



EMERGENCY OPERATIONS PLAN
ANNEX B
APPENDIX B1
SPECIAL NEEDS SHELTER
PROTOCOLS



Orange County
Health Department

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Table of Contents

Introduction

- I. Special Needs Shelters** 4
 - A. Definition 4
 - B. Special Needs Shelter 4
 - C. Limitations of Special Needs Shelter 4
 - D. OCHD Responsibilities in Special Needs Shelter 5
 - E. Triage 5
 - F. Levels of Care 6
 - G. Supportive Care 6
- II. Staffing Recommendations** 7
 - A. Background 7
 - B. Staffing Levels 7
 - C. General Recommendations 8
- III. Staff Duties and Responsibilities** 8
- IV. Support Staff** 14
 - A. Deaf Communication Needs 14
 - B. On-Site Recruitment, Supervision of Volunteers 15
- V. Activation of Special Needs** 15
 - A. Concept of Operations 15
 - B. Opening the SpNS 16
 - C. Walk through and Survey the Facility 16
 - D. Securing the Facility 16
 - E. Set-up of SpNS Stations and Signs 17
 - F. Registration Information Area 17
 - G. Triage Area 17
 - H. Nurses Station/Office Area 17
 - I. Temporary Morgue Area 18
 - J. Staff Sleeping Area 18
 - K. Arrival of Staff 18
 - L. Arrival of Volunteers 18
 - M. Arrival of Supplies 18
 - N. Disbursement of Supplies 18
 - O. Arrival of Visitors 19
 - P. Feeding Responsibilities 19
 - Q. Admission Process 19
 - R. Registration 20
- VI. Shelter Deactivation** 20
- VII. Attachments** 24

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SPECIAL NEEDS SHELTER PROTOCOLS

INTRODUCTION

The Orange County Health Department (OCHD) will assist Special Needs Shelters (SpNS) for person's (shelterees) needing medical assistance during emergency evacuation situations. Special needs referrals will be screened through pre-registration of shelterees by Orange County Disaster and Emergency Medical Services (OCDEMS) staff. This will determine if shelterees are to be assigned to a hospital, long-term care facility, general or special needs shelter based on information received from the shelteree or caregiver. Home health care agency disaster plans will be reviewed by DOH Office of Public Health Nursing in Tallahassee. Licensed Nursing Homes, Assisted Living Facilities and Independent Living Facilities disaster plans will be reviewed by the Orange County Office of Emergency Management.

Special needs shelterees are independent with special medical support equipment needs or receive care in the home from a family member. When the person requiring special needs care is ordered to evacuate, he or she is expected to bring a caregiver with them to the shelter. The caregiver is expected to remain with the special needs shelteree. The Statewide Public Health Nursing Disaster Resource Guide (August 2002) published by the Department of Health, Office of Performance Improvement is the primary State resource for Special Needs Shelter management. The OCHD SpNS protocols are a county guide for the nursing staff assigned to provide coverage in the SpNS during emergency conditions. The protocols are referenced in current literature and are signed by the OCHD Senior Physician at least every three years. If nursing or medical staff change, the SpNS protocols need to be updated and signed to reflect the changes. OCHD nurses assigned to staff SpNS will assist shelterees and their caregivers as needed for basic support services. The nursing staff will provide care within their scope of practice based on their training and qualifications and are not expected to provide total care beyond their professional level of expertise.

AUTHORITY

This plan is written in accordance with the Orange County People with Special Needs (PSN) Plan, page 11, VIII, D:

Orange County Health Department

1. Provide physician, nursing and support staff to each designated Special Needs Shelter.
2. Provide representation on the County's PSN Task Force and Sub-committees, as required.
3. Provide assistance to the Disaster Health Coordinator in regards to Vital Statistics information on deaths within the County.
4. Maintain acceptable levels of medical care within the Special Needs Shelters.
5. Coordinate with the Office of Emergency Management, local medical and health care providers and other agencies/organizations as required, to develop and implement a Countywide plan for the management, operation and staffing of the Special Needs Shelters.
6. Actively recruit health/medical staff to supplement and/or replace OCHD nurses and physicians in the Special Needs Shelters.
7. Assist and coordinate the scheduling of staff in receiving Red Cross Shelter Management and Operations Training.

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8. Develop agreements with Home Health Care agencies to provide medical staff in the Special Needs Shelters.

RESPONSIBILITY OF THE OCHD STAFF IN SpNS

- Authorize protocols for operations in the SpNS
- Coordinate with the Field Operations Center (FOC) for staff and supplies
- Coordinate overall operation and staffing of SpNS
- Designate shelter teams of nurses, doctors and support staff to manage the SpNS
- Triage shelterees into the SpNS

I. SPECIAL NEEDS SHELTERS

A. DEFINITION

SpNS are shelters designed to care for people with special needs, such as:

1. People with minor health/medical conditions that require professional observation, assessment and maintenance;
2. People with contagious health conditions that require precautions or isolation which cannot be handled in a general population shelter;
3. People with chronic conditions who require assistance with activities of daily living but do not require hospitalization;
4. People with regular need for medications and/or regular vital sign readings, and who are unable to do so without professional assistance.

The intent of the SpNS is to provide, to the extent possible under emergency conditions, an environment in which the current level of health of the shelterees with special needs can be sustained within the capabilities of available resources. Persons eligible for the Special Needs Shelter have physical or mental conditions that require limited medical/nursing oversight that cannot be accommodated or provided for in a general population shelter. Medical eligibility for the SpNS is based on a “leveling system” that takes into account the acuity of the condition and the skills and resources required to provide care. The SpNS is not a hospital, a nursing home/restorative care center or a hotel.

A person with Special Needs is:

1. One who would need assistance during evacuations and sheltering because of physical or mental handicaps (Chapter 252.355, F.S.);
2. Someone who requires the level of care and resources available in the SpNS. This level of care goes beyond the basic first aid level of care that is available in the shelters for the general population.

B. SPECIAL NEEDS SHELTERS

- Are refuges of last resort intended to maintain the current health, safety, and well-being of the medically dependent individuals who are not acutely ill, to the extent possible;
- Meet a multitude of human needs both physical and psychological under adverse conditions;
- Are generally intended to operate for a limited time of one to four days.

C. LIMITATIONS OF SPECIAL NEEDS SHELTERS

Type of Facility: SpNS usually operate in school buildings, churches or other community buildings which have met State emergency facility requirements. They are not equipped as a

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medical care facility. Many have some form of emergency power generation, although it may be limited, and some form of bedding that includes cots.

Staffing Limitations: Staffing is dependent on OCHD staff nurses and volunteers. Volunteerism of community health care providers will be coordinated as necessary to supplement manning. Many times, hospitals and home health care agencies cannot or will not assign staff to the shelters.

Expertise of Staff Providing Care: Staff who are unfamiliar with the medical conditions, the individual needs of the shelterees, or who lack the currency in skill requirements are left to care for persons who can experience increases in medical acuity and confusion due to transfer trauma.

Safety: Safety of shelterees and staff cannot be assured. The integrity of the building and the safety of performing some of the required medical procedures may be jeopardized in an uncontrolled situation (e.g. provision of IV chemotherapy, peritoneal dialysis, and oxygen therapy) and without the required medical expertise.

Lack of Available Supplies: Shelterees do not always bring needed supplies and the ability to access from community during an emergency is limited. Emergency Management Registration: Registration for evacuation assistance will be provided at the local emergency management agency for anyone who requires assistance with evacuation during an emergency as identified by Chapter 252.355, F.S. and 381.0303, F.S.

D. OCHD RESPONSIBILITIES IN SPECIAL NEEDS SHELTERS

- It is required that medical staff assigned to the SpNS be qualified to provide Healthcare Provider level CPR.
- Nurses will provide triage assessment to all shelterees upon shelterees' arrival at the SpNS, and make the appropriate decision for admittance or referral. Shelterees are not refused entrance when there are no other options for sheltering.

E. TRIAGE (See Attachment A for Examples of Levels of Care for SpNS)

Category 1 - Special Needs Shelterees

Shelterees appropriate for placement in the SpNS should be ambulatory (with or without assisting devices, or independent in the use of assisting devices), may include a chronic medical problem, and accompanied by a caregiver.

1. Level 1 - Shelterees dependent on others or in need of assistance by others for routine care (e.g. eating, walking, toileting, etc.)
2. Level II - Shelterees needing assistance with medical care administration, monitoring by a nurse, dependent on electrical equipment, and/or assistance with medications and who can safely sleep on a cot or mat.

Shelterees with the following medical stable or non-complicated medical problems:

- a) Foley catheter maintenance
- b) Diabetes
- c) Medication maintenance (shelteree brings own supplies)
- d) BP monitoring
- e) Severe arthritis
- f) Naso-gastric or gastrostomy tubes (home maintenance)

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- g) Ostomy shelterees
- h) Alzheimer's Disease
- i) Stable stroke cases
- j) Stable cardiac cases
- k) Stable cancer cases
- l) Stable oxygen and nebulizer therapy shelteree (e.g. COPD, Asthma)
- m) Dressings (must have nursing care plan and supplies)
- n) Hospice shelterees if no conditions listed in Category II
- o) Bedridden and total care shelterees will be accepted ***only*** if they are accompanied and cared for by a responsible caregiver and do not require a hospital bed and/or special lift equipment.

Category II - In Hospital Shelterees

1. Level III - Shelterees with the following conditions require more complex care than is available in the SpNS. Other arrangements need to be in place with their physician for admission to a hospital or nursing facility. It is advisable that the FOC discuss with area hospitals their capability to accept persons who cannot be admitted to the SpNS well in advance of a disaster.

- a. Infusion (IV) therapy
- b. Complex sterile dressing changes
- c. Hyperalimentation
- d. Oxygen dependent, medically complex
- e. End-stage, unstable non-DNR shelterees

2. Level IV - These shelterees cannot be accommodated who need:

- a. IV chemotherapy
- b. Ventilator care
- c. Peritoneal dialysis
- d. Hemodialysis
- e. Life support equipment
- f. Hospital bed and total care

*any person arriving at the SNS by ambulance must be sent to an appropriate medical facility.

Category III - Shelterees for SpNS

Shelterees with the following conditions may go to a SpNS:

- 1. Blind
- 2. Hearing impaired
- 3. Amputee
- 4. Any minor medical condition or disability not listed

F. LEVELS OF CARE

OCHD nurses and shelter staff will be available to provide basic supportive care to shelterees. The level of care to be provided is limited to the shelter staff's training, qualifications and scope of practice. See Attachment A for Examples of Levels of Care for SpNS.

G. SUPPORTIVE CARE

The following basic supportive care will be provided to shelterees seeking refuge in SpNS.

Triage - as listed in II above: Initial assessment determines if placement in SpNS is appropriate. If the shelteree is to stay in the shelter, a history should be taken to include caregiver abilities, name

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of physician, major health problems, allergies, current medications, special diets needed and vital signs as baseline and location of placement in facility.

Shelteree comfort: Shelterees are instructed to bring their caregiver (who will remain with them) and all of their own supplies. If they do not, the shelteree needs to be informed that this is a basic setting and that supplies are limited.

Activities of Daily Living (ADLs): The shelteree's caregiver should assume primary responsibility for assisting the shelteree to the bathroom, with meals, and care. The SpNS (healthcare) staff is available to provide additional assistance, only if needed.

Procedures: Shelterees and/or their caregivers must provide their own supplies (limited supplies are available in shelter) and assume responsibility for managing their own care for any procedures that they have been managing in the home setting. The SpNS nurse will provide supervision and additional assistance only if needed and as per protocol.

Medications: Shelteree or caregiver assumes responsibility for administering routine medications as in the home setting. The SpNS nurse may assist the shelteree if needed or administer medications as per protocol.

Oxygen: Shelteree or caregiver assumes responsibility for managing oxygen and equipment. Oxygen supply representatives or respiratory therapist, respiratory technician, EMT or experienced RN or LPN who is present will assist as needed.

Safety: Nurses assigned to the SpNS are operating in an emergency situation and should exercise reasonable care and judgment to assure shelteree safety. The following conditions and precautions are to be kept in mind when operating in a SpNS:

1. Universal precautions and body substance isolation precautions are to be utilized
2. Smoking is not allowed in the shelter
3. Caregivers are required to accompany shelterees and to assure responsibility for their care. In some situations there is no caregiver... amputees. etc.
4. Shelteree placement in SpNS shall include consideration for wind safety throughout the sheltering episode. In addition, clients will not be transported to other shelters or facilities until it is deemed safe to travel by competent authority.
5. Only limited numbers of folding cots and blankets are available in the SpNS - The cots may be hazardous for mobility and may not be suitable for infirmed or disabled shelterees

II. SpNS STAFFING RECOMMENDATIONS

A. Background

The staff-to-shelteree with special needs ratios are recommended only as general guidance for planning purposes and in no way should be construed as a minimum mandatory requirement. The following ratios were based in part on regulations for licensure of nursing homes and assisted living facilities (ALFs) (formerly known as adult congregate living facilities) under non-emergency conditions and the input from OCHD and Emergency Medical Services (EMS), and do not reflect a standard evolved from actual disaster/emergency experience. Furthermore, these ratios do not imply or guarantee that Orange County has the available personnel resources, either employed or voluntary, to be able to staff the SpNS at the recommended levels. The population in the SpNS may justify an increase or decrease in the type and number of staff present.

