

COUNTY OF SANTA CRUZ
Health Services Agency
Public Health Division



SHELTER SUPPORT PLAN

June 2019



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1. PLAN OVERVIEW

The Shelter Support Plan is the framework for providing temporary emergency relief to disaster victims involving a range of services under the purview of the County of Santa Cruz Health Services Agency (HSA). The Shelter Support Plan is a component of the County of Santa Cruz Emergency Operations Plan (EOP) that identifies responsibilities for the provision of emergency health services in support of local government's care and shelter response plan. HSA programs areas below may be called upon to provide the following disaster response functions:

- **Behavioral Health** -- County Behavioral Health Services will assess behavioral health issues and provide behavioral health services to support the needs of disaster victims.
- **Emergency Medical Services** – Emergency Medical Service (EMS) provides administration and coordination for all aspects of emergency medical services, including the evacuation, treatment and transport of casualties via ambulance services.
- **Environmental Health** -- Manages public health issues related to ensuring safe water, food and sanitation conditions, and will assist in dealing with hazardous materials release.
- **Public Health** -- Manages the health care response to the disaster including the implementation of any critical public health orders (such as isolation or quarantine, if necessary).
- **Clinics** – County Clinics may assist with medical care and treatment as needed.
- **Finance** – Manages the dissemination and collection of fiscal information, forms, resources, purchasing, record keeping and reimbursement processing.



2. PURPOSE

The purpose of this document is to provide a plan that addresses the support roles and responsibilities of HSA in emergency mass care and sheltering incidents. The County of Santa Cruz Human Service Department (HSD) in coordination with the Office of Emergency Services (OES) is the lead for Mass Care and Sheltering which is classified federally and in the State of California as Emergency Support Function (ESF) 06. HSA Divisions include Behavioral Health, Clinics, Environmental Health and Public Health. Each division provides support and subject matter expertise when requested by County officials (Board of Supervisors - BOS, County Administrative Officer-CAO, General Service Division-GSD/Office of Emergency Services-OES, HSD) engaged in incidents requiring activation of emergency shelters and/or mass care. The objectives of this plan are:

- Outline HSA and division support roles and responsibilities in emergency mass care and sheltering incidents
- Ensure the ability of HSA Division leadership to train and equip pre-identified staff to assess, respond, provide subject matter expertise, treat and care for the wide range of medical-health, behavioral, environmental and clinical issues that arise in emergency mass care/sheltering incidents.
- Provide the tools for participating division staff and support personnel to deploy and deliver essential medical-public health, behavioral, environmental and clinical care shelter support services in the event of a disaster
- Provide a guide for coordination of essential HSA health support services with response partners

This plan is consistent with the National Incident Management System (NIMS) and the State of California Standardized Emergency Management System (SEMS). It is compliant with the Americans with Disabilities Act (ADA). Persons with access and functional needs shall have access to mass care and shelter, services, and facilities.



3. AUTHORITY

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 (SEMS) 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.

A city or the County may open an emergency shelter upon direction of designated officials. A city in the operational area may request medical-health assistance through OES when their needs exceed their resources. An emergency shelter is opened by OES in coordination with county officials and primary shelter management organizations including Human Services Department and the American Red Cross when available. An emergency shelter may be opened with/without a formal Declaration of a Public Health Emergency or a Proclamation of a Local Emergency.

FEDERAL

- The Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, as amended
- Post-Katrina Emergency Management Reform Act of 2006
- Pets Evacuation and Transportation Standards Act of 2006
- Americans With Disabilities Act of 1990, as amended
- Rehabilitation Act of 1973, as amended
- National Response Framework, 2016
- National Incident Management System (NIMS)
- Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters (FEMA)

STATE

- California Emergency Services Act, California Government Code § 8550-8668
- Health and Safety Code § 34070
- Standardized Emergency Management System (SEMS)
- California Government Code § 8593.3 (2016) – Accessibility to Emergency Information and Services

LOCAL

- MOUs between County of Santa Cruz HCC, EOC, ARC, etc. to be finalized in collaboration with HSD Shelter Planning team



4. DEFINITIONS

DOC – Department Operations Center, an entity within HSA

EOC - Emergency Operations Center, an entity under General Services Division

Shelter: A general population shelter is opened within the first 72 hours of an emergency or disaster. It is designed to provide temporary shelter from one to thirty days. The shelter may be established by private, non-governmental organizations (NGO), community or faith-based organizations. However, it is the legal responsibility of local government to ensure that displaced populations receive care and shelter. A general population shelter is intended to provide the following essential universal services for the entire affected population:

- Feeding and hydration
- Basic hygiene/sanitation
- Sleep/dormitory/temporary housing
- Basic medical/behavioral health services
- Universal design to accommodate those with access and functional needs
- Accommodation for service animals
- Supply distribution
- Safety and security

Local Shelter: A shelter located in a single community designed to serve people from that community

Transitional Shelter: A site that provides personal care stations/warming/cooling shelters

Mega Shelter: A shelter designed to meet the mass care/shelter needs of large populations. Examples of mega shelters include the Astrodome in Texas following Hurricanes Katrina and Rita.

Pet or Large Animal Shelter: A shelter designed to house and feed pets/service animals which may/may not be co-located in the proximity of human shelter.

Medical Shelter: A shelter designed to support people needing medical assistance, pharmacological, non-surgical medical and personal care assistance. Real world incidents have seen sections of general population shelters designated to those requiring medical assistance rather than separate facilities due to staffing, equipment and resource capacity. Medical-health issues may be addressed by credentialed personnel including Medical Reserve Corps (MRC) volunteers when feasible up to the level of their current licensure.



5. ASSUMPTIONS

1. The **Shelter** will have trained staff to manage and operate the facility.
2. Private non-profit organizations and community-based organizations that normally respond to disaster situations will do so, e.g. American Red Cross, Salvation Army, Medical Reserve Corps (MRC), Community Emergency Response Teams (CERT), and the faith community.
3. Neighborhood organizations, local groups, and individuals, will spontaneously arrive to provide care and shelter support, independent of local government.
4. The duration and scope of government involvement will be proportionate to the severity and duration of the event.
5. The percentage of the impacted population seeking shelter during an emergency is dependent on the incident. Based on longitudinal experience of the American Red Cross, approximately 10-15% of the impacted population will seek shelter or sheltering assistance.
6. Depending on the incident, a percentage of the population seeking shelter will have access and functional needs. Individuals in need of additional assistance may include:
 - elders
 - medically fragile or dependent
 - limited English proficiency or with other language capability
 - limited mobility or hearing or vision impairment
 - unaccompanied minors
 - behavioral health issues
7. Service animals remain with the persons to whom they are assigned throughout every stage of emergency assistance and are allowed in the human shelter. Service animal owners are expected to help care for their animals by keeping them clean, managing the animals' wastes, and promoting good behavior within and around the shelter
8. Depending on the scope of the event, State and Federal emergency agencies may be requested to assist.



6. PLAN DEVELOPMENT AND MAINTENANCE

County of Santa Cruz HSA is responsible for the maintenance, revision, and distribution of the department Shelter Support plan and any subsidiary plans and tools. HSA has established a process to review, update and revise the shelter plan. Public Health Emergency Preparedness Unit will assess the need for revisions annually as staffing allows and make revisions at least once every two years in case of the following:

- Change in operational resources
- Formal update of planning guidance or standards
- Change in local, state or federal governance structure
- Plan activation or major exercise

A combination of training, exercises and real-world incidents may be used to determine whether the goals, objectives, decisions, actions and timing outlined in the plan lead to a successful response. After Action Reports and Improvement Plans should guide plan revisions.

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7. PLAN ACTIVATION

7.1 Triggers

Situations that could lead to a decision to activate the Shelter Support Plan include:

- A federal or state-declared emergency that necessitates emergency mass care and sheltering
- A large event that impacts multiple communities in the county
- A situation where local municipalities have exhausted local sheltering resources and cannot meet the needs of the sheltering population
- Request from Board of Supervisors, American Red Cross, OES/EOC, Public Health Officer/Director, Medical Health Operation Area Coordinator (MHOAC), Healthcare Coalition partners, or other stakeholders

OES will choose which shelter(s) to open based on the:

- Type of event (e.g. earthquake, fire, flooding, power outage, biochemical release, etc.)
- Anticipated need for sheltering - # people, access & functional needs, pets/service animals, etc.
- Length of sheltering
- Resources available for sheltering
- Pre-determined list of shelter locations

It is recommended that Shelter locations be pre-determined with evacuation and transportation routes to and from health care facilities clearly identified.

7.2 Reimbursable Expenses

Reimbursement for expenses incurred during shelter operations is allowed through FEMA's Public Assistance Grant Program if when a declared emergency exceeds certain thresholds of impacts. Volunteer time can be used to offset required matching funds; tracking everyone's time and other donations is important. The Finance Section Chief will work closely with other Incident Command System positions to ensure compliance with all reporting and record keeping requirements.

7.2.1 Pets, Large Animals, and Service Animals

State and local governments that shelter affected populations from areas with declared disasters can seek reimbursement for *eligible household pet and service animal-related costs* through FEMA. The Pets Evacuation and Transportation Standards (PETS) Act outlines eligible sheltering expense reimbursements including pet shelters, veterinary care, and animal care staff expenses.



