

Guidance for Mass Care and Sheltering

Tuolumne County
Health & Human Services Agency

Updated: December 2021
February 2018 ~~Nov 2016~~



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Guidance for Mass Care & Sheltering-Tuolumne County

[November 2016](#)

[February 2018](#)

[December 2021](#)

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Introduction

The following guide is written for county personnel involved in care and shelter operations. It is especially relevant for Care and Shelter Coordinators at the local level. This document is intended for use during the preparedness phase to help guide care and shelter planning. It provides all the planning information and guidelines that are relevant for local government's consideration before opening disaster shelters. Once shelters are put into operation, the best resource is the American Red Cross Shelter Operations Workbook, which provides specifics on managing shelter operations. Again, this guide is to help local jurisdictions plan for shelter operations, while also providing an overview of the complete scope of care and shelter services.

This project was undertaken through the funding and support of the Tuolumne County [Health and Human Services Agency](#) and Tuolumne County Public Health Emergency Preparedness Program. —We acknowledge the Alameda County Office of Emergency Services and Alameda County Social Services Agency for their efforts in developing guidance materials, and the American Red Cross in Tuolumne County for their input and guidance.

What Is Mass Care and Shelter and Who Provides It?

The function of care and shelter is to provide temporary emergency relief to disaster victims. Providing temporary emergency relief involves a range of emergency human services (e.g., food, shelter, health care, mental health support, etc.).

Legal Requirements for Local Government

California law sets the responsibility for emergency care and shelter at the local level. As per the Health and Safety Code Section 34070 – 34072, local government is to provide or contract with recognized community organizations to make emergency or temporary shelter available for people made homeless by a natural disaster or other emergency. California's State Emergency Plan and Standardized Emergency Management System puts local government at the first level of response for meeting the disaster needs of people in its jurisdiction. People seeking care and shelter immediately after a disaster will look first to local government for assistance.

The American Red Cross is a partner with local government in helping to fulfill government's legal responsibility of providing care and shelter for its citizens in a disaster. The partnership requires that local government and the American Red Cross work cooperatively during the preparedness phase to clarify roles and responsibilities (as outlined below). The local jurisdiction may also work in cooperation with other volunteer disaster assistance organizations to provide disaster relief. However, in a major disaster where there is widespread damage, the national resources of the Red Cross may not fully mobilize until five days after the event. Until such time that the Red Cross arrives on the scene, local government will manage, coordinate, and run all shelter operations.

A Cooperative Partnership between Local Government & the Red Cross

The County ~~will~~ should:

1. Designate a County Mass Care and Shelter Coordinator

This person will coordinate care and shelter planning and operations for the county. This position may be assigned in advance during jurisdictional planning ~~activities, or activities or~~ may be assigned at the time of an incident which indicates the need to activate this plan.

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2. Develop a Statement of Understanding with the American Red Cross

The statement of understanding helps to solidify the mutual working partnership between the county and the Red Cross. The Red Cross has a standard agreement for this purpose.

3. Identify and Survey Shelter Facilities

Work with the American Red Cross, school districts and other government agencies to compile an up-to-date list of pre-disaster designated shelters. See Section 2.

4. Ensure that Agreements are in Place

It is helpful to have statements of understanding with designated shelter sites to clarify terms of use. Work with the Red Cross to develop applicable agreements. See Section 2.

5. Train Staff to Operate Disaster Shelters

Work with the Red Cross to provide shelter training to county employees who will staff (and especially manage) disaster shelters. See Section 3.

6. Provide Care and Shelter Services

Responsibility for care and shelter belongs to local government. While the hands-on management of this task is typically delegated to the Red Cross, the county will need to initially open and run shelters following a large or countywide disaster. See Section 4.

Note: Who to contact at the American Red Cross: In Tuolumne County, contact the Disaster Services Manager, Debbie Calcote, American Red Cross, Gold Country Chapter, 1565 Exposition Blvd, Sacramento, 95815, Telephone 209-346-1854 Debbie.Calcote@redcross.org

The American Red Cross should:

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1. Provide Care and Shelter Services *

By congressional mandate and in accordance with its corporate policy, the Red Cross has a long-standing disaster relief mission. Red Cross care and shelter services include:

- Emergency shelter
- Fixed and mobile feeding
- Emergency First Aid
- Mental Health Support
- Disaster Health Services
- Blood Drives
- Disaster Welfare Inquiry Services
- Vouchers for Clothing, Occupational Supplies, Basic Home Furnishings
- Disaster Preparedness Education & Shelter Operations Training

* It may be upwards of 5-days before the Red Cross is fully operational to launch these services on a complete countywide basis following a major disaster.

2. Provide No-Cost Shelter Training to Members of the County

The Red Cross provides a 3-hour simulated Care and Shelter Operations Training class.

3. Engage in Cooperative Care and Shelter Planning

The Red Cross will meet regularly with representatives of the county to engage in care and shelter planning and preparedness activities.

Other Care and Shelter Resources

Aside from the American Red Cross, the following are some of the other county or local resources that may be relevant for supporting local government's care and shelter response.

County resources may be accessed through the Operational Area Emergency Operations Center (EOC) and/or the Medical Health Operational Area Coordinator (MHOAC).

1. County ~~Health Departments~~ ~~Human Services Agency~~
~~The County Human Services Agency and Community Resources Agency encompass a variety of program areas — Behavioral Health Care, Public Health and Environmental Health.~~

Public and Environmental Health Depts. provide the following disaster response functions:

- Acts to prevent the spread of communicable disease and disaster-related illness.
- Makes public health nursing services available to disaster shelters.
- Addresses food and water safety and sanitation issues in shelters.
- Monitors, assesses and reports on the community disaster health status.

In addition, Public Health's Emergency Medical Services (EMS) Agency coordinates the immediate emergency medical response in a disaster, including emergency medical dispatch, emergency and non-emergency ambulance services.

2. County Behavioral Health Services

Behavioral Health Dept. provides the following disaster mental health response functions:

- Assesses and activates the response to disaster mental health issues.
- Makes counselors available to shelter facilities to provide mental health services.
- Ensures the continuation of care, treatment and housing for those clients currently residing within the Mental Health System.

3. County Department of Social Services (DSS)

DSS is the lead agency for care and shelter response at the county level. DSS can support local government with additional staff to operate disaster shelters and provide support to residents with access and functional needs.

The following DSS services support more vulnerable county residents:

(In times of disaster, these programs can supplement the response of local jurisdictions to persons with access and functional needs)

- ~~Adult Protective Services (APS) -- services to dependent adults and those over the age of 65, with developmental disabilities,~~
- ~~— including mentally disabled adults and elderly persons.~~
- Child Welfare Services -- services for children who are victims of neglect or lack family care (such as without family supervision post disaster).
- In-Home Supportive Services (IHSS) -- in-home care services to low income elderly, blind and disabled persons.

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- In addition, DSS has programs for Child Care, General Assistance, Medi-Cal, Housing Assistance, and [Cal Fresh Food Stamps, for eligible individuals](#), which disaster victims may need as part of their recovery.

4. Community Based Organizations (CBOs)

CBOs that provide direct and ongoing services to persons who may be more vulnerable during non-disaster times are in the best position to support the recovery of more vulnerable populations following a disaster. CBOs may support local jurisdictions with sheltering, language and cultural sensitivity needs, and serve as a conduit for getting information to people that local government may have difficulty reaching. See Appendix G – Identifying CBOs and Community Resources.

5. Salvation Army

Through its various local organizations and with the assistance of Divisional Headquarters, 916-563-3700 or 209-588-1986, donita.osborne@usw.salvationarmy.org, the Salvation Army may provide the following services to individuals and families.

- Mass care feeding (including mobile kitchen units)
- Sheltering
- Clothing distribution
- Counseling
- Assistance in home cleanup (for seniors and people with disabilities)

7. Local Business and Industry

Businesses often donate goods or services to assist the community in its recovery from a disaster. The County may establish pre-disaster agreements with local businesses to expedite the purchase or use of equipment and supplies required for shelter operations.

Care and Shelter Planning Assumptions

Care and shelter personnel must keep these assumptions in mind when planning for disasters.

- Responsibility for care and shelter belongs to local government. However, the American Red Cross and Salvation Army, along with other CBOs and voluntary organizations, may assist local government as partners in delivering these services.
- In a major disaster, the American Red Cross will require an influx of resources from outside the area to be operational. Therefore, it may be upwards of 5 days before the Red Cross can assume a primary care and shelter role.

- In accordance with the Standardized Emergency Management System (SEMS), additional resources and assistance from outside the local jurisdiction shall be available to local government through the Operational Area. However, expect resources to be extremely limited the first few days following a disaster where there has been widespread damage. Local jurisdictions will fare better in the short term by developing their own local resource base.
- In the immediate days after a major disaster, neighborhood organizations and local congregations may emerge to provide care and shelter support independent of local government. Local government will need to coordinate care and shelter services with those groups that emerge spontaneously.
- Some displaced residents will converge on public parks and open spaces, as an alternative to using indoor mass care shelters.
- Many residents who suffer some structural damage to their home following a major disaster, will choose to remain on their property (i.e., camp-out), versus going to a public disaster shelter. Yet, they will still have needs and expectations for disaster assistance from local government.
- Given the above, in addition to opening disaster shelters, the county will need to open local assistance centers (as a place for local residents to go for disaster assistance). See Section 7: Setting-up Local Assistance Centers to Meet Other Care and Shelter Needs.
- CBOs that provide social services and serve vulnerable populations will initially be overwhelmed with demands for service, but will do everything possible to meet new and emerging community needs. Local government can support this effort by using its EOC to obtain the resources that CBOs need to sustain operations post-disaster.
- A disaster that occurs while school is in session may require the school to become a temporary shelter for its student population. Either an alternative shelter site will be needed for the general population, or a separate area may be identified within the school building so that two separate shelter operations are occurring simultaneously.
- Essential public and private services will continue during shelter and mass care operations. However, for a major disaster that generates a very large-scale shelter operation, normal activities at schools, community centers, churches and other facilities used as shelter sites will be curtailed.

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Developing Shelter Sites

The Tuolumne County Public Health Department has worked together with American Red Cross to identify and survey local facilities that may be used to shelter persons in a disaster, including established agreements with various facilities. The list of surveyed and identified sites can be found in [Appendix K-Potential Mass Care-Shelter Sites](#)

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Examples of Potential Shelter Sites

1. Public and Private School Buildings
 - School gymnasiums and large multipurpose rooms are ideal for sleeping areas
2. County-Owned Facilities
 - Community centers, senior centers, recreational facilities, or auditoriums
3. Congregations
 - Churches, temples, synagogues or other privately owned facilities

Use of School Buildings: California law, as stated by the "Katz Bill", requires public and private school districts and school authorities to make their facilities available as public shelter sites in a declared disaster. This makes school facilities, especially larger high school buildings a logical first choice for shelter operations in an event where there has been widespread destruction. However, use schools as public shelters only when other resources are unavailable. First, schools may already be sheltering their own student population. Second, a community needs to resume normal activities as soon as possible after a disaster. Therefore, in short time the shelter population will need to be moved from the school, so that students can ultimately return to classes.

Criteria for Selecting Shelter Sites

Ideal shelter facilities have the following characteristics.

1. Space for parking
2. Space for Sleeping (40 square feet per person)
In addition, envision space for the following within the facility:
 - Registration Area
 - Shelter Manager's Office
 - Health Services Area
 - Mental Health Services Area
 - Food Preparation or Serving Areas (including space for a snack table)
 - Recreation Area
3. Toilet and Shower Facilities (one toilet per 40 people)
4. Kitchen / Cooking Facilities
5. Emergency Generator on Site
6. Safety Features (e.g., fire extinguisher, fire sprinklers and fire alarm)
7. Building Heating and Cooling Capacity
8. Telephones
9. Accessibility for People with Disabilities
 - See [Appendix F - Tips to Maximize Shelter Accessibility](#), for more information on ADA requirements and reasonable accommodations.
10. Secured Storage Areas
11. Separate Rooms within the Facility (e.g., private space for elderly persons, families with children, or persons that need isolation; also rooms for nursing and office space)

Note: Consider sites that meet all the above standards as "Primary Shelter Facilities"

Survey of Shelter Sites

Complete a Shelter Facility Survey of designated shelter sites in conjunction with the American Red Cross (use Red Cross Form #6564). In addition to capturing the information above, the survey will identify the following.

1. Location and Contact Information
2. Resource Information
 - Total Shelter Sleeping Capacity (Number)
Note: Figure capacity at 40 square feet per person. Therefore, a 10,000 square foot gymnasium has sleeping space for 250 persons.
 - Showers (Yes/No)
 - Number of bathrooms (Number)

- Accessibility for people with disabilities (Yes/No/Partial)
3. The survey will also identify what supplies may already be on site (e.g., sleeping mats, blankets, food and water, cleaning supplies, etc.)
 4. As part of the survey, obtain a floor plan for each facility designating areas for shelter operations.

Open Space Shelter Sites

To accommodate large numbers of displaced persons, some jurisdictions may want to designate areas for camping, or setup tents in parks and other open space areas. Given the work involved to create the necessary infrastructure (i.e., electricity, sanitation, water, cooking, security, etc.) along with the public health implications, think of this option as a last resort for sheltering. Sheltering residents in existing buildings, where a basic infrastructure is already in place, remains the first and best option.

Setting up camping areas will require much logistical work to negate the sanitation, hygiene and environmental health issues. The first question is what are people going to use for bathroom facilities? Portable toilets must be put in place immediately. Secondly, disease is going to be harder to control and will spread more easily. Then there is the challenge of providing meals along with all the other shelter services discussed earlier (e.g., health, mental health, information, and other personal services). Finally, it is also going to be more difficult to meet special needs in an outdoor environment. The Northridge Earthquake experience in Southern California proved that once these type of campsites are established, they ~~are~~ can be hard to disperse.

Alternative Shelter Sites

1. Smaller Neighborhood Sites

What about people whose needs, safety or wellbeing would be better served in smaller settings, with perhaps a higher level of care than we can provide at mass care sites? It makes sense to pre-plan for sites that would supplement primary mass care shelter facilities – in other words, alternative sites. Local congregations are ideally suited to serve as alternative sites, because they have space and the basic facilities to accommodate public gatherings (bathrooms, accessibility and kitchen areas); plus they are located throughout neighborhoods. Since most congregations lack shower facilities, their use would be more of a short-term or temporary option.

In cases where community residential programs or care facilities need to evacuate, but staff and caregivers want to stay intact, it makes sense to set them up at alternative sites, versus putting their population into a mass care setting. This is particularly true of programs like group homes or board and care facilities that serve seniors, adults with disabilities, youth and other persons with special needs. In essence, program staff, residents and the necessary resources are all relocated to the alternate site, where staff will continue to support their resident population.

2. Medical Shelter Sites

The County Public Health Department may designate specific shelter sites or areas within the general population shelter to care for persons who are medically fragile and who need a higher level of care and supervision than that which is available at public shelter sites, but do not require hospitalization. Shelter staff may include a combination of Public Health Nurses, Red Cross, Social Services staff, and possibly volunteers. See [Appendix L - Medical Shelters - Health Emergency Preparedness and Response Plan \(HEPRP\) Annex 2, Medical Shelter Plan](#)

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Primary and Secondary Sites

In opening disaster shelters, local jurisdictions need to designate between primary and secondary shelter sites.

Primary Sites: Primary sites meet most of the criteria identified earlier in this section. They can handle larger numbers of shelter residents and are accessible for persons with disabilities (e.g., a person using a wheelchair can enter the facility and access all service areas -- eating, sleeping, bathrooms and showers). Obviously, primary sites receive priority status when there is a need to open disaster shelters, so the larger the pool of primary sites the better.

Secondary Sites: Conversely, secondary sites do not meet all criteria, yet they may be advantageous for neighborhood-based sheltering and with some modifications can fully accommodate persons with disabilities. See [Appendix F - Tips to Maximize Shelter Accessibility](#), for more information on ADA requirements and accommodations.

Shelter Agreements

Although schools are required by law to serve as shelters in a declared emergency, it is still helpful to have statements of understanding with both school districts and other private facilities. The American Red Cross has a Statement of Understanding that can be used for this purpose. It establishes understanding on the following points of operation.

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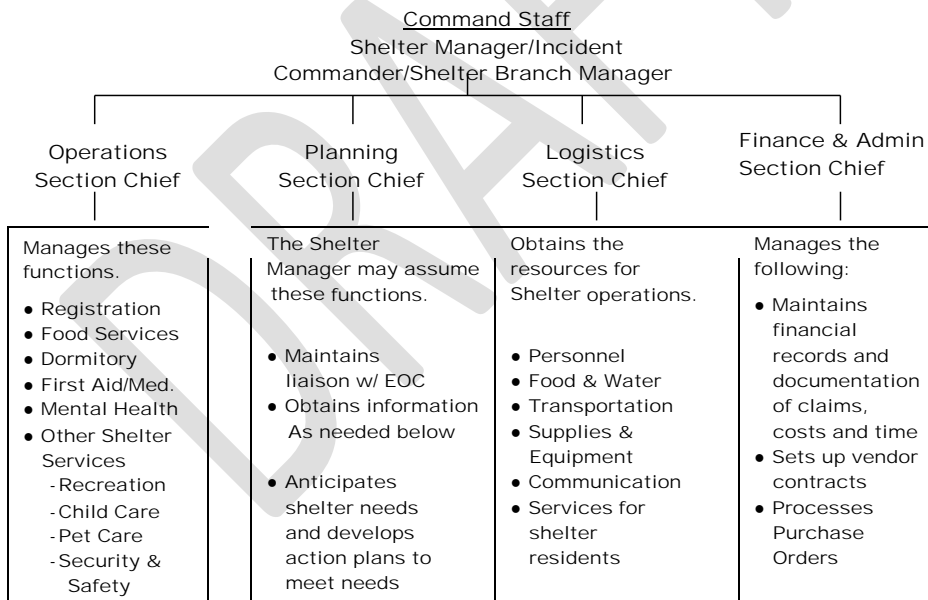
1. Authorization for use of the facility and procedures for notification.
2. Describes terms of use for equipment at the facility -- radios, fax machines, televisions, computers, etc. Also, describes any reimbursement or arrangements for use of utilities (gas, water, electricity and telephones).
3. Discusses the length of use (use for as short a period as possible; continued use of the facility will be based on the mutual decision of both parties).
4. Emphasizes return of the facility to its original condition, including the replacement or reimbursement for any damage or materials/supplies consumed during the sheltering operation.
5. Defends, holds harmless, and indemnifies the facility against any legal liability for actions that occur during the sheltering operation.

Organizing a Shelter Operations Team

Aside from the actual facility, the next most critical component to operating a disaster shelter is the shelter management team. This section will discuss the formation, training and job duties of a shelter operations team.

Profile of a Shelter Management Team

The primary leadership role within the team is the shelter manager. In opening a disaster shelter, the shelter manager's first responsibility is to assign available staff to fill the following functions.



- A. See [Appendix J - Shelter Management Team Job Duties](#) for a more detailed ICS Organization Chart sample and checklist of job responsibilities.

- B. The Red Cross recommends a minimum of 6 staff per 100 shelter residents. Depending on the size of the disaster and the number of staff available, some positions may do double-duty, or shelter residents and community volunteers can fill selected roles.
- C. By law, all government workers serve as disaster workers in a declared emergency. *California Government Code, Title 1, Division 4, Chapter 8*
http://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=3100.&lawCode=GOV

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Formation of the Shelter Management Team

The following summarizes the tasks involved with forming the shelter management team. Presumably, the county's care and shelter coordinator will perform these planning tasks.

1. Identify a Corps of Shelter Managers

- A. Given that good shelter management is a key to successful shelter operations, begin by selecting (or designating) a pool of potential of county shelter managers.

Consider the following criteria in selecting shelter managers.

- If possible, choose persons who, in a disaster, will be managing the same facility (or facility of a similar type) that they normally manage during non-disaster times. For local jurisdictions, shelter managers will presumably come from [the Health and Human Services Agency departments, DSS and/or Public Health](#).
- Choose persons with good supervisory or management skills who can handle stressful conditions. They also must be persons who can deal sensitively with a diverse shelter population.
- Include shelter managers in trainings as mentioned below.

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2. Identify Additional Shelter Operations Staff for Training

- The county department tasked with care and shelter response shall recruit staff from that department to receive Red Cross Shelter Training.
- If there are county employees who do not already have clearly defined response roles in a disaster, consider training them to serve as county disaster shelter workers.
- Identify and train county employees with more specialized skills needed to support shelter operations (bilingual employees, employees with First Aid, mental health training, etc.).
- Involve school district personnel in shelter training. In cases where schools become disaster shelters, school personnel may assist as shelter workers.
- Invite key CBOs or local congregations that may operate shelters, to participate in shelter training. Consider ~~ing~~ inviting community/county volunteers for training as care and shelter workers in a disaster.

3. Setup a Shelter Training Class Conducted by the Red Cross

- Contact the American Red Cross Chapter in Sonora, at 209-346-1854, to arrange a shelter training class.
- The Red Cross Shelter Training and Simulation Class is 3-hours in length and provides information on how to run a successful shelter operation, along with a tabletop exercise to practice operations. Objectives of the training are to enable county employees to:
 - Demonstrate how to open and operate a shelter
 - Identify a variety of resources available to shelter workers
 - Work as a team to provide quality shelter services to shelter residents
 - Effectively address common shelter problems
- Participants at the training will receive the Red Cross Shelter Operations Participant's Workbook. This workbook provides the tools to open and operate a shelter in times of an emergency when an experienced shelter manager is not available.

4. Maintain an Active Roster of Shelter Workers

- Once employees complete training as shelter workers, add them to the list of active shelter workers. Keep this list up-to-date.
- Consider some type of annual disaster training for shelter workers.

Note: See Section 8: Protocols for Opening the Shelter for more information on the deployment procedures of shelter staff in an emergency.

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Personal Preparedness

Each person needs to be responsible for his or her own personal disaster preparedness. As disaster service workers, county employees should have a self and family preparedness plan in place. Without being prepared at home, you cannot serve effectively in county shelter operations.

At a minimum, individual preparedness requires the following.

- An Evacuation Plan
- An Out-of-Area Contact Person
- Enough emergency supplies to last 3-days at home and work

Refer to the following Red Cross documents for further information:

- Family Disaster Planning <https://www.redcross.org/get-help/how-to-prepare-for-emergencies/make-a-plan.html>
<http://www.redcross.org/services/disaster/beprepared/familyplan.html>
- Disaster Supplies Kit <https://www.redcross.org/get-help/how-to-prepare-for-emergencies/survival-kit-supplies.html>
<http://www.redcross.org/services/disaster/beprepared/supplies.html>
- Food Supplies in Case of Disaster
<http://www.redcross.org/services/disaster/beprepared/food.html>

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- Your Evacuation Plan
<http://www.redcross.org/services/disaster/beprepared/evacuation.html>
- Food and Water in an Emergency
https://www.redcross.org/content/dam/redcross/atg/PDF_s/Preparedness_Disaster_Recovery/Disaster_Preparedness/Food_Safety/Food_and_Water-English.revised_7-09.pdf
<http://www.redcross.org/services/disaster/beprepared/foodwtr.html>
- Personal Workplace Disaster Supplies Kit
<http://www.redcross.org/services/disaster/beprepared/workkit.html>
- Emergency Preparedness Checklist
https://www.redcross.org/content/dam/redcross/atg/Chapters/Division_1_-_Media/Denver/Denver_-_PDFs/EmergencyPreparednessChecklist.pdf
<http://www.redcross.org/services/disaster/foreignmat/epceng.pdf>
- Make a First Aid Kit
- ~~<https://www.redcross.org/get-help/how-to-prepare-for-emergencies/anatomy-of-a-first-aid-kit.html>~~

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Planning to Meet Disaster Shelter Needs

This section provides an overview of the services, functions and some of the resources necessary to support people in disaster shelters. While public shelters, at a minimum, must provide occupants with a safe place to sleep along with some provisions for food, the county must also consider other things such as behavioral health, pets, and those with access and functional needs. Care and shelter personnel are encouraged to use this section as they plan to meet disaster shelter needs.

1. Registration

Care and shelter personnel must plan for a method of registering each person housed in the shelter, including both their dates of arrival and departure. This information is the only documentation for the jurisdiction of who is in the shelter. It also helps the jurisdiction to locate missing family members.

Planning Considerations:

- A. Document All Occupants -- Ensure the registration of all shelter occupants upon their arrival to the shelter. Assign volunteers or someone on site to perform this task.
- B. Registration Data -- Keep a simple record on plain 3 x 5 inch cards of every person who is housed in the shelter (see Appendix A for a copy of the [Red Cross Shelter Registration Form 5972](#)). The following registration information is needed:
 - 1. Family last name (at the top of the card)
 - 2. First and middle names for husband and wife (include wife's maiden name)
 - 3. Names and ages of all other family members
 - 4. Pre-disaster address
 - 5. Note any health concerns or special needs
 - 6. Date arrived in the shelter; date departed shelter
 - 7. Post-disaster address
- C. Special Needs -- Use registration as an opportunity for people to self-identify any medical, dietary, medication, or accommodation needs (i.e., needs for special assistance).
- D. Sign-in/Sign-out Policy -- Establish a sign-in/sign-out policy when shelter residents leave for any period. This helps to keep an accurate shelter population head count.

2. Food Services

Care and shelter personnel must ensure that a food provision and ordering system is in place to feed shelter residents. This will require a close working relationship with the Logistics Section of the Emergency Operations Center (EOC) to implement any of the following planning strategies. It is necessary to contact Environment Health early, to complete the required application and inspection process.

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Planning Considerations:

- A. Option One - Catered or Fast Food. The simplest strategy for feeding the shelter population is to have food catered or brought in from the outside.
 - Fast Food Outlets -- Given the confusion immediately following the disaster (or until mass feeding operations can be organized), it may be easiest to initially use 24- hour restaurants or fast food outlets in obtaining meals for shelter residents. Later it will become easier to prepare hot meals.
 - Restaurant Caterers -- Identify local commercial suppliers – restaurants, catering firms, hotels, etc. – and make pre-planned arrangements for suppliers to provide meals to persons in shelters.
 - Institutional Suppliers -- SYSCO, 1-800-877-7012, <http://www.sysco.com> is one of the larger suppliers of fully prepared, packaged meals for institutions and in an emergency, SYSCO could be used to supply disaster shelters.
- B. Option Two -- Designate a Central Kitchen. An alternative strategy is to designate one large, central institutional kitchen within the local jurisdiction as the site to prepare and provide meals for each shelter operating within the jurisdiction.
 - Bulk Food Donations -- Utilize the Logistics Section of the EOC to obtain large bulk food items from local sources and then direct supplies to the central kitchen.
 - Shelter Delivered Meals -- Once meals are prepared, they can be delivered to local shelters (similar to a meals-on-wheels operation).
- C. Option Three -- On Site Meal Preparation. A third strategy, assuming the shelter site contains kitchen or cafeteria facilities, is to prepare meals on site.
 - Cafeteria Staff -- If a school is used for the shelter facility, care and shelter personnel may have the use of food services staff who normally operate the cafeteria. At least one staff person shall be ServSafe certified.
 - Food Preparation and Cleanup Volunteers -- Shelter residents can also assist as part of food preparation and cleanup crews.
 - Basic Menu Planning Tips -- Plan menus in terms of foods available. Use perishable foods first. Prepare sufficient food to provide second servings, if possible.

