HPP Meeting Minutes  
December 7, 2017  
Time: 11:00am-12:00pm

INTRODUCTIONS – (SEE SIGN IN SHEET)

CURRENT AND PAST WILDFIRE DISCUSSION
- Elizabeth passed out sit rep from Ventura County from Thomas Fire
  - Vista Del Mar, Behavioral Health facility evacuated 56 patients to Ventura Fair Grounds
  - SNFs have voluntarily evacuated against the recommendation of County personnel
- Elizabeth discussed lessons learned from northern cal fires
  - PPE must be worn properly to be effective (i.e. N95s not recommended for kids)
  - Developing partnerships prior to disasters is key to effective response.
- SLO County Public Health PIO working with APCD to monitor air and distribute health alerts as necessary due to fires.

GRANT UPDATES - ELIZABETH Merson
- All contracts have been sent out to the facilities, we are just waiting for Arroyo Grande Community Hospital and French Hospital Medical Center to sign and return their contracts.
- Public Health is now setting up P.O.s for each of the facilities so we can start paying invoices.

COMMUNICATIONS – ROBIN HENDRY
- All hospitals except Arroyo Grande have turned in their inventory lists. Thank you to all that have gotten it done.
- DAILY Bed Polls
  - 75% French Hospital Medical Center
  - 100% Twin Cities Community Hospital
  - 100% Sierra Vista Regional Medical Center
  - 83% Arroyo Grande Community Hospital
- Satellite Phone Logs
  - 75% French Hospital Medical Center
  - 100% Twin Cities Community Hospital
  - 95% Sierra Vista Regional Medical Center
  - 85% Arroyo Grande Community Hospital
- REDDINET:
  - In the 3rd quarter (January – March 2018) Robin plans on going out to hospitals and conducting drills with hospital staff to assist with technical ReddiNet skills and to train more hospital staff on it’s use.
  - Douglas Brim from EMSA will be working with San Luis Ambulance’s Adam3 on initiating MCI drills via ReddiNet mobile app.
  - Carrie V.: MCI’s do not prompt an alert on ReddiNet, but ReddiNet developers are working on adding that feature. A work around is for EMS to initiate MCI and request a bed poll from hospitals. The bed poll with prompt an alert through ReddiNet at hospitals.

STATE WIDE MEDICAL AND HEALTH EXERCISE – DENISE YI
- Carrie V.: Twin’s exercise went really well. They tested their surge procedures and unaccompanied minor procedures. Because of the active shooter scenario, Twin did not want to set up their surge tents outside so they identified a hallway to use instead. Twin reached out to their EAP providers and were excited to learn that they have a critical incident strike team that could be activated within 30 minutes.
- Emma L.: Best participation Sierra Vista has ever had. The COO was the incident commander, and they had a big physician turn out.
REVIEW OF MEDICAL SHELTER PLAN – ELIZABETH MERSON

- See Attached Forms and provide feedback to Elizabeth:
  - Triage Guidelines for General Population, Medical Shelter, or Skilled Nursing / Hospital Facilities
  - Environmental Health Assessment Form For Shelters
  - Natural Disaster Morbidity Surveillance Individual Form

MEETING ADJOURNED AT 12:15

NEXT MEETING: HPP
January 4th, 2017
10:30 am - 12:00 pm
CHP Headquarters
4115 Broad Street, #B, San Luis Obispo, California 93401
### Triage Guidelines for General Population, Medical Shelter, or Skilled Nursing/Hospital Facility