8. SHELTER OPERATIONS

8.1 Incident Command

The Sheltering entity shall follow incident command structure which can be scaled to meet varying demands. Health Service Agency Divisions are identified as support partners in emergency mass care and shelter operations.

Healthcare personnel may be a resource that is requested by the Shelter Manager to the EOC should the EOC be activated. If the EOC is activated, the Operations Section shall likely be activated.

If HSA or its divisions have activated the Department Operations Center (DOC), requests for emergency mass care and shelter support may be made through the Liaison Officer, DOC Manager, PH Health Officer and WebEOC. *See Attachment A. ICS Organization Chart*

8.2 Standard Operating Guidelines

Shelter set-up, operations and management are the responsibility of OES. Human Services Department roles and responsibilities are described in state sheltering guidelines and shall be detailed in a revised operational area EOP. Standard Operating Guidelines focus on three key areas:

8.2.1 Initial Response Actions

Conduct Incident Response Assessment Meeting (IRAM): OES and HSD may contact HSA Director, Health Officer, MHOAC, Division leadership or their designee to determine the initial need and level of mass care/sheltering support required.

Identify Relevant Response Partners: Office of Emergency Services (OES); Human Services Department (HSD); Behavioral Health, Public Health; Functional Assessment Service Team (FAST); Environmental Health; Emergency Medical Services Agency (EMSA); Medical Reserve Corps (MRC), Community Emergency Response Teams (CERT); American Red Cross (ARC); Community Base Organizations (CBOs); Faith Based Organizations (FBOs).

Establish Command and Control:

1. Clarify which departments, divisions, organizations shall be notified
2. Clarify which departments, divisions, organizations shall be/are activated
3. Determine who (Incident Commander) is in charge/responsible as the lead for the emergency shelter and mass care response
4. Determine if the support response is requested to be a part of a Unified Command or Single Command.



Determine Risk Communications and Emergency Public Information and Warning:

1. The Incident Commander shall clarify the level of risk communication activation, e.g. JIC/JIS activation, Integrated Public Alert Warning System (IPAWS), social media, and web media
2. Clarify what positions are to be activated: EOC; HSA DOC; Shelter Support Task Force; Health Officer, MHOAC or other subject matter experts

8.2.2 Operations

- Incident Command principles and roles are followed
- Determine staffing needs and operational period objectives. **See Attachment A. ICS Organization Chart**
- All staff must sign-in and complete activity log. **See Attachment B.1. Activity Form ICS 214**
- Environmental Health Shelter Facility Walk-through/Assessment: **See Attachment B.4. EH Shelter Assessment Form**
- Registration: All residents must sign-in upon entry and sign-out when leaving
- Assess and request staffing and level of medical care needed. **See PHN Assessment Forms**
- Public Health oversees assessment and triage of medically dependent, chronic vs. acute, prescription and durable equipment needs, disease outbreak, and surveillance
- Behavioral Health oversees assessment, crisis triage, and begins case management
- Environmental Health oversees sanitation, potable water, food handling, wastewater, vector surveillance, building re-entry, outdoor assessment, solid waste, hazardous materials/waste, facility safety, and air quality
- Follow standard disease and medical care protocols per standing orders

Shelter logistical needs and resources are managed by Human Service Department with EOC coordination.

8.2.3 Recovery

- Health, safety or emergency orders are issued, revised or terminated (e.g. isolation, quarantine): Public Health lead agency
- Demobilization (e.g. shelter cleaning and closing): GSD/OES lead agency with Environmental Health support
- Forms and record keeping: Finance units may incur significant additional workload if reimbursement becomes available
- Each department conducts its own hot-wash debrief, After Action Report, and Improvement Plan
- Return to normal operations adjust workload



The County Emergency Management Plan states the following in regard to mass care/sheltering:

“Medical/Health: This branch manages all medical mutual aid requests and resources in consultation with the EOC Coordinator. The Medical/Health Branch functions as a liaison with medical resources throughout the County and is staffed by the Health Services Agency. The branch must also manage disaster medical resources, patient distribution, and evacuation; support the provision of hospital care; support out of hospital disaster-designated emergency services; coordinate pre-hospital emergency services; and support temporary field treatment sites. This branch is responsible for ensuring public health, controlling outbreaks of diseases, and maintaining the safe supply of food and water. This branch also coordinates the mental health dimensions of crisis and public panic.”

Human Services Department: In consultation with the EOC Coordinator, this branch will coordinate care and shelter mutual aid requests and resources. Staffed by the Human Resources, this branch coordinates the mobilization, supply, operation, and demobilization of care and shelter sites and coordinates registration and utilization of volunteer resources throughout the county. This involves close cooperation with other emergency organizations such as the American Red Cross, Salvation Army, and a variety of community-based human resource organizations.



9. POLICIES AND PROCEDURES

Policies and procedures during an emergency shelter response are listed in the following guidelines:

SHELTER POLICY	
	Guidelines
<input type="checkbox"/>	No one may be turned away from any general population shelter operated by County departments unless they are a threat to themselves or others.
<input type="checkbox"/>	All staff should receive Just-In-Time training on Safety Protocols and Procedures.
<input type="checkbox"/>	Documentation of residency is not required.
<input type="checkbox"/>	<p>Resource Requests per SEMS:</p> <ul style="list-style-type: none"> • Shelter Manager contacts EOC to request staff, equipment, supplies, transportation, and other needs. • EOC contacts MHOAC to request additional medical-health resources. • MHOAC or RDMHS relays resource requests to other counties/regions OR to the state operation center (SOC), when local resources are depleted.
<input type="checkbox"/>	<p>Authorization to Distribute Medication:</p> <p>Personnel authorized to dispense medication will be determined by the Shelter Manager, in consultation with the Health Officer in accordance with standing orders. Proof of medical personnel credentials required.</p>
<input type="checkbox"/>	<p>Standing Orders:</p> <p>A County authorized shelter operates medically under standing orders from the Health Officer.</p> <p>In state declared emergencies, standing orders and protocols may be issued by the Department of Public Health to medical practitioners. Altered standards of care may be issued by the State.</p>
<input type="checkbox"/>	<p>Additional Assistance:</p> <p>Persons requiring additional assistance may remain in the shelter with reasonable accommodations made available whenever possible to provide inclusive and least restrictive environments.</p>



IDENTIFICATION	
<input type="checkbox"/>	<p>Shelter residents are <u>requested</u> to register and provide an acceptable form of identification, if available, at registration. Acceptable forms of identification include these original documents (not copies):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Driver's License (Real ID) <input type="checkbox"/> State Issued ID <input type="checkbox"/> School Identification Card <input type="checkbox"/> Valid Passport <p>Unacceptable forms of identification:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Social Security Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Expired Passport <input type="checkbox"/> Yearbook <input type="checkbox"/> Written physical description
CONFIDENTIALITY/ HIPAA	
<input type="checkbox"/>	<p>Media: No personnel associated with Shelter Operation will speak to the press without authorization of the Incident Commander (IC).</p>
<input type="checkbox"/>	<p>Media: Will not be allowed at the Shelter site. Press conference will be scheduled as needed at an off-site location.</p>
<input type="checkbox"/>	<p>Shelter Personnel: Will protect patient/client confidentiality at all times. HIPPA privacy standards shall be in effect whenever possible.</p>
SAFETY	
<input type="checkbox"/>	<p>PPE: All staff and volunteers will use universal precautions at all times. Additional PPE requirements will be determined by the Shelter Manager, IC, in consultation with Public Health, Environmental Health and Safety Officer recommendations.</p>
<input type="checkbox"/>	<p>Emergency Medical Services: Shall participate based upon request and availability.</p>
<input type="checkbox"/>	<p>First Aid: Identify location of First Aid Kits.</p>
<input type="checkbox"/>	<p>AED: If Automated External Defibrillators (AEDs) are available have instruction on location and instructions for use posted.</p>



REGISTERED SEX OFFENDERS IN DISASTER SHELTERS	
<input type="checkbox"/>	During shelter registration, the sex offender should disclose the information. Local law enforcement should work with registration and the security officer to determine what is best for the safety of those in the shelter. It will need to be reviewed on a case-by-case basis.
VOLUNTEERS	
<input type="checkbox"/>	Pre-credentialed Medical Reserve Corps (MRC) volunteers may be activated under the Disaster Healthcare Volunteer (HCV) program by Public Health.
<input type="checkbox"/>	Spontaneous Unaffiliated Volunteers (SUVs) shall not be accepted due to the vulnerability of sheltered persons and protection of privacy. SUVs may be referred to American Red Cross or other volunteer organizations.

