

**ASSISTING INDIVIDUALS  
WITH FUNCTIONAL NEEDS  
DURING EVACUATION  
AND SHELTERING**

**ESF 6: Mass Care,  
Sheltering,  
and Human Services**

**January 2009**

Sandra C. Hazlett  
Social & Rehabilitation Services  
Docking State Office Building  
915 SW Harrison Street, 6<sup>th</sup> Floor N  
Topeka, KS 66612

## Table of Contents

|  | Page  |
|--|-------|
| Overview of Emergency Support Function (ESF)6 .....                  | 3     |
| Individuals with Functional needs .....                              | 3     |
| Responsibilities of Emergency Managers .....                         | 4     |
| Shelter Considerations .....   | 5     |
| Supportive Care in Functional Needs Shelters .....                   | 6     |
| Staffing Level Guidelines.....                                       | 7     |
| Responsibilities of Functional Needs Shelter Staff ....              | 9     |
| Shelter Support Staff.....   | 11    |
| Activation of Functional Needs Shelters.....                         | 13    |
| After Action Review.....   | 17    |
| Attachments.....   | 18-44 |
| Attachment 1 – Functional Needs Shelter Volunteer Application        |       |
| Attachment 2 – ARC Shelter Facility Survey                           |       |
| Attachment 3 – Sheltering Space and Floor Plan Considerations        |       |
| Attachment 4 – Functional Needs Shelter Staff Registration           |       |
| Attachment 5 – Individual with Functional Needs Registration         |       |
| Attachment 6 – Interior Signs  |       |
| Attachment 7 – ARC Intake Form                                       |       |
| Attachment 8 – Suggested Supply List for Functional Needs Shelters   |       |
| Attachment 9 – Functional Needs Shelter Operation Situational Report |       |

## Overview of Emergency Support Function (ESF) 6: Mass Care, Sheltering and Human Services

Each ESF in the Kansas Response Plan is headed by a primary state agency which has been selected based on its authorities, resources and capabilities in that functional area. SRS is the primary and coordinating agency for ESF 6: Mass Care, Sheltering and Human Services. As a part of its responsibilities, SRS has a role in helping Emergency Managers plan and provide for the safety of every person in the community, including individuals in the community with functional needs requiring special assistance, and populations considered vulnerable or at risk.

How to address the transportation, shelter, and unique support needs of individuals with functional needs should be addressed by the Emergency Managers, of each county or region in the State, in their Emergency Operations Plan (EOP). SRS Regional Staff can assist Emergency Managers in knowing the distinct populations within their regions for which to plan and for identifying resources in the area that can assist functional needs populations during an emergency.

As long as individuals with functional needs have family or staff who can accompany them and meet their needs, their functional needs can be accommodated in a general needs shelter, per the American Red Cross (ARC) Mass Care guidelines. If individuals with functional needs do not have a support person or caregiver who can accompany them, in the course of developing their EOP, Local Emergency Managers should make arrangements to provide this necessary support, preferably within the ARC general population shelter, or in an alternative location if necessary. The Emergency Manager may seek assistance from SRS staff and staff from other community agencies to provide the support and care giving needed by someone with functional needs in a shelter who is not accompanied by a care giver.

SRS can also help to ensure that providers under contract with the agency to serve vulnerable consumers have adequate plans in place to provide for the safety of individuals they serve. If the provider of services plan for insuring the safety of their consumers is insufficient, the Local Emergency Manager should have addressed this contingency in their EOP.

### Individuals with Functional needs

Individuals with functional needs have needs that extend beyond those of the general population **and** cannot make their own provisions to have their needs met during a disaster. Examples of populations whose members **may** have functional needs that require assistance during a disaster include those who have:

- Mobility impairments

- Visual impairments
- Hearing impairments
- Speech impairments
- Cognitive impairments
- Chronic medical conditions requiring regular medical treatment, usually provided in the home, such as:
  - Foley catheter maintenance
  - Diabetes
  - Medication management
  - Blood pressure monitoring
  - Ostomy care
  - Stable oxygen and nebulizer therapy

Or those who are:

- Elderly
- Unaccompanied children
- From diverse cultures
- Non English speaking or have limited English proficiency
- Technology dependent and living at home
- Without transportation
- Pregnant women and infants

Some individuals may have conditions that require more complex care than can be provided in a Functional Needs Shelter. Arrangements for admission to a hospital or nursing facility are advisable in these situations. Discussions should take place well in advance of a disaster with area hospitals and nursing facilities regarding their capability to accept persons who cannot be admitted to the Functional Needs Shelter.

Types of treatments/ conditions not appropriate for a Functional Needs Shelter include:

- Complex sterile dressing changes
- Peritoneal dialysis (home dialysis)
- Ventilator dependent
- IV chemotherapy
- Any person arriving by ambulance

### **Responsibilities of Emergency Managers**

When drafting their emergency plans, Emergency Managers must take into consideration the additional services needed by individuals with functional needs in their community. Having knowledge of where individuals with functional needs reside is critical during an evacuation, but is difficult to maintain. Knowing the organizations within the community that work with functional needs populations, such as Health Departments, Social and Rehabilitation Services (SRS), Mental

Health Centers, Community Disability Organizations, and other functional needs advocates can also be very helpful in locating individuals that need special assistance during a disaster.

Local evacuation plans should outline procedures to ensure the availability of sufficient and timely accessible transportation. When possible, Emergency Managers should arrange for volunteers to accompany the individuals being transported. These volunteers should have the skills necessary to meet the needs of the individuals being served. Various types of transportation may be necessary, keeping in mind that some individuals may be in wheelchairs, have limited agility preventing them stepping up into a bus, or be confined to a bed. Wheelchairs or other mobility devices should always accompany the individual to a shelter location. Service animals should also always accompany the individual.

Shelter plans should include prior arrangements with skilled individuals from the community who can assist in meeting the additional needs of special populations. Shelter plans should also outline how to obtain resources such as medical supplies, durable medical equipment, special cots, diapers, formula and baby food. Emergency Managers can draw from community resources such as Local Health Departments, SRS, Mental Health Centers, Community Disability Organizations and other functional needs advocates to find skilled volunteers and resources. An example of a Functional needs Shelter Volunteer Application is provided in Attachment 1.

Ideally the additional services needed by functional needs populations can be provided in a setting co-located with the general population shelter. These prior arrangements need to be made by the Emergency Managers with the local American Red Cross (ARC) or other volunteer organization operating the general population shelters in the community.

If the Functional Needs Shelter is located at a site different than the ARC general population shelter, the Emergency Manager can use the ARC Shelter Facility Survey and Sheltering Space and Floor Plans Considerations ( Attachments 2 and 3) as a guide when determining a location. The shelter must meet Americans with Disabilities Act (ADA) accessibility requirements for both internal and external building access and utilization; and meet ADA requirements for accommodating individuals with service animals.

### **Shelter Considerations**

Shelters are generally located in school buildings, churches, or other community buildings that are not equipped as medical care facilities. Some of the facilities may have no source of emergency power generation, while others may have only a limited source. Thus the safety of performing some medical procedures, such as oxygen therapy, Foley catheter maintenance, tube feeding, etc. may be jeopardized by the integrity of the building, equipment and personnel available.

Finding staff to assist individuals with functional needs during a disaster is dependent on volunteerism from community agencies and providers. Volunteer staff who are willing to assist individuals with functional needs should be familiar with the health conditions or other unique needs of the individuals they are assisting. The volunteers also need to be skilled enough to care for persons who may experience an increase in their medical and psychological acuity, or who may become more disoriented or confused due to the disaster. Many times, local hospitals, home health agencies, developmental disability organizations or mental health centers cannot assign staff to the shelters because they must meet their own needs first. Thus, mutual aid agreements with nearby community providers should be considered when planning for Functional Needs Shelter staffing. Should additional volunteers be needed when a Functional Needs Shelter is opened, the Local Emergency Operations Center (LEOC) may request additional volunteer resources through K-SERV.

Persons with functional needs do not always bring needed supplies with them and the ability to access supplies from the community during an emergency may be limited. A supply of oxygen is often needed during a disaster and it is a good idea to notify nearby oxygen providers immediately upon opening a Functional Needs Shelter. Some individuals may not be able to lie down on the type of cots available in most shelters and special cots will need to be made available to accommodate their needs. If needed supplies and equipment cannot be located in the community, and all resources have been exhausted, the Emergency Manager should request these items by contacting the State Emergency Operations Center (SEOC) per standard protocols. SEOC staff will attempt to locate what is needed and make it available to the Emergency Manager.

### **Supportive Care in Functional Needs Shelters**

The following basic supportive care will be provided to individuals seeking refuge in a Functional Needs Shelters.

Assessment: Initial assessment determines if placement in Functional Needs Shelter is appropriate. If the individual is to stay in the shelter, a history should be taken to include caregiver abilities, name of physician, major health problems, allergies, and vital signs as baseline and location of placement in facility.

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

Activities of Daily Living (ADLs): The caregiver should assume primary responsibility for assisting the individual to the bathroom, with meals, and care.

The Functional Needs Shelter staff is available to provide additional assistance, if needed.

Procedures: Individuals and/or their caregivers must assume responsibility for managing their own medical care and any procedures they have been managing in the home setting. The Functional Needs Shelter nurse will provide supervision and additional assistance only if needed.

Medications: Individuals with Functional Needs or their caregivers must assume responsibility for administering routine medications, as in the home setting. The Functional Needs Shelter nurse may assist the individual if needed or administer medications as per protocol. If a person's supply of medication is completely consumed during the course of a disaster, the on-call physician may prescribe a new supply.

Oxygen: Individuals with Functional Needs or their caregiver must assume 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. Those requiring 24-hour oxygen and/or who are electric dependent, should be evaluated for transfer to a skilled health care facility. Individuals utilizing oxygen concentrators are encouraged to bring their equipment with them for use while electrical power is available. Whenever possible, concentrator patients should have battery backup and provide a small tank in case of power failure or switch to portable oxygen tanks for the duration of the shelter period.

Safety: Reasonable care and judgment should be exercised to assure the safety of individuals and staff within a shelter. Universal precautions and body substance isolation precautions must be utilized. Smoking is not allowed.

### **Staffing Level Guidelines**

Each Functional Needs Shelter should be under the supervision of an on-site licensed medical professional, such as a licensed registered nurse, physician, advanced registered nurse practitioner, or physician assistant at all times.

A licensed physician should be available for immediate medical consultation by phone or in person. As soon as possible, but at a minimum of 72 hours of continued shelter operations, and every 24 hours thereafter, the physician should evaluate the persons with functional needs and approve standard nursing protocols for the Functional Needs Shelter staff. The standard nursing protocols should be developed for the shelter at the local level. It is recommended that a psychiatrist be designated on call for medication consultation to the shelter physician.

Experienced caregivers including certified nurse assistants, personal care attendants, nursing aides, home health aides, companions, EMTs, respiratory, physical and occupational therapists, medical or nursing students, and orderlies may assist in providing care under the supervision of a licensed medical professional.

At least one person currently trained in CPR should be within the shelter at all times, and it is recommended to have two persons if possible.

At least one person familiar with the management of oxygen therapy to handle all respiratory problems and adjust and monitor the oxygen, is also recommended. This person could be a respiratory therapist, oxygen company representative, RN, LPN, or respiratory therapy technician.

Physical and occupational therapists may be needed to assist individuals with their routine daily activities and with transfer assistance if the shelter is open for an extended period of time.

A person should be designated as the supply clerk for managing medical supplies, under the supervision of the licensed medical professional.

On-site recruitment of shelter residents from the general population shelter as volunteers to assist with non-specialized tasks in the Functional Needs Shelter is encouraged; however, a designated licensed medical professional shall supervise them at all times.

The staffing pattern should be adjusted based on the actual numbers and needs of individuals with functional needs in the shelter.

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

A sufficient number of Functional Needs Shelter staff should be identified in order to implement realistic staffing guidelines which permit staff rotation out of the shelter. This may be accomplished by obtaining staffing assistance from a volunteer pool or through mutual aid agreements with local health care professionals or neighboring providers. Functional Needs Shelter nursing and staff members should not be scheduled to work for more than 12 consecutive hours in a 24-hour period.