<table>
<thead>
<tr>
<th><strong>Universal Access Shelter</strong></th>
<th><strong>Admit to Medical Shelter</strong></th>
<th><strong>Refer to SNF/Hospital</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>No or minimal medical support necessary</td>
<td>Limited medical support or Supportive basic nursing</td>
<td>Continuous services 24hours/ 7days a week</td>
</tr>
<tr>
<td>General population able to be maintained independently Can be: Vulnerable populations with minimal functional needs without personal care assistant available</td>
<td>Vulnerable populations with functional needs without personal care assistant available</td>
<td>Patients requiring skilled care &amp; continuous observation; Acutely ill patients requiring in-patient care; Patients requiring chronic continuous health care services due to progressive &amp; debilitating conditions</td>
</tr>
<tr>
<td>Diabetics requiring minimal to moderate assistance with activities of daily living (ADL) with/without personal care assistant</td>
<td>Diabetics requiring minimal to moderate assistance with activities of daily living (ADL) without personal care assistant available</td>
<td>Newly diagnosed diabetic that has been discharged from the hospital &amp; has not yet been seen by a referring agency (has new MD orders)</td>
</tr>
<tr>
<td>Hospice patient requiring minimal to moderate assistance with ADL &amp; is stable with/without personal care assistant</td>
<td>Hospice patient requiring minimal to moderate assistance with ADL &amp; is stable without personal care assistant available</td>
<td>Unstable with a “Do Not Resuscitate” order</td>
</tr>
<tr>
<td>Intravenous (IV) therapy managed at home without complications with personal care assistant</td>
<td>IV therapy managed at home without complications without personal care assistant available</td>
<td>IV medication or hyper alimentation requiring nurse/ home care agency management</td>
</tr>
<tr>
<td>Medication administration for chronic disease management such as asthma, autoimmune disease(s), chronic obstructive pulmonary disease, cancers, dementia, diabetes, heart disease, kidney or renal disease, epilepsy, multiple sclerosis, Parkinson’s disease &amp; other, or a combination of diseases with/without personal care assistant</td>
<td>Medication administration for chronic disease management such as asthma, autoimmune disease(s), chronic obstructive pulmonary disease, cancers, dementia, diabetes, heart disease, kidney or renal disease, epilepsy, multiple sclerosis, Parkinson’s disease &amp; other, or a combination of diseases without personal care assistant</td>
<td>Signs &amp; symptoms of exacerbation of chronic disease such as shortness of breath unresolved after resting, uncontrolled blood sugars, lack of urinary output, seizure, &amp; other conditions requiring acute medical care.</td>
</tr>
<tr>
<td>Mental illness or mental retardation with non-violent behavior requiring minimal to moderate assistance with ADL with/without personal care assistant</td>
<td>Mental illness or mental retardation with non-violent behavior requiring minimal to moderate assistance with ADL without personal care assistant available</td>
<td>Mental illness or mental retardation that has wandering or agitated behavior</td>
</tr>
<tr>
<td>Mild dementia without abusive or wandering behavior requiring minimal to moderate assistance with ADL with personal care assistant</td>
<td>Mild dementia without abusive or wandering behavior requiring minimal to moderate assistance with ADL without personal care assistant available</td>
<td>Dementia or confusion that has wandering or agitated behavior</td>
</tr>
<tr>
<td>Nasogastic tubes with/without personal care assistant</td>
<td>Nasogastic tube without personal care assistant</td>
<td>Nasogastic tubes if no personal care assistant available</td>
</tr>
<tr>
<td>Ostomy patients that require minimal to moderate assistance with ADL with/without personal care assistant</td>
<td>Ostomy patients that require minimal to moderate assistance with ADL without personal care assistant</td>
<td>Ostomy patients that require total assistance</td>
</tr>
<tr>
<td>Oxygen, nebulizer, or sleep apnea therapy that has been stable &amp; maintained at home for more than 30 days with/without personal care assistant</td>
<td>Oxygen, nebulizer, or sleep apnea therapy that has been stable &amp; maintained at home for more than 30 days without personal care assistant</td>
<td>Respiratory distress, shortness of breath, or unstable respiratory conditions</td>
</tr>
</tbody>
</table>

January 7, 2013
<table>
<thead>
<tr>
<th></th>
<th>Admit to Medical Shelter</th>
<th>Refer to SNF/Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialysis patients when outpatient dialysis and transport available.</td>
<td>Dialysis patients when outpatient dialysis and transport available.</td>
<td>Dialysis patients when outpatient dialysis and transport is not available</td>
</tr>
<tr>
<td>Simple dressing changes requiring minimal to moderate assistance with ADL with/without personal care assistant</td>
<td>Simple dressing changes requiring minimal to moderate assistance with ADL without personal care assistant</td>
<td>Newly discharged, post op requiring agency assistance that has not been evaluated (has new MD orders) or complex sterile dressings</td>
</tr>
<tr>
<td>Urinary catheter (foley or suprapubic) that requires minimal to moderate assistance or when nursing personnel is available</td>
<td>Urinary catheter (foley or suprapubic) that requires minimal to moderate assistance or total assistance</td>
<td>Urinary catheter with complications requiring total assistance</td>
</tr>
<tr>
<td>Urinary or bowel incontinence requiring minimal to moderate assistance with ADL with/without personal care assistance</td>
<td>Urinary or bowel incontinence requiring minimal to moderate assistance with ADL without personal care assistance</td>
<td>Uncontrolled urinary or bowel incontinence if no caregiver available to assist.</td>
</tr>
<tr>
<td>Wheelchair bound requiring minimal to moderate assistance with ADL with/without personal care assistant</td>
<td>Wheelchair bound requiring minimal to moderate assistance with ADL without personal care assistant</td>
<td>Quadriplegic- total care that cannot be accommodated in a general/medical shelter.</td>
</tr>
</tbody>
</table>
## I. ASSESSING AGENCY DATA
- **Agency/Organization Name:** 
- **Immediate Needs Identified:** Yes [ ] No [ ]
- **Assessor Name/Title:** 
- **Phone:** 
- **Email or Other Contact:**

