



City of Santa Monica

# Mass Care and Shelter Handbook

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2011

# MASS CARE AND SHELTER HANDBOOK

## Introduction

This handbook provides direction in establishing a standard shelter operation in the City of Santa Monica. Mass Care includes sheltering, mass feeding, bulk distribution of necessities, providing disaster welfare information, household pet care and sheltering, medical and health support, and transportation. In Mass Care, there will be a need to accommodate the general population which to a varying degree will have proportions of children and adults with medical needs, disabilities, and access and functional needs. Accommodations for all populations will need to be considered and integrated into every aspect of planning, preparedness and response.

Before, during and after an incident, different agencies and departments in the City of Santa Monica will assume roles to support mass care operations. The City of Santa Monica's responsibilities in mass care include preparedness, as well as, response.

The City will constantly maintain a working relationship with the American Red Cross of Santa Monica, engaging the chapter in preparedness planning for the City. The City also identifies and surveys potential shelter facilities and ensures updated agreements with these facilities. Along with securing possible shelter facilities, the City trains its staff to operate these facilities. The American Red Cross provides shelter training, as well.

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# ROLES

## Roles of Agencies and Organizations Supporting Mass Care

### City Agencies

The extent of city resources is widespread.

- Santa Monica Office of Emergency Management (OEM)
  - OEM is responsible for organizing and directing preparedness efforts.
  - OEM also staffs key positions in the Emergency Operations Center (EOC) during major events, and works with public, private, and nonprofit agencies to coordinate assistance and disaster relief following large-scale incidents.
  - All logistical needs will be accessed through the EOC.
- Santa Monica Fire Department
  - Provide support to ensure fire safety in emergency shelters.
  - Coordinate with the Emergency Medical Services (EMS) Agency to assign assets to larger emergency shelters, whenever possible.
- Santa Monica Police Department
  - The police department's role does not change, even in a major catastrophic emergency. The department remains responsible for the protection of life and property.
  - Requests for police department resources should be routed through the EOC.
  - The Police Department will be tasked with providing security in all shelters.
- Santa Monica Animal Control Services
  - The department of Animal Control Services is responsible for caring for household pets and livestock brought to the shelters by the affected population.
- Santa Monica Community Recreation
  - In the event of a disaster, the agency makes its parks and facilities available to relief and disaster agencies for uses of evacuation centers or mass care shelters.
  - In a widespread disaster, Community Recreation personnel may be used to assist staff from the relief agencies.

- Santa Monica Human Services Division
  - In a widespread disaster, Human Services personnel may be used to assist staff from the relief agencies.
  - Human Services personnel may be tasked with identifying and accommodating those with access and functional needs.

### **Partnering Agencies**

Partnering agencies may also be relevant for supporting local government’s mass care response.

- Santa Monica – Malibu Unified School District
  - As per the standing Memorandum of Understanding (MOU) with the American Red Cross, SMMUSD is prepared to assist in matters related to the use of its schools in providing mass care.
- American Red Cross of Santa Monica
  - The American Red Cross is the lead care and shelter provider under the National Incident Management System (NIMS).
- Emergency Medical Services Agency
  - In the event that local EMS is taxed, we rely on county EMS agencies for support.
- Los Angeles County Department of Mental Health
  - The county Department of Mental Health can support mental health needs in a shelter with resources including personnel and material.
- Los Angeles County Department of Public Health
  - The county Department of Public Health can support public health needs in a shelter with resources including personnel and material.

# RESOURCES

## Resources Supporting Mass Care

### City Resources

City resources will be readily accessible upon request. To access any of these, requests should go through the EOC.

- **Hospitals**

- **Saint John's Health Center**

- Address:* 2121 Santa Monica Blvd.  
Santa Monica, CA 90404-2091

- Telephone:* (310) 829-5511

- Website:* [www.newstjohns.org](http://www.newstjohns.org)

- **Santa Monica UCLA Medical Center and Orthopaedic**

- Address:* 1225 15<sup>th</sup> Street  
Santa Monica, CA 90404

- Telephone:* (310) 319-4029

- Website:* <http://www.uclahealth.org>

- **Venice Family Clinic**

- Address:* 604 Rose Avenue  
Venice, CA 90291

- Telephone:* (310) 392-8630

- Website:* [www.venicefamilyclinic.org](http://www.venicefamilyclinic.org)

- **Community Resources**

- **Salvation Army Santa Monica Corps**

- Address:* 1533 4<sup>th</sup> Street  
Santa Monica, CA 90401

- Telephone:* (310) 451-1358

- Website:* [www.salvationarmy.org](http://www.salvationarmy.org)

- Through its various local organizations, and with the assistance of divisional headquarters, the Salvation Army Southern California Division serves Los Angeles County, including Santa Monica.
      - The Salvation Army provides the following services to individuals and families:

- Mass care feeding (including mobile kitchen units)
  - Sheltering
  - Clothing Distribution
  - Counseling
  - Assistance in home cleanup for seniors and people with access and functional needs
- **WISE and Healthy Aging**
  - Address:* 1527 4<sup>th</sup> Street, 2<sup>nd</sup> Floor  
Santa Monica, CA 90401
  - Telephone:* (310) 394-9871
  - Website:* [www.wiseandhealthyaging.org](http://www.wiseandhealthyaging.org)
- **Westside Food Bank**
  - Address:* 1710 22<sup>nd</sup> Street  
Santa Monica, CA 90404
  - Telephone:* (310) 828-6016
  - Website:* [www.westsidefoodbankca.org](http://www.westsidefoodbankca.org)
- **Meals on Wheels West**
  - Address:* 1823-A Michigan Avenue  
Santa Monica, CA 90404
  - Telephone:* (310) 394-5133
  - Website:* [www.mealsonwheelswest.org](http://www.mealsonwheelswest.org)
- **Ocean Park Community Center (OPCC)**
  - Address:* 1453 16<sup>th</sup> Street  
Santa Monica, CA 90404-2715
  - Telephone:* (310) 264-6646
  - Website:* [www.opcc.net](http://www.opcc.net)
- **Neighborhood Organizations**
  - Ocean Park Association (OPA)
  - Wilmont, Wilshire/Montana Neighborhood
  - Borderline Neighborhood Group
  - Pico Neighborhood Association
  - Friends of Sunset Park
  - North of Montana Association (NOMA)
  - Northeast Neighbors

# SHELTER OPERATIONS

## Reception

- Reception personnel will register and track people entering a shelter and permanently leaving a shelter.
- Forms are provided to accurately keep track of all records.

