

**Cabarrus County Sheltering
STANDARD OPERATING GUIDELINES**

June 2024

TABLE OF CONTENTS

Introduction

Purpose and Scope	3
How to Use the SOG	3
Authorities and References	4
Acronyms and Definitions.....	5
Record of Changes.....	6

Concept of Operations

Situation.....	7
Assumptions	7
Triggers and Timelines	8
Shelter Activation Considerations.....	8
Shelter Activation Timeline	8
Agency Roles and Responsibilities	9

Shelter Setup

Opening the Shelter.....	10
Notification.....	10
Walk Through and Survey of Facility	10
Environmental Health Assessment.....	10

Facility Setup

Areas of Priority and Staffing.....	11
Signage	11
Screening	12
Registration	12
Shelter Client Registration Flow Chart	14
Dormitory Area.....	15
Food Services.....	16
Security.....	16
Supply Area (logistics).....	16
Children's Recreation Area.....	17
Lactation Area.....	17
Staff Command and Break Area.....	17

Services + Operations

Functional Needs Support Services	18
Service Animals.....	19
Health Services	20
Isolation.....	21
Emergency Medical Services.....	21
Social Services	21
Behavioral Health.....	22
Pet Sheltering	22
Setup.....	22
Intake	22
Daily Operations	23
Dogs.....	23
Cats.....	23
Extended Check-Out.....	24
Shelter Closure/Check-Out	24
Daily Operations	25

Shelter Deactivation

Decision Making	26
Discharge Planning	26
Closure and Clean-up.....	27
Final Walk Through.....	27
Debrief and After-Action Report.....	27

Information + Resources

Shelter Groups.....	28
Cabarrus County Shelter Support Organizations	28
Shelter Group Notification Messaging	29
Roles and Responsibilities Matrix.....	30
Shelter Roles Organizational Chart.....	34
Shelter Manager Job Aid	35
Shelter Shift Supervisor Job Aid	38
Logistics Supervisor Job Aid.....	41

TABLE OF CONTENTS

Registration Supervisor Job Aid	43
Registration Team Member Job Aid.....	46
Screening Team Member Job Aid.....	48
Dormitory Supervisor Job Aid	50
Dormitory Team Member Job Aid	53
Food Service Supervisor Job Aid	55
Food Service Team Member Job Aid.....	58
Public Health Nursing Lead Job Aid	60
Public Health Nurse Job Aid	63
Patient Care Assistant Job Aid	66
Environmental Health Inspector Job Aid.....	68
Pet Sheltering Supervisor Job Aid	69
Pet Sheltering Team Member Job Aid	72

Shelter Forms

Quick Reference Guide	74
Shelter Facility Pre-Opening Inspection	78
Accessibility Checklist	80
Shelter Manager Opening Briefing Agenda	82
Shelter Staff Sign In / Out Record	83
Daily Shelter Report	84
Shelter Facility Closing Inspection.....	85
Shelter Registration Form Instructions (English)....	86
Shelter Registration Form (English)	90
Shelter Registration Form Instructions (Spanish)....	91
Shelter Registration Form (Spanish)	95
CMIST Worksheet	96
Shelter Rules	98
Dormitory Map	99
Shelter Sign In / Out Record.....	101
Cold Storage Medication Log	102
Cold Storage Temperature Log	103
OTC Medication Log.....	104
Food Holding Time / Temperature Log	105

Pet Shelter Registration and Agreement	106
Pet Sheltering Rules.....	107
Pet Exercise Session Sign-Up.....	109
Pet Shelter Extended Checkout Log	110
General Shelter Supply List.....	111

Shelter Signage

Quick Reference Guide	111
Shelter Entrance.....	113
Shelter Entrance (with space for arrow)	114
Shelter Registration	115
Shelter Registration (with space for arrow)	116
Check In / Out.....	117
Dormitory	118
Dormitory (with space for arrow)	119
Food Services.....	120
Food Services (with space for arrow).....	121
Children's Recreation Area	122
Health Services	123
Health Services (with space for arrow).....	124
Pet Shelter.....	125
Pet Shelter (with space for arrow).....	126
Pet Exercise Area	127
Pet Exercise Area (with space for arrow)	128
Pick Up Pet Waste.....	129

INTRODUCTION

Purpose and Scope

Cabarrus County Sheltering Standard Operating Guidelines (SOG) provides a planning structure and support tools for the establishment of congregate care shelters. Shelters may be opened for a variety of reasons, including but not limited to inclement weather, prolonged utility outages, hazardous materials incidents, or regional sheltering event(s). These events may be notice or no-notice events, and this plan is written to address both types of sheltering operations. Cabarrus County estimates shelter capacity planning should account for 3% of the county population based on historical data and recommended guidance. The guidance set forth in this plan is intended to address these planning considerations. This SOG includes guidance for the opening, operation and deactivation of shelters. Shelters are open to everyone, and services will be equitably provided to all shelter clients.

IMPORTANT NOTE



This SOG includes several quick-reference guides for shelter operations:
Roles and Responsibilities Matrix on page 9, **Shelter Form Quick Reference Guide** on page 74 and **Shelter Signage Quick Reference Guide** on page 111.

How to Use the SOG

This book is divided into 5 sections, each represented by section names and color coding as indicated below. You will find these section indicators in the upper right corner of each page.



General information and resources including forms and signs.



Outlines triggers, timelines and responsibilities related to shelter operations.



Opening procedures and descriptions of shelter layout and functions.



Explanation of shelter assistance services and daily operational guidelines.



Planning considerations and actions for closing a shelter.