## II. FACILITY TYPE, NAME AND CENSUS DATA
- **Shelter Type:** Community/Recovery [ ] Special Needs [ ] Other [ ]
- **ARC Code:** Yes [ ] No [ ] Unk/NA [ ]
- **Date Shelter Opened:** __ __ / __ / __
- **Time Assessed:** __ : __ am [ ] pm [ ]
- **Reason for Assessment:** Preoperational [ ] Initial [ ] Follow Up [ ] Other [ ]
- **Location Name and Description:**

## III. FACILITY
- **City/County:**
- **State:**
- **Zip:**
- **Latitude/Longitude:**
- **Facility Contact / Title:**
- **Phone:** __ __ __
- **Fax:** __ __ __
- **Email or Other Contact:**
- **Current Census:** __ __
- **Estimated Capacity:** __ __
- **Number of Residents:** __ __
- **Number of Staff / Volunteers:**

## III. FACILITY
- **Water system operational:** Yes [ ] No [ ] Unk/NA [ ]
- **Hot water available:** Yes [ ] No [ ] Unk/NA [ ]
- **Adequate space per person:** Yes [ ] No [ ] Unk/NA [ ]
- **Free of pest / vector issues:** Yes [ ] No [ ] Unk/NA [ ]
- **Service animals present and meet ADA req.:** Yes [ ] No [ ] Unk/NA [ ]
- **Generator in use:** Yes [ ] No [ ] Unk/NA [ ]
- **Indoor temperature:** ___°F  Unk/NA [ ]
- **Acceptable level of cleanliness:** Yes [ ] No [ ] Unk/NA [ ]
- **Clean food/bottle preparation area:** Yes [ ] No [ ] Unk/NA [ ]
- **Adequate storage:** Yes [ ] No [ ] Unk/NA [ ]
- **Appropriate temperatures:** Yes [ ] No [ ] Unk/NA [ ]
- **Hand-washing facilities available:** Yes [ ] No [ ] Unk/NA [ ]
- **Safe food handling:** Yes [ ] No [ ] Unk/NA [ ]
- **Adequate supply:** Yes [ ] No [ ] Unk/NA [ ]
- **Appropriate storage:** Yes [ ] No [ ] Unk/NA [ ]
- **Appropriate temperatures:** Yes [ ] No [ ] Unk/NA [ ]
- **Hand-washing facilities available:** Yes [ ] No [ ] Unk/NA [ ]
- **Safe food handling:** Yes [ ] No [ ] Unk/NA [ ]
- **Dishwashing facilities available:** Yes [ ] No [ ] Unk/NA [ ]
- **Clean kitchen area:** Yes [ ] No [ ] Unk/NA [ ]

## IV. FOOD
- **Preparation on site:** Yes [ ] No [ ] Unk/NA [ ]
- **Served on site:** Yes [ ] No [ ] Unk/NA [ ]
- **Safe food source:** Yes [ ] No [ ] Unk/NA [ ]
- **Adequate supply:** Yes [ ] No [ ] Unk/NA [ ]
- **Appropriate storage:** Yes [ ] No [ ] Unk/NA [ ]
- **Appropriate temperatures:** Yes [ ] No [ ] Unk/NA [ ]
- **Hand-washing services available:** Yes [ ] No [ ] Unk/NA [ ]
- **Safe food handling:** Yes [ ] No [ ] Unk/NA [ ]
- **Dishwashing facilities available:** Yes [ ] No [ ] Unk/NA [ ]
- **Clean kitchen area:** Yes [ ] No [ ] Unk/NA [ ]