## Sheltering

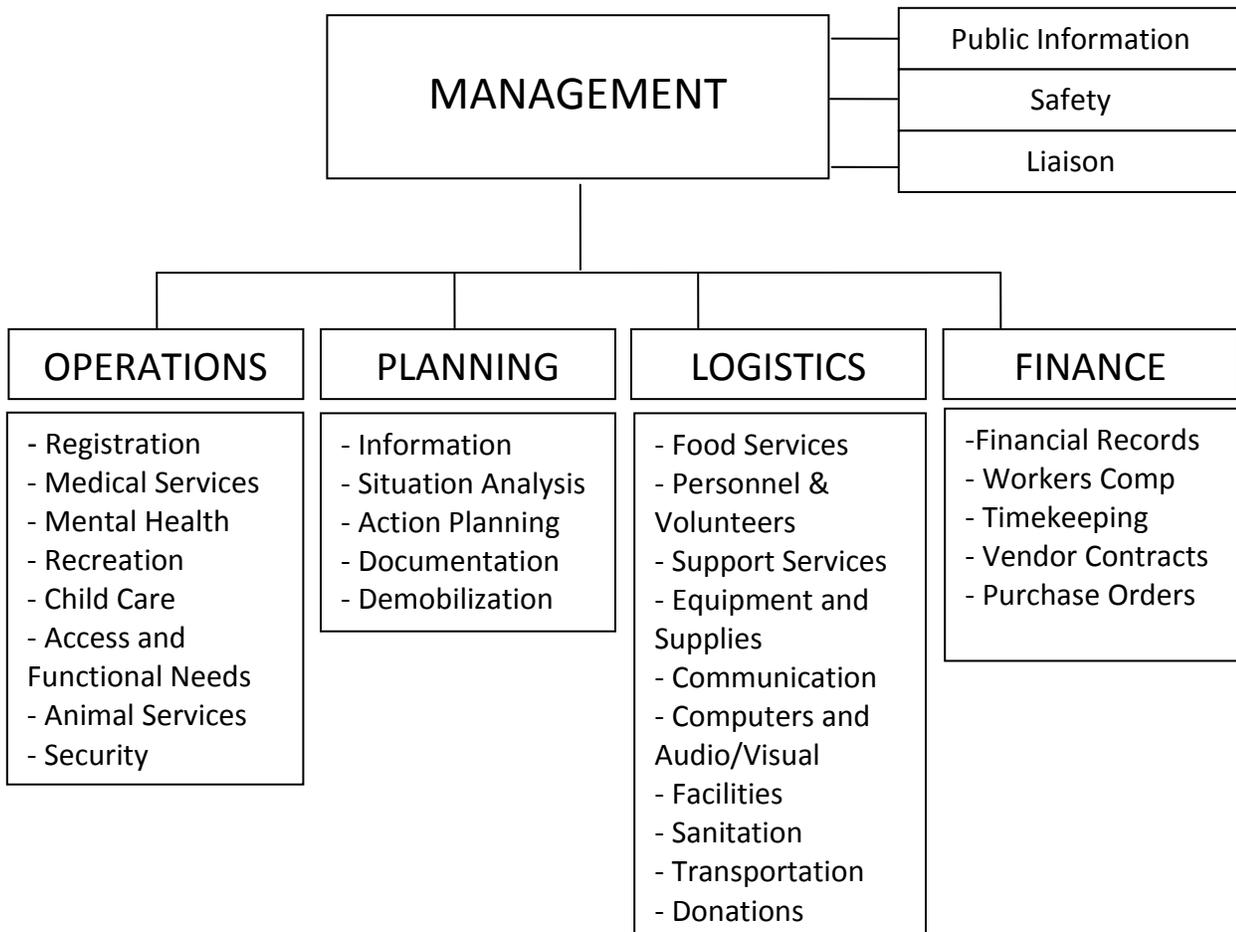
### Shelter Sites

- Primary and secondary shelter sites – In opening disaster shelters, local jurisdictions should differentiate between primary and secondary shelter sites.
  - **Primary shelter sites** – They can handle a large number of the affected population in shelters, and are accessible for access and functional needs. Primary sites receive priority status when there is a need to open disaster shelters, thus a significant pool of primary sites is preferred.
  - **Secondary shelter sites** – Secondary sites do not meet all criteria, yet they may be advantageous for neighborhood-based sheltering and, with some modifications, can fully accommodate people with access and functional needs.
- Other types of potential shelter sites
  - **Non-Traditional**
    - Mega-shelters – These shelters are large, non-traditional facilities and are often generally used for public assembly.
    - Open-space shelter sites – An open-space shelter is an open-land area where the displaced population may congregate to receive services to meet immediate needs and have space for emergency sheltering.
    - Faith-based Organizations – These organizations will aid the community in the event of a disaster by providing family sponsored sheltering with

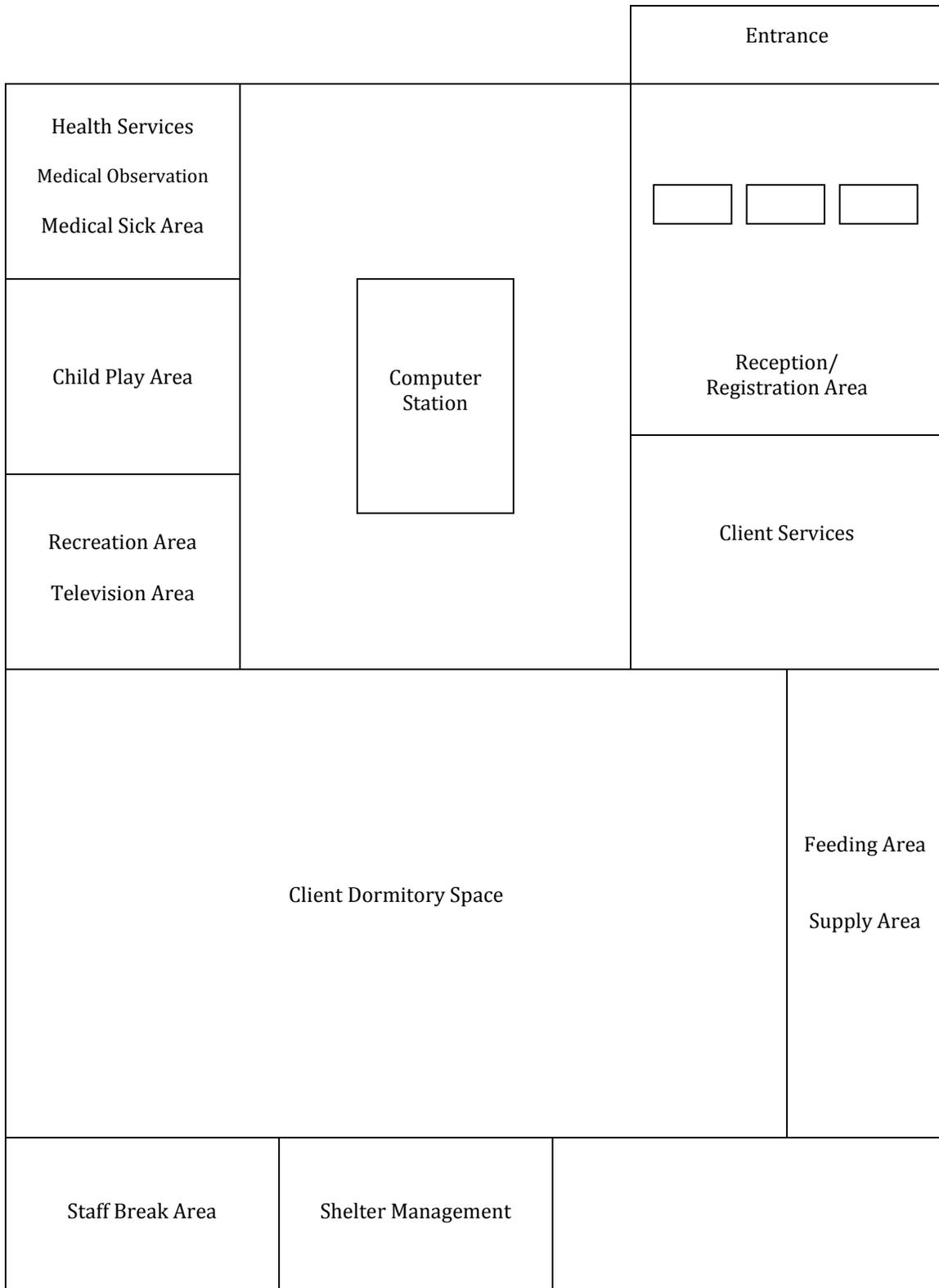
congregation members, as well as the organizations' facilities.