Look for these icons throughout the book indicating important notes and references to useful checklists and forms.



Authorities and References

- ADA and Emergency Shelters: Access for All in Emergencies and Disasters, ADA Best Practices Tool Kit Chapter 7
- American Red Cross, RC View NSS: Shelter Building Short Survey, April 2021
- American Red Cross, Sheltering Standards & Procedures, July 2016.
- Americans with Disabilities Act of 1990, as amended.
- Americans with Disabilities Act of 1990; Title II, Section 35.136: Service Animals
- Americans with Disabilities Act of 1990; Title III, Section 36.104: Service Animals
- Guidance on Planning for Integration of Functional Needs Support Services in General
- Population Shelters, FEMA 2010
- Guidance on Planning for Personal Assistance Services in General Population Shelters, FEMA
- FEMA Shelter Field Guide 2015
- NC State Sheltering Guide, February 2024
- US Department of Homeland Security Best Practice, Shelter Operations: Pet-Friendly Shelters
- Iredell County Shelter & Mass Care SOG, June 2022
- City and County of Honolulu Shelter Handbook

INTRODUCTION

Acronyms and Definitions

Accessible Cot: A cot with a sleeping surface at approximately the same height above the floor as the seat of a wheelchair (17 to 19 inches above the floor).

AAR: After-Action Report

ARC: American Red Cross

CAMET: Companion Animal Mobile Equipment Trailer

CAST: Companion Animal Shelter Trailer

Client Cold Storage Medication Log: A log used to record any client medications that require cold storage.

CMS: Consumable Medical Supplies

CMIST: Communication, Maintaining Health, Independence, Support and Safety, and Transportation

DSS: Department of Social Services

DME: Durable Medical Equipment

EH: Environmental Health

EM: Emergency Management

EMS: Emergency Medical Services

EOC: Emergency Operations Center

FNSS: Functional Needs Support Services

MASTT: Multi-Agency Shelter Transition Team

OTC Medication Log: A log used to document the use of shelter over-the-counter medications.

PAS: Personal Assistance Services

POD: Point of Distribution

Service Animal: A dog of any breed or size that are trained to perform a task directly related to a person's disability.

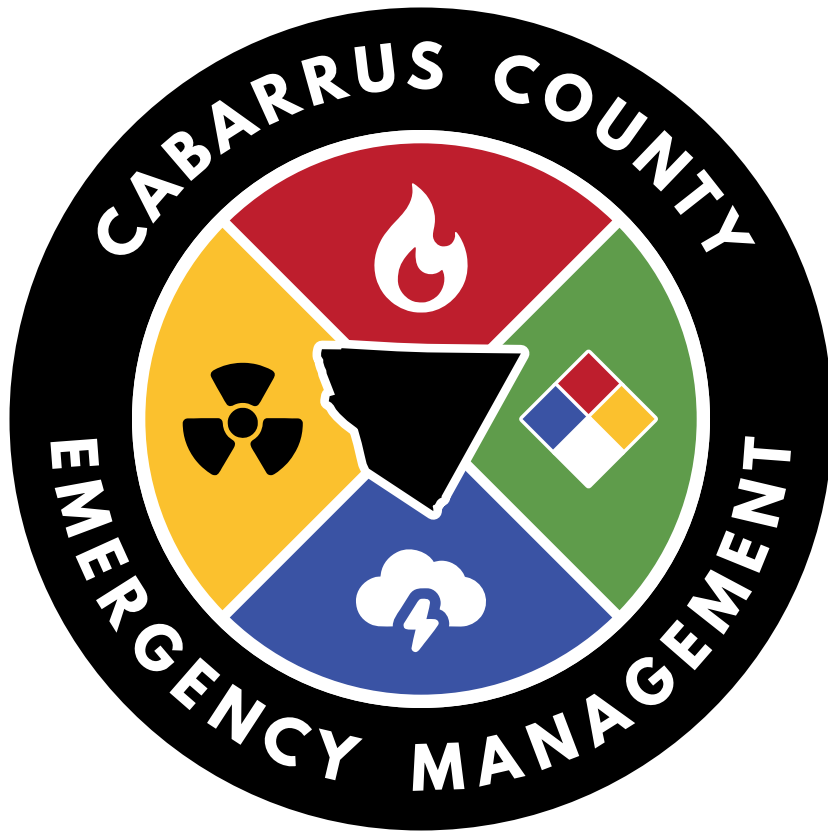
SOG: Standard Operating Guidelines

WebEOC: A crisis information management system designed to facilitate secure real-time information sharing.

INTRODUCTION

Record of Changes

Date Revised	Revision	Revised By



**Cabarrus County Sheltering
STANDARD OPERATING GUIDELINES**

Concept of Operations

Situation

The County is subject to a variety of natural, technological, and human-caused incidents that may result in the need for the public to evacuate their place of residence and seek shelter. The County has developed a Shelter SOG to facilitate the establishment of a public shelter.

Assumptions

- Emergency shelters operate on a temporary basis to provide people threatened or affected by disasters and emergencies a safe, sanitary and secure place to stay until they can safely return home or make other temporary housing arrangements.
- Assisted living facilities, hospitals and other related agencies shall develop contingency plans to care for their clients/patients during emergencies or disasters.
- A high percentage of evacuees will seek shelter in hotels or with friends or relatives rather than go to a congregate shelter.
- All individuals that enter the shelter will complete the registration process. Shelter staff will evaluate the health and access and functional needs of individuals. If a shelter client presents with a medical condition that is too extensive for shelter operations to accommodate, the shelter Public Health Nurse Lead or the Public Health Nurse will determine if placement at a hospital or alternate facility is warranted.
- The stress of leaving a familiar environment and relocating to a shelter may cause some individuals' care needs to escalate.
- Power supply may be limited at shelters.
- Staffing may be limited.
- Shelter staff will be organized using an Incident Command System type structure. As in all ICS structures, positions may be combined. Specifically, any staff supervisory positions will be responsible for performing all duties that would normally be assigned to staff team members under their supervision.
- Staffing will be drawn from county departments and partnering agencies.
- Local law enforcement will provide security for shelters in order to ensure that each site is as secure as possible.
- Shelter staff will make efforts to accommodate the needs of shelter clients to the best of their ability but cannot be responsible for all of the supplies an individual may need.