CHILDCARE SAFETY	
<input type="checkbox"/>	If a Childcare Area has been established, when children are present, at least two adults must be present at all times. No child should be left alone with one adult who is not its parent, guardian, or caregiver.
<input type="checkbox"/>	The Childcare Unit Leader, whenever possible, should be at least 21 years of age and all staff members should be at least 18 years old.
<input type="checkbox"/>	Children will only be released to the parent, guardian, caregiver or designee listed on the registration form.
<input type="checkbox"/>	The parents, guardians or caregivers are responsible for identifying any special needs for the child/children (food allergies, behavioral issues, medications, etc.).
SHELTER RULES	
<input type="checkbox"/>	For your safety all staff, clients and visitors must sign in and sign out.
<input type="checkbox"/>	You are responsible for your belongings. Keep valuables locked but not visible in cars or keep them with you, on your person, at all times. The shelter is not responsible for lost, stolen, or damaged items.
<input type="checkbox"/>	All bags and persons are subject to security checks and screenings.
<input type="checkbox"/>	Parents are responsible for controlling the actions and whereabouts of their children. Children under 10 years of age may not be left unattended.
<input type="checkbox"/>	Unaccompanied minors should be assigned a shelter support liaison whenever feasible.



<input type="checkbox"/>	Keep noise levels to a minimum during all hours of the day. Quiet hours for all residents are observed between 10:00 pm and 7:00 am.
<input type="checkbox"/>	Personnel Policies
<input type="checkbox"/>	Disaster Service Worker policies may be activated and enforced.
<input type="checkbox"/>	Stand Down Orders
<input type="checkbox"/>	Demobilization: proceed to finalize all records of personnel, equipment and supplies to gather what was expended and restore operations to normal functions.

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10. ATTACHMENTS

A. Shelter Support Task Force Guide

Introduction

During a major emergency, large numbers of individuals may be displaced and require shelter within our community. While shelters are not expected to administer healthcare services in the traditional sense (such as surgery), triage and surveillance are vital for identifying potentially contagious individuals and others requiring medical-health support. The close proximity of displaced individuals and staff in conjunction with a decrease or lack of routine sanitary services and/or austere conditions can increase the risk of disease transmission. Mass Care and Emergency Shelter conditions can contribute to the transmission of communicable diseases as evidenced in shelters opened in response to recent catastrophic wildfires in California. Outbreaks of disease are more frequent and more severe when the population density is high.¹

To reduce the risk of secondary disease transmission in shelters, staff should implement appropriate infection prevention and control measures. These measures are standard operating procedures (SOP) as are the use of universal precautions and personal protective equipment (PPE) by HSA staff. Whenever possible, standard infection control practices should be employed at all types of facilities, even though traditional healthcare infrastructure may not be provided at the site.

Medical-health disaster response strives to decrease the risk of disease and support those with medical conditions to function in the least restrictive environment available. In order to help provide an increased measure of resilience against the spread of disease, it is recommended that shelter equipment be easy to clean and disinfect.

This document consists of guidelines that can be used for preparedness and response to potential emergencies involving infection control issues within shelters. It is designed to be used as a field guide for specific HSA staff that will form the **Shelter Support Task Force**. HSA is comprised of staff with diverse backgrounds and expertise which may be needed to support individuals in emergency shelters.

Concept of Operations

The HSA Shelter Support Task Force may be deployed by the Health Officer, MHOAC or DOC upon request from the Emergency Operation Center (EOC) Care and Shelter Branch during an incident that requires a coordinated response to mass care and sheltering. Procedures pertaining to this function are consistent with the National Incident Management System

¹ World Health Organization:
https://www.who.int/water_sanitation_health/emergencies/qa/emergencies_qa9/en/



(NIMS), Standardized Emergency Management System (SEMS), and the Incident Command System (ICS).

This plan is based upon the concept that the incident management functions that must be performed by HSA personnel will generally occur in parallel to some of their routine day-to-day functions and licensure. Because personnel and equipment resources are limited, some routine functions, during emergency events may be suspended. The personnel, equipment, and supplies that would typically be required for those routine functions may be redirected to accomplish assigned incident management tasks.

- Incident Command System (ICS):

Health Services Administration staff are Disaster Service Workers (DSW) and may be activated to support the County response to an incident. In a major emergency or disaster, members of our community may be displaced, injured, and/or other incident management activities may need to be initiated. These activities must be organized and coordinated to ensure efficient incident management. This plan follows California's Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS) including Incident Command System (ICS).

- Initial Response:

During a large event affecting unincorporated areas of the county, or when more than one jurisdiction is impacted and multiple shelter sites are needed, coordination of shelter facility selection and operations will occur at the EOC. Affected incorporated cities and relevant partner organizations/agencies may own or manage the facilities, however, when the scope of the emergency rises to this level, mass care and sheltering will be coordinated through the EOC.

Organization and Assignment of Responsibilities

The County of Santa Cruz under the direction of the County Health Officer, has gathered information from recent real-world disasters to identify and clarify the roles and responsibilities of the divisions and subject matter experts for support in mass care/sheltering incidents. The primary response divisions that can provide specialized support include: Behavioral Health, Clinics, Environmental and Public Health. Within these divisions, there are positions that have the skill sets needed in the evacuation and housing of displaced persons. Therefore, a Shelter Support Task Force team concept was developed to coordinate the immediate response of HSA staff to a request for shelter support.

A. BEHAVIORAL HEALTH

Crisis counseling resources are typically needed following a disaster. Behavioral Health Services will assign licensed professionals to provide behavioral health support services upon request and activation of the Shelter Support Task Force. Behavioral Health provides assessment, counseling and support to individuals with emphasis on



Psychological First Aid and risk reduction techniques. Behavioral Health Shelter Support Task Force members may coordinate resources for the continuation of care and treatment of current clients within the Mental Health System that are impacted by disaster.

Notification and Activation

- CAHAN, Text, telephone or other contact by HO, DOC Director, BH Director

Tool Kit - 1. Shelter Support Plan, 2. Job Action Sheet (JAS), 3. Go-Kit, 4. Assessment Documents, 5. Medication List

Deactivation/Demobilization

Ensure that you are signing out, retrieve all belongings, communicate next destination, who has your next shift, make sure confidential information is retained and accounted for, put equipment back in place, and document all activities.

B. ENVIRONMENTAL HEALTH

Environmental Health monitors shelters and other service delivery sites for proper health standards. They perform inspections with regard to sanitation, potable water, food handling, wastewater, vector surveillance, building re-entry, outdoor assessment, solid waste, HazMat/Biohazards, facility safety, air quality, and other related functions. They will work with the onsite shelter team to identify, control, and eradicate harmful conditions in the environment, monitor environmental health conditions, and when necessary intervene to protect public health within the shelter. Environmental Health Specialists may be required to monitor sanitation conditions should animal sheltering be established.

Notification and Activation

- CAHAN, Text, telephone or other contact by Health Officer, DOC Director, EH Director

Tool Kit – 1. Shelter Support Plan, 2. Job Action Sheet (JAS), 3. Environmental Surveillance Forms for Shelters, 4. Go-Bag, 5. Go-Bag inventory list, 4. Directions to site

Deactivation/Demobilization

Ensure that you are signing out, retrieve all belongings, communicate next destination, who has your next shift, make sure confidential information is retained and accounted for, put equipment back in place, and document all activities.



C. PUBLIC HEALTH

Public Health is responsible for preparing for, responding to, and assisting in recovery activities to meet the disaster-related health needs of individuals and communities. The primary roles of Public Health personnel including licensed medical-health professions, emergency preparedness, and support staff in emergency shelters are to:

- Assess and triage medical-health needs of the shelter population
- Prevent the spread of communicable disease and disaster-related illness within the shelter
- Provide medical, "Standing Orders" as needed
- Conduct basic health screenings and provide medical health support
- Treat wounds and other conditions to the extent possible
- Assist with access to medication, durable medical equipment, and consumable medical supplies.
- May activate and coordinate the Medical Reserve Corps (MRC)
- May request FAST services from the state

Notification and Activation

- CAHAN, Text, telephone or other contact by Health Officer, DOC Director, MHOAC
- Obtain Standing Orders from Health Officer or their designee

Tool Kit – 1. Shelter Support Plan, 2. Job Action Sheet (JAS), 3. PHN Assessment Form, 4. Go-Bag, 5. Go-Bag inventory list, 6. Medication Lists, 7. Standing Orders, 8. Directions to site