- **Staff shelter sites** – These shelters are for response personnel and family members.
- **First responder mobilization centers** – These staging and sheltering sites are primarily used by personnel from law enforcement, fire service, public works, military, and/or out-of-state support.
- **Household pet shelters** – Separate household pet shelters should be placed near the public shelters if possible. Appropriate supplies and trained staff should be provided. The layout of this shelter should be designed to meet the needs of the household pet population.

**Establish Shelter Organization Support Structure**



## Shelter Floor Plan Option



## Shelter Support Locations

Each of the following locations supports an emergency shelter in operation. Though it will be difficult to identify the shelter layout up front, ensuring there is enough space for all resources and discussing auxiliary rooms to house the following activities is important, especially for larger shelters.

- **Client Dormitory Space:** Any enclosed large room or open area with firm ground not otherwise committed to disaster activities that could be used to shelter clients in a dormitory setting. Anticipate metal cots on a mat or tarp to protect the floor.
- **Staff Break Area:** A space separate from client dormitory areas where staff can go to take a break during the shift.
- **Health Services Area:** A location within or near the shelter where Disaster Health Services can setup a DHS station. The space should be private enough to conduct client interviews and exams.
- **Medical Observation Area:** A location within or near the Health Services area to allow for a long term direct observation of one or more clients, as well as enough space for additional cots.
- **Medical Sick Area:** Clients who have been treated by DHS and who have been identified as having an infectious illness should be reasonably isolated from the rest of the general population.
- **Supply Area:** Some supplies can be stored in or near the feeding area, but a separate location for storing additional cots, blankets, snacks, water, beverages, and shelf stable meals is ideal.
- **Reception/Registration Area:** Many small shelters can simply have registration in an entryway to a dormitory. Larger shelters may need a specific area for Registration, such as a lobby.
- **Shelter Manager's Office/Desk:** Small shelters may only require a single desk, medium shelters need an office or private room, and larger shelters need a Manager's office and shelter leadership conference table.
- **Feeding Area:** The ideal feeding space should include enough space to setup a feeding line, a single location where snacks and beverages will be at all times, and a location separate from the dormitory where clients can sit and eat. It may be helpful to discuss with the facility partner whether tables, cooking facilities, or supplies would be available for borrowing or pay back.
- **Recreation Area:** Clients will need a place other than the dormitory for games, television, and outdoor recreation, including an outdoor smoking area
- **Child Play Area:** Child play area should be at or near the Recreation area for clients to observe their children and should ideally provide enough space for at least half of the children in the shelter.
- **Client Services Interview Area:** The room should have enough space to interview approximately 5% of the sheltered clients at any given time.

## Operations

### Prior to Opening the Shelter

- Have the building inspected – Ensure a building inspector clears the facility for use as shelter.
- Establish communications – Establish communications between the city's EOC and the shelter or agency providing direction to the shelter.
- Request resources – Request necessary resources from the Logistics Section of the EOC.

### Opening the Shelter

- Coordinate operations and logistical needs with the EOC.
- Coordinate to receive resources and supplies.
- Document operations – Keep records on all activities and expenses incurred by shelter operations.

### Shelter Demobilization

Shelters should remain open until multiple shelters are consolidated, and the affected population is moved closer to evacuated areas and can return to their homes or other arrangements for housing are made.

### Administrative Records

- The shelter management should keep accurate administrative records, including personnel and time; tracking of food, supplies, and repairs; and other expenses incurred by the emergency shelter operation. Review of FEMA reimbursement policies and requirements should be made and supported appropriately.
- Discussions should occur during planning phases to identify what types of administrative records will need to be shared through EOCs. Also, Non-Governmental Organizations (NGO) may have protocols that need to be considered.
- The Care and Shelter Branch in the EOC will collect after-action reports from all shelters.
- Mass care personnel must plan for a method of tracking and registering each person initially entering and permanently leaving a shelter, including dates of arrival and departure. Additionally, provide a sign-in/sign-out process for shelter residents, as they leave and return during the day (Example forms are available in the back).

### Medical and Health Support

Healthcare issues will arise in shelter facilities; therefore, support for access to adequate healthcare services is important. Appropriate EMS representatives will be staffed at the

shelter at all times. It is also necessary to maintain records on all health incidents and related actions taken.

### **Safety and Security**

Maintaining security for shelter clients is a critical component of shelter operations. The Santa Monica Police Department remains responsible for the protection of life and property. The Department will be tasked with providing security in all shelters. Requests for Police Department resources should be routed through the EOC.

### **Access and Functional Needs** (See page 15 for additional AFN information)

- Seniors and people with disabilities
- People who are medically fragile or dependent
- Limited English language proficiency
- Unaccompanied minors
- Unaccompanied adults requiring care

### **Environmental Health Services**

The quality of life in any shelter environment with large numbers of people living in close quarters will be affected. Shelter planning should consider the environmental factors that may affect the overall health of shelter residents. This includes issues like the condition of the facility, food safety, sanitation, drinking water, and sleeping areas.

### **Spiritual Care**

Develop a process for accepting qualified and appropriate staff for support of spiritual care in shelters. The process should include criteria for appropriate staff credentials, management of this function, and accessing support, when needed.