The Functional Needs Shelter Supervisor should establish a command system within the shelter in order to provide organization and maintain order.



The table below summarizes recommended initial health care staffing levels for providing care within Functional Needs Shelters. After an assessment of the specific needs of the particular shelter, these staffing levels may be modified.

| DAY  | NIGHT   |
|--|---|
| 1 Licensed Medical Professional Supervisor<br>1 RN/LPN per 25 shelterees<br>1 Caregiver per 15 shelterees<br>1 Licensed Mental Health Professional per 75 shelterees<br>1 Supply Clerk | 1 Licensed Medical Professional Supervisor<br>1 RN/LPN per 40 shelterees<br>1 Caregiver per 15 shelterees<br>1 Licensed Mental Health Professional per 75 shelterees/late night may have a person on call<br>1 Supply Clerk |

### Responsibilities of Functional Needs Shelter Volunteers

#### Licensed Medical Professional Supervisor

The Medical Supervisor provides oversight of the operation of the shelter. Duties include, but are not limited to:

- Functional Needs Shelter opening and closing; and becoming familiar with the building to be used, its facilities, layout and supplies.
- Assessing individuals brought to the Functional Needs Shelter to determine their most appropriate placement and service needs; referring individuals to skilled nursing facilities or hospitals if necessary and working through the physician consultant to procure this placement. This responsibility may be shared with other licensed medical professional volunteers staffing the shelter.
- Supervising the health care delivery services of the nursing staff, ensuring approved protocols are utilized and that medical update forms are completed on all individuals with functional needs.
- Ensuring that all caregivers have appropriate supervision.
- Preparing supply orders for medications and assuring proper utilization of all supplies.
- Monitoring potential for infectious disease transmission.
- Assuring the food preparation (if done on-site), handling, and feeding of all functional needs individuals is appropriate.
- Evaluating Functional Needs Shelter volunteers for signs and symptoms of stress reaction and poor coping.
- Directing request for needed supplies, personnel, equipment, etc. to the LEOC where the request may be forwarded to the SEOC if local resources are not available.
- Providing updates to the LEOC regarding the number of individuals with functional needs in the shelter, the staffing pattern at the Functional Needs Shelter and any significant occurrences. The LEOC will forward the updates to the ESF 6 Coordinator at the SEOC.

(Note: A separate shelter manager and not necessarily the Medical Supervisor may perform some of the above duties.)

### Physician Consultant

The physician consultant will help coordinate health/medical services provided in the Functional Needs Shelter. Duties include, but are not limited to:

- Being immediately available in person or by phone when a Functional Needs Shelter is opened to provide consultation to the Medical Supervisor regarding care decisions.
- Evaluating the individuals with functional needs within 72 hours of the shelter opening, and every 24 hours thereafter, approving standard nursing protocols for the Functional Needs Shelter staff.
- Approving all extraordinary medical procedures performed at the Functional Needs Shelter.
- Providing diagnosis and treatment orders for acute illnesses that occur among individuals in the Functional Needs Shelter, when attempts by nursing staff to contact the primary care physician are unsuccessful.
- Making referrals to a healthcare facility when necessary to diagnosis, prescribe or treat an individual with acute medical needs.
- Consulting with the Medical Supervisor regarding care problems and attempt to provide resolution of these problems.

### Nursing Staff

The nursing staff delivers appropriate medical services within the Functional Needs Shelter under the supervision of the Licensed Medical Professional Supervisor. Duties include, but are not limited to:

- Supervising and assisting in the administration of medications.
- Assessing the physical condition of individuals on an on-going basis, maintaining their medical update form and advising the Medical Supervisor of any adverse change in their condition.
- Monitoring individuals who are receiving oxygen and making referrals to oxygen/ respiratory therapist if problems occur.
- Delivering care and assistance to individuals as required following approved protocols.
- Maintaining universal precautions and infection control.

### Caregivers

The Caregivers may be certified nurse assistants, personal care attendants, nursing aides, home health aides, companions, EMTs, respiratory, physical and occupational therapists, medical or nursing students, and orderlies, significant others, family members, and/or daily companions. Duties include, but are not limited to:

- Working within license or certification, or skills and abilities.
- Following directions of licensed staff person in charge.

- Assisting individuals to get settled in their space and answering questions regarding location of bathroom, etc.
- Assisting individual with mobility impairments in ambulating, toileting, transfers, and personal hygiene.
- Monitoring the individual's condition for changes and immediately reporting changes or particular needs to the nursing staff.
- Asking individuals if assistance is needed with self-administered medications and treatments then informing a licensed nurse if help is needed.
- Assisting in acquiring food and/or feeding as needed.
- Providing diversion activities, conversation, activities, and orientation to time, etc.
- Assisting in keeping area clean and free of trash.
- Maintaining universal precautions and infection control.
- Assisting the nursing staff as required.

#### Licensed Mental Health Professional

Duties include:

- Watching for signs of agitation, depression, confusion, etc. and responding to alleviate potential problems.
- Assisting caregivers in promoting diversions activities, conversation, and orientation to time, etc.
- Working with individuals who are experiencing mental health problems and guiding the volunteers as to how to be most therapeutic in the situation.
- Reporting problems and potential problems that may need other intervention to the Medical Supervisor.
- Requesting psychiatric or psychological consultation if an individual with functional needs or a shelter staff member exhibits signs of behavior problems or stress.

#### Interpreter /Signer/ Designee to Oversee Bulletin Board

Duties include:

- Helping individuals with hearing or visual impairments and those with limited English proficiency to communicate and understand what is happening.
- K-SERVE and the Volunteer Application provide the opportunity for shelter volunteers to designate languages spoken.

#### Respiratory Therapist (if available)

Duties include:

- Assisting individuals with oxygen equipment.
- Performing adjustments to oxygen flow rate as prescribed by a physician.

### Physical and Occupational Therapists (if available)

Duties include:

- Assisting with transfers assistance.
- Providing physical therapy to individuals who have the need for these services if the shelter is open for an extended period of time.

### Midwife (if available)

Duties include:

- Watching for signs of distress etc. for pregnant women or new mothers.
- Assisting with transporting pregnant women to a medical facility, or assisting with deliveries.
- Assisting pregnant women or new mothers and infants with general care as needed.

## **Shelter Support Volunteers**

The following support volunteers will be available through the general population shelter managed by the American Red Cross, whenever a Functional Needs Shelter is co-located with a general population shelter. However, if the Functional Needs Shelter is set up separately, these support staff will be required and may be available through the ARC.

### Registrar

Ensures that all shelter occupants, volunteers, and family members are registered upon arrival. See Attachments 4 and 5 for example Registration Forms. It is very important to ascertain the names of family or friends' as well as home health or other community support agencies involved and to obtain information on how the individual with functional needs arrived.

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. Duties include, but are not limited to:

- a. Initial Actions
  - Setting up the waiting and registration area. Assisting Nurse Manager in Triage Station set up.
  - Ensuring that all shelterees are registered before they go into the main part of the shelter.
  - Ensuring that 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 members.

- b. Ongoing Actions
  - Supervising Registration Assistants.
  - Instituting system for shelterees to be checked in and out.
  - Keeping accurate count of number of shelterees in the shelter.
  - Maintaining list of all shelterees.
  - Providing information to shelterees and family members.
  - Recruiting shelterees as volunteers and assigning them to appropriate areas to assist with shelter operations.
- c. Closing Actions
  - Ensuring a list of all staff and volunteers are prepared so that proper thank you notes can be sent

### Security Personnel

Maintains the security and safety of the volunteers, shelterees and family members arriving at the shelter. Works together with the local law enforcement agency. Duties include, but are not limited to:

- a. Initial Actions.
  - Checking in with the Shelter Manager.
  - Posting Exterior Signs guiding traffic to the shelter.
  - Establishing one main entranceway for the flow of shelterees into the shelter.
  - Working with the Shelter Manager to set up schedule of security.
- b. Ongoing Actions
  - Directing traffic coming to the shelter.
  - Monitoring parking and arrival/departure of shelterees.
  - Ensuring that entranceway to shelter remains clear and accessible.
  - Directing emergency and supply vehicles to appropriate locations.
  - Maintaining order and eases problems that may arise among shelterees.
  - Monitoring exits and restricted areas.
  - Maintaining the integrity of the building by ensuring it is secure.
  - Apprising Shelter Manager of any concerns or problems.
  - Assuring the safety of all persons.
  - Responding to emergencies at the center as needed.
- c. Closing Actions
  - Directing traffic for the pick-up of shelterees, volunteers and supplies.
  - Removing Exterior Signs.

### **Activation of Functional Needs Shelters**

#### Concept of Operation

The decision to activate a Functional Needs Shelter is made by the local emergency management who will contact the designated Licensed Medical



A private area marked for breastfeeding or pumping mothers should be located within the shelter.

The registration area should be set up near the main entrance to ensure that all persons coming to the Functional Needs Shelter, and general population shelter if co-located, are screened and registered. The ARC Intake Form (Attachment 7) can be used for all populations. Some individuals with functional needs may need one-on-one assistance in completing the intake form and having a place to assist them away from the main flow of registration traffic will be beneficial.

The assessment of whether an individual has functional needs requiring assistance from Functional Needs Shelter volunteers is completed by a licensed medical professional after they are registered at the Shelter. Health information will be requested and an initial examination may be performed, therefore, privacy should be considered when selecting a location to conduct the assessments. The medical professionals will direct individuals to an area of the shelter based on the level of care that is required.

Volunteers are expected to report to the Functional Needs Shelter under the agreements made by each individual or agency with the Local Emergency Manager. All volunteers reporting to the Functional Needs Shelter must report and sign in at the shelter registration desk. Volunteers should then report to the Medical Supervisor. Volunteers should be issued and wear Functional Needs Shelter identification, if available. All volunteers should log the hours they work while the shelter is open. This information will be needed by the emergency manager following the event.

A location within the shelter should be designated as the nurse's station. It should include a first aid station and medical supply area. A medical professional should staff the nurse's station and the medical supply area should be secured. All pre-identified medical supplies will be delivered to the nurse's station and should be logged when received. See Attachment 8 for a list of recommended supplies. Upon receipt of medical supplies, the Medical Supervisor or designee will verify items and quantities, noting any discrepancies on the inventory sheets. An inventory control sheet should be maintained for recording any supplies used.

A temporary morgue needs to be established in case of a death in the Functional Needs Shelter or general population shelter. 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 possible. If no family member is available to take possession of personal belongings, the items should be inventoried and stored in a secure area. The Medical Supervisor should notify the LEOC, who in turn will notify the medical examiner, next of kin and SEOC ESF 8 Coordinator. The body should not be removed until released by law enforcement.

A volunteer sleeping area should be located in a quiet area of the shelter, preferably away from the main traffic. The area should be secure from outside entry for volunteer 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.

### Functional Needs Shelter Operations

As volunteers leave the shelter after their shift and are replaced by someone new, they should brief individuals relieving them before departing the shelter. The Medical Supervisor should be notified upon departure.

Individuals with functional needs may leave the shelter at will, except during the height of a disaster when opening doors may jeopardize the safety of the volunteers and other individuals with functional needs. As individuals come and go from the shelter they should check in at the registration desk.

It is the responsibility of the Medical Supervisor to determine who should receive specialized cots and other supplies. These items may be limited in number and should be assigned to those who have the greatest need.

It is probable that a Functional Needs Shelter 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 Medical Supervisor should be notified of all visitors to the Functional Needs Shelter. Visitors should be asked to wait in an area that does not interfere with Functional Needs Shelter operations. They should be treated in a kind and courteous manner and asked to wait for the Medical Supervisor. The LEOC should be notified when the media arrive. Solicitation of any nature is prohibited. Media filming and photographing of individuals and facilities is not allowed without approval and individual consent.

