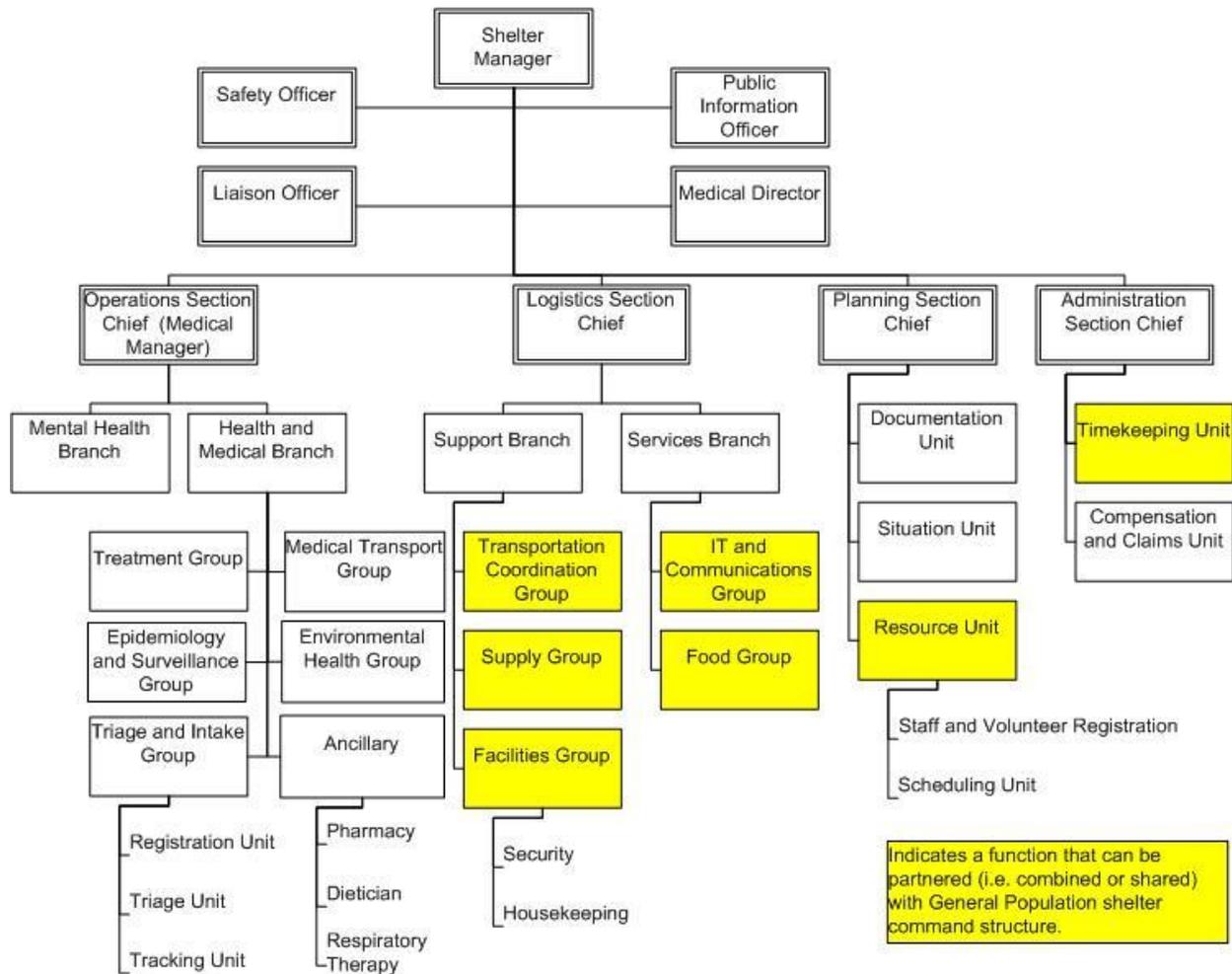
Instructions:

Local jurisdictions may consider the sample structure when developing the medical shelter organization chart. Depending on the size of the structure, each box on the chart does not represent a person, but the functions that local jurisdictions need to consider.

OVERALL MEDICAL SHELTER ORGANIZATION

The following organization chart depicts a sample organization local jurisdictions can consider as a starting point for their medical shelter structure and operations. The exact structure and staffing will vary for each jurisdiction based on the incident, the need, as well as the availability of staff and resources.

The subsequent pages present draft, sample job action sheets by grouped by section. These job action sheets are not comprehensive and should be reviewed and modified prior to inclusion in any local medical shelter plan.





Name: Medical Shelter Job Action Sheets

Date Last Updated: 7/15/11

Source(s): Adapted from:

State of Virginia, Fairfax County VA Medical Shelter Plan

State of New Jersey, Office of Emergency Management, Specialized Shelter Planning Template, July 2008

Description:

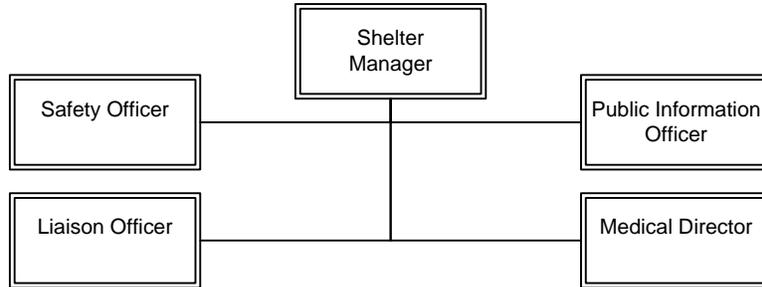
Sample job action sheets for medical shelter operations.

Instructions:

Local jurisdictions may modify and adopt the job action sheets in order to fit their medical shelter planning needs.

Medical Shelter Management

The following job action sheets are for the medical shelter management positions.



Medical Shelter Manager (Incident Commander)	
Name: _____	
Date: _____	
Shift: _____	
RESPONSIBILITIES: Directs, manages and coordinates overall services clients with medical needs assigned to a medical shelter. Begins Activation of shelter set-up. Directs, assigns and supervises on-site Medical Shelter Command Functions: Safety, Medical Director, Mental Health, PIO, Operations, Logistics, Finance and Planning. Ensures the opening set-up and operational functioning to provide basic health care to those meeting the criteria for medical sheltering. Identifies and activates safety, security; operational and logistical support as warranted. Monitors facility, staff and supply needs. Ensures knowledge and scope of operations. Communicates and provides status reports to the Public Health Branch of the PHD DOC. Supervises subordinate units to provide medical and nursing care, Directs the return of clients to their home or facility location during the demobilization of shelter. Participates in change of shift reports, DOC briefings, documentation and after action reports.	
ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Report to the DOC or EOC and obtain a briefing from the DOC Public Health Branch Director or EOC Medical Operations Branch, or as instructed. At time of instructions, a facility site will be assigned. It may be co-located with American Red Cross or be a stand-alone shelter for an undefined number of medically fragile clients.	

<ul style="list-style-type: none"> <input type="checkbox"/> Review medical shelter plan and the Medical Shelter Manger “<i>Checklist for Activation and Operation of Medical Shelter/ACS</i>”. <input type="checkbox"/> Ensure that all levels of General Staff (Safety, PIO, Operations, Logistics, Planning/Intelligence and Finance) are called to report to shelter site. <input type="checkbox"/> Ensure that DOC or EOC secure staffing for the next two 12 hour shifts using suggested staff-to-client ratios from “Medical Shelter Staffing Plan.” <input type="checkbox"/> Follow instructions for medical shelter set-up guidelines. Work with Logistics Section to arrange Medical Shelter cache delivery to proposed site. <input type="checkbox"/> Report to Medical Shelter site. <input type="checkbox"/> If co-located, coordinate shared logistics and client flow with the American Red Cross. <input type="checkbox"/> Conduct a shelter walk- through to identify ingress, emergency egress, client flow, ADA accommodations, client capacity (& caregiver), areas for secured supply and pharmaceutical storage, sheltering support provisions (cots, blankets, food, drink). <input type="checkbox"/> Ensure that ADA Accommodations exist for people with disabilities, which may include providing an on-site access specialist, personal care attendants, language interpreters, proper signage and/or a physical room for: wheelchair/scooter space, toileting and physical access abilities. <input type="checkbox"/> Work with Medical Director and Ops Chief to determine medical priorities for the level of health care delivered. <input type="checkbox"/> Coordinate with Planning Section to ensure that clients meet the level of care required for admission and to ensure that the shelter works within capacity for space, clients and staffing. <input type="checkbox"/> Work with Logistics to ensure that admission criteria for the shelter commensurate with resources and to determine the details of the physical layout based on walk-through. <input type="checkbox"/> Establish shift transition procedures. <input type="checkbox"/> Assemble all General Staff (Command Section, Ops, Logs, Plans, and Finance Chiefs) and give an initial briefing. Cover the following: a summary of the incident, established level of care and goals for service, medical shelter set-up, medical shelter protocols, standing orders, checklists and action plans; guidelines for shelter visitors, and media visits. Process for resource requesting. Plans for briefings, breaks, and shift transitions; Documentation and reports. Review of Incident Command and “Chain of Command”. <input type="checkbox"/> Once walk-through is completed and cache has been delivered, supervise the physical set-up of the medical shelter. 	
<p>Ongoing Activities</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Work with Medical Director and Ops Chief to determine medical priorities for the level of health care delivered. <input type="checkbox"/> Coordinate with Planning Section to ensure that clients meet the level of care required for admission and to ensure that the shelter works within capacity for space, 	

<p>clients and staffing.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conduct tours of facility every 2 hours to identify problems, treatment or capacity limitations, sanitation, or need for expanded resources and brief DOC Public Health Branch Director as directed. <input type="checkbox"/> Coordinate with Logistics (i.e. Staff and Client Registration Coordinator) to implement shelter guidelines for visitors. 	
Demobilization Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Coordinate disposition of clients including coordination of transportation with Logistics and collecting client information for follow-up if necessary. <input type="checkbox"/> Supervise the physical demobilization of the shelter. <input type="checkbox"/> Conduct interviews with subordinate staff. <input type="checkbox"/> Create and distribute after action report. 	
Start of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Report for Duty; receive briefing from previous shift. Remain on-site at all times. <input type="checkbox"/> Review the situation report, status reports, and all written materials provided by previous shift. <input type="checkbox"/> Review any checklists provided. <input type="checkbox"/> Assemble and brief the Command Staff and General Staff (Ops, Logs, Plans, and Finance Chiefs). Discuss the following: updated status of incident, any anticipated changes to action plan or anticipated shortages, any other important highlights from the last shift's situation report, review of what will be covered by who in just-in-time training. <input type="checkbox"/> Directs just-in-time (JIT) training on Medical Shelter operations; identification of staff and their roles, universal/standard precautions/ use of PPE if necessary; Shelter Rules (no smoking, weapons, drugs, alcohol or illegal substances); Personal care attendant expectations; administration of medication and/or use of medical supplies provided by client/caregiver; work hours, break-hours; check-in/out procedures; cell phone use; Safety/Security measures; privacy rules and documentation requirements. Any highlights for the last operational period/shift. <input type="checkbox"/> Direct all staff to provide staffing needs and supply needs early in their shift to ensure sufficient coverage and supplies for the oncoming shift. <input type="checkbox"/> Direct the General Staff to secure staffing for the next two 12 hour shifts using suggested staff-to-client ratios from "Medical Shelter Staffing Plan". <input type="checkbox"/> Coordinate with medical director, safety officer, operations chief and/or logistics chief to ensure that medical and nursing stations are in place, staffing levels are sufficient and supplies are available. 	
End of Shift	

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Conduct shift change briefings. Discuss any significant shortages, concerns, or issues.<input type="checkbox"/> Submit shelter operations situation report to DOC to include the following: detailed status report, shelter population (including caregivers, staff), shelter caseload and medical services provided, shelter conditions, water and food status, supply status and/or needs, number of oxygen or electrically dependent clients, significant problem areas, potential for infectious disease, need for transportation out of shelter to higher level of health care provider, and shelter census of 80% occupancy.<input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to PLAN Documentation Unit. | |
|--|--|

Medical Director

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Responsible for the direct administration, coordination and delivery of health/medical services in the medical shelter.

Should have current medical license as a MD/PA/RN/ARNP with emergency care experience.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Check in upon arrival at the medical shelter. <input type="checkbox"/> Report to Shelter Manager.	
Ongoing Activities	
<input type="checkbox"/> Review the Incident Action Plan. Recommend specific Public Health measures and determine the specific staff to be activated in order to achieve the mission. <input type="checkbox"/> Ensure appropriate staff is assigned to the shelter. <input type="checkbox"/> Provide direction to shelter staff. <input type="checkbox"/> Conduct periodic briefings. <input type="checkbox"/> Approve standard nursing protocols for the shelter staff. <input type="checkbox"/> Approve all medical procedures performed at the shelter that are not covered by existing protocols, recommendations or procedures. <input type="checkbox"/> Provide diagnosis and treatment orders for acute illnesses that occur among residents of the shelter. These are to be provided after attempts by nursing staff to contact the primary care physician are unsuccessful. <input type="checkbox"/> Arrange professional contact each 24 hour period thereafter, if possible, to assess medical problems at the shelter. <input type="checkbox"/> Assure notification of available Medical Center's on-call Emergency Room Attending Physician. <input type="checkbox"/> Convene a meeting for all staff, communicate INCIDENT ACTION PLAN and assign tasks. <input type="checkbox"/> Ascertain resources needed, and submit for procurement, transportation and delivery	

of these resources including personnel, supplies and equipment, to the site through the Logistics and Finance/Administration Section Chiefs.	
Demobilization Activities	
<input type="checkbox"/> Deactivate staff as conditions allow. <input type="checkbox"/> Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, as appropriate, prior to your departure.	
Start of Shift	
<input type="checkbox"/> None	
End of Shift	
<input type="checkbox"/> Complete position log.	

Public Information Officer (PIO)

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Responds to all media requests related to the medical shelter, under direction of the Medical Shelter Manager and/or the EOC/DOC PIO and in accordance to established media relation protocols. Provides direct support to the Medical Shelter Manager in the following matters: drafting key messages for medical shelter press releases, acting as the medical shelter’s point of contact and spokesperson for media, coordinating on-site visits or tours for media contacts, setting up interviews between media and medical shelter personnel or clients if requested, preparing the Medical Shelter Manager, Medical Shelter staff or clients for media interviews if requested, keeping the media updated on shelter status as necessary, ensuring prompt distribution of emergency information or other public information as necessary. Also ensures medical HIPAA compliance during any media interview and that staff or clients have completed photography consent forms, as necessary. Coordinates information with DOC-PIO to ensure continuity/consistency of key messages. May assist in the provision of translation services for press releases or clients, drafting language for signage, TDD or sign language interpretation and accommodations for people needing larger print.

ACTION CHECKLIST	Time task completed
Initial Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Report to shelter-site. Review plans and checklists. <input type="checkbox"/> Meet with all General Staff and Medical Shelter Manager for Initial Briefing. <input type="checkbox"/> Assist Medical Shelter Manager with just-in-time training, as it relates to media relations and protocols. <input type="checkbox"/> Review and follow PIO protocols and instructions established by the EOC PIO and/or DOC PIO. <input type="checkbox"/> Establish and maintain an area to track events, review PSAs, check media or VIP visitors in and out, and handle public media requests. <input type="checkbox"/> Ensure that language for shelter signage is appropriate. Help draft new language for signage as needed. <input type="checkbox"/> Ensure that signage and/or forms are made available in larger print or multiple languages, as needed. <input type="checkbox"/> Ensure that translation services or interpretation are made available to the clients, as 	

needed. Ensure that TDD or sign language is available as needed.	
Ongoing Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Review and follow PIO protocols and instructions established by the EOC PIO and /or DOC PIO. <input type="checkbox"/> Establish and maintain an area to track events, review PSAs, check media or VIP visitors in and out, and handle public media requests. <input type="checkbox"/> Ensure that language for shelter signage is appropriate. Help draft new language for signage as needed. <input type="checkbox"/> Ensure that signage and/or forms are made available in larger print or multiple languages, as needed. <input type="checkbox"/> Ensure that translation services or interpretation are made available to the clients, as needed. Ensure that TDD or sign language is available as needed. <input type="checkbox"/> Act as spokesperson to media on behalf of medical shelter by answering questions, providing updates on shelter status, offering “fact sheet” outlining details of shelter operation, responding to rumors and following-up with information as necessary. <input type="checkbox"/> Coordinate with DOC or EOC PIO when drafting medical shelter press release messages to ensure consistency. Confer with MS-IC when drafting messages to ensure that information is appropriate, comprehensive, and accurate. Provide translation services for PR messages as needed. <input type="checkbox"/> Prepare regular statements for clients to keep them informed and updated on emergency status or sheltering information. <input type="checkbox"/> Keep Medical Shelter Manager advised of all unusual requests for information and all critical or unfavorable media comments. Work with Medical Shelter Manager, as necessary, to respond to any negative media coverage. <input type="checkbox"/> Establish strategies for rumor control within shelter. <input type="checkbox"/> Set-up phone interviews with media, if requested. <input type="checkbox"/> Coordinate on-site visits or tours for media contacts or VIPs, as appropriate. <input type="checkbox"/> Set up in-person interviews between media and medical shelter personnel or clients if requested. Prepare the Medical Shelter Manager, Medical Shelter staff or clients for these media interviews. <input type="checkbox"/> Ensure that the media has limited access to the shelter and follows the following rules while onsite: 1) Media may visit shelter by appointment only. 2) Media must be escorted by PIO or staff member at all times while on-site 3) Media must display press badges at all times. 4) Media may only photograph clients or staff after consent form has been completed. <input type="checkbox"/> Ensure that all clients agree complete a consent form before being photographed. <input type="checkbox"/> Ensure that HIPAA privacy for clients is protected in all media relations. <input type="checkbox"/> Brief Medical Shelter Manager on all public service announcements. <input type="checkbox"/> May provide instructions to shelter staff on disposition of any media request for 	

information.	
Demobilization Activities	
<input type="checkbox"/> Specified by Medical Shelter Manager.	
Start of Shift	
<input type="checkbox"/> Report for duty; receive report from Medical Shelter Manager; remain on-site at all times. <input type="checkbox"/> Review the situation status report, status reports and all written materials provided by previous shift. <input type="checkbox"/> Review any checklists provided. <input type="checkbox"/> Ensure back up coverage for the next 12-24 hours if needed.	
End of Shift	
<input type="checkbox"/> Discuss any complaints, concerns or anticipated shortages with supervisor. Documents and submits all communications, actions and decisions, reports to Medical Shelter Manager and briefs replacement staff. <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Plan Documentation Unit.	