## V. DRINKING WATER AND ICE
- **Adequate water supply:** Yes [ ] No [ ] Unk/NA [ ]
- **Adequate ice supply:** Yes [ ] No [ ] Unk/NA [ ]
- **Safe water source (work w/ municipalities to ensure):** Yes [ ] No [ ] Unk/NA [ ]
- **Safe ice source:** Yes [ ] No [ ] Unk/NA [ ]

## VI. SOLID WASTE GENERATED
- **Number of Residents:** __ __
- **Number of Staff / Volunteers:**

## VII. SANITATION
- **Adequate toilet facilities:** Yes [ ] No [ ] Unk/NA [ ]
- **Adequate number of toilets:** Yes [ ] No [ ] Unk/NA [ ]
- **Adequate number of collection receptacles:** Yes [ ] No [ ] Unk/NA [ ]
- **Adequate number of hand-washing stations:** Yes [ ] No [ ] Unk/NA [ ]
- **Hand-washing supplies available:** Yes [ ] No [ ] Unk/NA [ ]
- **Toilet supplies available:** Yes [ ] No [ ] Unk/NA [ ]
- **Acceptable level of cleanliness:** Yes [ ] No [ ] Unk/NA [ ]
- **Sewage System Type:**
- **Type:** Solid [ ] Hazardous [ ] Medical [ ] Unk/NA [ ]

## VIII. CHILDCARE AREA
- **Clean diaper-changing facilities:** Yes [ ] No [ ] Unk/NA [ ]
- **Hand-washing facilities available:** Yes [ ] No [ ] Unk/NA [ ]
- **Clean food/bottle preparation area:** Yes [ ] No [ ] Unk/NA [ ]
- **Adequate level of cleanliness:** Yes [ ] No [ ] Unk/NA [ ]

## IX. SLEEPING AREA
- **Adequate number of cots/beds/mats:** Yes [ ] No [ ] Unk/NA [ ]
- **Adequate supply of bedding:** Yes [ ] No [ ] Unk/NA [ ]
- **Adequate number of pillows:** Yes [ ] No [ ] Unk/NA [ ]
- **Adequate space:** Yes [ ] No [ ] Unk/NA [ ]
- **Adequate level of cleanliness:** Yes [ ] No [ ] Unk/NA [ ]

## COMMENTS:
# ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR SHELTERS

## For Rapid Assessment of Shelter Conditions during Disasters

### I. ASSESSING AGENCY DATA
- **Agency/Organization Name:**
- **Immediate Needs Identified:** [ ] Yes [ ] No

### II. FACILITY TYPE, NAME AND CENSUS DATA
- **Shelter Type:**
  - Community/Recovery [ ]
  - Special Needs [ ]
  - Other [ ]
- **ARC Facility:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
  - ARC Code:
- **Date Shelter Opened:** [ ] [ ] [ ] (mm/dd/yr)
- **Date Assessed:** [ ] [ ] [ ] (mm/dd/yr)
- **Time Assessed:** [ ] [ ] am [ ] pm
- **Reason for Assessment:**
  - Preoperational [ ]
  - Initial [ ]
  - Follow Up [ ]
  - Other:
- **Location Name and Description:**
- **Street Address:**
- **City/County:**
- **State:**
- **Zip:**
- **Latitude/Longitude:** [ ] [ ] / [ ] [ ]
- **Facility Contact / Title:**
- **Facility Type:**
  - School [ ]
  - Arena/Convention center [ ]
  - Other:
- **Phone ( ) ( )**
- **Fax ( ) ( )**
- **Email or Other Contact:**

### III. FACILITY
- **Water system operational:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Hot water available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate space per person:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Free of pest / vector issues:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate number of cots/beds/mats:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate number of hand-washing stations:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate number of hand-washing facilities available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate number of showers:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate hand-washing supplies available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate toilet supplies available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Indoor temperature:** [ ] °F
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Acceptable level of cleanliness:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Clean food/bottle preparation area:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Acceptable level of cleanliness:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Appropriate storage of hazardous materials:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Timeley removal:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Type:**
  - Solid [ ]
  - Hazardous [ ]
  - Medical [ ]
  - Unk/NA [ ]