The feeding responsibilities in a Functional Needs Shelter include supervising on-site food preparation (if applicable), distribution and feeding to insure appropriate diets are maintained and food is being handled properly. The local emergency manager will work collaboratively with the ARC, Salvation Army, or other local resources to secure a food source if preparation is not taking place on-site. The Medical Supervisor should advise the LEOC of any special supplies that are needed. The LEOC can request assistance in finding supplies from the SEOC.

It is the responsibility of the Medical Supervisor to keep the LEOC apprised of the events in the Functional Needs Shelter. Attachment 9 is an example of a Situational Report form. It is the responsibility of the LEOC to keep the SEOC informed. The following items should be reported:



- Volunteer Shortages: Volunteer shortages should be reported to the LEOC. If additional local or mutual aid resources cannot be identified, the SEOC should be notified.
- Supply Shortages: Supply shortages should be reported to the LEOC which will attempt to secure the supplies needed. Only essential supplies should be requested. If additional supplies cannot be located locally or via mutual aid, the SEOC should be contacted.
- Number of Individuals with Functional Needs in the Shelter: Each Functional Needs Shelter must report the number of occupants to the LEOC on a daily basis at a minimum. This information needs to be updated on the National Shelter Survey (NSS). When shelter reaches 80% capacity, every attempt will be made to start rerouting traffic to other Functional Needs Shelters, if there is an alternate. Agencies providing food and other resources must be provided daily census updates.
- Problems: Any problems arising in the Functional Needs Shelter that requires assistance should be reported to the LEOC.

The Medical Supervisor should also provide updates and announcements to the individuals and volunteers in the Functional Needs Shelter, verbally and by posting information on the bulletin board. The availability of language interpreters and signers will assist with communication.

#### Functional Needs Shelter Deactivation

The decision to close the Functional Needs Shelter rests solely with the local emergency manager. Functional Needs Shelters will be scaled down and perhaps consolidated, as individuals are able to return safely home or to other appropriate living arrangements. In cases where individuals with functional needs are unable to return to their homes, attempts will be made to identify alternate facilities, i.e., with family, friends or other accommodations. At the time the Functional Needs Shelter closing is announced, the Functional Needs Shelter volunteers should determine the number of individuals needing temporary housing.

The decision regarding closure of the Functional Needs Shelter will be based, in part, on the following:

- Impact of the event on persons with functional needs' homes or environment (i.e., person's home exists but rest of the neighborhood is gone, power out, etc.)
- The urgency of the need to return the facility to normal conditions
- Availability of transportation resources
- Time of day

Persons with functional needs may be anxious to return to their homes and should be advised to wait for the "all clear" to be given by the local emergency manager.

When it is time for departure, nursing staff and/or other caregivers, will assist individuals with functional needs with the necessary arrangements. Phone calls to public transportation, a home health or community support agency, a family member, etc. may be required. For those who depend upon electricity, contact the LEOC in order to verify an address for a client with functional needs and the availability of power.

If no arrangements can be made to get the client with functional needs home, or if the home is uninhabitable, the Department of Social and Rehabilitative Services may be notified to provide assistance in locating temporary housing. Every effort should be made to insure that individuals are moved back to the least restrictive environment.

Upon departure, the time and date will be recorded on the Individual with Functional Needs Registration (Attachment 5) along with the departure plans (i.e., public transportation, wheelchair assist vehicle, friends, family, ambulance, etc.; and notification will be provided to the RN Supervisor.

When the Functional Needs Shelter is closed the RN Supervisor 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 the LEOC.

### **After Action Review**

After the Functional Needs Shelter has closed and the initial post-disaster work has been completed begin the after action review process by:

- Reviewing all of the above activities
- Debrief all individuals involved
- Analyze all registration and charting forms, logs, etc.
- Gathering information and data
- Celebrate accomplishments gained since past disasters
- Identify priorities for improvement
- Provide roadmap for implementation of future training and exercise priorities
- Start making appropriate changes in future preparation plans

## Attachment 1 Functional Needs Shelter Volunteer Application

|   |   |                                  |                                    |
|---|---|----------------------------------|------------------------------------|
| Last Name   | First Name                              | Middle Name                      |                                    |
| Home Address  | City                                    | State                            | Zip Code                           |
| Home Phone  | Cell Phone                              | E-mail                           |                                    |
| Business Address  | Business City/State/Zip                 |                                  | Business Phone                     |
| <b>Volunteer Experience:</b> Please list volunteer experience, starting with the most recent. |   |                                  |                                    |
| <b>Organization Name</b>  | <b>Address</b>                          |                                  | <b>Phone</b>                       |
|   |   |                                  |                                    |
| <b>Organization Name</b>  | <b>Address</b>                          |                                  | <b>Phone</b>                       |
|   |   |                                  |                                    |
| <b>Organization Name</b>  | <b>Address</b>                          |                                  | <b>Phone</b>                       |
|   |   |                                  |                                    |
| <b>Work Experience:</b> Please list paid work experience, starting with the most recent.      |   |                                  |                                    |
| <b>Organization Name</b>  | <b>Address</b>                          |                                  | <b>Phone</b>                       |
|   |   |                                  |                                    |
| <b>Organization Name</b>  | <b>Address</b>                          |                                  | <b>Phone</b>                       |
|   |   |                                  |                                    |
| <b>Current License(s)/Certifications</b> (Please include driver's license)                    |   |                                  |                                    |
| Type:   | Number:                                 | State:                           | Expiration Date:                   |
|   |   |                                  |                                    |
| Type:   | Number:                                 | State:                           | Expiration Date:                   |
|   |   |                                  |                                    |
| Type:   | Number:                                 | State:                           | Expiration Date:                   |
|   |   |                                  |                                    |
| <b>Education and Training:</b> Begin with the most recent.                                    |   |                                  |                                    |
| <b>Institution Name</b>   | <b>City/State</b>                       | <b>Degree/Major</b>              | <b>Date Attended</b>               |
|   |   |                                  |                                    |
|   |   |                                  |                                    |
| <b>Fluent Language Skills:</b>  |   |                                  |                                    |
| <input type="checkbox"/> American Sign  | <input type="checkbox"/> Albanian       | <input type="checkbox"/> Arabic  | <input type="checkbox"/> Armenian  |
| <input type="checkbox"/> Bengali  | <input type="checkbox"/> Bulgarian      | <input type="checkbox"/> Chinese | <input type="checkbox"/> Czech     |
| <input type="checkbox"/> Danish   | <input type="checkbox"/> Dutch          | <input type="checkbox"/> English | <input type="checkbox"/> Farsi     |
| <input type="checkbox"/> Finnish  | <input type="checkbox"/> French         | <input type="checkbox"/> German  | <input type="checkbox"/> Greek     |
| <input type="checkbox"/> Gujarati   | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Hindi   | <input type="checkbox"/> Hungarian |

## Functional Needs Shelter Volunteer Application

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Indonesia  | <input type="checkbox"/> Italian    | <input type="checkbox"/> Japanese                   | <input type="checkbox"/> Khmer         |
| <input type="checkbox"/> Korean   | <input type="checkbox"/> Laotian    | <input type="checkbox"/> Malayalam                  | <input type="checkbox"/> Norwegian     |
| <input type="checkbox"/> Polish   | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Punjabi                    | <input type="checkbox"/> Romanian      |
| <input type="checkbox"/> Russian  | <input type="checkbox"/> Samoan     | <input type="checkbox"/> Serbo-Croatian             | <input type="checkbox"/> Somali        |
| <input type="checkbox"/> Spanish  | <input type="checkbox"/> Swahili    | <input type="checkbox"/> Swedish                    | <input type="checkbox"/> Tagalong      |
| <input type="checkbox"/> Tamil  | <input type="checkbox"/> Thai       | <input type="checkbox"/> Tigrinia                   | <input type="checkbox"/> Turkish       |
| <input type="checkbox"/> Twi  | <input type="checkbox"/> Ukranian   | <input type="checkbox"/> Urdu                       | <input type="checkbox"/> Vietnamese    |
| <b>Geographic availability:</b> Check the boxes for places you would be willing to volunteer.   |                                     |   |  |
| <input type="checkbox"/> My county only   |                                     | <input type="checkbox"/> Multiple Counties<br>List: | <input type="checkbox"/> State-wide    |
| <b>Level of participation:</b> Select the level of participation you prefer.  |                                     |   |  |
| <input type="checkbox"/> All the time   | <input type="checkbox"/> Training   | <input type="checkbox"/> Disaster Only              | <input type="checkbox"/> I'll call you |
| <b>Availability:</b> For daily and/or training participation  |                                     |   |  |
| <input type="checkbox"/> Monday   | <input type="checkbox"/> Morning    | <input type="checkbox"/> Afternoon                  | <input type="checkbox"/> Evening       |
| <input type="checkbox"/> Tuesday  | <input type="checkbox"/> Morning    | <input type="checkbox"/> Afternoon                  | <input type="checkbox"/> Evening       |
| <input type="checkbox"/> Wednesday  | <input type="checkbox"/> Morning    | <input type="checkbox"/> Afternoon                  | <input type="checkbox"/> Evening       |
| <input type="checkbox"/> Thursday   | <input type="checkbox"/> Morning    | <input type="checkbox"/> Afternoon                  | <input type="checkbox"/> Evening       |
| <input type="checkbox"/> Friday   | <input type="checkbox"/> Morning    | <input type="checkbox"/> Afternoon                  | <input type="checkbox"/> Evening       |
| <input type="checkbox"/> Saturday   | <input type="checkbox"/> Morning    | <input type="checkbox"/> Afternoon                  | <input type="checkbox"/> Evening       |
| <input type="checkbox"/> Sunday   | <input type="checkbox"/> Morning    | <input type="checkbox"/> Afternoon                  | <input type="checkbox"/> Evening       |
| <input type="checkbox"/> Anytime  | <input type="checkbox"/> Anytime    | <input type="checkbox"/> Anytime                    | <input type="checkbox"/> Anytime       |
| <input type="checkbox"/> Anytime  | <input type="checkbox"/> Anytime    | <input type="checkbox"/> Anytime                    | <input type="checkbox"/> Anytime       |
| <input type="checkbox"/> Anytime  | <input type="checkbox"/> Anytime    | <input type="checkbox"/> Anytime                    | <input type="checkbox"/> Anytime       |
| <input type="checkbox"/> Anytime  | <input type="checkbox"/> Anytime    | <input type="checkbox"/> Anytime                    | <input type="checkbox"/> Anytime       |
| <input type="checkbox"/> Anytime  | <input type="checkbox"/> Anytime    | <input type="checkbox"/> Anytime                    | <input type="checkbox"/> Anytime       |
| <input type="checkbox"/> Anytime  | <input type="checkbox"/> Anytime    | <input type="checkbox"/> Anytime                    | <input type="checkbox"/> Anytime       |
| <b>Emergency Contact Information</b>  |                                     |   |  |
| A.  | Name<br>Phone                       | Relationship  | Address                                |
| <b>Personal Information:</b> A "yes" or "no" answer to the following questions will not necessarily disqualify any applicant from becoming a local public health volunteer. |                                     |   |  |
| Are you licensed to operate a motor vehicle in this state?  |                                     |   | Yes   No                               |
| Has your license to operate a motor vehicle ever been revoked?<br>If yes, please explain.   |                                     |   | Yes   No                               |
| Have you ever been bonded?  |                                     |   | Yes   No                               |
| Has your bonding ever been revoked?<br>If yes, please explain.  |                                     |   | Yes   No                               |
|   |                                     |   | Office use only                        |
| Have you ever been convicted of a felony, or within the past 24 months, of a misdemeanor that resulted in imprisonment?<br>If yes, please explain.                          |                                     |   | Yes   No                               |
|   |                                     |   | Office use only                        |
| <b>Volunteer Affiliations:</b> Please list volunteer organizations you are currently associated with:   |                                     |   |  |
|   |                                     |   |  |
|   |                                     |   |  |

## Functional Needs Shelter Volunteer Application Volunteer Consent

I verify that all information, provided in the Public Health Volunteer Application, is accurate to the best of my knowledge.