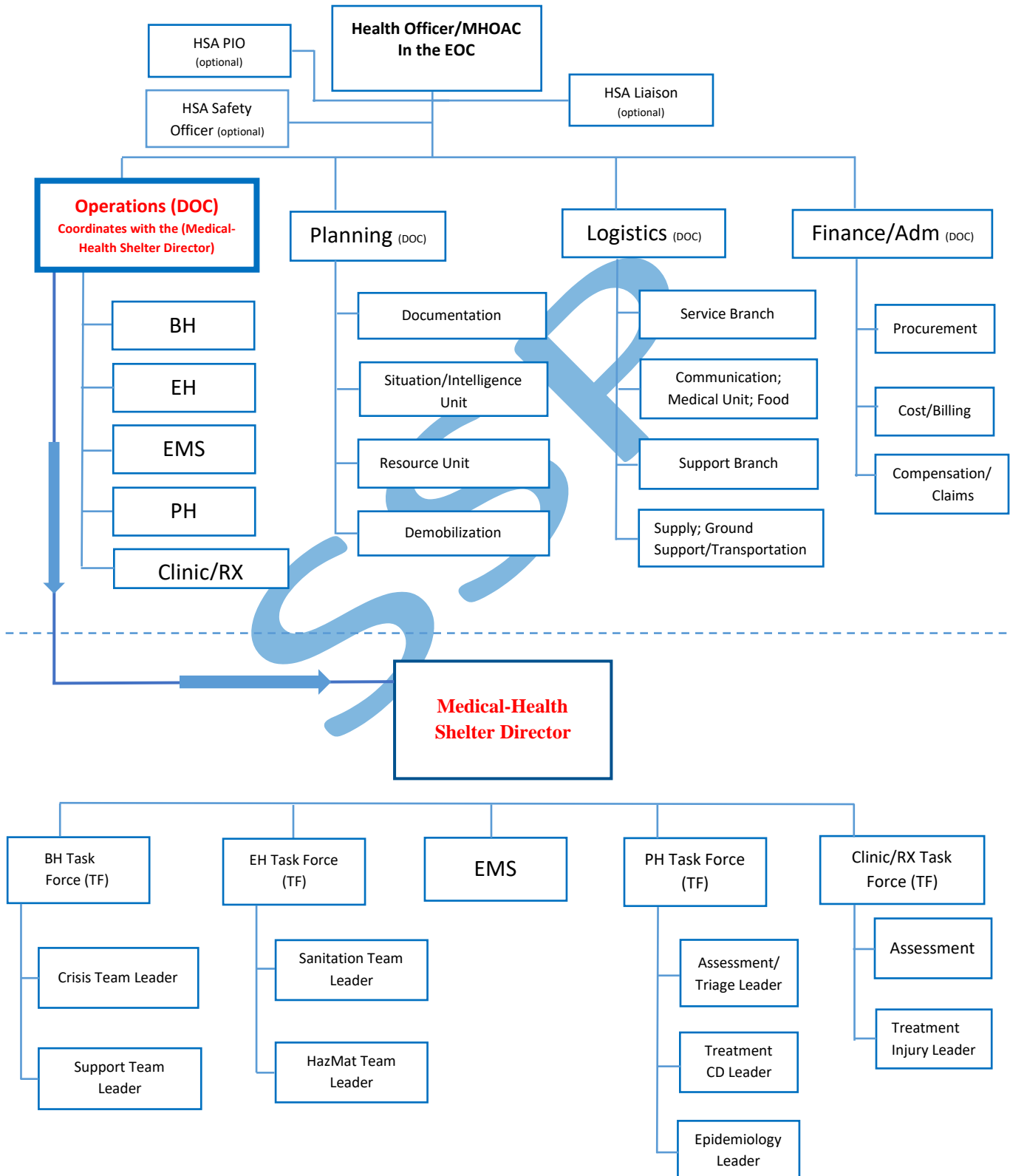
Deactivation/Demobilization

Ensure that you are signing out, retrieve all belongings, communicate next destination, who has your next shift, make sure confidential information is retained and accounted for, put medication and equipment back in secure location, and document all activities.



B. Chain of Command

Incident Command System (ICS) Organization Chart





C. Forms

1. Activity Log ICS 214

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____	
		Time From: _____ Time To: _____	
3. Name:	4. ICS Position:	5. Home Agency (and Unit):	
6. Resources Assigned:			
Name	ICS Position	Home Agency (and Unit)	
7. Activity Log:			
Date/Time	Notable Activities		
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 214, Page 1		Date/Time: _____	



ICS 214 Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after- action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Name	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	ICS Position	Enter the name and ICS position of the individual in charge of the Unit.
5	Home Agency (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	Resources Assigned	Enter the following information for resources assigned:
	<ul style="list-style-type: none"> • Name 	Use this section to enter the resource’s name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	<ul style="list-style-type: none"> • ICS Position 	Use this section to enter the resource’s ICS position (e.g., Finance Section Chief).
	<ul style="list-style-type: none"> • Home Agency (and Unit) 	Use this section to enter the resource’s home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	Activity Log <ul style="list-style-type: none"> • Date/Time • Notable Activities 	<ul style="list-style-type: none"> • Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as “Action Required,” “Delegated To,” “Status,” etc.



8	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
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SSSP



2. PHN Assessment Form

Shelter Assessment Items	
	Items
<input type="checkbox"/>	Confirm that hand-washing reminder signs are posted at locations that include, but are not limited to: <input type="checkbox"/> Food Preparation <input type="checkbox"/> Bathrooms <input type="checkbox"/> Infant
<input type="checkbox"/>	Confirm that hand washing supplies are available at locations (note any gaps):
<input type="checkbox"/>	Ensure that all waste disposal, including diapering and disposal of soiled material, is done in an appropriate hygienic manner.
<input type="checkbox"/>	Ensure that medication supply is adequate for people with chronic diseases.
<input type="checkbox"/>	Refer emergent medical issues to appropriate levels of care.
<input type="checkbox"/>	Refer mental health issues to assigned HSD or Behavioral Health staff and coordinate response with Red Cross Disaster Mental Health staff and County
<input type="checkbox"/>	Review/update communicable disease counts (<i>See Attachment B.3., Shelter</i>
<input type="checkbox"/>	Monitor for, and report, all victims of physical assault, including but not limited to: <input type="checkbox"/> Suspected Child Abuse/Neglect <input type="checkbox"/> Dependent Adult Abuse/Neglect
<input type="checkbox"/>	Monitor for miscellaneous issues in collaboration with HSD staff that include, but not limited to: <input type="checkbox"/> General Condition of the Shelter <input type="checkbox"/> Ventilation <input type="checkbox"/> Constructive Play Activities for Children
<input type="checkbox"/>	Notify EOC Care and Shelter Branch staff and law enforcement as appropriate on these assessments. Note any interventions, treatments provided or recommended here:

Completed by:

Date:



3. Shelter Assessment Form

Shelter Assessment Form				
Common Conditions	Time 0800-1959	Time 2000-0759	Referral Needed and Given (indicate to whom/where)	Check When Complete
Lice				
Diarrhea				
GI Upset				
URI				
Injury PRE-incident				
Injury POST-incident				
Violent - verbal				
Violent - physical				
Rash Illness				
Additional Specific type				
Medication needed				
Functional needs				

Completed by:

Date:



4. Environmental Health Shelter Assessment Form



County of Santa Cruz, Environmental Health
**REHS Environmental Surveillance Form for
 Shelters**

Email completed forms to:

HSA, Department Operation Center: hsadoc@santacruzcounty.us

<p>Immediate Needs Identified?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

I. ASSESSING AGENCY

Date:

_____ / _____ / _____

EH Task Force Inspector: _____ Phone: (_____) _____

Shelter Point of Contact/Manager: _____ Public Health Supervisor: _____

Email/Other Contact: _____ Report prepared: On-Site Off-Site:

II. FACILITY

Shelter Name: _____ Street Address: _____ City/Zip Code: _____

_____ / _____ Shelter Type: Community/Recovery _____ Special Needs _____ Other _____

ARC Facility: Y/N _____ Unk/NA _____ ARC Code _____

Latitude/Longitude: _____ / _____ Date Opened: _____ / _____ / _____ Date Assessed: _____

_____/_____/_____ Time: _____ AM/PM Reason for Assessment: Preoperational _____ Initial

_____ Routine _____ Other _____ Facility Type: School _____ Church

_____ Arena/Convention Center _____ Other: _____ Phone: _____

_____/_____/_____ Fax: _____ / _____ / _____ Email/Other Contact: _____

III. CENSUS DATA

Current Census: ≤2 yrs _____ 3-17 yrs _____ 18-24 yrs _____ ≥65 yrs _____ Total of all age groups: _____

Estimated Capacity: _____ Number of residents during inspection: _____ Number of Staff/Volunteers: _____ / _____ Food Preparation: On-Site Off-Site _____ Off-Site Preparation Location: _____



5. Environmental Surveillance Form for Shelters

IV. FACILITY	X	Immediate Needs	/	Comments
Structural damage (Roof, Walls, Windows, etc.)				
Security/Law enforcement adequate				
Identification required for entry				
All outside doors adequately secured				
HVAC system operational & adequate ventilation				
Hot water available, Temp.				
Electricity available				
Adequate space per person (30 ft ² /person)				
Presence of pest /vector issues				
Acceptable level of cleanliness				
Designated smoking area				
Handicap accessibility				
V. FOOD SERVICE DEFICIENCIES				
Approved/Safe food source				
Safe food handling/prep				
Clean kitchen/prep area				
Adequate food holding temperatures (≤41°F or >135°F)				
Refrigeration adequate (≤41°F)				
Food storage separate from chemicals				
Dishwashing facilities available				
Mop sink/utility sink available				
Adequate hand washing station				
Adequate formula preparation & bottle cleaning area				
Clean baby food/bottle prep area				
VI. DRINKING WATER				
Source: Municipal ↑ Pvt. ↑ Bottled ↑ Unknown ↑		Approved/safe source		Cl residual ppm
Adequate water supply (15 liters/person/day)				
Ice, protected from contamination		Approved/safe source		
Distilled water to prepare baby formula				
VII. WASTEWATER/SEWAGE				
Sewage system accessible & operational		Approved disposal facility		Municipal ↑ Private ↑
Portable Units: pumping & cleaning schedule		Handwashing facilities provided for portable units		
Adequate ventilation Adequately cleaned				

VIII. SANITATION	X	Immediate Needs	/	Comments
One hand washing station /20 persons				
One toilet/ 20 persons				
One shower/ 20 persons				
Acceptable level of cleanliness				
Adequate laundry services				