Liaison Officer

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

The Liaison Officer must foster and maintain lines of communication with all pertinent government agencies and departments, as well as support organizations. As a member of the Incident Command Staff, this position sends all communications and information through the proper channels while coordinating with Shelter Manager to ensure accurate status checks and information.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Report to Shelter Manager upon your arrival at shelter. <input type="checkbox"/> Attend briefing held by Shelter Manager. <input type="checkbox"/> Review shelter plans, mission, and operations.	
Ongoing Activities	
<input type="checkbox"/> Responsible for all communications with outside resources. <input type="checkbox"/> Participate in planning meetings to formulate and evaluate the Incident Action Plan. <input type="checkbox"/> Respond to requests and complaints from incident personnel regarding inter-agency issues. <input type="checkbox"/> Relay any special information obtained to appropriate personnel in the receiving facility (e.g., information regarding toxic decontamination or any special emergency conditions). <input type="checkbox"/> Keep agencies supporting the incident response aware of the incident status. <input type="checkbox"/> Monitor the incident to identify current or potential inter-organizational problems.	
Demobilization Activities	
<input type="checkbox"/> Ensure all records and reports are submitted to Support Organizations Coordinator. <input type="checkbox"/> Close the loop with external agencies regarding any pending communications issues. <input type="checkbox"/> Participate in debriefing with Medical Shelter Manager.	
Start of Shift	

<input type="checkbox"/> Participate in planning meetings to formulate and evaluate the INCIDENT ACTION PLAN.	
End of Shift	
<input type="checkbox"/> Ensure Support Organizations Coordinator is aware of personnel change. <input type="checkbox"/> Brief replacement on: ongoing communications processes, pertinent issues or occurrences, and ensure proper documentation has been submitted to Support Organizations Coordinator.	

Safety Officer

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Receives briefings from Medical Shelter Manager and provides direct support by ensuring the health and safety of clients, their families or caregivers and staff; assist in safe shelter set-up; monitors the work environment for safety hazards, proper infection control and medical waste disposal, appropriate sanitation; stops unsafe acts; develops safety strategies as necessary; recommends PPE; conducts safety just-in-time and may provide direct basic first aid attention to the ill or injured until professional medical help can assist. May direct, assign and supervise the Medical Shelter Security Officer if the security of the clients, staff, supplies, pharmaceuticals or facility is at risk. In larger events may coordinate with the Facilities Unit to ensure safe building infrastructure including an isolation room negative pressurization, air -low, filter inspections if necessary

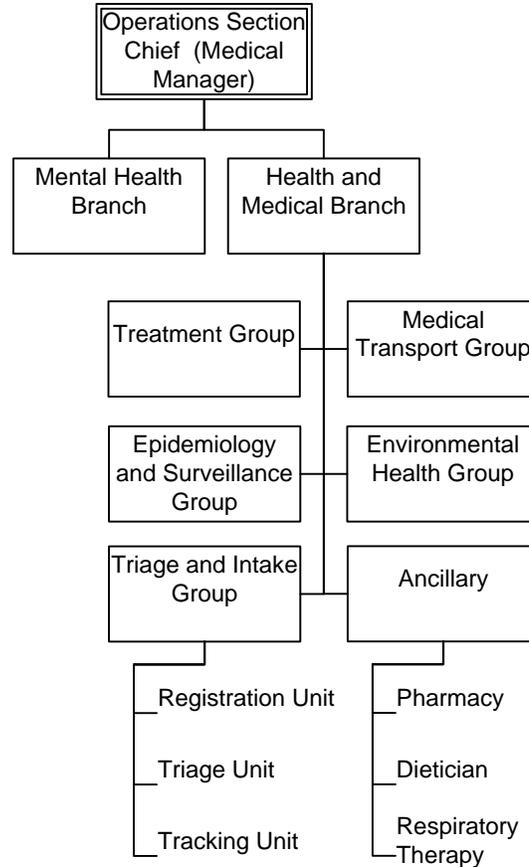
ACTION CHECKLIST	Time task completed
Initial Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Report to shelter-site. Review plans and checklists. <input type="checkbox"/> Assist the MS-IC in conducting a shelter walk- through to identify ingress, emergency egress, client flow, ADA accommodations, client capacity (& caregiver), secured areas for supply and pharmaceutical storage, sheltering support provisions (cots, blankets, food, drink). <input type="checkbox"/> Plan for emergency evacuation, identify emergency exits, fire extinguishers, and determine signage. <input type="checkbox"/> Meet with all General Staff and Medical Shelter Manager for Initial Briefing. <input type="checkbox"/> Responsible for ensuring a safe setup for the medical shelter. Supervises set-up with the Logistics Section Chief. <input type="checkbox"/> Ensure that the medical shelter is adequately supplied with items for PPE protection, ATD protection, infection control and general sanitation. Discuss any identified gaps in inventory with Logistics Section Chief. <input type="checkbox"/> Ensure that ADA Accommodations exist for people with disabilities, which may include providing an on-site access specialist, personal care attendants, language interpreters, proper signage and/or a physical room for: wheelchair/scooter space, 	

<p>toileting and physical access abilities.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assist MS-IC with just-in-time training, especially as it relates to safety issues, PPE and emergency procedures. <input type="checkbox"/> Consult with facility or building experts to ensure adequate room air flow; consult expert to evaluate positive and negative pressure operations particularly if isolation and quarantine strategies are implemented. <input type="checkbox"/> Set up and maintain area for biohazard waste collections. <input type="checkbox"/> Prepare and maintain an area for proper disinfection of reusable equipment or for surfaces. <input type="checkbox"/> Ensure back up coverage with sufficient supplies to carry out safety duties for the next 12-24 hours. 	
<p>Ongoing Activities</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Conduct tours of shelter at set up, every 3 hours and during demobilization to identify unsafe practices, monitor food and safe drinking water standards, building system status, proper ATD protection, infection control procedures, general sanitation, and potential shortages in safety supplies. Work with Logistics to mitigate any problems identified. <input type="checkbox"/> Mitigate minor problems and consult with Medical Shelter Manager to mitigate major hazards. Coordinate with EHS for any sanitation mitigations. <input type="checkbox"/> Carry forward resource requests to Medical Shelter Manager for Logistic Branch acquisitions. <input type="checkbox"/> Stop unsafe activities. <input type="checkbox"/> Monitor shelter staff for fatigue and stress. Report any problems to the Medical Shelter Manager or notify the Mental Health Consultant. <input type="checkbox"/> Monitor use of PPE and any potential adverse impacts. <input type="checkbox"/> Complete personnel reports such as: incident reports and/or workers compensation reports and blood borne pathogen exposure reports. Ensure that reports are submitted and filed. Follow-up on report status. <input type="checkbox"/> Work with Logistics Section to ensure that facility common areas are routinely disinfected, including door handles, railings, bathrooms etc. <input type="checkbox"/> Ensure that clinical staff follows recommended guidelines for disinfection of surfaces in and sanitation of client bedding areas, especially before admitted or after discharged. <input type="checkbox"/> Direct the approach to cleanups and biohazardous waste disposal. <input type="checkbox"/> May authorize, assign and supervise a Security Officer to identify and remove unauthorized persons from the shelter or restricted areas. Security personnel may/may not be able to perform this act; check with local peace officer/law enforcement agency assigned to the shelter. <input type="checkbox"/> Ensure that ADA Accommodations exist for people with disabilities, which may 	

<p>include providing an on-site access specialist, personal care attendants, language interpreters, proper signage and/or a physical room for: wheelchair/scooter space, toileting and physical access abilities.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assist Medical Shelter Manager with just-in-time training, especially as it relates to safety issues, PPE and emergency procedures. <input type="checkbox"/> Consult with facility or building experts to ensure adequate room air flow; consult expert to evaluate positive and negative pressure operations particularly if isolation and quarantine strategies are implemented. <input type="checkbox"/> Set up and maintain area for biohazard waste collections. <input type="checkbox"/> Prepare and maintain an area for proper disinfection of reusable equipment or for surfaces. <input type="checkbox"/> Ensure back up coverage with sufficient supplies to carry out safety duties for the next 12-24 hours. 	
Demobilization Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Assist in demobilizing the shelter. Ensure staff safety. 	
Start of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that proper identification with name badges are worn by all staff within shelter. <input type="checkbox"/> Report for Duty; receive report from Medical Shelter Manager; remain on-site at all times. <input type="checkbox"/> Review the situation status report, status reports and all written materials provided by previous shift. <input type="checkbox"/> Review any checklists provided. 	
End of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Conduct facility assessment, identify any hazards, and submit "Facility Assessment Report" to Medical Shelter Manager once per shift. <input type="checkbox"/> Discuss any complaints, concerns or anticipated shortages with supervisor. Documents and submits all communications, actions and decisions, reports to Medical Shelter Manager and briefs replacement staff. <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit. 	

Medical Shelter Operations Section

The following job action sheets are for the medical shelter operations section.



Operations Section Chief

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

The Operations Section Chief is in charge of the shelter's key functions, such as client care, transportation, and staffing levels. This position reports directly to the Medical Shelter Manager and is a member of the Incident Command Staff. With the assistance of operations section coordinators, the

Operations Section Chief makes final decisions regarding client healthcare and transport.	
ACTION CHECKLIST	Time task completed
Initial Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Report to shelter-site. Review plans and checklists. <input type="checkbox"/> Meet with Logistics to establish on-site methods of communicating resource needs within the shelter. <input type="checkbox"/> If needed, assist the Medical Shelter Manager in conducting a shelter walk-through to identify ingress, emergency egress, client flow, ADA accommodations, client capacity (& caregiver), areas for secured supply and pharmaceutical storage, sheltering support provisions (cots, blankets, food, drink). <input type="checkbox"/> Meet with all General Staff and Medical Shelter Manager for Initial Briefing. <input type="checkbox"/> Ensure that medical and nursing stations are in place, staffing levels are sufficient and supplies are available before opening of shelter. Consult with the Medical Director as necessary. <input type="checkbox"/> Assist the Medical Shelter Manager and Medical Director with the just-in-time training by providing direction on specific nursing procedures, e.g. use of PPE, communicable diseases, isolation/quarantine, or infection control measures. <input type="checkbox"/> Ensure that ADA Accommodations exist for people with disabilities, which may include providing an on-site access specialist, personal care attendants, language interpreters, proper signage and/or a physical room for: wheelchair/scooter space, toileting and physical access abilities. <input type="checkbox"/> May assist the Medical Shelter Manager and/or Medical Director in determining medical priorities for level of health care delivered as well as ensuring the admission criteria for the shelter commensurate with resources. If a Medical Director/ physician is unavailable, consult a physician in charge at the DOC or EOC. <input type="checkbox"/> Ensure sufficient staffing-to-client ratio. Monitor capacity to provide health care services as shelter capacity increases. Advise Medical Shelter when shelter reaches 70% of capacity. 	
Ongoing Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Trouble-shoot communications issues with Logistics Chief. <input type="checkbox"/> Consult with Medical Director for approval of all extraordinary medical procedures. <input type="checkbox"/> Coordinate the clinical staffing support and ensures that all medical personnel (e.g. RNs, LVNs, MA's, CNAs, HSA's) are working within the established scope of clinical care for shelter. <input type="checkbox"/> Direct clinical staff in their duties. 	

<ul style="list-style-type: none"> <input type="checkbox"/> Assist Nursing Unit Leader and clinical staff by monitoring routine duties and providing support with ancillary duties as necessary. <input type="checkbox"/> With the Medical Director and/or Medical Shelter Manager, assess the need for access to specialists and/or the provision of special medical, nursing, or other health care services on-site (including Unit Clerk as needed); direct and supervise subordinate units in obtaining access to and delivery of these special services. <input type="checkbox"/> Assist in client transfer to hospital; coordinate with Operations, Plans (admissions and discharge unit) and Logistics Section (client and staff registration coordinator). <input type="checkbox"/> Receive requests for medical supplies and/or pharmaceuticals from those reporting to you. <input type="checkbox"/> Carry forward medical requests to Medical Shelter Manager for Logistic Branch acquisitions. 	
<p>Demobilization Activities</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Specified by Shelter Manager. 	
<p>Start of Shift</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Report to the Medical Shelter and obtain briefing from Medical Shelter Manager or DOC Public Health Branch Director. <input type="checkbox"/> Review the situation status report, status reports and all written materials provided by previous shift. <input type="checkbox"/> Review any checklists provided. <input type="checkbox"/> Participate in staff briefing. <input type="checkbox"/> If there is no Medical Director on-site, ensure a licensed physician is continuously available on-call for client medical consultations for diagnosis, treatment, medical orders, and disease management. Work with the Medical Shelter Manager to arrange for a physician to visit the site as necessary. <input type="checkbox"/> Assign clinical personnel to their specific roles and brief them on duties. 	
<p>End of Shift</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that medical and nursing stations are in place, staffing levels are sufficient and supplies are available before change of shift. Consult with the Medical Director as necessary. <input type="checkbox"/> Reports all significant complaints, concerns, anticipated shortages, or other issues to Medical Shelter Manager and provides a change of shift report. <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit. 	

Health Branch Director

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Oversee the environment of the medical shelter; ensure a safe and clean environment for care through disease monitoring and reporting, proper waste disposal, pest control, and food handling.

ACTION CHECKLIST	Time task completed
Initial Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Receive appointment, briefing, and any appropriate materials from the Operations Section Chief. <input type="checkbox"/> Read the entire Job Action Sheet and review incident management team chart. <input type="checkbox"/> Document key activities. <input type="checkbox"/> Appoint appropriate environmental services staff. <input type="checkbox"/> Brief group members on current situation, incident objectives and strategy for medical shelter operations. <input type="checkbox"/> Ensure group members are safe, have appropriate personal protective equipment. <input type="checkbox"/> Ensure proper disinfection of reusable equipment, monitor risks. <input type="checkbox"/> Document all communications, both internal and external. 	
Ongoing Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Meet regularly with the Operations Section Chief for status reports, and relay important information to group members. <input type="checkbox"/> Ensure prioritization of problems when multiple issues are presented. <input type="checkbox"/> Determine need for additional staff and request additional staffing. <input type="checkbox"/> Appoint Environmental Health Group and Epidemiology Surveillance Group leads. <input type="checkbox"/> Report resource issues and needs to the Logistics Section Chief. <input type="checkbox"/> Coordinate activities with Shelter Manager. <input type="checkbox"/> Coordinate use of external resources. <input type="checkbox"/> Report hazardous incidents and coordinate mediation efforts. <input type="checkbox"/> Coordinate waste disposal, pest control, monitoring food handling and storage 	

<p>hazards, if required.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure staff health and safety issues are being addressed. <input type="checkbox"/> Develop and submit an Incident Action Plan. <input type="checkbox"/> Coordinate orientation of external personnel. 	
Demobilization Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> As needed for decrease staff, return staff to their normal jobs and combine or deactivate positions in a phased manner. <input type="checkbox"/> Medical Shelter Manager when clean-up/site restoration is complete. <input type="checkbox"/> Assist with the restoration of medical shelter resources. <input type="checkbox"/> Ensure all documentation and operational logs are complete and submitted. <input type="checkbox"/> Ensure equipment and supplies are returned. <input type="checkbox"/> Debrief staff on lessons learned and procedural/equipment changes. 	
Start of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Report for duty; receive briefing; remain on-site at all times. 	
End of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit. 	

Epidemiology and Surveillance Group

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Monitor the health status of the medical shelter population, identify occurrence of communicable disease and make appropriate recommendations for intervention and/or prophylaxis.

ACTION CHECKLIST	Time task completed
Initial Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Obtain briefing from the Health Branch Director or Operations Section Chief. <input type="checkbox"/> Read job action sheet. <input type="checkbox"/> Obtain the most current medical intelligence related to the conditions that are most likely to occur as a result of the event, as well as relevant treatment. <input type="checkbox"/> Coordinate with public health nurses and medical staff on prevention strategies and anticipated disease control measures. <input type="checkbox"/> Develop standardized interview tool (questionnaire) or other data collection tool, for the surveillance of diseases/conditions of epidemiologic significance. <input type="checkbox"/> Instruct appropriate staff in use of interview (or data collection) tools. 	
Ongoing Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Update and/or tailor standardized questionnaire (or tool(s)) as needed. <input type="checkbox"/> Relate information back to Health Branch/Operations Chief. <input type="checkbox"/> Establish and maintain ongoing contact with Planning Section to coordinate data and analysis of information. <input type="checkbox"/> Evaluate feedback from staff using tool. <input type="checkbox"/> Obtain up to date information from neighboring jurisdictions, including the CDC and California Department of Public Health. <input type="checkbox"/> Collect specimens if necessary. <input type="checkbox"/> Direct use of isolation area if necessary. 	
Demobilization Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Specified by Shelter Manager. 	

Environmental Health Group

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Ensure the safety of water and food supplies at the medical shelter, and the appropriate disposal of waste.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Obtain briefing from the Health Branch Director or Operations Section Chief. <input type="checkbox"/> Coordinate and request PPE and supplies for response staff if required. <input type="checkbox"/> Direct and coordinate environmental sampling, specimen collection, and other actions as needed. <input type="checkbox"/> Monitor food safety, and sanitation.	
Ongoing Activities	
<input type="checkbox"/> Coordinate and request PPE and supplies for response staff if required. <input type="checkbox"/> Direct and coordinate environmental sampling, specimen collection, and other actions as needed. <input type="checkbox"/> Monitor food safety, and sanitation. <input type="checkbox"/> Initiate and maintain log of events and key actions. <input type="checkbox"/> Review Incident Action Plan and adhere to indicated environmental health actions.	
Demobilization Activities	
<input type="checkbox"/> Specified by Medical Shelter Manager.	
Start of Shift	
<input type="checkbox"/> Review Incident Action Plan and adhere to indicated environmental health.	
End of Shift	
<input type="checkbox"/> Prepare status report and transition to next shift.	

Mental Health Branch Director

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Oversee the provision of mental health services to include assessment, crisis counseling and referral service to shelter clients and staff.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Report to shelter-site. Review plans, checklists and position responsibilities. <input type="checkbox"/> Meet with all General Staff and Medical Shelter Manager for Initial Briefing.	
Ongoing Activities	
<input type="checkbox"/> Respond to behavioral health agencies and provide psychological triage to any needed residents. <input type="checkbox"/> Maintain records as appropriate and prepare reports as requested. <input type="checkbox"/> Assess and meet the mental health needs of staff members and shelter residents. <input type="checkbox"/> Provide referral to local behavioral health providers, local public health, and other community resources.	
Demobilization Activities	
<input type="checkbox"/> Specified by Medical Shelter Manager.	
Start of Shift	
<input type="checkbox"/> Report for Duty; receive briefing; remain on-site at all times. <input type="checkbox"/> Review the situation status report, status reports, and all written materials provided by previous shift. Confirm information before proceeding with any planning for new shift. <input type="checkbox"/> Review any checklists provided.	
End of Shift	
<input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit.	