### IV. FOOD
- **Preparation on site:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Served on site:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Safe food source:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate supplies:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Appropriate storage:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Hand-washing facilities available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Safe food handling:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Dishwashing facilities available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Clean kitchen area:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]

### V. DRINKING WATER AND ICE
- **Dissolved solids:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Water system operational:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Safe water source:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate water supply:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Safe water source (work w/ municipalities to ensure):**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Safe ice source:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]

### VI. SLEEPING AREA
- **Adequate space per person:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate number of cots/beds/mats:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate space per person:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate number of hand-washing stations:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate number of hand-washing facilities available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate number of showers:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate hand-washing supplies available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate toilet supplies available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Indoor temperature:** [ ] °F
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Acceptable level of cleanliness:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Clean food/bottle preparation area:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Acceptable level of cleanliness:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Appropriate storage:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Hand-washing facilities available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Safe food handling:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Dishwashing facilities available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Clean kitchen area:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]

### VII. SANITATION
- **Adequate laundry services:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate number of toilets:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate number of showers:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate number of hand-washing stations:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate hand-washing supplies available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Adequate toilet supplies available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Indoor temperature:** [ ] °F
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Acceptable level of cleanliness:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Clean food/bottle preparation area:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Acceptable level of cleanliness:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Appropriate storage:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Hand-washing facilities available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Safe food handling:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Dishwashing facilities available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Clean kitchen area:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]

### VIII. SOLID WASTE GENERATED
- **Adequate number of collection receptacles:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Appropriate disposal:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Appropriate storage of hazardous materials:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Timeley removal:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Type:**
  - Solid [ ]
  - Hazardous [ ]
  - Medical [ ]
  - Unk/NA [ ]

### IX. CHILD CARE AREA
- **Clean diaper-changing facilities:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Hand-washing facilities available:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Clean food/bottle preparation area:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]
- **Acceptable level of cleanliness:**
  - Yes [ ]
  - No [ ]
  - Unk/NA [ ]

### COMMENTS:
# ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR SHELTERS

**For Rapid Assessment of Shelter Conditions during Disasters**

## I. ASSESSING AGENCY DATA

**Agency/Organization Name**

**Assessor Name/Title**

**Phone**

**Email or Other Contact**

**Immediate Needs Identified:** [ ] Yes [ ] No

## II. FACILITY TYPE, NAME AND CENSUS DATA

- Date Shelter Opened [ ] (_/__/__)(mm/dd/yr)
- Date Assessed [ ] (_/__/__)(mm/dd/yr)
- Time Assessed [ ] _:_ _am/pm
- Reason for Assessment [ ] Preoperational [ ] Initial [ ] Follow Up [ ] Other
- Location Name and Description
- Street Address
- City/County__________________________________________________________
- State ______ Zip Code ______
- Latitude/Longitude__________________________/________________________
- Facility Contact/Title________________________________________________
- Phone ____________________________ Fax _________
- Facility Type [ ] School [ ] Arena/Convention center [ ] Other
- Current Census [ ] On Site [ ] Portable
- Estimated Capacity [ ]
- Number of Residents [ ]
- Number of Staff/Volunteers [ ]

## III. FACILITY

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>Unk/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water system operational</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot water available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate space per person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free of pest/vector issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptable level of cleanliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generator in use, [ ] If yes, Type [ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indoor temperature [ ]°F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewage System Type [ ] Community [ ] On Site [ ] Portable [ ] Unk/NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate laundry services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of showers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptable number of collection receptacles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of toilets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of hand-washing stations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand-washing supplies available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet supplies available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptable level of cleanliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate space</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of hand-washing stations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand-washing supplies available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of toilets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet supplies available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptable level of cleanliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dishwashing facilities available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean kitchen area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe food source [ ] week w/municipalities to ensure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe food handling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate laundry services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of showers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of hand-washing stations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand-washing supplies available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet supplies available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptable level of cleanliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewage system type [ ] Community [ ] On site [ ] Portable [ ] Unk/NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of cots/beds/mats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate supply of bedding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedding changed regularly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate spacing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptable level of cleanliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe water source [ ] week w/municipalities to ensure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe ice source</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean kitchen area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dishwashing facilities available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe food source [ ] week w/municipalities to ensure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe ice source</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate laundry services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of showers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of hand-washing stations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand-washing supplies available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet supplies available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptable level of cleanliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewage system type [ ] Community [ ] On site [ ] Portable [ ] Unk/NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of collection receptacles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of toilets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of hand-washing stations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand-washing supplies available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet supplies available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptable level of cleanliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewage system type [ ] Community [ ] On site [ ] Portable [ ] Unk/NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of collection receptacles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of toilets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of hand-washing stations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand-washing supplies available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet supplies available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptable level of cleanliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewage system type [ ] Community [ ] On site [ ] Portable [ ] Unk/NA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## IV. FOOD