I give the local public health agency (LHD) permission to inquire into my character references, licensures, and employment and/or volunteer history. I also give the holder, of any such information, permission to release it to the LHD.

I hold the LHD harmless of any liability, criminal or civil, which may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above named agency. I understand that the LHD will use this information only as part of its verification of my volunteer application.

I hold the LHD harmless of any liability that I might incur during the process of my duties. I understand that I am volunteering on my own behalf and agree to operate within the scope of my responsibilities, be properly trained, and be licensed and certified by the appropriate agencies (if required). I will not be guilty of any willful or criminal misconduct, gross negligence or reckless misconduct in the course of my duties as a public health volunteer.

\_\_\_\_\_  
Name --please print

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Parental Consent

I verify that I am the above named individual's legal guardian, and he/she is under the age of 18. I, as the legal guardian, give the above named individual my permission to volunteer with the local public health department. I release the local public health department, and any individual and/or organization associated with the local public health department, of any liability the above named individual may incur. I understand that he/she is volunteering at his/her own risk.

\_\_\_\_\_  
Name of legal guardian

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of legal guardian

\_\_\_\_\_  
Date

## Attachment 2

# ARC SHELTER FACILITY SURVEY

Please print all information. This form is generic to many types of shelters; some of the questions on this form might not apply to every site. In such cases, answer N/A (not applicable).

Site Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Town/City: \_\_\_\_\_ County/Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Email address (if applicable): \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

To authorize facility use, contact (Name[s], phone number[s], cell number[s]); include secondary contacts:

\_\_\_\_\_  
 \_\_\_\_\_

To open the facility 24/7, contact (Name[s], phone number[s], cell number[s]); include secondary contacts:

\_\_\_\_\_  
 \_\_\_\_\_

**Directions to the facility from the nearest major highway evacuation route.** Use major landmarks (e.g., highways, intersections, rivers, railroad crossings, etc.). Do not use landmarks likely to be destroyed or unrecognizable after the disaster. Include latitude and longitude if available (they can be obtained via GPS).

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

### CAPACITY

Capacity for all shelters should be calculated using any space that could feasibly be used as sleeping space for an event. In an evacuation shelter, capacity should be calculated using 15 to 20 square feet per person. In a general shelter, use 40 to 60 square feet per person to determine capacity.

Capacity            Evacuation = \_\_\_\_\_ at \_\_\_\_\_ square feet  
                           General = \_\_\_\_\_ at \_\_\_\_\_ square feet

---

### LIMITATIONS ON FACILITY USE

Some facilities are only available during certain times due to other activities. Please indicate the dates that the facility is available.

- This facility will be available for use at any time during the year.
- This facility is **only** available for use during the following time periods.
- From: \_\_\_\_\_ to \_\_\_\_\_
- From: \_\_\_\_\_ to \_\_\_\_\_
- This facility is **not** available for use during the following time periods:
- From: \_\_\_\_\_ to \_\_\_\_\_
- From: \_\_\_\_\_ to \_\_\_\_\_

Some facilities have specific areas that can be used as an emergency shelter. Please indicate restrictions on use of certain areas of the building or if the entire facility is available for use.

**GENERAL FACILITY INFORMATION**

**FIRE SAFETY**

Some facilities that appear to be suitable for sheltering might not meet fire codes based on building capacity. This list of questions is not meant to be exhaustive. It is recommended that local codes be examined to determine if the facility meets them. In addition, contact can be made with the fire department to ensure compliance.

Does the facility have inspected fire extinguishers?  Yes  No

Does the facility have functional fire sprinklers?  Yes  No

Does the facility have a fire alarm?  Yes  No

If yes, choose one:  Manual (pull-down)  Automatic

Does the fire alarm directly alert the fire department?  Yes  No

Comments from fire department, if available: \_\_\_\_\_

**UTILITIES**

A major concern in running an emergency shelter is whether or not utilities can continue to run after a storm. This section is designed to evaluate the capabilities of the facility and to list the appropriate contacts in case the utilities fail.

Emergency generator on site?  Yes  No

**IF YES-** Capacity in kilowatts \_\_\_\_\_ Power for entire shelter?  Yes  No  
If no, what will it operate? \_\_\_\_\_

Operating time, in hours, without refueling, at rated capacity: \_\_\_\_\_

Auto start  Manual start Fuel type \_\_\_\_\_

Utility company name: \_\_\_\_\_

Contact name: \_\_\_\_\_ Emergency phone number: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Generator fuel vendor: \_\_\_\_\_ Emergency phone number: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Generator repair contact: \_\_\_\_\_ Emergency phone number: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

**IF NO-** Emergency generators do not have to be present in order to use the facility as a shelter. However, care must be taken to evaluate the appropriateness of the facility in emergency situations. For example, if there are no appropriate facilities in the area available for sheltering that have emergency generators, consideration should be made to use those facilities. Most pre-identified emergency shelters do not have generators. In addition, if a shelter does not have a generator on site, it is appropriate to pre-identify vendors so that a generator could be brought in if necessary.

**Heating**  Electric  Natural gas  Propane  Fuel  Oil

Utility/vendor name: \_\_\_\_\_

Contact name: \_\_\_\_\_ Emergency phone number: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Repair contact: \_\_\_\_\_ Emergency phone number: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

**Cooling**  Electric  Natural gas  Propane

Utility/vendor name: \_\_\_\_\_





Cots needed \_\_\_\_\_

Blankets needed \_\_\_\_\_

**ACCESSIBILITY FOR PEOPLE WITH DISABILITIES**

Many people with disabilities can be accommodated in general shelters. It is important to evaluate a building to determine if it is accessible to people with disabilities. No single deficiency in the following list makes a facility “out of compliance” or unfit for consideration. There are many acceptable temporary mechanisms that can make a facility accessible. For guidance in this area, contact your local building or safety department, an assisted living center or a disability advocacy organization.

**Access to building**

- Curb cuts (minimum 35 inches wide)
- Accessible doorways (minimum 35 inches wide)
- Automatic doors or appropriate door handles
- Ramps (minimum 35 inches wide)      Are ramps:  Fixed       Portable
- Level Landings

**Accessible and accommodating restrooms**

- Grab bars (33-36 inches wide)       Sinks @ 34 inches in height
- Stall (38 inches wide)       Towel dispenser @ 39 inches in height

**Showers**

- Shower stall (minimum 36 inches by 36 inches)       Grab bars (33-36 inches in height)
- Shower seat (17-19 inches high)       Hand-held spray unit with hose
- Fixed shower head (48 inches high)

**Accessible and accommodating cafeterias**

- Tables (28-34 inches high)
- Serving line [counter] (28-34 inches high)
- Aisles (minimum 38 inches wide)

**Accessible telephones**

- Maximum 48 inches high       TDD available       Earpiece (volume adjustable)

**SANITATION**

**TOILETS**

The American Red Cross recommended ratio for toilet facilities is a minimum of 1 restroom for 40 people. Count only those facilities that will be accessible to shelter residents and shelter staff.

*Projected population ÷ 40 = projected needed number of toilet facilities.*

|                              |       |       |        |                          |
|------------------------------|-------|-------|--------|--------------------------|
| Number of toilets available: | Men   | Women | Unisex | People with Disabilities |
|                              | _____ | _____ | _____  | _____                    |
| Projected need:              | Men   | Women | Unisex | People with Disabilities |
|                              | _____ | _____ | _____  | _____                    |
| - Total available:           | Men   | Women | Unisex | People with Disabilities |
|                              | _____ | _____ | _____  | _____                    |
| Portable toilets needed:     | Men   | Women | Unisex | People with Disabilities |
|                              | _____ | _____ | _____  | _____                    |

**SINKS**

The recommended ratio of sinks is one sink for every two toilets.

|                            |       |       |        |                          |
|----------------------------|-------|-------|--------|--------------------------|
| Number of sinks available: | Men   | Women | Unisex | People with Disabilities |
|                            | _____ | _____ | _____  | _____                    |
| Projected need             | Men   | Women | Unisex | People with Disabilities |
|                            | _____ | _____ | _____  | _____                    |

| Total available:       | Men | Women | Unisex | People with Disabilities |
|------------------------|-----|-------|--------|--------------------------|
| Portable sinks needed: | Men | Women | Unisex | People with Disabilities |

**SHOWERS**

The best case scenario for showers is 1 shower for every 40 residents. In the case of evacuation shelters, the ratio can be higher. However, if it is determined that an evacuation shelter will be open longer term, alternative arrangements will have to be made. There might be a nearby facility that, while it couldn't be used a shelter, might have showers available. Consider requesting transportation through partner agencies; when a Disaster Relief Operation (DRO) has been set up, requests can go through Partner Services at the DRO. Portable showers might need to be acquired.

| Number of showers available: | Men | Women | Unisex | People with Disabilities |
|------------------------------|-----|-------|--------|--------------------------|
| Number of showers needed:    | Men | Women | Unisex | People with Disabilities |

Are there any limitations on the availability of showers (time of day, etc.)?  Yes  No

Alternatives for showers on-site:

Alternatives for showers off-site:

**FOOD PREPARATION**

None on site  Warming oven kitchen

Full-service kitchen

(If full-service meals, "per meal" number that can be produced): \_\_\_\_\_

Facility uses central kitchen — meals are delivered

Central kitchen contact: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

**Planning for shelter feeding**

While people coming to evacuation shelters are encouraged to bring food with them, for a variety of reasons this doesn't always occur. Therefore, it pays to be prepared to feed shelter residents. For planning purposes, it is helpful to think in terms of three to five days of meals with no outside assistance. This covers the possibility of widespread damage to commercial food sources and infrastructure. Meals can range from freshly prepared food at shelter facilities that have adequate kitchen facilities to prepackaged shelf-stable meals (military-style Meals Ready to Eat [MREs], Heater Meals, etc.). The planning target should be 5 meals worth of food in inventory for each projected shelter resident.

*Projected population x 5 = projected number of meals needed.*

Projected need \_\_\_\_\_

- Total available \_\_\_\_\_

Meals Needed \_\_\_\_\_

**Equipment** (Indicate quantity and size [sq. ft.] as appropriate).

Refrigerators \_\_\_\_\_ Walk-in refrigerators \_\_\_\_\_ Ice machines \_\_\_\_\_

Freezers \_\_\_\_\_ Walk-in freezers \_\_\_\_\_ Braising pans \_\_\_\_\_

Burners \_\_\_\_\_ Griddles \_\_\_\_\_ Warmers \_\_\_\_\_

Ovens \_\_\_\_\_ Convection ovens \_\_\_\_\_ Microwave ovens \_\_\_\_\_

Steamers \_\_\_\_\_ Steam kettles \_\_\_\_\_

Sinks \_\_\_\_\_ Dishwashers \_\_\_\_\_

**FEEDING AREAS**

None on site  Snack Bar (seating capacity: \_\_\_\_\_) Cafeteria (seating capacity: \_\_\_\_\_)

Other indoor seating (describe, including size and capacity estimate): \_\_\_\_\_

Total estimated seating capacity for eating: \_\_\_\_\_

Comments related to feeding: \_\_\_\_\_

**OTHER CONSIDERATIONS**

**ARC 4496**

“Standards for Selection of Hurricane Evacuation Shelters,” or ARC4496, is a document published by the American Red Cross. Planning considerations for hurricane evacuation shelters involve a number of factors and require close coordination with local officials responsible for public safety. Technical information contained in hurricane evacuation studies, storm surge mapping, flood mapping and other data can now be used to make informed decisions about the suitability of shelters. Anyone considering using a facility as a hurricane evacuation shelters should carefully review ARC 4496 and consult with local officials to ensure safety of the facility is considered.

**HEALTH SERVICES**

Number of rooms available: \_\_\_\_\_ Number of beds or cots available: \_\_\_\_\_

Number of rooms needed: \_\_\_\_\_ Number of beds or cots needed: \_\_\_\_\_

Total square footage of available health care space: \_\_\_\_\_

**BABY AND INFANT SUPPORT SUPPLIES**

Diaper changing tables are extremely important due to health safety considerations. While there is not a recommended number of tables by population, there should be changing tables available. Beyond diaper changing, it is helpful to know in advance what baby supplies are available, if needed.