Medical Branch Director

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Reports to Operations Chief. Oversees the care, and discharge of all clients in the medical shelter. Supervises CNA/MA and nursing staff. Coordinates maintenance of medicine and supply inventories with Medical Director and Logistics. Assure that forms and client records are maintained for each client. Directs client care plans. Fields complaints from clients. **Licensed nursing staff** will be responsible for providing and/or directing nursing care for clients admitted into the Shelter; receiving and implementing provider orders (or standing orders) for treatment or medications; directs and/or provides just-in-time training and/or supervision or competency testing to UAPs; provides report every shift and will document all activities, decisions and actions. **Medical Assistants, Certified Nursing Assistants** and any other **unlicensed assistive personnel (UAP)** will be responsible for working within their scope of practice; reporting to their nursing team leader work they are unsure of; reporting client unmet needs; provides comfort measures; may assist in personal care, supply maintenance; registration; interpreting; discharge procedures; will document all activities.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Participate in just-in-time training to obtain detailed information about the nature of the incident and about the clinical role.	
Ongoing Activities	
<input type="checkbox"/> Remains on-site during 12 hour shift. <input type="checkbox"/> Supervises the provision of nursing care, nursing support and comfort measures in accordance to standard of nursing practice and within scope of nursing practice as defined by law. <input type="checkbox"/> Although the goal of a nursing ratio is 25 clients, it may fluctuate with a rush of admissions, discharges or extraordinary circumstances. <input type="checkbox"/> Use the American Red Cross Protocols for First Aid, the Public Health Department Policy and Procedure Manual for Disaster Nursing, Clinical Nursing Text resource and current Nursing Drug Book as resources. <input type="checkbox"/> Provide or direct just-in-time training and competency testing as necessary. <input type="checkbox"/> Ensures that RN/PHN/LVN conduct rounds on all clients no less once per shift if there	

<p>is only RN/PHN/LVN available. Nursing support personnel (RN/PHN/LVN/MA) will conduct rounds no less than every than every four hours and report any client whose is becoming unstable. Vital signs (TPR & B/P) are taken at least once/shift and reported if unstable or if a client needs a different level of care (hospitalization).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supervises the organization and maintenance of client records; including the review of Daily Client Assessment Flow Sheets and progress notes. <input type="checkbox"/> Ensures shelter guidelines are followed and reports any unsafe acts <input type="checkbox"/> Monitors medical (e.g. pharmaceuticals, equipment etc.) and non-medical (e.g., disinfectants, linens) inventories and communicates any anticipated shortages to Operations Section Chief <input type="checkbox"/> Oversees the discharge of clients. Ensures clients receive approved follow-up information, medication information, aftercare for shelter care and all personal possessions upon discharge from the shelter and document accordingly. <input type="checkbox"/> Fields complaints and questions from clients, visitors, and staff. <input type="checkbox"/> Document all nursing care given, medications or treatment administered, actions taken on behalf of client in client disaster record. 	
<p>Demobilization Activities</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Specified by Medical Shelter Manager. 	
<p>Start of Shift</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Report to the Medical Shelter and obtain briefing from Operations Section Chief. <input type="checkbox"/> Review the situation status report, status reports and all written materials provided by previous shift. <input type="checkbox"/> Review any checklists provided. <input type="checkbox"/> Participate in staff briefing (only you have already participated in the just-in-time training). 	
<p>End of Shift</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that medical and nursing stations are in place, staffing levels are sufficient and supplies are available before change of shift. Consult with the Medical Director as necessary. <input type="checkbox"/> Reports all significant complaints, concerns, anticipated shortages, or other issues to Medical Shelter Manager and provides a change of shift report. <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit. 	

Treatment Group Supervisor

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Reports to Medical Branch Director. Provides intake and nursing care to clients according to the responsibilities listed in their job action sheet, including completing medical shelter forms in client charts to record medications and client status, requesting physician orders, if necessary, providing first aid when necessary, implementing standing orders and policies, conducting rounds, documenting activities, and following universal infection control guidelines. Licensed nursing staff will be responsible for providing and/or directing nursing care for clients admitted into the medical shelter; receiving and implementing provider orders (or standing orders) for treatment or medications; directs and/or provides just-in-time training and/or supervision or competency testing to UAPs; provides report every shift and will document all activities, decisions and actions.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Participate in just-in-time training to obtain detailed information about the nature of the incident and about your clinical role.	
Ongoing Activities	
<input type="checkbox"/> Remains on-site during 12 hour shift. <input type="checkbox"/> Provides nursing care, nursing support and comfort measures (including the care provided by unlicensed assistive personnel) in accordance to standard of nursing practice and within scope of nursing practice as defined by law up to 25 medically fragile clients. <input type="checkbox"/> Although the goal of a nursing ratio is 25 clients, it may fluctuate with a rush of admissions, discharges or extraordinary circumstances. <input type="checkbox"/> Use the American Red Cross Protocols for First Aid, the Public Health Department Policy and Procedure Manual for Disaster Nursing, Clinical Nursing Text resource and current Nursing Drug Book as resources. <input type="checkbox"/> Helps with just-in-time training and competency testing as necessary. <input type="checkbox"/> RN/PHN/LVN conduct rounds on all clients no less once per shift if there is only RN/PHN/LVN available. Rounds include nursing assessment and documentation at least once in a 12 hour shift (and more often as needs arise); Documentation includes	

<p>all treatments and medications administered, progress notes, and assessment notes for each client using the Daily Client Assessment Flow Sheet.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nursing support personnel (RN/PHN/LVN/MA) will conduct rounds no less than every than every four hours and report any client whose is becoming unstable. Vital signs (TPR & B/P) are taken at least once/shift and reported if unstable or if a client needs a different level of care (hospitalization). <input type="checkbox"/> Receive and/or implement provider orders (or standing orders) for treatment or medications. <input type="checkbox"/> Provide first aid, if necessary. <input type="checkbox"/> Ensures shelter guidelines are followed and reports any unsafe acts. Identify any health concerns or sanitation issues. <input type="checkbox"/> Ensures clients receive approved follow-up information, medication information, aftercare for shelter care and all personal possessions upon discharge from the shelter and document accordingly. <input type="checkbox"/> Document all nursing care given, medications or treatment administered, actions taken on behalf of client in client disaster record. 	
Demobilization Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Specified by Medical Shelter Manager. 	
Start of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Report to the Medical Shelter and obtain briefing from Medical Branch Director. <input type="checkbox"/> Review the situation status report, status reports and all written materials provided by previous shift. <input type="checkbox"/> Review any checklists provided. <input type="checkbox"/> Participate in staff briefing (only you have already participated in the just-in-time training). 	
End of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that medical and nursing stations are in place and supplies are available for the next 12-24 hours. Consult with the Medical Director as necessary. <input type="checkbox"/> Reports all significant complaints, concerns, anticipated shortages, or other issues to MS-IC and provides a change of shift report. <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit. 	

Triage and Intake Group Supervisor

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Reports to Medical Branch Director. Oversees the intake, assessment, triage and/or transfer of clients to more appropriate facilities. Supervises non-clinical and nursing staff to ensure that they are working according to standing orders/protocols. Assures that forms and client records are initiated for each client and that clients are placed in appropriate beds.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Participate in just-in-time training to obtain detailed information about the nature of the incident and about your clinical role. <input type="checkbox"/> Provide competency testing as necessary.	
Ongoing Activities	
<input type="checkbox"/> Remain on-site during 12 hour shift. <input type="checkbox"/> Although the goal of a nursing ratio is 25 clients, it may fluctuate with a rush of admissions, discharges or extraordinary circumstances. <input type="checkbox"/> Ensure that staff have access to the American Red Cross Protocols for First Aid, the PHD Policy and Procedure Manual for Disaster Nursing, Clinical Nursing Text resource and current Nursing Drug Book as resources. <input type="checkbox"/> Supervise non-clinical and clinical intake/triage staff to ensure that they are working according to standing orders/protocols. <input type="checkbox"/> Supervise the "Intake Registration Unit's" as they register all clients, caregivers, and family members using the Registration Form. Ensure coordination with Plans and Logistics Sections as necessary. <input type="checkbox"/> Ensure that the Intake Registration Unit initiates client records for each client. <input type="checkbox"/> Supervise the provision of nursing care during client intake/triage in accordance to standard of nursing practice and within scope of nursing practice as defined by law, including completion of "Medical Shelter Intake and Assessment" and "Consent for Admission and Treatment" forms. <input type="checkbox"/> Help the Triage Unit identify clients that need to be transferred to other facilities and	

<p>work with Plans Section to ensure this occurs promptly.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supervise the provision of nursing care during the transfer of clients to more appropriate facilities. <input type="checkbox"/> Monitor waiting area for any clients that appear in more critical condition or appear unstable. Ensure that they are transferred to a “treatment area” or “medical holding area” to receive immediate attention. <input type="checkbox"/> Ensure that Triage Unit gives all clients, caregivers, and family members ID bands. <input type="checkbox"/> Ensure that client valuables are properly organized and secured. Work with Triage Unit to ensure that this process is documented appropriately and work with Logistics (valuables) and/or the Nursing Branch (pharmaceuticals) to ensure that items are locked in storage. <input type="checkbox"/> Ensure that intake/triage nursing support personnel (RN/PHN/LVN/MA) conduct rounds on clients waiting for beds or awaiting transfer in the “medical holding area” no less than every than every four hours and report any client whose is becoming unstable. Vital signs (TPR & B/P) are taken on clients requiring transport to more advanced care every couple hours and reported if unstable or if a client needs emergency attention. <input type="checkbox"/> Supervise the Client Escort/Transport Unit in obtaining appropriate bedding/accommodations for each client, escorting clients to bed, and tracking clients via “Medical Shelter Bed Assignment List”. <input type="checkbox"/> Ensure shelter guidelines are followed and reports any unsafe acts . <input type="checkbox"/> Receive requests for medical supplies and/or pharmaceuticals from those reporting to you. <input type="checkbox"/> Carry forward medical requests to Medical Shelter Manager for Logistic Branch acquisitions. <input type="checkbox"/> Document all nursing care given, medications or treatment administered, actions taken on behalf of client in client disaster record. 	
Demobilization Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Specified by Shelter Manager. 	
Start of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Report to the Medical Shelter and obtain briefing from Medical Branch Director. <input type="checkbox"/> Review the situation status report, status reports and all written materials provided by previous shift. <input type="checkbox"/> Review any checklists provided. <input type="checkbox"/> Participate in staff briefing (only if you have already participated in the just-in-time raining). 	
End of Shift	

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Ensure that clinical and non-clinical intake stations are in place, staffing levels are sufficient and supplies are available before change of shift. Consult with the Medical Director as necessary.<input type="checkbox"/> Reports all significant complaints, concerns, anticipated shortages, or other issues to Medical Shelter Manager and provides a change of shift report.<input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit. | |
|---|--|

Registration Unit Leader

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Reports to the Triage and Intake Group Supervisor. Registers all clients, caregivers, and family members using the Registration Form. Coordinates with Planning Section and MS Logistics Unit (Staff and Client Registration Unit Leader)

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Specified by Medical Shelter Manager.	
Ongoing Activities	
<input type="checkbox"/> Remain on-site during 12 hour shift. <input type="checkbox"/> Register all clients, caregivers, and family members using the Registration Form. Work with supervisor to ensure coordination with Plans and Logistics Sections as necessary. <input type="checkbox"/> Initiate client records for each client. <input type="checkbox"/> Monitor waiting area for any clients that appear in more critical condition or appear unstable. Notify Triage Branch Director to ensure that they are transferred to a "treatment area" or "medical holding area" to receive immediate attention. <input type="checkbox"/> Ensure shelter guidelines are followed and report any unsafe acts. <input type="checkbox"/> Forward any resource requests to the Triage and Intake Group Supervisor.	
Demobilization Activities	
<input type="checkbox"/> None	
Start of Shift	
<input type="checkbox"/> Report to the Medical Shelter and obtain briefing from Triage and Intake Group Supervisor. <input type="checkbox"/> Review the situation status report, status reports and all written materials provided by previous shift. <input type="checkbox"/> Review any checklists provided. <input type="checkbox"/> Participate in staff briefing (only if you have already participated in the just-in-time	

training).	
End of Shift	
<input type="checkbox"/> End of Shift: Reports all significant complaints, concerns, anticipated shortages, or other issues to Medical Shelter Manager and provides a change of shift report.	
<input type="checkbox"/> End of Shift: At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit.	

Medical Transport Group Supervisor

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Reports to Medical Branch Director. Responsible for identifying appropriate transportation vehicles and arranging client transportation.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Specified by Medical Shelter Manager. <input type="checkbox"/> Identify parking, loading/unloading zones. <input type="checkbox"/> Establish the flow of vehicular traffic to the shelter and around shelter facilities.	
Ongoing Activities	
<input type="checkbox"/> Obtain a list of available transportation resources. <input type="checkbox"/> Arrange transportation for clients as requested. <input type="checkbox"/> Coordinate with nursing staff to identify staff and equipment needed during transportation. <input type="checkbox"/> Coordinate information with receiving facility. <input type="checkbox"/> Ensure shelter guidelines are followed and report any unsafe acts. <input type="checkbox"/> Carry forward supply requests to Medical Branch Director for Logistic Branch acquisitions. <input type="checkbox"/> Maintain transportation schedules and staffing levels, as appropriate to meet needs.	
Demobilization Activities	
<input type="checkbox"/> Specified by Medical Shelter Manager.	
Start of Shift	
<input type="checkbox"/> Report to the Medical Shelter and obtain briefing from Medical Branch Director. <input type="checkbox"/> Review the situation status report, status reports and all written materials provided by previous shift.	

<input type="checkbox"/> Review any checklists provided. <input type="checkbox"/> Participate in staff briefing.	
End of Shift	
<input type="checkbox"/> Reports all significant complaints, concerns, anticipated shortages, or other issues to Medical Shelter Manager and provides a change of shift report. <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit.	

Pharmacy Unit Leader

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Arrange for and administer pharmacy services to the medical shelter. This position must be staffed by a licensed pharmacist.

ACTION CHECKLIST	Time task completed
Initial Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Initiate and maintain log of events and key actions. <input type="checkbox"/> Obtain briefing from Medical Branch Director. <input type="checkbox"/> Verify inventory (medical supplies and nonprescription medications) for shelter. <input type="checkbox"/> Verify appropriate secured space for supplies, as needed. Items requiring refrigeration are to be stored in a secured refrigerator with access allowed only to shelter staff. <input type="checkbox"/> Mobilize all staff that will be assisting in pharmacy services at the shelters, including triage officers and any support staff. <input type="checkbox"/> Determine as soon as possible whether mobile pharmacies should be requested and if so, how many and to which locations. Alert the participating pharmacy chains as well as local pharmacies. <input type="checkbox"/> Contact pharmacy chain organizations who have mobile pharmacies as well as participating local pharmacies to advise them about the situation, the possible needs and ask them to maintain a stand-by status. Keep these groups advised throughout the process. 	
Ongoing Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Maintain updated lists of inventory (medical supplies and nonprescription medications) for shelter. <input type="checkbox"/> Document/maintain log of pertinent events and incidents. <input type="checkbox"/> If an inventory of medical supplies and nonprescription drugs are to be available at shelters, they should be ordered. <input type="checkbox"/> Coordinate with pharmaceutical suppliers: local pharmacy, public health pharmacy, and/or mobile pharmacy. 	

<ul style="list-style-type: none"> <input type="checkbox"/> Work with Triage and Intake Unit to obtain, check in, and store pharmaceuticals from arriving clients. <input type="checkbox"/> Work with clients to obtain and fill prescription needs. <input type="checkbox"/> Work with clients to dispense and administer medications as prescribed. 	
Demobilization Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Return pharmaceuticals to clients. <input type="checkbox"/> Collect all remaining medications and medical supplies. <input type="checkbox"/> When possible, unopened factory-sealed containers should be returned for credit and opened containers should be properly disposed. 	
Start of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Obtain briefing from previous shift and Medical Branch Director. <input type="checkbox"/> Review Incident Action Plan. 	
End of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Update the pharmaceutical supply and inventory list. <input type="checkbox"/> Brief incoming shift and Medical Branch Director. 	

Dietician Unit Leader

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

The Dietician Unit Leader is responsible for determining the best use of available nutritional resources and meal planning to best maintain the health of shelter clients, staff, and volunteers.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Report to Medical Branch Director upon your arrival at shelter. <input type="checkbox"/> Attend briefing held by Operations Section Chief. <input type="checkbox"/> Review shelter plans, mission, and operations.	
Ongoing Activities	
<input type="checkbox"/> Responsible for determining nutritional and dietary requirements of shelter inhabitants. <input type="checkbox"/> Ensures that available resources are maximized to meet the nutritional and dietary. <input type="checkbox"/> Keep the Medical Branch Director fully advised of all dietary and nutritional issues. <input type="checkbox"/> Fully complete any documentation requirements.	
Demobilization Activities	
<input type="checkbox"/> Specified by Medical Shelter Manager	
Start of Shift	
<input type="checkbox"/> Obtain briefing from previous shift and Medical Branch Director. <input type="checkbox"/> Review Incident Action Plan.	
End of Shift	
<input type="checkbox"/> Ensure Medical Branch Director is aware of personnel change. <input type="checkbox"/> Inform replacement of any outstanding or pending issues of your post. <input type="checkbox"/> Brief incoming dietician.	

Respiratory Therapy Unit Leader

Name: _____

Date: _____

Shift: _____

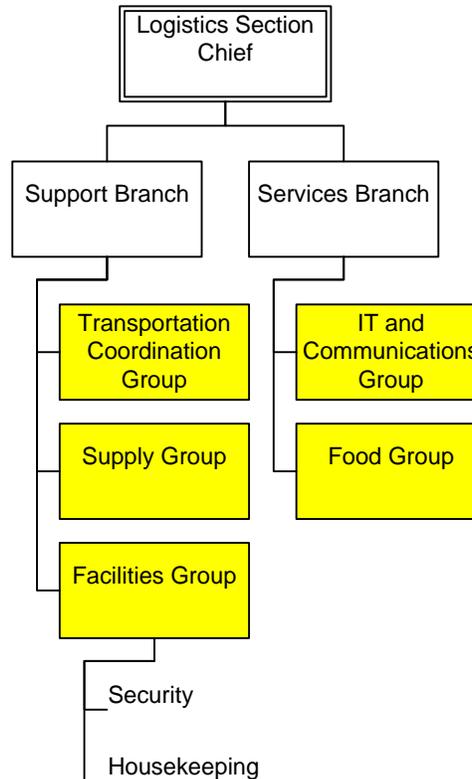
RESPONSIBILITIES:

The Respiratory Therapy Unit Leader is responsible for providing any respiratory treatments needed by clients. In coordination nursing staff and the Medical Branch Director, this position monitors the status of clients and staff members during shelter operations.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Report to Medical Branch Director upon arrival at shelter. <input type="checkbox"/> Attend briefing held by Operations Section Chief. <input type="checkbox"/> Review shelter plans, mission, and operations.	
Ongoing Activities	
<input type="checkbox"/> Provide specialized respiratory treatments to clients of shelter. <input type="checkbox"/> Oversee the use of equipment designed for specialized use for respiratory treatments.	
Demobilization Activities	
<input type="checkbox"/> Specified by Shelter Manager.	
Start of Shift	
<input type="checkbox"/> Obtain briefing from previous shift and Medical Branch Director. <input type="checkbox"/> Review Incident Action Plan.	
End of Shift	
<input type="checkbox"/> Ensure Medical Branch Director is aware of personnel change. <input type="checkbox"/> Inform replacement of any outstanding or pending issues of your post. <input type="checkbox"/> Brief incoming respiratory therapist.	

Medical Shelter Logistics Section

The following job action sheets are for the medical shelter logistics section.