D. Meeting Special Diet Needs -- Consider special dietary needs, including ethnic, vegetarian, infants, and medical considerations such as food allergies. Strive to meet as many special diet requests as possible, although resources to do so may be limited immediately following a disaster.

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- Low Salt/Sugar -- If meals are prepared through an on-site or central kitchen, use low salt and low sugar guidelines in consideration of persons with restrictions.
- Infant Nutrition -- Determine the need for infant formulas or baby foods.
- Hospital Dietary Departments -- For other persons on special diets (such as a person with diabetes, heart, or kidney disease), care and shelter personnel may need to consult with medical staff or have meals catered from local hospitals.

E. Situation Reporting -- County OES shall provide reporting on shelter statistics.

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3. Health Care Services

Given that health care issues will likely arise, shelter facilities must provide access to adequate health care services. A well-run shelter must protect the health of residents, prevent disease, and provide first aid as needed.

Planning Considerations:

A. First Aid -- Shelter personnel must plan to have basic first aid assistance available at the shelter. People will likely come to the shelter with minor injuries.

- Identify Staff with First Aid Training -- Inventory county employees as to disaster skills and have employees with first aid skills assigned to shelter teams.
- Use Trained Shelter Residents -- Residents within the shelter may include persons with first aid, nursing, or medical backgrounds.
- Medical Emergencies -- Call upon local paramedics or coordinate with the Medical Unit in the Operations Section of the EOC for medical emergencies. Transfer anyone with serious injuries, or anyone who is very sick, to the care of a local hospital.

B. Role of the County Public Health Department -- Care and shelter personnel should plan to call upon County Public Health when needed to perform the following.

- Health & Sanitation Inspections ([Community Resources Agency's Environmental Health Division \(209\) 533-5633](#)) -- To provide periodic health inspections of the shelter, including a sanitary inspection.
- Public Health Nurses -- To provide public health nursing services to shelter residents as directed by the Health Officer or designee.
- Prevent Communicable Disease -- To monitor and evaluate the health status of the shelter population and prevent the spread of communicable disease.

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Note: In a large disaster, the available pool of Public Health nurses and medical personnel will be extremely limited. Moreover, additional nursing staff may be necessary if there is a significant amount of illness in the shelter population.

- Other Resources -- Local community clinics and Nursing Homes are also a health care or medical resource for jurisdictions. Disaster Healthcare Volunteers (DHV), maintained by Public Health Emergency Preparedness programs, may be utilized.
- Resource Requesting – Requests for regional assistance may be requested via the Medical Health Operational Area Coordinator (MHOAC), 209-533-7401 or 209-533-8055 after hours.
- Contract for Medical Personnel -- Local jurisdictions may need to plan to hire, or contract for additional medical personnel from private sources.

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C. Contagious Disease Concerns & Medically Fragile Persons

- Separation to Reduce Spreading -- Plan to provide for the separation of persons with suspected communicable diseases that can range from common colds to more severe influenza and intestinal infections.

Note: Given the close confines of shelter conditions, illness (especially respiratory infections) spread easily among the shelter population without intervention actions.

- Medical Shelter –Activate a nearby alternate facility (to facilitate family unification) or a separated area within the general population shelter (preferred) as a Medical Shelter and coordinate support through the Operational Area given the following: if a large number of persons have a communicable disease in the shelter, or if a large population needs ongoing medical assistance (such as an evacuation of residents from a medical care facility). See Section 5: Assisting Persons with Special Needs in Disasters, for more detail.

D. Prescription Drug Management -- Some persons within the shelter will have very individualized medication regimes that cannot be interrupted without consequences.

- Storage of Medication -- Plan for the storage of medications; refrigeration is required for some medications (e.g., insulin and some HIV antibiotics).
- Prescription Refills -- Plan to refill prescriptions; establish vendor agreements with local pharmacies and clarify how to obtain medications post-disaster (e.g., with a current prescription, with a prescription phoned in by a licensed physician, with a prescription validated by another pharmacy, or with a prescription bottle).

E. Other

- Identifying Concerns -- Plan to use the registration process as an opportunity for shelter residents to identify any medical problems or medication needs.
- Documentation -- Maintain records on all health incidents and related actions taken.

4. Mental Health Services

The mental health impact of disasters ranges from emotional stress and anger to severe trauma and depression. The potential for drug and alcohol abuse increases. Mental health support for shelter residents is very important in helping people to deal with their losses and begin the recovery process. It will also help people to manage feelings of post-traumatic stress.

Planning Considerations:

- A. Enlist Mental Health Counselors -- Plan to work with the Logistics Section of the EOC to obtain as many qualified personnel as possible to provide counseling and support disaster victims with their emotional needs.
- Community Counseling Resources -- In addition to County Behavioral Health (see below), develop a resource list of community mental health providers or services to call upon if needed. These resources include:
 - CBOs that provide crisis counseling
 - Ecumenical or Pastoral Counseling Services (congregations and faith based organizations often provide counseling services)
 - Volunteers from the community who are trained as licensed therapists
 - Disaster Healthcare Volunteers (DHV) may be utilized to activate volunteers.
- Note: In a large disaster, the available pool of County Mental Health counselors may be extremely limited (similar to the situation with Public Health Nurses).
- B. Role of County Mental Health Services
- Assess Mental Health Needs -- To assess and activate responses to mental health issues resulting from the disaster.
 - Provide Crisis Support -- To provide crisis support services for shelter and community residents traumatized by the disaster.
 - Provide Support to Responders -- To provide behavioral health services to those responding to the incident (staff and volunteers).
- C. Organizing Additional Support
- Debriefing Sessions -- Without trained counselors, shelter personnel can organize community group debriefing sessions as an opportunity for shelter residents to share their feelings and to realize that their particular reactions are not abnormal.
 - Children -- Consider activities to help children express their feelings about the disaster.

5. Transportation

During the period in which the shelter is in operation, some persons will require transportation to the shelter, as well as door-to-door transportation from the shelter to medical and other appointments. In addition, people with mobility disabilities will need paratransit assistance.

- A. County Transportation EOP- Refer to the Tuolumne County Transportation Emergency Operations Plan http://tuolumnecountytransportationcouncil.org/Tiger_pdfs/TEOP.pdf

6. Information Services

Shelter personnel must plan for the collection, communication and distribution of care and shelter information while considering confidentiality issues during the disaster. This includes information about the disaster, about relief services available to shelter residents, as well as information to help reunite separated family members.

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Planning Considerations:

- A. Public Shelter Messages -- As the jurisdiction puts out public messages about locations, stress that residents going to disaster shelters bring a go-kit with blanket or sleeping bag, change of clothes, personal hygiene items and prescription medications.
- B. Bulletin Boards -- Set-up bulletin boards near the shelter registration area as a means for disseminating information to the shelter population.
 - News Postings -- Post daily updated news on the response to the disaster, along with news and information about shelter activities for the day.
 - Recovery Services -- Provide information on recovery services available through disaster relief organizations such as the American Red Cross, Salvation Army, and FEMA, along with other government disaster assistance programs.
 - CBO Relief Assistance -- In addition, include information on any active community-based or faith-based relief and assistance programs.
 - Special Needs Communications -- Consider the information needs of persons who are deaf, or blind, or non-English speaking [see [Section 5: Assisting Persons with Special Needs in Disasters](#) for further information].
- C. Shelter Meetings -- Hold daily shelter meetings as another way to share information and dispel false rumors that may be circulating within the shelter population.
- D. Family Reunification -- Respond to disaster welfare inquiries (seeking to located persons who are presently unaccounted for) by referring to shelter registrations.
 - Central Shelter Registration Log -- Consider implementing a central shelter registration log to combine registrations from all shelter locations.
 - Coordination with Red Cross -- Coordinate family reunification support with The American Red Cross, which operates the Safe and Well Program.
- E. EOC Communication -- Telephones are the primary communication link between shelter facilities and the EOC. If telephones are not functional, use radios available through the Public Health Emergency Preparedness Program and/or amateur radio operators for ham radio communications. As a last resort, use runners to relay messages.
- F. Additional Telephone Resources -- Plan for additional telephones to facilitate communication between shelter residents and family members outside the area. The telephone company can bring in a phone trailer to supplement shelter telephone capacity

7. Social and Personal Needs

Given a significant disaster event, residents will begin to work toward recovery while in the shelter. Shelter personnel should plan to coordinate with external agencies and services (via the Logistics Section of the EOC) to help meet the personal recovery needs of shelter residents.

Planning Considerations:

- A. Child Care -- If a shelter remains open for more than a day or two, assess need to locate child care services to support parents with child supervision and care needs.
 - Staff Support -- Arrange for staffing support from qualified community volunteers with child care skills.
- B. Clothing -- Emergency clothing becomes a need when possessions are lost in a disaster.
 - Community Donations -- Local businesses and CBO's may provide bulk clothing donations.
 - Red Cross Clothing Vouchers -- Traditionally, the Red Cross makes vouchers available to disaster victims for the purchase of new clothes at local retail stores.
- C. Comfort Kits -- Shelter residents will need basic hygienic items such as soap, a washcloth, toothbrush, toothpaste, a razor, and a comb.
 - Local Suppliers -- Plan to obtain these items either through commercial vendors, or through donations from local businesses.
- D. Long Term Housing Assistance
 - Housing Resource List -- Identify resources (e.g., hotels, motels, apartment complexes, local congregations, trailer parks, etc.) with the potential to provide post disaster temporary housing for shelter residents.
 - Transitional Support Needs -- Collaborate with family services providers and county social workers to support shelter residents in their transition from the shelter into temporary or longer-term housing.

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- E. Language Translation -- Consider the following options for bilingual support.
- Bilingual Shelter Residents -- Ask bilingual shelter occupants to volunteer and assist non-English speaking shelter occupants.
 - Bilingual Volunteers -- Seek out county disaster volunteers with bilingual skills. DHV responders have designated if they are bilingual.
 - CBOs with Ethnic Specific Services -- Coordinate with CBOs that specialize in serving specific ethnic communities and have bilingual staff.
- F. Recovery Services -- Shelter residents will need assistance in identifying where to go for services to meet their specific disaster recovery needs. Disaster relief organizations such as the American Red Cross, Salvation Army, and FEMA, along with other government, faith and community-based relief programs, may all initiate recovery services for disaster victims.
- Distribute Resource Lists -- Develop resource lists with contact information and a description of available relief and recovery services for disaster victims.
 - Information and Referral Services -- Care and shelter personnel can work in coordination with community-based Information and Referral service programs that are in turn linked with hundreds of human service providers.
- Note: The following are two primary Information & Referral resources for Tuolumne County:
1. Interfaith Community Social Services- Telephone 209-532-0905
 2. ATCAA- Telephone 209-533-1397
- CBO Collaboration – In general, care and shelter personnel will operate to identify the needs of those in shelters and then coordinate, via the Logistics Sections of the EOC, with support agencies and relevant CBOs to arrange assistance.
- G. Replacement Equipment -- Elderly persons and people with access and functional needs may need help to replace personal supplies and equipment, if lost or damaged in the disaster (e.g., items like orthopedic braces, wheelchairs, or hearing aids).
- Local Vendors -- Work through local vendors (e.g., Wal-Mart, Sonora Oxygen and Medical Supply, Pharmacies, etc.) to replace items.
 - Service Clubs – Some organizations such as the Lions Club may offer assistance.
- H. Recreation -- If large numbers of persons are housed in the shelter, and if the shelter operation is prolonged, provide recreation opportunities for shelter residents.
- County Recreation Dept. -- Arrange support through the city recreation dept.
 - Recreational Supplies -- Recreational supplies include videos, newspapers, books, games, and TV sets.

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8. Animal Services

Care and shelter personnel must have plans in place to shelter pets. Unless given prior notification, pet owners who evacuate to disaster shelters will likely arrive at the shelter with their pet. Other than service animals, which legally must remain with their owner at all times, shelter personnel are advised not to allow animals inside due to health and safety concerns for other shelter occupants. American Red Cross protocol does not allow for pets in shelters.

Planning Considerations:

- A. Option One – Offsite Care -- Work with Animal Control, the local animal shelter, local kennels or the humane society to plan for the care of pets during the sheltering operation. Ensure that a shelter facility for animals is identified in the plan and that provisions are made for the temporary care of pets. Refer to the Tuolumne County Animal Control Fire and Disaster Procedures. ~~[Add as appendix or provide location]~~[\[Appendix L\]](#)
- Communicate the Pet Policy -- Clearly and publicly state the policy regarding pets to avoid misunderstanding when people arrive at public disaster shelters.
 - Reassurance -- Pet owners need to be fully reassured that their pet will be safely cared for -- issues are sure to arise of pet owners refusing to evacuate or go to a shelter if it means separating from their animal.
 - Pet ID Tags -- Plan to identify the pet with an ID tag, to make for easy reunification with its owner later.
- B. Option Two – Onsite Holding Area -- Create a makeshift pet holding area outside the shelter facility. This requires the provision of food, water, and exercise for pets, and if necessary, supplies from Logistics to create a pet holding area (e.g., cages or fencing).

9. Volunteers

Care and shelter personnel must plan for the involvement of volunteers in all aspects of delivering care and shelter services. Volunteers (either from the community, the shelter population, or [Disaster Healthcare Volunteers](#)) may help to staff shelter functions. It is recommended that the Volunteer Coordinator position be assigned within the [Incident Command System \(ICS\)](#) structure to facilitate the use of volunteers.

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Planning Considerations:

- A. Sources for Volunteer Recruitment
- Shelter Residents -- Use volunteers from within the shelter population.
 - CERT (Community Emergency Response Team) – There are ~~three two~~ active CERT organizations in the County: one through Twain Harte Fire District, [one through Groveland Community Services District](#) and one through the Tuolumne Band of Me Wuk Indians.
 - Volun~~teer~~[teerary](#) Organizations -- CBOs, faith-based organizations and local congregations are another source for voluntary support.
 - Disaster Healthcare Volunteers (DHV) – Pre-registered DHV responders may be activated through the MHOAC or the Public Health Department’s Emergency Preparedness programs.
-

B. Areas for Volunteer Involvement. The following are some of the roles for volunteers within the shelter.

- Reception -- Meet and greet arriving shelter residents and provide comfort.
- Registration -- Help newly arrived shelter residents to fill out registration forms.
- Runners -- Help in obtaining goods and services or ~~acting as~~ “runners”-physically relaying messages.
- Amateur Radio -- Recruit ham radio operators from local amateur radio clubs such as RACES (Radio Amateur Civil Emergency Service).
- General Operations -- Support with shelter operations such as shelter set up, food services, shelter maintenance, security, traffic, etc.
- Health and Human Services -- Support with more specialized services such as first aid, mental health, child care, recreation and personal assistance services from support to seniors and people with access and functional needs, to help with language translation.

10. Safety and Security

Care and shelter personnel must plan to operate shelter facilities in a manner that promotes the safety and security of each resident within the shelter. This includes establishing and posting clearly understood rules so all shelter occupants understand what is expected of them.

Planning Considerations:

A. Shelter Rules

- Provide Rules at Registration -- Shelter residents must understand the rules upon registration. Plan to have rules prominently posted (and/or passed out as an information sheet) and then reinforced at shelter orientation sessions. See Appendix B -- Shelter Rules and Regulations.
- Translation of Rules -- For non-English speaking persons have shelter rules and regulations translated into other languages (e.g., Spanish ~~and~~ Chinese).
- Enforcement of Rules -- Use rules as a cause for dismissal if broken. Depending on the circumstances, employ a shelter committee to oversee disputes and call on local law enforcement to assist with serious disputes or rules violations.

B. Policing Functions

- Security/Safety Inspections -- Plan to regularly inspect the facility (and the surrounding grounds) to ensure compliance with shelter rules, fire regulations and to spot any potential problems. Coordinate with local Law Enforcement and Fire Services for assistance when needed.
- Private Security -- Given a large shelter population, plan to contract with a private security company to handle policing functions.

- Monitoring Occupant Flow -- Establish one entrance and exit to the shelter and secure all other entrances and exits. This is to prevent theft from people outside the facility and to facilitate sign-in/sign-out procedures.

11. Shelter Maintenance and Equipment

Operating a shelter for a sustained period requires plans for the daily upkeep of the facility and for the ongoing acquisition of equipment and supplies. Since it is their “temporary home,” ask shelter residents to assist with housekeeping and cleaning activities. Staff normally responsible for the facility (e.g., school janitorial services) may be available to support operations. County Environmental Health Dept. can address food, water safety and sanitation issues in shelters.

Planning Considerations:

- A. Shelter Supplies -- Work with the Logistics Section of the EOC to obtain additional supplies and equipment such as cots, blankets, first aid supplies, cleaning equipment, and tools. See [Appendix C -- Shelter Supplies and Equipment](#) for more information.
 - Initial Inventory -- Conduct a pre-occupancy inventory of potential shelter sites to determine what operational supplies may already be in place.
 - On-Site Cache of Supplies -- Consider pre-positioning critical shelter supplies (e.g., water, nonperishable food, cots, blankets, first aid kits, tools and other supplies) in trailers or shipping containers on the grounds of, or near, potential shelter sites. Public Health Emergency Preparedness Program maintains a cache of supplies that may be available.
 - Vendor Agreements -- Form as many agreements or vendor relationships as necessary with local businesses now, to supply goods later during shelter operations.
 - Donated Goods/Services -- During operations, work with Logistics to obtain donated goods and services to support shelter operations.
- B. Waste Management -- Plan to arrange for daily garbage/waste removal. A major disaster may disrupt regular service.
- C. Portable Toilets -- As necessary, arrange for the installation of additional toilets and possibly shower facilities. See [Appendix C -- Shelter Supplies and Equipment](#) for more information.

Shelter Population Demographics - ~~Get local wildfire data?~~

Studies in Florida have estimated that 1 in 4 persons seek public shelter during hurricane emergencies. During and following a major wildfire disaster in Tuolumne County impacting residential areas, we can likely assume a similar response. We can estimate that a large percentage of those displaced persons will seek alternative arrangements to public disaster shelters. This may include lodging with friends or relatives, staying in hotels, camping in their backyard, or even sleeping in the family car. However, while many persons will sleep elsewhere, they may still use local shelter services for meals and for obtaining information. So what about the remaining percentage of the population (possibly as low as 25%) that will show up at public disaster shelters?

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Variables or Predictors of the Shelter Population

~~The Association of Bay Area Governments (ABAG) produced a report, Shaken Awake, in April, 1996, which estimates the impact of various earthquake scenarios on housing stock and numbers of persons seeking shelter.~~ According to [the Association of Bay Area Governments \(ABAG\)](#), two factors strongly influence the likelihood of persons seeking public shelter in a disaster.

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1. Income -- Lower income persons are much more likely to seek shelter following a disaster. Past disasters have shown that low-income families are nearly ten times more likely to seek public shelter in a disaster if their homes are red-tagged or yellow-tagged, versus more moderate to upper income families.
3. [Tuolumne County Household Variables](#) -- Many residents may have no local family or friends with which to temporarily reside. Homeless persons are also likely to seek assistance at a mass care site during a disaster, where shelter and services are known to be available.

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Peak Shelter Population

~~Based on data collected after the Loma Prieta and Northridge earthquakes, the shelter population was at its largest 3 to 7 days after the earthquake. The two reasons for this development are as follows:~~

1. ~~After shocks, which occur in the days following the initial event, induce additional residents to leave damaged structures~~
2. ~~Days into the event, the inspection and tagging of structures (particularly multi-family buildings) will displace additional numbers of persons.~~

~~After 7 days, or after the shelter population peaks, the issue then becomes one of long-term housing for those remaining shelter residents. Shelter residents who can afford other housing, or have family or friends with whom they can stay, will quickly leave the shelter. Those remaining citizens are frequently persons with scant resources. They may be largely unemployed, they may be elderly persons living on social security, or they may be persons in single parent households.~~

Demographic Implications for Care and Shelter Planners *

* The following implications are based on a major earthquake disaster.

Based on past experience, persons seeking public shelter have fewer options or alternatives (i.e., lack financial resources and a social network). Within the shelter population there will be a disproportionately large number of low-income persons and persons who are elderly, disabled and pre-disaster homeless.

- Estimate Demand. The shelter population (i.e., care and shelter demand) can be estimated based on the ABAG data (See [Appendix D -- Peak Shelter Population Table](#)). Use these figures to help with logistical planning for care and shelter operations (i.e., to determine the required number of shelter facilities and the amount of supplies).
- [2010 U.S. Census](#). Look at the most recent [U.S. 2010 Census](#), ~~(See [Appendix E -- Elderly Population and Ethnic Demographics](#))~~. If there is a large percentage of residents who speak a language other than English, then plan to have materials (or forms) and shelter staff fluent in that language. [Also consider that Tuolumne County historically has had a higher population of older adults.](#)
- Housing Stock. An awareness of the jurisdiction's housing stock and its related vulnerability will indicate those areas in the community with potential for the greatest damage. For example, the ABAG study pointed out that older wood-frame apartment buildings (particularly soft story units), along with mobile homes and pre-1940's housing, will form the largest percentage of red and yellow-tagged housing units.
- Commuters and Tourists. Another factor that may contribute to an increase in the shelter population are non-resident populations (commuters and tourists).
- Long Term Needs. By the seventh day into the disaster, the shelter population will have peaked. Thereafter, what remains of the shelter population are generally persons with fewer resources and more long-term housing and social service needs.

Moreover, a major earthquake or wildfire disaster will significantly reduce the supply of available housing, especially for persons in multifamily units. Shelters may need to maintain operations for a longer period of time (that is, more than 3 weeks) until long-term sheltering or adequate replacement housing is found for those remaining occupants.

This underscores the need for local government to work in close partnership with CBOs, County Social Services and Red Cross to meet the long-term personal needs of shelter residents.
- Public Education and Collaboration. Public education -- the distribution of instructional materials and education on personal preparedness -- can reduce the demand for shelter in a disaster. Instruct local residents on the need to collect necessary camping supplies in the event they need to establish shelter on their property. Moreover, as shelter residents are most likely to come from multifamily housing units and have lower incomes, preparedness programs must also target the agencies that provide services to these populations (i.e., seniors, low-income persons and people with disabilities).

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Assisting Persons with Special Needs in Disasters

Who are the populations at greatest risk and what are their needs in disasters? For care and shelter personnel to meet special needs requires an identification and understanding of those needs, along with the planning strategies to meet them. This section will guide that planning.

1. Seniors and People with Disabilities

When disasters occur, older and disabled persons are the most likely to suffer its direct impact. Physical or mental disabilities may limit their capacity to respond, or to seek help. Many older and disabled persons require community support services (see below) to live independently. Any emergency that disrupts these lifelines leaves them very vulnerable. Some of the more critical services for seniors and people with disabilities include the following.

Meals on Wheels -- A major disaster may have multiple effects on home delivered meal providers -- (1) inability to receive food supplies from vendors, (2) disaster damage rendering kitchens inoperable, or (3) road obstructions preventing meals from reaching elderly recipients. If a homebound person does not get his or her meal, it is first a physical issue, but quickly becomes an emotional concern by creating isolation and then panic.

Home Care Support -- Many older and disabled persons rely on caregivers or attendants to accomplish activities of daily living (bathing, dressing, feeding, etc.). If this support system is disrupted for a significant period in the immediate aftermath of a major disaster, the health and safety risks for many of these persons can become severe.

Senior Centers -- Neighborhood senior centers will act as a focal point of assistance, information, reassurance and support for many older and disabled persons.

Care and Shelter Planning Tips for Seniors and People with Disabilities:

- Maintain Critical Services -- Support the continuity of critical community services to the populations identified in this section. For seniors and people with disabilities, critical services are those services that enable them to remain safe and independent at home.
 - Use the Logistics Section of the EOC to help local service providers obtain the resources necessary to maintain their post-disaster operations.
 - See [Appendix G -- Identifying CBOs and Community Resources](#) to find the CBOs that provide services to support the populations identified in this section.

- Cooperative Outreach – As part of the overall incident response, door-to-door outreach in areas more heavily impacted by the disaster may be necessary to check on older and disabled persons to ensure that they are okay and have adequate food, water and medications on hand. Work with home health, case management providers, CBOs, neighborhood emergency teams, faith-based organizations, and community volunteers, in coordinating neighborhood outreach to seniors and people with disabilities.

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Place special emphasis in outreach to:

- Trailer or Mobile Home Parks
- Single Room Occupancy Hotels
- Lower income parts of town (neighborhoods where people have fewer resources)
- Areas of town where housing stock is older (assumes a greater concentration of elderly homeowners)
- Senior housing facilities
- Meals on Wheels recipients and In-Home Care recipients (persons more likely to be isolated and needing assistance to live independently)
- Place Services at CBOs & Senior Centers -- Where possible, place disaster relief services at the agencies that serve seniors and people with disabilities on an on-going basis (especially senior centers). Older persons, including people with disabilities, may be reluctant to ask for disaster assistance and may have difficulty accessing, or understanding, those available services. They will need assistance dealing with the "disaster-relief system" and CBOs can provide this help.
- Evacuation & Accessible Transportation -- In mass evacuation scenarios, local jurisdictions must plan for the evacuation of persons using wheelchairs. Even in voluntary evacuations, some persons with mobility impairments may have no means of transport to shelters or Help Centers and will require accessible transportation. Work with Logistics to identify local paratransit resources (including local taxi service). See the Tuolumne County Transportation Emergency Operations Plan.
- Identify Special Needs at Registration -- Use shelter registration to identify needs that older or disabled persons may have for special assistance. For example:
 - Prescription Medications -- People may arrive at shelters without their medications; identify if there is a need for emergency medication replacement.
 - Personal Care Attendants -- If disabled shelter occupants require personal care assistance and are currently receiving services, contact Tuolumne County's In-Home Supportive Services Emergency Registry for Care Attendants, ~~(209)~~-533-5711.
 - Dietary Needs -- Many older adults with hypertension or diabetes have important dietary restrictions and this can be noted during the registration process.
 - One-on-One Assistance -- Community volunteers, or other shelter residents, may provide one-to-one assistance to older or disabled persons in disaster shelters.
 - People with Visual Disabilities -- Volunteers can help as sighted guides or readers.
 - People with Mobility Disabilities -- Volunteers can help with some support services such as transferring the person from their chair to a cot. Ask the person

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with a disability for advice on safe methods before lifting or moving them.