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B. STAFFING LEVELS

Physician Services: A licensed physician should be available in person for medical consultation throughout SpNS operations.

Nursing Supervision: Each SpNS should be under the supervision of a licensed Registered Nurse(s) who is on-site at all times. Once established and operational, it shall be the duty of the nursing supervisor to evaluate the conditions of shelterees with special needs and to recommend health/medical staffing level adjustments as appropriate.

Minimum Nursing Staff: The recommended ideal minimum nursing services staffing standards (*Attachment B*) would apply to all shifts. The ability to provide “line of sight” patient supervision in facilities should be considered in the minimum staffing model.

Caregivers: Caregivers include, for example, certified nursing assistants, certified home health aides, home health aides, emergency medical technicians, medical/nursing students/trainees, personal care attendants, nursing aides and orderlies, family members and significant persons.

Work Hours: SpNS nursing and staff members should not be scheduled to work for more than 12 consecutive hours in a 24-hour period.

Standards: Medical/health professionals should only perform those duties consistent with their level of expertise and only according to their professional licensure and local protocols.

OCHD should submit the estimated staffing recommendation to ESF-8 at the opening of SpNS to begin staffing (pre-staging).

C. GENERAL RECOMMENDATIONS

Staffing Pattern: The staffing pattern should be adjusted based on the facility layout and actual number and needs of shelterees with special needs in the shelter.

Cardio-Pulmonary Resuscitation: It is strongly recommended that two people who are currently trained in Healthcare Provider CPR be within the SpNS at all times. At least one AED will be available in each special needs shelter.

The OCHD will develop realistic staffing guidelines that call for rotating staff out of the shelter, hiring of OPS staff and obtaining staffing assistance from the OCOEM & ESF-8.

III. STAFF DUTIES AND RESPONSIBILITIES

** Not all listed staff will be in the SpNS concurrently. The following positions are included in the event of worst case scenario, and are not meant to convey that all positions must be filled at all times. In fact, some positions may be combined while others may not be needed at all. The Incident Commander, in consultation with the Operations Chief, will determine the number of positions required and the duties they will assume based on the number of clients, size of the facility and complexity of the incident.*

To the extent possible, nurses and support staff will be assigned to teams, these teams will train and deploy to shelters together. This should enhance team performance and help to eliminate oversights. If at all possible, teams will be assigned to the shelter nearest to where they live. Teams will be composed of employees of Orange County Health Department and Orange County Health and Family Services, as well as any volunteers that may come forward.

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For the following positions, a brief description of duties is provided in order to clarify the responsibilities of each position. For a more complete description of duties please refer to the Job Description checklists at Attachment J. In addition, all personnel in assigned to staff the shelter should be prepared to assist the nursing staff in providing minimal care such as, assisting clients to the restroom, assisting with feeding, and other supportive tasks that do not require medical expertise. Staff may also be assigned other duties by their supervisor or the Incident Commander depending on circumstances. All staff working in the shelters are exempt from liability under the provisions of F.S. 768.13.

A. Senior Physician (Assigned to FOC)

The OCHD Senior Physician or designee is assigned to the FOC and is professionally responsible and will help to coordinate health/medical services provided in the Special Needs Shelter. Duties include, but are not limited to:

- Approving standard nursing protocols for the SpNS staff
- Approving all extraordinary medical procedures performed at the Special Needs Shelter
- Providing diagnosis and treatment orders for acute illnesses which occur among shelterees of the SpNS, when attempts by nursing staff to contact the primary care physician are unsuccessful
- Assisting in patient transfer to next level of care in community when shelter cannot provide those services safely.
- Consulting with the Nursing Coordinator in the Field Operations Center (FOC) and/or Nurse Manager in the Special Needs Shelter on shelteree care problems when required and attempt to provide resolution of these problems
- Arranging professional contact to each SpNS within 24 hours (post disaster) and each 24 hour period thereafter if possible to assess medical problems at the SpNS

B. ESF-8 Coordinator (Assigned to FOC)

The OCHD Director of Nursing or designee assigned to the FOC is the ESF-8 Coordinator and is the contact point for the Nurse Manager of each SpNS. The ESF-8 Coordinator is responsible for the administration and oversight of the program. Duties include, but are not limited to:

- Notifying home health agencies of impending events, status of event, and activation of Special Needs Shelter staffing
- Notifying and assigning the Nurse Managers, support staff, home health agency staff members and volunteers to each SpNS when activated
- Acting as liaison for the Senior Physician in the FOC
- Procuring information on the health care status of the shelterees when requested by the OCOEM
- Providing advice and support to the Nurse Managers
- Arranging for all necessary medical supplies which are not currently available at the SpNS
- Coordinating alternate sheltering arrangements for shelterees whose medical treatment exceeds the care limits of a SpNS, in consultation with the Senior Physician.
- Supervising the preparation of the requests for medications and supplies which are required for the health care of the SpNS shelterees, through the FOC

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C. Incident Commander (Shelter Manager)

The incident commander must have completed the Red Cross Shelter Management training. The incident commander will be responsible for all facets of the special needs shelter operation. The duties of the incident commander include but are not limited to:

- Overseeing the operation of the SpNS, including the opening and closing procedures, selection of treatment areas, the disbursement of supplies, and the provision of information to the ESF-8 Coordinator in the FOC
- Becoming familiar with the building to be used, its size, facilities, layout and supplies available
- Providing food and water to staff and shelterees.
- Providing administrative and logistical support to the nursing staff
- Preparing supply orders for medications and assuring proper utilization of all supplies
- Evaluating SpNS staff for signs, symptoms of stress reaction and poor coping

D. Safety Officer (should be a nurse or environmental health specialist)

Responsible for the safety and security of all shelter occupants. Has the authority of the Incident Commander in stopping unsafe acts. Reports to the Incident Commander. Duties include, but are not limited to:

- Monitor clinical and medication safety
- Monitor food and safe drinking water standards
- Monitor environmental safety for fall hazards, sanitation and waste management
- Monitor weather safety precautions and response in conjunction with FOC (wind, hail, tornado, etc)
- Report hazards and plan for mitigation
- Ensure completion of incident/accident reports
- Coordinate with Logistics Chief for additional facility assistance in sanitation issues

E. Security Officer (Provided through Orange County Sheriff Department)

Maintains the security and safety of the staff and shelterees and family members arriving at the SpNS. Works together with the local law enforcement agency. The role of security is flexible within the SpNS to insure the safety of the shelterees. Duties include, but are not limited to:

- Checking in with the Incident Commander
- Guiding traffic to the SpNS
- Establishing one main entranceway for the flow of shelterees into the SpNS
- Working with the Incident Commander to set up schedule of security
- Assuring inappropriate patients aren't left without a caregiver
- Monitoring parking and arrival/departure of SpNS shelterees and staff
- Ensuring that entranceway to SpNS remains clear and accessible
- Directing emergency and supply vehicles to appropriate locations
- Maintaining law and order, tries to ease problems that may arise among shelterees
- Monitoring exits and restricted areas
- Monitoring for unauthorized weapons and drugs
- Ensuring that the building is secure to maintain the integrity of the building (no shelterees outside, windows closed, doors closed) in cases of hurricanes/tornadoes or other adverse weather conditions
- Apprising Incident Commander of any concerns or problems
- Assuring the safety of all persons
- Responding to emergencies at the center as needed
- Directing traffic for the pick-up of shelterees, staff and supplies

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F. Operations Chief (Nurse Manager)

The Operations Chief is responsible for all medical treatment and oversight in the shelter. Reports to the Incident Commander. Duties include, but are not limited to:

- Becoming familiar with the building to be used, its size, facilities, layout and supplies available and selection of treatment areas
- Arranging triage of all individuals brought to the SpNS who have health and medical problems to determine their most appropriate placement
- Working through the ESF-8 Coordinator in the FOC to procure the placement of individuals who exceed care services and safety requirements.
- Assessing the health care needs of the SpNS shelterees who are not acutely ill and ensuring implementation of the orders by the nursing staff
- Supervising the health care delivery services of the nursing staff
- Ensuring that approved protocols are utilized by nursing staff
- Provide clinical guidance and just in time training as needed
- Ensuring that all CNAs (Certified Nursing Assistants) and support staff have appropriate supervision by an RN
- Monitoring potential for infectious disease transmission
- Evaluating SpNS staff for signs, symptoms of stress reaction and poor coping

G. Nursing Unit Leader/Staff

The nursing staff includes OCHD, hospital, home health agency and volunteer RNs/LPNs. The nursing staff delivers appropriate medical services within the SpNS under the direction of the Nurse Manager. One of the nursing staff will be designated as the Nursing Unit Leader and will report to the Operations Chief. At a minimum, two OCHD Registered Nurses will be available 24 hours per day in each SpNS and will provide oversight of all nursing services. Nurses should perform only those activities consistent with their level of practice expertise and only in accordance with their professional practice and local protocols. Duties include, but are not limited to:

- Determining if the people meet the SpNS admission criteria
- Determining which area of the SpNS they should be placed in
- Supervising and assisting in the administration of medications to the shelterees
- Assessing the physical condition of the shelterees on an on-going basis
- Maintaining documentation in the shelteree's medical update form and advising the Nurse Manager of any adverse change in the condition of a shelteree
- Monitoring those shelterees who are receiving oxygen
- Delivering care and assistance to shelterees as required following approved protocols
- Determining what items are needed - If necessary, sends for the Operations Chief to help resolve the problem
- Referring to shelter physician and/or EMS if someone needs immediate medical attention
- Maintaining universal precautions and infection control
- Determining discharge process

H. On-Site Doctor

The on-site doctor is responsible for shelteree care beyond the scope of the nursing staff. Consults with the Operations Chief and senior physician at the FOC for movement to hospital or nursing home if conditions exceed the capabilities that the shelter staff can provide. Reports to the Operations Chief.

- Determines need for shelter dispensed medications and writes medication order

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- Assesses client health status at request of Nursing Unit Leader
- Monitors overall health of shelterees
- Determines medical priorities for care and resources in shelter emergency
- Advises on infection control and prophylaxis if indicated (Tetanus, Antibiotics, Isolation)
- Implements emergency Needle Stick Prophylaxis protocol for staff

I. Paramedic Unit Leader (if available)

Provides basic life-saving capability to both shelterees and staff. Provide assistance to the Nursing staff when needed. Provide transport of shelterees to other facilities if required. If assigned to a shelter they will report to the Operations Chief. Duties include, but are not limited to:

- Providing emergency assistance if needed
- Assisting nursing staff as requested
- Overseeing ambulance transport via ambulance, which should be on-site at the SpNS to the hospital, nursing home or ALF

J. On-Site Respiratory Therapist (if available)

Provides assistance to shelterees and nursing staff on proper utilization of multilators, and other respiratory equipment. If assigned to a shelter the therapist will report to the Operations Chief.

K. Mental Health Unit Leader/Staff

Leader is responsible for the mental health of both staff and shelterees. Helps both staff and shelterees adjust to the rigors of living in a shelter. Reports to the Operations Chief. Duties and responsibilities include but are not limited to:

- Making rounds watching for signs of agitation, depression, confusion, etc. and responding to alleviate potential problems
- Assisting the staff in promoting diversions and activities, conversation, time orientation, etc.
- Working with the shelterees who are experiencing mental health problems and guiding the staff as to how to be most therapeutic in the situation
- Coordinate medication requirements with On-Site Doctor
- Reporting problems and potential problems that may need other intervention to the Incident Commander.
- Planning for debriefing staff (paid and volunteer) before they leave the shelter
- Determining the efficacy of holding a debriefing session a week or two after the evacuation experience

L. Logistics Chief

Responsible for oversight of all logistics functions to include supplies, facilities, communications, child care, feeding and sleeping areas. Coordinates with the school representative in maintaining facilities such as restrooms, kitchen, break and sleeping areas. Responsible for the set-up and tear down of equipment prior to opening and after closing of the shelter. Makes sure staff has all equipment and supplies needed to carry out their functions. Reports to the Incident Commander. Duties and responsibilities include but are not limited to:

M. Supply Unit Leader/Staff

Leader is responsible for coordinating with the Operations, Planning, Logistics and Administrative Chiefs As well as the Incident Commander to determine their supplies needs and

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fulfill them. Reports to the Logistics Chief. Duties and responsibilities include but are not limited to:

- Assures that there is a continuous supply of supplies
- Assures adequate clinical and administrative supplies based on par levels and new site requirements
- Maintains control and security of supplies
- Maintains inventory log and accounts use supplies
- Identify and tag all equipment needing repair and/or replacement.
- Assist with set-up and tear down of the facility

N. Facilities Unit Leader/Staff

Leader is responsible for ensuring the facility is adequate to meet staff and shelteree needs. Ensures toileting facilities are continuously cleaned and stocked. Ensures adequate kitchen and eating facilities. Responsible for the feeding and watering of staff, shelterees and family members. Must be conscious of the special dietary needs of many of the shelterees. Coordinates with the Supply Unit Leader to ensure sufficient quantities of food are available and that special meals are secured for those that need them. Coordinates with Safety Officer to ensure environmental and health standards are met and maintained. Ensures adequate rooms are secured away from the shelterees to provide child care and rest areas for the staff. Reports to the Logistics Chief. Duties and responsibilities include but are not limited to:

- Monitors environmental and feeding facility sanitation
- Plans for general waste and Medical waste management and disposal
- Coordinates Linen management for delivery of clean linen and removal of soiled linens
- Plans for meal delivery for non-ambulatory shelterees
- Assist with set-up and tear down of the facility.