Logistics Section Chief

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Responsible for overall operations of ensuring shelter staffing and supplies; may coordinate with ARC in providing food and drink to medical fragile clients, their caregivers and shelter staff. Acquires cots, blankets, accessible cots, hospital beds as requested by medical staff; May assist in providing signage; ensuring potable and non-potable water, power, communications, telecommunications, computer access, ADA accommodations (TTY, Braille, etc.); secure facility cleaning

Required: ICS-700 and Good organizational skills

ACTION CHECKLIST	Time task completed
Initial Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Work with DOC/EOC Logistics, Logistics staff, DSS staff, and volunteers to ensure the deployment and delivery of the medical shelter cache from the warehouse to the shelter site. <input type="checkbox"/> Report to shelter-site. Review plans and checklists. <input type="checkbox"/> Activate plans. For events of 25 clients or less, may integrate with the efforts of DOC Logs section if directed. For larger or more complex sheltering event, may select, assign and supervise other positions such as a Communication Leader, Facility Leader, Supply Leader or Personnel Leader. <input type="checkbox"/> Assist the Medical Shelter Manager in conducting a shelter walk-through to identify ingress, emergency egress, client flow, ADA accommodations, client capacity (& caregiver), areas for secured supply and pharmaceutical storage, sheltering support provisions (cots, blankets, food, drink). <input type="checkbox"/> Determine details of the physical layout based on walk-through and outline plan for set-up with schematic (if not already established). Make copies for the Logistics staff. <input type="checkbox"/> Work with Medical Shelter Manager to ensure that admission criteria for the shelter commensurate with resources and based on walk-through. <input type="checkbox"/> Meet with Operations Chief to establish on-site methods of communicating resource needs within the shelter. <input type="checkbox"/> Meet with all General Staff and Medical Shelter Manager for Initial Briefing. <input type="checkbox"/> Supervise the unloading, staging, and assembly of medical cache materials in the setup of the shelter, including the setup of signage. <input type="checkbox"/> Setup communications equipment and establish a communications plan for the medical shelter. <input type="checkbox"/> Determine any initial gaps in supply inventories and make requests through the DOC Operations Section. <input type="checkbox"/> Assist the Medical Shelter Manager with the just-in-time training by providing direction on resource request processes, information about facility (e.g. location of restrooms, info about parking, information about power, lighting, facility contacts etc.), information about shelter layout (e.g., biohazardous waste disposal areas, media check-in area, ADA accommodations, etc.), food/dietary services, communications, and other logistics information. 	
Ongoing Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Assist Medical Shelter Manager in providing logistical support for ADA Accommodations. <input type="checkbox"/> Ensure the Staff and Client Registration Unit receives staffing lists from the DOC, maintains a list of reporting staff, reports staffing issues (such as no shows), and 	

<p>updates staffing lists as needed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure that Staff and Client Registration Unit provides copies of staff and client census data to medical shelter and/or DOC Planning Section for situation status reporting and to the Food Unit for dietary planning. <input type="checkbox"/> Supervise the preparation and delivery of food/water to clients and staff by either ARC or a Food Unit. Ensure safe storage and proper disposal of food. <input type="checkbox"/> Supervise the maintenance of the facility by Logistics staff, including janitorial duties such as cleaning the restrooms, floors and common areas. <input type="checkbox"/> Coordinates with facility manager. Report any major needs, problems, or repairs. <input type="checkbox"/> Receive all supply requests (medical and non-medical) from shelter staff. May fulfill request directly if item is available in on-site inventory. If not available onsite, forward request to DOC Operations. <input type="checkbox"/> Ensure specificity when ordering (source, number, type, size, weight, delivery location, special considerations). <input type="checkbox"/> Consult with Medical Shelter Manager should deliveries need to coincide with client use (i.e. delivery of oxygen gases). <input type="checkbox"/> Track requests and actions associated with obtaining resources or personnel (who needed what and where and when). Develop inventory tracking to ensure proper paper trail. <input type="checkbox"/> Notify Operations Section Chief or another supervisor about the status of resource requests. <input type="checkbox"/> Ensure the delivery of requested items to the supervisor of the requestor. If item is not immediately available, make it known to Operations Section Chief. <input type="checkbox"/> Meet with Finance Section Chief at least twice per shift to review financial support needs and guidelines, including purchasing authority and limits of purchases. <input type="checkbox"/> Assess security needs depending on type of supplies delivered (i.e. pharmaceuticals). <input type="checkbox"/> Consult with Access Specialist for items requiring accommodations (i.e. accessible cots, low vision signage, etc.). <input type="checkbox"/> Create new signage, as needed or requested. <input type="checkbox"/> Ensure access to potable and non-potable water, power, telecommunications, computers, ADA accommodations, and secure facility cleaning. <input type="checkbox"/> Ensure that all personnel are taking breaks. 	
<p>Demobilization Activities</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Work with DOC/EOC Logistics, medical shelter Logistics staff, DSS staff, and volunteers to ensure the proper demobilization of medical shelter, including proper disposal of all biohazardous waste, proper disposal of all non-reusable items, cleaning and/or disposal of linens, disassembly and staging of all items returning to warehouse, loading and delivery of medical cache back to the warehouse. <input type="checkbox"/> Ensure that all waste, cache items, and other materials are removed from site and 	

that facility is properly cleaned before shelter unit leaves.	
Start of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Report for Duty; receive briefing from Medical Shelter Manager; remain on-site at all times. <input type="checkbox"/> Participate in staff briefing (if you already attending just-in-time training). <input type="checkbox"/> Review the situation status report, status reports and all written materials provided by previous shift including detailed data about briefings, PSAs, weather reports, news accounts. Confirm information before proceeding with any planning for new shift. <input type="checkbox"/> Review any checklists provided. <input type="checkbox"/> Perform a communications test. <input type="checkbox"/> Supervises staff and client registration (i.e. the checking in and out of clients, staff and visitors). <input type="checkbox"/> Ensure the Staff and Volunteer Registration Unit creates an org chart for current shift on a white board. 	
End of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Reports all significant complaints, concerns, anticipated shortages, or other issues to Medical Shelter Manager and provides a change of shift report. <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit. 	

Services Branch Director

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

The Services Branch is under the supervision of the Logistics Section Chief, and is responsible for the management of all service activities within the medical shelter. The Services Branch Director supervises the operations of the Communications and Food Units.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Review the Incident Action Plan. <input type="checkbox"/> Report to shelter-site. Review plans, checklists and position responsibilities. <input type="checkbox"/> Meet with the Logistics Chief to obtain shelter status and initial activities.	
Ongoing Activities	
<input type="checkbox"/> Determine the level of service required to support operations. <input type="checkbox"/> Confirm dispatch of Service Branch personnel. <input type="checkbox"/> Participate in planning meetings of Logistics Section personnel. <input type="checkbox"/> Review the Incident Action Plan. <input type="checkbox"/> Organize and prepare assignments for Service Branch personnel. <input type="checkbox"/> Coordinate activities of Branch Units. <input type="checkbox"/> Inform the Logistic Section Chief of Service Branch activities. <input type="checkbox"/> Resolve Service Branch problems. <input type="checkbox"/> Maintain activity log.	
Demobilization Activities	
<input type="checkbox"/> As needs for Services Branch staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner.	
Start of Shift	
<input type="checkbox"/> Obtain briefing from Logistics Section Chief and from off going Services Branch	

Director from prior shift.	
End of Shift	
<input type="checkbox"/> Brief from Logistics Section Chief and incoming Services Branch Director.	

Information Technology and Communications Group Supervisor

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

- Responsible for telephone lines and resolving issues with the phone company.
- Responsible for computers and access to the internet (cable, fiber, etc.), and dealing with the internet provider.
- Responsible for satellite phones: storage, operation, and maintenance.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Set up computers networks and communication links.	
Ongoing Activities	
<input type="checkbox"/> Responsible for setting up and maintaining the operations of telephone lines and resolving any issues that may arise with the phone company. <input type="checkbox"/> Inventory the communications equipment cache that is sent to the shelter to ensure that radios, telephones, batteries, chargers, electrical cords and any other necessary resources are included. <input type="checkbox"/> Set up an area that will serve as a communications hub that will also house any back-up equipment. <input type="checkbox"/> Create a message system to maintain continuous communications with County. <input type="checkbox"/> Disperse communications equipment to leadership team members, as assigned by Medial Shelter Manager or Logistics Section Chief. <input type="checkbox"/> Maintain records and reports in a unit log.	
Demobilization Activities	
<input type="checkbox"/> Confirm the completion and submission of all documentation, records, and reports to the Services Branch Director. <input type="checkbox"/> Repackage and store equipment.	
Start of Shift	
<input type="checkbox"/> Report to Services Branch Director upon your arrival at shelter.	

<input type="checkbox"/> Attend briefing held Services Branch Director and Logistics Chief. <input type="checkbox"/> Review shelter plans, mission and operations.	
End of Shift	
<input type="checkbox"/> Inform replacement of any outstanding or pending issues of your post. <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit.	

Food Group Supervisor

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Responsible for in providing food & drink medical shelters clients, their caregivers and shelter staff.

ACTION CHECKLIST	Time task completed
Initial Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Assists with unloading, staging, and assembly of medical cache materials in the setup of the shelter, including the setup of signage. <input type="checkbox"/> Participate in the just-in-time training to gain information about the nature of the incident and about your role in the shelter. <input type="checkbox"/> Report for Duty; receive briefing from Services Branch Director; remain on-site at all times. 	
Ongoing Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Obtain copies of staff and client census data from Logistics Staff and Client Registration Unit for dietary planning. <input type="checkbox"/> Responsible for the preparation and delivery of food/water to clients and staff, including those for specialized or restricted diets. <input type="checkbox"/> Ensure safe storage and proper disposal of food. Also, that all food serving areas are sanitized. <input type="checkbox"/> Report any power or other facility issues that may affect safe storage of food to Logistics Section Chief, immediately. <input type="checkbox"/> Report any food related shortages or supply requests to Logistics Section Chief. <input type="checkbox"/> Work with finance to procure all drinks, snacks, meals for staff and clients. Arranging the delivery of food and drink to the shelter. 	
Demobilization Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Help with proper demobilization of medical shelter, especially with relation to cleaning the kitchen area and disposing of food related items. 	

Start of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Participate in staff briefing, if you have already participated in the just-in-time training. <input type="checkbox"/> Review the situation status report, status reports and all written materials provided by previous shift including detailed data about briefings, PSAs, weather reports, news accounts. Confirm information before proceeding with any planning for new shift. <input type="checkbox"/> Review any checklists provided. <input type="checkbox"/> Perform a communications test. 	
End of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Reports all significant complaints, concerns, anticipated shortages, or other issues to Medical Shelter Manager and provides a change of shift report. <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit. 	

Support Branch Director

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Organize and manage the services required to maintain the shelter’s supplies, facilities, and transportation.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Review the Incident Action Plan. <input type="checkbox"/> Report to shelter-site. Review plans, checklists and position responsibilities. Familiarize self with supply list and storage area. <input type="checkbox"/> Meet with the Logistics Section Chief to obtain shelter status and initial activities.	
Ongoing Activities	
<input type="checkbox"/> Assess problems and needs in each Unit area; coordinate resource management. <input type="checkbox"/> Assess progress and needs for each group within the Support Branch. <input type="checkbox"/> Develop and submit a branch action plan to the Logistics Section Chief when requested. <input type="checkbox"/> Maintain activity log.	
Demobilization Activities	
<input type="checkbox"/> As needs for Support Branch staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner. <input type="checkbox"/> Assist the Logistics Section Chief and Unit Leaders with addressing staff health and medical concerns.	
Start of Shift	
<input type="checkbox"/> Obtain briefing from Logistics Section Chief and from Support Branch Director from prior shift.	
End of Shift	
<input type="checkbox"/> Brief from Logistics Section Chief and incoming Support Branch Director	

Transportation Coordination Group Supervisor

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Responsible for obtaining accessible transportation resources and ensuring the availability and functionality of all shelter vehicles. This is to include the setup of a towing service, if needed, ensuring the availability of additional vehicles, and planning for any emergency repairs or maintenance that may be needed.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Report to shelter-site. Review plans, checklists and position responsibilities. Familiarize self with supply list and storage area. <input type="checkbox"/> Obtain briefing from Support Branch Director or Logistics Section Chief. <input type="checkbox"/> Assist with medical shelter setup as directed by Logistics Section Chief. <input type="checkbox"/> Ensure the activation of your direct reports, and confirm assignments as soon as they arrive.	
Ongoing Activities	
<input type="checkbox"/> Responsible for coordinating the access to additional vehicles, as needed. <input type="checkbox"/> Ensure availability of a tow truck or towing service. <input type="checkbox"/> Make sure to have a plan in case emergency maintenance or repair work is needed on any vehicle.	
Demobilization Activities	
<input type="checkbox"/> Communication with warehouse logs staff to help coordinate pickup of items returning to warehouse medical shelter cache (or, if short-staffed, take part in deployment of cache to warehouse and delivery). <input type="checkbox"/> Consult Logistics Section Chief about which items can be packed up and returned to the warehouse medical shelter cache and which items can be disposed. Disassemble, stage, and help load all items returning to warehouse for pickup.	
Start of Shift	

<input type="checkbox"/> Report for Duty; receive briefing; remain on-site at all times. <input type="checkbox"/> Review any checklists provided.	
End of Shift	
<input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. <input type="checkbox"/> Submit Situation Log to Documentation Unit.	

Supply Group Supervisor

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Manage shelter supplies. Ensure adequate supplies and equipment are available for shelter operations.
Manage order, receipt, storage and distribution of shelter supplies.

ACTION CHECKLIST	Time task completed
Initial Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Report to shelter-site. Review plans, checklists and position responsibilities. Familiarize self with supply list and storage area. <input type="checkbox"/> Obtain briefing from Support Branch Director or Logistics Section Chief. <input type="checkbox"/> Assist with medical shelter setup as directed by Logistics Section Chief. <input type="checkbox"/> Communication with warehouse logs staff to coordinate delivery of medical shelter cache to shelter site (or, if short-staffed, take part in deployment of cache from warehouse and delivery to site). <input type="checkbox"/> Reporting any additional supply needs or facility problems to Logistics Section Chief. <input type="checkbox"/> Participates in just-in-time training to learn about the nature of the incident and your role. 	
Ongoing Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Manage the procurement, storage, distribution, and safeguarding of medical shelter supplies and equipment, especially those items specific to medical shelter operations. <input type="checkbox"/> Identify needed resources, make requested and needs known through chain of command. <input type="checkbox"/> Manage the procurement, storage, distribution, and safeguarding of medical shelter supplies and equipment. <input type="checkbox"/> Establish and communicate the supply status to the Logistics Section Chief. <input type="checkbox"/> Maintain documentation and receipts for reporting purposes. 	
Demobilization Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Communication with warehouse logs staff to help coordinate pickup of items returning to warehouse medical shelter cache (or, if short-staffed, take part in 	

deployment of cache to warehouse and delivery).	
<input type="checkbox"/> Consult Logistics Section Chief about which items can be packed up and returned to the warehouse medical shelter cache and which items can be disposed. Disassemble, stage, and help load all items returning to warehouse for pickup.	
Start of Shift	
<input type="checkbox"/> Report for Duty; receive briefing; remain on-site at all times. <input type="checkbox"/> Review any checklists provided.	
End of Shift	
<input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit.	

Facilities Group Supervisor

Name: _____

Date: _____

Shift: _____

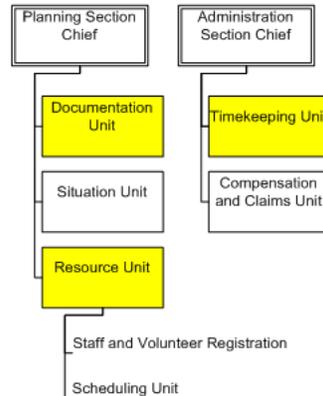
RESPONSIBILITIES:

Ensure client and staff' needs are met in the facility. Ensure all areas of the shelter are clean, and secure. Assist with the set-up, maintenance, and demobilization of the facility. Help organize, manage, and support building systems, equipment and supplies. Ensure proper cleaning and disinfection of shelter environment.

ACTION CHECKLIST	Time task completed
Initial Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Report to shelter-site. Review plans, checklists and position responsibilities. Familiarize self with supply list and storage area. <input type="checkbox"/> Obtain briefing from the Support Branch Director or Logistic Section Chief. <input type="checkbox"/> Conduct a comprehensive facility status report. <input type="checkbox"/> Assist with medical shelter setup as directed by Logistics Section Chief. Including: <ul style="list-style-type: none"> <input type="checkbox"/> Unloading, staging and assembling cache according to plan/layout. <input type="checkbox"/> Participates in just-in-time training to learn about the nature of the incident and your role. 	
Ongoing Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Address problems arising in the facility such as power/lighting outages, plumbing issues, and HVAC concerns. <input type="checkbox"/> Assist in keeping the facility clean. Assist in disposing of garbage and maintain routine waste collection. <input type="checkbox"/> Create new signage, as needed or requested. <input type="checkbox"/> Help ensure access to potable and non-potable water, power, telecommunications, computers, ADA accommodations, secure facility cleaning. <input type="checkbox"/> Establish and communicate the facility needs to the Logistics Section Chief. <input type="checkbox"/> Maintain documentation for reporting purposes. 	
Demobilization Activities	

<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that all waste, cache items, and other materials are removed from site and that facility is properly cleaned before shelter unit leaves. <input type="checkbox"/> Coordinate on-site and/or off-site disposal of medical shelter materials. Some waste must be disposed according to biohazard waste standards (consult with logs chief). <input type="checkbox"/> Assist in cleaning the facility. <input type="checkbox"/> Return all equipment and supplies to their original location. 	
Start of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Report for duty; receive briefing; remain on-site at all times. <input type="checkbox"/> Review any checklists provided. 	
End of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit. 	

Medical Shelter Planning and Administration Sections



The following job action sheets are for the medical shelter planning and administration sections.