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- People with Developmental or Cognitive Disabilities -- Establish a buddy system with volunteers providing reassurance, calm explanation and attention to the needs of persons with developmental or cognitive disabilities.
- People Who Are Deaf or Hearing Impaired -- Volunteers can help with basic communication needs – writing or slowly repeating instructions.
- Shelter Orientation -- Volunteers can lead shelter orientations (see below).
- Individualized Shelter Orientations -- Shelter orientations serve to help persons with visual or cognitive disabilities (or older persons who are very disoriented from the disaster) with their adjustment to the shelter environment.
 - Provide a walk-through of areas within the shelter (i.e., bathrooms, sleeping and eating areas) to help with shelter familiarization; explain shelter schedule and rules; introduce to shelter staff.
 - Provide a verbal mapping of the shelter facility and a walk through the facility for people with visual disabilities; verbally explain any signage or written rules.
- Shelter Accessibility -- Pre-identify shelters that meet the following standards for accessibility (see below) and work to direct local residents to proper shelters. Buildings with these basic points of accessibility will enable persons who use wheelchairs or other mobility aids to function with greater independence.
 - Parking that is close to the building entrance with appropriate curb cuts
 - An accessible entrance to the shelter (i.e., has a ramp if there are steps at the front, and has doors that are easy to open, or are automatic)
 - Access to all shelter service areas (eating, sleeping and bathrooms)
 - Restrooms that allow for free access to toilet and washing facilities
 - Navigable aisles -- Once the shelter is in operation, arrange furniture and equipment as needed to keep access aisles clear of obstructions and to ensure the space is navigable for someone with a visual or mobility disability.
- * For further discussion and for tips on serving persons with specific disabilities (e.g., visual, hearing, mobility, cognitive and psychiatric) go to [Appendix F -- Tips to Maximize Shelter Accessibility](#).
- Basic Communication – Ensure that persons who are deaf or hearing impaired or who seem disoriented receive/understand all shelter announcements. Have note pads, pens and pencils available at the shelter for staff or volunteers to use in communicating with deaf or hearing-impaired persons. Keep language simple and draw pictures if necessary.
- Medications, Supplies and Equipment -- Physically disabled persons may have less opportunity to access their personal items and emergency medical supplies before evacuating their home to disaster shelters.
 - Request certain disability specific supplies from Logistics, ranging from colostomy bags, to air mattresses and hearing aides.
 - Where cots and blankets are limited, give first priority to seniors and people with disabilities.

- Establishment of vendor agreements with local pharmacies to expedite purchase for medication or personal equipment needs may be considered. Care and shelter personnel must also work with their local EOC Medical Branch or Medical Shelter Manager (if activated) to create a system for medication assessment and disbursement at shelters.
- Privacy Area -- Create a section of the shelter that is separate from the other shelter residents for use as a “privacy room”. Some persons with disabilities must change catheter bags and attend to other personal hygiene needs. In addition, some elderly persons, persons with psychiatric disabilities, and even parents with very young children may benefit from a quieter space.
- Alternate Shelter Sites -- In cases where entire group homes or care facilities evacuate to public shelters, consider making smaller, alternative facilities available for their shelter (e.g., such as local congregations). Care facility staff can then evacuate to the alternate facility and continue to maintain care of their residents outside of the mass care environment. Care facilities include homes for:
 - Elderly persons
 - People with Developmental or Cognitive Disabilities
 - People with Psychiatric Disabilities
 - People Who Are Medically Fragile

2. People who are Medically Fragile or Dependent

This includes people who live at home with the help of life support systems such as dialysis or respirators, as well as persons who are severely ill and require home health care. Many persons in this situation cannot be self-sufficient for 3 to 5 days following a major disaster. In extreme cases, if electrical power is out for an extended period, or if care providers are unavailable, medically fragile persons may need to evacuate from their home to an environment with backup, electric power or supervised personal or medical care.

Care and Shelter Planning Tips for Medically Dependent/Fragile People:

- Caregivers and Equipment -- Persons dependent on life-support equipment or home health care, will need to bring the equipment, and/or the personal support they receive at home, with them to the shelter. If necessary, an area of the shelter may be sectioned-off to provide for more privacy.
- Backup Generators -- Pre-identify shelter sites with backup generators (persons using life support systems will require electric power).
- Shelter Isolation Area -- Designate a separate room or space within the facility for people who have asthma, multiple chemical sensitivities or allergies. People with seriously weakened immune systems, (e.g., some persons with AIDS or diabetes) who are very susceptible to germs in the environment may also require isolation within shelters.
- Transportation -- Coordinate with the Logistics Section (Transportation Unit) if there are requests for specialized transport.

Note: People with a medical condition may need ongoing skilled nursing care and personal attention during the length of the shelter operation (see options that follow).

Options for Medical Support:

- Local EOC Support -- Coordinate with the Operations Section (Medical Branch) for local nursing and medical personnel.
- Qualified Shelter Residents -- Doctors or nurses within the shelter population can provide interim support if a need for supervised or skilled nursing care is necessary.
- Operational Area Support -- Care and shelter personnel may also request Operational Area support from County Public Health (i.e., public health nurses) through their local EOC or the MHOAC.
- Medical Shelter -- In cases where there are persons with contagious health conditions or medical needs that cannot be handled by general population shelter staff, activation of a Medical Shelter may be necessary. Medical Shelter residents are those who require medical attention, but do not need to go to the hospital. The Medical Shelter may be a separated area within the general population shelter (preferred) or at an alternate identified shelter site. [See Appendix XYZ Medical Shelters-Refer to Health Emergency Preparedness and Response Plan \(HEPR&P\) Annex 2, Medical Shelter Plan.](#)

* Many other medically fragile persons reside in licensed care facilities (such as Skilled Nursing Facilities or Residential Care Facilities for the Elderly). See the sub-section on Licensed Care Residential Facilities at the end of this section.

3. Persons who are Non-English Speaking

Disaster services need to be responsive to language and cultural differences, otherwise persons who are non-English speaking may not be able to convey needs or obtain services. The most commonly spoken language in Tuolumne County other than English is Spanish.

Care and Shelter Planning Tips for Persons who are Non-English Speaking:

- A. Outreach -- The following are tips for reaching non-English speaking communities.
 - Work with CBOs and Faith-Based Organizations -- Identify CBOs and faith based organizations, which serve specific ethnic communities, and enlist their help to reach diverse non-English speaking populations with specific disaster information. See Appendix G -- Identifying CBO's and Community Resources.
- B. Bilingual Assistance -- Local jurisdictions should identify and prearrange for bilingual assistance or translation services to assist with care and shelter operations. The following are tips for getting bilingual workers/volunteers to help at disaster shelters.

- Shelter Residents -- Ask bilingual shelter residents to volunteer and assist persons who are non-English speaking.
 - County Employees -- Recruit and train bilingual city employees to serve as shelter workers, or develop a volunteer skills bank of county employees for disaster work and identify specific language skills.
 - Contracts with CBOs -- Prearrange contracts or agreements with CBOs with bilingual staff that specialize in serving specific ethnic communities.
 - Community Resources -- Other sources for locating persons with bilingual skills include universities, the court system, the school district, congregations, or the local volunteer center.
 - Private Translation Services -- Pre-arrange agreements with private translation services to assist with care and shelter bilingual needs.
 - Operational Area Support -- Request Operation Area support from County through the local EOC or through Region IV by contacting the MHOAC.
- C. Signs and Forms -- Shelter staff must determine the need for providing signage and shelter instructions in other non-English languages as appropriate for shelter occupants.
- Internet Translation Services -- Get shelter forms translated into other languages; <http://www.freetranslation.com> is a free Internet site that translates English text into other languages.

4. Children

There may be concern with unaccompanied or unsupervised children as single-parent and two-working parent households may have children left unsupervised at the time of the disaster. All facilities that have some temporary responsibility for children -- day care centers, schools and after school programs -- are accountable for the child's safety and welfare following a disaster, until released to a parent or guardian.

Care and Shelter Planning Tips for Unaccompanied / Unsupervised Children:

- A. Reunification of Children with Parents -- Plan to help with the reunification of families who are separated during the disaster (i.e., reconnect children with their parents or an authorized guardian). The following are tips for helping unaccompanied or unsupervised children.
- Central Database -- Establish a central collection point for tracking information on missing persons.
 - Shelter Registration -- Use the registration lists from community shelters as one means for locating displaced family members.
 - Unaccompanied Children -- If a child arrives at the shelter without a parent, get the parent's name and try to locate the parent. Plan for a qualified staff person to supervise the child, until such a time as a parent or authorized guardian of the child arrives.

- Child Welfare Services (CWS) – If necessary, Child Welfare Services may provide support for children not picked up within 72 hours by assisting in locating parents and/or guardians, or other available services. Contact CWS through the County Social Services Agency via the [Emergency Operations Centers](#).
- Mental Health Issues --- Consider the recovery needs of children for mental health support post-disaster. Refer to section on Behavioral Health.

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B. Schools as Shelters -- A disaster during the school day can cause a school to become a de facto shelter for its staff and students. If the public converges on a school, then the school may also become a public disaster shelter for neighborhood residents.

- Students should be sheltered separately from the general populace in the event that a school is sheltering both students and the public simultaneously. This will result in two shelter operations under the same roof.

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The school and its staff maintain responsibility for the care and shelter of students; local government has responsibility for the care and shelter of the public.

5. Pre-Disaster Homeless Persons

A large-scale disaster may disrupt the usual sources of food and shelter for persons who already were homeless before the disaster. Pre-disaster homeless persons will have to be integrated at disaster shelters with people made temporarily homeless by the disaster. Persons who are chronically homeless often are dealing with pre-existing medical, mental health and substance abuse issues. A challenge for local jurisdictions is maintaining the continuity of pre-disaster shelter programs so that they can continue to serve the existing pre-disaster homeless population. Pre-disaster homeless persons make up a significant proportion of the shelter population requiring long-term care assistance.

Care and Shelter Planning Tips for Pre-Disaster Homeless Persons:

- A. Cooperation with Service Providers – Care and shelter personnel will need to work closely with local homeless service providers and social service representatives to accomplish the following:
- Keep Pre-Disaster Shelters Operational -- Maintain the continued operation of pre-disaster shelter programs to lessen the relocation of pre-disaster homeless persons to public disaster shelters. Check with pre-disaster community shelter programs to see what resources they need to continue services to the persons they serve.
 - Make Referrals to Pre-Disaster Shelters -- Homeless shelters generally run at full capacity, but will accept more persons after a disaster. Keep a referral list of pre-disaster shelter programs and encourage the transition of pre-disaster homeless persons out of temporary disaster shelters. See [Appendix G -- Identifying CBOs and Community Resources](#).
 - Support Services -- When pre-disaster homeless persons comprise part of the shelter population, there may be a need for more specific support services. This includes services for substance abuse addiction, mental health services, in addition to a need for transitional housing assistance. Request Operational Area support from the EOC or the MHOAC.

- B. Enforce Shelter Regulations -- Post shelter rules, such as regulations regarding substance abuse, hygiene and other inappropriate behavior. If these issues become problematic within the shelter environment (for any shelter resident, regardless of status), dismissal may be necessary.

6. People in Poverty and People Who Are Isolated

The considerations here are twofold. First, is the challenge of reaching persons (with services or information) who are more difficult to reach because they are socially or geographically isolated from the larger community. This includes persons living in remote areas of the jurisdiction, persons who are very low income, or persons who are undocumented. Second, is the challenge of supporting persons who, because of cultural background or religious beliefs, may respond to the disaster in a manner that is different from the larger community, or may require services delivered in alternative ways. Finally, low-income persons with homes that are no longer habitable are at great risk, as they do not have the economic resources to find alternative housing, nor may they have the social network to provide support.

Care and Shelter Planning Tips for Persons who are Very Low Income or Isolated:

- A. Access to Social Services -- Low income or marginalized populations living on the edge before disaster may go into homelessness and poverty because of the disaster. Their recovery will require the long-term support from community social service organizations. Help persons impacted by the disaster with information and access to social services.
 - Referral Lists -- Maintain a list of available services for persons that request referrals to meet social, economic, housing, medical and mental health needs related to the disaster. Use Appendix G -- Identifying CBOs and Community Resources to get a list of programs that can support persons with long-term recovery needs. Public Health maintains a Resource Directory which may be used.
- B. Alternate Service Methods -- Based on the jurisdiction's geographic diversity, care and shelter personnel need to examine additional methods for delivering disaster human services (through cooperative work with CBOs above).
 - CBOs and FBOs -- Work in partnership with specific community or faith-based organizations that have a more direct access to specific communities or populations.
 - Organize Outreach Teams -- Working with the CBOs above, form outreach teams to serve communities that are more isolated. Examples of isolated communities may include unofficial homeless camps, campgrounds, RV parks or mobile home parks. Moreover, many low-income persons are more isolated in our ability to reach them with information on services. Consider outreach to Residential or Single Room Occupancy (SRO) Hotels.
 - Undocumented Persons -- Persons without legal immigration status do not qualify for federal public benefits. Often CBO's and faith-based organizations are the best resource for reaching undocumented persons, as many persons will not avail themselves of government or even Red Cross services given disclosure concerns.

- C. Long Term Housing -- Low-income families will likely need the assistance of caseworkers to find temporary housing in order to make the transition out of disaster shelters.
- D. SRO Residents -- Single Room Occupancy Hotels (SRO's) are older, low-rent hotels, renting rooms on a daily basis without kitchens. Even if these units are undamaged, infrastructure damage (power and water) may incline SRO residents to seek out food and social services available at disaster shelters.

Licensed Care Residential Facilities

Care and shelter personnel must also recognize the many people in Tuolumne County who are residents in various licensed care facilities. The following facilities are under licensing by the California Department of Social Services, Community Care Licensing Division (Telephone [916-263-4700](tel:916-263-4700), [540-286-4201](tel:540-286-4201) or [4355](tel:4355)).

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- Facilities for Children include:
 - [Foster Resource](#) Family Homes (for children that need alternative family placement)
 - Group Homes (often for children referred by Probation or CWS)
 - Small Family Homes (for children with physical or mental disabilities)
- Facilities for Adults with Disabilities include:
 - Adult Residential Facilities (mainly serve adults with developmental disabilities); ~~Tuolumne County has 204 ARF facilities serving more than 1,600 residents~~
 - Social Rehabilitation Facilities (includes support for mental health needs)
 - Residential Care Facilities for the Chronically Ill
- Facilities for the Elderly include:
 - Residential Care Facilities for the Elderly (~~Tuolumne County has 245 RCPE facilities serving more than 6,200 elderly residents~~)
 - Continuing Care Retirement Communities

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In addition, the Licensing and Certification Division of the State Department of Health Services (Sacramento District Office, Telephone 916-263-5800) oversees the licensing of medical and health facilities that include the following:

- Nursing, personal and rehabilitative care facilities for the elderly.
- This includes both Intermediate Care Facilities and Skilled Nursing Facilities

Licensing Emergency Plan Requirements

Both licensing agencies -- California Department of Social Services and State Department of Health, require the various care facilities they license to have a facility emergency plan.

Key components of the emergency plan requirement include the following:

- Evacuation MOUs with Like Facilities -- Each facility must provide for the evacuation and relocation of that facility's population to a comparable or like facility in an emergency (when an evacuation is required).
- Evacuation Supplies -- Requires that licensed care facilities bring the following with each patient in an evacuation (to accommodate a 72 hour period).
 - Medical equipment such as oxygen, insulin or infusion pumps
 - Individual records, medical charts and identification for each resident
 - Special supplies such as adult diapers, egg crate mattresses or dietary items
 - Required prescription medication for residents
 - Extra clothing
- Ongoing Client Care -- The evacuated institution is legally responsible and accountable for the continuous care of its residents and for ensuring that their special needs are met during the course of shelter operations, in whatever facility is utilized.

Care and Shelter Planning Tips Regarding Licensed Care Facilities

In a major disaster, it may not be possible for some facilities to reach their pre-designated relocation site. They may lack the transportation or personnel assets to get clients there. Hence, local care and shelter personnel should expect may be asked to support the shelter needs of some care facilities within their jurisdiction. The following are some planning tips for local jurisdictions.

- Distribute Preparedness Materials -- Provide disaster planning information to licensed care homes to support their disaster planning efforts during the preparedness phase. Educate facilities about their need to develop agreements with like facilities to provide care and shelter if an evacuation of their clients is necessary.
- Set Aside Space within the Shelter -- A portion or area within the general, public disaster shelter can be set aside and designated for the care facility and its clientele. The evacuated institution will continue to care for its residents within this designated space.
- Use Alternative Shelter Sites -- Designate a system of smaller, neighborhood-based shelters for persons from residential facilities, who will require a higher level of care than what is offered in public disaster shelters. In this case, staff from the evacuating licensed care facility would be expected to continue to fulfill their legal responsibility to provide care for their residents at the alternative shelter. Local congregations can form the basis of alternative shelter facilities.
- Request Resources or Assistance Regionally -- Contact the Medical Health Operational Area Coordinator (MHOAC) by using the Situation Reporting process or by phone/fax. The MHOAC is able to request resources or assistance through Region IV and thereby through the State if necessary.

Building Relationships with CBOs to Strengthen Care and Shelter Operations

Care and shelter personnel will work through the Logistics Section of their EOC and through other government departments to come up with the services and resources that are necessary to meet the needs of disaster victims. However, just working with the resources of government will likely not enough to meet the needs of all disaster victims. The human service demands created by a disaster (as identified in previous sections) will necessitate that personnel find additional support within their community to meet needs. In fact, working with [Community Based Organizations](#) (CBO's) during planning and early response stages will likely be most effective in reaching and serving the community.

How CBOs May Support Care and Shelter Operations

1. Maintaining Services to Vulnerable Populations

CBOs will continue important services to vulnerable populations post disaster -- meals, home care, transportation, residential care, health and mental health services, etc. More significantly, some CBOs may expand these services. If the CBO community is well-prepared and active post-disaster in supporting the disaster needs of vulnerable populations, it reduces demand on the overall care and shelter system.

2. Extending Government Resources

CBOs can augment or supplement the care and shelter support government provides. Consider CBOs as partners in supporting government with the following care and shelter functions.

- Communicating disaster information in a variety of languages
- Providing alternative shelter for displaced persons/families
- Delivering emergency food, water, health care and counseling
- Doing a status check on elderly and disabled persons living alone who may be at risk
- Ensuring that vulnerable persons have services for an effective recovery
- Addressing the community's long-term recovery issues

3. Community-Based Sheltering

CBOs that serve vulnerable populations may provide shelter to people they serve following a disaster. Clients that CBOs serve may not be able to go home; CBOs may have to shelter their clients in place.

4. Long Term Recovery

CBOs will continue to support impacted neighborhoods and individuals long after the care and shelter function is demobilized.

Finding Relevant CBOs

Aside from the CBOs already linked to local government through service contracts, care and shelter personnel can find CBOs through the following sources.

1. Healthcare and Safety Coalition of Tuolumne County
Several CBOs are partners within the coalition to plan and prepare for medical and health emergencies and may be able to assist with disaster needs of vulnerable populations. For more information, <http://groupspaces.com/HealthCareandSafetyCoalitionofwww.tuolumnehcsc.com> or 209-533-7416.
2. Resource Directory -- <http://ca-tuolumnecounty.civicplus.com/DocumentCenter/View/1582>
An excellent resource maintained by Tuolumne County Public Health. The directory is available in hard copy in limited numbers and free online (link above).
3. VOAD (Volunteer Organizations Active in Disasters)
In addition to local CBOs, there are established disaster relief organizations, which for the most part are faith-based and national in scope, but play a major role in disaster recovery at the local level. Most of these organizations are part of a national network called VOAD. For more information go to <http://www.nvoad.org>, or <http://www.calvoad.org/>

Examples of some of these organizations are as follows:

- Catholic Charities --
- Adventist Disaster Response --
- Habitat for Humanity --
- Salvation Army --
- United Way --
- Team Rubicon --

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A Checklist for Working with CBOs

For an effective response, it is very helpful to have a working relationship and some link to the CBOs within the local community before a disaster. As step one, local government must first establish a working relationship with the American Red Cross (as discussed in Section 1). As step two, local government can look to establish working relationships with local CBOs to help supplement their care and shelter operations. As mentioned, some CBOs are already part of the Healthcare and Safety Coalition of Tuolumne County, which meets and exercises regularly.

Suggested areas for involvement and cooperative planning with local CBOs

- Begin by identifying and building relationships with the CBOs already linked to local government through service contracts.
- From these contacts, have a meeting or workshop to discuss potential areas for CBO involvement in care and shelter operations, or any area of post-disaster assistance.
- Given the resources that CBOs have (food, sheltering, transportation, health/mental health services etc.) find out how you might work cooperatively to ensure that care and shelter services meet the needs of more vulnerable residents within the local community.
- Find out how you can be supportive of CBO efforts to keep services going to the populations they serve following a disaster.
- Focus future meetings around specific planning issues (coordinated assistance to vulnerable people, volunteer management, commodities distribution, etc.).
- Get CBOs involved in disaster planning, training and exercises sponsored by local government. If you have a CERT program encourage CBOs to go through CERT training.
- Local government may also support CBOs by:
 1. Giving priority status to CBO requests for supplies or resources
 2. Having a CBO representative in the EOC
 3. Forming a memorandum of understanding with selected CBOs

Memorandums of Understanding

If local government is dependent upon a CBO to deliver a specific service as part of the jurisdiction's Emergency Operations Plan, the relationship between government and the CBO should be documented in a memorandum or statement of understanding. It is very important for the CBO to have some up-front authorizing agreement with government for the provision of a specific disaster service, in order to facilitate reimbursement later (for expenses beyond normal operating costs). CBO's can only be assured of reimbursement when government sponsors their involvement. Documentation of this sponsorship protects the CBO and delineates the responsibilities and expectations of both partners.

If in the response or recovery phase, local government spontaneously requests CBO involvement to augment care and shelter operations, local government still needs to document this request. The documentation may simply consist of a few sentences stating the nature of the request and terms of CBO support.

The implementation of Memorandums of Understanding shall be coordinated with Human Service Agency (General Services Unit) or Office of Emergency Services analysts.

Examples of Memorandum of Understanding are included in the appendices.

1. Appendix H — Memorandum of Understanding between Salud Para La Gente and The City of Watsonville
2. Appendix I — Volunteer Center of Sonoma County Emergency Response Plan with the County of Sonoma

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Setting Up Local Assistance Centers to Meet Other Care and Shelter Needs

How do you care for populations that don't show up at public disaster shelters, yet still need help to meet basic survival needs? This section will outline some planning steps local jurisdictions can take in order to meet needs that exist beyond disaster shelters.

Support for People who Shelter-in-Place

One assumption about human behavior post-disaster is that people will be very reluctant to leave their property, even if they have sustained damage to their home, or are without electricity or gas. If possible, most people will want to remain with their possessions, versus evacuate to a public shelter facility. In many cases, residents may simply end up camping on their property. The following identifies some of the support services that community residents will need to effectively shelter-in-place (either within the confines of their home, or on their property). In addition, it is occasionally recommended by local disaster response officials to shelter in place.

Support services for people who shelter-in-place:

1. Distribution of Basic Survival Supplies -- Food and water, blankets, warm clothing and possibly tents.
2. Portable Toilets -- Locating portable or chemical toilets in certain neighborhoods, assuming damage to the water infrastructure.
3. Sanitation Services -- Specifically waste removal, assuming a disruption to regular, trash pickup service.
4. Outreach and Assessment -- An aggressive outreach program to assess neighborhood needs and survey the public health impact of the disaster on local communities.

Support for People who Shelter in Public Parks

In addition to people sheltering-in-place, a second planning scenario assumes that some persons may converge on public parks or open spaces as an alternative to using indoor mass care shelters. Since these "open shelter areas" will generally emerge spontaneously, local government should consider whether to take a role in managing the sites from the start. After the Northridge Earthquake in LA for example, these sites emerged and without local government involvement, they became very difficult to manage and to later shut down. If jurisdictions choose to allow public parks as a sheltering option, they must proactively create a support infrastructure [by coordinating with County Office of Emergency Services](#).

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Support services for people who shelter in public parks:

1. Food and Water -- An established means for providing food and water on a daily basis.
2. Sleeping and Clothing Supplies -- Blankets, warm clothing, sleeping bags and tents.
3. Health and Sanitation Services -- Portable toilets must be put in place immediately and waste must be removed daily.
4. Disease Abatement Control -- In a damp outdoor environment, disease spreads more easily. The area will require close monitoring for any potential public health problems.
5. Generators -- The installation of generators if electricity is needed for lighting, cooking, heating, etc.
6. Safety and Security -- Ensuring security for the area and establishing rules and order. Also, the provision of other emergency human services to meet the needs of occupants (health, mental health, housing relocation aid, etc.) should be considered.

Local Assistance Centers

There are considerable benefits to establishing some type of local assistance center immediately following a disaster, particularly if there has been widespread destruction within the community. Refer to the California Office of Emergency Services Guide for Establishing a Local Assistance Center.

- Coordination – Local Assistance Centers provide local jurisdictions with a central point from which to coordinate care and shelter services or distribute relief supplies. Centers can operate jointly with other local community organizations that provide social services.
- Location – Local Assistance Centers provide residents with a central location where they can go to get recovery information and receive assistance with their needs. Centers may be located at a local community or recreation center, library, congregation, or school. The center may also share the same site as a primary shelter facility.

Local Assistance Centers function as a clearinghouse to provide, or refer people to, the following emergency human services:

1. Food and Water

Following the disaster, it may be necessary to setup feeding and water distribution sites. Disaster Service Centers can act as mass feeding or water supply centers. They can also provide information on where other similar food and water sites are operational.

Planning Considerations:

- Mass Feeding Facilities -- Typically, schools, congregations, or community centers are the best facilities for preparing meals.
- Mobile Feeding Units -- Once resources are available, the American Red Cross and Salvation Army, along with other disaster relief agencies, may deploy self-contained mobile feeding units to supplement fixed feeding facilities.

Food and Water (continued)

- Neighborhood Resources -- Determine if neighborhood restaurants can pool resources and are willing/able to provide emergency meals to neighborhood residents.
- Local Food Banks -- USDA food commodities are available via local food banks for use in preparing meals or for distribution to disaster victims.
- Water Distribution Programs -- Damage to the public water infrastructure will require local jurisdictions to initiate a water distribution program. One option is to set-up potable water trucks so local residents can come to sites to fill large containers. Seniors and persons with disabilities will need assistance to transport containers.
- CBO Meal Programs -- CBO kitchens, meal programs and food pantries may support mass feeding and food distribution efforts in a disaster. CBOs may also assist with the distribution of food/water to homebound and at-risk populations (e.g., frail elderly persons and people with disabilities).