O. Communications Unit Leader

Responsible for ensuring continuous communications between the shelter staff, the shelter and the FOC, and for wireless computer connectivity to the FOC. Will issue 800MHz radios and computers to pre-determined shelter staff members and collect same when shelter is closed. Will attempt to establish FAX connectivity with the FOC and EOC if phone system will allow it. Reports to the Logistics Chief. Duties and responsibilities include but are not limited to:

- Establishes communication center at Shelter
- Maintains sign-out log for issued equipment
- Maintains current phone contact numbers and radio channels for FOC, EOC and other contact resources
- Coordinates services of Radio Operator if on site
- Assists staff with use of equipment, provides “just in time” training as needed.

P. Child Care Unit Leader/Staff

Leader is responsible for providing child care to family members of staff and shelterees. Will provide activities to keep children occupied. Coordinates with the Facilities Unit Leader to secure an adequate area away from the special needs shelterees and the staff rest area. Infants should be cared for by their parents. Reports to the Logistics Chief. Must have completed infant/child CPR.

- Provides secure and safe play area (falls, unauthorized food and medicines, choking hazards)

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- Establishes verification process for releasing child to parent or guardian from play area
- Maintains cleanliness, implements hygiene measures to reduce transfer of body secretions from child to child
- Consults with Safety Officer on infection control issues or child illness for exclusion guidelines

Q. Planning Chief (FOC function except for large scale shelters)

Responsible for coordinating with the Incident Commander and Logistics, Operations and Administrative Chiefs in order to develop the Incident Action Plan for the next operational period (next 12 hour shift). Also responsible for developing a demobilization plan for when the shelter is closed. This plan will specify an equipment and supplies inventory, where the equipment and supplies will be taken, method of transportation, and who will transport. This plan also must consider the disposition of shelterees in the event they don't have homes to return to. This plan must include Elder Affairs should this event occur. Reports to the Incident commander.

R. Situation/Status Unit Leader (FOC function except for large scale shelters)

Responsible for collecting data such as shelter census. Shelter census will include a count of staff, staff family members, shelterees, shelteree family members, and health care providers. Should also collect data such as where shelterees, their family members and caregivers live in order to develop a coherent transportation plan. This unit also needs to collect supplies and medical supplies status, such as shortages, anticipated delivery times, etc. Reports to the Planning Chief.

S. Administration Chief

Ensures that all occupants (shelterees and staff) and family members are registered upon arrival. Maintains a system for checking occupants in and out when they leave for any period of time. Manages the system of record keeping for shelter registration. Provides information services. Must be able to work well with people. Reports to the Incident Commander. Duties include, but are not limited to:

- Setting up waiting and registration area. Assisting Operations Chief in Triage station set up
- Ensuring all shelterees are registered before they enter the shelter
- Ensuring orientation information is available to give to the shelterees when they arrive
- Posting orientation information in areas where it can be read by shelterees and family
- Supervising Registration Assistants and support staff
- Instituting system for shelterees to be checked in and out
- Keeping accurate count of number of shelterees in the shelter and providing that count to the FOC when needed
- Maintaining list of all shelterees, to include home address and means of transport to the shelter
- Providing information to shelterees and family members
- Maintains staff and volunteer registry, sign in sheets and work hours logs

T. Registration/Discharge Unit Leader/Staff

Responsible for registering and discharging all shelterees, their family members and their caregivers prior to entering/exiting the shelter. Responsible for signing in/out all staff and their family members reporting to the shelter. Ensures all pertinent data is collected such as address, means of transport, contact information of family or friends. In cooperation with the Nursing

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Unit Leader, will collect information on special medical and dietary needs to ensure proper placement in the shelter. Responsible for maintaining a continuous census of the shelter population and reporting that information to the Incident Commander, Administrative Chief or FOC upon request. Provides this data to the FOC and Situation/Status Unit Leader upon request and to the Data Entry Unit Leader for input into the database. Reports to the Administration Chief. Duties include, but are not limited to:

- Registering/discharging shelterees as they enter/exit the shelter
- Giving shelterees a brief orientation to the shelter
- Providing information to shelterees and family members
- Alphabetizing and organizing all registration materials on shelterees and staff
- Ensuring that all registration/discharge materials and records of shelterees are gathered, stored in a secure location, and ready to ship

U. Support Unit Leader/Staff

Responsible for maintaining a staff of personnel to assist wherever needed. This may be to assist nurses in some limited capacity, to assist with preparing or serving meals, to assist with child care, to assist with loading or unloading supplies and delivering them to the appropriate area, to assist with clean up of facilities, etc. Will assist with set-up and tear down of the shelter. This is basically a labor pool to be used where needed. Reports to the Administrative Chief.

Clerical/office worker volunteers work under direction of the Administration Chief. Essentially performs clerical duties as assigned and provides general support services. Duties include, but are not limited to:

- Maintaining paperwork
- Helping shelterees find right location and setting-up
- Reporting shelteree information or shelter information and messages to Administration Chief
- Assisting in distribution of food
- Providing comfort measures and emotional support to shelterees and families
- Obtaining refreshments and basic comfort measures for shelterees as needed (e.g. blankets, pillows, etc.)
- Maintaining orderly, clean area and dispose of trash
- Helping maintain safety of area

V. Data Entry Unit Leader/Staff

Responsible for entering registration information into the database and transmitting to the FOC. Responsible for maintaining the database on staff working in the shelter and report in/out times for tracking purposes. This will be the official method of tracking time expended during the disaster. Responsible for entering and maintaining any other data deemed pertinent by the Administrative Chief. Reports to the Administrative Chief.

IV. SUPPORT STAFF

The Caregiver may be Certified Nursing Assistants (CNAs), home health agency employees, nursing students, family members, and/or daily companions, emergency medical technicians, orderlies, personal care attendants, significant others, and consulting with the nursing staff if needed. Duties may include, but are not limited to:

- Assisting the shelteree with mobility impairments in ambulation and transfer
- Assisting the nursing staff as required
- Keeping the shelterees as calm as possible

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- Monitoring shelteree conditions for changes and immediately reporting to the nursing staff
- Working within license or certification, or skills and abilities
- Following directions of licensed staff person in charge
- Reporting particular needs of shelterees
- Assisting shelterees to get settled in their space and answering questions regarding location of bathroom, etc.
- Assisting in ambulating, toileting, transfers, personal hygiene
- Keeping shelterees aware of time & inquire if assistance is needed with self-administered medications and treatments - Informing a licensed nurse if help is needed
- Providing diversional activities, conversation, etc.
- Assisting in acquiring food and/or feeding as needed
- Assisting in keeping area clean and free of trash
- Maintaining universal precautions and infection control

B. Special Communication Needs

The Special Needs Shelter Supply Kit contains picture boards to assist in communicating with the hearing impaired and non-English speaking shelterees. When requested, the **Deaf Service Center** will supplement this asset, by providing an American Sign Language Interpreter to facilitate communication with a non-hearing shelteree. For language interpretation services contact the Institute for Cultural Competency at 1-800-654-5975. All requests for this type of assistance must be directed to the Nursing Coordinator in the FOC for processing.

C. On-site Recruitment, Supervision of Volunteers

- Volunteers will be needed to set up cots and to assist the frail, ill and elderly into and out of the building. Assistance may be needed to help deliver meals and clean up after a meal.
- Family members of staff can be asked to volunteer.
- SpNS staff should be asked to look for potential volunteers while registering persons into the shelter.
- In order for volunteers to be covered by state liability protection and workers' compensation, they **MUST** complete a Health Department volunteer packet and document their hours. Always give newly recruited volunteers as explicit instructions as possible regarding what they are to do and what they are not to do and provide a safety brief prior to start of their shift. All volunteers will be assigned to someone on the shelter staff.
- If an individual volunteer proves to be questionable or in some way unreliable, thank them for helping and tell them that their services are no longer needed. **Be firm, but not confrontational.**

Treat them the way you would want to be treated. If they begin to cause a disturbance seek assistance from a mental health staff person, if available. Try to prevent the situation from escalating. Keep calm and try to escort them out of the area. Law enforcement will usually be in the building if needed. If not, call 911.

V. ACTIVATION OF SPECIAL NEEDS SHELTER

A. Concept of Operations

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Alert and Notification

Depending on the nature of the disaster, there may or may not be advance warning of an event. In situations where warning is given, preparation for the event will begin with as much lead-time as possible.

A. The Orange County Office of Emergency Management (OCOEM) will send information on hurricane projections to ESF lead agency representatives approximately three days before the projected landfall. OCOEM will provide hurricane-tracking maps, information on the storm and a projected schedule to support agencies. An anticipated timetable of when the Orange County EOC will activate will also be provided. The OCDEMS as the lead agency for ESF-8 will begin the telephone tree notification of support agencies.

B. The Orange County Emergency Operations Center will:

1. Notify the Emergency Support Function (ESF) lead agencies that will have representatives in the Orange County EOC, and the lead agencies involved in the operations of the SpNSs of the possible threat of an event
2. Notify the OCDEMS to initiate the Call Down List to activate SpNS staffing when necessary
3. Identify possible evacuation levels and affected populations
4. Query the Special Needs database and provide transportation schedules to transportation agencies to begin notification procedures
5. Keep agencies updated on the status of the event, by phone calls, faxes and/or briefings
6. Determine which SpNSs will open
7. Notify support agencies and personnel with estimated opening time and locations

C. The OCDEMS will:

1. Notify ESF-8 staff to report to the OCEOC

D. The OCHD will:

1. Activate the OCHD call down list and prepare for staffing SpNS
2. Ensure that each Nurse Manager has this resource guide in their possession prior to reporting the SpNS
3. Review their plans and Emergency Operating Guidelines (EOGs) and provide updated information as necessary
4. Inspect, dispense and/or relocate equipment and/or supplies
5. Mobilize available resources
6. Notify the Operations Chief of any problems/deficiencies
7. Provide staff to the SpNS at designated time
8. Initiate the Call Down List to activate SpNS staffing when necessary

E. Staff who are expected to report to work during an activation will implement their personal emergency preparedness plan by:

1. Securing their home
2. Making arrangements for family members/pets during their activation. Staff members are permitted to bring family members to the shelter. Child care will be provided for staff families only while assigned to the shelter.
3. Locating their personal supplies that will be needed during the activation
4. Ensuring that they have supplied up to date emergency contact numbers to their agency or the person who will be notifying them

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5. Ensuring that any vehicles and/or equipment that they will need is operational and that any supplies they may need during the event are on hand
6. Reviewing the Emergency Operating Guidelines and be familiar with their roles and responsibilities

OPENING THE SpNS

The SpNS will be opened by the designated person responsible for the building and the Incident Commander designated for the SpNS. If a SpNS is not open by the estimated time, the following steps should be taken:

- A. Notify ESF-8 at FOC of situation.
- B. ESF-8 will notify the Orange County School Board at ESF #6

C. Walk Through Survey of the Facility

Once the SpNS is opened, the Incident Commander, Operations Chief and school representative must survey the area. The survey should document the condition of the facility and any facility equipment that will be utilized during the SpNS operation.

D. Securing the Facility

In order to maintain the flow of personnel and shelterees coming into and out of the SpNS, it is important to establish one main entryway. The Incident Commander and security personnel will ensure that areas, which are not to be used during the SpNS operation, are secured and identified as off limits. Interior spaces of the building that are not to be utilized should be identified with the “Do Not Enter” signs provided in the SpNS Office Kit.

For a hurricane evacuation, facility personnel will ensure that the windows and doors of the facility are closed properly to protect the integrity of the building. Exterior doors not used as entrances should be secured from outside entry, but allow emergency exit. No secured doors will be allowed to be propped open for any reason. Any problems that cannot be resolved at the facility should be reported to the ESF-8 FOC to coordinate with the person responsible for the building.

E. Set-up of SpNS Stations and Signs

After the SpNS has been surveyed and properly secured, the staff should begin setting up to receive shelterees and supplies.