Triggers and Timelines

The County will assess the situation in anticipation of or in response to an emergency and determine the appropriate course of action as it pertains to mass care and shelter needs. The County will determine the type of shelter needed, shelter facility/location, staffing, services, and resources required to adequately respond to the incident/event. A shelter solution is implemented that requires the least amount of personnel and equipment resources to provide the most appropriate aid and comfort to the shelter clients.

Shelter Activation Considerations

- Type of incident/disaster.
- Regional, countywide or localized impacts.
- Number of people affected.
- Likely duration.
- Coordination with surrounding jurisdictions.
- Available shelter locations, resources, equipment and personnel.

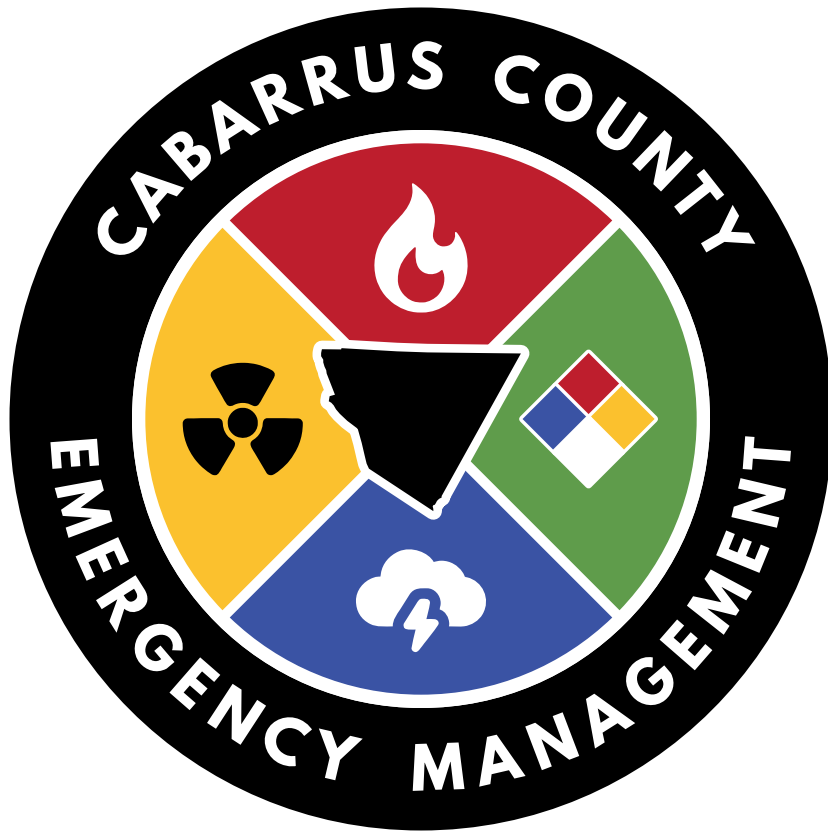
Shelter Activation Timeline

- Triggering conditions occur or there is a warning for a large event.
- Determine local shelter need.
- Determine type of facility to activate to meet shelter need.
- Determine specific facility to activate based on impact of incident.
- Notify shelter agencies to activate local shelter(s).
- Staff and open local shelter(s).
- Notify public of local shelter(s) activation.
- Operate local shelter(s).
- Conduct shelter(s) deactivation and restoration.



Agency Roles and Responsibilities

Agency	Shelter Roles	Responsibilities
American Red Cross	Shelter Manager or Shelter Shift Supervisor. Fill other positions as able.	Assists in providing shelter management and staffing. Provides additional shelter support as able.
Cabarrus County Schools	Facility Representative, Facility Support	Provides sheltering facilities, facility support (janitorial services) and transportation services as needed.
Cabarrus Health Alliance	Environmental Health Inspector, Nurse Lead, Nurse, Patient Care Assistant	Conducts shelter facility inspections, provides infection control, staffs health services and isolation. Coordinates functional needs support services.
Cooperative Christian Ministry	Feeding Team Supervisor and Team Member	Coordinates with Logistics Supervisor on meal orders and deliveries. Provides meal service to shelter clients
Emergency Management	Logistics Supervisor and staff Emergency Operations Center	Provides multi-agency coordination through the emergency operations center. Reports shelter opening in Web EOC and provides updates to NCEM about shelter operations including shelter numbers as of 00:00 each day. Orders state mutual aid through Web EOC.
Emergency Medical Services	On site medical support/transport	Provides emergency medical support and transportation.
Social Services	Registration Supervisor and Team Member, Screening Team Member, Dormitory Supervisor and Team Member. Also, Shelter Manager or Shelter Shift Supervisor if Red Cross is unable to staff.	Shelter staffing; provides assistance with overall health and safety for all families in a congregate shelter environment; provides staffing and supportive services. Coordinates functional needs support services.
Kannapolis City Schools	Facility Representative, Facility Support	Provides sheltering facilities, facility support (janitorial services) and transportation services as needed.
Partners	Behavioral and Mental Health Services	Provides support to the County in securing behavioral and mental health services.
Sheriff's Office	Security, Pet Sheltering Supervisor, Pet Sheltering Team Member	Coordinates security and traffic control services. Administers and staffs the pet sheltering facility.