Planning Section Chief	
Name: _____	
Date: _____	
Shift: _____	
RESPONSIBILITIES:	
<p>Assists in the strategic planning of continued operations by obtaining projected short-term and long-term information about weather conditions, transportation limitations, anticipated supply or personnel shortages, or other emergency relevant facts. Reports projections to the Medical Shelter Manager, discusses potential impact to the medical shelter, and helps decide upon the appropriate response. Determines the duration of sheltering operations. Supervises the Resource Unit, Situation Unit, and Documentation Unit. Ensures that census and status reports are completed and submitted twice a shift. In smaller emergency events, this function may be combined with the EOC or DOC Planning functions.</p>	
ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Report to shelter-site. Review plans and checklists. <input type="checkbox"/> Meet with all General Staff and Medical Shelter Manager for Initial Briefing. <input type="checkbox"/> Coordinate with Medical Shelter Manager to ensure that clients meet the level of	

<p>care required for admission and to ensure that the shelter works within capacity for space, clients and staffing.</p> <p><input type="checkbox"/> Explain planning function, including situation status reporting and client/staff census in just-in-time training.</p>	
<p>Ongoing Activities</p>	
<p><input type="checkbox"/> Anticipate and plan for the next 12-24 hours of shelter care including capacity, staffing and resource capacity.</p> <p><input type="checkbox"/> Make short-term and long-term projections about weather conditions, transportation limitations, anticipated supply or personnel shortages, or other emergency relevant facts. Report projections to the Medical Shelter Manager, discuss potential impact to the medical shelter, and help decide upon the appropriate response.</p> <p><input type="checkbox"/> Identify potential problems and work with Medical Shelter Manager to prepare alternative solutions</p> <p><input type="checkbox"/> Keep Medical Shelter Manager informed of significant findings, projected reductions in resources, or any other relevant issues.</p> <p><input type="checkbox"/> Consult with EOC/DOC as directed.</p> <p><input type="checkbox"/> Communicate with all Section Chiefs to ascertain problem areas or ensure transmission of key information.</p> <p><input type="checkbox"/> Supervise the compilation of client and staffing census data. Ensure that census reports and status reports are completed twice every shift. Submit these reports to DOC Planning Section and give a copy to the Medical Shelter Manager.</p> <p><input type="checkbox"/> Begin to strategize on demobilization efforts when shelter capacity decreases or when emergency is resolving.</p> <p><input type="checkbox"/> Provide goals and objectives for the next shift period and evaluate milestones for current shift.</p>	
<p>Demobilization Activities</p>	
<p><input type="checkbox"/> Specified by Medical Shelter Manager.</p>	
<p>Start of Shift</p>	
<p><input type="checkbox"/> Report for Duty; receive briefing from Medical Shelter Manager; remain on-site at all times.</p> <p><input type="checkbox"/> Participate in staff briefing.</p> <p><input type="checkbox"/> Review the situation status report, status reports and all written materials provided by previous shift including detailed data about briefings, PSAs, weather reports, news accounts. Confirm information before proceeding with any planning for new shift.</p> <p><input type="checkbox"/> Review any checklists provided.</p>	
<p>End of Shift</p>	

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Reports all significant complaints, concerns, anticipated shortages, or other issues to Medical Shelter and provides a change of shift report. Detailed documentation of all communications, actions and decisions are required in writing.<input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit. | |
|---|--|

Situation Unit Leader

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

The situation unit:

- Oversees the collection, organization, and analysis of disaster situation information.
- Ensures that information collected from all sources is validated prior to posting on status boards.
- Ensures that situation status reports are developed and disseminated.
- Ensures that an Incident Action Plan is developed for each operational period, based on objectives developed by each section.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Check in upon arrival at the medical shelter. <input type="checkbox"/> Report to Planning Section Chief. <input type="checkbox"/> Set up workstation and review position responsibilities. <input type="checkbox"/> Establish and maintain a position log that chronologically describes actions taken during the shift. <input type="checkbox"/> Determine resource needs, such as a computer, phone, plan copies, and other reference documents. <input type="checkbox"/> Prepare Situation Analysis Unit objectives for the initial Action Planning meeting.	
Ongoing Activities	
<input type="checkbox"/> Ensure position logs and other necessary files are maintained. <input type="checkbox"/> Oversee the collection and analysis of all event-related information. <input type="checkbox"/> Oversee the preparation and distribution of the Situation Status Report. <input type="checkbox"/> Coordinate with the Documentation Unit for manual distribution and reproduction as required. <input type="checkbox"/> Ensure that each Section provides the Situation Unit with Status Reports on a regular basis. <input type="checkbox"/> Prepare a situation summary for the Action Planning meeting. <input type="checkbox"/> Ensure each section provides their objectives at least 30 minutes prior to each Action	

<p>Planning meeting.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Convene and facilitate the Action Planning meeting following the meeting process guidelines. <input type="checkbox"/> Following the meeting, ensure that the Documentation Unit publishes and distributes the Action Plan prior to the beginning of the next operational period. 	
Demobilization Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Deactivate your assigned position and close out logs when authorized by the Shelter Manager. <input type="checkbox"/> Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, as appropriate, prior to your departure. 	
Start of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Meet with Planning Section Chief to review INCIDENT ACTION PLAN and identify shift objectives and tasks. <input type="checkbox"/> Meet with group ending their shift for transition of duties. 	
End of Shift	
<ul style="list-style-type: none"> <input type="checkbox"/> Complete position log. <input type="checkbox"/> Report shift accomplishments and needs to Planning Section Chief. <input type="checkbox"/> Meet with incoming shift to transition duties. 	

Resource Unit Leader

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Responsible for maintaining the status of all resources at the shelter. This is achieved by overseeing the check-in/ out of all resources, maintaining a status-keeping indicating current status of all resources, and maintenance of a master list of all resources.

ACTION CHECKLIST	Time task completed
Initial Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Check in upon arrival at the medical shelter. <input type="checkbox"/> Report to Planning Section Chief. <input type="checkbox"/> Set up workstation and review position responsibilities. <input type="checkbox"/> Establish and maintain a position log that chronologically describes actions taken during the shift. <input type="checkbox"/> Determine resource needs, such as a computer, phone, plan copies, and other reference documents. 	
Ongoing Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Evaluate needs and orders supplies and materials to keep unit operating. <input type="checkbox"/> Verify that resources checked in are ordered for this incident. <input type="checkbox"/> Verify that the check-in function is being performed. <input type="checkbox"/> Compare check-in list with finance section records and ground support unit inventory list to verify that all resources are accounted. <input type="checkbox"/> Track restrictions/work requirements for each operational resource to maximize safe and efficient assignments during the incident. <input type="checkbox"/> Communicate situation status of resources. <input type="checkbox"/> Prepare resource availability information. <input type="checkbox"/> Place resource orders upon direction from the Planning Section Chief to reconcile resource deficiencies and needs. <input type="checkbox"/> Respond to request for information about resource. 	

Demobilization Activities	
<input type="checkbox"/> Deactivate your assigned position and close out logs when authorized by the Shelter Manager. <input type="checkbox"/> Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, as appropriate, prior to your departure.	
Start of Shift	
<input type="checkbox"/> Meet with Planning Section Chief to review INCIDENT ACTION PLAN and identify shift objectives and tasks. <input type="checkbox"/> Meet with group ending their shift for transition of duties.	
End of Shift	
<input type="checkbox"/> Complete position log. <input type="checkbox"/> Report shift accomplishments and needs to Planning Section Chief. <input type="checkbox"/> Meet with incoming shift to transition duties.	

Staff and Volunteer Registration Unit

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

Checks staff, volunteers and visitors in and out. Receives staffing lists from DOC, reports staffing issues such as no-shows, updates staffing lists as needed. Creates Org Chart with staff names on white board. Provides documentation to plans and Food Unit for census reporting and dietary/food orders.

Required: ICS-700 and Good organizational skills

ACTION CHECKLIST	Time task completed
Initial Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> May be asked to work with DOC/EOC Logistics, medical shelter Logistics staff, DSS staff, and volunteers to ensure the deployment and delivery of the medical shelter cache from the warehouse to the shelter site. <input type="checkbox"/> Assists with unloading, staging, and assembly of medical cache materials in the setup of the shelter, including the setup of signage. <input type="checkbox"/> Participates in just-in-time training to learn about the nature of the incident and your role. 	
Ongoing Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Receive staffing lists from the DOC or Medical Shelter Manager. <input type="checkbox"/> Maintain a list of reporting staff (also, make sure staff show up, order more staff as requested, call to cancel staff if asked, etc.). <input type="checkbox"/> Report staffing issues (such as “no shows”) to Logistics Section Chief. <input type="checkbox"/> Update staffing lists as needed. <input type="checkbox"/> Provide copies of staff and client census data to medical shelter and/or DOC Planning Section for situation status reporting and to the Food Unit for dietary planning. 	
Demobilization Activities	
<ul style="list-style-type: none"> <input type="checkbox"/> Work with DOC/EOC Logistics, medical shelter Logistics staff, DSS staff, and volunteers to ensure the proper demobilization of medical shelter, including proper disposal of all biohazardous waste, proper disposal of all non-reusable items, cleaning and/or disposal of linens, disassembly and staging of all items returning to 	

<p>warehouse, loading and delivery of medical cache back to the warehouse.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure that all waste, cache items, and other materials are removed from site and that facility is properly cleaned before shelter unit leaves. 	
<p>Start of Shift</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Report for Duty; receive briefing from Resource Unit Leader; remain on-site at all times. <input type="checkbox"/> Participate in staff briefing, if you have already attending a just-in-time training. <input type="checkbox"/> Review the situation status report, status reports and all written materials provided by previous shift including detailed data about briefings, PSAs, weather reports, news accounts. Confirm information before proceeding with any planning for new shift. <input type="checkbox"/> Review any checklists provided. <input type="checkbox"/> Responsible for staff and client registration (i.e. the checking in and out of staff, volunteers and visitors). <input type="checkbox"/> Responsible for creating an org chart for current shift on a white board. 	
<p>End of Shift</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Reports all significant complaints, concerns, anticipated shortages, or other issues to Resource Unit Leader/Planning Chief and provides a change of shift report. . <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit. 	

Finance and Administration Section Chief

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES: Responsible for ensuring that all costs associated with Medical Shelter are documented and submitted to the DOC or EOC. May also be involved in client registration, medical insurance, client tracking etc.

Required: ICS-700 and Accounting knowledge

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Report to shelter-site. Review plans and checklists. <input type="checkbox"/> Meet with all General Staff and Medical Shelter Manager for Initial Briefing. <input type="checkbox"/> Explain finance function and any fiscal protocols in just-in-time training.	
Ongoing Activities	
<input type="checkbox"/> Responsible for documenting and/or ensuring the documentation for all financial matters relating to the operations of the medical shelter throughout response, including food orders, supply requests, and demobilization and/or restoration facility in condition in which it was found. <input type="checkbox"/> May also require basic information for client registration, medical insurance documentation, record preparation, client tracking; forms availability; communications; support to the Finance functions.	
Demobilization Activities	
<input type="checkbox"/> Specified by Shelter Manager.	
Start of Shift	
<input type="checkbox"/> Report for Duty; receive briefing from Medical Shelter Manager; remain on-site at all times. <input type="checkbox"/> Participate in staff briefing. <input type="checkbox"/> Review the situation status report, status reports and all written materials provided by previous shift including detailed data about briefings, PSAs, weather reports, news accounts. Confirm information before proceeding with any planning for new shift.	

<input type="checkbox"/> Review any checklists provided.	
End of Shift	
<input type="checkbox"/> Reports all significant complaints, concerns, anticipated shortages, or other issues to Medical Shelter Manager and provides a change of shift report. <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. Submit Situation Log to Documentation Unit.	

Timekeeping Unit Leader

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

- Track, record, and report all on-duty time for personnel working during the event or disaster.
- Ensure that personnel time records, travel expense claims and other related forms are prepared and submitted to county budget and payroll office.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Check in upon arrival at the medical shelter. <input type="checkbox"/> Report to Finance and Administration Section Chief. <input type="checkbox"/> Set up workstation and review position responsibilities. <input type="checkbox"/> Establish and maintain a position log that chronologically describes actions taken during the shift.	
Ongoing Activities	
<input type="checkbox"/> Establish and maintain position logs and other necessary files. <input type="checkbox"/> Initiate, gather, or update time reports from all personnel, to include volunteers assigned to each shift; ensure that time records are accurate and prepared in compliance with local policy. <input type="checkbox"/> Obtain complete personnel rosters from the Personnel Unit. Rosters must include all EOC Personnel as well as personnel assigned to the field level. <input type="checkbox"/> Provide instructions for all supervisors to ensure that time sheets and travel expense claims are completed properly and signed by each employee prior to submitting them. <input type="checkbox"/> Establish a file for each employee or volunteer within the first operational period; to maintain a fiscal record for as long as the employee is assigned to the response. <input type="checkbox"/> Keep the Finance/Administration Section Chief informed of significant issues affecting the Timekeeping Unit.	
Demobilization Activities	
<input type="checkbox"/> Deactivate your assigned position and close out logs when authorized by the Shelter	

<p>Manager.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, as appropriate, prior to your departure. 	
<p>Start of Shift</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Meet with Finance and Administration Section Chief to review INCIDENT ACTION PLAN and identify shift objectives and tasks. <input type="checkbox"/> Meet with group ending their shift for transition of duties. 	
<p>End of Shift</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Complete position log. <input type="checkbox"/> Report shift accomplishments and needs to Administration Section Chief. <input type="checkbox"/> Meet with incoming shift to transition duties. 	

Compensation and Claims Unit Leader

Name: _____

Date: _____

Shift: _____

RESPONSIBILITIES:

- Oversee the investigation of injuries and property / equipment damage claims arising out of the event or disaster.
- Complete all forms required by worker's compensation program.
- Maintain a file of injuries and illnesses associated with the event or disaster which includes results of investigations.

ACTION CHECKLIST	Time task completed
Initial Activities	
<input type="checkbox"/> Check in upon arrival at the medical shelter. <input type="checkbox"/> Report to Finance / Administration Section Chief. <input type="checkbox"/> Establish and maintain a position log that chronologically describes actions taken during the shift.	
Ongoing Activities	
<input type="checkbox"/> Establish and maintain a position log and other necessary files. <input type="checkbox"/> Maintain a chronological log of injuries and illnesses, and property damage reported during the vent or disaster. <input type="checkbox"/> Investigate all injury and damage claims as soon as possible. <input type="checkbox"/> Prepare appropriate forms for all verifiable injury claims and forward them to worker's compensations within the required time-frame consistent with Policy and Procedures. <input type="checkbox"/> Coordinate with the Safety Officer regarding the mitigation of hazards. <input type="checkbox"/> Keep the Finance/Administration Chief informed of significant issues affecting the Compensation and Claims Unit. <input type="checkbox"/> Forward all equipment or property damage claims to the Documentation Unit.	
Demobilization Activities	
<input type="checkbox"/> Deactivate your assigned position and close out logs when authorized by the Shelter Manager. <input type="checkbox"/> Complete all required forms, reports, and other documentation. All forms should be	

submitted through your supervisor to the Planning Section, as appropriate, prior to your departure.	
Start of Shift	
<input type="checkbox"/> Meet with Finance / Administration Section Chief to review INCIDENT ACTION PLAN and identify shift objectives and tasks. <input type="checkbox"/> Meet with group ending their shift for transition of duties.	
End of Shift	
<input type="checkbox"/> Complete position log. <input type="checkbox"/> Report shift accomplishments and needs to Administration Section Chief. <input type="checkbox"/> Meet with incoming shift to transition duties.	



Name: Medical Shelter Incident Action Plan

Date Last Updated: 7/11/11

Source(s): California Department of Public Health Emergency Preparedness Office

Description:

The Incident Action Plan Incident action plans ensure that everyone is working in concert toward the same goals set for that operational period by providing all incident supervisory personnel with direction for actions to be taken during the operational period identified in the plan. Incident Action Plans provide a coherent means of communicating the overall incident objectives for both operational and support activities. They include measurable strategic objectives to be achieved in a time frame called an Operational Period. They may be verbal or written except for hazardous material incidents where it must be written, and are prepared by the Planning Section.

The consolidated INCIDENT ACTION PLAN is a very important component of the ICS that reduces freelancing and ensures a coordinated response. At the simplest level, all Incident Action Plans must have the following elements:

What do we want to do?

Who is responsible for doing it?

How do we communicate with each other?

Instructions:

This tool is an Excel workbook. Fill out the applicable content.



Name: Medical Shelter Message Development Template

Date Last Updated: 7/11/11

Source(s): Center for Disease Control and Prevention, Crisis and Emergency Risk Communication Guide

Description:

A one-page message development template for use in medical shelters.

Instructions:

Complete all applicable fields. Note: all communications from the medical shelter should be issued by someone trained in disaster communications. Please coordinate with your local EOC or DOC.

MEDICAL SHELTER MESSAGE DEVELOPMENT TEMPLATE

First, consider the following:

Audience	Message Purpose	Delivery Method
<input type="checkbox"/> Relationship to event	<input type="checkbox"/> Give facts/update	<input type="checkbox"/> Print media release
<input type="checkbox"/> Demographics (age, language, education, culture)	<input type="checkbox"/> Rally to action	<input type="checkbox"/> Web release
	<input type="checkbox"/> Clarify event status	<input type="checkbox"/> Through spokesperson (TV or in-person appearance)
	<input type="checkbox"/> Address rumors	<input type="checkbox"/> Radio
	<input type="checkbox"/> Satisfy media requests	<input type="checkbox"/> Other (e.g., recorded phone message)

Six Basic Emergency Message Components:

1. Expression of empathy: _____

2. Clarifying facts/Call for Action:

Who _____

What _____

Where _____

When _____

Why _____

How _____

3. What we don't know: _____

4. Process to get answers: _____

5. Statement of commitment: _____

6. Referrals: _____

For more information _____

Next scheduled update _____

Finally, check your message for the following:

- | | |
|---|--|
| <input type="checkbox"/> Positive action steps | <input type="checkbox"/> Avoid jargon/Acronyms |
| <input type="checkbox"/> Honest/open tone | <input type="checkbox"/> Avoid judgmental phrase |
| <input type="checkbox"/> Clarity | <input type="checkbox"/> Avoid humor |
| <input type="checkbox"/> Use simple words and short sentences | <input type="checkbox"/> Avoid speculation |



Name: Medical Shelter Signage and Pictograms

Date Last Updated: 7/11/11

Source(s): Adapted from:

State of Texas, Medical Special Needs Planning Toolkit

Seattle and King County Public Health HCC Pictograms

Description:

In addition to the pictograms, these 35 signs may be used in the shelter to help clients identify services needed.

Instructions:

Select the pictograms, enlarge them to 6" x 6", one per sheet, and print and display where necessary in the medical shelter.



No Parking



Don't Get Out of Car



Educational Info



Enter Here



Exit



First Aid



Follow Signs



Form Line



Handicapped



Consultation



Sign Language



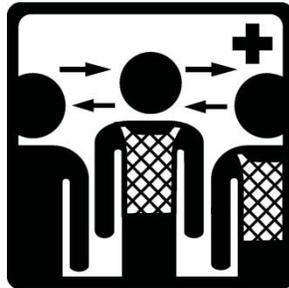
Pick Up Form



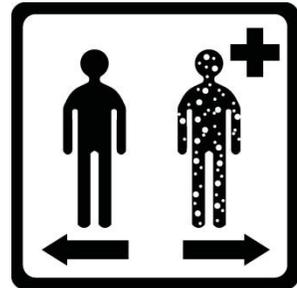
Questions



Counseling



Interpreter



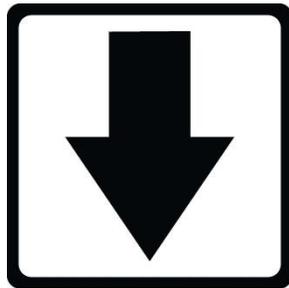
Triage



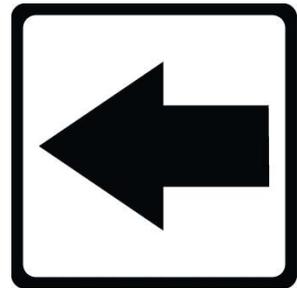
Registration



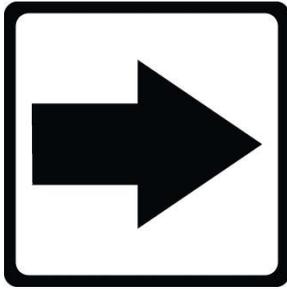
Up



Down



Left



Right

ISOLATION AREA



Biohazard



Abmulance



Waiting Area



Shuttle



Deliveries



Phone, Fax, Computer



Quiet Area



Cover Your Cough



Pediatrics



Nurse Station



Wash Hands



Staff



Authorized Personnel
Only



Name: Medical Shelter Talk Boards

Date Last Updated: 7/11/11

Source(s): State of Texas, Medical Special Needs Planning Toolkit

Description:

This tool contains talk boards that medical shelter staff should consider printing and making available at all stations. The talk boards help staff communicate with clients, regardless of language, by simply pointing to pictures.

Instructions:

Jurisdictions may order talk boards from various vendors or print and distribute the cards included in the toolkit to each station.