Posting exterior signs: Designated personnel will post the exterior signs in pre-designated areas to guide traffic to the SpNS. *Attachment D* discusses the placement of the exterior signs.

Post interior signs: The Logistics Chief, or designee, is responsible for posting the interior signs to identify the various stations and important locations within the SpNS. Any signs that are not listed but deemed necessary will have to be created by the SpNS staff. *Attachment E* discusses the placement of interior signs. Signs should be secured with painters tape to reduce facility damage.

F. Registration Information Area

The registration area should be set up near the main entryway to ensure that all persons coming to the SpNS are screened and registered. Several tables or desk areas designated alphabetically should provide a station for people who are not pre-registered.

The pre-registered persons who have been transported by the FOC will have a pre-printed card from the Orange County Special Needs Assistance Population Program registry. Staff will update the information on this form. The first person to receive the shelteree will write the shelter's name and the bus number they arrived on, if they arrived by Orange County transport, and review the name and address section of the form. Wheelchairs located in this area are for transport of

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persons to the shelter area and are not be loaned out for individual patient use. Staff are responsible for ensuring the wheelchairs are returned to the registration area.

The shelteree should then be directed to the nurse's station to have the medical portion updated. At the nurses station the shelteree will be assigned to an area of the SpNS based on the level of care that is required. The information area should be near the nurse's station/office and should include an area where updates can be posted. The SpNS rules should be displayed in this area. Personnel should remain at the information area to provide updates to the people in the SpNS.

G. Triage Area

The triage area should be located at the nurse's station. Medical information will be requested from the shelterees, and an initial examination may be performed; therefore, privacy of the shelteree should be considered when selecting a location. It is not advisable to utilize the registration area, as traffic flow may be extremely heavy at that area.

H. Nurses Station/Office Area

The nurse's station/office area should include a first aid station and a medical supply area. A nurse should staff the first aid station and the Operations Chief should oversee the operation. The medical supply area should be secured and monitored by the Nurse Manager. All pre-identified medical supplies will be delivered to the Logistics Chief and will be logged in when received. The general supplies for the SpNS should be stored in an area away from public areas. Upon receipt of medical supplies, the Logistics Chief or designee will verify items and quantities, noting any discrepancies on the inventory sheets. When SpNS operations are terminated the Logistics Chief or designee will complete a final inventory of the remaining supplies and calculate the total quantity used. The inventory sheets are to be returned to ESF-8.

I. Temporary Morgue

A temporary morgue needs to be established in case of a death in the SpNS. The morgue area should be an isolated room, away from the general congregation areas. The deceased person should be shrouded with a blanket and have an identification band applied to the wrist and ankle. If no family member is available to take possession of personal belongings, the items should be inventoried and stored in a secure area. The Incident Commander should notify ESF-8 and/or the appropriate authorities who in turn will notify the medical examiner and next of kin.

J. Staff Sleeping Area

This area should be located in a quiet area of the SpNS, preferably away from the main traffic. The area should be secure from outside entry for staff safety and lockable from the inside. The ideal area would be an area where there is limited or no natural light to allow for people to sleep during the day and near restroom facilities.

K. Arrival of Staff

All staff reporting to the SpNS must report to the Registration Desk, present identification and sign in. Staff members should report to the Administration Chief for assignment within the SpNS. If the Administration Chief is not available, they should report to the Incident Commander or designee for direction. All staff should be issued and wear SpNS identification vests if available and wear their agency picture ID. All staff members should fill out the SpNS Staff Registration form, verify contact phone numbers and log the hours they work while the SpNS is open. The FOC will maintain this information after the event.

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Staff is expected to report to the SpNS under the agreements and/or plans made by each agency. Shift changes should be taken into consideration with reporting times. Depending on the nature of the emergency, it may be impossible for staff to report during and immediately after the event. This could lead to shortages in staff and exhaustion of staff on duty. Agencies providing staff should consider two twelve-hour shifts for personnel to relieve one another.

L. Arrival of Volunteers

All volunteers must sign in at the Registration Desk and fill out the SpNS Volunteer Registration Form and log all hours they work while the SpNS is in operation. Volunteers will report to the Administration Chief and should be assigned to an area of the SpNS where they will feel comfortable. All volunteers should be oriented and supervised by the appropriate staff member. All volunteers should be issued and wear identification.

M. Arrival of Supplies

All supplies that arrive at the SpNS must be inventoried and then kept in a secure area. The management personnel in charge of each area will track their supplies and report the receipt of supplies to the Logistics Chief. Supplies delivered from off site should be distributed to the appropriate area of the SpNS. Refer to the facility map for the location of the supply area. The Logistics Chief should reassign duties if the person responsible for the task is not present at the opening of the SpNS. Supplies should then be disbursed to the appropriate area within the SpNS. Due to space constraints, supplies may have to be stored in a centralized, secure area until the staff needs them.

N. Disbursement of Supplies

It is the duty of the responsible personnel to ensure that supplies are disbursed appropriately. Assignment of Cots/Bedding: It is the responsibility of the Operations Chief to determine who should receive cots and bedding supplies. These items will be limited in number and should be assigned to those who have the greatest needs. Medical Supplies: Medical Supplies must be kept in a secured area that has been designated by the Operations Chief.

O. Arrival of Visitors

It is probable that a SpNS will be visited by the media or by other people who are not there to stay or to assist. All visitors must sign in at the registration area and state their purpose. The Incident Commander should be notified of all visitors on the premises. Visitors should be asked to wait in an area that does not interfere with SpNS operations. Solicitation of any nature is prohibited. Media filming and photographing of clients and facilities is not allowed without approval and individual consent. They should be treated in a kind and courteous manner and asked to wait for the Incident Commander. The FOC should be notified when the media arrive.

P. Feeding Responsibilities

FOOD - As adapted from the American Red Cross Shelter Operations Guide:

The feeding responsibilities in a shelter include supervising on-site food preparation and service for shelterees and family and staff. The Logistics Chief should advise the ESF-8 Coordinator of supplies that are needed, ensuring that safe food handling procedures are followed. The EOC works collaboratively with the American Red Cross or Salvation Army and other local resources to assure food source.

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Initial Actions

The Logistics Chief or designee should:

- Discuss the best options for feeding at the shelter in an initial briefing. These may include the following:
 - Fast food or restaurant-prepared meals (particularly during the first 24 hours)
 - Determine when the first meal will be needed
 - Identify supply sources for food and water
 - Identify food storage, food preparation, serving, dining, and garbage disposal areas within the shelter
 - Locate the disposal area away from the preparation, serving, and dining areas - Provide containers for disposal of trash, liquid waste, and garbage and an appropriate area for cleaning trash receptacles - Provide cleaning and disinfectant supplies
 - Identify available utilities - If no utilities are currently available, find out when supplemental power (i.e. portable generator) will be supplied or when utilities may be restored

Q. SpNS Admission Process

Arrival of Shelterees

Posted signs will direct traffic to the entryway of the facility. The security personnel will direct all other personnel coming into the Triage area. *Attachment G* depicts the ideal flow of shelterees into the SpNS.

Shelterees on buses will be escorted into the SpNS; shelterees in private cars who need assistance should be allowed to unload at the drop off area after which the car should be parked in the appropriate parking area. If any SpNS personnel are available to help park cars or assist people into the building they should be recruited. Shelterees should be permitted to unload their personal items at the drop off area so they do not have to carry them a long distance.

Triage

Before shelterees enter the SpNS they should be assessed for appropriateness, based on level of care available, by the Triage Team.

1. The mission of the triage team is to efficiently sort shelterees into treatment categories enabling medical teams to provide the best care possible to the greatest number of shelterees. The triage team does not provide direct shelteree care because it will slow the triage process. The exceptions are airway management, or other situations, which require immediate action to save life, limb, or sight. A triage team will make quick assessment and route shelterees to the appropriate location.

2. The triage team will:

- Obtain a brief history and perform a nursing assessment (to include basic personal information, ongoing medical needs, and allergies, the presence of alcohol or drugs, or language barriers).
- Written physicians orders and prescriptions will be documented if available.
- Determine whether the shelteree can be sheltered in a public shelter or should be assigned to the Special Needs Shelter.
- Provide a list of Shelteree Information containing shelter rules to all shelterees and caregivers.
- Place a wristband if available on all shelterees assigned to the Special Needs Shelter. The band will state the shelteree's name, address, and phone number. A color-coded sticker

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will be placed on each wristband to identify type of care required. The same colored sticker will be placed on the shelteree care forms, which will be given to the nursing staff.

- Those shelterees, who are critical and awaiting transportation to a medical facility, will receive a white wristband stating name, address, and destination for transport. All triage records will be forwarded with the shelteree, and the shelter registration form will be annotated with transfer information. Wristbands will not be issued to caregivers.
- Triage personnel will be assigned other duties after the initial surge intake is completed or as directed by the Operations Chief.

R. SpNS Registration

- All persons accepted for admission to the SpNS will receive a wristband and proceed to the Registration desk for assignment to the appropriate care area. *Attachment H* details the care categories.
- Persons who are pre-registered should give their name to the registration desk and the pre-printed roster should be checked. Each name should be written on the wristband and the information on the top section of the registration form (name, date of birth, address and emergency contact) should be updated. Each name is then checked off on the alphabetical list to indicate arrival and the number of chaperones is recorded. If the shelteree is not pre-registered, a blank registration form needs to be completed and their name, number of companions, and date of arrival are logged on the Special Needs Shelter Shelteree Log Sheet.
- Once shelterees are registered, they are directed to the appropriate care area.

VI. SPECIAL NEEDS SHELTER DEACTIVATION

DECISION MAKING

The decision to deactivate the sheltering operation rests solely with the Policy Group in OCOEM. At no time will a shelter be deactivated prior to the issuance of this order. Each shelter will receive approval to commence closing procedures through the OCOEM. These instructions will be received either by telephone or the radio operator stationed at each shelter. The OCOEM through ESF-8 will notify the SpNS of the closing times. SpNS will not be deactivated until the last client has been delivered safely home. The Transportation ESF will notify the OCOEM of this clearance. If an area of the County receives damage, it may be necessary to return some clients to the Shelter for continuing care until further arrangements for long-term care can be made. In cases where shelterees are unable to return to their homes, attempts will be made to identify alternate facilities, i.e. with family, friends or other accommodations. Consolidating SpNS populations may reduce the number of available evacuation shelters. At the time the SpNS closing is announced, the SpNS staff needs to determine the number of shelterees needing temporary housing.

The decision regarding closure of the SpNS will be based, in part, on the following:

- Impact of the event on shelterees' homes
- The urgency of the need to return the facility to normal conditions
- Availability of transportation resources
- Time of day

Shelterees may be anxious to return to their homes and should be advised to wait for the "all clear" to be given by the Office of Emergency Management. Shelterees may leave the shelter at will, except during the height of a hurricane when opening doors may jeopardize the safety of the staff and other shelterees.

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TRANSPORTATION

Those clients who are stable and have their own transportation may be released to their homes. Charts should be annotated as to the client's condition and the Registration Log should reflect the time of departure. The number of clients requiring ambulance transport will be reported to ESF-8, Health & Medical Services in the FOC in order to facilitate transport. Prior to departing the shelter, the client's condition will be noted on his or her chart and the Operations Chief will brief the ambulance personnel. Departure time should be noted on the Registration Log. The number of clients who require bus and/or wheelchair assist vehicle transport will be reported to ESF-1, Transportation, in the OCOEM. The condition of each client will be noted on the chart and the departure time will be noted on the Registration Log.

DISCHARGE PLANNING PROCEDURES

1. Upon admission, each shelteree will be individually interviewed by the registration staff. It is very important to ascertain the names of family or friends' as well as home health agencies involved and to obtain information on how the shelteree arrived.
2. The name of the shelteree will be recorded on the Registration Log. Shelterees can be categorized according to departure plans (i.e. those by Public Transportation, those by friends, family, other means).
3. When it is time for departure, nursing staff will assist shelterees with the necessary arrangements. The FOC will enlist the assistance of ESF-1 for transportation of shelterees to and from the shelter, make phone calls to Public Transportation, a home health agency, a family member, etc. if required and verify power and home status for those who depend upon electricity.
4. If no arrangements can be made to get the shelteree home, or if the home is uninhabitable, the Department of Children and Families must be notified. It may also be necessary to contact a local nursing home or ARC to arrange for temporary placement.
5. Upon departure, the time and date will be recorded on the Registration Log and notification will be provided to the Operations, Administration and Logistics Chiefs.
6. For those placed in a nursing home, the discharge planner (OCDEMS) must follow up with the shelteree and further assist his or her return home or to another living arrangement.