**Cabarrus County Sheltering
STANDARD OPERATING GUIDELINES**

Shelter Setup

If there is a warning for a large event, Cabarrus County EM may request that the coordinating agencies pre-stage the shelter supply trailers at a pre-designated shelter and have staff on alert or stand-by.

If there is no warning for an incident, Cabarrus County EM will perform an assessment of needs. The decision to activate a shelter will be based on the determined or potential need of the population affected by the incident. If the decision is made to open a shelter, Cabarrus County will notify coordinating agencies using messaging provided in the Shelter Groups and Notification Messaging Guideline. The County will also begin planning for shelter de-activation at this time due to the investment of time and resources sheltering demands.

Notification

Agencies that provide shelter support are divided into 3 categories: Shelter Group, Facilities Group, and Courtesy Group. Each group consists of decision makers for their agency. The Shelter Group provides direct shelter staffing support. The Facility Group provides the facility for the shelter. The Courtesy Group are partners that may provide other resources and so should be notified early in the sheltering process to maintain situational awareness. Pre-scripted notification messages for each group are included in the Shelter Groups and Notification Messaging Guideline. The County will determine when it is appropriate to send out messaging via the notification system. Upon receipt of notification, recipients will take the appropriate action to prepare staff, facilities and resources for shelter activation.

Walk Through and Survey of Facility

The facility owner will have a representative (Facility Representative) on-site to coordinate with the Shelter Team Manager on issues related to use of the facility. Prior to setup, the Shelter Manager conducts a site walk-through with the Facility Representative along with scheduling the Environmental Health Survey with CHA to confirm interior and exterior areas of the facility that will be used for shelter activities including pet sheltering. Using the Shelter Facility Pre-Opening Inspection form the Shelter Manager will document any pre-existing damage and identify safety or accessibility issues that need to be addressed along with photographing any damage observed in the sheltering operation areas.

Environmental Health Assessment

Cabarrus Health Alliance will be notified of the need for an Environmental Health (EH) Specialist to accompany the Shelter Manager or designee during the pre-opening inspection to assess the building and shelter operations at the time the decision to open a shelter is made. This assessment will take place prior to the first day of shelter operations. The EH Specialist should document the condition of the facility and facility equipment. If there are environmental health issues that cannot be resolved at the facility, the shelter manager should report the issue(s) to the EOC. If additional assessments are required, the EH Specialist will report findings and progress to the Shelter Manager or designee.

Areas of Priority and Staffing

Shelter facilities will prioritize the following at initial opening for operation: registration, health services, feeding and dormitory spaces. During the initial setup, assign spaces for additional areas such as screening, isolation, behavioral health, social services, supply area, client recreation area, lactation area, pet sheltering, and staff area. The setup for these areas will be completed as shelter needs dictate and as circumstances allow. Minimum staffing for opening a shelter will include: Shelter Manager, Registration Supervisor, Nurse Lead and a Feeding Supervisor. A full staff is not required to open the doors and allow clients in. Notification that the shelter is ready to receive clients will be communicated to the EOC by the Shelter Manager or designee before receiving clients.

The Shelter Manager will oversee the initial walk through and setup of the shelter. The Shelter Manager will work with partnering agencies to ensure all essential staffing roles are fulfilled. Further, the Shelter Manager will coordinate with shelter staff to ensure shelter client needs are being met and that the shelter is operating according to health standards. The Shelter Manager will also be responsible for conducting staff and shelter client meetings, daily reports to the EOC and partnering organizations and shelter closing operations to include a final facility walk-through and staff debrief.

Shelters will typically be operated in two-12 hours shifts per day. Three-8-hour shifts may also be utilized and is recommended in the case of a shelter that will be open for an extended period of time. Alternatively, a flexible staffing approach could be implemented allowing for staff hours to be based on demand. For example: a shorter daytime shift with higher numbers of staff and longer nighttime shift with less staff may align resources more closely with the patterns of the activity and assistance required by clients while also reducing stress on shelter staff. Some shelter operations such as logistics, feeding and pet care may employ different schedules. The Shelter Manager and the Emergency Operations Center (EOC) staff will work together to determine which schedule will best suit staff and shelter needs.

The Shelter Manager will route all personnel requests through the EOC. The Shelter Manager and Shelter Shift Supervisor are responsible for ensuring all incoming shelter staff receive a briefing and a job assignment. During the initial briefing shelter staff will be informed of the importance of signing in and out for each shift, completing the ICS 214 form and reviewing job aids.

Signage

Shelter staff will post signs outside the facility to help people arriving to identify it as a shelter and to indicate the entrance to the shelter. Post signs inside the shelter buildings to direct people to the different areas and to provide information about the shelter. The **Shelter Signs Quick Reference Guide** should be used to see what signs are available and how they should be used.

CHECKLIST



The Shelter Manager should use the **Shelter Opening Briefing Agenda Job Aid** on page 82 to assist in making the initial staff briefing.

CHECKLIST



Job Aids (beginning on page 35) have been created for all key positions in the shelter. These checklists will help with setup, job duties, supply lists, daily and closing actions.

Screening

Optional, based on staffing availability and current assessment of public health.