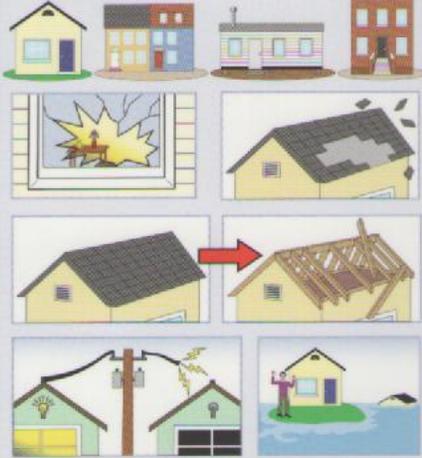
Shelter Rules / Damage

Reglas del Refugio / Daños

Shelter Rules



Damage



Language Identification

Identificación del Idioma

U.S.A. English	ASL American Sign Language	Mexico Spanish Español	Brazil Portuguesa Português	Haiti Kreyòl Ayisyen	France Français
Germany German Deutsch	Italy Italiano	Ukraine Українська Мова	Greece Greek Ελληνικό	Russia Russian Русский Язык	Hungary Magyar
Poland Polish Polski	Lithuania Lithuanian Lietuvių Kalba	Czech Rep. Czech Česky	Romania Romanian Românește	Croatia Croatian Hrvatski	Slovak Slovak Slovensky
Saudi Arabia Arabic اللغة العربية	Iran Farsi فارسی	Iraq Kurdish کوردی	Turkey Turkish Türkçe	Armenia Armenian Հայերեն	Ethiopia Amharic አማርኛ
China Mandarin 國語	India Hindi हिन्दी	The Philippines Tagalog Tagalog	South Korea Korean 한국말	Vietnam Vietnamese Tiếng Việt	Laos Laotian ລາວ
Cantonese 廣東話	Bangali বাংলা	Ilocano Ilokano	Thailand Thai ภาษาไทย	Pakistan Punjabi پنجابی	Cambodia Khmer ខ្មែរ

Damage Scale

Escala del Daño



Language Text

Texto en los Idiomas

	Hindi हिन्दी India	Line 1: English Line 2: Translation Line 3: Pronunciation		Khmer ខ្មែរ Cambodia
<p>Point to what you need. आपको क्या चाहिए उस पर इशारा करें Aapko kya Chahiye us per ishara karen</p>		<p>Point to what you need. ចំណុចអ្វីដែលអ្នកត្រូវការ Chong ol bong harnh nov ar vei dal nak trov kar</p>		
<p>How many? कितने ? Kitne</p>		<p>How many? ប៉ុន្មាន? Ponn man?</p>		
<p>Yes / No Thank you हां / नहीं धन्यवाद Haan / Nahi Dhanyavad</p>		<p>Yes No Thank you បាទ / ទាន់ ទេ / អត់ទេ អរគុណ Bai / Chars' tei / ot tei or Kunn</p>		
<p>Who / What / When कौन / क्या / कब Kaun / Kya / Kab</p>		<p>Who / What / When គេណា / វា / ពេលណា Nor nar / Ai ven / Pei Na</p>		
<p>Where / Why / How कहाँ / क्यों / कैसे Kahan / Kyon / Kaisie</p>		<p>Where / Why / How ណាណា / ហេតុអ្វី / ដោយរបៀបណា Ei Nar / Heit ar vei / Doy vi thi na</p>		
<p>Do you need medication? क्या आपको दवाईओं की जरूरत है ? Kya Aapko davaeon ki jaroorat hai?</p>		<p>Do you need medication? តើអ្នកត្រូវការថ្នាំ? Ter Nak Trov kar pyear bal té?</p>		
<p>May we tell people you are here? क्या हम लोगों को बताना सकते हैं कि आप यहाँ हैं ? Kya hum logon ko bata sakte hain ki aap yahan hai?</p>		<p>May we tell people you are here? តើយើងអាចប្រាប់អ្នកដទៃបានទេ? Ter yeng arch prab ké tha nak nov si nis té?</p>		
<p>Rent Security Deposit किराया सुरक्षा निधि Kiraya Suraksha Nidhi</p>		<p>Rent Security Deposit ជួល ប្រាក់កក Jual Prak Kakk</p>		

Language Text
Texto en los Idiomas

Spanish Español Mexico
Tagalog Tagalog The Philippines

Line 1: English
Line 2: Translation
Line 3: Pronunciation

Point to what you need.
Señale a lo que usted necesita.
Sin-nai-e ah loh keh oo-stehd neh-seh-see-lah.

How many?
¿Cuántos?
Kwahn-tohs?

Yes / No Thank you
Sí / No Gracias
See / Noh Grah-see-as

Who / What / When
Quién / Qué / Cuándo
Kyehni / Keh / Kwahn-doh

Where / Why / How
Dónde / Por qué / Cómo
Dohn-doh / Poh-kay / Coh-mo

Do you need medication?
¿Usted necesita tomar medicamentos?
Oo-stehd neh-se-see-lah toe-mar meh-da-kah-men-toes?

May we tell people you are here?
¿Podemos decir a otras personas que usted está aquí?
Po-doh-mos de-seer ah o-tras per-sohn-ahs oo-stehd es-tá ah-kee?

Rent Security Deposit
Renta / Alquiler Depósito del alquiler
Renta / Al-keh-lar De-po-see-toh de al-keh-lar

Point to what you need.
Ituro mo lang kun ano ang kailangan mo.
*

How many?
Ilan ang kailangan mo?
*

Yes / No Thank you
Oo / Hindi Salamat
Oo

Who / What / When
Sino / Ano / Kailan
*

Where / Why / How
Saan / Bakit / Paano
*

Do you need medication?
Kailangan mo ba ng gamot?
*

May we tell people you are here?
Puwede ba naming sabihin sa ibang tao na nandito ka?
*

Rent Security Deposit
Upa Unang deposito sa upa

* Pronounce as written

Language Text
Texto en los Idiomas

Mandarin 普通话 China
Korean 한국말 South Korea

Line 1: English
Line 2: Translation
Line 3: Pronunciation

Point to what you need.
指出您要的
Zhih-choo nin-yao-der.

How many?
多少?
Doo-shao?

Yes / No Thank you
是 / 不 謝謝您
Shih / Boo Shie-shieh-nin

Who / What / When
誰 / 什麼 / 什麼時候
Shue / Shen-mer / Shen-mer shih-hoo

Where / Why / How
哪裡 / 為什麼 / 如何
Na-lee / Wei-shih-mer / Roo-her

Do you need medication?
您需要藥品麼?
Nin shue-yao yao-pin-mer?

May we tell people you are here?
我們是否可以告訴人家您在這裡?
Wer-men shih-fou ker-yee gao-shoo-ren-ja nin-zai-zher-lee?

Rent Security Deposit
租金 保安押金
Zoo-jin Bao-an ya-jin

Point to what you need.
필요한 것을 가리키세요.
Pill-yo-han gut-ul ga-ri-kee-se-yo.

How many?
몇 개?
Myut-gye?

Yes / No Thank you
예 / 아니오 감사합니다
Ye / Ah-nee-yo Kahm-sa ham-ni-da

Who / What / When
누가 / 무엇을 / 언제
Noo-ga / Moc-uh-ut / Un-je

Where / Why / How
어디서 / 왜 / 어떻게
Uh-ose-see / Whas / Uh-taok-kye

Do you need medication?
약이 필요하십니까?
Yahk-e pill-yo-ha-sheep-nee-ka?

May we tell people you are here?
여기에 계시다고 말해도 될까요?
Yeo-gee-ah gye-shi-da-go mahi-hae-do doel-ka-yo?

Rent Security Deposit
월세 계약금
Wol-se Gye-yak-gum

Language Text
Texto en los Idiomas

Vietnamese Tiếng Việt Vietnam
Laotian ພາສາລາວ Laos

Line 1: English
Line 2: Translation
Line 3: Pronunciation

Point to what you need.
Chỉ vào cái mà bạn cần.
Tee vow kai ma bon kun.

How many?
Bao nhiêu?
Bow n'ew?

Yes / No Thank you
Có / Không Cảm ơn
Caw / Kong Come on

Who / What / When
Ai / Cái gì / Khi nào
Aye / Kai zee / Kee now

Where / Why / How
Ở đâu / Tại sao / Như thế nào
Uih dow / Tie sow / New tay now

Do you need medication?
Bạn có cần thuốc chữa bệnh không?
Bon oaw kun tuok chewa bang kung?

May we tell people you are here?
Chúng tôi có thể nói với mọi người là bạn đang ở đây không?
Chung toi caw tay noi vuy moi newy la bon dan a day kung?

Rent Security Deposit
Tiền thuê nhà Tiền Đại Cọc Bảo Đảm
Ti'an tway nya Tren dat cock bow dam

Point to what you need.
ຈົ່ງ ຈັບ ອົກ ສິ ທີ່ ເຈົ້າ ຕ້ອງ ກຳ ນົດ
Chong si bok sing thi chao tongkan

How many?
ຫຼາຍ ເທົ່າ ໃດ?
Lai tao dai

Yes / No Thank you
ແມ່ນ / ບໍ່ ແມ່ນ ຂອບໃຈ ເຈົ້າ
Menleo / Baw men Khop chai chao

Who / What / When
ໃຜ / ເມັ່ນ ວິ່ງ / ເມັ່ນ ໃດ
Phai / Men nyang / Meua dai

Where / Why / How
ຢູ່ ໃສ່ / ເປັນ ຫຍິງ / ແນວ ໃດ
You sai / Pen nyang / Neo dai

Do you need medication?
ເຈົ້າ ຕ້ອງ ກຳ ນົດ ຢາ ບໍ່?
Chao tongkan ya baw?

May we tell people you are here?
ພວກ ເຮົາ ສາມາດ ນຳ ພວກ ເຮົາ ເວົ້າ ເຈົ້າ ຢູ່ ທີ່ ນີ້ ບໍ່?
Phuak haosamaat bok phuak khao va chao you thi ni baw?

Rent Security Deposit
ຄ່າ ຮ້າ ມຳ ນຳ ຄ່າ ປະ ກັນ ເສັ້ນ ກຳ ນົດ
Kha sao ban Kha pakan sia hai

Language Text
Texto en los Idiomas

Arabic اللغة العربية Saudi Arabia
Cajun Cajun France

Line 1: English
Line 2: Translation
Line 3: Pronunciation

Point to what you need.
أشِر إلى ما تريد.
Ahsar Ela ma toreed.

How many?
كم عدد؟
Kam Adad?

Yes / No Thank you
لا نعم شكرًا لك
Naam / La Shokran lak

Who / What / When
متى / ماذا / من
Man / Maza / Mata

Where / Why / How
كيف / لماذا / أين
Ayna / Limaza / Kaifa

Do you need medication?
هل تحتاج إلى دواء؟
Hal tahtaj ela dawaa?

May we tell people you are here?
هل يمكننا أن نخبر الناس بأنك هنا؟
Hal yomkincuna an nokhber al nas Anak huna?

Rent Security Deposit
الإيجار إيداع ضمان
Al Eigar Eidas Daman

Point to what you need.
Montrez ça que vous avez de besoin.
Mohntrey sak voozavehd bizwehn.

How many?
Combien?
Kohnbyehn?

Yes / No Thank you
Ouais / Non Merci
Wuih / Nohn Mersi

Who / What / When
Qui / Quoi / Quand
Ki / Kwa / Ekahn

Where / Why / How
Ayoi / Pourquoi / Comment
Ahyou / Poodkwa / Kohn-mahn

Do you need medication?
Vous avez besoin des médicaments?
Voozavehd bizwehn deh metseen?

May we tell people you are here?
On peut dire au monde que vous êtes ici?
Ohn peu deer o mohnn keu voozet eessee?

Rent Security Deposit
De loyer Security Deposit
Diwahyeh Security Deposit

Food Restrictions

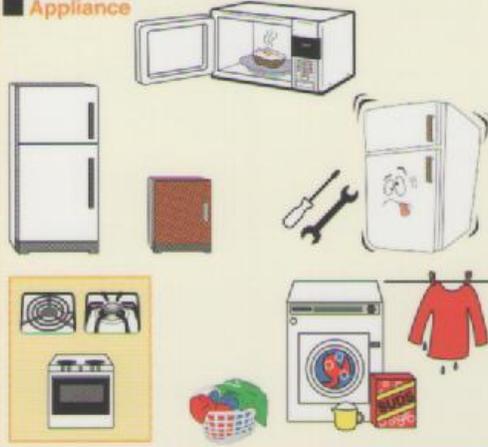
Restricciones Alimenticias



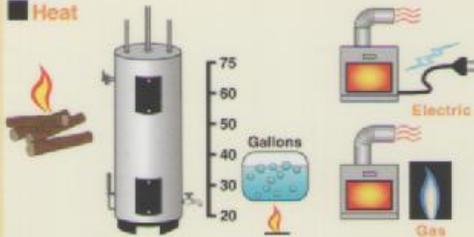
Appliances / Heat

Electrodomésticos / Calor

Appliance



Heat



Hygiene / Household

Higiene / Casa

Hygiene



Household



Clothing

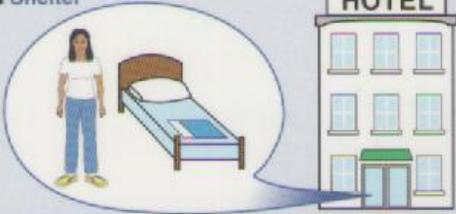
Ropa



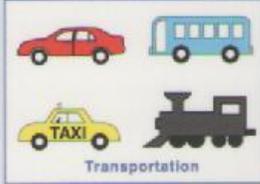
Shelter / Work

Refugio / Trabajo

Shelter

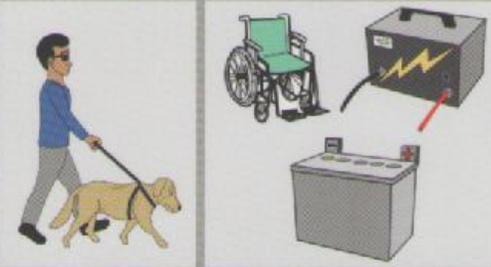
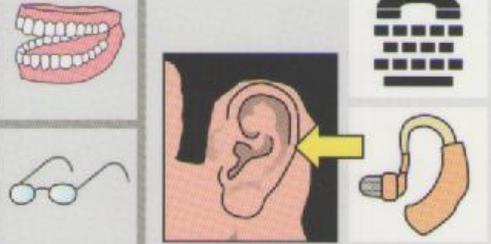


Work



Health

Salud



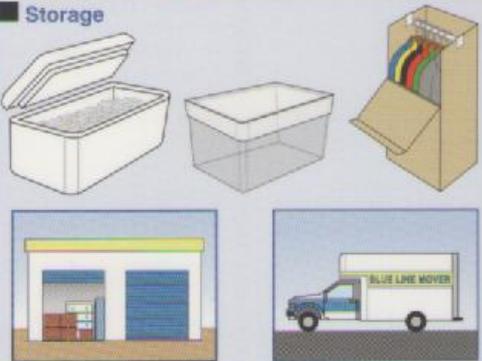
Kitchen / Storage

Cocina / Almacén

Kitchen



Storage



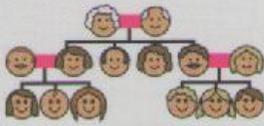
Baby

Bebé



General Information

Información General



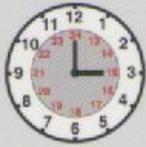
Family Tree



Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	2	3	4	5	6	7

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

0	1	2	3	4
5	6	7	8	9
+	-	x	/	=



No



Yes

Notes

Blank area for writing notes.



Name: Medical Shelter Rules

Date Last Updated: 07/11/2011

Source(s): Highlands County, Florida, Highlands County Health Department, Special Needs Shelter Plan, Annex 11 of the All Hazards Response Plan

Description:

A suggested list of shelter rules for an urban shelter.

Instructions:

This list of shelter rules should be customized by the local jurisdiction, printed, and displayed in the shelter.

Medical Shelter Rules

The following shelter rules will be enforced to protect all clients:

1. Clients must sign in before being officially admitted to any shelter.
2. All visitors must sign in and sign out.
3. Clients are responsible for their belongings. Valuable should be locked in cars or kept with clients at all times. The shelter is not responsible for lost, stolen, or damaged items.
4. No weapons are permitted in the shelter except those that may be carried by security personnel.
5. No alcohol or illegal drugs are permitted in the shelter.
6. Parents are responsible for controlling the actions and whereabouts of their children. Children should not be left unattended.
7. Noise levels should be kept to a minimum during all hours of the day. Quiet hours are observed between 10:00 pm and 7:00 am.
8. No client will depart the shelter without signing out first.
9. Assistance in keeping the shelter neat and orderly is appreciated.



Personnel Tools

This section contains the following medical shelter tools:

- Timesheet Sample
- Credential Verification Form
- Staff Sign-in Sheet



Name: Medical Shelter Sample Timesheet

Date Last Updated: 08/08/2011

Source(s): State of Florida, Department of Health, Standard Operating Guidelines

Description:

A suggested template for tracking time of shelter staff.

Instructions:

Local jurisdictions may choose to adapt this timesheet template to meet their unique needs.

Shelter Timesheet

Employee Name: _____ **Period:** Start 28-Jul End 10-Aug
 Career Srv SES OPS Contract Employee FNA
Shelter Position Title: _____ **Shelter Name:** _____
Section: _____ **Shelter Location:** _____

Dates:		7/28	7/29	7/30	7/31	8/1	8/2	8/3	Sub	8/4	8/5	8/6	8/7	8/8	8/9	8/10	
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Totals
Event Name	Mission #s	M#	M#	M#	M#	M#	M#	M#		M#							
		0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
									0								0

Employee Signature: _____ **Date:** _____
Approved By: _____
Approval Signature: _____ **Date:** _____

Comments:

Do not record leave time. Only report time worked at the shelter.



Name: Credentialing Verification Form

Date Last Updated: 7/11/11

Source(s): American Red Cross, Northern California Earthquake Concept of Operations - Annex to the All Hazards Plan

Description:

The verification and credentialing tool can be used to verify credentials for skilled staff at the shelter.

Instructions:

An approved shelter employee must verify the credentials for all staff during each shelter shift.



Name: Staff Sign-in Sheet

Date Last Updated: 7/11/11

Source(s): State of Mississippi, Disaster and Emergency, Special Medical Needs Shelter Plan, Emergency Care Guidelines, Functional Annex 1.01

Description:

A medical shelter sign-in and sign-out sheet for staff and volunteers.

Instructions:

This form should be printed daily and used to keep track of staff and volunteer sign-in and sign-out. This form should not be placed in the open.



Client Packet

This section contains the following medical shelter tools:

- Release of Information and Consent for Admission and Treatment Form
- Client Intake and Assessment Form
- Client Ongoing Medical Record
- Client Medical Administration Record
- Insulin and Blood Glucose Monitoring Form
- Client Information
- Client Valuables Tracking Tool
- Client Discharge Assessment



Name: Release of Information and Consent for Admission and Treatment Form

Date Last Updated: 7/27/11

Source(s): Adapted from:

Santa Barbara County, California, Santa Barbara County Public Health Department, Operational Tools

State of Texas, Medical Special Needs Planning Toolkit

Description:

Part of the client admission packet, this form is signed by the client to release information and acknowledge admission to the medical shelter and to receive treatment that may be billed to the client's health care provider.

Instructions:

Adopt to the local needs and have the client complete all fields and initial and sign the form. It is recommended that local jurisdictions have a witness signs as well.