VIII. SANITATION	X	Immediate Needs	/	Comments
Covered containers in female toilets				
Adequate supply of toilet supplies				
Adequate hand towels				
Toilets maintained according to schedule				
Adequate diapering areas (one per 12 infants, clean)				
Adequate handicap facilities				
Adequate cleaning supplies				
IX. SOLID WASTE				
Approved waste containers		Disposal facility:		
Adequate number of waste containers				
Approved disposal				
Timely removal of trash and debris				
Adequate storage				
Storage area maintained, debris accumulation prevented				
X. SLEEPING AREA				
Separate area for families				
Adequate number of cots/beds/mats				
Adequate spacing of cots/beds/mats (2ft bed-to-bed, 6ft head-to-head)				
Adequate supply of bedding (one set per cot)				
Bedding changed according to schedule				
Acceptable level of cleanliness				
XI. HEALTH/MEDICAL CARE				
Yes No (If "No" skip this section)				
Type of medical services available		Reported outbreaks		
Adequate handwashing station, accessible & nearby				
Medical supplies separate from food & chemicals		Unusual illnesses / injuries		
Separate refrigeration for medicine				
Adequate security for medical supplies		Counseling services provided		
Biohazard bags & sharps containers available & adequate				
Acceptable level of cleanliness				
Adequate security for entry to patient areas				
XII. CHILDREN'S AREA				
Yes No (If "No" skip this section)				
Hand washing required for children & adults before entering & after leaving play area				
Provided toys easily cleaned, don't pose a choking hazard				
Toys cleaned/disinfected 3X daily				
Adequate child/caregiver ratio				
Adequate monitoring for security				



VIII. SANITATION	X	Immediate Needs	/	Comments
Acceptable level of cleanliness [†]				
XIII. COMPANION ANIMALS PRESENT Yes No (If "No" skip this section)				
Animal care available				
Designated animal area				
Acceptable level of cleanliness & waste removal				
Adequate food and water				
Adequate security for safety of animals				

Shelter Name _____ Date _____

Shelter Layout Diagram

SSP



6. Communicable Disease Surveillance for Congregate Living Form

Location/Site: _____ Date: _____

Recorder Name: _____

Total Day Census: _____ Adults: _____ Children <12 years: _____

Total Night Census _____ Adults: _____ Children <12 years: _____

Case Name	DOB	Onset Date	Diarrhea	Vomiting	Cough	Rash	Fever	Other	Comments

**Shelter Support Plan
Health Services Agency
Public Health Division**



A. BACKGROUND INFORMATION

PHN Name:		Date:
Name of Shelter:		
Address:		
City:	State:	Zip Code:
Shelter Phone #:	Day Nurse:	Night Nurse:

B. CENSUS INFORMATION

Total Day Census:	Adults:	Children <12 yrs.:
Total Night Census:	Adults:	Children <12 yrs.:

C. MEDICAL ASSESSMENT

	Total # in Shelter:	Comments:
1. Chronically Ill, Diabetes, Coronary Disease, DOPD, etc.		
2. Pregnancies, Newborns, Premies, etc.		
3. Active Tuberculosis Cases *TB cases receiving DOT		
4. Persons needing medication		
5. Persons needing medical appliances		
6. AIDS cases		
7. Injury cases		
8. Communicable Disease Cases suspects* (Diarrhea, Vomiting, Head Lice, Scabies, Colds, Influenza, etc.)		

*Complete separate CD form if outbreak.

D. ENVIRONMENTAL ASSESSMENT

	ADEQUATE		COMMENTS
1. Water Availability			
Hand Washing Areas	YES	NO	
Drinking Water Sites	YES	NO	
Bathing/Shower Areas	YES	NO	
2. Food Handling			
Storage Areas	YES	NO	
Refrigeration Facilities	YES	NO	
Formula Preparation and Bottle Cleaning			
NO FOOD MADE AT HOME IS TO BE BROUGHT INTO THE SHELTER UNLESS DELIVERED BY A PIZZA COMPANY, ETC.			
3. Water Disposal			
General Toilet Facilities	YES	NO	
Handicap Toilet Facilities	YES	NO	
Plastic Waste Bags	YES	NO	
Garbage Disposal Areas	YES	NO	
Portable Toilet Cleaning Schedules	YES	NO	
Assess Portable Water Supply (Sanitation Issues)	YES	NO	
4. Vermin Control	YES	NO	
5. Assess Sleeping Arrangements	YES	NO	
E. PROCEDURES: Determine procedures for identification and treatment of the acutely ill			
F. PROMPT ACTION REQUIRED:			
Staff Signature:			Date:



7. Natural Disaster Morbidity Surveillance Form

For Active Surveillance by Medical Staff

Part I: VISIT INFORMATION	Name of Facility	City	State	Date of Visit	Time of Visit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> AM / <input type="text"/> PM
Part II: PATIENT INFORMATION	Unique Identifier/Medical Record Number	Age <input type="checkbox"/> <1yrs <input type="text"/> yrs.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No/NA	If yes, due date <input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Unknown					
Did reason for visit occur as a result of work (paid or volunteer) involving disaster response or rebuilding efforts? <input type="checkbox"/> Yes <input type="checkbox"/> No/NA					
If Yes, occupation/response role <input type="text"/>					
Activity at time of injury/illness <input type="text"/>					
Part III: REASON FOR VISIT (Please check all categories related to patient's current reason for seeking care)					
TYPE OF INJURY		ACUTE ILLNESS/SYMPTOMS		EXACERBATION OF CHRONIC DISEASE	
<input type="checkbox"/> Abrasion, laceration, cut <input type="checkbox"/> Avulsion, amputation <input type="checkbox"/> Concussion, head injury <input type="checkbox"/> Fracture <input type="checkbox"/> Sprain/strain		<input type="checkbox"/> Conjunctivitis/eye irritation <input type="checkbox"/> Dehydration <input type="checkbox"/> <u>Dermatologic/skin</u> , specify: <input type="checkbox"/> Rash <input type="checkbox"/> Infection <input type="checkbox"/> Infestation (e.g., lice, scabies) <input type="checkbox"/> Fever (≥100°F or 37.8°C) <input type="checkbox"/> <u>Gastrointestinal</u> , specify: <input type="checkbox"/> Diarrhea		<input type="checkbox"/> <u>Cardiovascular</u> , specify: <input type="checkbox"/> Hypertension <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Diabetes <input type="checkbox"/> Immunocompromised (e.g., HIV, lupus) <input type="checkbox"/> <u>Neurological</u> , specify: <input type="checkbox"/> Seizure <input type="checkbox"/> Stroke <input type="checkbox"/> <u>Respiratory</u> , specify: <input type="checkbox"/> Asthma <input type="checkbox"/> COPD	
MECHANISM OF INJURY				MENTAL HEALTH	
<input type="checkbox"/> <u>Bite/sting</u> , specify: <input type="checkbox"/> Insect <input type="checkbox"/> Snake <input type="checkbox"/> Other specify _____ <input type="checkbox"/> <u>Burn</u> , specify: <input type="checkbox"/> Chemical <input type="checkbox"/> Fire, hot object or substance <input type="checkbox"/> Sun exposure <input type="checkbox"/> <u>Cold/heat exposure</u> , specify: <input type="checkbox"/> Cold (e.g., hypothermia) <input type="checkbox"/> Heat (e.g., stress, hyperthermia) <input type="checkbox"/> Electric shock <input type="checkbox"/> <u>Fall, slip, trip</u> , specify: <input type="checkbox"/> From height <input type="checkbox"/> Same level <input type="checkbox"/> Foreign body (e.g., glass shard) <input type="checkbox"/> Hit by or against an object <input type="checkbox"/> <u>Motor vehicle crash</u> , specify:		<input type="checkbox"/> Bloody <input type="checkbox"/> Watery <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Jaundice <input type="checkbox"/> Meningitis/encephalitis <input type="checkbox"/> Neurological (e.g., altered mental status, confused/disoriented, syncope) <input type="checkbox"/> <u>Obstetrics/Gynecology</u> , specify: <input type="checkbox"/> GYN condition not associated with pregnancy or post-partum		<input type="checkbox"/> Agitated behavior (i.e. violent behavior/threatening violence) <input type="checkbox"/> Anxiety or stress <input type="checkbox"/> Depressed mood <input type="checkbox"/> Drug/alcohol intoxication or withdrawal <input type="checkbox"/> Previous mental health diagnosis (i.e. PTSD) <input type="checkbox"/> Psychotic symptoms (i.e. paranoia) <input type="checkbox"/> Suicidal thoughts or ideation	
				ROUTINE/FOLLOW-UP	
				<input type="checkbox"/> Medication refill If yes, how many medications? _____ <input type="checkbox"/> Blood sugar check <input type="checkbox"/> Vaccination <input type="checkbox"/> Blood pressure check <input type="checkbox"/> Wound care	