# of diaper changing tables: \_\_\_\_\_

# of diapers available: \_\_\_\_\_

Cans of formula available: \_\_\_\_\_

**LAUNDRY FACILITIES**

Generally, shelters do not have access to laundry facilities. Availability of such facilities would be considered an extra and not a necessity. These facilities would be especially useful for a shelter open longer than a week.

Number of clothes washers: \_\_\_\_\_ Number of clothes dryers: \_\_\_\_\_

Will the shelter worker or shelter residents have access to these machines? Yes No

Are laundry facilities coin operated? Yes No

Special conditions or restrictions: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Does the entity that plans to manage the shelter own the building? Yes No

If NO- is there a current written agreement to use this site? Yes No

Is this facility within five miles of an evacuation route? Yes No

Is this facility within ten miles of a nuclear power plant? Yes No

**Groups associated with this facility**

Facility staff required when using facility? Yes No

Paid feeding staff required when using facility?  Yes  No

Church auxiliary required when using facility?  Yes  No

Fire auxiliary required when using facility?  Yes  No

Other: \_\_\_\_\_ Required  Yes  No

Other: \_\_\_\_\_ Required  Yes  No

Will any of the above groups be trained or experienced in shelter management?

IF YES, please list: \_\_\_\_\_

**RECOMMENDATIONS/OTHER INFORMATION (Be specific):**

\_\_\_\_\_

**•••• Attach a sketch or copy of the facility floor plan ••••**

Survey completed/updated by

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date completed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date completed

## Attachment 3

# Sheltering Space and Floor Plan Considerations

American Red Cross (ARC) Sheltering guidelines recommend that 20 square feet per person be made available for short-term, or “evacuation” sheltering, and up to 40 square feet per person for “long term” sheltering. “Long term sheltering” is generally defined as any period longer than seventy-two hours.

Typical ARC or military surplus cots require about 21 square feet (7ft X 3 ft) of floor space. By allowing space for maneuverability around the cot, expanding the assigned space to approximately 4 feet X 10 feet, you can arrive at the recommended floor space of 40 sq ft per occupant. The relatively narrow, long space allotment allows for the storage of belongings at the foot of each cot.

In most cases, accommodating the needs of people with disabilities in shelters requires only minor modifications of the standard operating guidelines and some forethought concerning the floor plan of the shelter facility. Some additional equipment considerations are also worth considering. A detailed assessment of your local population, as well as a close working relationship with local advocacy groups, can help you determine the exact type and quantity of equipment that may be required in your shelter, in addition to resources for obtaining those supplies. Following is a brief discussion of some of these considerations.

Space issues are always of great concern when it comes to sheltering large populations. The idea of accommodating individuals with wheelchairs, lift equipment, personal care assistants, and service animals can, at first, seem unreasonable. However, some experimentation with floor planning shows that even one individual who brings all of these needs to a shelter can fit into about 100 square feet. That translates to 50 square feet per person—only ten square feet more than the Red Cross per-person allotment for long term sheltering.

Some particular features of this layout need more detailed explanation. Starting with the motorized wheelchair, careful consideration should be given to placement of individuals with power needs within the shelter. While many motorized wheelchairs can go several days between charges, remember that sudden disasters may bring people to your shelter whose chairs may need immediate charging, and as days wear on nearly all people relying on wheelchairs will need to charge them. It should be emphasized that motorized wheelchairs are not simply wheelchairs that move on their own. While implying that these apparatus are “life support” equipment would be an overstatement, they are certainly “quality of life support” equipment. Not just providing mobility, they are custom made, 400+ pound, sophisticated pieces of medical equipment that also prevent skin degradation and ulceration, prevent circulatory disorders and respiratory infections, and help individuals care for themselves. With that in mind, motorized wheelchairs can create a significant draw on electrical circuits while charging. This is an important consideration, and should be coupled with

other power demands, such as breathing machines (CPAP, BiPAP) or other equipment that may be in use. In general, consider distributing your power-consuming shelter residents across multiple walls and/or circuits. Even relatively large chairs can be parked for the night without taking up too much space. Placing the chair at the head of its owner's bed not only creates a compact storage area, it also provides a sense of security (as opposed to having to "surrender" the chair to a common storage area) as well as a platform for personal effects, perhaps including assistive breathing equipment.

Spacing individuals with disabilities throughout the shelter to distribute power demand, and integrate the entire population, presents some challenges. While individuals who are ambulatory can walk to bathrooms, perform personal hygiene, and change clothes, persons with certain disabilities cannot. Portable privacy screens may be a suitable option for providing privacy at the individual's cot. Alternatively, if the shelter is a school, the nurse's office can be designated as a private room for addressing personal needs of persons with disabilities. Such a room should be at least 100 square feet and should include an examination table or massage-type table to help facilitate change of clothing or addressing other personal care needs.

Cots that provide a wider sleeping surface, a thicker mattress pad, and a higher surface can be found at ([www.emergencyresources.com](http://www.emergencyresources.com)). This makes the cot more versatile when dealing with populations that may have trouble getting in and out of low beds. Eighteen inches is generally not, however, high enough for self-transfer in and out of wheelchairs.

Many individuals with disabilities rely on family members, friends, or personal care assistants to provide support with activities of daily living to live in and participate in the community. Therefore, to live independently within a shelter, persons with disabilities will likely bring more than one family member or personal care assistant with them to a shelter. However, only one family member or personal care assistant can stay in the 100 square foot area at a time. Other family members or personal care assistants may stay in the general population section of the shelter and rotate into the 100 square foot area as needed.

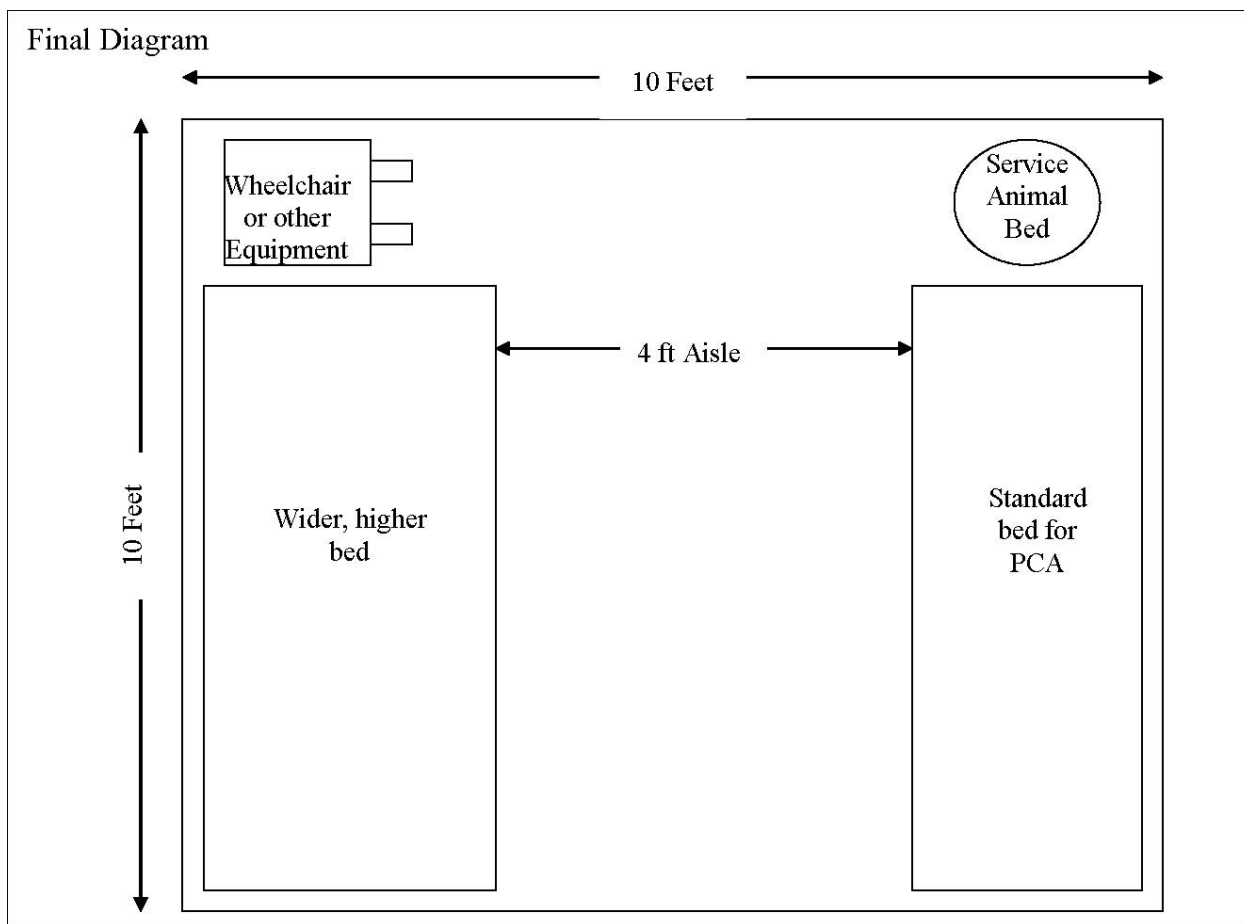
An additional consideration that leads to the 100-ft<sup>2</sup> floor space requirement is the need to access the bed area by wheelchair, and the potential need for lifting/moving equipment such as a Hoyer Lift. Alternatively, Hoyer Lifts made available at the shelter for general use may help minimize both equipment storage concerns as well as the need for individuals to transport their own lift during an evacuation. Emergency planners may consider arranging memorandums of understanding (MOUs) with companies to supply equipment such as Hoyer lifts to enhance accessibility, should the need to open a shelter arise. Some other equipment to consider having available by MOU might include:

- Portable showers for people in wheel chairs

- Shower chairs
- Egg crate mattress pads

Finally, space is needed to accommodate a service animal. A minimal amount of floor space (6 square feet) may be required, or the service animal may even sleep on the bed with their owner.

In order to assess the number of specialized cots, amount of space dedicated to accessible sheltering, power supply requirements, etc. needed in each community, local officials should review available demographic or statistical data for their community. Working closely with community partners (area agencies on aging, disability advocates, etc) during the planning stages will help to better prepare both the emergency management staff as well as people with disabilities for a disaster. If no estimation of local requirements is available, it is recommended that a figure of 10% of the shelter population be used in calculating the need for specialized cots and space.