2. Health Services

The Local Assistance Center can supplement the jurisdiction's emergency medical response to a disaster. First, it can serve as a primary first aid or mass health care station. Second, it can act as a clearinghouse for public information on available disaster health care services. To keep up-to-date on the community health status and health information, care and shelter personnel must maintain close coordination with the agencies below.

Planning Considerations:

- Local Fire Department -- Reports on local disaster health issues in addition to responding to community health emergencies and medical response needs.
- County Health Care Services --
 - Public Health Services -- Organizes a health care response to the disaster including the implementation of any critical public health programs (such as appropriate vaccination programs if necessary). May lead activation and response in regard to a Medical Shelter.
 - Environmental Health Services -- Manages health issues related to ensuring safe water, food and sanitation conditions, and will assist in dealing with hazardous materials release.
 - Emergency Medical Services -- County Public Health's EMS Division will provide oversight and coordination for all aspects of emergency medical services including the evacuation of [casualties](#) and emergency ambulance services.
- Community-Based Resources -- Community based health clinics and other health care providers may also respond to disaster medical needs. They can supplement the response of local government by also serving as first aid stations or by distributing health care information in the communities that they serve. See [Appendix G -- Identifying CBOs and Community Resources](#) for a list of these resources.

3. Mental Health Services

Local jurisdictions must consider the community mental health needs arising from the emergency. Post disaster stress can last from six months to a year or more. Local Assistance Centers can help by providing referrals to mental health services for persons needing emotional support.

Planning Considerations:

- County Behavioral Health -- County Behavioral Health Services ~~will~~ may assess mental health issues and may provide mental health services to support the recovery needs of disaster victims.
- Community-Based Resources -- CBO crisis hotlines and grief counseling services are an important part of the network for providing emotional support to disaster victims. So are pastoral care and faith-based counseling services. See Appendix G -- Identifying CBOs and Community Resources for a list of these resources.

4. Public Information

Local jurisdictions must provide the community with information on sheltering options along with basic health and safety information. The Local Assistance Center can serve as a central clearinghouse for the distribution of timely and accurate information on all aspects of care and shelter support and information on local relief and recovery services.

Planning Considerations:

- Role of the PIO -- Care and shelter personnel will work with the EOC's Public Information Officer (PIO) to coordinate public information services.
- Public Announcements on Sheltering -- In any disaster where sheltering is required, jurisdictions will want to provide information on sheltering options.

Suggestions to alleviate the strain on resources and overcrowding in disaster shelters:

- Encourage displaced residents stay with family or friends if possible.
- Encourage residents to shelter-in-place if recommended by disaster response authorities.
- Encourage persons going to shelters to bring a go-kit with blanket or sleeping bag, change of clothes, personal hygiene items and prescription medications if possible.
- Communication in Other Languages -- Information must get to people in their own language. See Section 5: Assisting Persons with Special Needs in Disasters, for details on reaching non-English speaking persons and persons who are blind or deaf.
- Local Information and Referral Providers -- Local jurisdictions will want to work cooperatively with Information and Referral providers, to help connect local residents who need help with available community services and resources (see Appendix G).
- Use CBOs as Information Conduits -- Maintain ongoing communication with neighborhood CBOs to keep apprised of local needs & relief efforts. CBOs can also relay important information from government to the populations that CBOs serve.

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5. Disaster Welfare Inquiry

Local jurisdictions may receive calls from persons outside the disaster area inquiring about relatives and friends. The Red Cross can establish an 800 toll free number for persons to call and may activate their Safe and Well Program, but in the interim, Local Assistance Centers can serve as the focal point (and call center) for tracking and updating information on missing persons.

Planning Considerations:

- Family Separation -- A sudden impact disaster will cause the separation of thousands of family members, such as children in school and parents at work.
- Implementing a [DWI-Family Reunification System](#) -- A ~~Disaster Welfare Inquiry~~ [Family Reunification](#) system uses information from shelter lists, casualty lists, hospitals and other community sources to aid in family reunification and respond to inquiries concerning missing family members.
- Red Cross Safe and Well Program -- Local jurisdictions will need to work in cooperation with the Red Cross to provide reunification services. The Red Cross will operate a regional [Safe and Well Program family reunification system](#) to reunite lost family members.

6. Transportation Services

Local jurisdictions need transportation services for the movement of people, food and other resources necessary to carry out care and shelter operations. This includes the transport of persons who otherwise have no means for getting to disaster shelters or assistance centers (e.g., frail elderly persons and persons with disabilities). The Local Assistance Center may serve as a central clearing-house for receiving requests on transportation needs and then providing or coordinating transportation resources.

Planning Considerations:

- Transportation Resources – Refer to the Tuolumne County Transportation Emergency Response Plan.

7. Volunteer Management Services

Local jurisdictions will need a system to connect the many volunteers who emerge to help following the disaster with recovery needs in the community. The Local Assistance Center may provide a primary location and means for the staging, mobilization and deployment of these emergent volunteers. It is recommended to activate the Volunteer Coordinator position within the ICS structure.

Planning Considerations:

- Volunteer Center Support – Disaster Healthcare Volunteers (DHV) may be activated through Public Health Emergency Preparedness or the MHOAC.
- Areas for Involvement -- Opportunities for involving volunteers in disaster recovery include food services, shelter services, health care, translation, clean up, supporting special populations, animal care, distributing fliers, walking door-to-door to assess needs, etc.
- CERT Coordination -- Coordinate any disaster volunteer initiatives with local neighborhood emergency response team programs.

8. Animal Services

Some pets become separated from their owners in a disaster. Conversely, many citizens will not go to public shelters if it means separation from their pet. As stated earlier, given health concerns, disaster shelters cannot allow pets (except service animals).

Planning Considerations:

- Work cooperatively with local animal shelters, veterinarians, or the Humane Society on planning for the following scenarios.
 - Tracking Lost Pets -- Search and rescue for animals lost in the disaster
 - Quarantine of Animals -- Quarantine of animals given a chemical or biological incident.
 - Pet Disaster Shelters -- The shelter and separate containment of pets from their owners if owners must evacuate to public disaster shelters.

Transition to a Long Term Recovery Support Center

Following the initial response to the disaster, the Local Assistance Center may transition to more of a full-service recovery center. The local jurisdiction may assemble representatives from appropriate agencies to come to the center and provide recovery information and assistance to residents affected by the emergency. This would include representatives from organizations such as The American Red Cross, The Salvation Army, FEMA, along with other government and local disaster assistance programs. Additional representation would come from community-based or faith-based relief and assistance programs. For the convenience of disaster victims, it is easiest to have all these representatives at one location. In short, the Local Assistance Center becomes a one-stop shop to get all the information available about recovery services and disaster assistance.

Protocols for Opening the Shelter and Laying Out the Physical Space

The following section will make care and shelter personnel aware of the protocols and operating procedures for opening disaster shelters.

Care and Shelter Protocols for Local Jurisdictions

- Local jurisdiction (i.e., field operations -- generally fire or law enforcement) identifies the need for care and shelter operations. A large disaster event will require activation of the Emergency Operations Center (EOC).
- Local jurisdiction identifies the extent of shelter needed (i.e., number of persons to be sheltered and any special needs involved, such as large numbers of elderly persons, or persons who may need medical supervision/care).
- Local jurisdiction then selects appropriate shelter facility based on the need.
- In a major wildfire, ensure that the shelter site will not be considered as a base or command post by response agencies, resulting in having to relocate the shelter.
- Local jurisdiction makes telephone contact via the EOC and site contacts to ensure facility access.

~~Local jurisdiction notifies the American Cross via (800) 660-4272.*~~

~~* This (800) number is to be used exclusively by local jurisdictions as a 24-hour "On-Call" number for emergency Red Cross response. Do not publish this number for general use.~~

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If the Red Cross is Available to Open the Shelter:

- Local jurisdiction will provide a county staff person assigned the care and shelter responsibility to work in cooperation with the American Red Cross and the shelter facility liaison.
 - Care and shelter is a local responsibility and cannot be delegated.
 - Schools are required by law to make their facilities available to the local jurisdiction for use as shelter sites during a declared disaster.
 - The American Red Cross and other sheltering agencies will assist the local jurisdiction with care and shelter operations.
 - The local jurisdiction will assist the Red Cross as needed to ensure that adequate food supplies, equipment, staff and services are available to launch and sustain shelter operations. Coordinate needs/requests with the EOC's Logistics Section.
 - The American Red Cross will pay costs that the Red Cross incurs.
- Representatives of the local jurisdiction, the selected shelter site and the American Red Cross will respond to the shelter site to begin care and shelter operations.

If the Red Cross is NOT Available to Open the Shelter:

- Local jurisdiction deploys the shelter manager and support personnel, along with startup supplies, to open and run the shelter.
 - The shelter manager is responsible for the overall operation of the shelter facility.
 - The local jurisdiction should have a current roster of shelter managers who are qualified to open and run the shelter. In addition, identify backup personnel who can assist the shelter manager with shelter operations.
 - Secure additional shelter staff from the EOC's Logistics Section (Personnel Unit).
 - Shelter Manager and staff arrive at site and begin the process of opening the shelter.
1. Performs a facility walk-through to survey the condition of the shelter before occupancy, (along with shelter owner or other representative if available).
 2. Coordinates with Environmental Health Department for inspection before opening the shelter to the public.
 3. Arranges the building for shelter operation and occupancy (see next page).
 4. Checks availability of existing supplies at facility.
 5. Establishes communications with the EOC; works with the Logistics Section for additional resources (see [Appendix C -- Shelter Supplies & Equipment](#)).
 6. Arranges for the care of pets, as needed.
 7. Organizes available human resources as a shelter operations team (see [Appendix JK -- Shelter Roles and Responsibilities](#)). This may involve shelter residents to help in running the shelter.

Note: If shelter participants are already outside, set aside an area within the shelter for people to wait comfortably.

- Once shelters are confirmed, the Public Information Officer (PIO) can inform the public of the shelter location(s) and status.
- Public information messages should clearly identify the location of shelters and encourage persons to bring a "Go Kit" with them to include their own blankets, a change of clothes and basic toiletries including any prescription medications.
- The shelter will need a high visibility sign to identify its location.
- Shelter Manager begins relief operations at shelters by:
 1. Registering shelter residents
 2. Providing emergency first aid as needed
 3. Offering beverages and snacks as soon as people register
 4. Beginning regular meal service soon thereafter
 5. Arranging for individual and family support services (see [Section 4: Planning to Meet Disaster Shelter Needs](#) for more information on the planning for services).

Note:

- The sooner that "routines" are established within the shelter, the better for the adjustment of shelter residents.
- Shelter personnel will need to ration limited resources initially. Resources will trickle in faster and faster as mutual aid and outside assistance becomes available.
- For questions concerning care for older or disabled adults (or other persons with special needs) see [Section 5: Assisting Persons with Special Needs in Disasters](#).
- If multiple shelters are operating, activate a central database of shelter registrations and a welfare inquiry system to coordinate information on missing/displaced persons.
- Document the names and number of persons sheltered; keep records on all activities and expenses incurred by shelter operations. Use ICS Form 214 to track personnel activities of all those checking in to respond to the shelter.
- Maintain ongoing contact with the local EOC to report on (1) the number of people being sheltered and number of meals served, (2) the status of supplies and (3) any problem areas.
- In closing down shelter operations:
 - Coordinate the transition of shelter operations to the American Red Cross (if the Red Cross will assume control after the initial startup).
 - Return the facility to its original condition upon closing. Document any damages.

Red Cross Shelter Layout Recommendations

In allocating space, give consideration to the following needs:

- | | |
|------------------------------|---------------------------|
| • Reception and Registration | • Emergency Medical Care |
| • Sleeping | • Counseling/Interviewing |
-

- Feeding

- Manager's Office

- Storage for Food and Supplies
- Storage for Personal Belongings
- Recreation
- Child Care
- Restroom for Staff (in larger shelters)

Additional Shelter Layout Tips (from the American Red Cross):

- Shelterees should first proceed to the registration desk before going to their lodging area.
- Set-up a bulletin board near the registration table. Post messages received for shelter residents and shelter rules and relief information.
- Set-up the sleeping area, so each person (cot) has 40 square feet of space (5'x8'). Space cots or bedding to allow access for people with mobility disabilities and ensure clear paths to all fire exits. If space permits, set-up separate sleeping areas for the elderly, people who are ill, and families with small children.
- Provide adequate space for a shelter manager and associated staff to function 24 hours per day. This includes space for staff meetings, administrative functions, communications and volunteer coordination.
- Organize the space so that it is accessible for people with visual or mobility disabilities; make space for disabled parking in the parking lot. (see Appendix F - Tips to Maximize Shelter Accessibility). In addition, organize space to provide for adequate ventilation.
- Locate medical and health services in a well-lighted room or area that is away from public view. If possible, keep medications and medical equipment in a lockable storage compartment.
- Create an additional quiet area for counseling or interviewing persons.
- The food storage area should be secure and accessible by truck.
- Ensure that garbage is stored away from food storage and occupied shelter areas.
- Designate an outdoor smoking area away from air intake vents and flammable materials. If using a public school site, state law stipulates that there be no smoking on school grounds.
- Create an area outside for the handling of pets.
- Ensure that the shelter address is clearly visible from the nearby street; post a sign that clearly marks the building as a disaster shelter.

Section

9

Appendices

Appendix A: [Red Cross Shelter Registration Form](#) [and](#)

[Instructions](#)

Appendix B: Shelter Resident Handout with Rules

Appendix C: Shelter Supplies and Equipment

~~Appendix D: [Peak Shelter Population Table](#)~~

Appendix E: [Elderly Population and Ethnic Demographics](#)

Appendix F: Tips to Maximize Shelter Accessibility

Appendix G: Identifying CBOs and Community Resources to Support Care and Shelter Operations

~~Appendix H: [Sample Memorandum of Understanding between Salud Para La Gente, Inc., and the City of Watsonville, California](#)~~

~~Appendix I: [Sample Memorandum of Understanding between the Volunteer Center of Sonoma County and the County of Sonoma](#)~~

Appendix J: Shelter Roles and Responsibilities

Appendix K: Potential Mass Care-Shelter Sites

[Appendix L: Tuolumne County Animal Control Disaster Preparedness Plan](#)

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APPENDIX - A

APPENDIX - A

Shelter Dormitory Registration Form Instructions

Use the *Shelter Dormitory Registration Form* to collect information about clients who are staying in the shelter dormitory. Complete the *Shelter Dormitory Registration Form* as completely as possible during initial registration. Registration forms are stored securely in the registration area during a shelter operation. Information from this form is not released to anyone but the client without the client's permission, except under exceptional circumstances. When the shelter is closing, give all copies of the *Shelter Dormitory Registration Form* to the shelter manager for proper disposition according to current record retention policies.

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This job tool should be used in conjunction with the following doctrine:

Sheltering Standards and Procedures

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Job Tool: Operating a Shelter

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Complete this form following the steps below:

1. Enter the first date the form was used.

2. Consult with the shelter manager to identify the "DR Number" and the "Shelter Name/Location."

3. Make the following OBSERVATIONS:

a. Does the client or a family member appear to be in need of immediate medical attention, too overwhelmed or agitated to complete registration, or a threat to themselves or others?

o If YES, STOP the registration process and do one of the following:

If situation is critical, call 9-1-1, and notify health services and the shelter manager.

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Contact health services and/or mental health worker on site.

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If no health or mental health resource on site, direct concern to shelter manager.

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o If NO, continue the registration process.

b. Does the client have a service animal, use a wheelchair/walker, or demonstrate any other circumstance where it appears they may need help in the shelter?

o If YES, acknowledge their need and offer assistance. This may include contacting a health services worker.

Contact shelter manager for additional support, when needed.

4. Ask the following QUESTIONS:

a. Is there anything you or a member of your family needs right now to stay healthy while in the shelter? If not, is there anything you know you will need in the next 6-8 hours?

b. Do you/family member have a health, mental health, disability, or other condition about which you are concerned?

- If YES to either question, continue registration process, and do the following:
 - Identify what assistance the client needs. Acknowledge their need and offer assistance.
 - If their need is medical or mental health, or you need help providing assistance to the client:
 - Contact health or mental health services worker on site.
 - If no health or mental health workers on site, contact shelter manager for follow-up.
 - If the shelter manager is not available, or if the shelter manager instructs you to, list clients who have a “yes” response on the Shelter Referral Log.
 - Give the Shelter Referral Log to workers from Disaster Health Services, Disaster Mental Health, or Disaster Spiritual Care or to the shelter manager when they arrive.

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5. Complete the *Household Information* section:

a. List the last name of the family’s head of household or the last name provided by the head of household that will be used to identify the family.

b. Enter the number of individuals in each age group being registered as part of this family. If additional family members arrive later, add them to the same registration form.

c. Enter the family’s pre-disaster address.

d. If the family is moving to a different city after the disaster, list post-disaster address (if known).

e. Enter the primary contact phone number for the family.

f. Enter an alternate contact phone number for the family.

g. Enter the primary email address to contact the family.

h. List the primary language spoken by the family.

If the primary language spoken by the family is not English, list any family members registered in the shelter who do speak English. Family members who speak English may be able to translate for non-English speaking family members.

i. Enter the method of transportation used to get to the shelter. Examples: public transportation, private vehicle, walked, dropped off. This information is useful in planning if clients will need transportation to appointments, planning for transportation when the shelter shuts down, and security patrols in the parking lot.

If the client is parking a personal vehicle in the shelter parking lot, enter the license plate number and state. This is helpful when security is patrolling the lot for safety.

6. Complete the *Individual Family Members* section:

a. If there are more than 6 family members, list additional family members on the back of the registration form or on an additional sheet of paper attached to this form.

b. Enter the family member’s name.

c. Enter the family member’s age.

This is helpful for demographic reporting and for planning age-appropriate services and activities within the shelter.

d. Enter the family member’s gender: “M” for male or “F” for female.

This is helpful when demographic reporting is required and for planning gender-appropriate services and activities within the shelter.

e. Enter the date that the family member arrived at the shelter for the first time.

f. If the shelter is using cot numbers, enter the cot assigned to the member once assignments are made.

This is often done after initial registration. If cot numbers are not assigned, this field is left blank.

g. Enter whether or not the family member wants to help in the shelter: "Y" for yes or "N" for no.

Assure clients that volunteering to work in the shelter is not a requirement. If they do want to volunteer, connect them with the shelter manager, staff services, or the person assigned to event-based volunteers within the shelter.

h. Enter the date that the family member leaves the shelter for the last time.

If this client is leaving temporarily, use a temporary marking system to indicate that they are not at the shelter.

i. Enter any notes requested by the operation regarding client departure. This often includes the address where the client is going to be staying and/or other post-disaster contact information.

7. Have the client initial yes or no to each statement:

Someone in the household is required by law to register with a state or local government agency.

Clients may ask what this question means. If they do not know what it means, it is likely that they do not have to register.

If they answer "yes," discreetly contact the shelter manager. The shelter manager talks to the client privately to understand the nature of the registration requirement and follows steps outlined in the Job Tool: Operating a Shelter to ensure safe and equitable shelter services for all Red Cross clients.

If they answer "no," but continue to ask about what this question means, explain briefly and without elaboration that there are a number of reasons why an individual might need to register with a government agency, and for the safety and dignity of all clients, the shelter manager handles those situations confidentially.

Someone in the household is a veteran or active military.

If they answer yes, refer them to available veteran and military resources.

I agree to have my information shared with other agencies providing disaster relief services.

For example, another non-government agency may have disaster relief assistance that would benefit the client, or FEMA may be providing individual assistance in a large disaster.

8. Have the client sign to acknowledge that the family has read the Shelter Client Welcome Handout or had it read to them.

9. Print your name or sign legibly in case there is a need to follow up with any questions.

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Incident / DR Number & Name:

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Center/Shelter Name:

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Center/Shelter City, County/Parish, State:

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Family Name (Last Name):		Total family members registered: Total family members sheltered:
Pre-Disaster Address (City/State/Zip):	Post-Disaster Address (if different) (City/State/Zip):	Identification verified by (Record type of ID; if none, write none):
Home Phone:	Cell Phone/Other:	Primary Language: If primary language is not English, please list any family members who speak English.
Method of Transportation: If personal vehicle, State/Plate#: (for security purposes only)		

INFORMATION ABOUT INDIVIDUAL FAMILY MEMBERS (for additional names, use back of page)

Name (Last, First)	Age	Gender (M/F)	Rm./Cot #	Arrival Date	Departure Date	Departing? Relocating Address and Phone

Are you required by law to register with any state or local government agency for any reason? (Circle One) Yes No If Yes, please ask to speak to your supervisor immediately.

I acknowledge that I have read/been read, and understand the Red Cross shelter rules and agree to abide by them.

Signature _____ Date: _____

CONFIDENTIALITY STATEMENT

The Tuolumne County Human Services Agency and American Red Cross generally will not share personal information that you have provided to them with others without your agreement. In some circumstances disclosure could be required by law or the Red Cross could determine that disclosure would protect the health or well being of its clients, others, or the community, regardless of your preference.

Below, please initial if you agree to release information to other disaster relief, voluntary or non-profit organizations and/or governmental agencies providing disaster relief.

I agree to release my information to other disaster relief, voluntary or non-profit organizations _____ I agree to release my information to governmental agencies providing disaster relief _____

By signing here, I acknowledge that I have read the confidentiality statement and understand it.

Signature _____ Date: _____

Center/Shelter Worker Signature: _____

After registration, each family should go through the Shelter Initial Intake Form to determine if further assistance or accommodation is needed.

For Red Cross Use Only		Form 5972 Rev 02/07	
Copy Distribution			
1- Shelter registration on-site file- Mass Care	2- Information Management (Data Entry)	3- Client (if requested)	

Shelter Dormitory Registration

Date: _____ Incident Name/ #: _____ Shelter Name/Location: _____

Observations:

1. Does the client or a family member appear to be in need of immediate medical attention, appear too overwhelmed or agitated to complete registration, or a threat to themselves or others?
2. Does the client have a service animal, use a wheelchair/walker, or demonstrate any other circumstance where it appears they may need assistance in the shelter?

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APPENDIX - B

Shelter Resident Information and Shelter Rules

Welcome	Everyone is welcome at a Tuolumne County/Red Cross shelter. We make no discrimination as to nationality, race, religious beliefs, class, disability, political opinions, sexual orientation, and gender identity. We hope your stay here will be as pleasant as possible under the circumstances. Please take a few minutes to read this sheet as it contains important information that you will need about staying in this shelter. As information is made available to us, we will update you accordingly. Please do not hesitate to contact any of the staff should you have any questions or concerns.
Registration	Please sign in at registration if you have not already done so. Registration is required so we have the records necessary to help you. All registration information is kept confidential. Please notify staff of your departure as you come and go from the facility. Also, please leave a forwarding address when relocating out of a shelter. This will allow our Client Services personnel to assist you.
Sign in & out	You are required to sign in and out of the shelter each time you enter or exit.
Be respectful	Be respectful to fellow clients and staff. No foul language, abusive behavior, stealing or destruction of property will be accepted or tolerated.
Personal belongings	We cannot assume responsibility for your personal belongings. If you cannot keep them with you, we recommend you lock them in your car, out of sight, or if that is not possible, keep valuable items with you.
Pets	We understand that your pets are very important to you. Unfortunately, public health codes forbid pets in our shelter. It is your responsibility to make arrangements for your pet before entering the shelter. Trained service animals are the only exception to this. Should you need some suggestions on where to take your pet, please see a registration staff person.
Children	Parents must maintain responsibility and supervision for their children. Children must never be left unattended.
Medical problems and Injuries	Notify the registration staff if you or a family member is/are taking medication or have a medical condition with which you need assistance, or if you are not feeling well. You will be referred to Health Services to assist you.

Access or
Functional
Needs

If you have any functional and/or access needs, special equipment, supplies replaced, or special requirements, such as a special diet (e.g., diabetic, low sodium), please tell the shelter staff upon arrival.

Emotional
Support

Staying away from home during a disaster can be very stressful. If you would like to speak with a counselor, please ask a staff member for assistance.

Shelter Resident Information and Shelter Rules, cont.

Schedules	In the event of an overnight shelter, a schedule will be posted for quiet hours, meals, showers, etc.
Quiet hours	In the event of an overnight shelter, quiet hours will be announced and enforced in sleeping areas, (usually 10:00 PM – 7:00 AM). However, sleeping areas should be kept quiet as possible at all times. Some shelter residents may work night shifts or may not feel well and need to sleep during the day. Please move outdoors, or to the designated area, if you wish to exercise or your children want to play.
Tobacco	Tobacco use is not allowed in the shelter. You are not allowed to smoke, use matches, lighters, e-Cigarettes (vape), or chew tobacco inside the shelter. This also includes the smoking of medicinal marijuana. Smoking is permitted outside the building in designated smoking areas only. Please dispose of tobacco waste properly. Schools and some public buildings do not allow smoking on their campus. Please see registration staff for approved locations.
Alcohol, illegal drugs, and weapons	Alcoholic beverages, illegal drugs, and weapons are not allowed in the shelter or on the grounds. Persons caught in possession will be asked to leave the shelter and in some cases turned over to law enforcement personnel. Persons determined to be under the influence of alcohol or illegal drugs will not be admitted, or readmitted, to the shelter. In some cases, persons under the influence of drugs or alcohol may be turned over to law enforcement personnel.
Helping	Shelter residents are encouraged to help in the shelter. There are many jobs that do not require special training and any help would be greatly appreciated. If you would like to help, see the registration staff. Help us take care of your temporary home!
House-keeping	It is important that we keep the shelter as clean as possible at all times. To do your part, please pick up after yourself in all areas. For sanitation and hygiene purposes, you are expected to follow the bathroom courtesy rules, available at the shelter. If, at any time, you find restrooms that need cleaning or supplies, please inform the shelter staff immediately.
Food	Snacks and refreshments will be available in the dining area. <u>Food, and drinks—other than water—are not allowed in designated sleeping area.</u>
Photographs	Using cell phones or personal cameras to take photos of other clients without their written permission is not allowed. Failure to abide by this policy may result in the confiscation of your cell phone or personal camera while you are a resident at the center/shelter.

APPENDIX - C

Shelter Supplies and Equipment

The following section gives an overview of the supplies and equipment to operate a disaster shelter. Local governments are encouraged to plan now for the acquisition of these materials.

Obtaining Supplies

Some of the items listed may already be in shelter locations, or local governments can obtain them by pooling or shifting local resources from existing departments. The Office of Emergency Services is another resource for requesting supplies and equipment. Yet, resources at the OES may initially be limited in a disaster where there is countywide damage. Local jurisdictions are encouraged to contact the Medical Health Operational Area Coordinator (MHOAC) via phone or Situation Report who can request resources through the Regional Disaster Medical Health Specialist (RDMHS) program. Jurisdictions may also plan to obtain these items either through commercial vendors, or through donations from local businesses. Local governments should consider developing vendor agreements as needed.