<p>MECHANISM OF INJURY cont.</p> <p><input type="checkbox"/> Driver/occupant <input type="checkbox"/> Pedestrian/bicyclist</p> <p><input type="checkbox"/> Non-fatal drowning, submersion</p> <p><input type="checkbox"/> <u>Poisoning, specify:</u> <input type="checkbox"/> Carbon monoxide exposure <input type="checkbox"/> Inhalation of fumes, dust, other gas <input type="checkbox"/> Ingestion <i>specify</i> _____</p> <p><input type="checkbox"/> Use of machinery, tools, or equipment</p> <p><input type="checkbox"/> <u>Violence/assault, specify:</u> <input type="checkbox"/> Self-inflicted injury/suicide attempt <input type="checkbox"/> Sexual assault <input type="checkbox"/> Other assault <i>specify</i> _____</p>	<p><input type="checkbox"/> In labor</p> <p>ACUTE ILLNESS/SYMPTOMS cont.</p> <p><input type="checkbox"/> Pregnancy complication (e.g., bleeding, fluid leakage)</p> <p><input type="checkbox"/> Routine pregnancy check-up</p> <p><input type="checkbox"/> <u>Pain, specify:</u> <input type="checkbox"/> Abdominal pain or stomachache <input type="checkbox"/> Chest pain, angina, cardiac arrest <input type="checkbox"/> Ear pain or earache <input type="checkbox"/> Headache or migraine <input type="checkbox"/> Muscle or joint pain (e.g., back, hip) <input type="checkbox"/> Oral/dental pain</p> <p><input type="checkbox"/> <u>Respiratory, specify:</u> <input type="checkbox"/> Congestion, runny nose, sinusitis <input type="checkbox"/> Cough, <i>specify:</i> <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> With blood <input type="checkbox"/> Pneumonia, suspected <input type="checkbox"/> Shortness of breath/difficulty breathing <input type="checkbox"/> Wheezing in chest <input type="checkbox"/> Sore throat</p>	<p style="text-align: center;">OTHER</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center;">Part IV: DISPOSITION</p> <p><input type="checkbox"/> Discharge to self-care <input type="checkbox"/> Refer to other care (e.g., clinic or physician) <input type="checkbox"/> Admit/refer to hospital <input type="checkbox"/> Left before being seen <input type="checkbox"/> Deceased</p>
<p><input type="checkbox"/> Influenza-like-illness (ILI) – Fever (temperature of 100°F [37.8°C] or greater) AND a cough <i>or</i> a sore throat in the absence of a KNOWN cause other than influenza</p>		



D. Job Action Sheets

Shelter Support: Behavioral Health Counselor/Responder	
Supervisor: Medical- Health Supervisor	
Mission:	To serve as a brief counseling resource, provide assessment and crisis intervention, and refer clients to existing community resources as appropriate.
Qualifications:	Must be a mental health care professional (e.g., M.S.W., Ph.D., and PsyD, MD).
Activation (Phase I & II)	
<input type="checkbox"/> Report to Medical-Health Supervisor and obtain identification <input type="checkbox"/> Attend staff briefing <input type="checkbox"/> Receive assignment from Medical-Health Supervisor <input type="checkbox"/> Set up Mental Health station <input type="checkbox"/> Identify additional supply needs and communicate to Medical-Health Supervisor <input type="checkbox"/> Familiarize self with Site layout and personnel <input type="checkbox"/> Review educational materials on health threat and medications to be dispensed or administered	
Operation (Phase III)	
<input type="checkbox"/> Collaborate with Clinical Staff to create a safe and comfortable environment for clients <input type="checkbox"/> Manage clients with acute mental health issues <input type="checkbox"/> Report activities and recommendations to the Medical-Health Supervisor <input type="checkbox"/> Work with security staff if clients become disruptive or unruly <input type="checkbox"/> Refer clients to mental health services outside of the Site when necessary <input type="checkbox"/> Complete appropriate paperwork for each client	
Deactivation (Phase IV)	
<input type="checkbox"/> Clean-up workstation <input type="checkbox"/> Pack and return unused supplies to Logistics Officer <input type="checkbox"/> Assist in the clean-up of the Site <input type="checkbox"/> Complete all required documentation <input type="checkbox"/> Submit all required documentation to Medical-Health Supervisor <input type="checkbox"/> Participate in recovery activities as directed by the Medical-Health Supervisor	



Shelter Support Task Force Medical-Health Supervisor	
Supervisor: Medical Director, or their designee	
Mission:	To ensure that Medical-Health staff are familiar with their responsibilities and the clients are treated professionally throughout the Shelter Site.
Qualifications:	Must be a licensed health care provider (e.g., RN, NP, PA, DVM, DDS, or MD).
Activation (Phase I & II)	
<input type="checkbox"/> Report to Medical Director, or their designee <input type="checkbox"/> Identify immediate resource needs <input type="checkbox"/> Appoint and orient staff to clinical roles (e.g. assessment, triage, treatment, referral/transport) <input type="checkbox"/> Oversee the set up clinical unit workstations <input type="checkbox"/> Identify additional staffing and supply needs and communicate to Logistics Officer <input type="checkbox"/> Appoint leaders in each area <input type="checkbox"/> Ensure coordination with Human Services Department Shelter Manager <input type="checkbox"/> Identify communication needs and request equipment/assistance as needed	
Operation (Phase III)	
<input type="checkbox"/> Oversee training and orientation of staff <input type="checkbox"/> Ensure that required supplies are available to clinical unit staff <input type="checkbox"/> Assess staff and supplies at the end of each shift <input type="checkbox"/> Communicate additional staff and supply needs to the Logistics Officer <input type="checkbox"/> Monitor client flow through the Shelter Site <input type="checkbox"/> Assess Shelter Support Task Force performance and make changes as necessary	
Deactivation (Phase IV)	
<input type="checkbox"/> Close out logs when authorized by the Medical Director <input type="checkbox"/> Oversee closing and clean-up of medical-health stations <input type="checkbox"/> Return supplies to Logistics Officer <input type="checkbox"/> Ensure safe disposal of medical and biohazard waste in coordination with Logistics Officer <input type="checkbox"/> Complete all required documentation ensuring appropriate levels of confidentiality <input type="checkbox"/> Submit all required documentation to the Shelter Support Task Force <u>Medical Director</u> <input type="checkbox"/> Participate in recovery activities as directed by the Shelter Support Task Force <u>Medical Director</u>	



Shelter Support: Task Force Triage / Medical Screener	
Supervisor: Shelter Support Task Force Medical-Health Supervisor	
Mission:	To assess clients with complex medical conditions for contraindications to the medication or vaccine and for risk of disease or infection, and to review treatment risks and benefits with clients.
Qualifications:	Preferred licensed health care provider (e.g., RN, NP, PA, DVM, DDS, or MD).
Activation (Phase I & II)	
<input type="checkbox"/> Report to Medical-Health Supervisor and obtain identification <input type="checkbox"/> Attend staff briefings <input type="checkbox"/> Receive assignment from Medical-Health Supervisor <input type="checkbox"/> Set up private screening area for clients with complex medical conditions <input type="checkbox"/> Review screening forms <input type="checkbox"/> Review educational materials on health threat and medications to be dispensed or administered <input type="checkbox"/> Identify additional supply needs and communicate to Medical-Health Supervisor <input type="checkbox"/> Familiarize self with clinic layout and personnel	
Operation (Phase III)	
<input type="checkbox"/> Assess and triage client needs (e.g. treatment, medications, AFN, durable medical equipment, transportation, other) <input type="checkbox"/> Interview clients with complex questions or contraindications <ol style="list-style-type: none"> (1) Review medical record (2) Make a recommendation concerning prophylaxis or treatment (3) Clarify and confirm client's decision regarding prophylaxis or treatment <input type="checkbox"/> Provide fact sheets for contraindications and ensure client understands the risks and benefits <input type="checkbox"/> Ensure that the client has signed necessary consent form <input type="checkbox"/> Sign and date the medication order <input type="checkbox"/> Direct clients to area depending on whether they will be receiving medication or Vaccine.	
Deactivation (Phase IV)	
<input type="checkbox"/> Clean-up workstation <input type="checkbox"/> Pack and return unused supplies to Logistics Officer <input type="checkbox"/> Assist in the clean-up of the Site <input type="checkbox"/> Complete all required documentation <input type="checkbox"/> Submit all required documentation to Medical-Health Supervisor <input type="checkbox"/> Participate in recovery activities as designated by the Medical-Health Supervisor	