## Attachment 5 INDIVIDUALS WITH FUNCTIONAL NEEDS REGISTRATION

Functional needs Shelter Name: \_\_\_\_\_ Date Opened \_\_\_\_\_ Time  
Opened \_\_\_\_\_

Supervising RN Name \_\_\_\_\_ Date Closed \_\_\_\_\_ Time Closed \_\_\_\_\_

| Arrival Date and Time | Functional needs Individual Name | Address City, State, Zip | Caregiver Name and Phone Number | Emergency Contact Name and Phone Number | Diagnosis Special Need | Method of Arrival | Departure Date and Time (Permanent or Temporary) |
|-----------------------|----------------------------------|--------------------------|---------------------------------|---|------------------------|-------------------|--|
|                       |                                  |                          |                                 |   |                        |                   |  |
|                       |                                  |                          |                                 |   |                        |                   |  |
|                       |                                  |                          |                                 |   |                        |                   |  |
|                       |                                  |                          |                                 |   |                        |                   |  |
|                       |                                  |                          |                                 |   |                        |                   |  |
|                       |                                  |                          |                                 |   |                        |                   |  |
|                       |                                  |                          |                                 |   |                        |                   |  |

**TRANSPORTATION TYPES:**  
 T1 - Private Vehicle  
 T2 - Public Transportation  
 T3 - Standard Bus Pick-up  
 T4 - Wheelchair Accessible vehicle

## Attachment 6 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.   |
| SN Shelter Registration (if separate from general registration) | 2        | On the wall or on the table of the registration area.  |
| SN Shelter Information  | 2        | 1 near the entrance/registration area with an arrow and 1 near the information area.   |
| SN Shelter 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 storm 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, behavior 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 functional needs shelterees.   |
| Triage Area   | 1        | Area for screening persons with functional needs.  |
| Animal Holding  | 1        | Refer to LEOC to determine what the ESF-17 policy regarding sheltering animals in the SN Shelter is and what options are available.                                  |
| Staff Only  | 2        |  |
| No Smoking  | 8        | Exit areas and bathrooms   |
| Oxygen in Use   | 4        |  |

## Attachment 7 ARC Intake Form

| AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>INITIAL INTAKE AND ASSESSMENT TOOL  |          |   |  |
|--|----------|---|--|
| Date/Time: _____   |          | Shelter Name/Location: _____  |  |
| Name of Person: _____  |          | DRO Name/Number: _____  |  |
| Names/Ages of all family members present: _____  |          | Age: _____  |  |
| Age, gender, NOK/guardian: _____   |          |   |  |
| Home Address: _____  |          |   |  |
| NAME OF STAFF INITIATING ASSESSMENT: _____   |          | Contact Number: _____   |  |
| INITIAL INTAKE   | Circle   | Actions to be taken   | Comments (Include name of affected family member)  |
| We will now be asking you a series of questions - Will you need assistance with understanding or answering these questions?                                    | YES / NO | If Yes, determine needs in conjunction with shelter manager and Health Services.  |  |
| What language are you most comfortable with?   |          | If other than English: refer to shelter manager if interpreter is needed. Once interpreter is available return to initial intake. |  |
| Do you have a medical or health concern or need right now?   | YES / NO | If Yes, stop interview and refer to Health Services immediately.  |  |
| How are you feeling?<br>Physically?                      Emotionally?  |          | If life threatening, call 911. Other urgent needs - refer to Health Services (HS) or Disaster Mental Health (DMH) now.            |  |
| Do you need any medicine, equipment or other items for daily living?   | YES / NO | If Yes, refer to Health Services and ask next question.   |  |
| Do you need a caregiver or personal assistant?   | YES / NO | If Yes, ask next question.<br>If No, skip next question.  |  |
| Is your caregiver present and planning to remain with you?   | YES / NO | If Yes, name of person.<br>If No, refer to Health Services.   |  |
| Do you use a service animal?   | YES / NO | If Yes, ask next two (2) questions.<br>If No, skip next two (2) questions.  |  |
| Is the animal with you?  | YES / NO | If No, ask next question.   |  |
| If No, do you know where the service animal is?  | YES / NO | If No, notify local animal control of loss and attempt to identify potential resources for replacement.                           |  |
| If under the age of 18, do you have a family member or responsible person with you?  | YES / NO | If No, refer to Health Services or Disaster Mental Health.<br>If Yes, locate parent or guardian to continue interview.            |  |
| <i>This question is only relevant for interviews conducted at HHS medical facilities. Are you presently receiving any benefits (Medicare/Medicaid).</i>        | YES / NO | If Yes, list type and benefit number(s) if available.   |  |
| Do you have any severe environmental, food, or medication allergies?   | YES / NO | If Yes, refer to Health Services.   |  |
| <b>Question to Interviewer:</b> Would this person benefit from a more detailed health or mental health assessment?   | YES / NO | If Yes, Refer to Health Services or Disaster Mental Health.   | <b>*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.</b> |
| REFERRED TO HEALTH SERVICES Yes <input type="checkbox"/> No <input type="checkbox"/>   |          | REFERRED TO DISASTER MENTAL HEALTH Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |  |
| HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP  |          |   |  |
| ASSISTANCE AND SUPPORT INFORMATION   | Circle   | Actions to be taken   | Comments   |
| Have you been hospitalized or under the care of a physician in the past month?   | YES / NO | If Yes, list reason.  |  |
| Do you have a condition that requires any special medical equipment/supplies? (EpiPen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.) | YES / NO | If Yes, list and list potential sources if available.   |  |
| MEDICATIONS  | Circle   | Actions to be taken   | Comments   |
| Do you take any medication(s) regularly?   | YES / NO | If No, skip to the questions regarding hearing.   |  |
| When did you last take your medication?  |          | Date/Time.  |  |
| When are you due for your next dose?   |          | Date/Time.  |  |
| Do you have the medications with you?  | YES / NO | If No, identify medications and process for replacement.  |  |
| HEARING  |          |   |  |
| Do you need assistance in hearing me?  | YES / NO | If Yes, ask next question. If No, skip the next question.   |  |

| AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>INITIAL INTAKE AND ASSESSMENT TOOL |            |   |
|---|------------|---|
| Would you like me to write the questions down?  | YES / NO   | If Yes, give client paper and pen. If no, go to the next category of questions.                       |
| Do you use a hearing aid?   | YES / NO   | If Yes, ask next two (2) questions. If No, skip next three questions.                                 |
| Do you have your hearing aid with you?  | YES / NO   | If Yes, ask next two (2) questions. If No, skip next two questions.                                   |
| Is the hearing aid working?   | YES / NO   | If No, identify potential resources for replacement.  |
| Do you need a battery?  | YES / NO   | If Yes, identify potential resources for replacement.   |
| Do you need a sign language interpreter?  | YES / NO   | If Yes, identify potential resources in conjunction with shelter manager.                             |
| How do you best communicate with others?  |            | Sign language? Lip read? Use a TTY? Other (explain).  |
| <b>VISION/SIGHT</b>   |            |   |
| Do you wear prescription glasses?   | YES / NO   | If Yes, ask next two (2) questions. If No, skip next two questions.                                   |
| Do you have your glasses with you or with your personal belongings?                                     | YES / NO   | If No, identify potential resources for replacement.  |
| Do you have difficulty seeing, even with glasses?   | YES / NO   | If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.        |
| Do you use a white cane?  | YES / NO   | If Yes, ask next question. If No, skip the next question.   |
| Do you have your white cane with you?   | YES / NO   | If No, identify potential resources for replacement.  |
| Do you need assistance getting around, even with your white cane?                                       | YES / NO   | If Yes, determine if accommodation can be made in the shelter.  |
| Do you need help moving around or getting in and out of bed?  | YES / NO   | If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.        |
| Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?                  | YES / NO   | If No, skip the next question. If Yes, list.  |
| Do you have the mobility device/equipment with you?   | YES / NO   | If No, consult with HS and shelter manager to determine if accommodation can be made in the shelter.  |
| <b>ACTIVITIES OF DAILY LIVING</b>   |            |   |
| Ask all questions in category.  |            |   |
| Do you need help getting dressed?   | YES / NO   | If Yes, explain.  |
| Do you need assistance using the bathroom?  | YES / NO   | If Yes, explain.  |
| Do you need help bathing?   | YES / NO   | If Yes, explain.  |
| Do you need help eating? Cutting food?  | YES / NO   | If Yes, explain.  |
| Do you have a family member, friend or caregiver with you to help with these activities?                | YES / NO   | If No, consult with HS and shelter manager to determine if general population shelter is appropriate. |
| <b>NUTRITION</b>  |            |   |
| Do you wear dentures?   | YES / NO   | If Yes, ask next question. If No, skip the next two questions.  |
| Do you have them with you?  | YES / NO   | If No, identify potential resources for replacement.  |
| Are you on any special diet?  | YES / NO   | If Yes, list special diet and notify Feeding staff.   |
| Do you have any allergies to food?  | YES / NO   | If Yes, list allergies.   |
| <b>INTERVIEWER EVALUATION</b>   |            |   |
| Question to Interviewer: Has the person been able to express his/her needs and make choices?            | YES / NO   | If No or uncertain, consult with DMH and shelter manager.   |
| Question to Interviewer: Can this shelter provide the assistance and support needed?                    | YES / NO   | If No, collaborate with shelter manager on alternative sheltering options.                            |
| <b>NAME OF PERSON COLLECTING INFORMATION:</b>   | Signature: | Date:   |

This following information is only relevant for interviews conducted at IHHS medical facilities. Federal agencies conducting or sponsoring collections of information by use of these tools, so long as these tools are used in the provision of treatment or clinical examination, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320 3(b)(5).

The authority for collecting this information is 42 U.S.C. 300bb-11(b) (4). Your disclosure of this information is voluntary. The principal purpose of this collection is to appropriately treat, or provide assistance to, you. The primary routine uses of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly treating you or providing assistance to you.

(As of 4/07)

## Attachment 8

### Suggested Supply List for Functional Needs Shelters

Items highlighted in **Bold** are priority supplies

| Item #     | Item Description   | Estimated Quantity per 100 individuals with functional needs for 3 days |
|------------|--|---|
| 1.         | 2-way radios   | 12  |
| 2.         | 3x3 gauze sponges – 2 sterile per pack                       | 50  |
| 3.         | 4x4 gauze sponges – 2 sterile per pk                         | 100   |
| 4.         | Activated charcoal/bottle                                    | 2   |
| <b>5.</b>  | <b>AED with pads</b>   | <b>1</b>  |
| 6.         | Alcohol – isopropyl  | 1 pint  |
| 7.         | Alcohol-based hand sanitizer                                 |   |
| 8.         | Alcohol swabs  | 3 boxes (100 each)  |
| <b>9.</b>  | <b>Alphabetical files w/ flaps</b>                           | <b>2</b>  |
| 10.        | Ammonia inhalants  | 2 boxes   |
| 11.        | Antacid – low sodium 24's                                    | 2 boxes   |
| <b>12.</b> | <b>Antibacterial hand wash</b>                               | <b>3 bottles (refill) and 18 small bottles for staff</b>                |
| 13.        | Anti-septic foam alcohol                                     | 2 bottles   |
| 14.        | Anti-septic germicide pre sol (iodine)                       | 8 bottles of 1 fl oz  |
| 15.        | Applicators cotton tipped                                    | 200 (box)   |
| 16.        | Arm sling  | 1   |
| 17.        | Aspirin 5 gr tablets 250 tablets                             | 1 bottle  |
| <b>18.</b> | <b>Bag Valve Mask (BVM)</b>                                  | <b>Adult 2</b>  |
| <b>19.</b> | <b>Bag Valve Mask (BVM)</b>                                  | <b>Pediatric 2</b>  |
| <b>20.</b> | <b>Ball point pens</b>                                       | <b>1 box of black and blue each</b>                                     |
| <b>21.</b> | <b>Band-aids (non-latex)</b>                                 | <b>5-10 boxes assorted size</b>   |
| 22.        | Batteries  | assorted sizes  |
| 23.        | Bed pans   | 10-20   |
| 24.        | Bedside commodes   | 10  |
| 25.        | <b>Benadryl Cream – antipruritic 1 ox.</b>                   | 2 tubes   |
| 26.        | Benadryl/generic syrup 4oz                                   | 2   |
| 27.        | Betadine scrub   | 1 bottle  |
| 28.        | <b>Biohazard Red Bags</b>                                    | <b>Large 1 box</b>  |
| 29.        | <b>Biohazard Red Bags</b>                                    | <b>Small 1 box</b>  |
| 30.        | <b>Blankets</b>  | <b>118</b>  |
| 31.        | <b>Blood Glucose Monitor</b>                                 | <b>1</b>  |
| 32.        | <b>Blood Glucose Strips</b>                                  | <b>2 boxes</b>  |
| 33.        | <b>Body Lotion</b>   | <b>2 bottles</b>  |
| 34.        | <b>Box to Store/Lock Medications</b>                         | <b>2</b>  |
| 35.        | <b>BP Cuff Set - non-mercury (adult sizes and pediatric)</b> | <b>3</b>  |
| 36.        | Bucket – 2 gallon  | 2   |
| 37.        | Bulb Syringe   | 2   |
| 38.        | Calamine Lotion (6 fluid oz)                                 | 2   |
| 39.        | Can Opener   | 1   |
| 40.        | Chlorine Bleach  | 1 quart   |
| 41.        | <b>Chux Underpads</b>  | <b>150</b>  |
| 42.        | <b>Clipboards</b>  | <b>15</b>   |
| 43.        | <b>Cloth Towels – Large</b>                                  | <b>100</b>  |
| 44.        | <b>Cloth Towels – Small</b>                                  | <b>100</b>  |