Personnel may be assigned to assist with screening/testing prior to entry to the shelter. This is dependent on staff availability or if a highly communicable disease outbreak is occurring. This area should be outside and close to the shelter entrance. Ideally 2 personnel, including a health professional will staff this area. Questions will be asked of each person seeking to enter the shelter to determine if they are well or sick. Once screened the client will be directed to:

- Registration, if no symptoms.
- Isolation, if symptoms. Symptomatic clients will complete the registration process in the Isolation Area.

Registration

Set up registration station(s), enough to ensure efficient processing of people. At each station, set up one (1) table with one (1) chair for the registration team member and two (2) chairs for registrants.

Position tables close to the front door in a manner that prevents people from bypassing registration as they enter the facility. If possible, set up a waiting area with chairs in an area protected from the elements. Post provided signs in and around the registration area so that it may be easily identified by clients. Also post signage reminding clients to check in/out and follow shelter rules.

Identify a place to keep completed shelter paperwork that is easily accessible by registration team members but secure from occupants and visitors.

When registering people into the shelter, use the **Red Cross Shelter Dormitory Registration Form** or the online version of the form, **Shelter Client Information Application**, to do the following:

1. Document who is staying at the shelter.
2. Determine if the **American Red Cross CMIST** form should also be completed.

The **Shelter Dormitory Registration Form** captures basic information for each household, including names and contact information. Use one form per household. The **Shelter Dormitory Registration Form** lists visual observations to make as well as specific questions to ask to help identify potential health concerns requiring special attention.

FORM



The **CMIST Worksheet** on page 96 identifies and addresses communication, medical, independence, supervision and transportation needs in shelters to ensure proper support for everyone.

3. Identify and refer access or functional needs and medical issues to Social Services or Shelter Manager if Health Services are not available on site.
4. Identify people with legal issues that affect shelter placement.

Issues may be identified during registration that affect if and where people can stay at the shelter. Examples of these issues may include someone indicating they are legally required to register with a state or local agency because they are a sex offender, or if there is a restraining order in place among shelter occupants. These cases should be referred to the Shelter Manager.

5. Confirm clients understand the **Shelter Rules**.

Shelter clients should be given a copy of the **Cabarrus County Shelter Rules** to review. The registration worker should confirm clients understand the rules and assist if someone has a hard time reading or understanding. If a shelter client requires an interpreter and one is not on-site, refer to the **DSS Interpreter Queues Standard Operating Procedures**.

Anyone under the age of 18 at the shelter must be registered with an adult. If an unaccompanied minor is at the shelter, notify the Shelter Manager who will notify the EOC. Designate a shelter worker to stay with the minor until custody can be transferred to appropriate authorities.

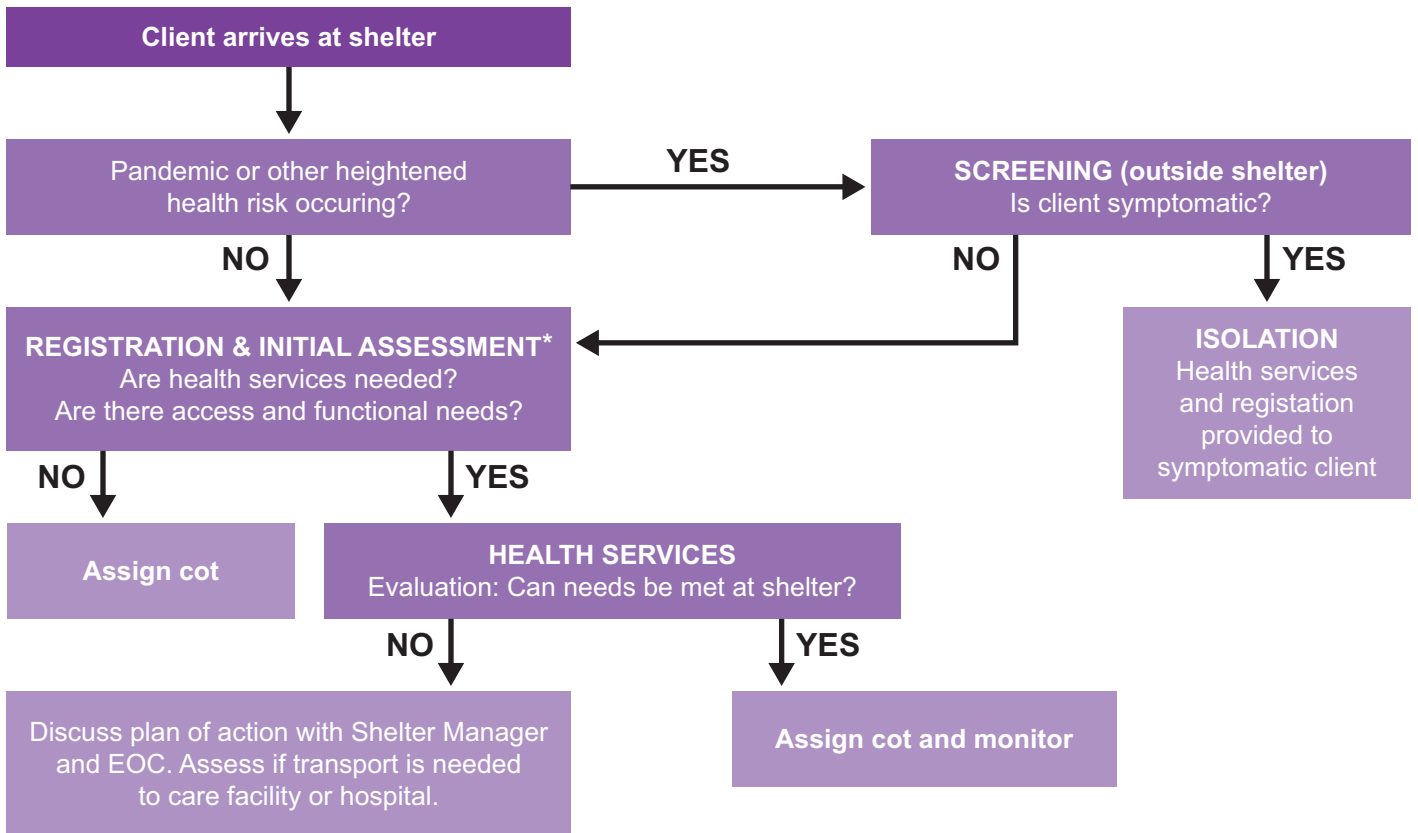
Registration will also serve as the visitor sign in/out station. The staff assigned to the area will be responsible for keeping track of all clients, caregivers and visitors entering and exiting the shelter. **Everyone** must sign in and out using the **Shelter Sign In/Out Record** upon entering and leaving the facility.