Planning Assumption (from the American Red Cross)

The American Red Cross uses the following standards in planning for material resources at disaster shelters.

- 1 toilet per 40 persons (6 for 200 persons and 14 for 500 persons)
- 40 to 60 square feet of sleeping space per person (an area of 5' by 8')
- 1 quart of drinking water (minimum) per person per day
- 5 gallons of water per person per day (all uses from drinking to bathing)
- 2,500 calories per person per day (approximately 3½ pounds of unprepared food)

Supplies and Equipment to Operate a Disaster Shelter

1. Bedding Provisions (Cots & Blankets)

Unless shelter occupants bring their own sleeping bags or blankets, consider provisions for sleeping (e.g., cots and blankets). No county or city will have thousands of cots or blankets stored in advance, although schools may already have some fold-up cots stored on site. Schools will also have gym mats to use as a sleeping surface. The Red Cross has 10,000 cots presently stored in various trailers throughout Tuolumne County. However, this cot supply may not be immediately available. Given a shortage of cots, make seniors and persons with disabilities the first priority. County Public Health Emergency Preparedness Program also has a limited supply of cots and bedding that may be available.

- Sample List of Vendors for Cots, Blankets, Sleeping Bags
 - Big 5 Sporting Goods
 - Sierra Nevada Adventure Company
 - Large retailers such as Wal-Mart or Costco (Modesto)
 - Local hotels/motels are a resource for blankets

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2. Comfort Kits (1 kit per person)

It is doubtful shelter occupants will arrive with toiletries or personal hygiene kits, so some supplies must be provided to allow for their daily grooming and hygiene needs.

- Adult Comfort Kit * -- Resealable plastic bags with such items below.
 - Toothpaste (8.5 oz.)
 - Toothbrush and holder
 - Soap (3.5 oz.) and washcloth
 - Shampoo (8oz.)
 - Comb (8") and brush
 - Tissues
 - Deodorant (1.5 oz.)
 - Lotion (2 oz.)
 - Shaving cream (2oz.) and razor
- Child's Comfort Kit *
 - Soap (3.5 oz.) and washcloth,
 - Shampoo (8oz.),
 - Comb (8"),
 - Toothpaste (8.5 oz) and toothbrush
 - Pencil and sharpener
 - Crayons and fun pad
- * Information from the American Red Cross
- Vendors -- Any local pharmacy (e.g., Wal-Mart, Rite Aid, CVS, Dollar Store, etc.)

3. Communications Equipment

Select from below based on equipment that is already on-site.

- Ham Radio and Operators
 - Multi-channel, 2-way radios
 - Cellular telephones and chargers *
 - Laptop computers with modem and Internet capabilities
 - Battery-powered radio
 - Additional telephones (the phone company can setup additional telephones or simply bring in a phone trailer)
 - Public address systems
 - Fax machines
- * Be aware that cellular systems may be completely saturated after an event.

4. First Aid Kits/Supplies

In the absence of First Aid Kits, select from the items below (obtainable at any pharmacy)

- Ace Bandages
- Adhesive tape and bandages in assorted sizes
- Alcohol Swabs
- Antacid
- Antibiotic Cream
- Anti-diarrhea medication/laxatives
- Antiseptic solution
- Aspirin / Tylenol
- Dust masks/Surgical Masks
- Eye drops
- First-aid handbooks
- Foot Powder
- Gauze Pads

- Latex gloves
- Medical tape
- Moistened towelettes
- Non-drowsy Allergy Medicine
- Petroleum jelly
- Respirator Masks
- Safety pins in assorted sizes
- Saline Solution
- Scissors and tweezers
- Smelling salts for fainting spells
- Thermometers
- Wooden splints

5. Pharmaceuticals

- Use -- Vendor agreements with local pharmacies will expedite prescription refills or provide emergency replacement prescriptions. They will also support replacement equipment needs for elderly persons and people with disabilities (e.g., items like orthopedic braces, wheelchairs, hearing aids and breathing aids)
- Obtaining Prescription Refills -- In developing vendor agreements, determine how to obtain prescription medications post-disaster.
 - With a current prescription
 - With a prescription phoned in by a licensed physician
 - With a prescription validated by another pharmacy
 - With a prescription bottle
- Possible Vendors:
 - CVS Pharmacy
 - Rite Aid Pharmacy
 - Wal-Mart
 - Twain Harte Pharmacy
 - Safeway
 - Save Mart

Bob's Greenley Pharmacy

* The American Red Cross has statewide agreements with XYZ and YYY

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6. Portable Toilets/Chemical Toilets (1 per 40 persons)

Self-contained, chemical type toilets are necessary, to supplement regular toilets, or when regular toilets are either disrupted, or are not a part of the shelter.

- Possible Vendors:
 - El Dorado Septic, 209-536-1925

7. Power and Lighting

Check on the availability of emergency generators at designated shelter sites. Emergency (backup) power is necessary for lighting, ventilation, cooking, refrigeration, and heating or cooling the shelter facility. Public Health Emergency Preparedness Program may have resources available.

- Options Include:
 - Portable Generators
 - Portable stadium/floodlights

- Possible Vendors
 - Event Production Companies/Services
 - Trade Fairs and Shows
 - Lighting Equipment Companies

8. Water, Food and Cooking Equipment

Shelters need an adequate supply of drinking water and a food plan. If meals are catered from the outside, supply needs are minimal. The following considers food preparedness and cleanup supplies required for preparing meals on site.

Equipment options include:

- | | |
|---|---|
| <ul style="list-style-type: none"> - Water containers - Water purifiers - Waterproof tubs/coolers - Refrigerator units - Portable commercial ice makers - Propane or gas stoves, fuel - Packaged ice | <ul style="list-style-type: none"> - Pots, pans, can openers - Handi-wipes - Plastic trash bags for waste - Eating utensils (plates, cups, etc.) - Aluminum foil - Plastic storage containers |
|---|---|

Food options include:

- | | |
|--|--|
| <ul style="list-style-type: none"> - Ready-to-eat canned meats - Fruits and vegetables - Canned juices, milk - Soup - Staples, such as sugar, salt and pepper | <ul style="list-style-type: none"> - High-energy foods, such as peanut butter, trail mix, granola bars - Infant foods and foods for special dietary needs - Comfort foods such as cookies, candy - Pet food. |
|--|--|

Possible Vendors:

- | | |
|---|---|
| <ul style="list-style-type: none"> - Mountain Oasis Water, 533-9000 - Save Mart - Price Co - Costco (Modesto) | <ul style="list-style-type: none"> - Safeway - ATCAA Food Bank - Sysco, 209-527-7700 |
|---|---|

9. Emergency Equipment

- | | |
|--|--|
| <ul style="list-style-type: none"> - Flashlights and batteries - Electric lantern and batteries - Fire extinguishers - Pry-bars - Tool kits - Rope 50' - Shovel - Pick axe | <ul style="list-style-type: none"> - Hammer - Plastic Tarps - Duct Tape - Utility knife - Map of the area - Pliers - Shut-off wrench for utilities - Matches (in waterproof container) |
|--|--|

10. Hygiene, Sanitation and Cleaning Supplies

Hygiene supplies per 100 persons

- 1 Box sanitary napkins
- 2 Boxes facial tissue
- 2 Rolls toilet tissue/toilet/day
- 1 Package antiseptic pre-moistened towelettes (40)
- Incontinent supplies (adult diapers)

Supplies are necessary for cleaning and for the collection and disposal of waste

- Trash cans or receptacles
- Trash can liners and ties
- Paper towels
- Disinfectants
- Chlorine bleach
- Plastic bags
- Soap
- Towels
- Biohazard bags *

* Use biohazard bags for disposal of products that need special handling or disposal. If not available, setup up a separate trash can and line it with a good sturdy, thick bag).

Note: Ensure daily garbage removal, even if normal collections are temporarily disrupted

11. Infant and Children Supplies

- Package of disposable diapers
- Baby powder and ointments
- Box of baby wipes
- Moistened towelettes
- Pacifiers
- Blankets
- Powdered formula, milk, baby food

12. Office Supplies

Based on a shelter housing 100 persons

- 150 Shelter Registration Forms
- Shelter worker name badges
- 12 pencils & 12 ball-point pens
- 1 package, 3x5" index cards
- 2 clipboards & 2 paper tablets
- 1 pencil sharpener
- 1 stapler & 1 box of staples
- 1 box of paper clips 1 package of
- 1 box of thumbtacks
- 2 rolls masking tape
- 1 roll scotch tape
- 1 package rubber bands
- 1 pair scissors
- 12 file folders

13. Recreation

- Books, games, recreational equipment
- Portable DVD players, etc.

14. Other

- Bulletin Boards to post notices and announcements
- Highly visible signs for both outside and within the shelter.

APPENDIX D

~~Peak
Shelter
Populati
on Table
Based on
Uninhabitab
le Housing
For
Alameda
County~~

~~30-Year
Probability
Values:
(A=10-15%)
(B=5-
10%) (C=
1-5%)~~

~~These figures
reflect shelter
population
estimates based
only on
uninhabitable
housing
predictions.
They do not
account for the
populations that
seek shelter due
to non-structural
damage, which
can increase the
size of the
shelter
population by
50%.~~

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~~APPENDIX D~~
~~Unincorporated~~
~~refers to the~~
~~areas of Ashland,~~
~~Cherryland, San~~
~~Lorenzo and~~
~~Castro Valley~~

~~Data Source:~~
~~Shaken Awake,~~
~~Association of~~
~~Bay~~
~~Governments,~~
~~April 1996~~

Elderly
Population
and
Ethnic
Demographics
For Cities in
Alameda
County
(Based on
Data from
the 2000
Census)

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APPENDIX E

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APPENDIX - F

Tips to Maximize Shelter Accessibility

The goal of the ADA (Americans with Disabilities Act) is to ensure that everyone has a chance for equal participation in the "mainstream" of community life. This section will provide care and shelter personnel with tips on accommodations and support for people with access and functional needs to maximize their full participation in all care and shelter operations.

Physical Accessibility of Disaster Service Sites

Keep the following two considerations in mind when planning disaster service site locations.

1. First, select disaster service sites (e.g., shelters) that allow people with access and functional needs to use public transit, or park near the building entrance if driving, and then get from the sidewalk or parking lot through the front door.
2. Secondly, ensure the accessibility of all areas within the facility where services are provided (e.g., from bathrooms to eating, sleeping and other service areas). Restrooms should allow for access to toilet and washing facilities.
 - * If there are physical elements of the facility that are not fully accessible, consider implementing the appropriate accommodation below.

Examples of Shelter Accommodations

Plan to make accommodations where the facility has a "barrier" that impedes full access for persons with disabilities. For example, a drinking fountain may be mounted at a height as to be inaccessible to a person in a wheelchair, but providing bottled water is an easy accommodation to achieve the same goal (i.e., access to drinking water). Other examples follow.

- **Portable Ramps**
Use a ramp (or even some type of platform lift) if people with mobility disabilities are unable to enter. A portable ramp should have railings and a firm, stable, non-slip surface. In an emergency, simply use a temporary plywood ramp with underside support.
- **Reposition Shelves**
Lower some items where shelving, storage space, or countertop arrangements of equipment or supplies are at a height that is not accessible for a person in a wheelchair.
- **Rearrange chairs, tables, vending machines, and other furniture**
Primary paths of travel within the facility must remain accessible and not blocked by obstacles such as furniture, filing cabinets or potted plants. Accessible routes must connect all areas of service within the shelter.
- **Reposition Telephones**
If the wall-mounted telephone is too high for someone using a wheelchair, make a desktop telephone or cell telephone available.

- Install grab bars in toilet stalls
Where necessary, install grab bars in toilet stall at a width of 33-36 inches.
- Rearrange toilet partitions to increase maneuvering space
Where an accessible toilet does not exist, create one by removing the stall in the bathroom to make single entry stall accessible for a wheelchair or scooter use.
- Insulate lavatory pipes under sinks
Insulate lavatory pipes under sinks to prevent leg burns for people using wheelchairs (users may not have feeling in their legs and can suffer burns without knowing it).
- Install a raised toilet seat
This will facilitate the transfer of a person using a wheelchair to the toilet.
- Install a full length bathroom mirror
Current wall mounted mirrors may be mounted at a height as to be inaccessible to a person using a wheelchair.
- Reposition the paper towel dispenser in bathroom
Again, the dispenser may be at a height that is inaccessible to a wheelchair user.
- Create designated accessible parking spaces
Given that a disproportionately higher number of persons with disabilities will seek shelter in a disaster, make 10 percent of the parking accessible.
- Install an accessible paper cup dispenser
An inaccessible water fountain can be made accessible by adding an accessible paper cup dispenser; otherwise install a water cooler or make bottled water available.
- Accessible Portable Toilets and Showers
Portable toilets and showers may be secured if there is no access to these facilities in the shelter for persons with disabilities.
- Accessible Doorway
Conventional doorknobs and operating controls may impede access by people who have limited manual dexterity. The alternative measure may involve leaving the door open, or having a person stationed near the door to open and close it.

Support and Auxiliary Aids for Persons with Specific Disabilities

Auxiliary aids are devices that promote effective communication for people who have a vision, hearing, or speech impairment (e.g., sign language interpreters, telecommunications devices for deaf persons (TDD), Braille materials, etc.). The following are some tips on auxiliary aids and support for persons with specific disabilities.

1. People with Visual Impairments

People who are blind or have low vision generally develop very proficient skills in organization and independence. However, consider the need to make printed information accessible and to provide a verbal orientation when people with visual impairment encounter a new environment (e.g., disaster shelters or local assistance centers).

- TV News -- Advocate that TV news not only post important telephone numbers, but also announce them slowly and repeat them frequently for people who cannot read the screen.
- Alternatives for Written Information -- The usual options include Braille, large print (18-point font), or audiocassettes, if persons with visual disabilities request information in alternative formats. Otherwise, an offer to simply read information aloud may be adequate.
- Guide Techniques -- To guide a person who is blind, let him/her take your arm. The motion of your body will guide them as you walk. Indicate changes in the walking surface or other obstacles. To seat a person who is blind, place their hand on the back of the chair, they will seat themselves.
- Sleeping Space -- Locate sleeping space along a wall or in a corner to make it easier for persons with visual disabilities to find. Also, keep doors closed or wide-open -- a blind person regards a partially open door as fully open without realizing an obstruction waits.
- Service Animals -- Persons with guide dogs or service animals are legally entitled to keep this assistance with them at all times. Work out arrangements to provide a separate area within the shelter for owner and animal, if other residents are allergic to the animal. Service animals, in spite of their training, also can become disoriented from the disaster.

2. People who are Deaf or Hearing Impaired

Persons with hearing disabilities will require some basic accommodations to ensure that they have full access to all disaster information and services. For persons who are deaf, sign language is the primary means of communication. People who are hard of hearing typically have functional speech and communicate primarily through speech.

- Notification -- In communicating emergency information or emergency alerts to the public, local jurisdictions need to ensure that people who are deaf or hearing impaired also receive notification. Advocate that neighborhood preparedness groups educate local citizens to be aware of deaf persons in their neighborhood and ask local citizens to relay important disaster notifications to deaf persons.
- TV Stations -- Ensure that local TV stations comply with the FCC rule to broadcast disaster information in open caption format (e.g., with text scrolling at the bottom of the screen).
- Hearing Aids -- Hearing aids amplify background noise and shelter environments have a high background noise level. For optimal communication, face a hearing impaired person directly and get as close as you comfortably can.

- ASL Interpreters -- A person who is deaf may request an American Sign Language (ASL) interpreter to aid in communication. See [Appendix G - Identifying CBOs and Community Resources](#) to find a list of ASL Interpreters (go to Item #5).
- TDD -- For telephone communication, once telephones are operational, deaf persons require a telephone device that transmits typed text (TTY or TDD). Local government presumably already has a TDD telephone within some city department; transfer and plug the TDD into a telephone line at the shelter. Otherwise, TDD telephones may be ordered directly from one of the local telephone companies.

An additional resource, the California Relay Service- (call 1-800-735-2922 or dial 7-1-1) facilitates communication between hearing and TTY/TDD users by converting voice speech to typed text.

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3. People with Mobility Impairments

People who use a wheelchair, scooter, walker, or cane, each function at varying levels of independence and therefore have different needs for assistance. Making disaster services fully accessible for people with mobility disabilities may require some very basic modifications to the shelter environment, along with some simple service accommodations.

- Accessibility of the Site – As stated at the outset, a person using a wheelchair should be able to park, enter and navigate within the site. Moreover, the site should be within a block or two of accessible public transportation.
- Injuries -- Persons in wheelchairs may be paralyzed in different parts of the body, resulting in lost pain perception; they could be unaware of a serious injury
- Battery Charging -- Fire stations will have generators, if during a sustained power outage, a person using a motorized wheelchair needs to recharge their chair battery.
- Care Providers -- Some persons using wheelchairs are fully independent, while other persons may require moderate assistance with some daily living activities (e.g., eating, dressing, sleeping, or bathroom use). If the person has a personal attendant to help with care needs at home, ask the person to have their attendant provide that same support in the shelter.
- Sleeping Accommodations -- Persons who have paraplegia (loss of function in lower body) or quadriplegia (paralysis of both arms and legs) may experience circulation problems and require a softer sleeping surface than cots provide. An inexpensive air mattress can alleviate this discomfort.
- Hotel Accommodations -- As an alternative to public disaster shelters, providing hotel accommodations for some disabled persons may be a more comfortable or accessible alternative in certain situations. Consider agreements with motels/hotels with accessible rooms for people using wheelchairs. In the effort to relocate people from shelters to alternate housing, having agreements in advance might expedite the process.

4. People with Developmental or Cognitive Impairments

Persons with developmental or cognitive impairments may have mental retardation, cerebral palsy, epilepsy, a neurological impairment, autism or a traumatic brain injury. Older persons with Alzheimer's or dementia are also persons with cognitive impairments. In general, persons with developmental or cognitive impairments have difficulty learning, remembering or reasoning. They may have trouble processing information unless it is presented simply and slowly.

- Primary Providers -- Many persons with developmental or cognitive impairments are served through residential programs under the auspices of the following two agencies:
 - Valley Mountain Regional Center, 209-473-0951, <http://www.vmrc.net/> plans and coordinates services and support for many persons with developmental or cognitive impairments.
 - Community Care Licensing, 916-263-4700 (Sacramento Regional Office), <http://cald.ca.gov> regulates many of the private group homes or board and care facilities that serve persons with developmental or cognitive impairments.
- Comprehension -- Some persons with developmental or cognitive disabilities may not fully comprehend the emergency or could become confused about the proper way to react. Present information slowly, use simple language and speak with short sentences.
- Repeat Back -- Have the person repeat back what you said as a check to see if you are being understood.

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Disability Related Supplies

Care and shelter personnel will work with Logistics to secure these items when requested or needed by persons with disabilities. Let people with disabilities make their own determination about what level of care and assistance they need.

- | | |
|---|--|
| - Large Handled Eating Utensils | - Refrigeration for some medications |
| - Two Handled Drinking Mug | - Equipment for recharging wheelchair batteries |
| - Flexible Straws | - Mobility Items (Folding White Cane, Regular Cane, Crutches, Walker, Manual Wheelchair) |
| - Egg Crate Foam Mattress, or Foam Pads | - Shower Chair |
| - Transfer Board | - Disposable Briefs |
| - Non Perfumed Soap and Detergents | - Portable TDD |
| - Barrier Masks (or fabric facial masks) | |
| - Portable Ramps | |
| - Toilet Lifters or Portable Accessible Commode | |

In addition, some cots should be available that are high enough for mobility impaired people to use comfortably and safely.

APPENDIX -G

Identifying CBOs and Community Resources to Support Care and Shelter Operations

Through the Healthcare and Safety Coalition of Tuolumne County and the Resource Directory for Families in Tuolumne County, the following organizations have been identified as those which may be able to provide services, resources, or referrals in support of mass care operations, though this list is not necessarily exhaustive:

- Interfaith Community Services- 209-532-0905
- Area 12 Agency on Aging- 209-532-6272
- Disability Resource Agency for Independent Living (DRAIL)- 209-532-0963
- Catholic Charities- 209-588-1597
- Salvation Army- 209-532-4763
- Amador Tuolumne Community Action Agency (ATCAA)- 209-~~532-4763~~[533-1397](tel:209-533-1397)
- Infant Child Enrichment Services (ICES)- 209-533-0377
- Columbia College- [209-588-5100](tel:209-588-5100)
- Tuolumne County Transit- 209-532-0404
- Sierra Senior Providers- 209-533-2622
- Humane Society- 209-984-5489
- Local Churches and Service Clubs

The following are some areas in which CBOs can support local government with care and shelter operations.

1. Food / Meal Services

Assist in mass feeding operations

- Assist in food distribution
- Assist with home delivered meals to elderly and disabled persons who are unable to travel to a site where a meal is being served

2. Health and Medical Services

- Assist with medical screening, evaluation or treatment of people with injuries or illnesses (i.e., health services for people who do not require specialty care)
- Access nurse practitioners, physicians assistants or other health care providers

3. Mental Health Services

- Counsel people who have been traumatized by the disaster, or who are in crisis
- Provide support with substance abuse issues

4. Housing and Emergency Shelter
 - Assist in the provision of emergency shelter, temporary shelter, or transitional shelter
 - Assist with essential home repairs for low-income elderly or disabled residents
5. Language Translation / Sign Language Interpretation
 - Translate documents into other languages or to find bilingual individuals to communicate with non-English speaking persons
 - Find trained Sign Language Interpreters to communicate with deaf persons.
6. Transportation
 - Help people with basic transport needs, including mass evacuation
 - Help move goods and services
 - Meet the transport needs of elderly and disabled individuals who are unable to utilize public transportation and need door-to-door transport
7. Information and Referral
 - Link people who need assistance with appropriate service providers
8. Donor / Commodity Services
 - Assist with donations management
 - Assist in collecting and distributing food, clothing and other supplies
9. Child Care
 - Assist with parental care for children at shelters
10. Homeless Services
 - Find food, shelter and support services for pre-disaster homeless persons or families
10. Seniors and People with Disabilities
11. Animal Services
 - Assist in the temporary care and shelter for animals threatened or affected by a major disaster
12. Volunteer Services
 - Assist non-profit and governmental agencies with the recruitment, placement and management of spontaneous disaster volunteers
13. Legal Services
 - Assist with advocacy, arbitration, certificates/forms assistance, legal counseling, legal representation, mediation, and paralegal counseling
14. Disaster Relief Services
 - Assist with short-term assistance -- food, clothing, blankets, temporary shelter, furnishings, small appliances or temporary financial aid

15. Assistive Technology Equipment

- Programs that provide equipment and assistive aids to help people with disabilities communicate and live more comfortably.
- Includes Hearing Augmentation Aids, TTY Equipment, Blind Mobility Aids, Transfer Devices, Wheelchairs, Seating, etc.

Resource Directory for Family Services in Tuolumne County

<https://www.tuolumnecounty.ca.gov/DocumentCenter/View/8258>

or by checking the Quick Links on the Public Health website at

<https://www.tuolumnecounty.ca.gov/250/Public-Health>

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APPENDIX H

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Para La
Gente,
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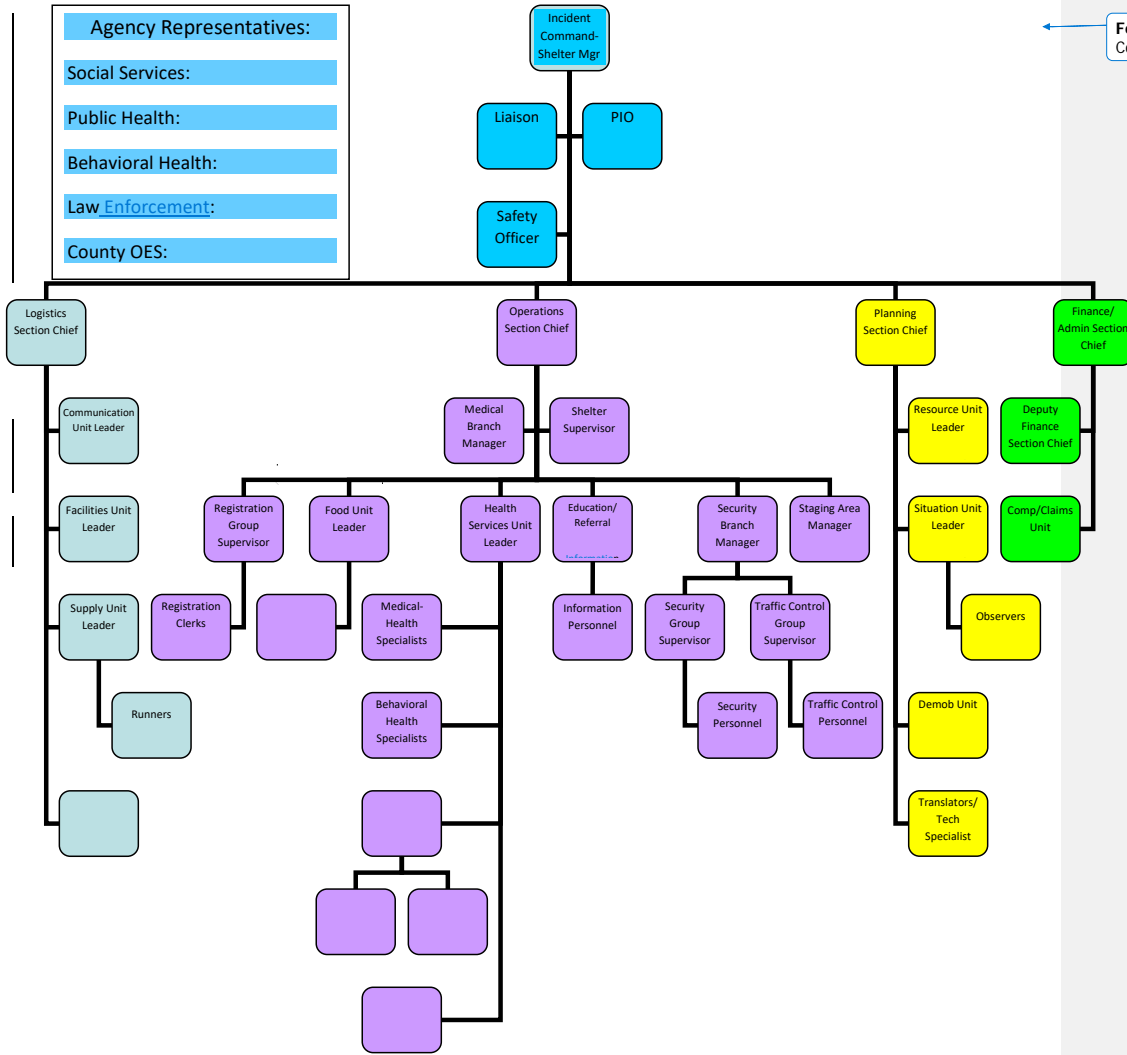
I. PURPOSE:

The purpose of
this
Memorandum
of
Understanding
(MOU) is to
provide a
written basis for
a cooperative
working
relationship
between Salud-
Para La Gente,
Inc. (Salud) and
the City of
Watsonville in
providing
emergency
disaster services
to the public in
our local region.
This MOU is

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Shelter Roles and Responsibilities

- The NIMS-SEMS-ICS structure shall be activated at event onset. A sample ICS Incident Org Chart is provided below. Descriptions for General Staff are below and Job Action Sheets for additional roles follow:



Management / Command

1. Shelter Manager

The Shelter Manager makes staffing assignments based on the functions necessary to carry out shelter operations (see Operations below). It is up to the shelter manager to ensure that

the needs of shelter residents are met and to provide for the overall health and safety of all residents and staff.