### **Transportation**

During the period in which the shelter is in operation, some people will require transportation to the shelter, as well as door-to-door transportation from the shelter to non-emergency medical and other appointments. In addition, people with access and functional needs may need paratransit assistance.

### **Communications to Shelter Residents in a Shelter Environment**

Shelter personnel must plan for the collection, communication, and distribution of mass care information. This includes providing information to shelter residents about the disaster and about available relief services available, as well as information to support reunification (See **Disaster Welfare Information** page 13).

### **Social and Personal Needs for Shelter Residents**

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

## Mass Feeding

### Reporting Needs

Report initial feeding needs to the Logistics section of EOC. Mass care personnel are responsible for reporting to the EOC a daily count of the number of meals prepared and distributed, number of fixed and mobile feeding sites/routes, and the projected number of meals required. In addition, uncooked food product quantity consumption rates and resupply requests should be considered and coordinated with onsite logistics planning efforts for future meal plans.

### Local Stockpiles

Community Based Organizations, schools, business, hospitals, non-profits, non-disaster feeding programs, and Faith Based Organizations have existing stockpiles of food, water, and medical supplies that could be used for a distribution program, whether managed directly or by the independent organization. An assessment of available resources will help to identify the key resources needed in affected areas and the identification of the most-needed items.

An assessment of available community programs will also help to identify which areas and demographics have the greatest need or are underserved during non-disaster times. These same areas will likely have the greatest demand when a Bulk Distribution plan is activated.

Local retailers and wholesalers may have additional stock locally maintained that could also be available for distribution. If there are disruptions to infrastructure, plans should be in place to coordinate the procurement of these resources through the Logistics Section of the EOC.

## Disaster Welfare Information

### Information Services/ Public Information

- It is critical to provide updated information on the current disaster to shelter residents. Computers and televisions need to be accessible and visible for shelter population to stay updated on the impact of the disaster and reunification.
- There are numerous systems available to assist in the connection of separated family members, such as the Red Cross Safe and Well web site ([www.safeandwell.org](http://www.safeandwell.org)).
- Other independent reunification programs or systems may appear at the time of a disaster. Considerations should be given to whether these systems are confidential and reliable.
- Due to family conflict and domestic disputes, some victims may not want to register on such information systems. In a disaster setting, these

resources should never be required for registration, nor should registration data be openly searched for disaster welfare inquiries.

## **Reunification**

During an evacuation, the focus is on supporting immediate emergency need; thus, reunification may not be a priority until after the initial movement of the affected population is complete. Reuniting unaccompanied minors who are separated from their parents/guardians, and adults requiring care who are separated from a required caregiver, will be the priority.

In some cases, Los Angeles County will establish local Family Assistance Centers. Family Assistance Centers provide reunification services at designated locations through the following methods:

- Arrange for communication capabilities so the affected population can make contact via telephone or Internet.
- Use public information outlets to disseminate available assistance and reunification program information in various formats and languages to accommodate people with disabilities and/or limited English proficiency.
- Many private-sector organizations or Non-Governmental Organizations (NGO) may support reunifications through various resources.

## ASSISTING PEOPLE WITH ACCESS AND FUNCTIONAL NEEDS

### Seniors and People with Disabilities

- Maintain critical services – This includes items, such as durable medical equipment, consumable medical supplies, essential medications, communication access, and personal assistants.
- Identify transportation access and functional needs – People with mobility impairments may require accessible transportation.
- Identify access and functional needs during shelter registration – Use the Health and Human Services (HHS) Initial Intake and Assessment Form to identify needs that older or disabled people may have for special assistance.
- Provide individualized shelter orientation – Shelter orientations help people with access and functional needs adjust to the shelter environment. A shelter can be especially challenging for those with visual impairments due to “landmarks” (i.e., cots, tables and chairs) that may have been moved day-to-day.
- Shelter accessibility – Pre-identify shelters that meet the accessibility standards that will enable people who have access restrictions to function with greater independence.
- Provide basic communication – Ensure that people with communication barriers receive and understand all shelter announcements.
- Medications, supplies, and equipment – Physically disabled people may have less opportunity to access their personal items and emergency medical supplies before evacuating their home to disaster shelters. Only nursing or health services can dispense medication within the shelter.
- Privacy Area – Create a section of the shelter that is separate from the general shelter residents for use as a privacy room for medical or other personal needs.
- Alternate care locations – In cases where entire group homes or care facilities evacuate to a public shelter, consider making smaller, alternative facilities or a separate area within the shelter available. Care facility staff can then evacuate to the alternate facility and continue to maintain care of the affected population outside of the mass care environment.

### **People Who Are Medically Fragile or Dependent**

- Caregivers and equipment – People dependent on life-support equipment or home healthcare will need to bring the equipment and/or personal support they receive at home to the shelter with them. If necessary, an area of the shelter may be sectioned off to provide privacy.
- Back up generators – Pre-identify shelter sites with backup generators.
- Shelter isolation area – Designate a separate room or space within the facility for people who have health concerns (i.e., asthma, multiple chemical sensitivities, allergies, people with compromised immune systems, or cancer).

### **Limited English Language Proficiency**

Mass care staff should be aware of and responsive to language and cultural difference.