CLOSING OPERATIONS

SpNS records should indicate the shelteree's condition, time of entry, time of departure and notes of stay. Upon receiving the authorization to commence closing operations, the following steps must be taken:

1. Those shelterees who are stable and have their own transportation should be assisted with departure. The time shelterees leave should be noted.
2. Report to the FOC the number of shelterees requiring stretcher transport. Note departure as in #1.
3. Shelterees must board buses and wheelchair assist vehicles by evacuation zones. Preferably the same people who arrived on one bus should return on one bus. Note departure as in #1.
4. When all shelterees have departed, the Operations and Logistics Chiefs and school representative will carefully check each room. All medical equipment and supplies will be inventoried, removed and placed in the central staff area for appropriate disposition. The room will be returned to order and all trash removed. All documentation will be turned over to the Administration Chief.
5. The Logistics Chief/Designee will assign staff to re-pack the supplies and ensure that the supply logs are complete. All records will be given to the Administration Chief.
6. The Logistics Chief/Designee will coordinate removal of the cots.

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7. The Incident Commander will report final closure to the Shelter Coordinator at FOC by phone or radio operator. The Logistics Chief/Designee will ensure that arrangements are made for all oxygen canisters, equipment and supplies and cots to be picked up.

8. The Incident Commander/Designee shall contact staff and volunteers who have agreed to help with the deactivation.

9. The Logistics Chief/Designee should make arrangements for the oxygen, Transfill unit, medication, supplies, blankets and cots to be picked up promptly, thereby ensuring the speedy resumption of school activities. Nursing staff should be given time to account for medication and supplies used. Instruct pick-up staff to account for all boxes and equipment that were taken to the shelters.

10. The Incident Commander/Designee will inform SpNS staff where to turn in all registration forms, charting forms, management advisory reports, media releases, staff sign-in sheets, supply logs, room assignment logs, volunteer packets, etc.

MITIGATION

Post disaster evaluation and mitigation activities

1. Review all of the above activities after the initial post-storm work has been done. Debrief all individuals involved and document activity assessment.

2. Analyze all registration and charting forms, logs, etc. Begin gathering information and data. Determine where all forms will be kept for future reference.

3. Start making appropriate changes in future preparation plans.

VII. ATTACHMENTS

- A. Levels of Care for Special Needs Shelter
- B. Suggested Staffing Levels
- C. Shelter Operations
- D. Exterior Signs
- E. Interior Signs
- F. Supply and Designated Area Responsibility
- G. Flow of Shelterees in the SpNS
- H. Shelteree Category Color Code
- I. Registration Checklist
- J. Job Action Sheets

Kevin M. Sherin, MD
Director, Orange County Health Department

Date

Steven A. Hale, MD
Senior Physician, Orange County Health Department

Date

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Gabrielle Bloodworth, RN
Director of Nursing, Orange County Health Department

Date

David Freeman

Date

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ATTACHMENT A

LEVELS OF CARE FOR SpNS

Examples	American Red Cross Evacuation Center	Special Needs Shelter	Medical Management Facility
Alzheimer's Disease (ALZD)	Early	Moderate, cooperative, Not a flight risk.	Advanced. Bedridden; nonverbal Refusal to eat; totally dependent
Ambulating Difficulty (walker, cane, crutches)	✓	If other information may indicate a need	
Ameliorating Lateral Sclerosis (AL) wheelchair		✓ Wheelchair bound, able to transfer from chair to bed	Advanced, bedridden, totally dependent
Aphasia (communication Difficulty)		✓	
Arthritis	Self-ambulating	Wheelchair bound, able to transfer from chair to bed	Bed bound, requires pain management
Asthma	✓	Requires nebulizer treatments	Unstable, requires urgent medical evaluation, O2 sat below %
Bronchitis	✓	If requires nebulizer treatments	Unstable, requires urgent medical evaluation, O2 sat below %
Cardiac	Stable, oral meds	Controlled with Med.	Unstable –Having SOB & Angina
Cerebral Palsy	Stable	✓	Severe, bedridden, totally dependent
Cerebrovascular Accident (CVA)		Wheelchair bound, able To transfer from chair to bed.	Bedridden
Chronic Obstructive Pulmonary Disease (COPD)		Oxygen Use	Oxygen dependent, end stage
Colostomy	✓	Assistance needed	Post surgical ostomy
Comotose			✓
Contagious, severe infection			Hepatitis, Tuberculosis, Measles or mump adult
Continuous Ambulatory Peritoneal Dialysis(CAPD)			✓
Cystic Fibrosis	Stable	Needs Med.	Resp. Compromise
Dementia		Able to follow instructions, not a flight risk	End stage, bedridden
Diabetes/Hyperglycemia	Insulin and diet controlled	Insulin Administration Assistant monitoring	Brittle diabetic, glucose over on dialysis
Eating and Swallowing Disorders	✓ Eating disorder under control	Stable anorexia/bullemia under treatment. Swallowing disorders requiring thickeners and gastric feedings.	No gag reflex, history of aspiration, requires suction airway management
Edema	✓ Mild, related to Position or non-acute injury as in a sprain	Related to mild CHF and position	Acute CHF or other metabolic condition requiring urgent medical management

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Examples	American Red Cross Evacuation Center	Special Needs Shelter	Medical Management Facility
Emphysema	Not oxygen dependent	Oxygen use, minimal monitoring	Oxygen dependent, end stage
Foley Catheter	Stable	Management & Foley Change	Catheter management post surgical procedure
Fractured Bones	✓	Pin site Care Dressing Changes	Acute injury requiring monitoring and pain management
High Blood Pressure/ Hypertension	Stable	Monitor, assistance with medications	Uncontrolled, requires urgent medical management
Hip Replacement	>6 months	<6 months	
Ileostomy	✓	Requires assistance in Self-care	Recent surgical procedures
Knee replacement	>6 months	<6 months	
Medical Equipment Attachments		G-Tubes	IV, NG –Tubes, Central Venous Catheters or Tracheotomy Tube (newly placed or requires frequent suctioning)
Migraine Headaches	✓		
Multiple Sclerosis	Self-ambulating	Wheelchair bound	Bed bound
Muscular Dystrophy	Self-ambulating	Wheelchair bound	Bed bound
Neuromuscular Disorders	Self-ambulating	Wheelchair bound	Bed bound
Osteoarthritis/Osteoporosis	Self-ambulating	Wheelchair bound	Bed bound
Parkinson’s Disease			Advanced
Psychosis	Controlled	Controlled	Uncontrolled
Respirator Ventilator Dependent			✓
Seizures	Controlled	Med Assistance Needed	Uncontrolled
Skin Rashes	Sores/Non-Fluid	Open Sores; draining, Dressing changes	Infectious
Sleep Apnea	Non-electric dependent		Electric dependent, CPAP
Upper respiratory infection	✓	✓ Isolation	Requires urgent medical evaluation, Fever/O2 sat %
Urinary Tract Infection	✓		
Wheelchair Transferable	Mobile with minimal Assistance	Wheelchair bound with Other conditions	Bed bound

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ATTACHMENT B SUGGESTED STAFFING LEVELS

Staffing levels for providing care within SpNS are recommended as follows and may be adjusted based on acuity of clients:

DAY	NIGHT
1 RN Manager (CHD)	1 RN Manager (CHD)
1 RN/LPN per 30 shelterees	1 RN/LPN per 30 shelterees
1 Caregiver per 15 shelterees	1 Caregiver per 15 shelterees

The specific staffing needs by SpNS for full capacity are as follows. Staffing needs will be adjusted as necessary based on the actual SpNS population

(P) University High School 11501 Eastwood Drive Orlando, FL 32817 - 200 Shelterees

1 RN Manager 7 RN / LPNs 15 Caregivers per shift

(P) Olympia High School—200 Shelterees

1 RN Manager 7 RN / LPNs 15 Caregivers per shift

(P) Freedom High School 2500 Taft-Vineland Road Orlando, FL 32837 - 200 Shelteree

1 RN Manager 7 RN / LPNs 15 Caregivers per shift

(A) Blankner Elem School 2500 S. Mills Road Orlando, FL 32806 - 150 Shelterees

1 RN Manager 7 RN / LPNs 15 Caregivers per shift

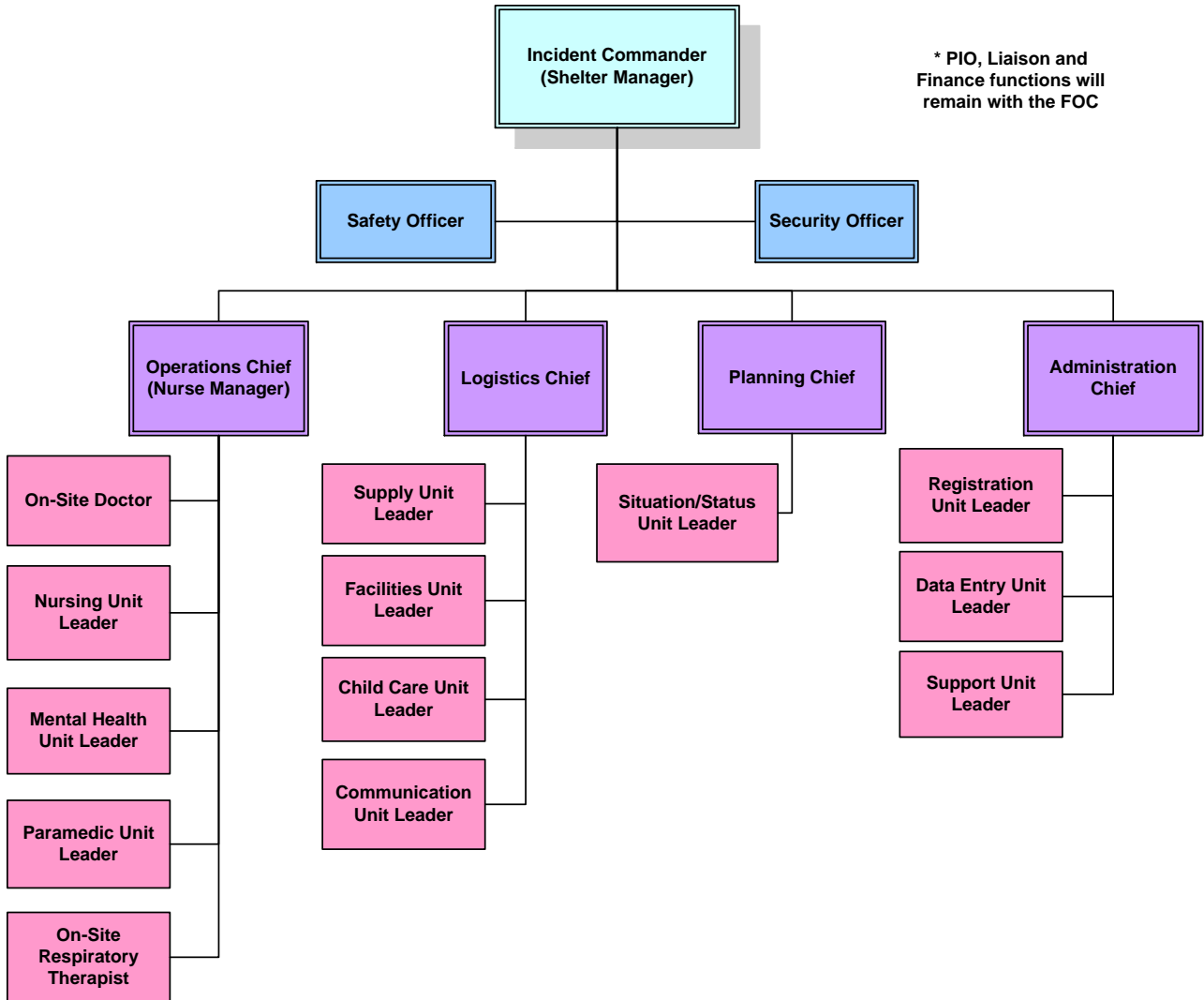
In addition to the nursing staff a full compliment of support staff will also be assigned to each shelter. The Incident Commander, in consultation with the Operations Chief, will determine the number of positions required and the duties they will assume based on the number of clients, size of the facility and complexity of the incident. These positions include (per shift):

- Administrative Chief (1)
- Child care staff (2)
- Communications (1)
- Data entry (1)
- Doctor (1)
- Facilities staff (6)
- Incident Commander (1)
- Logistics Chief (1)
- Mental Health staff (2)
- Paramedics (2)
- Planning Chief (1)
- Planning staff (2)
- Registration staff (3)
- Respiratory Therapist (1)
- Safety Officer (1)
- Supply staff (2)
- Support Staff (7)

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ATTACHMENT C

SHELTER OPERATIONS



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ATTACHMENT D

EXTERIOR SIGNS

Type of Sign	Quantity	Placement
SpNS and Arrow Signs 6	6	1 placed inside by the information area 1 placed on the exterior of the SpNS main entrance 4 placed on the telephone poles along the access routes to indicate the direction of the entrance to the SpNS Arrows should be attached to indicate the direction
Buses Only	2	Used near the main entrance to indicate the drop off area for buses.
Emergency Vehicles Only	2	Used to indicate where emergency vehicles should pick up and drop off shelterees in need of care.
SpNS Drop Off and Pick Up	2	Used to indicate where people should be dropped off. People should be allowed to unload their supplies or drop off a person with special needs as close to the building as possible.
Bus Loading/Unloading Only	2	Used for post-storm to indicate where shelterees will be picked up.