- Inspect the facility to ensure the safety of all areas for shelter operations use. Block off unsafe areas and areas not to be used (only use areas that can be directly supervised by staff). See Section 8: Protocols for Opening the Shelter and Laying Out the Physical Space for basic details on setting up the shelter.
- Establish communications with County EOC/OES and the MHOAC to report on needs (equipment, supplies or personnel needs) and shelter status.
- Assign responding staff to shelter functions. Provide ongoing supervision of shelter staff to ensure effective accomplishment of all shelter operations. Conduct daily meetings with staff on shelter management issues.
- Coordinate activities with the media and clear any news releases with the county EOC if activated (specifically the PIO or Public Information Officer).

Note: Rotate shelter staff positions. The shelter manager position can be rotated on a daily shift schedule, or instead the shelter manager may serve on site for the duration of the operation and employ 2 or 3 shift supervisors or Assistant Shelter Managers who rotate shifts. Other staff positions may work an 8 to 12 hour shift.

2. Assistant Shelter Manager

Larger shelter operations of more than 100 persons will require an assistant shelter manager. Assistant shelter managers can assume a more "field level" role and assume some of the functions below, given staff shortages.

Operations Section

1. Registration Group

The Registration Group Supervisor oversees the registration of shelter occupants. In addition to collecting basic registration data, registration is also an opportunity to identify shelter residents with needs that may require additional staff support.

- Choose one entrance for registration. Set up a registration table and chairs. Post a Shelter Registration Point sign, as well as a sign indicating that no weapons, drugs, alcohol, or pets are allowed in the facility. Translate signs into other languages (Spanish, etc.), based on the demographics of the community.

- Ensure an adequate supply of registration forms (see [Appendix A](#) for a copy of the [Red Cross Registration Form 5972](#)). Have persons entering the shelter fill out one registration form for each household.
- Identify any special needs on behalf of persons registering – needs for medical care, counseling, medications, dietary restrictions, or other accommodations. Refer persons who are injured or ill to health care staff, if available. Identify any shelter residents with medical training.
- Maintain a sign-out log for shelter residents who leaving temporarily.

2. Food Unit

The Food Unit Leader is responsible for planning, preparing and/or ordering meals for shelter residents. This person also supervises other food services staff.

- If applicable, inspect the food preparation area at the shelter site. Obtain any keys necessary to access food storage areas. Determine if cooking equipment is still functioning and is safe to use. Ensure that Environmental Health Department has been notified and they have provided necessary inspections/permits.
- Coordinate with Logistics for food supplies (or in ordering pre-prepared food) and any additional staff or equipment needs. Coordinate to accommodate any special dietary needs. Plan meals 2-3 days ahead of time.
- Set up a dining area. Post meal times in a conspicuous place. Keep meal times as consistent as possible. A large shelter may require more than one seating to serve everyone.
- Recruit shelter residents to assist with food preparation, cooking, serving, and clean up.
- Keep a log of the number of meals served and supplies ordered. Keep receipts for food that is delivered.

3. Dormitory/Shelter Supervisor

The Shelter Supervisor is responsible for setting up, supervising, and closing down the sleeping area. If using a school, the sleeping area for shelter residents must be separate from the area where any students remain sheltered.

- Inspect the dormitory area(s). Move aside athletic equipment, desks, or anything that might present a hazard to shelter residents. Request any needed supplies and equipment (such as cots, blankets, mats and personal hygiene kits) through Logistics.
- If using a school, students or children remaining at the school should have their own dormitory area. School staff must maintain supervision until the reunification with parents or guardians is complete.
- Set-up the sleeping area(s) and distribute any available blankets and personal hygiene supplies. To provide adequate ventilation open doors and windows of the dormitory area during the day. If custodial services are not available, recruit shelter residents to assist in daily dormitory clean up.

- Post sleeping area rules. Rules include: 1) Quiet Hours or Time for Lights Out, 2) No Alcohol, 3) Always use the same cot, etc.
- Monitor sleeping area (this requires establishing staff shifts). Ensure shelter occupants do not consume food or liquids in the dormitory area (a violation of Public Health code). Stay alert for such potential dormitory problems as drug use or sale, unattended children, fighting, theft, or shelter residents becoming ill.
- Keep the shelter manager informed of any suspicious actions, health concerns and the status of dormitory resources.

4. Health Services Unit

The Health Services Unit Leader promotes and maintains good public health standards within the shelter. This includes overseeing the provision of basic first aid and ensuring access to other health care services as needed.

- Establish procedures for handling medical emergencies (presumably, the local fire department or paramedic services will be the first contact).
- Set aside an area within the shelter as a health station. Refer persons with health concerns or illnesses to the health station. Check with the registration coordinator and ask if persons who register with medical or nursing training can volunteer at the health station. Establish a 24-hour shift rotation for the health station.
- Document all health care performed (injuries/illnesses treated, medications issued, etc.). Use Logistics to request supplies, equipment, or additional personnel.
- Advise the Food Unit Leader about special dietary needs if there are shelter residents (such as persons with diabetes).
- Stay alert for anyone with a communicable disease. If necessary, prepare a separate room as a quarantine area.
- Communicate with Operations Section Chief regarding possible need to activate a Medical Shelter. If the number of shelter residents with medical needs begins to overwhelm what can be handled within the Health Services Unit, discuss the activation of a Medical Shelter adjacent or within the general population shelter (preferred) or at an alternate site.

5. Behavioral Health Counseling

Shelter conditions are stressful for shelter occupants (especially children) and staff. The Behavioral Health Specialist operates under the Health Services Unit and provides or arranges for counseling services.

- Secure a quiet area or room away from public view. Work with Logistics to find local mental health resources and counseling services to support shelter residents.
- Monitor the stress conditions for staff and shelter occupants. Intervene in crisis situations when practical. Coordinate with the health services unit leader and registration coordinator to identify shelter residents who might welcome counseling support.
- Work with the shelter manager to plan activities or entertainment that will help morale and reduce the stress of the living environment. If possible, provide shelter residents with access to local news via a television or radio. Lack of information following a disaster often contributes to rumors, hysteria, and fear.

6. Additional Shelter Services

Other staff may be assigned as needed. Coordinate with Logistics for supplies, equipment, and personnel (personnel may include community volunteers).

Recreation

- Obtain/provide items such as books, games, videos and recreational equipment.
- Organize activities for shelter residents. Examples of possible activities include sports tournaments, birthday parties, entertainment, and religious services.

Child Care

- Select a safe area for child care away from the general shelter population; remove any hazardous furniture, equipment, or other items from the area.
- Request supplies appropriate for kids through Logistics: toys, coloring books, stuffed animals, puzzles, etc.

Animal/Pet Care

- Select a fenced-in area outside and away from the shelter for pets.
- Post a notice that pet owners are responsible for the care and restraint of their animals (i.e., ensure shelter residents restrain their pets on leashes).
- Use Logistics to contact the local Humane Society, Animal Control, and nearby kennels for assistance in boarding and caring for animals.

Security/Safety

- Maintain the following safety suggestions: 1) Regularly inspect the facility to see that all areas are safe; 2) Keep exits clear and unblocked; 3) Locate all fire extinguishers and ensure compliance with fire safety regulations (e.g., ensure that garbage, debris, or refuse does not pose a fire hazard or block doorways).
- Work with Logistics to provide signage that clearly identifies all rules and safety regulations (see [Appendix B - Shelter Rules and Regulations](#)). Monitor compliance.
- Establish a "patrol team" to roam the shelter during the night and ensure night safety.
- When necessary, coordinate with local Law Enforcement and Fire Services for assistance.

Planning Section

The shelter manager may assume the role of the Planning Section Chief. However, assigning the Planning Section Chief position can assist the shelter manager by obtaining timely and accurate information, (which is often hard to come by immediately after a large disaster).

- Gather as much information as possible from sources both within and outside the shelter on needs, resource availability, services, and the status of events. Monitor media

sources to keep current on all disaster-related news, especially news about relief services, recovery operations and outside assistance.

- Maintain close and ongoing contact with the local EOC to ensure reciprocal sharing of planning information.
- Develop Incident Action Plans based on the information above and from information gathered at planning meetings. Work with the shelter manager in planning for anticipated shelter needs and in planning for the next 24 to 48 hours of shelter activity. Plan staffing schedules and determining staffing rotations.
- Provide information on available recovery assistance (especially information on the availability of temporary or long-term housing); keep information up-to-date and post in a visible place for shelter residents (e.g., bulletin boards).
- Keep a disaster activity log with detailed records of meetings, decisions and actions (e.g., who made what decisions). Record important inter-agency contacts and agreements. This is vital for after-action reports and for future planning.
- Support information needs related to helping reunite family members.

Logistics Section

The Logistics Section Chief at the shelter works in close coordination with the Logistics Section at the County EOC if activated to accomplish the following:

- Obtain all resources necessary to operate the shelter facility:
 - Personnel
 - Food
 - Transportation
 - Supplies and Equipment
 - Communication Resources
 - All other personal services as applicable for shelter residents (health, behavioral health, translation, etc.)
- Work with the Finance-Admin Section to set up vendor agreements with local businesses as necessary for the purchase of supplies and equipment to operate the shelter.

Finance & Admin Section

The Finance/Admin Section Chief maintains financial records, processes purchase orders and manages all financial agreements including vendor contracts and leases.

- Develop a financial tracking system for authorizing and recording all shelter expenditures, including staff time beyond normal working hours. Save copies of all receipts. This helps to ensure later cost recovery by reimbursement agencies such as the American Red Cross, City or County and FEMA. Reimbursement depends on complete, detailed and accurate records from the first hour forward.

- Maintain contact with EOC Finance Section if activated to ensure disaster reimbursement claims follow appropriate procedures. Complete reports detailing expenses to date and projected future expenses.
- Determine pre-existing MOUs and agreements for goods or services. Set-up and monitor vendor contracts and agreements. Obtain a block of Purchase Orders for necessary purchases.
- Work closely with the Logistics Section on procedures for getting needed equipment and supplies.
- Records will also include documentation of all data about the shelter operation (number of residents sheltered, meals served, etc.).
- Set up a system for archiving all documents and notify shelter staff of system, types of documents required and location to bring documents (this may be as simple as labeling a box "Archives" and placing at shelter staff office).

JOB ACTION SHEETS

COMMAND STAFF

(White Vests)

Position Checklist: INCIDENT COMMANDER (IC)/ALTERNATE SITE LEADER

PRIMARY:

ALTERNATE:

ICS CERTS: IS 700 & 800, ICS 100 & 200 (ICS 300 & 400, P400 Preferred)

LICENSURE: None (MD, DO, NP, PA, PHN, RN Preferred)

REPORT TO: May function as Shelter Manager, reporting to the EOC Director if no Health Department Incident Command is established, or will report to the Health Department Incident Commander in the event of a DOC activation.

SUPERVISE: Operations Section Chief, Logistics Section Chief, Planning Section Chief, Safety Officer, PIO, Finance Section Chief, Liaison

WORKSTATION: Command Center or Alternate Site

Upon Activation

- Receive briefing from Health Department Incident Commander and/or from the Tuolumne County Operational Area EOC. Ensure knowledge of full mission request. Communicate any concerns or problems prohibiting mission completion.
- Review Tuolumne County Mass Care Plan.
- Determine staffing needs and acquire appropriate staff resources.
- Assign or greet your direct reports as they arrive:
 - Logistics Section Chief
 - Operations Section Chief
 - Planning Section Chief
 - Finance & Administration Section Chief
 - Safety Officer
 - Public Information Officer
 - Liaison
- Meet with your direct reports:
 - Establish chain-of-command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you, your delegate or a Safety Officer if regarding a safety issue.
 - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
 - This ensures critical consistency with respect to performance and information at the site.
 - Ensure that they are personally prepared, self-sufficient, and adequately equipped to perform their assignments.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s):
 - Mission as assigned by local management and/or EOC
 - Latest event information and environmental conditions

- Identification of the affected local emergency management structure
 - Pertinent or unique cultural or local considerations
 - Shift considerations and transition instructions to oncoming staff
 - Problem solving process and methods for establishing or changing priorities
- Determine hours of operation and work with your direct reports to provide staff coverage as needed.

On-Site Operations

- Review your position checklist
- Participate in staff briefing(s) as scheduled by the Planning Section Chief.
- Establish interface with local officials:
 - Establish call-back numbers to local management.
 - Report progress to the EOC/EOC as appropriate.
- Review work schedule and specific assignments for each group of staff.
- Ensure consistency in information provided to patients in all stations.
- Assist local government in briefing officials and media, as appropriate.
- Establish time schedule for operational briefings and conduct as scheduled.
- Review and approve Demobilization Plan with Planning Section Chief and your direct reports as end of mission becomes imminent.
- Maintain Activity Log (ICS Form 214)

Deactivation Phase

- Ensure that all records and reports are turned in to the appropriate official(s).
- Ensure unused resources/supplies are inventoried and returned to the DOC/EOC.
- Conduct exit interviews with your direct reports and appropriate local officials.
- Ensure that an after action review occurs and is documented.
- Participate in after action review meetings, as required.
- Identify issues for the After Action Report.

Position Checklist: PUBLIC INFORMATION OFFICER (PIO)

PRIMARY:

ALTERNATE:

REPORT TO: IC/Shelter Manager

ICS CERTS: IS 700 & 800, ICS 100 & 200 (ICS 300 & 400, P403 Preferred)

LICENSURE: None

SUPERVISE: Assistant PIO (if activated), Coordinate with EOC PIO

WORKSTATION: Command Center or Alternate Site

Upon Activation

- Receive briefing from IC/Shelter Manager. Ensure knowledge of full mission request and plan of operations.
- Review Tuolumne County Mass Care Plan.
- Meet with County PIO at EOC if activated, and with PIO representatives from any other participating healthcare partners.
- If no EOC is activated, act as primary incident PIO
- Exchange patient briefing scripts and handouts with PIO in EOC and review with Briefing Specialists.
- Present briefing statement prepared by PIO, to be given to staff members at scheduled briefing(s):
 - Mission as assigned by local management
 - Latest event information and environmental conditions
 - Any hazards or threats to staff safety and health
 - Media plan and procedures
 - Identification of the affected local emergency management structure
 - Pertinent or unique cultural or local considerations
 - Information flow and reporting requirements
 - Shift considerations and transition instructions to oncoming staff
 - Problem solving process and methods for establishing or changing priorities

On-Site Operations

- Review your position checklist.
- Receive on-site briefing from IC/Shelter Manager.
- Determine overall media policy (with EOC PIO). For example:
 - No comment; refer media to a different contact
 - Explanatory statement; no media admittance
 - Media visits permitted in media area and observation walkway only
 - Media permitted to attend briefing station
- Develop media statement(s) based on statements from Health Department Incident Commander and/or Site Leader, in conjunction with EOC PIO as appropriate.

- Assure all press releases and other information has been approved by the Incident Commander prior to its release.
- Brief all personnel on media policy.
- Brief security personnel and greeters on media handling procedures.
- Coordinate media activities:
 - Make media contacts as necessary.
 - Provide media statements, answer questions.
 - Arrange guided tours for media along observation walkway as necessary.
- Participate in meetings and briefings to ensure that media considerations are a part of the plan at all times.
- Document all media contacts.
- Maintain Activity Log (ICS Form 214)

Deactivation Phase

- Submit media contact documentation to the EOC PIO, if activated.
- Identify issues and participate in After Action Report.

Position Checklist: SAFETY OFFICER

PRIMARY:

ALTERNATE:

LICENSURE: None-

ICS CERTS: IS 700 & 800, ICS 100 & 200 (ICS 300 & 400, P404 Preferred)

REPORT TO: IC/Shelter Manager

SUPERVISE: Assistant Safety Officers

WORKSTATION: Command Center

Upon Activation

- Receive briefing from IC/Shelter Manager. Ensure knowledge of full mission request and plan of operations.
- Review Tuolumne County Mass Care Plan.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s):
 - Any hazards or threats to staff safety and health
 - Evacuation signals and routes, if needed
 - How to contact security

On-Site Operations

- Review your position checklist.
- Participate in meetings and briefings to ensure that safety considerations are a part of the plan at all times.
- Identify and make known to the appropriate Section Chief any safety issues that you cannot resolve on the spot, or inform the Shelter Manager if additional intervention is required.
- Review sanitation issues as they arise.
- Ensure that accident reports are written and that accidents are investigated.
- Maintain Activity Log (ICS Form 214)

Deactivation Phase

- Ensure all records and reports are turned in to the IC/Shelter Manager.
- Identify issues for the After Action Report.

Position Checklist: LIAISON OFFICER

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700 & 800, ICS 100 & 200 (ICS 300 & 400, P402 Preferred)

REPORT TO: IC/Shelter Manager

SUPERVISE: Agency Representatives

WORKSTATION: Command Center

Upon Activation

- Receive briefing from IC/Alternate Site Leader. Ensure knowledge of full mission request and plan of operations.
- Review Tuolumne Mass Care Plan.
- Review lists of assisting and cooperating agencies.
- Establish communications protocols.
- Contact partnering agencies as directed by the IC/Shelter Manager.
- Meet with Agency Representatives:
 - Establish chain-of-command and performance expectations:
 - Agency Representatives are to report ONLY to you.
 - They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
 - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
 - It is important that they DO NOT MAKE DECISIONS on their own. This ensures critical consistency with respect to performance and information at the site.
 - Ensure that they are personally prepared, self-sufficient, and adequately equipped to perform their assignments.
- Prepare a briefing statement, to be given to Agency Representatives at scheduled briefing(s):
 - Facility overview; including locations of stations, restrooms, break rooms, emergency exits, etc.
 - Communications protocol
 - Role of agencies in this operation: services provided, etc.

On-Site Operations

- Review your position checklist
- Follow the chain-of-command. THIS IS CRITICAL to ensuring consistent behavior and information across sections and shifts:
 - Give instructions ONLY to personnel who report to you, and take instructions ONLY from your supervisor.

- Coordinate with your peers (anyone who reports to your supervisor) to accomplish your assigned tasks.
 - Do NOT make decisions that impact others outside your area or that use information that is not in writing or provided by your supervisor.
 - Report to your supervisor when you encounter problems that you cannot resolve or questions that you cannot answer.
- Participate in staff briefing(s) as scheduled by the Planning Section Chief.
 - Maintain a schedule of meetings and briefings of participating agencies, such as Law Enforcement, Fire Services, Hospital administrations, Red Cross and convey the information to the IC/Alternate Site Leader, as well as convey prepared communications from the Health Department to those agencies
 - Participate in staff briefing(s) as scheduled by the Planning Section Chief.
 - Maintain Activity Log (ICS Form 214)
 - Participate in the Demobilization Planning process.

Deactivation Phase

- Ensure that all records and reports are turned in to the Planning Section Chief or IC/Shelter Manager.
- Participate in the after action process.

GENERAL STAFF

Position Checklist: LOGISTICS SECTION CHIEF (YELLOW VEST)

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700 & 800, ICS 100 & 200 (ICS 300 & 400, P450 Preferred)

REPORT TO: IC/Shelter Manager

SUPERVISE: Communications Unit Leader, Facilities Unit Leader, Food Unit Leader, Runner

Upon Activation

- Receive briefing from IC/Shelter Manager. Ensure knowledge of full mission request and plan of operations.
- Review Tuolumne County Mass Care Plan.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Clerical Staff
 - Communications Unit Leader
 - Facilities Unit Leader
 - Food Unit Leader
 - Runners
- Meet with your direct reports:
 - Establish chain-of-command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
 - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
 - It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.
 - Ensure that they are personally prepared, self-sufficient, and adequately equipped to perform their assignments.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s):
 - Facility overview; including locations of stations, restrooms, break rooms, emergency exits, etc.
 - Communications protocol
 - Role of logistics in this operation: services provided, etc.
- Ensure shipment of equipment/supplies and arrange for transport to alternate site.
- Designate supply and facilities Unit Leaders as needed to procure supplies to maintain operations
- Arrange transportation for staff, if needed to respond to alternate site.
- Establish communications protocols.

On-Site Operations

- Review your position checklist
- Follow the chain-of-command. THIS IS CRITICAL to ensuring consistent behavior and information across sections and shifts:
 - Give instructions ONLY to personnel who report to you, and take instructions ONLY from your supervisor.
 - Coordinate with your peers (anyone who reports to your supervisor) to accomplish your assigned tasks.
 - Do NOT make decisions that impact others outside your area or that use information that is not in writing or provided by your supervisor.
 - Report to your supervisor when you encounter problems that you cannot resolve or questions that you cannot answer.
- Participate in staff briefing(s) as scheduled by the Planning Section Chief.
- Maintain Activity Log (ICS Form 214)
- Set up all communications equipment (phones and radios) and establish communications protocols.
- Work with staff in each area to set up physical work stations.
- Arrange for procurement of additional equipment/supplies as needed and as authorized by the IC/Alternate Site Leader.
- Work with Operations Section Chief to make sure that the ordering, inventory, and re-supply of any supplies/resources are conducted in a timely manner to ensure supplies are not depleted.
- Make arrangements for food and beverages for all staff members, and those designated to be provided to the public. Anticipate staff needs and request additional staff as needed.
- Arrange for transportation of staff members to and from the alternate site.
- Provide logistical support as needed.
- Participate in the Demobilization Planning process.

Deactivation Phase

- Ensure that all records and reports are turned in to the Planning Section Chief or IC/Shelter Manager.
- Conduct exit interviews with your direct reports.
- Supervise the breaking down and repacking of all equipment/supplies.
- Arrange to have all equipment/supplies returned to place of origin and state of readiness.
- Ensure facility is cleaned and returned to former operating condition.
- Participate in the after action process.

Position Checklist: OPERATIONS SECTION CHIEF (RED VEST)

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700 & 800, ICS 100 & 200 (ICS 300 & 400, P430 Preferred)

REPORT TO: IC/Shelter Manager

SUPERVISE: Behavioral Health Specialist, Education-Information Specialist, Greeter/Line Monitor, Registration Clerk, Clinical Interviewer, Security Personnel, Translator

WORKSTATION: Command Center or Alternate Site

Upon Activation

- Receive briefing from IC/Shelter Manager. Ensure knowledge of mission and plan of operations.
- Review Tuolumne County Mass Care Plan.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Behavioral Health Specialist
 - Education-Information Specialist
 - Greeter/Line Monitor
 - Registration Clerk
 - Clinical Interviewer
 - Security Personnel
 - Translator
- Meet with your direct reports:
 - Establish chain-of-command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
 - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
 - It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.
 - Ensure that they are personally prepared, self-sufficient, and adequately equipped to perform their assignments.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s):
 - Operational overview including tactics as necessary
- Confirm with Logistics Section Chief that all equipment and supplies are being shipped to the alternate site, and that areas are being set up.
- Develop on-site staff assignments and work schedule.

On-Site Operations

- Review your position checklist
- Maintain Activity Log (ICS Form 214)
- Work with the Logistics Section Chief to set up check-in, and other areas. Make sure staff has all equipment and supplies needed to carry out their functions.
- Meet with Education/Information Specialists and ensure that they have a script approved by the EOC PIO and the Public Health Officer (or designee), and that hand-out materials are consistent with the script.
- Meet with Registration Clerks to ensure process and forms are used correctly to sign in public as they arrive.
- Brief all staff on procedures for additional supplies, security problems, health issues, or other problems.
- Ensure that proper documentation is maintained for all activities.

Deactivation Phase

- Ensure that all records and reports are turned in to the Planning Section Chief or IC/Shelter Manager.
- Conduct exit interviews with your direct reports. Participate in the after action process.

Position Checklist: PLANNING SECTION CHIEF (BLUE VEST)

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700 & 800, ICS 100 & 200 (ICS 300 & 400, P440 Preferred)

REPORT TO: IC/Shelter Manager

SUPERVISE: Resource Unit Leader; Situation Unit Leader

WORKSTATION: As assigned

Upon Activation

- Receive briefing from IC/Shelter Manager. Ensure knowledge of full mission request and plan of operations.
- Review Tuolumne County Mass Care Plan.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Resource Unit Leader
 - Situation Unit Leader
- Meet with your direct reports:
 - Establish chain-of-command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
 - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
 - It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.
 - Ensure that they are personally prepared, self-sufficient, and adequately equipped to perform their assignments.
- Establish point of arrival and briefing for new incoming staff members.
- Prepare a briefing statement and assist the IC/Shelter Manager with the preparation of the Incident Action Plan, to be given to staff members at scheduled briefing(s):
 - Information flow
 - Documentation requirements
- Establish a staff briefing schedule with the IC/Shelter Manager and direct command staff (Site Leader, Logistics Section Chief, Operations Section Chief, Security Unit Leader, Public Information Officer, and Liaison) to prepare their staff briefing notes.

On-Site Operations

- Review your position checklist
- Conduct staff briefings as scheduled
- Maintain Activity Log (ICS Form 214)
- Work with Logistics Section Chief to set up check-in, other areas. Make sure staff has all equipment and supplies needed to carry out their functions.
- Monitor the documentation process and flow. Make modifications as needed.

Deactivation Phase

- Ensure that all records and reports are filed, scanned, or otherwise kept in secure County network files.
- Conduct exit interviews with your direct reports.
- Participate in the after action process.

Position Checklist: FINANCE & ADMINISTRATION SECTION CHIEF (GREEN VEST)

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700 & 800, ICS 100 & 200 (ICS 300 & 400, P460 Preferred)

REPORT TO: IC/Shelter Manager

SUPERVISE: None

WORKSTATION: As assigned

Upon Activation

- Receive briefing from IC/Shelter Manager. Ensure knowledge of mission and plan of operations.
- Review Finance Protocols and Mass Care Plan.
- Review protocols for monitoring time sheets during each Operational Period, utilizing the T-card system in accordance with ICS.
- Prepare a briefing statement, to be given to staff members at scheduled briefing(s)
- Confirm with Logistics Section Chief that all equipment and supplies are being shipped to the alternate site and establish a system to account for invoices at each receiving facility.
- Develop on-site staff assignments and work schedule.