IMPORTANT NOTE



The mobile application, **Show Me in Emergencies**, provides icons that can be used to communicate basic ideas if an interpreter is not immediately available.

Shelter Client Registration



*Clients required by law to register with any state or local government agency should be referred directly to the Shelter Manager or, in the Manager’s absence, the Shelter Shift Supervisor.

Dormitory Area

Cots should be set up to allow accessible routes, at least 36" wide, that connect the dormitory area with other shelter activity areas. Allow a minimum of 40 square feet of space per person, unless additional space is required for a service animal, wheelchair, or other assistance aid. Additionally, provide a clear space at least 36" wide along accessible cots to make it possible for individuals utilizing a mobility device to transfer to the cot. A preferred location for special medical needs cots is to have one side against a wall. This helps to stabilize the cot and the wall can act as a backrest when the person sits up on the cot.


Allocate separate areas for families, single women, single men and other groups. Cots and mats will only be available for sleeping purposes.

If space and staffing allow, set up a "quiet" dormitory. A quiet dormitory is designed to provide a more peaceful and calmer environment for those who may find the main dormitory area overstimulating. This space is beneficial for individuals with sensory sensitivities or certain medical conditions (e.g., migraines, post-traumatic stress disorder). Shelter staff may identify individuals who would benefit from a quieter space or shelter clients may request assignment to the quiet dormitory. Once the need is identified, staff can allocate space in the quiet dormitory accordingly, ensuring that clients who require a quieter environment will have access to a space that aligns with their needs.

Ensure adequate trash cans and bags are available throughout the dormitory area. Dormitory staff will provide hygiene kits, feminine products and diapers as needed by shelter clients. The Dormitory Supervisor should discuss additional need with the Shelter Manager or Shelter Shift Supervisor.

Bathroom facilities for the dormitory should provide, at minimum, 1 toilet per 20 persons (10 for 200, 25 for 500) with hot and cold running water to ensure good hand hygiene.

FORM




The **Dormitory Map Form** on page 99 should be used to track cot assignments.

Food Services

The American Red Cross (ARC) will be responsible for procuring and arranging for meals, snacks and drinks. Cabarrus County will provide supplemental assistance with coordination and procuring food as necessary. The Feeding Supervisor will coordinate with the Shelter Shift Supervisor and Logistics Supervisor to schedule mealtimes, menus and deliveries. Most facilities utilized as shelters do not contain full food preparation facilities. Given this factor, most meals will be delivered pre-packaged or served buffet style. The food services team will follow all food handling standards. Record the name, contact information and special nutritional needs of any shelter clients and report it to the Shelter Shift Supervisor for assistance in obtaining any special meals. Pre-packaged snacks and bottled water will also be available in the food service area and will be monitored by food service staff.

The Food Services Supervisor will track the amount of meals served and coordinate with the Logistics Supervisor for future orders, snacks and serving supplies.

FORM



The number of meals served, shelter population counts and other important information should be recorded on the **Daily Shelter Report** page 84.

Security

Law enforcement will maintain a presence at the shelter to ensure a safe environment for all shelter clients and staff. This presence will be initially coordinated through the EOC. The Law Enforcement Liaison will work with the Shelter Manager to manage ongoing shelter security needs including overnight coverage. Law Enforcement will secure the shelter perimeter, assist with traffic control, monitor community influence in and around shelter, and assist shelter staff as needed with the management of shelter residents.

Supply Area (Logistics)

The Logistics Supervisor will maintain a secure supply area. If possible, this area will be located inside the shelter facility. If a secure area is not available inside, a shelter support trailer can be used. An inventory will be maintained. All supplies ordered, received, distributed or returned will be recorded.

Children’s Recreation Area

If space allows, and minors are staying in the shelter, an area separate from the Dormitory and Feeding Area should be set up for the children of shelter clients to have a space in which to play without disturbing other shelter clients. Ideally, this area is mostly open space to allow for games and free play. Games, puzzles, books and toys may be requested of the Logistics Supervisor if there is a need for such items. No minors are allowed in this area without a guardian. Shelter clients are responsible for maintaining the cleanliness of this area. The Dormitory Supervisor will visit this area once per shift to ensure the room is being maintained in order.

Lactation Area

If needed, the Shelter Manager will work with the Facility Representative to establish a lactation area. Ideally this area will feature a door that can be secured shut by the client using it, outlets to power breast pumps and a hand washing area. An ideal area may not be available in all shelter facilities, but the Shelter Manager will provide the best option possible to the shelter client.