Shelter Support: First Aid/Dispensing Provider	
Supervisor: Medical-Health Unit Supervisor	
Mission:	To dispense or administer appropriate medication/vaccine/treatment according to existing protocols in the medical standing order(s).
Qualifications:	Must be a licensed health care provider (e.g., RN, NP, PA, DVM, DDS, or MD).
Activation (Phase I & II)	
<ul style="list-style-type: none"> <input type="checkbox"/> Report to Medical-Health Supervisor and obtain identification <input type="checkbox"/> Attend staff briefing <input type="checkbox"/> Receive assignments from Medical-Health Supervisor <input type="checkbox"/> Review educational materials on medications to be dispensed or administered <input type="checkbox"/> Review the medical standing order <input type="checkbox"/> Set up dispensing station <input type="checkbox"/> Identify additional supply needs and communicate to Medical Health Supervisor <input type="checkbox"/> Review clinic layout and flow 	
Operation (Phase III)	
<ul style="list-style-type: none"> <input type="checkbox"/> Assess and triage client needs (e.g. treatment, transportation, medication, AFN, durable medical equipment, other) <input type="checkbox"/> Ensure that the client understands why they are receiving the medication/vaccine <input type="checkbox"/> Confirm that the client is not contraindicated for the medication/vaccine <input type="checkbox"/> Ensure that the client understands how to use the medication <input type="checkbox"/> Confirm client's informed consent <input type="checkbox"/> Properly dispense or administer medication or vaccine <input type="checkbox"/> Log the lot and dose administered to each client on the appropriate form <input type="checkbox"/> Sign and date client's form <input type="checkbox"/> Practice universal precautions <input type="checkbox"/> Maintain medication logs and confidentiality for all forms/logs 	
Deactivation (Phase IV)	
<ul style="list-style-type: none"> <input type="checkbox"/> Clean-up service area <input type="checkbox"/> Dispose of waste properly and in coordination with Logistics Officer <input type="checkbox"/> Pack unused supplies and return to Logistics Officer <input type="checkbox"/> Complete all required documentation <input type="checkbox"/> Submit all required documentation to Medical-Health Supervisor <input type="checkbox"/> Ensure client confidentiality to levels possible <input type="checkbox"/> Participate in recovery activities as directed by the Medical-Health Supervisor 	



Shelter Support: Nurse Practitioner, Nurse, Medical Assistant Job Action Sheet	
Job Description	Licensed nurse professionals may be deployed to support shelters opened in the immediate aftermath of an emergency or disaster. Nursing support may include: medical case management, population/shelter patient location, health assessment, triage, direct medical care, and referral to specialists, ER or PCP. Public Health as part of the County response to needs for mass care and sheltering will poll available pre-credentialed staff and volunteers to assist. Nurse Practitioners (NP), nurses or medical assistants will review the evacuee's current health status, make an objective assessment of the evacuee's health status, and refer to the clinician station, EMS, or shelter per guidelines.
Area(s) Assigned To	[Location of Shelter – including address insert here]
Unit Assigned To	[What unit is the nurse assigned to – insert here]
Report To	Nurse supervisors, Shelter Manager or Incident Commander contact information should be written here: _____
Supervise	Qualified Nurse Practitioners, RNs may be requested for a supervisory position
Minimum Qualifications	NP, RN, LVN, Medical Assistant, CNAs
Receiving Assignment	<ul style="list-style-type: none"> ▪ Receive your assignment by phone, email or in person. Assignments and length of shifts are based on workload. Check email and voice mail frequently.
Beginning of Shift Duties	<ul style="list-style-type: none"> ▪ Report to the Shelter Manager or Site Supervisor, introduce yourself and receive your site assignment. ▪ Sign in on the public health attendance log. ▪ The Shelter Manager will direct you to the nursing group supervisor. ▪ Report to the nursing group supervisor, introduce yourself, and receive report on your assignment. ▪ The nursing group supervisor will give you copies of the guidelines and forms being used. Each individual responder must record their activity in ICS Form 214 Activity Log. ▪ Review the job duties and the guidelines you were given. ▪ Request supplies and equipment from the nursing supervisor as needed. ▪ Acquire appropriate level of Personal Protective Equipment (gloves, masks, face shield, gowns/ scrubs, boots). ▪ Arrange lunch and breaks with the nursing group supervisor. <p>Note: If you cannot report to your assignment, notify the Public Health nursing supervisor asap. If that individual is not available, call the Public Health Manager at (831) 454-4114 and notify that you will not be reporting. In addition, call your regular immediate supervisor if it is Monday through Friday during regular business hours or leave a voice mail message if it is after regular business hours or on a weekend.</p>
Job Duties	<ul style="list-style-type: none"> ▪ Provide nursing services per guidance from supervisors. ▪ Discuss any concerns about your role with the Nurse Group Supervisor. ▪ You may be given other duties as needed. ▪ Medical care is allowable to the limits of state licensure. ▪ Report "off or out" to the Nurse Group Supervisors for any breaks. <p>Note: If you need to leave your assignment for any reason before your shift is over, inform the Nurse Group Supervisor that you are leaving. Also call your regular immediate supervisor if it is Monday through Friday during regular business hours or leave a voicemail message if it is after regular business hours or on a weekend.</p>



End of Shift Duties	<ul style="list-style-type: none">▪ Organize all records and transfer to supervisor/next shift.▪ Ensure medications, sharps or other medical instruments are accounted for and secured.▪ Obtain next shift information: time, place, duties, and expectations.▪ Sign out on the public health attendance log and report "off" to the Nurse Group Supervisor.
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Shelter Support: Registered Environmental Health Specialist - REHS	
Job Description	
<ul style="list-style-type: none"> ▪ Sanitation: Ensures the environmental health/safety of the shelter occupants: indoor air, drinking water, food, sanitation ▪ Diseases: Works closely with the CDC, Health Officer, EOC, HSD, DOC, and Shelter Manager to monitor, prevent, and control injuries and disease outbreaks ▪ Hazardous Wastes/Materials: Works to mitigate and manage exposures to hazardous materials, wastes, solid, and medical wastes, contaminated air, radiological, and water, etc. ▪ Housing: Works closely with the Building, Fire, and Housing Inspectors to ensure safe and sanitary housing ▪ Outbreaks: Works with Health Officer, Shelter Manager, and PHNs to issue isolation and quarantine orders ▪ Medical: Works with medical providers to ensure implementation of preventative measures and medical treatment ▪ AFNs: Works with partner agencies to ensure that individual access and functional needs are being addressed 	
Reports to	Contact Information
Shelter Manager or Task Force Leader	(831) 454-2022
Supervises	Area(s) Assigned To, location address
Inspectors and Assigned Staff	
Partner Agencies	Contact Information
CA Department of Public Health – 24/7	(916) 328 – 3605 - Duty Officer
County Health Officer	(831) 454-4000
County Behavioral Health	(831) 454-4170
Cal OES 24/7 Spill Hot Line	(800) 852-7550 or (916) 845-8911
FEMA 24/7 Line	(800) 621-3362
MHOAC	(831) 471-1170



Forms, Protocols, and Other Resources		
Item	Description/Notes	Quantity/Location
Shelter Organization Chart	See Shelter Manager	
Job Action Sheet (JAS)	See Shelter Support Task Force Guide	
Contact List (LIST)		
Activity Log ICS 214 (FORM)		
Resource Request (FORM)		
EH Disaster Field Manual		1/REHS
Food Inspection (FORM)		2/day
Shelter Environmental Health Inspection (FORM)		1/day

SSSP



Minimum Equipment Recommendations	Smartphone, chargers, flashlight, laser thermometer, alcohol wipes, tape measure, hand sanitizer, disposable gloves, N95 mask, clipboard/pen, Sharpie markers, duct tape, sanitizer test strips, electrical outlet tester,	1 each
Initial Planning Actions		
Y/N	Determine level of Activation	
Y/N	Activate HSA DOC	
Y/N	Appoint Staff as needed (work with HSD & HSA Shelter Support Task Force to monitor shelter health and safety)	
Y/N	Participate in the initial Shelter walk-through/assessment (see form)	
Y/N	Obtain assigned REHS Go-Bag, to be stored w/in a secured shelter area or assigned vehicle	
Y/N	Partner with food providers to set-up of shelter food prep and service areas	
Y/N	Establish connections with HSD; Task Force members: Behavioral Health, Epidemiology, Public Health Nurses and other participating partners	
Y/N	Establish connections with local hospitals and medical providers to monitor for disease outbreaks via DOC and/or MHOAC	
Y/N	Determine if the EOC is/will be activated	
Initial Response		
Y/N	Conduct shelter pre-opening by completing REHS Environmental Surveillance Form for Shelters	
Y/N	Hold initial Task Force staff briefing and distribute updates and guidance	
Y/N	Assign tasks as needed	
Y/N	Closely monitor initial food prep and service, water, wastewater, air flow, and potentially contaminating activities at shelter	
Daily Shelter Operations		
Y/N	Monitor Staff for “burn-out” and inappropriate behavior. Directly address concerns and/or report to Shelter Manager	
Y/N	<ul style="list-style-type: none"> • Hold shift change briefings with Task Force staff • Collect/Distribute Forms: activity logs (ICS 214), medical logs, client count, inspections, etc. • Emphasize the importance of documenting everything, especially injuries and complaints • Sign in/out Staff • Discuss needs or concerns for the next shift 	



	<ul style="list-style-type: none"> • Provide update for the Supervisor
Y/N	Begin daily/shift health and safety inspections within 0 -12 hours of shelter set-up
Y/N	File all inspection forms with the Shelter Manager or Task Force Leader
Y/N	Monitor daily public health and safety status
Y/N	Assist other Task Force members with inspections as needed
Y/N	Provide direct intervention if required to prevent and/or minimize the spread of injury or illness
Y/N	Work with shelter staff to ensure shelter AFNs are being addressed
Y/N	Work w/ Shelter Manager/HSA management to take protective actions/issue orders to protect the Public Health and safety
Shelter Closing	
Y/N	Conduct sequential demobilization by coordinating with Shelter Manager
Y/N	Continue to monitor public health and safety, including disease surveillance
Y/N	Assist with placement of shelter clients to their new normal
Y/N	Lift any orders as appropriate
Y/N	Assist with clean up and equipment return
Y/N	Refresh (Clean and sanitize facility and equipment), Repair (if practical), Restore (if able, otherwise replace), Return (borrowed equipment), Replace, Remove (trash and broken equipment)
Y/N	Turn in all logs to Shelter Manager or Task Force Supervisor as instructed