On-Site Operations

- Review your position checklist
- Maintain Activity Log (ICS Form 214)
- Maintain daily contact with Command Center on Financial/Administrative matters.
- In conjunction with the Red Cross, determine need to set up a commissary and see that financial obligations are clarified and accounted for.
- Work with the Logistics Section Chief to anticipate orders and monitor procurement activities.
- Ensure that proper documentation is maintained for all activities.

Deactivation Phase

- Provide financial input to demobilization activities
- Review all obligation documents initiated at the incident are properly prepared and completed.
- Brief administrative personnel at the Command Center on all incident related financial issues needing attention or follow-up prior to leaving the incident.
- Conduct exit interviews with your direct reports. Participate in the after action process.

LOGISTICS SECTION
(YELLOW VESTS)

Position Checklist: FACILITIES UNIT LEADER

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700, ICS 100, ICS 200

REPORT TO: Logistics Section Chief

SUPERVISE: None

WORKSTATION: As assigned

Upon Activation

- Receive briefing from IC/Shelter Manager
- Review Tuolumne County Mass Care Plan.

On-Site Operations

- Review your position checklist.
- Prepare and maintain facilities as needed.
- Ensure facilities are opened and secured as needed.
- Ensure signing is posted at entrance and elsewhere as defined by the Incident Action Plan.
- Establish and maintain requisition documentation records.
- Maintain Activity Log (ICS Form 214).

Deactivation Phase

- Assist with the tear-down and re-packing of supplies.
- Ensure facilities are locked and secured as needed.
- Ensure that all records and reports are turned in to the Logistics Section Chief.
- Identify issues for the After Action Report.

Position Checklist: COMMUNICATIONS SPECIALIST

PRIMARY:

ALTERNATE:

LICENSURE: None (FCC Amateur Radio License, Tech. Preferred)

ICS CERTS: IS 700, ICS 100 & 200

REPORT TO: Logistics Section Chief

SUPERVISE:

WORKSTATION: As Assigned

Upon Activation

- Work with Logistics Section Chief to ensure all communications equipment (radios, telephones, batteries, chargers, electrical cords, etc.) are included in equipment cache sent to the operation site.
- Review Tuolumne County Mass Care Plan.
- Work with Logistics Section Chief to create a Communications Plan.

On-Site Operations

- Attend overall staff briefing and receive assignment-specific briefing from the Logistics Section Chief.
- Set up, test, maintain, and arrange for repair all telecommunications equipment.
- Set up a space in Operations area to house communications support equipment (back-up radios and phones, batteries, etc.).
- Obtain information for a directory of significant contact phone/fax/pager numbers.
- Establish contact with lead agency and other cooperating agencies.
- As needed, obtain on-site operational radio frequencies.
- Establish and manage a message system.
- Issue radio and/or phone equipment to personnel according to orders from Logistics Section Chief. Maintain records of equipment issued.
- Provide communication support to on-site personnel as assigned.
- Maintain Activity Log (ICS Form 214).

Deactivation Phase

- Remove all communications equipment and pack it appropriately for transport.
- Account for all communications equipment issued to staff.
- Identify and tag all equipment needing repair and/or replacement.
- Ensure all records and reports are turned over to Logistics Section Chief.
- Identify issues for After Action Report.

Position Checklist: RUNNER

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700, ICS 100 & 200

REPORT TO: As Assigned

SUPERVISE: None

WORKSTATION: As Assigned

On-Site Operations

- Review your position checklist.
- Attend overall staff briefing and receive assignment-specific briefing from the Logistics Section Chief.
- Work in assigned area to relay messages and/or deliver supplies and equipment.
- Maintain Activity Log (ICS Form 214).

Deactivation Phase

- Assist with breaking down of stations and repacking of all equipment/supplies.
- Identify issues for the After Action Report.

OPERATIONS SECTION
(RED VESTS)

Position Checklist: BEHAVIORAL HEALTH SPECIALIST

PRIMARY:

ALTERNATE:

LICENSURE: None (LCSW, MFT, MSW preferred)

ICS CERTS: IS 700, ICS 100 & 200

REPORT TO: Behavioral Health Group Supervisor

SUPERVISE:

WORKSTATION: As assigned

On-Site Operations

- Review your position checklist.
- Attend overall staff briefing and receive assignment-specific briefing from the Operations Section Chief.
- Prepare the counseling and support station.
- Ensure that all members of the public transiting your area have had their needs met and are as comfortable as possible with situation.
- Provide on-site stress diffusing.
- Identify and refer any patient needing a mental health referral and/or follow-up.
- Maintain Activity Log (ICS Form 214).

Deactivation Phase

- Assist with the tear-down and re-packing of the counseling and support area.
- Ensure the collection of all paperwork and turn in to Planning Section Chief.
- Identify issues for the After Action Report.

Position Checklist: MEDICAL/NURSING CARE BRANCH MANAGER

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700, IS 800, ICS 100, ICS 200 (ICS 300 Preferred)

REPORT TO: Operation Section Chief

SUPERVISE: Responders assigned to the Medical Branch

WORKSTATION: As Assigned

Upon Activation:

- Receive briefing from Operations Section Chief. Ensure knowledge of full mission request and plan of operations.
- Review Tuolumne County Mass Care Plan.
 - Confirm activation of your direct reports, and assign or greet them as they arrive:
- Consult with Physician Supervisor as needed

On-site Operations:

- Follow the chain-of-command. THIS IS CRITICAL to ensuring consistent behavior and information across sections and shifts:
 - Give instructions ONLY to personnel that report to you, and take instructions ONLY from your supervisor.
 - Coordinate with your peers (anyone who reports to your supervisor) to accomplish your assigned tasks.
 - Do NOT make decisions that impact others outside your area, or that use information that is not in writing or provided by your supervisor.
 - Report to your supervisor when you encounter problems that you cannot resolve or questions that you cannot answer.
- Attend overall staff briefing, and receive assignment-specific briefing from the Operations Section Chief (your supervisor).
- Maintain Unit Log.
- Meet with your direct reports:
 - Brief your staff regarding planned operations.
 - Establish chain of command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).

- Any questions, problems, or incidents should be reported to you, NOT to anyone else.
- It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.

- Ensure that all physical and set up and supplies are available for the interview area.
- Meet with interview staff and review mass prophylaxis process flow charts ensuring that staff have and are clear on treatment protocols.
- Monitor patient flow through clinical areas and problem solve with Operations Section Chief.

Deactivation Phase:

- Coordinate and supervise the teardown and re-packing of each clinical station
- Ensure the collection of all paperwork and turn in to Demobilization Unit Leader.
- Conduct exit interviews with your direct reports.
- Identify issues for the After Action Report.

Position Checklist: REGISTRATION GROUP SUPERVISOR

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700, ICS 100 & 200 (IS 800, ICS 300 Preferred)

REPORT TO: Operations Section Chief

SUPERVISE: Registration Clerks, Greeters, Line Monitors

WORKSTATION: Registration

Upon Activation

- Receive briefing from Operations Section Chief. Ensure knowledge of full mission request and plan of operations.
- Review Mass Care Plan.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Registration clerks
 - Line Monitors
 - * Greeters

On-Site Operations

- Follow the chain-of-command. THIS IS CRITICAL to ensuring consistent behavior and information across sections and shifts:
 - Give instructions ONLY to personnel who report to you, and take instructions ONLY from your supervisor.
 - Coordinate with your peers (anyone who reports to your supervisor) to accomplish your assigned tasks.
 - Do NOT make decisions that impact others outside your area, or that use information that is not in writing or provided by your supervisor.
 - Report to your supervisor when you encounter problems that you cannot resolve or questions that you cannot answer.
 - Attend overall staff briefing and receive assignment-specific briefing from the Non-Medical Support Branch Manager.
 - Maintain Unit Activity Log (see page 98).
 - Receive on-site briefing from Operations Section Chief.
 - Meet with your direct reports:
 - Brief your staff regarding planned operations.
 - Establish chain-of-command and performance expectations:
 - Your direct reports are to report ONLY to you.
 - They work with other staff as assigned by you, but they DO NOT take instructions from or provide information to anyone other than you (or a Safety Officer if regarding a safety issue).
 - Any questions, problems, or incidents should be reported to you, NOT to anyone else.
-

- It is important that they DO NOT MAKE DECISIONS on their own, other than provided for in their Position Checklist. This ensures critical consistency with respect to performance and information at the site.
- ❑ Ensure that all physical and set up and supplies are available for the interview area.
- ❑ Meet with interview staff and review mass prophylaxis process flow charts ensuring that staff have and are clear on treatment protocols.
- ❑ Monitor patient flow through clinical areas and problem solve with Operations Section Chief.

Deactivation Phase

- ❑ Coordinate and supervise the tear-down and re-packing of each clinical station.
- ❑ Ensure the collection of all paperwork and turn in to Demobilization Unit Leader.
- ❑ Conduct exit interviews with your direct reports.
- ❑ Identify issues for After Action Report

Position Checklist: FOOD UNIT LEADER

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700, ICS 100, ICS 200

REPORT TO: Logistics Section Chief

SUPERVISE: Food Unit Personnel

WORKSTATION: As Assigned

Upon Activation

- Receive briefing from IC/Alternate Site Leader.
- Review Tuolumne County Mass Care Plan.

On-Site Operations

- Review your position checklist.
- Procure and maintain adequate inventory of supplies of food and potable fluids for the needs of the incident.
- Ensure food and potable fluids are distributed to dining areas/workstations as requested by Operations Section Chief.
- Establish and maintain requisition documentation records.

Deactivation Phase

- Assist with the tear-down and re-packing of supplies.
- Ensure that all records and reports are turned in to the Operations Section Chief.
- Identify issues for the After Action Report.

Position Checklist: GENERAL STAFF

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700, ICS 100 & 200

REPORT TO: Operations Section Chief

SUPERVISE: None

WORKSTATION: As Assigned

Upon Activation

- Receive briefing from Supervisor.
- Familiarize self with the assigned area and with location of all areas of the site.

On-Site Operations

- Review your position checklist.
- Greet all persons entering your area.
- Direct patient into appropriate area.
- Offer assistance and guidance to the public and provide general support and reassurance to patients as needed.
- Maintain Activity Log (ICS Form 214).
- Connect non-English speaking patients with the appropriate translator.
- Greet public as they arrive/assemble:
 - Ask those attending the cooling/warming center to sign in.
 - Answer their initial questions.
 - Direct patients with special needs to appropriate resources, i.e., behavioral health or medical care.
 -

Deactivation Phase

- Assist with the tear-down and re-packing of assigned area.
- Identify issues for the After Action Report.

Position Checklist: SECURITY PERSONNEL

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700, ICS 100 & 200

REPORT TO: Operations Section Chief

SUPERVISE: None

WORKSTATION: As Assigned

On-Site Operations

- Review your position checklist.
- Review Tuolumne County Mass Care Plan.
- Attend overall staff briefing and receive assignment-specific briefing from the Operations Section Chief.
- Maintain Activity Log (ICS Form 214).
- Perform duties as outlined by the Operations Section Chief, which may include:
 - Participation in the set-up of crowd control system (cones, ropes, etc.).
 - Checking the site on a routine basis for any potential security problems. Report findings to the Operations Section Chief or Safety Officer.
 - Establishing a protective perimeter for the operation if necessary.
 - Ensuring that evacuation signals and routes are labeled appropriately.
 - Investigating accidents and writing accident reports.
- Report any security findings to the Operations Section Chief or Safety Officer.

Deactivation Phase

- Turn over all records and reports to Operations Section Chief.
- Provide operational assistance in packing up equipment/supplies to all areas.
- Identify issues for the After Action Report.

Position Checklist: TRANSLATOR

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700, ICS 100 & 200

REPORT TO: Operations Section Chief

SUPERVISE: None

WORKSTATION: As assigned

On-Site Operations

- Review your position checklist.
- Attend overall staff briefing and receive assignment-specific briefing from the Operations Section Chief.
- Work in assigned area to identify patients with language barriers requiring translators.
- Maintain Activity Log (ICS Form 214).
- Create (or obtain) list of all multi-lingual workers at this site in order to use them as additional translators as needed (including American Sign Language). Include:
 - Name
 - What languages they speak
 - Where they are working
- Assist with check-in and provide translation as necessary.

Deactivation Phase

- Assist with breaking down of stations and repacking of all equipment/supplies.
- Identify issues for the After Action Report.

PLANNING SECTION

(BLUE VESTS)

Position Checklist: SITUATION UNIT LEADER

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700, ICS 100, ICS 200

REPORT TO: Planning Section Chief

SUPERVISE: None

WORKSTATION: As Assigned

On-Site Operations

- Review your position checklist.
- Attend overall staff briefing and receive assignment-specific briefing from the Planning Section Chief.
- Review materials regarding current situation.
- Maintain Activity Log (ICS Form 214).
- Ensure that all areas of the site are set up and operational.
- Ensure that all pertinent sources of information are available, i.e., NWS weather reporting, local media updates, etc.
- Utilize and review coordination of plan with the Planning Section Chief.

Deactivation Phase

- Supervise the break down and repacking of all equipment/supplies.
- Ensure the collection of all paperwork and turn in to Planning Section Chief.
- Identify issues for the After Action Report.

Position Checklist: RESOURCE UNIT LEADER

PRIMARY:

ALTERNATE:

LICENSURE: None

ICS CERTS: IS 700, ICS 100, ICS 200

REPORT TO: Planning Section Chief

SUPERVISE:

WORKSTATION: As Assigned

On-Site Operations

- Review your position checklist.
- Attend all briefings.
- Receive assignment-specific briefing from the Planning Section Chief.
- Review materials regarding current situation.
- Confirm and determine numbers of equipment, supplies and personnel available by type. Assign and greet them as they arrive.
- As personnel check in:
 - Brief all staff on set up and operations.
 - Provide a Job Action Sheet and direct them to report to their supervisor
 - Remind all who check in resources or personnel to **Demobilize** at the end of their work shift.
- Ensure that all workstations and equipment are set up and operational.
- Ensure that all pertinent sources of information are available.
- Consult with physicians, nurses, behavioral health specialists, or other information resources where needed.

Deactivation Phase

- Supervise the break down and repacking of all equipment/supplies.
- Collect totals of remaining inventory and report them to Planning Section Chief.
- Ensure the collection of all paperwork and turn in to Demobilization Unit Leader.
- Identify issues for the After Action Report.

APPENDIX - K

Potential Mass Care-Shelter Sites

[Partial list of sites which have a completed assessment, taken from](#)

[HEPReP Alternate Site List, Resource Documents\]](#)

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- [Mother Lode Fairgrounds – 220 Southgate Dr. Sonora – Occupancy ~500](#)
- [Columbia Airport – 10989 N Airport Rd. Columbia – Occupancy ~500](#)
- [Word of Life Fellowship – 24630 State Hwy 108 Mi-Wuk – Occupancy ~180](#)
- [Sierra Bible Church – 15171 Tuolumne Rd. Sonora – Occupancy ~100](#)

Appendix L

PRE-INCIDENT ACTION PLAN

FOR
TUOLUMNE COUNTY ANIMAL CONTROL

FIRE AND DISASTER PROCEDURES

2008

INTRODUCTION

In disasters, the first priority is to the protection of life, property, and the environment. This plan has been developed to establish proper preparation and effective coordination of animal issues and to enhance the ability of emergency personnel to protect both human and animal health and safety. To be more efficient, effective and lower the related expenses this plan has been developed to address animal issues prior to an incident and to enhance preparedness.

Since human evacuation shelters do not allow pets in facilities, pet owners requiring sheltering must choose between deserting their animals, refusing to evacuate, or evacuating their animals to a pre-determined site. Without advanced planning, this can be a difficult decision. The 10 to 25% of individuals who refuse to evacuate, or attempt to return to the evacuated areas because of their animals, risk injury, exposure to hazardous materials, and their own lives, as well as those of emergency response personnel who must rescue them. The most effective and efficient way to minimize human and animal safety risks is for the individuals and responding agencies to be properly prepared to address animal issues well in advance of a disaster.

Animals that are not cared for by their owners during a disaster may become a public health and safety risk. Loose and displaced animals are possible carriers of disease (such as rabies and plague) and can become a nuisance or danger to people.

Experience has shown that when animals are impacted by disasters, a large number of self-responders will arrive to address the situation. These well-meaning, but untrained and emotionally driven individuals can be very disruptive and create many law enforcement challenges. Effective control of self-responding individuals and rescue groups is critical. A county plan allows for appropriate identification and utilization of all available resources within the structure of the County animal response plan. This will minimize the intrusion of untrained and unsolicited volunteers in a crisis situation.

FIRE AND DISASTER PROCEDURES

INITIAL CONTACT:

- A. The Animal Control Manager, on-call ACO, or designated contact person will contact the Sheriff's Department and CDF to learn the extent of the disaster. The Animal Control Manager will be contacted immediately at 694-2730 or.

- B. The Animal Control Manager will contact all staff members and the designated County Veterinary Disaster Coordinator, Dr. Henderson, if the fire has potential for threatening populated areas. Telephone numbers for Dr. Henderson are; (209) 984-0232 or.

- C. We will call the fairgrounds and ask for use of the barns, pens, and rabbit cages for evacuation site. Call the fairgrounds manager @ 532-7428, or. For use as a secondary evacuation site.

- D. We will contact registered disaster service workers in volunteer notebook and advise to whom and where they report. (if different than (E))

- E. All staff and called up volunteer disaster service workers will report to the Animal shelter and report to the Animal Control Manager or the Supervising ACO.

- F. If a large fire, we will request OES to contact HSUS and other agencies for help.

ORGANIZATION OF RESPONSE ACTIVITIES

A. Management: Management is responsible for overall emergency policy and coordination through the joint efforts of governmental agencies and private organizations. Management duties include:

1. Liaison: The liaison communicates with staff from other agencies in the EOC. This should be the job of the TCAC Animal Coordinator. This position will be filled by the Animal Control Manager or other official designee.
2. Public Information Officer: The Public Information Officer develops and releases information about emergency operations to the news media, personnel involved in the response operation, and other appropriate agencies and organizations.
3. Safety: Will oversee the entire operation to address any safety issues for personnel responding to the incident.

B. Planning and Intelligence: Planning and Intelligence is responsible for collecting, evaluating, and disseminating information during response and recovery activities. Much of this may be done by the EOC.

1. Situation and status analysis may be assigned to provide information on situation status of animal rescue, care, and sheltering operations.
2. Documentation compiles records and data pertaining to the response effort.
3. Mobilization/Demobilization works with Operations and Logistics to help plan the mobilization of personnel, equipment/supplies, and facilities. It also prepares the demobilization plan and monitors its execution.

C. OPERATIONS: RESCUE/EVACUATIONS BRANCH

1. Have a staff member with a portable radio and phone at the EOC or staging area.
2. Get address, description of dwelling, and good directions.
3. Get number and kind of animals to be evacuated, animal names, and any potential problems.

4. If the Officer cannot catch or find the animal (s) they will leave food and water for the animal. Animal (s) will need to be checked periodically at the location. Notification will be made to the incident command by the TCAC Animal Coordinator of the needs and the situation.
5. Contact and utilize wranglers to move livestock after evacuation by Animal Control personnel. Registered volunteers will be used only. They must be wearing their volunteer badge.
6. Livestock can be moved to donated pasture.
7. EVACUATE LIVESTOCK WHENEVER POSSIBLE. Arrangements for evacuation, including routes and host sites, should be made in advance. Alternate routes should be mapped out in case the planned route is inaccessible.
8. The evacuation sites should have or be able to readily obtain food, water, veterinary care, handling equipment and facilities.
9. Truck, trailers, and other vehicles suitable for transporting livestock (appropriate for transporting each specific type of animal) should be available along with a volunteer registered disaster service worker experienced to transport the specific type of animal.
- 10.If evacuation is not possible, a decision should be made whether to move large animals to available shelter or turn them outside. The decision should be determined based on the type of disaster and the soundness and location of the shelter (structure).
- 11.All animals will have a photograph and an intake card with all the owner information and location of evacuation and the location the animal was evacuated to.

D. Operations: Animal issues branch;

1. Facilities at the Tuolumne County Animal Shelter and the Tuolumne County Humane Society will be utilized unless a secondary evacuation site is needed due to the magnitude of the disaster. Care and control of evacuated animals will be under the direction of Tuolumne County Animal Control. Dogs will go to the Humane Society and cats to the Animal Control Shelter.

Set-up:

a. Normal standard operating procedures for kenneling and caring for animals, if animals are evacuated to the Tuolumne County Animal Control and the Tuolumne County Humane Society.

b. For sheltered and non-sheltered animals at a secondary site the following procedures will be followed:

1. Kennels, crates, or stalls for dogs.

a) plastic bucket for water (tied to wall or corner)

b) paper plate or pie tin for food

2. Cats confined in rabbit cages or crates.

a) Place newspaper on the floor of the cage, newspaper may also be taped between cages to separate cats.

b) Use a plastic cup for water.

c) Paper tray for cat food

d) Pie pan for shaving or cat litter

e) Have sheets or bedspreads available to cover cage banks at night.

2. REGISTRATION SET UP: (The first stop for everyone)

A. Set up signs to point the way to the front desk

B. Desk/Registration

1. Set up a table with pens, log in cards, animal receipt log, index cards, radio, and call out cards.
2. Have handy; a permanent marker, felt tip pens (fine line and thick), paper collars, paper clips, rubber bands, white out, small boxes for paperwork, stapler, name tags for volunteers, portable radios, microchip scanner, volunteer sign in log.
3. If need be, the phone at the fairgrounds is utilized for the evacuation center.

3. MEDIA: PIO for Animal Control

- A. The Animal Control Manager will alert the OES PIO regarding the location of the evacuation site.
- B. The Animal Control Manager will inform media of the various services available to displaced residents and their animals, along with pertinent telephone numbers to use for assistance.
- C. No one is to talk to the media except the Animal Control Manager or the alternate County Animal Coordinator with clearance from the Public Information Officer. (The County Animal Coordinator is the individual who will act as the single point of contact on animal issues in the Operational Area)

4. ANIMAL ARRIVAL (All animals must be logged in this way)

- A. Log in animals on intake cards
 1. Get a detailed description of the animal.
 2. Photograph the animal for the impound receipt. (Cham Cam)
 3. One card for each animal.
 4. Scan all animals to be impounded.

- B. Take complete owner information.
 - 1. Street and mailing address
 - 2. Home phone, work phone, cell phone and message phone.
- C. Note the stall or cage location on the card.
- D. Give the owner a copy of the form and explain to them that they will need to present it to exercise or reclaim their pet.
- E. Attach the Impound report, with picture to the enclosure the animal is housed in.
- F. File the remaining information in the appropriate box.
- G. With a permanent marker write the Chameleon ID number, cage or pen number and the owners last name on the paper collar. Affix the collar to the animal if possible or the enclosure.
- H. Access to the animals is limited to the owners. Usually the animals are highly stressed by the evacuation ordeal.

5. ANIMAL CARE

- A. Check water frequently
- B. Feed daily, or as appropriate
- C. Remove fecal matter at least twice a day or as often is as necessary so the animal will not become contaminated.
- D. Provide a paper bag for very shy cats.
- E. Use sheets or bedspreads to keep cats out of sun or draft and to cover the enclosures at night if housed in an un-sheltered location.

6. SECURITY

A. Security will be maintained twenty-four hours a day. The
Animal Control Manager or designee will assign staff
members or volunteers for security.

B. Tents, campers and trailers will be needed in case we need to
expand to the fairgrounds.

7. SICK ANIMALS

- A. Isolate sick and injured animals to protect other animals.
- B. Sick and injured animals should go to the veterinarian.

DEMOBILIZATION: (On going during the incident.)

1. RELEASE OF ANIMALS

-
- A. To reclaim an animal the owner must show appropriate Paperwork and photo I.D.
 - B. Sign out the animal on the log sheet. Have the owner sign And date paperwork to document reclaim.
 - C. Remove the card from the current impounds file and save.
 - D. Give the owner of the animal a flyer explaining the risk of Disease and advise them that they may wish to contact their veterinarian.
 - E. Give a supply of pet food if needed.

2. CLEAN UP

- A. Gather all supplies and paperwork to file.
- B. Clean cages and stalls,
- C. If the fairgrounds are utilized, clean all areas and make sure the fairgrounds are cleaner than when we started.

ANIMAL CARE AND HOLDING/BOARDING

QUESTIONNAIRE

1. Facility Name _____

Address _____

Facility Phone () - Fax () - _____

2. Owner's Name _____

Owner's Home Phone () - Cell () - _____

3. What animal species will you accept?

Dog Cat Equine Livestock Avian Other _____

4. How many cages, runs or stalls do you have available? Are any seasonal?

Cages Runs Large Animal Stalls Corrals

5. Would you be able to provide services during a disaster?

Pro Bono Reduced Rate Standard Rate _____

6. What are the minimum entry requirements for animals to your facility? None

Rabies Other vaccinations _____

Parasite Control Other

Would you waive them during a disaster? Yes No

7. Does your facility have isolation facilities? Yes No

8. Is your staff available after normal hours of operation? Yes No

9. Give brief directions to you facility from the closest major road or highway.

LARGE ANIMAL INTAKE FORM

Date Arrived _____ Rescued Owner brought

Animal ID number _____ Assigned Shelter Location _____

If rescued, Date rescued _____ Location _____

Cattle Sheep Swine Horse Goats Other _____

Owner/Rescuer's name _____

Address _____

Phone () - _____ Cell () - _____ Fax () - _____

Pager () - _____

Individual Animal Identification

____ Identification Description, registration Age Sex Breed

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Owner's signature _____ Date _____

Released by _____ Date _____

PHOTOGRAPHS



Client Consent to Share Information Form (DHS and DMH)

Disaster Cycle Services Job Tools
DCS JT Recover

CAS Event # _____ CAS Case # _____

Privacy: Tuolumne County Public Health respects the privacy of its clients. We will honor your wishes when sharing information about your needs.

Coordination: In some instances, we can better serve you in meeting your needs if we can share your case information with other organizations that provide relief and recovery services.

Preferences and Consent: Please tell us how you want us to use your information. We will follow your instructions unless special circumstances arise in which we need to use your information to address legal or safety requirements.

Please check:

Sharing Declined: I do NOT authorize the Tuolumne County Public Health to share my information.

OR check all that apply:

General: I authorize the Tuolumne County Public Health to share my information with and receive information from other disaster relief and recovery organizations.

Medical Provider: I authorize the Tuolumne County Public Health to share my information with and receive information from my medical provider and/or pharmacy as necessary to assist with my identified need/s.