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ATTACHMENT E

INTERIOR SIGNS

Type of Sign	Quantity	Placement
Picture Board	1	Near the registration/information areas. To be used to help persons who have difficulty verbalizing their needs.
SpNS Registration	2	On the wall or on the table of the registration area.
SpNS Information	2	1 near the entrance/registration area with an arrow and 1 near the information area.
SpNS Office/Nurses Station	2	1 near the entrance/registration areas with an arrow and 1 near the Office.
Day Care Facility - Restricted Entry	1	Area for children of emergency workers, if any.
Enter/Do Not Enter	4/4	Post these signs to indicate the areas that people may or may not enter or use. Security will need to ensure that people stay out of areas designated as off limits.
Exit	3	Use these signs to indicate the main exit. Especially during the height of a hurricane it is imperative that control is maintained over the exterior doors.
Service Animals	1	An area (if one is designated) for persons with service animals.
Supervised Area	1	Area for oxygen, mental shelterees.
Treatment	1	Area for medication assisted shelterees.
Isolation – Do Not Enter	1	Area for shelterees with contagious conditions.
Hospice	1	Area for hospice shelterees.
Pediatrics	1	Area for children who are special needs shelterees.
Triage Area	1	Area for screening persons with special needs.
Animal Holding	1	Each CHD should check with their LOEM to see what the ESF-17 policy regarding sheltering animals in the SpNS is and what options are available.
Staff Only	2	
No Smoking	8	Exit areas and bathrooms
Oxygen in Use	4	

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ATTACHMENT F

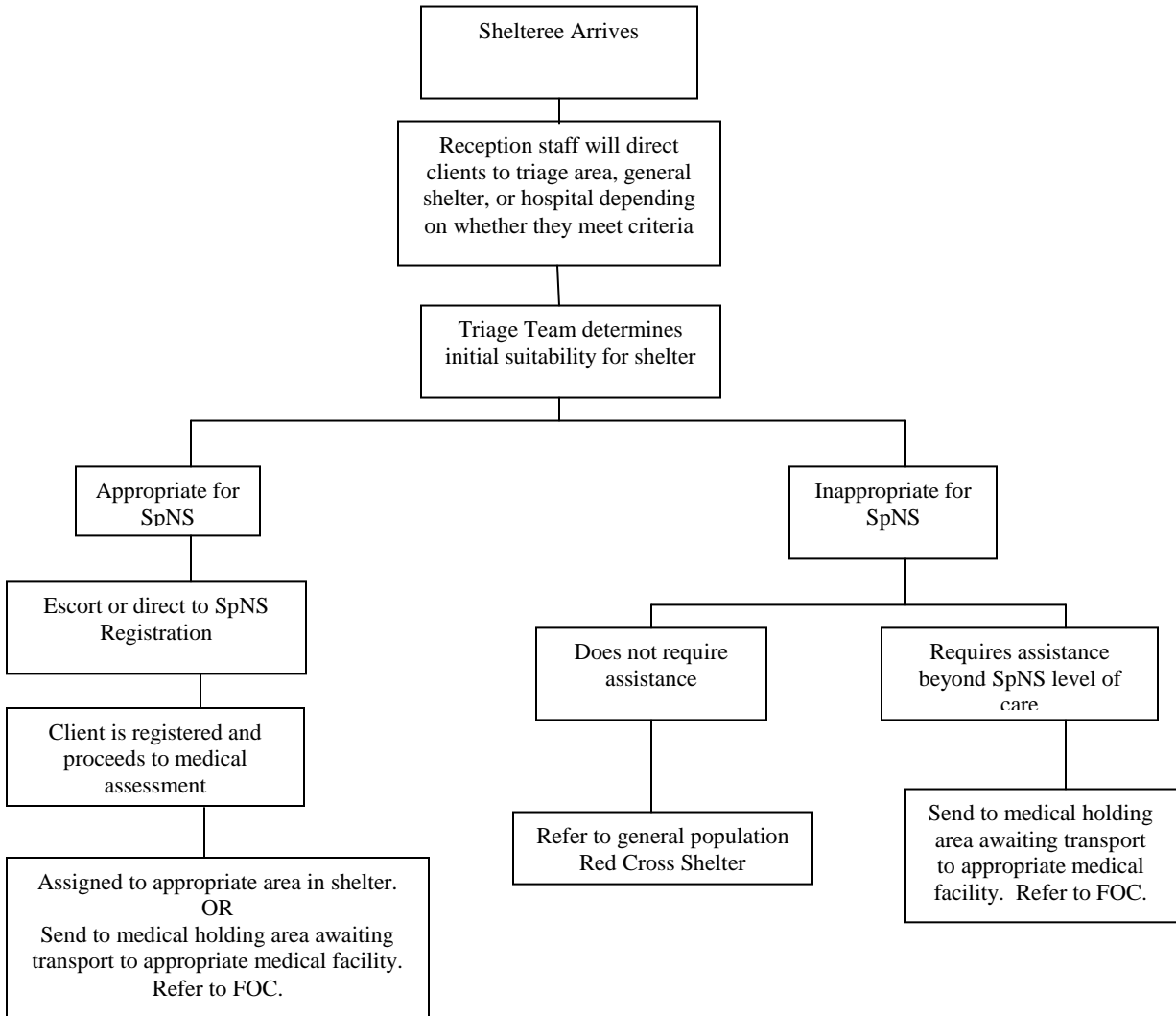
SUPPLY RESPONSIBILITY AND DESIGNATED AREA

Items	Area of SpNS	Responsible Personnel
Cots/Bedding	Shelteree Care Areas	Nurse Manager/Designee
SpNS First Aid Kit (ATTACHMENT J); SpNS General Supplies (ATTACHMENT L); SpNS Medical Supplies (ATTACHMENT K)	Nurses Station/Office	Nurse Manager/Designee
Food, Water, Beverages	Cafeteria/Kitchen	Nurse Manager/Designee
Office Supplies (ATTACHMENT M)	Nurses Station/Office	Nurse Manager/Designee
SpNS Management Kit (ATTACHMENT N) Nurses	Station/Office	Nurse Manager/Designee
*Donations brought to the SpNS	Any donations brought by organizations or individual to a SpNS that have not been pre-arranged must be cleared through the Nurse Manager before they are accepted. The Nurse Manager may confer with ESF #8 in the OCEM if they feel items are not appropriate.	

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ATTACHMENT G

IDEAL FLOW OF SHELTEREES IN THE SpNS



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ATTACHMENT H

SHELTEREE COLOR CODE CATEGORIES

Color	Type	Definition
Pink	Client/Patient	Shelterees with special needs that meet the requirements of Attachment A. Information on the wristband should include name, number of family members/caregivers accompanying the client and mode of transportation
Orange	Children	Children of shelter staff or special needs client. Information on the wristband should include name of client/staff member and mode of transportation.
Green	Caregiver/Family Member	Caregiver or adult family member of the client. Information on the wristband should include the name of the client and mode of transportation.
Orange County or OCHD Badge	Shelter staff	All shelter staff must have their official identification badge displayed at all times while in the shelter.

*All staff in the shelter must either have an official Orange County or Orange County Health Department Identification Badge displayed at all times. Clients, caregivers and family members must wear their issued wristband at all times while in the shelter. Badges and wristbands are the only accepted form of identification in the shelter. Those not wearing a badge or a wristband will be asked to depart the premises by a uniformed officer.

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ATTACHMENT I

REGISTRATION CHECKLIST

	TASK
Activation - Opening of SpNS	
	Set up tables/desk for registration near the front entranceway - refer to facility map for pre-designated area.
	Set up table for information area
	Remove needed supplies from the Shelter Management Kit a. Pre-Assigned/Pre-Registered Forms* b. Blank registration forms c. Alphabetical list of pre-assigned* d. Alphabetical list for non pre-registered e. Sharpie thin markers f. Registration/Information signs g. Pens/pencils *to be delivered when the center opens
	Post the following: a. Interior Signs b. Exterior Signs c. Shelter Rules
Arrival of Shelterees	
	Determine if individual is pre-registered a. Look up their name on the alphabetical list
	If person is pre-registered a. Locate form and update the top section of the form b. Write name and transportation sector on the wristband (transportation sector is located in the upper right hand corner of the pre-registered form). c. Write down the total number of people that came in (the shelteree and accompaniments)
	If the person is not pre-registered a. Fill out a blank registration form b. Using the blank alphabetical listing forms - write the letter of the alphabet in the upper right hand box and then print the persons name and total number of people that came in with shelteree (determine if the person came in on a bus and write down the transportation sector if known, write # or "bus" on wristband)
	Provide tally of number of people in the SpNS to Incident Commander
	Once all of the shelterees are registered, provide information, register any visitors and complete a tally and organize paperwork. Report to the Administrative Chief for further assignments
Ongoing Actions	
	Maintain count of all persons in the SpNS

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	Alphabetize and organize all registration information and verify count
	Recruit volunteers and assign them to appropriate areas to assist
	Provide assistance to all visitors and ensure that they sign in
	Provide information to the shelterees and work with the Administrative and Operations Chiefs to provide assistance where needed
Closing Actions	
	Assist shelterees with preparations to leave
	Assist shelterees out to buses. Announce the arrival of buses by transportation sector to ensure that persons get on the correct buses

	TASK
	Compile a list of all volunteers to be thanked
	Collect all paperwork, supplies and signs and help pack the items for removal.
	First Aid Station
	Obtain necessary supplies: a. First Aid Kit b. All other medical supplies* c. Staff medical forms d. First Aid Station sign e. Pens/pencils/other needed office supplies f. Medical activity log *to be delivered when the shelter opens
	Set up area where persons in the shelter can come for medical assistance - refer to facility layout for pre-determined location
	Place medical supplies in a safe, lockable area and inventory all items
	Notify Operations and Logistics Chiefs of any problems/shortages
Ongoing Actions	
	Provide medical assistance to persons in the shelter
	Log all activity either on special needs medical update form or in the medical log
Closing of SpNS	
	Gather up all supplies: a. Medical supplies b. Alphabetical folders with medical records c. Bio-hazardous waste
	Re-inventory all supplies

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Appendix J – Job Action Sheets Incident Commander Job Assignment Checklist

Position Assigned To:

You Report To: Emergency Coordinating Officer (ECO) at the FOC

Upon Activation:

- Receive briefing from the ECO.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Operations Section Chief
 - Logistics Section Chief
 - Administration Section Chief
 - Security Officer
 - Safety Officer
- 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 the 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 in their Job Action Sheet. This ensures standardization and consistency with respect to performance and information during SpNS operations.
 - Ensure 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
 - Stations / patient flow
 - Operational Periods
 - Resupply Timetable
 - Recurring Report Schedule
 - Staffing/Equipment/Supply Issues

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- Confirm with the Operations Section Chief and Logistics Section Chief that all equipment and supplies are being shipped to the shelter, and that areas are being set up.
- Develop staff assignments and work schedule.

Response Phase:

- Interface with the FOC for coordination of medical/health resource requests.
- Establish interface with appropriate local officials:
 - Establish call-back numbers to FOC/ESF-8.
 - Notify FOC when shelter operations commence processing of patients.
 - Report progress to FOC/ESF-8.
- Review shelter work schedule and assign work assignments for each station.
- Ensure standardization/consistency of information provided to patients.
- Brief officials and media, as appropriate.
- Establish time schedule for operational briefings, and conduct as scheduled.
- Work with the operations Section Chief and Logistics Section Chief to set up shelter Stations.
- Ensure staff has all equipment and supplies needed to carry out their functions.
- Work with the Administration Section Chief to ensure sufficient staff is available for intake/discharge and to assist patients where needed.
- Brief all station leaders on procedures for additional supplies, security problems, treatment issues and other problems.
- Follow the process as patients begin to filter through each station. Modify any process as needed.
- Ensure that proper documentation is maintained for all activities.
- Confirm with Operations Section Chief that EMS is ready to transport to designated medical facility.

Recovery/Termination Phase:

- Ensure that all records and reports are turned in.
- Conduct exit interviews with your direct reports.
- Participate in the After Action process.

Expertise/Training:

- Red Cross Shelter Manager training is required

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Safety Officer Job Assignment Checklist

Position Assigned To:

You Report To: Incident Commander

Upon Activation:

- Receives briefing from the Incident Commander.
- Review plan and checklist.

Response Phase:

- Maintain Unit Log.
- Responsible for the safety of all shelter occupants.
- Has authority of the Incident Commander in stopping unsafe acts.
- Participate in meetings and briefings to ensure that safety considerations are a part of the plan at all times
- At a minimum:
 - Monitor clinical and medication safety
 - Monitor food and safe drinking water standards.
 - Monitor environmental safety for fall hazards, sanitation and waste management.
 - Monitor weather safety precautions and response in conjunction with FOC
 - Report hazards and plan for mitigation
 - Ensure completion of incident/accident reports
 - Coordinate with Logistics Chief for additional facility assistance in sanitation assistance
- Coordinate staff badges/passes as necessary.
- Identify and make known to the Incident Commander any safety issues.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Administration Section Chief.
- Identify issues for the After Action Report.