- Preparation on site [ ] Yes [ ] No [ ] Unk/NA
- Served on site [ ] Yes [ ] No [ ] Unk/NA
- Safe food source [ ] Yes [ ] No [ ] Unk/NA
- Adequate supply [ ] Yes [ ] No [ ] Unk/NA
- Appropriate storage [ ] Yes [ ] No [ ] Unk/NA
- Appropriate temperatures [ ] Yes [ ] No [ ] Unk/NA
- Hand-washing facilities available [ ] Yes [ ] No [ ] Unk/NA
- Safe food handling [ ] Yes [ ] No [ ] Unk/NA
- Clean kitchen area [ ] Yes [ ] No [ ] Unk/NA

## V. DRINKING WATER AND ICE

- Adequate water supply [ ] Yes [ ] No [ ] Unk/NA
- Adequate ice supply [ ] Yes [ ] No [ ] Unk/NA
- Safe water source [ ] Yes [ ] No [ ] Unk/NA
- Safe ice source [ ] Yes [ ] No [ ] Unk/NA

## VI. SANITATION

- Adequate laundry services [ ] Yes [ ] No [ ] Unk/NA
- Adequate number of toilets [ ] Yes [ ] No [ ] Unk/NA
- Adequate number of showers [ ] Yes [ ] No [ ] Unk/NA
- Adequate number of hand-washing stations [ ] Yes [ ] No [ ] Unk/NA
- Hand-washing supplies available [ ] Yes [ ] No [ ] Unk/NA
- Toilet supplies available [ ] Yes [ ] No [ ] Unk/NA
- Acceptable level of cleanliness [ ] Yes [ ] No [ ] Unk/NA
- Sewage system type [ ] Community [ ] On site [ ] Portable [ ] Unk/NA

## VII. SANITATION

## VIII. SOLID WASTE GENERATED

- Adequate number of collection receptacles [ ] Yes [ ] No [ ] Unk/NA
- Appropriate disposal [ ] Yes [ ] No [ ] Unk/NA
- Appropriate storage of hazardous materials [ ] Yes [ ] No [ ] Unk/NA
- Timely removal [ ] Yes [ ] No [ ] Unk/NA
- Types [ ] Hazardous [ ] Medical [ ] Unk/NA

## IX. CHILDCARE AREA

- Clean diaper-changing facilities [ ] Yes [ ] No [ ] Unk/NA
- Hand-washing facilities available [ ] Yes [ ] No [ ] Unk/NA
- Clean food/bottle preparation area [ ] Yes [ ] No [ ] Unk/NA
- Acceptable level of cleanliness [ ] Yes [ ] No [ ] Unk/NA

## X. SLEEPING AREA

- Adequate number of cots/beds/mats [ ] Yes [ ] No [ ] Unk/NA
- Adequate supply of bedding [ ] Yes [ ] No [ ] Unk/NA
- Bedding changed regularly [ ] Yes [ ] No [ ] Unk/NA
- Adequate spacing [ ] Yes [ ] No [ ] Unk/NA
- Acceptable level of cleanliness [ ] Yes [ ] No [ ] Unk/NA

## XI. COMPANION ANIMALS

- Service animals present and meeting ADA requirements [ ] Yes [ ] No [ ] Unk/NA
- Move to facility III [ ] Yes [ ] No [ ] Unk/NA

## XII. OTHER CONSIDERATIONS

- Handicap accessibility [ ] Yes [ ] No [ ] Unk/NA
- Make separate assessment [ ] Yes [ ] No [ ] Unk/NA

---

List Critical Issues Missing:

---

SLO County EH_Assessment Form For Shelters

Revised 08/24/15
**Part I: VISIT INFORMATION**

- **Name of Facility**
- **City**
- **State**
- **Date of Visit**
- **Time of Visit**

**Part II: PATIENT INFORMATION**

- **Unique Identifier/Medical Record Number**
- **Age**
  - <1yrs
  - yrs
- **Gender**
  - Male
  - Female
- **Pregnant**
  - Yes
  - No/NA
  - If yes, due date
- **Race/Ethnicity**
  - White
  - Black/African American
  - Hispanic or Latino
  - Asian
  - Unknown

Did reason for visit occur as a result of work (paid or volunteer) involving disaster response or recovery efforts?  
- Yes
- No/NA

**Part III: REASON FOR VISIT**

**TYPE OF INJURY**

- Abrasion, laceration, cut
- Avulsion, amputation
- Concussion, head injury
- Fracture
- Sprain/strain

**MECHANISM OF INJURY**

- Bite/sting, specify:
  - Insect
  - Snake
- Burn, specify:
  - Chemical
  - Fire, hot object or substance
  - Sun exposure
- Cold/heat exposure, specify:
  - Cold (e.g., hypothermia)
  - Heat (e.g., stress, hyperthermia)
- Electric shock
- Fall, slip, trip, specify:
  - From height
  - Same level
- Foreign body (e.g., glass shard)
- Hit by or against an object
- Motor vehicle crash, specify:
  - Driver/occupant
  - Pedestrian/bicyclist
- Non-fatal drowning, submersion
- Poisoning, specify:
  - Carbon monoxide exposure
  - Inhalation of fumes, dust, other gas
  - Ingestion specify
- Use of machinery, tools, or equipment
- Violence/assault, specify:
  - Self-inflicted injury/suicide attempt
  - Sexual assault
  - Other assault specify

**ACUTE ILLNESS/SYMPTOMS**

- Conjunctivitis/eye irritation
- Dehydration
- Dermatologic/skin, specify:
  - Rash
  - Infection
  - Infestation (e.g., lice, scabies)
- Fever (≥100°F or 37.8°C)
- Gastrointestinal, specify:
  - Diarrhea
  - Bloody
  - Watery
  - Nausea or vomiting
- Jaundice
- Meningitis/encephalitis
- Neurological (e.g., altered mental status, confused/disoriented, syncope)
- Obstetrics/Gynecology, specify:
  - GYN condition not associated with pregnancy or post-partum
  - In labor
  - Pregnancy complication (e.g., bleeding, fluid leakage)
  - Routine pregnancy check-up
- Pain, specify:
  - Abdominal pain or stomachache
  - Chest pain, angina, cardiac arrest
  - Ear pain or earache
  - Headache or migraine
  - Muscle or joint pain (e.g., back, hip)
  - Oral/dental pain
- Respiratory, specify:
  - Congestion, runny nose, sinusitis
  - Cough, specify:
    - Dry
    - Productive
    - With blood
  - Pneumonia, suspected
  - Shortness of breath/difficulty breathing
  - Wheezing in chest
  - Sore throat

**EXACERBATION OF CHRONIC DISEASE**

- Cardiovascular, specify:
  - Hypertension
  - Congestive heart failure
- Diabetes
- Immunocompromised (e.g., HIV, lupus)
- Neurological, specify:
  - Seizure
  - Stroke
- Respiratory, specify:
  - Asthma
  - COPD

**BEHAVIORAL HEALTH**

- Agitated behavior (i.e. violent behavior/threatening violence)
- Anxiety or stress
- Depressed mood
- Drug/alcohol intoxication or withdrawal
- Previous mental health diagnosis (i.e. PTSD)
- Psychotic symptoms (i.e. paranoia)
- Suicidal thoughts or ideation

**ROUTINE/FOLLOW-UP**

- Medication refill
  - If yes, how many medications? ________
- Blood sugar check
- Vaccination
- Blood pressure check
- Wound care

**OTHER**

**Part IV: DISPOSITION**

- Discharge to self care
- Refer to other care (e.g., clinic or physician)
- Admit/refer to hospital
- Left before being seen
- Deceased

**Influenza-like-illness (ILI)** – Fever (temperature of 100°F [37.8°C] or greater) AND a cough or a sore throat in the absence of a KNOWN cause other than influenza