Medical _____ Names/Contact _____ Information: _____

Specific: I authorize the Tuolumne County Public Health to share my information with and receive information from the specific individuals/organizations listed below:

Specific Names/Contact Information: _____

Primary _____ Client's _____ Printed _____ Name: _____

Primary Client's Signature: _____

Shelter Worker's Name: _____

Date: _____



Permiso Para Compartir Información Personal
de Cliente (DHS and DMH)
Disaster Cycle Services Job Tools
DCS JT Recover

CAS Event # _____ CAS Case # _____

Privacidad: La Cruz Roja Americana respeta la privacidad de todos sus clientes. Respetaremos sus deseos cuando compartimos información relacionada a sus necesidades.

Coordinación: En ciertos casos, le podemos proveer mejor servicio en atender sus necesidades si podemos compartir información sobre su caso con otras organizaciones que proveen auxilio para la recuperación de desastres.

Sus Preferencias y Autorización: Por favor, díganos como quiere que utilicemos su información. Respetaremos sus deseos a menos que surjan circunstancias especiales en que tuviéramos que usar su información para resolver asuntos legales o asuntos de seguridad.

Por favor, seleccione todo lo que aplique:

Yo **NO** autorizo a la Cruz Roja Americana a compartir mi información.

General: Yo autorizo a la Cruz Roja Americana a compartir mi información con otras organizaciones que proveen auxilio para la recuperación de desastres

Asuntos médicos: Yo autorizo a la Cruz Roja Americana a compartir y recibir información con mi proveedor de salud y/o mi farmacia para atender mis necesidades

Nombres/Datos: _____

Instrucciones Específicas: Yo autorizo a la Cruz Roja Americana a compartir mi información con las personas/organizaciones indicadas abajo:

Nombres/Datos: _____

Nombre del cliente:

Firma del cliente:

Nombre del representante de la Cruz Roja



Client Health Record | CONFIDENTIAL

Fill in **ONLY** information that applies to the type of interaction. DAT response may not require all fields.

DRO #	DRO Name	DRO Date
Service Delivery Site	City/County/State	CAS #

Client Information			
Name (Last, First)		Primary Language	
Age	Date of Birth	Male Female Other	Veteran Yes No
Pre-Disaster Address			
Current Address			Phone #
Alternate Contact Name			Phone #
Caregiver: Home Health Provider Parent Spouse Friend None Other:			
Name:			Phone #

Allergies
<i>List all medication, environmental, and food allergies, including type of reaction.</i>

Insurance Information and Medical History					
Policyholder Name		Policy Phone #		Policy #	
Health Care Provider				Provider Phone #	
Medical History					
Current Medication	Dosage	Last Dose	Current Medication	Dosage	Last Dose
Pharmacy Name / Phone #					



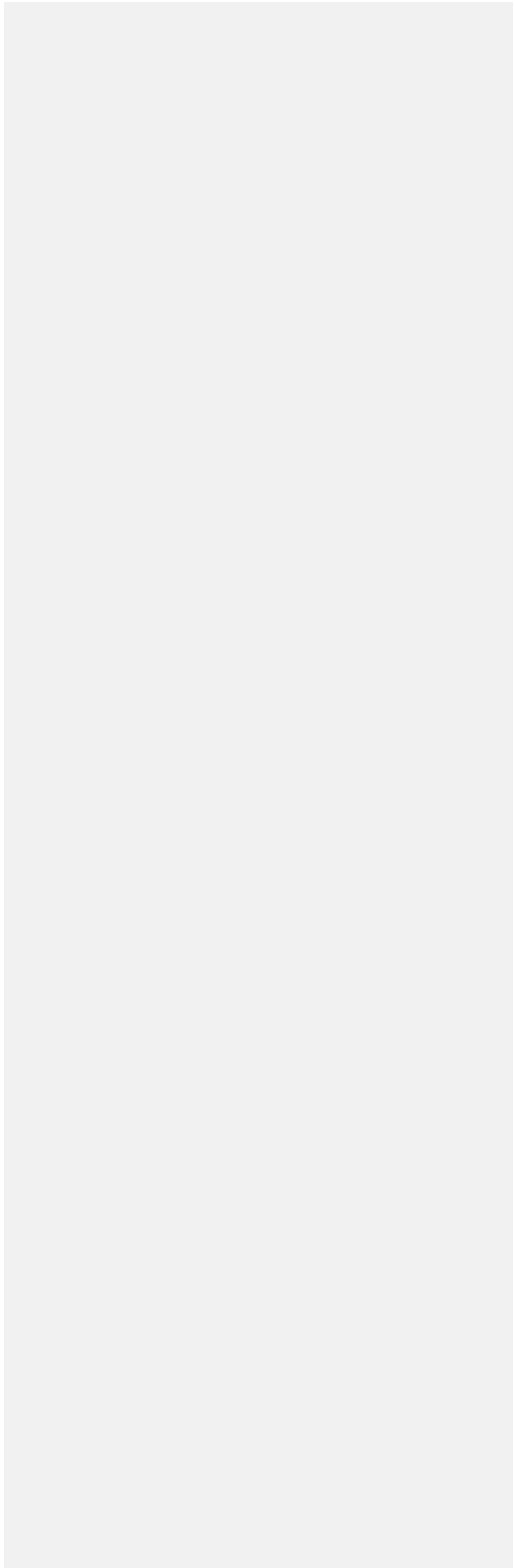
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Primary Complaints																																																										
<i>Check all complaints that apply to the current visit under each category related to the patient's main reason(s) for seeking care. Do not record client's medical history in this area. For follow-up visits, enter the date next to the box to update the notes section.</i>																																																										
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Initial responder legibly prints name and credentials, enters date and time, and signs document:

Print Name _____ Date _____
 Signature _____ Time _____





Disaster Health Services Aggregate Morbidity Report Form

Complete one form per service location per 24 hours.

Submit by 4 p.m. local time to DisasterHealthSvc@redcross.org and to DHS Lead.

Part I. General Information		Part II. Number of Client-Related Interactions	
		Tally (ᐃᐃᐃᐃᐃᐃ)	Total (#)
1. Disaster Operation # _____		7. Total Disaster Health Services Contacts:	
2. Reporting Date: ___/___/___			
3. Reporting Timeframe: _____ - _____		7b. Total of health-related Client Visits: (fill part III)	
4. County _____ State _____			
5. Service Type (circle): Shelter Non-Shelter			
6. Worksite Name: _____			

Part III. Demographics (for Health-related Visits Only)			Functional/Access Needs: mark each individual need based on CMIST model per 24 hours		
Tally (ᐃᐃᐃᐃᐃᐃ)			Tally (ᐃᐃᐃᐃᐃᐃ)		
		Total (#)			Total (#)
Gender	Male		Communication		
	Female		Maintenance of Health		
Age	≤ 2		Independence		
	3 to 18		Services and Support		
	19 to 64		Transportation		
	≥ 65				

Part IV. Reason for Visit: For each client visit, tick ALL reason(s) for visits.					
Tally (ᐃᐃᐃᐃᐃᐃ)		Total (#)	Tally (ᐃᐃᐃᐃᐃᐃ)		Total (#)
Injury			Behavioral/Mental Health		
Bite (includes ALL bites)			Agitated/disruptive/psychotic		
Burn (thermal or chemical)			Anxiety/stress/depressed mood		
Cut/laceration/puncture			Suicidal/homicidal thoughts		
Foreign body (e.g., splinter)			Substance addiction/withdrawal		
Fall/slip/trip			Other mental health		
Hit by or against object			Exacerbation of Chronic Illness		
Use of machinery/tools/equip.			Asthma		
Assault			Obstructive pulmonary disease		
Carbon Monoxide (CO) exposure			Cardiovascular (HTN, CHF, CHD)		
Poisoning, non-CO			Chronic muscle or joint pain		
Other injury			Diabetes		
Illness/Symptoms			Neurological (seizure, stroke, dementia)		
Fever (>100.4°F or 38°C)			Previous mental health diagnosis		
Conjunctivitis/eye irritation			Other chronic illness		
Dehydration			Health Care Maintenance		
Heat stress/heat exhaustion			Blood pressure check		
Hypothermia/cold-environment			Blood sugar check		
Oral health			Pregnancy/postpartum care		
Pain: chest, angina, cardiac arrest			Dressing change/wound care		
Pain: muscle or joint pain			Immunization/vaccination		
Pain: head, ears, eyes, nose, throat			Medical refill (please mark one tick for <i>each</i> med refill)		
Pain: other, not specified above			Other health maintenance		
Gastrointestinal (GI): diarrhea					
GI: nausea/vomiting					
GI: other (constipation, GERD)					
Genitourinary (GU)					
Skin (includes ALL skin conditions)					
Allergic reaction					
Respiratory (includes ALL resp.)					
Influenza-like-illness (ILI)					
Neurological, new onset					
Other illness/symptoms					

Part V. Disposition	Tally (ᐃᐃᐃᐃᐃᐃ)	Total (#)
Referred to...		
Hospital		
Physician/dentist/clinic		
Pharmacist		
DMH		
Other		
Refused Red Cross care		

Print name: _____ Contact information: _____ Aggregate Morbidity Report Form 2077C (rev. 8/19)



Disaster Health Services Aggregate Morbidity Report Form

Complete one form per service location per 24 hours.

Submit by 4 p.m. local time to DisasterHealthSvcs@redcross.org and to DHS Lead.

Basic Instructions

Purpose: Use this form to report on all contacts seen or spoken with in your site location over the last 24 hours.

Procedure:

- **PART I:** Fill out the top portion of this form with Disaster Operation #, Report Date, Timeframe (24-hour period), County, State, Type of service site, and Name of worksite location.
- **PART II:**
 - **Total Disaster Health Services Contacts** = mark **EACH CONTACT** in the 24-hour reporting period.
Document as a **contact** anyone a Disaster Health Services worker communicates with or provides services to in their role as a health care provider. The total contact number is documented on Line 7 of the *Aggregate Morbidity Form*.
 - **Total Number of Health-Related Client Visits** = mark **EACH VISIT** in the 24-hour reporting period for each time client health care was given (e.g., multiple blood sugar checks = mark a tick for each visit).
The total number of health-related client visits is a subset of the total client-related contacts and reflects the individual client visit, i.e., blood sugar checks, physical assessment, client education, medication replacement. This number should not reflect contacting pharmacies, health care providers, etc.
- **PART III:** Mark one tick for gender (male or female) and for age category. For each **Health-related Visit**:
 - The total number for gender (male + female) and for combined age categories at the end of the 24-hour reporting period should equal the **total number of health-related client visits (7b)**.
- **PART IV:** Mark one tick for each complaint for the *current* health visit.
 - For example, if a client has diabetes and receives a regular blood sugar check, only mark Blood sugar check. Do not mark diabetes unless the client is currently having symptoms consistent with an exacerbation of diabetes.
 - **IMPORTANT:** For medication refill, mark one tick for EACH medication supplied.
- **Part V:** Mark client referrals, if made, for each health-related visit.
- **Functional/Access Needs:** Mark each identified individual need based on the CMIST model ONCE per 24-hour period.
- Print your name and provide contact information on the bottom of the form.
- Submit by 4 p.m. local time.
 - Email scanned copy or smartphone photo to DisasterHealthSvcs@redcross.org and to Disaster Health Services Lead.

Thank you!



Complete the mortality form for all known mortalities related to a disaster: This information should be obtained from a medical examiner, coroner, hospital, funeral home, or Disaster Mortuary Team (DMORT) office. Please complete one form per deceased. Send copy to DisasterHealth Svcs@redcross.org.

Part I: GENERAL INFORMATION	<p>Q1. Disaster operation number: The unique number assigned by Red Cross headquarters to identify a disaster response. Usually of the format ###-##, where the first three-digits (including left zeros) are unique and two digits after the dash usually represent the year.</p> <p>Q2. Source of information: Source used to complete form. Note 'Confirmed' if the cause of death was disaster-related as confirmed by a medical examiner/physician or other source (indicate).</p> <p>Q3. Report date: Date the mortality survey form is completed by the Red Cross. Use MM/DD/YYYY format</p> <p>Q4. Name: Deceased name.</p> <p>Q5. Date of birth: Date of decedent's birth in MM/DD/YYYY format</p> <p>Q6. Age in years: If age is less than one year, enter no numeric information and mark the circle to indicate '< 1 year.'</p>
Part II: DECEASED INFORMATION	<p>Q7. Residential address of deceased: Decedent's home address prior to the disaster event.</p> <p>Q8. Date of Death and Date of Body Recovery: Date of death in MM/DD/YYYY format. Date of body recovery in MM/DD/YYYY format. Indicate if Date of Death and Date of Body Recovery are same. If missing, indicate.</p> <p>Q9. Race: Decedent's race. Mark all that apply</p> <p>Q10. Ethnicity: Decedent's ethnicity (e.g., Hispanic, non-Hispanic).</p> <p>Q11. Gender: Decedent's sex (i.e., male, female).</p> <p>Q12. Location of injury. Type of structure, address, and zip code of where the injury occurred. If different than #7, please note.</p> <p>Q13. Location of death. Type of structure, address, and zip code of where the deceased was physically located at the time of death. If different address than #7, please note different address.</p> <p>Q14. Mechanism of Injury. Indicate the mechanism that led to the death (mechanism that best describes the cause of death). If 'Other,' please specify.</p> <ul style="list-style-type: none"> • Burn—Includes but not limited to burns sustained due to contact with chemicals, fires, or hot objects or substances. • Crushed in or between objects—(e.g., structural collapse—includes but not limited to building or shelter collapse). • Cut/struck by object/tool—Includes but not limited to contact or collision with inanimate objects that results in death. • Drowning—Includes but not limited to accidental drowning while in natural/flood water or following fall into natural/flood water. • Electrocution—Includes but not limited to exposure to electric transmission lines or other unspecified electric current. • Fall—Includes but not limited to falls on same level (e.g., slipping or tripping; falls involving ice and snow) or from one level to another (e.g., falls from trees, bed, stairs, roofs, ladders). • Motor vehicle/transportation—Includes collisions relating to land transport accidents (e.g., car, motorcycle). Mark main category and specify whether decedent was a driver/occupant of a vehicle or a pedestrian/bicyclist struck by a vehicle. • Poisoning—Includes accidental poisoning by and exposure to liquids or gases and ingestion of drugs or substances. Mark main category and specify using the sub-categories provided. • Assault/Violence—Includes self-inflicted. <p>Q15. Immediate cause of death—Record the cause that best describes the disease process that led to the death. Mark main category and specify.</p> <ul style="list-style-type: none"> • Asphyxia / Suffocation—Includes but not limited to suffocation due to mechanical means or oxygen-depleted environment. • Cardiovascular—Includes but not limited to atherosclerotic cardiovascular disease, heart failure. • Dehydration—Includes sensible and insensible fluid and electrolyte losses. • GI—Includes but not limited to upper and lower gastrointestinal bleeding, jaundice, hepatoma, and pancreas. • Neurological—Includes but not limited to central nervous system infectious disease, seizure disorder, intracerebral hemorrhage, cerebral infarction, and stroke. • Renal failure—Includes kidney failure and other disorders of the renal system. • Respiratory failure—Includes but not limited to COPD, pneumonia, asthma, and pulmonary embolism. • Sepsis—Includes systemic infection. • Temperature extremes—Heat-related injury—Excessive environmental exposure to heat indicated as the cause of death (e.g., heat stroke) and hypothermia or cold-related injury—Excessive exposure to cold indoor or outside temperatures. • Trauma—Indicate head injury and multiple injuries separately. If both, check both.
Part III: CAUSE AND CIRCUMSTANCES OF DEATH	<p>Q16. Disaster-relatedness of death, 'unsafe or unhealthy conditions' may include but are not limited to hazardous road conditions, contaminated water supplies, scattered debris. 'Disruptions of usual services' may include but are not limited to utilities, transportation, environmental protection, medical care, or police/fire.</p> <p>Q17. Work-relatedness—Indicate if this death occurred while the person was working as part of the disaster response or clean up.</p> <p>Q18. Circumstance of death—Short narrative of the death and preceding events. If possible, include whether or not a warning was received (e.g., siren), any actions taken by the decedent/family prior to the death (e.g., went to the basement), how they died (e.g., decedent thrown 100 yards outside by tornado), the location where the body was found, etc.</p>

Complete one form per decedent. Email form to DisasterHealth Svcs@redcross.org.



Shelter Dormitory Registration
To be Completed by Dormitory Workers

Family Name _____ SRT Triage Color (completed by SRT): circle (G Y R P)
 Incident/DR#: _____ Shelter Name/Location: _____

Question to ask each client:
 Is there anything urgent that you or your family need right now, or in the next 6-8 hours? This may include medications, diapers or baby formula, health/cultural/religious dietary meals, or other support for a health, mental health, disability, or other condition.
 If the client has identified needs make an appropriate referral and record in the shelter log. **If a client discloses that they must register with a government agency, please notify the Shelter Manager or Shift Supervisor immediately.**

Primary Phone, Relay Service, and/or Email:			
Primary Language (circle) English Spanish German Tagalog (Filipino) Chinese (Mandarin, Cantonese, Hokkien) American Sign Language Arabic Korean Russian Vietnamese French/French Creole Other:			
If Not English, Any Family Member Present Who Speaks English? (circle): Yes No			
Name (Last, First)	Arrival Date	Room/Cot	Actual Departure Date
Number of Animals by Type: Dog ___ Cat ___ Small Animal ___ Reptile ___ Bird ___ Other: ___ Total Pets: _____			
Pet Location: <input type="checkbox"/> Co-Located <input type="checkbox"/> Off Site Partner Location <input type="checkbox"/> Other:			

Shelter Resident Transition

To be Completed by SRT Workers (5 min – 10 min)

Question	Points	Total	Question	Points	Total
What is your pre-disaster housing situation?	Owned – 0 Facility/Group Home – 0 Renter – 2 Precariously housed – 2 Homeless – 15		Is your household larger than 4 individuals?	Y – 1 N – 0	
Have you experienced homeless in the last year?	N – 0 Y – 4		Does the household have home or renter's insurance?	Y – 0 N – 1	
Is your home destroyed or has major damage?	Y – 1 N or Unknown – 0		Does the household have any source of income?	Y – 0 N – 1	
If not destroyed or major damage, is your house accessible and safe to occupy?	Y or Unknown – 0 N – 1		Does the household currently receive financial assistance to support daily living? (ex. HUD voucher, unemployment, SNAP)	Y – 1 N – 0	
Does your household have a near-term (next 5 days) solution to transition?	Y – 0 N – 1		Does any member of the household have cognitive, physical, or emotional needs that may impact recovery?	Y – 2 N – 0	
<i>Green = 0 – 3</i>	<i>Yellow = 4 – 7</i>	<i>Red = 8 – 14</i>	<i>Purple = 15+</i>	Total pts	
RC Care Case Number(s) (if applicable):					

CMIST

To be Completed by DHS Workers

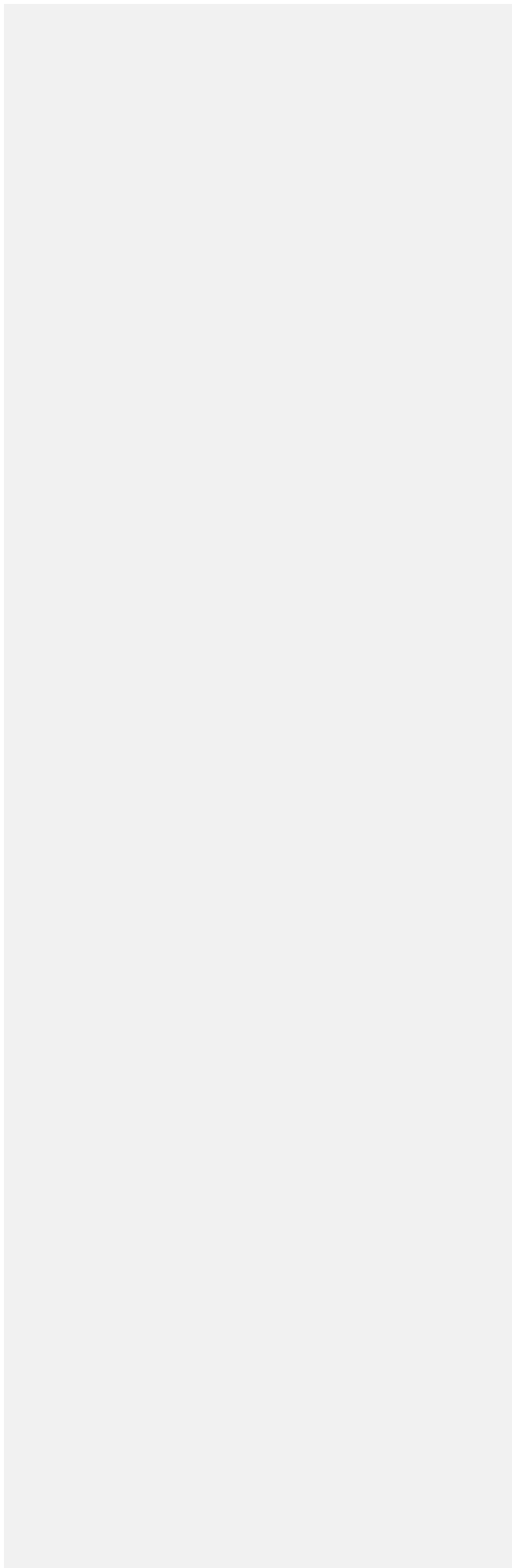
Communication	Maintaining Health
<input type="checkbox"/> Access to auxiliary communication service	<input type="checkbox"/> Health/ Religious/ Cultural dietary needs <input type="checkbox"/> Food Allergies _____ (type)
<input type="checkbox"/> Access to auxiliary communication device	<input type="checkbox"/> Medical supplies and/or equipment for everyday care (including medications) <i>not</i> related to mobility
<input type="checkbox"/> Replacement of auxiliary communication equipment	<input type="checkbox"/> Assistance with medical care normally provided in the home <input type="checkbox"/> Allergies (environmental or other high risk) (type)
<input type="checkbox"/> Identify accompanying communication support person who will help with: (Describe support to be provided, i.e., interpretation, translation, and include language/communication need supported – ASL, Spanish, non-verbal communication, etc.)	<input type="checkbox"/> Support for pregnant women
	<input type="checkbox"/> Support for nursing mothers
	<input type="checkbox"/> Infant care availability
	<input type="checkbox"/> Access to a quiet area
	<input type="checkbox"/> Access to a temperature-controlled area
	<input type="checkbox"/> Mental health care (e.g., anxiety and stress management)

Independence	Services Support and Self Determination
<input type="checkbox"/> Durable medical equipment for individuals with conditions that affect mobility	<input type="checkbox"/> Adult personal assistance services
<input type="checkbox"/> Power source to charge battery-powered assistive devices	<input type="checkbox"/> Child personal assistance services
<input type="checkbox"/> Bariatric accommodations	<i>*Includes general observation and/or assistance with non-medical activities of daily living, such as grooming, eating, bathing, toileting, dressing and undressing, walking, etc.</i>
<input type="checkbox"/> Service animal accommodations	

Transport	Actions:
<input type="checkbox"/> Transportation to designated facility for medical care / treatment	<input type="checkbox"/> No needs identified
<input type="checkbox"/> Transportation for non-medical appointment	<input type="checkbox"/> Contact Shelter Manager
	<input type="checkbox"/> Contact Disaster Mental Health Services
	<input type="checkbox"/> Agency, <i>please provide agency name</i>

Actions Taken / Other Notes:

After the Shelter Closes, please return this form to the HQ Sheltering Manager for Processing





**HEALTH SERVICES
CONFINED OR HOSPITALIZED CLIENT LIST**

Name (First, Last)	Address:	Illness or Injury:	Date Admitted:	Reason Confined:	Place Confined Phone Number:	Hospital Contact:	Date Released:
Age:	Phone Number:						
Name (First, Last)	Address:	Illness or Injury:	Date Admitted:	Reason Confined:	Place Confined Phone Number:	Hospital Contact:	Date Released:
Age:	Phone Number:						
Name (First, Last)	Address:	Illness or Injury:	Date Admitted:	Reason Confined:	Place Confined Phone Number:	Hospital Contact:	Date Released:
Age:	Phone Number:						
Name (First, Last)	Address:	Illness or Injury:	Date Admitted:	Reason Confined:	Place Confined Phone Number:	Hospital Contact:	Date Released:
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Name (First, Last)	Address:	Illness or Injury:	Date Admitted:	Reason Confined:	Place Confined Phone Number:	Hospital Contact:	Date Released:
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Age:	Phone Number:						

Disaster Health Services Confined or Hospitalized Client List (rev. 06/06)

American Red Cross

Shelter Dormitory Registration
To be Completed by Dormitory Workers

Family Name _____ SRT Triage Color (completed by SRT): circle (G Y R P)
 Client/DR#: _____ Shelter Name/Location: _____

Question to ask each client:

Is there anything urgent that you or your family need right now, or in the next 6-8 hours? This may include medications, diapers or baby formula, health/cultural/religious dietary meals, or other support for a health, mental health, disability, or other condition.

If the client has identified needs make an appropriate referral and record in the shelter log. **If a client discloses that they must register with a government agency, please notify the Shelter Manager or Shift Supervisor immediately.**

Primary Phone, Relay Service, and/or Email:						
Primary Language (circle)	English	Spanish	German	Tagalog (Filipino)	Chinese (Mandarin, Cantonese, Hokkien)	
American Sign Language	Arabic	Korean	Russian	Vietnamese	French/French Creole	Other:
Does anyone in your household speak English, Any Family Member Present Who Speaks English? (circle):	Yes	No				
Name (Last, First)	Arrival Date	Room/Cot	Actual Departure Date			
Number of Animals by Type:	Dog	Cat	Small Animal	Reptile	Bird	Other: _____ Total Pets: _____
Location:	<input type="checkbox"/> Co-Located <input type="checkbox"/> Off Site Partner Location <input type="checkbox"/> Other: _____					

Shelter Resident Transition

To be Completed by SRT Workers (5 min – 10 min)

Question	Points	Total	Question	Points	Total
What is your pre-disaster housing situation?	Owned – 0 Facility/Group Home – 0 Renter – 2 Precariously housed – 2 Homeless – 12		Is your household larger than 4 individuals?	Y – 1 N – 0	
			Is the head of household a US citizen, non-citizen national, or qualified non-citizen? (Required for Federal assistance, not Red Cross)	Y – 0 N – 2	
Have you been homeless in the last year?	N – 0 Y – 12		Does the household have home or renter's insurance?	Y – 0 N – 1	
Has your home destroyed or major damage?	Y – 1 N or Unknown – 0		Does the household have any source of income?	Y – 0 N – 1	
Has the household currently receiving...			Does the household currently receive...		