Expertise/Training:

- Registered Nurse
- Environmental Health specialist

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Security Officer Job Assignment Checklist

Position Assigned To:

You Report To: Incident Commander

Upon Activation:

- Receives briefing from the Incident Commander.
- Review plan and checklist.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Security Specialist
- 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 law enforcement officer
 - 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 the job assignment.
 - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Ensure that a resource accountability system (personnel and equipment) is established and maintained.
- Maintain Unit Log.
- Arrange for security of equipment and supplies as they arrive at the site.
- Supervise the set-up of crowd control system (cones, ropes, etc)
- Participate in meetings and briefings to ensure that security considerations are a part of the plan at all times
- Post security staff as needed. At a minimum:
 - Entrance: Admit authorized personnel and patients only
 - Exit: Ensure no unauthorized entry
- Ensure security is provided for all personnel, equipment, vehicles and buildings.
- Coordinate staff badges/passes as necessary.
- Identify and make known to the Incident Commander any security issues.

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- Offer operational assistance and recommendations regarding evidence collection, processing, and security to local law enforcement.
- Notify the Safety Officer of any accidents

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Administration Section Chief.
- Conduct exit interviews with your direct reports
- Identify issues for the After Action Report.

Expertise/Training:

- Law enforcement

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Operations Section Chief Job Assignment Checklist

Position Assigned To:

You Report To: Incident Commander (Shelter Manager)

Upon Activation:

- Receive briefing from Incident Commander Commander.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - On-Site doctor
 - Nursing Unit Leader
 - Mental Health Unit Leader
 - Paramedic Unit Leader (if available)
 - Respiratory therapist (if available)
- 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 the 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 in their Job Action Sheet. This ensures standardization and consistency with respect to performance and information during SpNS operations.
 - Ensure they are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Prepare a briefing statement, to be given to Unit Leaders at scheduled briefing(s):
 - Operational overview
 - Stations / patient flow
 - Operational Periods
 - Resupply Timetable
 - Recurring Report Schedule
 - Staffing/Equipment/Supply Issues

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- Confirm with the Logistics Section Chief and Incident Commander that all equipment and supplies are being shipped.
- Develop staff assignments and work schedule.

Response Phase:

- Participate in staff briefing(s) as scheduled by the Incident Commander.
- Interface with the FOC for coordination of medical/health resource requests.
- Establish interface with appropriate local officials:
 - Establish call-back numbers to FOC.
 - Notify FOC when shelter operations commence processing of patients.
 - Report progress to FOC and Incident Commander.
- Ensure standardization/consistency of information provided to patients.
- Assist in briefing officials and media, as appropriate.
- Establish time schedule for operational briefings, and conduct as scheduled.
- Participate in staff briefing(s) as scheduled by the Incident Commander.
- Maintain Operations Log.
- Meet with Unit Leaders and ensure that material presented is consistent with the SpNS plan and other information being distributed.
- Ensure that proper documentation is maintained for all Operations activities.
- For issues of medical necessity, the Operations Chief, in consultation with the FOC, will have the final say in patient care and transportation to a hospital or nursing home, if needed.

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Incident Commander.
- Conduct exit interviews with your direct reports.
- Participate in the After Action process.

Expertise/Training:

- Registered Nurse
- Doctor

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Nurse Unit Leader Job Assignment Checklist

Position Assigned To:

You Report To: Operations Section Chief

Upon Activation:

- Receives briefing from the Operations Section Chief.
- Review plan and checklist.
- Perform duties as outlined by the Operations Section Chief.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Nursing Staff
- 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 law enforcement 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 the job assignment.
 - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Work with the Operations Section Chief and the On-site Doctor to ensure patients are transported to proper location for additional treatment.
- Maintain Unit Log
- Work with Operations Section Chief and On-site Doctor to ensure proper care of patients and that pertinent information is recorded on the patient record.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Operations Section Chief.
- Conduct exit interviews with your staff
- Identify issues for the After Action Report.

Expertise/Training:

- Registered Nurse
- Licensed Practical Nurse
- Certified Nursing Assistant

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Nurse Unit Staff Job Assignment Checklist

Position Assigned To:

You Report To: Nurse Unit Leader

Upon Activation:

- Receives briefing from the Nurse Unit Leader.
- Review plan and checklist.
- Perform duties as outlined by the Nurse Unit Leader.

Response Phase:

- Work with the Nurse Unit Leader and the On-site Doctor to ensure patients are transported to proper location for additional treatment.
- Work with Nurse Unit Leader and On-site Doctor to ensure proper care of patients and that pertinent information is recorded on the patient record.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Operations Section Chief.
- Identify issues for the After Action Report.

Expertise/Training:

- Registered Nurse
- Licensed Practical Nurse
- Certified Nursing Assistant

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On-Site Doctor Job Assignment Checklist

Position Assigned To:

You Report To: Operations Section Chief

Upon Activation:

- Receive briefing from the Operations Section Chief.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - ARNP
- 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 the ESF-8 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 in their Job Action Sheet. This ensures standardization and consistency with respect to performance and information during SNS operations.
 - Ensure they are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Develop staff assignments and work schedule.

Response Phase:

- Participate in staff briefing(s) as scheduled by the Operations Section Chief.
- Review your position checklist.
- Perform duties as outlined by the Operations Section Chief, which may include:
 - Oversee all clinic functions/problem solving.
 - Ensure all clinic staff has proper identification and has signed in.
 - Assist with emergency medical situations
 - Review storage and handling instructions for the vaccine/medication being used.
 - Introduce self to area leaders and managers, communicate expectations of shelter operations.

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- Familiarize self with all paperwork, equipment and supplies used in shelter.
- Familiarize self with all areas of shelter.
- Ensure that all patient care or contact areas are adhering to infection control policies.
- Be available for consult from other areas of shelter.
- Give directions to patients and staff as needed.
- Monitor colleagues, patients and family members for signs of fatigue and stress.
- Report any difficulties to the Operations Section Chief

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Operations Section Chief
- Conduct exit interviews with your staff
- Identify issues for the After Action Report.

Expertise/Training:

- Medical Doctor
- Physician Assistant

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Paramedic Unit Leader Job Assignment Checklist

Position Assigned To:

You Report To: Operations Section Chief

Upon Activation:

- Receives briefing from the Operations Section Chief.
- Review plan and checklist.
- Perform duties as outlined by the Operations Section Chief.

Response Phase:

- Work with the Nurse Unit Leader as needed.
- Provide basic and emergency life-saving capability to both shelterees and staff.
- Oversee and/or provide transport of shelterees to other facilities such as hospital, nursing home or ALF if required.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Operations Section Chief.
- Identify issues for the After Action Report.

Expertise/Training:

- Paramedic
- Emergency Medical Technician

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Respiratory Therapist Job Assignment Checklist

Position Assigned To:

You Report To: Operations Section Chief

Upon Activation:

- Receives briefing from the Operations Section Chief.
- Review plan and checklist.
- Perform duties as outlined by the Operations Section Chief.

Response Phase:

- Work with the Nurse Unit Leader as needed.
- Provide specialized respiratory services to shelterees.
- Provide assistance on equipment such as multilaterators and other specialized respiratory equipment.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Operations Section Chief.
- Identify issues for the After Action Report.

Expertise/Training:

- Respiratory Therapist

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Mental Health Unit Leader Job Assignment Checklist

Position Assigned To:

You Report To: Operations Section Chief

Upon Activation:

- Receives briefing from the Operations Section Chief.
- Review plan and checklist.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Mental Health staff
- 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 law enforcement 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 the job assignment.
 - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Responsible for the mental health of both staff and shelterees.
- Helps both staff and shelterees adjust to the rigors of living in a shelter.
- Responsible for:
 - Making rounds and watching for signs of agitation, depression, confusion and responding to alleviate potential problems.
 - Assist staff in promoting diversions and activities, conversation, time orientation, etc.
 - Work with shelterees experiencing problems and guiding staff on best therapeutic methods.
 - Coordinate medication requirements with On-Site Doctor.
 - Report potential problems that may need further intervention to the Operations Section Chief.

Recovery/Termination Phase:

- Plan for debriefing staff before they leave the shelter

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- Determine efficacy of conducting a debriefing session one to two weeks following shelter deactivation.
- Identify issues for the After Action Report.

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Mental Health Staff Job Assignment Checklist

Position Assigned To:

You Report To: Mental Health Unit Leader

Upon Activation:

- Receives briefing from the Mental Health Unit Leader.
- Review plan and checklist.

Response Phase:

- Responsible for the mental health of both staff and shelterees.
- Helps both staff and shelterees adjust to the rigors of living in a shelter.
- Responsible for:
 - Making rounds and watching for signs of agitation, depression, confusion and responding to alleviate potential problems.
 - Assist staff in promoting diversions and activities, conversation, time orientation, etc.
 - Work with shelterees experiencing problems and guiding staff on best therapeutic methods.
 - Coordinate medication requirements with On-Site Doctor.
 - Report potential problems that may need further intervention to the Operations Section Chief.

Recovery/Termination Phase:

- Plan for debriefing staff before they leave the shelter
- Identify issues for the After Action Report.

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Logistics Section Chief Job Assignment Checklist

Position Assigned To:

You Report To: Incident Commander (Shelter Manager)

Upon Activation:

- Receive briefing from Incident Commander.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Supply Unit Leader
 - Facilities Unit Leader
 - Communications Unit Leader
 - Child Care 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 the 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 in their Job Action Sheet. This ensures standardization and consistency with respect to performance and information during SpNS operations.
 - Ensure they are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Prepare a briefing statement, to be given to Unit Leaders at scheduled briefing(s):
 - Operational overview
 - Stations / patient flow
 - Operational Periods
 - Resupply Timetable
 - Recurring Report Schedule
 - Staffing/Equipment/Supply Issues
- Develop staff assignments and work schedule.

Response Phase:

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- Participate in staff briefing(s) as scheduled by the Incident Commander.
- Interface with the FOC for coordination of resource requests.
- Establish interface with appropriate local officials:
 - Establish call-back numbers to FOC.
- Responsible for oversight of all logistics functions.
- Coordinate with school representative in maintaining facilities such as restrooms, kitchen, break and sleeping areas.
- Responsible for the set-up and tear down of equipment prior to opening and after closing the shelter.
- Ensure staff has all equipment and supplies required to accomplish their functions.
- Participate in staff briefing(s) as scheduled by the Incident Commander.
- Maintain Logistics Log.
- Meet with Unit Leaders and ensure that material presented is consistent with the SpNS plan and other information being distributed.
- Ensure that proper documentation is maintained for all Logistics activities.

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Incident Commander.
- Conduct exit interviews with your direct reports.
- Participate in the After Action process.

Expertise/Training:

- Facilities Staff
- Logistician

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Supply Unit Leader Job Assignment Checklist

Position Assigned To:

You Report To: Logistics Section Chief

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Logistics Section Chief.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Supply Unit Staff
- 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 the 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 in their Job Action Sheet. This ensures standardization and consistency with respect to performance and information during SpNS operations.
 - Ensure they are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Review your position checklist.

Response Phase:

- Perform duties as outlined by the Logistics Section Chief which may include:
 - Coordinate with Incident Commander, Operations, Logistics, and Administration Section Chiefs and FOC to determine supply requirements.
 - Assure a continuous stream of supplies.
 - Maintain control and security of supplies.
 - Maintain an inventory log and account for use of supplies.
 - Identify and tag all equipment needing repair and/or replacement.
 - Assist with set-up and tear down of the facility.

Recovery/Termination Phase:

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- Ensure all records and reports are turned in to the Logistics Section Chief.
- Identify issues for the After Action Report.

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Supply Unit Staff Job Assignment Checklist

Position Assigned To:

You Report To: Supply Unit Leader

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Supply Unit Leader.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- Review your position checklist.

Response Phase:

- Perform duties as outlined by the Supply Unit Leader which may include:
 - Assure a continuous stream of supplies.
 - Maintain control and security of supplies.
 - Maintain an inventory log and account for use of supplies.
 - Identify and tag all equipment needing repair and/or replacement.
 - Assist with set-up and tear down of the facility.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Supply Unit Leader.
- Identify issues for the After Action Report.

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Facilities Unit Leader Job Assignment Checklist

Position Assigned To:

You Report To: Logistics Section Chief

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Logistics Section Chief.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Facilities Unit Staff
- 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 the 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 in their Job Action Sheet. This ensures standardization and consistency with respect to performance and information during SpNS operations.
 - Ensure they are personally prepared, self-sufficient and adequately equipped to perform their assignments.
- Review your position checklist.