- Bilingual Assistance
- Alternative format materials

### **Unaccompanied Minors**

Following a disaster, unaccompanied minors may become separated from their families. Reunification of families, especially those with minors, should be a priority.

- Unaccompanied children should be tracked in shelters for the purpose of family reunification.
- Provide a secure and supervised location for the child.
- Consider mental health support for children.

### **Unaccompanied Adults Requiring Care**

Following a disaster, unaccompanied adults requiring care may become separated from their caregivers. Reunification with caregivers should be a priority.

- If an adult requiring care arrives at the shelter without a caregiver, obtain as much information about the caregiver (i.e. name, phone number, and last known whereabouts).
- Consider mental health support for these adults, as needed.

## HOUSEHOLD PET SHELTERING

Many mass care shelters do not permit household pets. The City of Santa Monica departments will work closely with Santa Monica Animal Control Services, the American Red Cross, and others to develop pet friendly shelters. Santa Monica Animal Control will be the lead agency in establishing pet friendly shelters. **Service animals are not considered household pets and must remain with their owners at all times.**

# SHELTER POSITION CHECKLISTS

## Shelter Manager

### **Position: Shelter Manager**

Supervisory Level

Activity: Sheltering

Possible Work Site(s): Shelter Site(s)

Job Summary: The Shelter Manager is responsible for providing supervision and administrative support for actions within the shelter. This person ensures that the needs of the shelter occupants are being met. They supervise a work unit composed of service associates by assuming accountability for the assigned workers within the activity as well as being able to answer common questions on a day-to-day basis.

### Major Tasks

- Establish contact with facility representative and activate the building when ready.
- Ensure a shelter agreement is completed, the general facility has been assessed and any pre-existing damage is noted.
- Establish and maintain contact with supervisory unit (EOC).
- Project staffing and other support requirements for the next 48 hours.
- Coordinate recruitment of additional personnel. Encourage the involvement of shelter residents as workers.
- Organize and brief staff. Ensure that all positions are staffed.
- Ensure local affiliated and non-affiliated workers are used to the fullest extent by providing support, training, evaluation and inclusion with the visiting workforce.
- Evaluate and provide for appropriate development/mentoring opportunities for assigned staff.
- Complete work performance evaluations for all staff in work unit, as appropriate. Obtain technical review from the appropriate reviewer.
- Order start-up supplies and equipment and request any support needed through Material Support Services or other designated representative.
- Assess feeding options and discuss recommended solution with supervisor and Food Services supervisor.
- Establish a shelter log.
- Ensure proper shelter identification both inside and outside of the shelter.

- Ensure that the Welfare Information and Individual Client Services copies of shelter registration forms are forwarded to headquarters or other designated location.
- Ensure Emergency Medical Services has staff at shelter.
- Develop a schedule for feeding, lights out, shelter rules and information board for all residents to view.
- Promote an environment that eliminates discrimination, harassment or favoritism of any sort and adheres to the zero tolerance policy.
- Resolve staff conflicts and/or recognize when a conflict must be referred to a higher level.
- Model appropriate behavior and treat all workers with respect and dignity at all times.
- Organize and facilitate staff meetings as appropriate.
- Seek guidance from supervisor as necessary as appropriate.
- Maintain a professional appearance and attitude.
- Follow and implement requests and direction received from supervisor.
- Support and implement decisions made by disaster operations management.
- Monitor and support the quality of service delivery and morale of the workforce in order to achieve the mission statement of disaster services.
- Ensure clear and concise communication flow between the manager and the relief operation workforce.

## Shift Supervisor

### **Position: Shift Supervisor**

Supervisory Level

Activity: Sheltering

Possible Work Site(s): Shelter Site(s)

**Job Summary:** The shift supervisor oversees the shelter staff and guides their work in the absence of or as the designee of the shelter manager. The shift supervisor ensures that the needs of clients are met in the shelter setting.

### **Major Tasks**

- Supervise shelter staff; conduct staff meetings.
- Work with other constituency groups, such as Material Support Services and Staff Support Services, in order to ensure smooth operations.
- Maintain contact with supervisory unit or relief operation headquarters.
- Ensure that major events are recorded in shelter log.
- Ensure that feeding operations are running smoothly by interacting with feeding personnel (supervisor, if appropriate).
- Ensure that proper shelter identification is posted inside and outside shelter.
- Delegate tasks.
- Conduct staff meetings.

## Registrar

**Position: Registrar**

Non-Supervisory Level

Activity: Sheltering

Possible Work Site(s): Shelter Site

Job Summary: The Registrar is responsible for ensuring that all clients entering or leaving the shelter go through the registration process.

**Major Tasks**

- Create registration area, allowing enough space for a waiting area.
- Use the Disaster Shelter Registration Form (Form 5972) to record information about clients entering the shelter.
- Send copy of Registration Form to both Welfare Information and Disaster Health Services.
- Maintain log for those residents entering and leaving the shelter.
- Maintain a shelter census and report this information to the shelter manager at appropriate intervals.
- Recruit shelter residents to assist with registration if needed.
- Refer persons with illness or injury or those with special medication or diets to Disaster Health Services.
- Interact with clients to determine needs and refer appropriately.
- Seek guidance from supervisor as necessary and appropriate.
- Maintain a professional appearance and attitude.
- Follow and implement requests and direction received from supervisor.
- Exhibit good stress reduction skills. Strive to encourage an environment for the unit that minimizes the stress level as much as possible under the disaster conditions.