MEDICAL SHELTER RELEASE OF INFORMATION AND CONSENT FOR TREATMENT

Client Name: _____

Address: _____ Phone#: _____

Date of Birth: _____ Medical Shelter Location: _____

Name and Address of Legal Guardian (if appropriate): _____

EMERGENCY

I understand that I have evacuated my residence due to an emergency in <Insert Jurisdiction Name>. I have medical conditions and/or physical limitations and am unable to meet my health care needs in a General or American Red Cross Shelter. I understand I will be responsible for my health care decisions during this time. If I am under the care of a facility, personal care attendant, caregiver or family member, I may continue to maintain my health maintenance regime with my caregiver to the extent possible during an emergency.

LIMITS ON PRIVACY AND SECURITY OF PROTECTED HEALTH INFORMATION

I understand that Medical Shelter services are limited by the available staffing resources, space, privacy screens and other barriers that would secure my health care privacy. I acknowledge that shelter staff will honor my privacy to the extent possible under these emergency conditions. However, I understand that I will be in a congregate living environment and in close proximity with other clients, their caregivers and family members

Initial: _____

SHARING YOUR INFORMATION

I understand that if I am transferred to a hospital, health care facility, home health or other entity providing care to me, my Medical Shelter treatment, medication regime or other findings may be shared to coordinate treatment efforts. I authorize the release of my information to my primary care provider for continuity of my health care. I also understand that my patient information may be needed to help manage or coordinate disaster efforts or shelter capacity.

Initial: _____

LEGAL RELEASE OF INFORMATION

I understand that shelter staff are mandated reporters for child abuse, elder abuse and adults with disabilities and will be obligated to share appropriate information as defined by law. Further, I understand that if I cause disruption or imminent danger to shelter staff or others, my information will be shared with law enforcement and command staff.

Initial: _____

RELEASE OF HEALTH INFORMATION FOR BILLING PURPOSES

I authorize the release of pertinent health information for the purpose of billing and receiving payment for health care I received while admitted into this Medical Shelter.

Initial: _____

LIMITS ON AVAILABLE HEALTH CARE

I understand that Medical Shelter services are limited by the available resources and that the care provided in this shelter will be first aid and basic care as shelter staff does not have access to my full health history. I understand this shelter is not equipped to respond to medical emergencies such as cardiac or respiratory arrest, or any emergency interventions typical of a hospital setting.

Initial: _____

TRANSFER TO HOSPITAL MAY NOT BE POSSIBLE

I understand that all reasonable efforts to transfer care to a hospital or skilled nursing facility will be attempted in the event that the medical shelter is unable to meet my medical needs, but that hospital or facility admission may NOT be possible even if my medical needs exceed the scope of resources at the medical shelter.

Initial: _____

CHARGES FOR TREATMENT AND FOLLOW-UP AFTER THE EMERGENCY

I understand that I will not be personally charged for any shelter services, however, if I receive health care or need physician consultations including medications, I consent to having my health insurance billed for those services. I understand that I may stop treatment at any time.

I have read and understand the above. My signature or that of my legal guardian, indicates that I consent to treatment at this Medical Shelter. I agree to follow-up with my Health Care Provider for any health concerns I have following the emergency.

Initial: _____

Client or Guardian Signature

Date

Witness Signature

Date



Name: Client Intake and Assessment Form

Date Last Updated: 7/11/11

Source(s): Adapted from:

Santa Barbara County, California, Santa Barbara County Public Health Department, Operational Tools

State of Texas, Medical Special Needs Planning Toolkit

The American Red Cross, American Red Cross Health Services Protocol

Description:

Basic intake and assessment form.

Instructions:

Complete all applicable fields. This form should be used after triage determines the client is suitable for the medical shelter setting.

Note: use the comments space or attach an additional page if space runs out for any of the assessment questions. Please indicate that “see comments” where content exceeds the space allocated.

MEDICAL SHELTER CLIENT INTAKE AND ASSESSMENT FORM

INCIDENT NAME		LOCATION (Shelter, City/Town, County)				DATE (MM/DD/YYYY)			
NAME LAST, FIRST MI		DATE OF BIRTH (MM/DD/YYYY)		GENDER (Circle) M / F		IF UNDER 18, IS LEGAL GUARDIAN PRESENT? Y / N			
CHIEF COMPLAINT / DURATION						CODE STATUS /ADV DIR			
CIRCLE POSITIVES: TOXIC SUBSTANCE EXPOSURE, TRAUMA, RASH, SWELLING, BLEEDING, DIZZINESS, CHILLS, PAIN, FEVER, NAUSEA, VOMITING, DIARRHEA, SORE THROAT, COUGH, CONGESTION, HEADACHE, FATIGUE, WEAKNESS						ALLERGIES			
CLIENT CONSENTS TO TREATMENT?		CLIENT'S PRIMARY LANGUAGE				SPECIAL DIET			
Y / N		ENGLISH / SPANISH / OTHER _____							
MEDICAL/ SURGICAL HISTORY									
PRIMARY CARE PHYSICIAN			NAME:			PHONE:			
FREQUENT HOSPITALIZATIONS?									
RECENT SURGERY?									
CURRENTLY UNDER TREATMENT?									
CIRCLE POSITIVES: DIABETES, HYPERTENSION, THYROID, ARTHRITIS, COPD, HIV, CANCER, CHEMO, ASTHMA, PREMATURE DELIVERY, DEMENTIA, MIGRAINES, CHRONIC PAIN, ANXIETY, DEPRESSION, DISABLED, RENAL FAILURE, DIALYSIS, DENTAL PROBLEMS, CHOLESTEROL, MI, CVA, CABG, AMPUTATION, BACK SURGERY, HERNIA, APPY, CHOLECYSTX, HYSTX, ANEMIA/BLOOD DISORDERS, INFECTIONS, URINARY									
SOCIAL HISTORY (Alcohol/Drug Abuse, Tobacco, STD)									
TOBACCO	YEARS SMOKED	PACKS / DAY	PASSIVE EXP. YRS	ALCOHOL	AMOUNT	FREQ/ LAST USE	IV DRUGS	DRUG	FREQ/ LAST USE
Y / N				Y / N			Y / N		
REVIEW OF SYSTEMS		REMARKS AND/OR CONSTITUTIONAL, IMMUNOLOGICAL, MUSCULOSKELETAL, OR INFECTIOUS ISSUES?							See Body Diagram On Back
NEURO									
CARDIO									
RESP									
GI									
GU									
DERM									
PSYCH									
INFECTION SCREENING						(IF YES TO ANY, CIRCLE SYMPTOM)			Answer
BODY TEMPERATURE LESS THAN 36 C OR 97 F OR GREATER THAN 38 C OR 100 F ?									Y / N
NEW SKIN RASH, INFESTATION, OR WOUND INFECTION ?									Y / N
RAPID ONSET OF CHILLS, MYALGIAS, SORE THROAT, COUGH, OR DYSPNEA ?									Y / N
HEMOPTYSIS, NIGHT SWEATS, OR UNEXPLAINED WEIGHT LOSS ?									Y / N
SEVERE HEADACHE OR ACUTE CHANGE IN NEUROLOGICAL STATUS?									Y / N
NAUSEA, VOMITING, DIARRHEA, HEMATOCHYZIA, JAUNDICE, OR ABDOMINAL PAIN?									Y / N



Name: Client Ongoing Medical Record

Date Last Updated: 7/11/11

Source(s): American Red Cross, Health Services Client Health Record F2077 (rev. 07-06)

Description:

A form to track medical development or changes to the client during her/his stay in the shelter.

Instructions:

Complete all applicable.

CLIENT ONGOING MEDICAL RECORD

Shelter Name:		
Client Name:		
CHIEF COMPLAINT: Please check all main categories (e.g. INJURY, ILLNESS or EXACERBATION OF CHRONIC ILLNESS) and associated chief complaints related to the client's current <u>main</u> reason for seeking care. Specify 'Other' when appropriate.		
<p style="text-align: center;">INJURY</p> <p>DATE OF INJURY:</p> <p>TYPE OF INJURY:</p> <p><input type="checkbox"/> abrasion, laceration, cut</p> <p><input type="checkbox"/> concussion</p> <p><input type="checkbox"/> avulsion, amputation</p> <p><input type="checkbox"/> sprain, strain</p> <p><input type="checkbox"/> bruise, contusion</p> <p><input type="checkbox"/> fracture</p> <p>MECHANISM OF INJURY:</p> <p><input type="checkbox"/> bite, specify:</p> <p style="margin-left: 20px;"><input type="checkbox"/> insect</p> <p style="margin-left: 20px;"><input type="checkbox"/> dog</p> <p style="margin-left: 20px;"><input type="checkbox"/> snake</p> <p style="margin-left: 20px;"><input type="checkbox"/> human</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> burn, specify: __thermal (e.g. fire) __chemical</p> <p><input type="checkbox"/> drowning / submersion in water</p> <p><input type="checkbox"/> foreign body (e.g. splinter)</p> <p><input type="checkbox"/> fall, slip, trip</p> <p><input type="checkbox"/> carbon monoxide poisoning ingestion of poison</p> <p><input type="checkbox"/> motor vehicle accident, specify:</p> <p style="margin-left: 20px;">__driver/occupant __pedestrian/bicyclist</p> <p><input type="checkbox"/> operating machinery, tools or equipment</p> <p><input type="checkbox"/> recreational, playing sports</p> <p><input type="checkbox"/> assault (e.g. gunshot, domestic violence)</p> <p><input type="checkbox"/> sexual assault or rape</p> <p><input type="checkbox"/> other, specify: _____</p> <p style="text-align: center;">MENTAL HEALTH</p> <p><input type="checkbox"/> agitated behavior: anxiety or stress</p> <p><input type="checkbox"/> depressed mood</p> <p><input type="checkbox"/> suicidal thoughts</p> <p><input type="checkbox"/> drug/alcohol intoxication/withdrawal</p> <p><input type="checkbox"/> other, specify: _____</p>	<p style="text-align: center;">ILLNESS/ SYMPTOMS</p> <p><input type="checkbox"/> fever > 100.4°F (>38°C)</p> <p><input type="checkbox"/> conjunctivitis / pink eye / eye irritation</p> <p><input type="checkbox"/> extreme fatigue or overexertion dehydration</p> <p><input type="checkbox"/> heat stress or heat exhaustion</p> <p><input type="checkbox"/> Pain: if 'other' specify below:</p> <p style="margin-left: 20px;"><input type="checkbox"/> abdominal pain or stomach ache</p> <p style="margin-left: 20px;"><input type="checkbox"/> chest pain or angina</p> <p style="margin-left: 20px;"><input type="checkbox"/> ear pain or earache (e.g. otitis)</p> <p style="margin-left: 20px;"><input type="checkbox"/> headache or migraine</p> <p style="margin-left: 20px;"><input type="checkbox"/> muscle or joint pain (e.g. back, hip pain)</p> <p><input type="checkbox"/> Gastrointestinal, if 'other' specify below:</p> <p style="margin-left: 20px;"><input type="checkbox"/> diarrhea, specify: __watery __bloody</p> <p style="margin-left: 20px;"><input type="checkbox"/> nausea or vomiting</p> <p><input type="checkbox"/> Respiratory, if 'other' specify below:</p> <p style="margin-left: 20px;"><input type="checkbox"/> congestion, runny nose, sinusitis cough</p> <p style="margin-left: 20px;"><input type="checkbox"/> sore throat</p> <p style="margin-left: 20px;"><input type="checkbox"/> shortness of breath, difficult breathing</p> <p style="margin-left: 20px;"><input type="checkbox"/> suspected pneumonia or bronchitis</p> <p style="margin-left: 20px;"><input type="checkbox"/> wheezing in chest</p> <p><input type="checkbox"/> Skin, if 'other' specify below:</p> <p style="margin-left: 20px;"><input type="checkbox"/> generalized rash (e.g. chickenpox)</p> <p style="margin-left: 20px;"><input type="checkbox"/> localized rash (e.g. dermatitis, eczema)</p> <p style="margin-left: 20px;"><input type="checkbox"/> soft tissue infection (e.g. pustule, abscess)</p> <p style="margin-left: 20px;"><input type="checkbox"/> fungus, ring worm, tinea</p> <p><input type="checkbox"/> Obstetrics/Gynecological, specify below:</p> <p style="margin-left: 20px;"><input type="checkbox"/> vaginal discharge (e.g. yeast infection)</p> <p style="margin-left: 20px;"><input type="checkbox"/> vaginal bleeding outside of pregnancy</p> <p style="margin-left: 20px;"><input type="checkbox"/> complication of pregnancy (e.g. preterm)</p> <p><input type="checkbox"/> Neurological, specify below:</p> <p><input type="checkbox"/> Not specified elsewhere: <i>(please print)</i></p>	<p style="text-align: center;">FOLLOW-UP CARE</p> <p><input type="checkbox"/> blood pressure check</p> <p><input type="checkbox"/> blood sugar check</p> <p><input type="checkbox"/> dressing change / wound care</p> <p><input type="checkbox"/> immunization / vaccination</p> <p><input type="checkbox"/> medication refill</p> <p><input type="checkbox"/> pregnancy check-up</p> <p><input type="checkbox"/> other, specify: _____</p> <p style="text-align: center;">EXACERBATION OF CHRONIC ILLNESS</p> <p><small>ONLY if current visit is related. Do not record client HX.</small></p> <p><input type="checkbox"/> asthma</p> <p><input type="checkbox"/> cerebrovascular disease / stroke</p> <p><input type="checkbox"/> chronic joint pain (e.g. arthritis)</p> <p><input type="checkbox"/> congestive heart failure</p> <p><input type="checkbox"/> coronary heart disease (e.g. MI)</p> <p><input type="checkbox"/> diabetes</p> <p><input type="checkbox"/> epilepsy (e.g. seizures)</p> <p><input type="checkbox"/> hypertension</p> <p><input type="checkbox"/> obstructive pulmonary disease</p> <p><input type="checkbox"/> other, specify: _____</p> <p style="text-align: center;">DISPOSITION TREATED:</p> <p>Referred to:</p> <p><input type="checkbox"/> at shelter hospital / clinic</p> <p><input type="checkbox"/> not treated pharmacy</p> <p><input type="checkbox"/> refused physician</p> <p><input type="checkbox"/> Other, specify: _____</p>
Comments:		
Print Name/Title:	Signature:	Date:



Name: Client Medical Administration Record

Date Last Updated: 07/11/11

Source(s): State of Florida, Department of Health, Standard Operating Guidelines

Description:

This form tracks Medication (Name, Dose, Route) for clients while in the medical shelter.

Instructions:

Part of the client packet.

MEDICATION ADMINISTRATION RECORD

Month: _____, Year: 20_____

Client Name: _____ Allergies: _____

DOB: _____

Ordering MD Date Ordered	Medication Name, Dose, Route	Date, Time, By	Date, Time, By		Ordering MD Date Ordered	Medication Name, Dose, Route	Date, Time, By	Date, Time, By
MD: Date:		Date: Time: By:	Date: Time: By:		MD: Date:		Date: Time: By:	Date: Time: By:
MD: Date:		Date: Time: By:	Date: Time: By:		MD: Date:		Date: Time: By:	Date: Time: By:
MD: Date:		Date: Time: By:	Date: Time: By:		MD: Date:		Date: Time: By:	Date: Time: By:
MD: Date:		Date: Time: By:	Date: Time: By:		MD: Date:		Date: Time: By:	Date: Time: By:
MD: Date:		Date: Time: By:	Date: Time: By:		MD: Date:		Date: Time: By:	Date: Time: By:
MD: Date:		Date: Time: By:	Date: Time: By:		MD: Date:		Date: Time: By:	Date: Time: By:

Ordering MD Date Ordered	Medication Name, Dose, Route	Date, Time, By	Date, Time, By	Ordering MD Date Ordered	Medication Name, Dose, Route	Date, Time, By	Date, Time, By
MD: Date:		Date: Time: By:	Date: Time: By:	MD: Date:		Date: Time: By:	Date: Time: By:
MD: Date:		Date: Time: By:	Date: Time: By:	MD: Date:		Date: Time: By:	Date: Time: By:
MD: Date:		Date: Time: By:	Date: Time: By:	MD: Date:		Date: Time: By:	Date: Time: By:
Signature		Initials	Notes:	Signature		Initials	Notes:



Name: Insulin and Blood Glucose Monitoring Form

Date Last Updated: 7/11/11

Source(s): New York City, New York, Alternate Care Site Medical Plan

Description:

Basic form for tracking insulin dose.

Instructions:

Use this form to track glucose, insulin dose, and ketones for the client.



Name: Client Information

Date Last Updated: 7/11/11

Source(s): California Department of Public Health, California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies (Volume II)

Description:

Basic client information form.

Instructions:

Complete all applicable fields during the client registration process.

CLIENT INFORMATION FORM

<Local Jurisdiction> Medical Shelter Client Information Form	Shelter Name: Shelter Location:
Last Name:	First Name:
Pre-Disaster Address:	Post-Disaster Address:
Phone:	Email:

Contacts/Caregivers

Name (Last, First):	
Caregiver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Location (Shelter or Address):	
Contact Info (Phone):	
Able to pick up or transport client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name (Last, First):	
Caregiver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Location (Shelter or Address):	
Contact Info (Phone):	
Able to pick up or transport client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name (Last, First):	
Caregiver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Location (Shelter or Address):	
Contact Info (Phone):	
Able to pick up or transport client?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a service animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------	--



Name: Client Valuables Tracking Tool

Date Last Updated: 7/11/11

Source(s): California Department of Public Health, California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies (Volume II)

Description:

If the jurisdiction chooses to track valuables, the Control Log and corresponding Client Valuables forms may be used on a client-by-client basis to track valuables.

In addition to the forms, local jurisdictions should stock 9" x 12" manila envelopes to store the valuables.

Instructions

Control Log

- Shelter staff should maintain the control log.
- The only time clients contact the control log is when initialing the sheet to acknowledge receipt of their valuables.

Client Valuables Form

- Shelter staff should complete the client valuables form.
- Two shelter staff need to be present (one to inventory client valuables and a second to witness)
- One shelter staff inventories the client's valuables completes the form. Each inventoried item is noted and placed in a manila envelope.
- Once the inventory process is complete, the client and shelter staff sign the form.
- Shelter staff adhere the completed client valuables form to the manila envelope.
- Shelter staff complete the control log and then place the valuables envelope in a secure area sorted by the client's last name.
- Staff must also secure the control log and the end of each day.

IMPORTANT!		<Insert Medical Shelter Name>	
RECORD VALUABLES PACK NUMBER			
CLIENT NAME		<Insert Shelter Address and Phone Number>	
MEDICAL RECORD #	DISASTER INCIDENT #		
RECEIVED BY	DELIVERED TO	CLIENT'S VALUABLES DEPOSIT	
RECEIVED FROM CLIENT OR REPRESENTATIVE		CURRENT COUNT	CREDIT CARDS/CHECKS
I leave the following items of personal property in the care, control and custody of the <Insert Jurisdiction Name> Medical Shelter and I acknowledge that the items shown here have been put in a container, sealed and marked with my name, and that this has been done in my presence.		X \$100=	
		X 50=	
		X 20=	
		X 10=	
		X 5=	
		X 2=	
		X 1=	
SIGNATURE OF DEPOSITOR		Total Currency \$	
DATE DEPOSITED	WITNESSED BY	Total Coin \$	
RETURNED TO CLIENT OR REPRESENTATIVE		Total Deposit \$	
I hereby acknowledge that all personal property deposited with the <Insert Jurisdiction Name> Medical Shelter on the above mentioned date has been returned to me.		OTHER VALUABLES	
SIGNATURE OF DEPOSITOR			
DATE RECEIVED	WITNESSED BY	COMPLETED BY	DATE



Name: Client Discharge Assessment

Date Last Updated: 7/11/11

Source(s): State of Texas, Medical Special Needs Planning Toolkit

Description:

A basic form to capture client information at the time of discharge from the medical shelter.