IMPORTANT NOTE

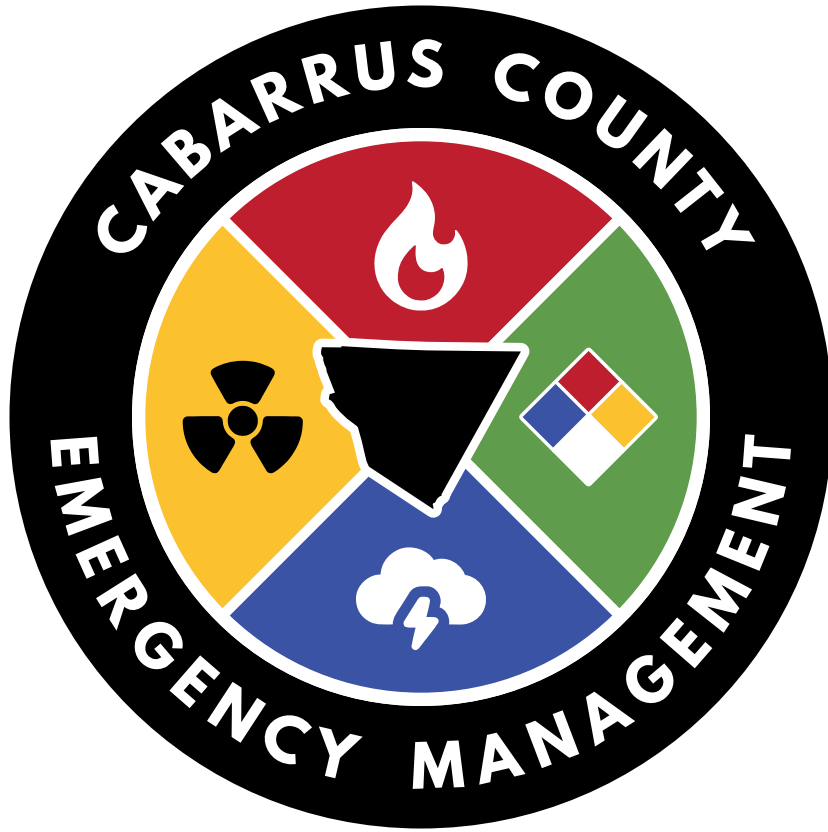


Shelter Staff should set up a diaper changing area with handwashing facilities and covered trash disposal to assist families with infants and small children.

Staff Command and Break Area

The Staff Command and Break Area should be located away from areas where clients and caregivers are present. This area should be used for the following:

- Staff briefings
- Staff Sign In and Out station
- Staff breaks



**Cabarrus County Sheltering
STANDARD OPERATING GUIDELINES**

Services + Operations

Functional Needs Support Services

Functional Needs Support Services (FNSS) are services that enable children and adults to maintain their usual level of independence in a general population shelter. FNSS includes reasonable modifications to policies, practices, and procedures, durable medical equipment (DME), consumable medical supplies (CMS), personal assistance services (PAS), and other goods and services as needed. Children and adults requiring FNSS may have physical, sensory, mental health, and cognitive and /or intellectual disabilities affecting their ability to function independently without assistance. Others who may benefit from FNSS include women in late stages of pregnancy, the elderly, and those needing bariatric equipment.

Examples of areas that can be modified are:

- Communication assistance and services to aid in completing the shelter registration process
- DME, CMS, and /or PAS that assist with activities of daily living
- Sleeping accommodations such as modifying the placement or stabilization of cots
- Assistance with activities of daily living such as:
 - » Eating
 - » Taking medication
 - » Dressing and undressing
 - » Transferring to and from a wheelchair or other mobility aid
 - » Walking
 - » Toileting
- Accommodating service animals into the shelter population

This is not meant to be a complete list, but to serve as an example of ways that shelter staff can integrate children and adults with and without disabilities or who have access and functional needs into a general population shelter. The County will endeavor to provide services to maintain the health and safety of individuals to the best extent possible, with the understanding that it is not equipped as a medical care facility. Shelter clients will be strongly encouraged to schedule visits from their personal care providers at the shelter location as staff availability for PAS may be limited. Shelter Health Services will aid shelter clients in contacting outside agencies that can assist with the activities of daily living, along with providing assistance in obtaining DME and CMS. The County may also assist with transportation to dialysis, hospitals or doctor's appointments for those shelter clients who may require a wheelchair-accessible vehicle, individualized assistance, or the transportation of equipment required due to a disability.

Service Animals

Individuals with disabilities shall be permitted to be accompanied by their service animals in all areas of the shelter facilities where members of the public, participants in services, programs or activities are allowed to go. **Service animal** means any dog* that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the individual's disability. Examples of work or tasks include, but are not limited to:

- Assisting individuals who are blind or have low vision with navigation and other tasks.
- Alerting individuals who are deaf or hard of hearing to the presence of people or sounds.
- Assisting an individual during a seizure.
- Retrieving items such as medicine or the telephone.
- Providing physical support and assistance with balance and stability to individuals with mobility disabilities.
- Helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors.

The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.

At registration the staff may ask two questions to determine whether an animal qualifies as a service animal:

1. Is this a service animal required because of a disability?
2. What work or tasks has the animal been trained to perform?

Shelter staff **may not**:

- Inquire about the nature or severity of a person's disability or ability to function.
- Request any type of documentation that the animal is registered, licensed or certified as a service animal.
- Require that the animal demonstrate its task.