## Dormitory Management Associate

**Position: Dormitory Management Associate**

Non-Supervisory Level

Activity: Sheltering

Possible Work Site(s): Shelter Site

Job Summary: The dormitory management associate ensures that sleeping areas are appropriately chosen, set up and equipped with all necessary items.

**Major Tasks**

- Designate space for sleeping areas that is appropriate, considering separate areas for families with children, the elderly or other unique situations.
- Set up cots and, if possible, place two blankets on each cot.
- Ensure that set up allows for those individuals with disabilities or those who need other forms of support.
- Ensure space is available to distribute comfort kits and other appropriate items.
- Seek guidance from your supervisor as necessary and appropriate.
- Maintain a professional appearance and attitude.
- Follow and implement requests and directions received from your supervisor.
- Exhibit good stress reduction skills. Strive to encourage an environment for the unit that minimizes the stress level as much as possible under the disaster conditions.
- Plan use of space while considering various possibilities.

## Feeding Associate

### **Position: Feeding Associate**

Non-Supervisory Level

Activity: Sheltering

Possible Work Site(s): Shelter Site

Job Summary: The feeding associate prepares and serves food for clients in the shelter environment.

### Major Tasks

- Establish a beverage and snack canteen service as soon as possible after shelter opens.
- Prepare and/or serve food following safe food handling procedures.
- Ensure that the canteen and feeding preparation area are kept clean and sanitary at all times.
- Keep accurate count of meals and snacks served and submit to Supervisor at established reporting times.
- Seek guidance from supervisor as necessary and appropriate.
- Maintain a professional appearance and attitude.
- Follow and implement requests and direction received from supervisor.
- Exhibit good stress reduction skills. Strive to encourage an environment for the unit that minimizes the stress level as much as possible under the disaster conditions.

## Information Associate

**Position: Information Associate**

Non-Supervisory Level

Activity: Sheltering

Possible Work Site(s): Shelter Site

Job Summary: The Information Associate keeps shelter clients and staff informed and aware of recovery matters.

**Major Tasks**

- Post shelter identification and information outside and inside the shelter, as appropriate.
- Ensure that signs are replaced as they deteriorate.
- Brief other shelter staff so that they are prepared to answer client questions.
- Arrange for a television or radio and a daily newspaper, if possible, so residents can get information about current disaster conditions.
- Work to dispel rumors.
- Remove all interior and exterior signage when the shelter closes.

## CONTACT INFORMATION

**If there is an emergency, dial 9-1-1.  
Report an in-progress, life-threatening emergency.**

Department/Organization	Phone Number
Santa Monica Police Department Dispatch	(310) 458-8491
American Red Cross	(800) 733-2767
American Red Cross of Santa Monica	(310) 394-3773
Santa Monica – Malibu Unified School District	(310) 450-8338
<b>Emergency Operations Center</b>	(310) 458-4601

<b>Management Section</b>	
Management/EOC Liason	(310) 458-4618
Management/PIO – Breakout Room	(310) 458-5989
<b>Operations Section</b>	
Operations – EPWM	(310) 458-4615
Operations – Fire	(310) 458-4617
Operations – Police	(310) 458-4611 (310) 458-4612
<b>Logistics Section</b>	
Logistics/Resources	(310) 458-4609 (310) 458-4619
Logistics/Facilities	(310) 458-4608 (310) 458-4610
Logistics (Care/Shelter/Transportation/Red Cross)	(310) 458-4616 (310) 458-4613
<b>Finance Section</b>	
Finance/Procurement	(310) 458-4603 (310) 458-4604
Finance/Personnel	(310) 458-4607 (310) 458-4605
<b>Planning Section</b>	
Planning and Intel/Sit Stat	(310) 458-8062 (310) 458-4618
Planning and Intel/Advance Planning	(310) 458-4601 (310) 458-4602
Planning and Intel/Documentation/Demobilization	(310) 458-4606

## MASS CARE FORMS

- HHS Initial Intake and Assessment Form
- PsySTART Triage Tag
- American Red Cross Disaster Shelter Registration Form (Form 5972)
- Shelter Log Form

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Date/Time: _____ Shelter Name/City/State: _____		DRO Name/#: _____	
Family Last Name: _____			
Primary language spoken in home: _____		Does the family need language assistance/interpreter?: _____	
Names/ages/genders of all family members present: _____			
If alone and under 18, location of next of kin/parent/guardian: _____		If unknown, notify shelter manager & interviewer initial here: _____	
Home Address: _____			
Client Contact Number: _____		Interviewer Name (print name): _____	
INITIAL INTAKE	Circle	Actions to be taken	Include ONLY name of affected family member
1. Do you need assistance hearing me?	YES / NO	If Yes, consult with Disaster Health Services (HS).	
2. Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager and refer to HS.	
3. Do you have a medical or health concern or need right now?	YES / NO	If Yes, stop interview and refer to HS immediately. If life threatening, call 911.	
4. Observation for the Interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES/ NO	If life threatening, call 911. If yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).	
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to HS.	
6. Do you normally need a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If No, skip next question.	
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If Yes, circle which one and refer to HS.	
8. Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to HS.	
9. Question to Interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to HS or DMH.	*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.
<b>STOP STOP</b>		REFER to: HS Yes <input type="checkbox"/> No <input type="checkbox"/> DMH Yes <input type="checkbox"/> No <input type="checkbox"/>	Interviewer Initial _____
DISASTER 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? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list potential sources if available.	
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If Yes, list type and benefit number(s) 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.	