| Item # | Item Description                              | Estimated Quantity per 100 individuals with functional needs for 3 days              |
|--------|---|--|
| 45.    | Cold Pak (Reusable)                           | 2 pak  |
| 46.    | Color Highlighters                            | 1 pack   |
| 47.    | Colostomy Bags                                | 1 box  |
| 48.    | Communication boards (individual)             | 2  |
| 49.    | <b>Cots</b>                                   | <b>118 (includes staff)</b>  |
| 50.    | Cotton Tip Applicators                        | 1 box  |
| 51.    | <b>CPR Face Mask – Pediatric</b>              | <b>3 each</b>  |
| 52.    | <b>CPR Face Mask – Adult</b>                  | <b>3 each</b>  |
| 53.    | <b>Diapers – Adult</b>                        | <b>50</b>  |
| 54.    | <b>Diapers – Infant/toddler</b>               | <b>50</b>  |
| 55.    | Dressing (and pad)                            | 24   |
| 56.    | Dressing paper for tables                     | 2 rolls  |
| 57.    | <b>Duct Tape</b>                              | <b>2 rolls</b>   |
| 58.    | Elastic Ace Bandages (non-latex)              | 5 – 10   |
| 59.    | Elastic Band – 2 inch                         | 6 packages   |
| 60.    | Elastic Band – 6 inch                         | 6 packages   |
| 61.    | Extension Cords                               | 10   |
| 62.    | Eye Pads                                      | 12   |
| 63.    | <b>Face Shields – Disposable</b>              | <b>12</b>  |
| 64.    | Facial Tissue                                 | 10 boxes   |
| 65.    | <b>Feminine Products</b>                      | <b>Assorted</b>  |
| 66.    | First Aid Tape Roll (10 yd roll)              | 10   |
| 67.    | Flashlights                                   | 10   |
| 68.    | Forceps/Tweezers                              | 2  |
| 69.    | Garbage Bags                                  | 1 box  |
| 70.    | Gauze Bandages 5                              | 10 boxes   |
| 71.    | <b>General first aid kit</b>                  | <b>1</b>   |
| 72.    | General Sponges                               | 12   |
| 73.    | Germicidal Wipes                              | 4 containers   |
| 74.    | <b>Gloves, Non-Latex – Large</b>              | <b>3 boxes (100 each)</b>  |
| 75.    | <b>Gloves, Non-Latex – Medium</b>             | <b>3 boxes (100 each)</b>  |
| 76.    | <b>Gloves, Non-Latex – Small</b>              | <b>3 boxes (100 each)</b>  |
| 77.    | Goggles                                       | 2  |
| 78.    | Gowns   | 3  |
| 79.    | <b>Hospital ID Bracelets</b>                  | <b>75 yellow, 50 green, 20 light blue, 15 white, 25 dark blue, 10 red, 25 orange</b> |
| 80.    | Hydrocortisone 0.5% cream/ tube               | 2  |
| 81.    | Hydrocortisone 1% cream/tube                  | 2  |
| 82.    | <b>Hydrogen Peroxide</b>                      | <b>4 bottles</b>   |
| 83.    | Ibuprophen 200ml Tablets 100                  | 1 bottle   |
| 84.    | Infant Formula                                | 2 cases  |
| 85.    | <b>In-Line Nebulizer</b>                      | <b>10</b>  |
| 86.    | Instant Glucose/Tube                          | 2  |
| 87.    | <b>Insulin Regular, NPH &amp; 70/30 10ml.</b> | <b>10 vials of each</b>  |
| 88.    | <b>Insulin Syringes (small)</b>               | <b>25</b>  |
| 89.    | <b>Inter-Office Envelopes</b>                 | <b>20</b>  |
| 90.    | <b>Ipecac Syrup 1oz</b>                       | <b>2</b>   |
| 91.    | Irrigation Kit                                | 2  |
| 92.    | Kaopectate 12 oz                              | 2  |
| 93.    | Lancing Device                                | 25   |
| 94.    | Leg/Arm Splint – Small/Medium /Large          | 1 each   |
| 95.    | <b>Letter Size Paper Pads</b>                 | <b>20</b>  |

| Item # | Item Description  | Estimated Quantity per 100 individuals with functional needs for 3 days |
|--------|---|---|
| 96.    | <b>Loperamide 2mg tablets 24's</b>                            | <b>4</b>  |
| 97.    | <b>Loperamide Liquid 4oz Bottle</b>                           | <b>2</b>  |
| 98.    | <b>Maalox Antacid Suspension 12 oz.</b>                       | <b>2 bottles</b>  |
| 99.    | <b>Manila Envelopes, 9 x 12</b>                               | <b>20</b>   |
| 100.   | Markers   | 5   |
| 101.   | <b>Masking Tape</b>   | <b>2 rolls</b>  |
| 102.   | <b>Medication cups /dosage spoons /syringes</b>               | <b>75/12/12</b>   |
| 103.   | <b>Message Pads</b>   | <b>5</b>  |
| 104.   | Name Tags   | 1 box   |
| 105.   | <b>Nasal Cannulas</b>   | <b>5</b>  |
| 106.   | Neck Brace  | 1   |
| 107.   | Obstetrical Kit   | 1   |
| 108.   | <b>OTC Anti-Diarrheal Medicine e.g. bismuth subsalicylate</b> | <b>2 boxes of 12</b>  |
| 109.   | <b>Oxygen Connectors</b>                                      | <b>5</b>  |
| 110.   | <b>Oxygen Mask with Regulators/Wrench</b>                     | <b>5 (1 pediatric)</b>  |
| 111.   | <b>Oxygen Tanks (Emergency Use)</b>                           | <b>5</b>  |
| 112.   | Paper Disposable Gowns  | 100   |
| 113.   | Paper Towels  | 5 – 10 rolls  |
| 114.   | <b>Paperclips, Small and Large</b>                            | <b>1 box large, 1 box small</b>   |
| 115.   | Pedilyte – 12 oz bottles                                      | 20  |
| 116.   | Petroleum/Vaseline  | 1 tube  |
| 117.   | Pharmaceutical counting tray and knife                        | 1   |
| 118.   | <b>Pillows</b>  | <b>118 (includes staff)</b>   |
| 119.   | Plug Strips   | 10  |
| 120.   | <b>Reference Material (i.e. Packet PDR, etc.)</b>             | <b>2</b>  |
| 121.   | Rubber Bands  | 1 bag   |
| 122.   | Saline eye drops  | 2 bottles   |
| 123.   | Salt Substitute   | 1 box   |
| 124.   | Scissors  | 4   |
| 125.   | <b>Sharpie Fine Point Marker</b>                              | <b>10</b>   |
| 126.   | Sharpie Regular Point Marker                                  | 10  |
| 127.   | <b>Sharps Container</b>                                       | <b>1 (gallon) and 6 quart portable</b>                                  |
| 128.   | Signs   | 1 bag   |
| 129.   | Splint Board  | 1   |
| 130.   | Sterile Water – 500 ml (irrigation use only)                  | 4 bottles   |
| 131.   | <b>Stethoscope</b>  | <b>10</b>   |
| 132.   | Storage Containers  | 10  |
| 133.   | Straws for drinking beverages                                 | 1 box   |
| 134.   | Sugar   | 1 bag   |
| 135.   | <b>Surgical Masks</b>   | <b>1 box of 35</b>  |
| 136.   | Surgical Masks w/Shield (Latex Free)                          | 12  |
| 137.   | Table Salt  | 1 box   |
| 138.   | Tape – 1 inch paper   | 5 – 10 boxes  |
| 139.   | Tape – Silk, 1 Inch   | 1 box   |
| 140.   | Tape, Hypoallergenic – 1 Inch                                 | 1 box   |
| 141.   | <b>Thermometer - non-mercury</b>                              | <b>12</b>   |
| 142.   | <b>Thermometer - non-mercury covers</b>                       | <b>200</b>  |
| 143.   | Thermometer - Aural   | 1   |
| 144.   | Thermometer - Aural Replacement Tips                          | 1 box   |
| 145.   | Thickening substance for liquids                              | 1 box   |
| 146.   | Tongue Depressors   | 1 bag or box  |

| Item # | Item Description  | Estimated Quantity per 100 individuals with functional needs for 3 days |
|--------|---|---|
| 147.   | Triangular Bandages   |   |
| 148.   | <b>Triple Antibiotic Ointment (144 units)</b>   | <b>1 box</b>  |
| 149.   | <b>Tylenol - Adult Extra Strength – 500 mg.</b>   | <b>1 bottle of 250 pills</b>  |
| 150.   | <b>Tylenol - Children's Soft Chew – 160 mg.</b>   | <b>1 bottle of 60 pills</b>   |
| 151.   | Urinals with Covers   | 10 – 20   |
| 152.   | Urinary Catheter Bags   | 10  |
| 153.   | Urinary Drainage Bag  | 2   |
| 154.   | Vinegar   | 1 bottle  |
| 155.   | Wash Basins   | 20  |
| 156.   | <b>Wheelchairs</b>  | <b>5 – 10</b>   |
| 157.   | Wrist Bands   | 1 box of 855  |
| 158.   | <b>Zinc Ointment 1oz</b>  | <b>2 tubes</b>  |
| 159.   | Ziploc Bags   | Assorted Sizes  |
| 160.   | Items for infants and small children, such as: baby bottles, baby bulb syringes, hot water bottles, baby blankets, cribs, and changing supplies |   |

The following three tables include all of the items listed above, but are divided into categories to assist in the planning process. Those categories are: a suggested list of supplies needed when opening a functional needs shelter; a suggested list of consumable supplies needed while operating a functional needs shelter; and a suggested list of “over the counter” medications to have on hand to assist with minor discomforting conditions frequently encountered in a shelter.

**Shelter Set-Up Portion**

| Item # | Item Description   | Estimated Quantity per 100 individuals with functional needs for 3 days |
|--------|--|---|
| 1.     | 2-way radios   | 12  |
| 5.     | <b>AED with pads</b>   | <b>1</b>  |
| 9.     | <b>Alphabetical files w/ flaps</b>                           | <b>2</b>  |
| 12.    | Antibacterial hand wash                                      | 3 bottles (refill) and 18 small bottles for staff                       |
| 18.    | <b>Bag Valve Mask (BVM)</b>                                  | <b>Adult 2</b>  |
| 19.    | <b>Bag Valve Mask (BVM)</b>                                  | <b>Pediatric 2</b>  |
| 20.    | <b>Ball point pens</b>                                       | <b>1 box of black and blue each</b>                                     |
| 22.    | Batteries assorted sizes                                     |   |
| 24.    | Bedside commodes   | 10  |
| 30.    | <b>Blankets</b>  | <b>118</b>  |
| 31.    | <b>Blood Glucose Monitor</b>                                 | <b>1</b>  |
| 32.    | <b>Blood Glucose Strips</b>                                  | <b>2 boxes</b>  |
| 34.    | <b>Box to Store/Lock Medications</b>                         | <b>2</b>  |
| 35.    | <b>BP Cuff Set - non-mercury (adult sizes and pediatric)</b> | <b>3</b>  |
| 36.    | Bucket – 2 gallon  | 2   |
| 39.    | Can Opener   | 1   |
| 42.    | <b>Clipboards</b>  | <b>15</b>   |
| 43.    | <b>Cloth Towels – Large</b>                                  | <b>100</b>  |
| 44.    | <b>Cloth Towels – Small</b>                                  | <b>100</b>  |
| 45.    | Cold Pak (Reusable)  | 2 pak   |
| 46.    | Color Highlighters   | 1 pack  |