E. Just-in-Time Training

To be discussed and developed with HSA task force representatives

SSSP



F. Shelter Support Task Force Go-Bags (suggested deployment gear)

ITEMS HELD ON YOUR PERSON

Agency ID	CA Driver's License or CA Real I.D.
Credit Card	Passport
Eye Glasses	Sun Glasses
Immunization Card	Cell Phone
Appropriate Footwear	
Work/Deployment Phone Number Information	
Personal Emergency Information Form	
Personal Emergency Phone Number List	
List of Medications You Take	

BACK PACK / 72 HOUR BAG

Team Pants	Team Shirts	Team T-Shirts
Jacket	Hat	Underwear
Socks	Shower Shoes	Shower Clothes w/Bag
Work Gloves	Sleeping Bag	Baby Wipes
Water Bottle	Whistle	GPS / Compass
Kleenex	Coffee Cup	Food/Snacks
Flashlight	Alarm Clock	Personal Medications
Shower Towel	Map of Area	First Aid Kit
Eye & Ear Protection	Hand Sanitizer	Cell Phone Charger/Cables
Spare Eyeglasses	Spare Contact Lenses	

PERSONAL ITEMS: Place in zip-locks bag

Toothbrush	Toothpaste	Dental Floss
Soap	Shampoo	Deodorant
Foot power	Comb/Brush	Sunscreen
Razor	Chap Stick	Bug Spray
Saline solution	Contact lenses/case	

WORK ITEMS

Leatherman Tool	Knife	Scissors from first aid kit
Tape - various		

PROFESSIONAL ITEMS

Behavioral Health	Communication tools for those with AFN; Record keeping/notebooks/pads; PPE
Environmental Health	HazMat gear if required; PPE, Test kits, Thermometer, notebooks/pads, CCDEH Disaster Field Manual



Public Health/Nursing

Medical equipment as needed to conduct assessments, examinations, treatment; PPE

EXTENDED DEPLOYMENTS (>72 hours)

Water - 1/gallon/person/day (3 days minimum, assumes water on site).

- Water filter (Sawyer): membrane type, these are probably one of the most effective yet, least expensive options re real water filtration:
- Aquamira drops: to disinfect water (filtration + disinfection = properly treated water). The ultralight version of my loadout relies solely upon these drops for water treatment, provided the water is relatively low in turbidity. If not, some sort of primary filtration is important.
- Water spigot multi-tool: used to open most any domestic or commercial water valve.
- Steel, wide mouth water bottle: for filtering/treating/boiling drinking water.
- Bladder Water Bag: to store potable water if needed in an emergency.
- Electrolytes: Emergen-C, electrolyte gels, etc.
- Caffeine: substrate of choice - coffee, black or green tea, etc.

Food - at least a three-day supply of non-perishable food.

- Datrex bars: or other calorie dense, light weight, long-term storage (5 years+) food options.

Sleep

- SOL Bivy bag, (sleeping bag)

Power

- Battery back-up for cell phone (solar charger would be nice but maybe too \$\$\$)
- Flashlight or headlamp w/ extra batteries

First Aid Kit:

- sterile non-adhesive pads (3),
- moleskin pad: to deal with blisters on your feet,,
- Band-Aids (2),
- CPR shield,
- tweezers,
- Rolaid: stressed and/or consuming contaminated food/water - so having stomach meds is critical,
- laxatives (see above),
- B12, a significant energy booster
- Benadryl: stings, allergic reactions, etc.,
- aspirin and/or ibuprofen (pain reliever/fever reducer),



- bug repellent (DEET),
- anti-diarrheal pills (Loperamide HCl),
- Gorilla tape (wound closures, band-aid, redundant Mole Skin, etc.),
- H₂O₂ (hydrogen peroxide) wound cleaner, dilute with water and use as a mouthwash to fight off a tooth infection, also helps fight athlete's foot (anti-fungal), etc., and if needed a spot clothing cleaner to keep odor down.

PPE:

- Air purifying, full-face, half-face, or reusable respirator, (whichever is appropriate for the individual)
- Cartridges for respirator, Particulates (99.7 (HEPA/HE equalivent), 99, or 95% removal of airborne particulates), Yellow-labeled (Organic Vapor and Acid Gases), others possibly
- Nitrile gloves, box
- Impermeable shoe covers or designated footwear (such as rubber boots), are required in areas where infectious materials are expected to be present, in order to prevent their spread to other areas.
- Hard Hat
- Tyvek suite w/ other PPE listed above, essentially HazMat protection Level C. The same liquid splash protection as Level B, but no protection to chemical vapors or gases.

Assumes most contaminants are below the OSHA PEL (permissible exposure limit): full-face piece, air purifying, canister-equipped respirator, chemical resistant gloves, safety boots, two-way communications system and hard hat.

This ensemble is used when contact with site chemical(s) will not affect the skin. The air contaminants have been identified and levels have been determined. Also, the respirator canister can remove the contaminant and the site hazards have been completely characterized. Level C is not allowed by OSHA for a chemical emergency response.

- **N95 dust masks:** (air purifying disposable particulate masks) used to capture most particles (95%) in air, such as dusts, mists, and fumes. FDA approved as a surgical mask. Not to be used for hazardous gases and vapors. Can help protect your lungs from wildfire or urban smoke. Used for HazMat Level D protection
 - Safety glasses, eye protection – Level D protection
- Additional Items:
- Two-way communications system (two-way radios)
 - Whistle: to signal for help
 - Moist towelettes, TP, garbage bags and plastic ties, soap and hand sanitizer for personal sanitation



- Can Opener: for food (if kit contains canned food)
- Ear plugs, sleeping arrangements will not be ideal
- Bic lighter
- Local maps
- Parachord
- Zip ties
- Beanie
- Wool socks
- Rain poncho
- Note pad, pens, Sharpie
- Reusable Bag/Trash Bag
- Prescription medications and glasses

BH Task Force Member - (basic supplies for self; communication and logistical information; ICS activity log; notepads; personal safety)

EHS Task Force Member –see above plus personal supplies

PH Task Force Member - likely PHN, Epi and/or EP staff. Nursing equipment to assess and treat disease, wounds chronic or acute conditions; medication reference manual; personal supplies: ICS forms, directions, and points of contact. More specifically:

- PPE (gloves, N-95, surgical masks, disposable gown, shoe covers)
- Basic nursing equipment + first aid supplies (bandages, gauze, steri-strips, abx ointment, basic OTC medications, insta-glucose, etc. - most of these supplies had expired & were discarded in 2016-17)
- Basic EP supplies? (whistle, flashlight, headlamp, etc. – these supplies are still available in EP storage tank from the previous kits)
- Basic clerical supplies (notepad, pens, permanent markers, highlighter, tape, etc. - many are still available in EP storage tank)
- Items specific to employee (change of scrubs, etc.)



G. Useful Links

Environmental Health Training in Emergency Response

CDC (ETHER): <https://www.cdc.gov/nceh/ehs/elearn/ehter.htm>

FEMA ETHER: <https://cdp.dhs.gov/find-training/course/PER-309>

Medical Reserve Corps Shelter Support

<https://www.naccho.org/uploads/downloadable-resources/FactSheet-MRC-ChallengeAwards-ShelterOperations.pdf>

Read: "Infection Prevention and Control for Shelters During Disasters" (includes background, procedures, signage)

http://www.apic.org/Resource/TinyMceFileManager/Practice_Guidance/Emergency_Preparedness/Shelters_Disasters.pdf

Responders' Pack List and Psychological First Aid

http://www.sonoma-county.org/health/services/pdf/mrc_handbook.pdf

<https://store.samhsa.gov/shin/content/NMH05-0210/NMH05-0210.pdf>



H. Shelter Checklists

Environmental Health

Checklist Assessment Tool: <https://emergency.cdc.gov/shelterassessment/index.asp>

CCDEH Disaster Field Manual: <https://www.ccdeh.com/resources/products-for-sale/disaster-field-manual>

More resources: <https://www.cdc.gov/disasters/commshelters.html>

Clinic Nurse / MRC (update with latest materials from MRC)

http://www.mamedicalreservecorps.org/publicaccessfiles/Guide%20to%20Medical%20Special%20Needs%20Shelters%20for%20MRC%20Units_Final.pdf

Public Health Nurse (can also assist with Epidemiology and Environmental Health tools included here)

Competencies:

http://www.achne.org/files/public/APHN_RoleOfPHNinDisasterPRR_FINALJan14.pdf

Epidemiology

Shelter Surveillance Summary Form (Tab L), p. 60-63:

<http://www.dshs.texas.gov/commprep/response/5ToolsAndInfo/Medical-Shelter-Toolkit.pdf>

More resources: <https://www.cdc.gov/disasters/evacccenters.html>

Behavioral Health

Request existing materials from BH / offer additional preparedness support as needed

Lab

<https://emergency.cdc.gov/labissues/index.asp>