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
<b>HEARING</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
Do you use a hearing aid and do you have it with you?	YES / NO	If Yes to either, ask the next two 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>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
Do you wear prescription glasses and do you have them with you?	YES / NO	If Yes to either, ask next question. If No, skip the next question.	
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, collaborate with HS and shelter manager.	
<b>ACTIVITIES OF DAILY LIVING</b>	<b>Circle</b>	<b>Ask all questions in category.</b>	<b>Comments</b>
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult shelter manager to determine if general population shelter is appropriate.	
Do you need help moving around or getting in and out of bed?	YES / NO	If Yes, explain.	
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, identify potential resources for replacement.	
<b>NUTRITION</b>	<b>Circle</b>	<b>Actions to be taken</b>	<b>Comments</b>
Do you wear dentures and do you have them with you?	YES / NO	If needed, 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 and notify feeding staff.	
<b>IMPORTANT! HS/DMH 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 HS, DMH and shelter manager.	
Question to Interviewer: Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with HS and shelter manager on alternative sheltering options.	
NAME OF PERSON COLLECTING INFORMATION:	HS/ DMH 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(h)(5).

The authority for collecting this information is 42 USC 3006b-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 use of the information provided include disclosures 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 triaging you or providing assistance to you.

<b>PsySTART™ Disaster Mental Health/Human Services Triage System</b>		
NAME	DRAFT	Age <input style="width: 40px; height: 20px;" type="text"/>
CURRENT LOCATION		
HOME ADDRESS (PRE-EVENT)		

EXPRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
FELT OR EXPRESSED EXTREME PANIC?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
FELT DIRECT THREAT TO LIFE OF SELF and/or FAMILY MEMBER? <small>IF YES, CIRCLE ALL THAT APPLY ABOVE AND/OR LIST BELOW:</small>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
SAW / HEARD DEATH or SERIOUS INJURY OF OTHER? <small>IF YES, CIRCLE ALL THAT APPLY ABOVE AND/OR LIST BELOW:</small>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
DEATH OF PARENT, SIBLING, FAMILY FRIEND, PEER, PET or OTHER SIGNIFICANT? <small>IF YES, CIRCLE ALL THAT APPLY ABOVE AND/OR LIST BELOW:</small>		YES <input checked="" type="checkbox"/> <small>MULTIPLE LOSS</small>	YES <input checked="" type="checkbox"/> <small>IMMEDIATE FAMILY</small>
RECEIVED PHYSICAL INJURY or ILLNESS TO SELF or FAMILY MEMBER? <small>IF YES, CIRCLE ALL THAT APPLY ABOVE AND/OR LIST BELOW:</small>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
TRAPPED or DELAYED EVACUATION?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
FAMILY MEMBER CURRENTLY MISSING OR UNACCOUNTED FOR? <small>IF YES, LIST BELOW:</small>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
HOME NOT LIVABLE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	CONFIRMED EXPOSURE/CONTAMINATION TO AGENT? <small>IF YES, LIST AGENT(S):</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>
INDIVIDUAL WITH DISABILITY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DE-CONTAMINATED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
SPECIAL HEALTHCARE NEEDS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	RECEIVED MEDICAL TREATMENT FOR EXPOSURE/CONTAMINATION? (e.g. ANTIBIOTIC, ANTIDOTE, ETC.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
UNACCOMPANIED MINOR?	YES <input type="checkbox"/> NO <input type="checkbox"/>	HEALTH CONCERNS TIED TO EVENT (EXPOSURE)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
PARENT OF CHILD UNDER 18?	YES <input type="checkbox"/> NO <input type="checkbox"/>	SEPARATED FROM IMMEDIATE FAMILY DURING EVENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
NO TRIAGE FACTORS IDENTIFIED		YES <input checked="" type="checkbox"/>	



American Red Cross Shelter Registration Form (Form 5972)

**AMERICAN RED CROSS  
SHELTER REGISTRATION FORM**

Please print all sections

Incident / DR Number & Name: \_\_\_\_\_  
 Shelter Name: \_\_\_\_\_  
 Shelter City, County/Parish, State: \_\_\_\_\_

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

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

Name (Last , First)	Age	Gender (M/F)	Rm./Cot #	Arrival Date	Departure Date	Departing? Relocation address and phone

Are you required by law to register with any state or local government agency for any reason?  
 Yes  No If Yes, please ask to speak to the shelter manager immediately.

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Shelter Worker Signature \_\_\_\_\_

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

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