| 48.    | Communication boards (individual)                 | 2   |
|--------|---|---|
| 49.    | <b>Cots</b>                                       | <b>118 (includes staff)</b>   |
| 57.    | <b>Duct Tape</b>                                  | <b>2 rolls</b>  |
| 61.    | Extension Cords                                   | 10  |
| Item # | Item Description                                  | Estimated Quantity per 100 individuals with functional needs for 3 days |
| 67.    | Flashlights                                       | 10  |
| 68.    | Forceps/Tweezers                                  | 2   |
| 69.    | Garbage Bags                                      | 1 box   |
| 71.    | <b>General first aid kit</b>                      | <b>1</b>  |
| 89.    | <b>Inter-Office Envelopes</b>                     | <b>20</b>   |
| 95.    | <b>Letter Size Paper Pads</b>                     | <b>20</b>   |
| 99.    | <b>Manila Envelopes, 9 x 12</b>                   | <b>20</b>   |
| 100.   | <b>Markers</b>                                    | <b>5</b>  |
| 101.   | <b>Masking Tape</b>                               | <b>2 rolls</b>  |
| 103.   | <b>Message Pads</b>                               | <b>5</b>  |
| 104.   | <b>Name Tags</b>                                  | <b>1 box</b>  |
| 114.   | <b>Paperclips, Small and Large</b>                | <b>1 box large, 1 box small</b>   |
| 117.   | <b>Pharmaceutical counting tray and knife</b>     | <b>1</b>  |
| 118.   | <b>Pillows</b>                                    | <b>118 (includes staff)</b>   |
| 119.   | <b>Plug Strips</b>                                | <b>10</b>   |
| 120.   | <b>Reference Material (i.e. Packet PDR, etc.)</b> | <b>2</b>  |
| 121.   | <b>Rubber Bands</b>                               | <b>1 bag</b>  |
| 124.   | <b>Scissors</b>                                   | <b>4</b>  |
| 125.   | <b>Sharpie Fine Point Marker</b>                  | <b>10</b>   |
| 126.   | <b>Sharpie Regular Point Marker</b>               | <b>10</b>   |
| 128.   | <b>Signs</b>                                      | <b>1 bag</b>  |
| 131.   | <b>Stethoscope</b>                                | <b>10</b>   |
| 132.   | <b>Storage Containers – Assorted Sizes</b>        | <b>10</b>   |
| 155.   | <b>Wash Basins</b>                                | <b>20</b>   |
| 156.   | <b>Wheelchairs</b>                                | <b>5 – 10</b>   |
| 157.   | <b>Wrist Bands</b>                                | <b>1 box of 855</b>   |
| 159.   | <b>Ziploc Bags</b>                                | <b>Assorted Sizes</b>   |

**Consumables Portion**

| Item # | Item Description                       | Estimated Quantity per 100 individuals with functional needs for 3 days |
|--------|--|---|
| 2.     | 3x3 gauze sponges – 2 sterile per pack | 50  |
| 3.     | 4x4 gauze sponges – 2 sterile per pack | 100   |
| 7.     | Alcohol-based hand sanitizer           |   |
| 8.     | Alcohol swabs                          | 3 boxes (100 each)  |
| 15.    | Applicators cotton tipped              | 200 (box)   |
| 16.    | Arm sling                              | 1   |
| 21.    | <b>Band-aids (non-latex)</b>           | <b>5-10 boxes assorted size</b>   |
| 23.    | Bed pans                               | 10-20   |
| 28.    | <b>Biohazard Red Bags</b>              | <b>Large 1 box</b>  |
| 29.    | <b>Biohazard Red Bags</b>              | <b>Small 1 box</b>  |
| 33.    | <b>Body Lotion</b>                     | <b>2 bottles</b>  |
| 37.    | Bulb Syringe                           | 2   |
| 40.    | Chlorine Bleach                        | 1 quart   |
| 41.    | <b>Chux Underpads</b>                  | <b>150</b>  |
| 49.    | Cotton Tip Applicators                 | 1 box   |
| 50.    | <b>CPR Face Mask – Pediatric</b>       | <b>3 each</b>   |

|        |  |  |
|--------|--|--|
| 51.    | <b>CPR Face Mask – Adult</b>                                   | <b>3 each</b>  |
| 52.    | <b>Diapers – Adult</b>   | <b>50</b>  |
| 53.    | <b>Diapers – Infant/toddler</b>                                | <b>50</b>  |
| 54.    | Dressing (and pad)   | 24   |
| Item # | Item Description   | Estimated Quantity per 100 individuals with functional needs for 3 days              |
| 55.    | Dressing paper for tables                                      | 2 rolls  |
| 57.    | Elastic Ace Bandages (non-latex)                               | 5 – 10   |
| 58.    | Elastic Band – 2 inch  | 6 packages   |
| 59.    | Elastic Band – 6 inch  | 6 packages   |
| 60.    | Extension Cords  | 10   |
| 61.    | Eye Pads   | 12   |
| 62.    | <b>Face Shields – Disposable</b>                               | <b>12</b>  |
| 63.    | Facial Tissue  | 10 boxes   |
| 64.    | <b>Feminine Products</b>                                       | <b>Assorted</b>  |
| 65.    | First Aid Tape Roll (10 yd roll)                               | 10   |
| 69.    | Gauze Bandages 5   | 10 boxes   |
| 71.    | General Sponges  | 12   |
| 72.    | Germicidal Wipes   | 4 containers   |
| 73.    | <b>Gloves, Non-Latex – Large</b>                               | <b>3 boxes (100 each)</b>  |
| 74.    | <b>Gloves, Non-Latex – Medium</b>                              | <b>3 boxes (100 each)</b>  |
| 75.    | <b>Gloves, Non-Latex – Small</b>                               | <b>3 boxes (100 each)</b>  |
| 76.    | Goggles  | 2  |
| 77.    | Gowns  | 3  |
| 78.    | <b>Hospital ID Bracelets</b>                                   | <b>75 yellow, 50 green, 20 light blue, 15 white, 25 dark blue, 10 red, 25 orange</b> |
| 84.    | <b>In-Line Nebulizer</b>                                       | <b>10</b>  |
| 90.    | Irrigation Kit   | 2  |
| 92.    | Lancing Device   | 25   |
| 101.   | <b>Medication cups /dosage spoons /syringes</b>                | <b>75/12/12</b>  |
| 104.   | <b>Nasal Cannulas</b>  | <b>5</b>   |
| 105.   | Neck Brace   | 1  |
| 106.   | Obstetrical Kit  | 1  |
| 108.   | <b>Oxygen Connectors</b>                                       | <b>5</b>   |
| 109.   | <b>Oxygen Mask with Regulators/Wrench</b>                      | <b>5 (1 pediatric)</b>   |
| 110.   | <b>Oxygen Tanks (Emergency Use) with regulators and wrench</b> | <b>5</b>   |
| 122.   | Salt Substitute  | 1 box  |
| 126.   | <b>Sharps Container</b>  | <b>1 (gallon) and 6 quart portable</b>   |
| 128.   | Splint Board   | 1  |
| 130.   | Sterile Water – 500 ml (irrigation use only)                   | 4 bottles  |
| 133.   | Straws for drinking beverages                                  | 1 box  |
| 134.   | Sugar  | 1 bag  |
| 135.   | <b>Surgical Masks</b>  | <b>1 box of 35</b>   |
| 136.   | Surgical Masks w/Shield (Latex Free)                           | 12   |
| 137.   | Table Salt   | 1 box  |
| 138.   | Tape – 1 inch paper  | 5 – 10 boxes   |
| 139.   | Tape – Silk, 1 Inch  | 1 box  |
| 140.   | Tape, Hypoallergenic – 1 Inch                                  | 1 box  |
| 141.   | <b>Thermometer - non-mercury</b>                               | <b>12</b>  |
| 142.   | <b>Thermometer - non-mercury covers</b>                        | <b>200</b>   |
| 143.   | Thermometer - Aural  | 1  |
| 142.   | Thermometer - Aural Replacement Tips                           | 1 box  |
| 146.   | Tongue Depressors  | 1 bag or box   |
| 147.   | Triangular Bandages  |  |

|      |                       |          |
|------|-----------------------|----------|
| 151. | Urinals with Covers   | 10 – 20  |
| 152. | Urinary Catheter Bags | 10       |
| 153. | Urinary Drainage Bag  | 2        |
| 154. | Vinegar               | 1 bottle |

**Other The Counter Medications and Supplies Portion**

| Item # | Item Description  | Estimated Quantity per 100 individuals with functional needs for 3 days |
|--------|---|---|
| 4.     | Activated charcoal/bottle                                     | 2   |
| 6.     | Alcohol – isopropyl   | 1 pint  |
| 10.    | Ammonia inhalants   | 2 boxes   |
| 11.    | Antacid – low sodium 24's                                     | 2 boxes   |
| 13.    | Anti-septic foam alcohol                                      | 2 bottles   |
| 14.    | Anti-septic germicide pre sol (iodine)                        | 8 bottles of 1 fl oz  |
| 17.    | Aspirin 5 gr tablets 250 tablets                              | 1 bottle  |
| 25.    | <b>Benadryl Cream – antipruritic 1 ox.</b>                    | 2 tubes   |
| 26.    | Benadryl/generic syrup 4oz                                    | 2   |
| 27.    | Betadine scrub  | 1 bottle  |
| 38.    | Calamine Lotion (6 fluid oz)                                  | 2   |
| 79.    | Hydrocortisone 0.5% cream/ tube                               | 2   |
| 80.    | Hydrocortisone 1% cream/tube                                  | 2   |
| 81.    | <b>Hydrogen Peroxide</b>                                      | <b>4 bottles</b>  |
| 82.    | Ibuprophen 200ml Tablets 100                                  | 1 bottle  |
| 85.    | Instant Glucose/Tube  | 2   |
| 86.    | <b>Insulin Regular, NPH &amp; 70/30 10ml.</b>                 | <b>10 vials of each</b>   |
| 87.    | <b>Insulin Syringes (small)</b>                               | <b>25</b>   |
| 89.    | <b>Ipecac Syrup 1oz</b>                                       | <b>2</b>  |
| 91.    | Kaopectate 12 oz  | 2   |
| 95.    | <b>Loperamide 2mg tablets 24's</b>                            | <b>4</b>  |
| 96.    | <b>Loperamide Liquid 4oz Bottle</b>                           | <b>2</b>  |
| 97.    | <b>Maalox Antacid Suspension 12 oz.</b>                       | <b>2 bottles</b>  |
| 107.   | <b>OTC Anti-Diarrheal Medicine e.g. bismuth subsalicylate</b> | <b>2 boxes of 12</b>  |
| 114.   | Pedilyte – 12 oz bottles                                      | 20  |
| 115.   | Petroleum/Vaseline  | 1 tube  |
| 121.   | Saline eye drops  | 2 bottles   |
| 145.   | Thickening substance for liquids                              | 1 box   |
| 148.   | <b>Triple Antibiotic Ointment (144 units)</b>                 | <b>1 box</b>  |
| 146.   | <b>Tylenol - Adult Extra Strength – 500 mg.</b>               | <b>1 bottle of 250 pills</b>  |
| 150.   | <b>Tylenol - Children's Soft Chew – 160 mg.</b>               | <b>1 bottle of 60 pills</b>   |
| 158.   | <b>Zinc Ointment 1oz</b>                                      | <b>2 tubes</b>  |

**Attachment 9**  
**FUNCTIONAL NEEDS SHELTER OPERATION**  
**Situational Report**

SEND TO LOCAL EMERGENCY OPERATIONS CENTER AND RETAIN COPY AT SHELTER

Reporting to: \_\_\_\_\_ From: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Population of Persons with Functional needs residing in shelter:

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Is number of Medical Staff sufficient at time of Report: YES NO

If "No" report your needs below.

**REPORT NEEDS IN THIS SECTION**

Food/Water/Nutritional Issues:

\_\_\_\_\_  
\_\_\_\_\_

Immediate Staffing Needs/Issues/Supplies:

\_\_\_\_\_  
\_\_\_\_\_

Immediate Request for Assistance/Resolution/Supplies:

\_\_\_\_\_  
\_\_\_\_\_

Shelter Operations Issues:

\_\_\_\_\_  
\_\_\_\_\_

Medical Issues:

\_\_\_\_\_  
\_\_\_\_\_

Security Issues:

\_\_\_\_\_

Other: \_\_\_\_\_