Instructions:

Complete all applicable fields.

CLIENT DISCHARGE ASSESSMENT

Client Name: Residence Address (street, county, state):		DOB/Age: Gender: Male/Female
Current Location: <input type="checkbox"/> Shelter <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospital <input type="checkbox"/> Hotel <input type="checkbox"/> Personal Asst. <input type="checkbox"/> Other:	Current Location: Name, Address (Include county, city, and state) and Phone	
Do you have any chronic/acute health care conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe health care condition:	
Were you receiving any of the following services/support in your home prior to evacuation or will you need any of the following when you return?		
Care/Item	Services Needed	Name and Location of pre-event service
<input type="checkbox"/> Home Health		
<input type="checkbox"/> Hospice Care		
<input type="checkbox"/> Durable Medical Equipment		
<input type="checkbox"/> Physical Therapy		
<input type="checkbox"/> Oxygen Dialysis		
<input type="checkbox"/> Psychiatric / Psychological		
<input type="checkbox"/> Other		
<input type="checkbox"/> Local Jurisdiction Ready for Return? __Yes __No	Transportation Needed: <input type="checkbox"/> Ambulance <input type="checkbox"/> Bariatric Capable Ambulance <input type="checkbox"/> Bus <input type="checkbox"/> Other	Is Wheelchair: <input type="checkbox"/> Powered <input type="checkbox"/> Oversized <input type="checkbox"/> Manual <input type="checkbox"/> Able to fold __Yes __No
Needs immediate follow up for medical care? __Yes __No	Needs immediate case management? __Yes __No	Flu shot given? __Yes __No
Destination confirmed? __Yes __No		Does the client need assistance to get to destination? __Yes __No

Return Location: <input type="checkbox"/> Assisted Living <input type="checkbox"/> Home <input type="checkbox"/> Other	Return Location Address:
Does client use oxygen? __Yes Amount _____ __No Do you have oxygen at home? __Yes __No	Does the client have a pet in shelter? __Yes __No Type: _____ Name: _____
Comments:	
Name of Assessor	Date of Assessment



Medical Operations

This section contains the following medical shelter tools:

- Triage Tool
- Shelter Level of Care Matrix
- Sample Protocols
- Standing Orders



Name: Triage Tool

Date Last Updated: 7/11/11

Source(s): Santa Barbara County, California, Santa Barbara County Public Health Department, Operational Tools

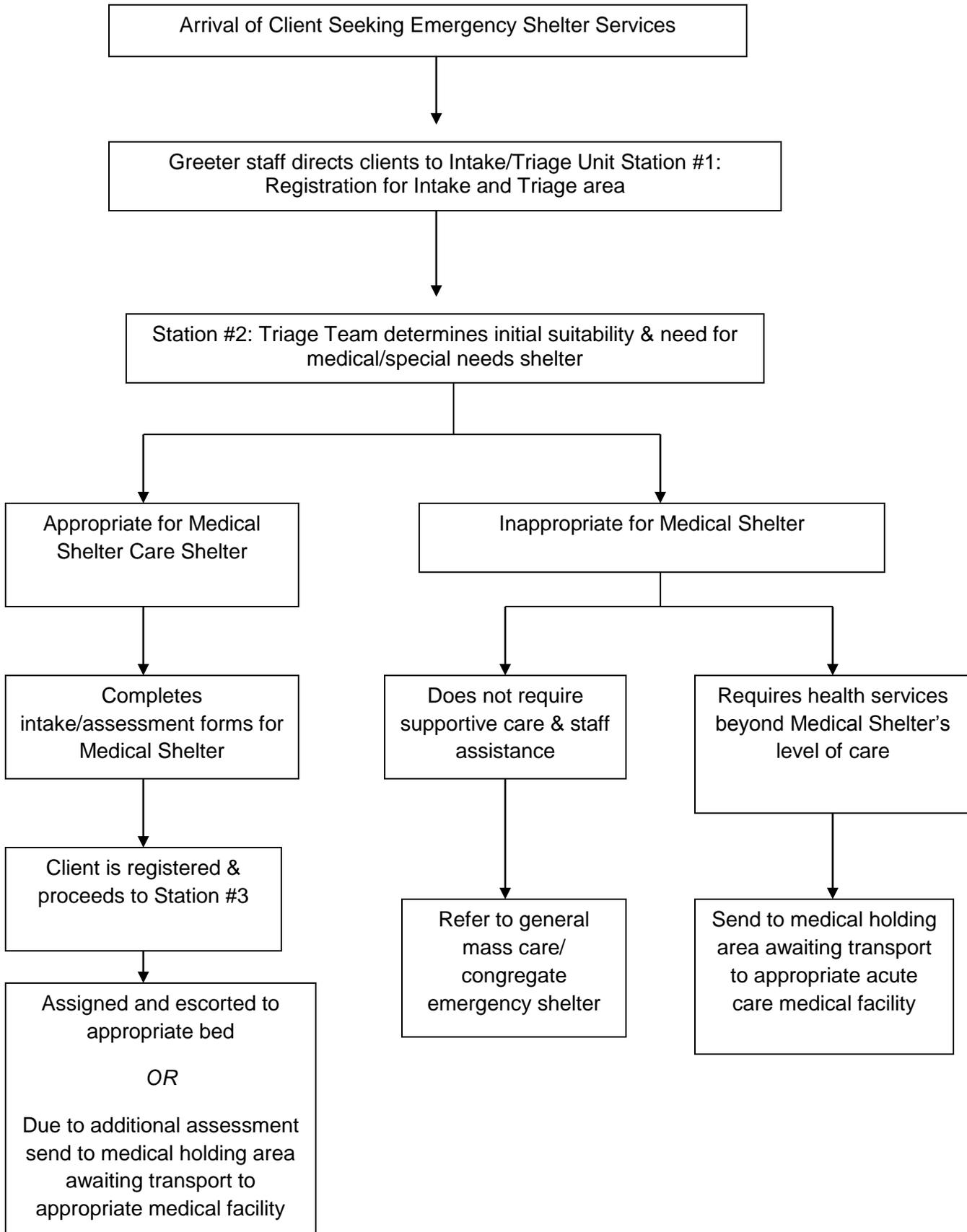
Description:

A tool that can be used to train staff on triage protocols and to be used during triage.

Instructions:

Note: this tool is still in process.

MEDICAL SHELTER TRIAGE FLOWCHART



MEDICAL SHELTER ADMISSION AND TRIAGE PROCEDURES

Note: multiple stations may be necessary if a large number of medical clients initially present to the site.

Station #1 Registration (1-4 administrative staff):

Administrative staff: register all clients, caregivers and family members using the

- *Registration List for Evacuees and Caregivers*
- *Consent for Admission and Treatment and Release of Information* forms
- Complete client information at top of *Medical Shelter Intake and Assessment* form

Station #2 Nursing Assessment and Intake (2-4 RN staff):

Assigned nurse to walk intake line to identify and triage clients with immediate needs

Nursing staff complete:

- *Medical Shelter Intake and Assessment*

If there are a large number of clients waiting for admission Intake/Triage Branch Director can instruct staff to complete vitals and assessment at the bedside.

Nursing staff refer client to treatment/holding area for transfer to appropriate facility

- Higher (SNF/Hospital) or
- Lower (General Population Shelter-American Red Cross)

Provide client, caregiver/family ID wrist bands

- Red for allergies
- Yellow for Fall Risk
- Purple for Do Not Resuscitate (DNR- must have signed forms-or documentation)
- _____ for clients
- _____ for family/caregiver

Station #3 Bed Assignment and Valuables (2-3 administrative staff)

Valuables: If needed due to competency, store the client's valuables. Station #4 will review and store pharmaceuticals as needed. Complete:

- *Client Valuables Release of Responsibility and Log for Itemizing Valuables*
- A locked room or box will be determined by Logistics.

Bed Assignment and Placement

- Work with Nursing Branch Director to assign appropriate bed
- Complete and record client and bed number assigned on:
- *Medical Shelter Bed Assignment List*
- Place clients with difficulty ambulating in cots nearest to restroom
- Clients with wheelchairs or other large equipment to be assigned to ADA compliant (10 feet X 10 feet) cot area. Caregivers, if present, will be assigned to same area.
- **Operations Section staff escort client to appropriate bed**

Station #4 Medical Shelter: Care Begins (staffing per medical shelter staffing model)

Nursing staff is assigned to clients in the medical shelter area.

- Use medical shelter forms in client charts to record medications and client status, request physician orders as appropriate, request additional resources to care for clients. Operate per PHD shelter policies.



Name: Shelter Level of Care Matrix

Date Last Updated: 7/11/11

Source(s): Developed through the Guidance for Sheltering Persons with Medical Needs planning process, in collaboration with the California Department of Public Health, the Medical Shelter Advisory Workgroup, and contractor support.

Description:

This skills matrix provides a sample table of medical needs and where those needs can be met: general population shelter, medical shelter, or healthcare facility. Each jurisdiction may tailor this matrix to fit their needs based on skills, resources, and needs.

Instructions:

This matrix may assist in the triage process, but it may also serve as a useful tool that can be communicated to local responders, general population shelters, and local healthcare facilities to ensure all care providers are aware of the level of services provided by the medical shelter.

HEALTHCARE SURGE AND SHELTERING CARE

Medical Need	General Population Shelter	Medical Shelter	Healthcare Facility
Dialysis (hemo and peritoneal)	Stable with schedule compliance	Dialysis schedule disruption anticipate symptoms	Symptomatic
Ambulation (walker, cane, crutches, wheelchair) <ul style="list-style-type: none"> • Arthritis • Osteoporosis • Parkinson’s Disease • Multiple Sclerosis • Muscular Dystrophy • Neuromuscular Disorders 	Ambulates with or without assistance	Bedridden without personal assistance services	Bedridden with acute disease process (Hospital) Bedridden or ambulatory assist, In-SMN Skilled Nursing
Cardiac abnormalities	Stable on maintenance medications	Controlled, requires observation and medical adjustment by skilled provider	Continuous monitoring or acute cardiac conditions (Hospital)
Contagious diseases or infection (ex. MRSA, VRE, TB)	Flu, colds	MRSA, VRE (depending on isolation capabilities)	Contagious condition with medically acute process
Diabetes/ Hyperglycemia	Insulin and diet controlled	Diabetic needing insulin adjustment and monitoring by skilled provider	Unstable diabetic (ex. diabetic coma)
Eating and swallowing disorders	Require assistance/tube feeding	Pump feedings	Exacerbation of condition resulting in medical need for surgery or hospitalization (Stable In-SMN, Skilled Nursing)
Fluid Replacement	Oral Hydration	IV therapy for stable dehydration	IV therapy for unstable medical condition (Hospital)

Medical Need	General Population Shelter	Medical Shelter	Healthcare Facility
Ileostomy/Colostomy	Managed by person or personal assistant	Client unable to manage care and does not have a personal assistant available.	Exacerbation of condition resulting in medical need for surgery or hospitalization (ex. Infection)
Medical Conditions	Stable, managed by person or personal assistant	Stable conditions requiring skilled care	Unstable, life threatening conditions (ex. Hypertensive crisis) or stable in SMN medical conditions (skilled nursing SMNs) Stable In-SMN Skilled Nursing
Pain Management	Over the counter pain meds (ex. Tylenol, Advil) or patent controlled prescription narcotics	Pain medication administered by a nurse for stable or chronic conditions (ex. hospice care)	Pain management for unstable conditions (ex. large burns, trauma, cardiac conditions) (Hospital)
Mental Health	Controlled	Medication controlled by skilled provider	Uncontrolled (ex. Psychosis) or person who is harmful to self or others
Respiratory <ul style="list-style-type: none"> • Asthma/Chronic Obstructive Pulmonary Disease (COPD) • Emphysema 	Oxygen dependent stable conditions stable respiratory treatments (nebulizer, asthma inhaler)	Stable ventilator dependent O2 therapies administered by skilled provider (ex. respiratory therapist)	Unstable respiratory conditions unstable ventilator dependent stable In-SMN skilled nursing
Wounds, burns and fractures	Uncomplicated wounds first aid (ex. band-aids) sprains, strains 1 st degree burns	Open draining wounds, sterile dressing changes complicated treatments	Large burns Unstable wound injuries Fractures Xrays r/o fractures Trauma injuries (Hospital)



Name: Sample Protocols

Date Last Updated: 07/11/11

Source(s): American Red Cross, American Red Cross Health Services Protocol

Description:

A list of health protocols local jurisdictions may wish to consider when developing protocols for medical shelters. This list is followed by a sample protocol for blood pressure.

Instructions:

As part of the medical shelter planning process, local jurisdictions may wish to develop health services protocols that fit their needs based on staff skill and the types of clients they anticipate. The list below and sample protocol are anticipated to be used by jurisdictions as a starting point in creating their health protocols.

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SAMPLE PROTOCOL - BLOOD PRESSURE, ELEVATED/HIGH

Treatment Goal:

- Assess for serious health condition
- Identify risk factors and co-morbidity
- Determine need of referral for additional work-up/ treatment for hypertension (HTN)
- Prevent serious complications from undiagnosed/untreated high blood pressure such as cardiovascular disease, kidney disease, eye damage or stroke.

Possible Causes:

- An elevated blood pressure can be due to an established diagnosis of hypertension, or as a response to stress and anxiety. Elevated blood pressure is often a result of unhealthy life-style habits. The client may have a previously undiagnosed history of elevated blood pressure and would need follow up and monitoring for the condition.
- An elevated blood pressure can be the result of certain medications or other diseases.
- It can be hereditary or related to ethnicity.

History:

- Ask the client's age, the incidence of HTN rises in men after age 35, and in women after age 45, and certainly more likely in the elderly
- Determine presence of other concerning symptoms, such as headaches, chest pain, palpitations, shortness of breath, sweating, dizziness, nausea, or changes in vision
- Ask client for any past history of serious illness, especially previously noted situations of elevated blood pressure, a diagnosed history of hypertension, heart disease, diabetes, or kidney disease.
- Ask about risk factors such as:
 - African-American descent
 - Family history of HTN
 - Family history of diabetes
 - Smoking
 - Being overweight
 - Sedentary lifestyle, lack of exercise
 - High stress levels
 - Alcohol consumption
 - Medication use, including steroids, decongestants, and anti-inflammatory drugs on a regular basis
 - Low dietary intake of potassium, calcium or magnesium
 - Excessive use of salt
 - A diet that is high in fat, fast food or processed foods
 - Client is pregnant

Assessment:

- Obtain vital signs and document on the Health Record
- Have client refrain from smoking or ingesting products that contain caffeine for 30 minutes before measurement. (can cause a transient raise in blood pressure)
- Have client sit in a chair with feet flat on the floor or lay supine, arms bared and supported at heart level
- Rest for at least five minutes before beginning blood pressure measurement. This helps eliminate activity-related factors that can cause elevation in blood pressure.
- Make sure to use the appropriate size cuff for the size of the arm (using the wrong size cuff results in inaccurate readings)
- Wrap cuff smoothly and snugly around the upper arm, with the center of the bladder placed directly over the bend in the elbow and the cuff's lower edge placed about 2 fingers width above the bend. (incorrect placement will yield inaccurate readings)

- Take 2 or more readings, separated by 2 minutes and record. (averaging two or more readings from the same arm improves the reliability of the data)

Classification of Blood Pressure for Adults

Classification	Systolic		Diastolic
Normal*	< 120	And	< 80
Elevated	120 – 139	Or	80 – 90
Stage 1 HTN	140 – 159	Or	90 – 99
Stage 2 HTN	≥ 160	Or	≥ 100

* 130/80 is considered the upper limit of normal:

- In a pregnant woman (at any time during the pregnancy)
- If a client has chronic kidney disease or diabetes

Call Local EMS/911 for:

- Chest pain or discomfort or sudden signals of stroke think F.A.S.T.
- Blood pressure is 180/110 or higher
- Swelling of hands, feet and/or face
- Sudden, severe headache
- Sudden, rapid rise in BP
- A pregnant client with a BP >145/85
- If a pregnant client has a history of preeclampsia
- A client with a history of diabetes or kidney disease and a BP >160/95 (or health care system depending on co-morbidity).

Refer to Local Health Care System:

- If client has any of the risk factors stated above
- If client has been monitored daily for 5 days, and the average BP is in the elevated stage
- If client has never been diagnosed or treated for HTN
- If client has been treated, and following prescribed treatment and BP is still elevated
- If the client is pregnant
- If the client has multiple health problems (co-morbidity)

Treatment:

- Confirm elevated blood pressure
- Set up the client with a daily visit to HS and record the BP on the Health Record on health services record for 5 days in a row. Average the blood pressure readings.
- Complete initial assessment, evaluate, accurately stage and complete risk assessment
- Is secondary cause suspected?
- Engage client in Lifestyle modification education
- Consider referral

Additional Considerations:

Despite what many people think, high blood pressure usually does not cause any symptoms. It is often called the “silent killer” for this very reason. By the time a person has symptoms such as severe headaches, dizziness or lightheadedness; they may have had untreated hypertension for an extended period of time, and have already developed complications



Name: Standing Orders

Date Last Updated: 7/11/11

Source(s): Orange County, California, County of Orange Operational Area, Orange County Emergency Plan, Mass Care and Shelter Annex

Description:

The following tool provides sample standing orders.

Instructions:

As part of the medical shelter planning process, local jurisdictions may wish to develop standing orders that fit their needs based on staff skill and the types of clients they anticipate. Some jurisdictions interviewed indicated they would borrow relevant standing orders in place at county correctional facilities.

MEDICAL SHELTER SAMPLE STANDING ORDER

REPORTABLE LIMITS

- Heart rate <60 or >100
- Systolic Blood Pressure <100 or >160
- Respiratory rate <12 or >20
- Pulse Oximetry < 92%
- Temperature (oral) < 96.8 or > 100.5
- Blood Glucose <70 or > 250

STANDING ORDERS

- Blood glucose check upon admission and every shift thereafter for all known diabetic clients.**
- Resume client's home medications.** Notify physician for all clients on seizure medication, blood thinners and psychotropic medications.

STANDING ORDERS FOR MEDICATIONS

- Ibuprophen 200mg:** One to two tabs orally every 4-6 hours as needed for pain or fever.
- Acetaminophen 325mg:** Two tabs orally every 4-6 hours as needed for headache or oral temperature.
- Diphenhydramine HCL 25mg:** One to two tabs orally every 4-6 hours as needed for runny nose, insomnia, sneezing or itchy, watery eyes.
- Antacid:** One tablet every 12 hours as needed for heartburn.
- Pepto Bismol:** 30 ml every ½ hour to 1 hour as recommended for GI symptoms. Do not exceed 8 doses in 24 hours.
- Triple Antibiotic Ointment:** apply twice a day as needed for minor cuts, scrapes, and burns.

Physician: _____

Print Name

Signature

Date : _____