Response Phase:

- Ensure facility is adequate to meet staff and shelteree needs.
- Ensure toileting facilities are continuously cleaned and stocked.
- Ensure adequate kitchen and eating facilities.
- Coordinate with Supply Unit Leader to ensure sufficient quantities of food and water and that special meals are available for those that need them.
- Coordinate with the Safety Officer to ensure environmental and health standards are met and maintained.
- Ensure adequate rooms are secured away from shelterees to provide child care and and rest areas for staff.
- Duties and responsibilities include:
 - Assist with set-up and tear down of the facility.
 - Plan for meal delivery for non-ambulatory clients.

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- Monitor environmental and feeding facility sanitation.
 - Plan for general waste and medical waste management and disposal.
 - Coordinate linen management for delivery of clean linen and removal of soiled linen.
- Maintain Unit Log.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Logistics Section Chief.
- Identify issues for the After Action Report.

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Facilities Unit Staff Job Assignment Checklist

Position Assigned To:

You Report To: Facilities Unit Leader

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Facilities Unit Leader.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- Review your position checklist.

Response Phase:

- Ensure toileting facilities are continuously cleaned and stocked.
- Ensure adequate kitchen and eating facilities.
- Ensure adequate rooms are secured away from shelterees to provide child care and and rest areas for staff.
- Duties and responsibilities include:
 - Assist with set-up and tear down of the facility.
 - Plan for meal delivery for non-ambulatory clients.
 - Monitor environmental and feeding facility sanitation.
 - Plan for general waste and medical waste management and disposal.
 - Coordinate linen management for delivery of clean linen and removal of soiled linen.
- Maintain Unit Log.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Facilities Unit Leader.
- Identify issues for the After Action Report.

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Communications Unit Leader Job Assignment Checklist

Position Assigned To:

You Report To: Logistics Section Chief

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Logistics Section Chief.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- Review your position checklist.

Response Phase:

- Perform duties as outlined by the Logistics Section Chief which may include:
 - Responsible for ensuring continuous communications between the shelter staff and the FOC
 - Ensure all communications equipment (radios, telephones, batteries, chargers, electrical cords, etc) is included in equipment cache sent to the shelter.
 - Set up, test, maintain, and arrange for repair of all telecommunications equipment.
 - Set up a communications center 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 and manage a message system.
 - Issue radio, computers and/or phone equipment to personnel according to orders from Incident Commander or Logistics Section Chief. Maintain records of equipment issued.
 - Attempt to establish FAX and wireless connectivity with the FOC and EOC.
 - Provide Just-In-Time training on equipment, as needed.
 - Maintain a Unit Log.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Logistics Section Chief.
- 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.
- Identify issues for the After Action Report.

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Child Care Unit Leader Job Assignment Checklist

Position Assigned To:

You Report To: Logistics Section Chief

Upon Activation:

- Attend overall staff briefing and receive assignment from the Logistics Section Chief.
- Review your position checklist
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- 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 to you, but they DO NOT take instructions from or provide information to anyone other than you.
 - 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 the job assignment.
 - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Responsible for providing child care to family members of staff and shelterees.
- Provide activities to keep children occupied.
- Coordinate with Facilities Unit Leader to provide a secure and safe play area away from shelterees and staff rest area.
- Establish verification process for releasing children to parents or guardians.
- Maintain cleanliness and implement hygiene measures to reduce disease transmission.
- Consult with Safety Officer on infection control issues or child illness for exclusion guidelines.
- Maintain Unit Log.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Logistics Section Chief.
- Conduct exit interviews with your staff.
- Identify issues for the After Action Report.

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Expertise/Training:

- Must have completed infant/child CPR.

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Child Care Unit Staff Job Assignment Checklist

Position Assigned To:

You Report To: Child Care Unit Leader

Upon Activation:

- Attend overall staff briefing and receive assignment from the Child Care Unit Leader.
- Review your position checklist
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.

Response Phase:

- Responsible for providing child care to family members of staff and shelterees.
- Provide activities to keep children occupied.
- Enforce verification process for releasing children to parents or guardians.
- Maintain cleanliness and implement hygiene measures to reduce disease transmission.
- Maintain Unit Log.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Child Care Unit Leader.
- Identify issues for the After Action Report.

Expertise/Training:

- Must have completed infant/child CPR.

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Administration Section Chief Job Assignment Checklist

Position Assigned To:

You Report To: Incident Commander

Upon Activation:

- Receives briefing from the Incident Commander.
- Review plan and checklist.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Registration/Discharge Unit Leader
 - Support Unit Leader
 - Data Entry 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 law enforcement 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 the job assignment.
 - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Perform duties as outlined by the Incident Commander which may include:
 - Setup waiting and registration area.
 - Assist Operations Section Chief in Triage setup.
 - Ensure all shelterees and staff are registered before they enter the shelter.
 - Ensure orientation information is available to shelterees when they arrive.
 - Post orientation information in areas where it can be read by shelterees and family members.
 - Institute system for staff and shelterees to be checked in and out of shelter.
 - Maintain accurate census of staff, shelterees and family members and providing that information to the FOC when requested.

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- Maintain a database of all staff, shelterees and family members to include home address and means of transport to the shelter.
- Maintain staff and volunteer registry, sign-in sheets and work hour logs.
- Make sure staff has all equipment and supplies needed to carry out their functions.
- Work with Operations Section Chief and Incident Commander to establish procedures for handling unusual patients or circumstances (i.e. children/infants, ill patients, non-mobile or disabled patients, hearing impaired patients, non-English speaking patients, etc.)
- Maintain Unit Log

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Incident Commander.
- Determine permanent storage/ownership of all documentation and coordinate delivery of all materials through the Logistics Section Chief.
- Conduct exit interview with your direct reports.
- Participate in the After Action process.

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Registration/Discharge Unit Leader Job Assignment Checklist

Position Assigned To:

You Report To: Administration Section Chief

Upon Activation:

- Receives briefing from the Administration Section Chief.
- Review plan and checklist.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Registration/Discharge Staff
- 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 law enforcement 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 the job assignment.
 - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Perform duties as outlined by the Administration Section Chief which may include:
 - Setup waiting and registration area.
 - Ensure all shelterees and staff are registered before they enter the shelter.
 - Coordinate with Nursing Unit Leader to collect information on special medical and dietary needs to ensure proper placement in shelter.
 - Ensure orientation information is available to shelterees when they arrive.
 - Post orientation information in areas where it can be read by shelterees and family members.
 - Institute system for staff and shelterees to be checked in and out of shelter.
 - Maintain accurate census of staff, shelterees and family members and providing that information to the Incident Commander, Administrative Section Chief and FOC when requested.

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- Provide registration/discharge forms to Data Entry Unit Leader for entry in database.
- Maintain a database of all staff, shelterees and family members to include home address, contact information and means of transport to the shelter.
- Maintain staff, sign-in sheets and work hour logs.
- Make sure staff has all equipment and supplies needed to carry out their functions.
- Work with Operations Section Chief and Incident Commander to establish procedures for handling unusual patients or circumstances (i.e. children/infants, ill patients, non-mobile or disabled patients, hearing impaired patients, non-English speaking patients, etc.)
- Maintain Unit Log

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Administration Section Chief.
- Conduct exit interview with your direct reports.
- Participate in the After Action process.

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Registration/Discharge Unit Staff Job Assignment Checklist

Position Assigned To:

You Report To: Registration/Discharge Unit Leader

Upon Activation:

- Receives briefing from the Registration/Discharge Unit Leader.
- Review plan and checklist.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.

Response Phase:

- Perform duties as outlined by the Registration/Discharge Unit Leader which may include:
 - Setup waiting and registration area.
 - Ensure all shelterees and staff are registered before they enter the shelter.
 - Ensure orientation information is available to shelterees when they arrive.
 - Post orientation information in areas where it can be read by shelterees and family members.
 - Provide registration/discharge forms to Data Entry Unit Leader for entry in database.
 - Maintain Unit Log

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Registration/Discharge Unit Leader.
- Participate in the After Action process.

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Support Unit Leader Job Assignment Checklist

Position Assigned To:

You Report To: Administration Section Chief

Upon Activation:

- Receives briefing from the Administration Section Chief.
- Review plan and checklist.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Support Unit Staff
- 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 law enforcement 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 the job assignment.
 - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Perform duties as outlined by the Administration Section Chief which may include:
 - Setup waiting and registration area.
 - Recruit and assign volunteers to duties as needed.
 - Assist nurses with serving meals to clients, assisting clients to restrooms and assisting nurses with providing limited care.
 - Assist Facilities Unit Leader with meal preparation and general facilities maintenance.
 - Assist Child Care Unit Leader with child care.
 - Assist Supply Unit Leader with loading and unloading supplies and delivering to appropriate area.
 - Assist with set-up and tear down of the shelter.
 - Assist Registration/Discharge Unit Leader to post orientation information in areas where it can be read by shelterees and family members.

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- Make sure staff has all equipment and supplies needed to carry out their functions.
- Work with Operations Section Chief and Incident Commander to establish procedures for handling unusual patients or circumstances (i.e. children/infants, ill patients, non-mobile or disabled patients, hearing impaired patients, non-English speaking patients, etc.)
- Assist shelterees to their assigned space and getting settled in.
- Provide comfort measures to and emotional support to shelterees and family members.
- Assist in maintaining cleanliness and safety of the shelter.
- Maintain Unit Log

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Administration Section Chief.
- Conduct exit interview with your direct reports.
- Participate in the After Action process.

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Support Unit Staff Job Assignment Checklist

Position Assigned To:

You Report To: Support Unit Staff

Upon Activation:

- Receives briefing from the Support Unit Leader.
- Review plan and checklist.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.

Response Phase:

- Perform duties as outlined by the Support Unit Leader which may include:
 - Setup waiting and registration area.
 - Assist nurses with serving meals to clients, assisting clients to restrooms and assisting nurses with providing limited care.
 - Assist Facilities Unit Leader with meal preparation and general facilities maintenance.
 - Assist Child Care Unit Leader with child care.
 - Assist Supply Unit Leader with loading and unloading supplies and delivering to appropriate area.
 - Assist with set-up and tear down of the shelter.
 - Assist Registration/Discharge Unit Leader to post orientation information in areas where it can be read by shelterees and family members.
 - Make sure staff has all equipment and supplies needed to carry out their functions.
 - Assist shelterees to their assigned space and getting settled in.
 - Provide comfort measures to and emotional support to shelterees and family members.
 - Assist in maintaining cleanliness and safety of the shelter.

Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Support Unit Leader.
- Participate in the After Action process.

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Data Entry Unit Leader Job Assignment Checklist

Position Assigned To:

You Report To: Administration Section Chief

Upon Activation:

- Receives briefing from the Administration Section Chief.
- Review plan and checklist.
- Ensure knowledge of mission and plan of operations.
- Review ESF-8 and SpNS Plans.
- Confirm activation of your direct reports, and assign or greet them as they arrive:
 - Support Unit Staff
- 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 law enforcement 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 the job assignment.
 - Ensure that they are personally prepared, self-sufficient and adequately equipped to perform their assignment.

Response Phase:

- Perform duties as outlined by the Administration Section Chief which may include:
 - Entering registration and discharge information into the database.
 - Transmitting database to the Incident Commander, Administration Section Chief and FOC as requested.
 - Maintain the database on staff assigned to shelter and maintain report in/out times.
 - Enter and maintain any other data deemed pertinent by the Administration Section Chief.
 - Make sure staff has all equipment and supplies needed to carry out their functions.
 - Maintain Unit Log

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Recovery/Termination Phase:

- Ensure that all records and reports are turned in to the Administration Section Chief.
- Conduct exit interview with your direct reports.
- Participate in the After Action process.

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Data Entry Staff Job Assignment Checklist

Position Assigned To:

You Report To: Data Entry Unit Leader

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Data Entry Unit Leader.
- Review your position checklist.

Response Phase:

- Perform duties as outlined by the Administration Leader which may include:
 - Entering registration and discharge information into the database.
 - Transmitting database to the Data Entry Unit Leader as requested.
 - Maintain the database on staff assigned to shelter and maintain report in/out times.
 - Enter and maintain any other data deemed pertinent by the Administration Section Chief.
 - Ensure there are plenty of forms and other needed supplies.
 - Enter data into computer as it arrives.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Data Entry Unit Leader.
- Assist with the teardown and re-packing of supplies as requested.
- Identify issues for the After Action Report.

Expertise/Training:

- Support Staff

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Other Job Assignment Checklist

Position Assigned To:

You Report To: Support Unit Leader

Upon Activation:

- Attend overall staff briefing and receive assignment briefing from the Support Unit Leader.
- Review your position checklist.
- Perform duties as outlined by the Support Unit Leader which may include:
 - Direct patients through the Shelter
 - Assist with persons with disabilities
 - Relieve other workers during break periods
 - Assist with maintaining and running supplies as needed and keeping the shelter clean.
 - Familiarize yourself with all aspects of the shelter operation.

Recovery/Termination Phase:

- Ensure all records and reports are turned in to the Support Unit Leader.
- Identify issues for the After Action Report.