** The shelter shall make reasonable modifications to permit the use of a miniature horse by an individual with a disability if the miniature horse has been individually trained to do work or perform tasks for the benefit of the individual. In determining if reasonable accommodations can be made the following assessment factors shall be considered: the type, size, and weight of the miniature horse and whether the facility can accommodate these features, whether the handler has sufficient control of the miniature horse, whether the miniature horse is housebroken and whether the miniature horse's presence in a specific facility compromises legitimate safety requirements that are necessary for safe operation.*

An individual with a service animal may be asked to remove the animal from the premises if:

- The animal is out of control and the animal's owner does not take effective action to control it.
- The animal is not housebroken.

Dogs acting as service animals are not exempt from local animal control requirements and must be current on rabies inoculations as per the Cabarrus County Ordinance, Chapter 10, Section 10-97.

Health Services

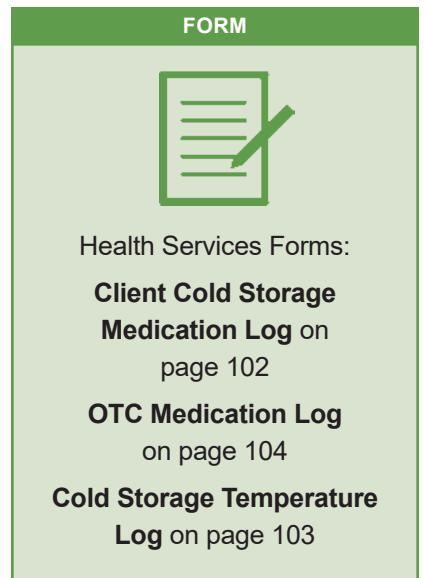
Health Services should be set up in an area that allows for some privacy away from the dormitory sleeping area. Ideally this area will have a small waiting area for clients. An electrical outlet capable of supporting a "mini" fridge to house medications is also needed.

When activated, the area must be staffed at all times. This area will include:

- First Aid supplies
- Client records and other pertinent information
- A shelter kit with basic medical supplies and a small refrigerator
- A Client Cold Storage Medication Log to record any client medications that will need cold storage. Prescription medications that do not require cold storage will be the responsibility of the shelter clients to secure. A small supply of over the counter (OTC) medications will be stocked. Additional OTC supplies can be requested through the Logistics Supervisor. The Health Services personnel will not dispense the medications, but the medications will be made available to the shelter clients. All Health Services personnel will document the use of the shelter OTC medications by using the OTC Medication Log. Narcan will be available on-site for emergency use. EMS will also have Narcan available on the ambulance.

If a client arrives at a shelter without medication or durable medical equipment:

- If they have a written prescription, health services will assist the client, if necessary, with contacting their pharmacy or DME company to fill the prescription.
- If they do not have a written prescription, health services will work to secure an appointment with a local provider, urgent care or hospital for assessment. Inform the Shelter Manager or Supervisor for assistance from the EOC in securing transportation if the client does not have a mode of transportation. Telehealth visits may be substituted for on-site Health Services in cases where shelter population is extremely low (<10).



Isolation

If the opening of a shelter coincides with the occurrence of a highly infectious disease event, an isolation area will need to be opened. Health screening prior to individuals' entering the shelter will be conducted. Individuals identified as requiring further evaluation will be sent directly from screening to the isolation area. Health Services staff will utilize standard precautions in the care of all clients to reduce the risk of transmission. Staff shall wear gloves and other personal protective equipment as appropriate. Clients directed to the isolation area will complete shelter registration at that location unless isolation staff deem it is appropriate to return the client to the general shelter population. If clients are determined to warrant continued isolation while at the shelter, the nursing lead will immediately contact the Shelter Manager in order to make arrangements for appropriate shelter facilities.

Emergency Medical Services

Cabarrus County Emergency Medical Services (EMS) and Emergency Management along with input from Cabarrus Health Alliance and other shelter partners will determine the necessity of placing a staffed ambulance at the shelter site. If a staffed ambulance is positioned at the shelter site, it should be positioned with these key considerations in mind:

- The ambulance should be positioned as close as possible to the entrance of the shelter to minimize response time.
- A clear and direct route without obstructions for the ambulance to access and depart from the shelter site.
- Allow sufficient space for the ambulance to park and maneuver, including enough room for opening doors and deploying equipment.
- Good visibility of the ambulance by shelter staff.

EMS will provide emergency medical care to shelter staff and clients.

In the event of a death at the shelter, the decedent will be packaged as per normal procedures by EMS or other transporter. If there is to be a delay in pick-up, EMS will move the decedent to a secure area or transport. Local law enforcement will conduct all necessary actions in regard to decedent belongings if Cabarrus County is providing decedent transport.

Social Services

If available, a private area should be established for Department of Social Services (DSS) workers to meet with clients to discuss recovery plans and special needs that need to be addressed. Ideally a small waiting area outside of the Social Services area with chairs for clients and the caregivers will be provided. Chairs and table inside the consultation area for staff and clients will be needed. DSS will require that a release of information be signed by clients in order to share information between responding agencies. This area will be staffed during the daytime shift only with DSS leadership and staff coordinating with the Shelter Manager to determine the most advantageous hours for shelter clients.

Behavioral Health

A private area should be established for the contracted behavioral health services staff to meet with clients regarding behavioral and mental health needs. Ideally a small waiting area outside of the Behavioral Services area with chairs for clients and the caregivers will be provided. Chairs and table inside the consultation area for staff and clients will be needed.

If behavioral health services staff cannot be present in person, every attempt will be made to offer telehealth services. Coordination of the visits may be facilitated by staff in the Social or Health Services area with aid from the Shelter Manager or Supervisor to provide necessary equipment such as laptop, mouse, power cords, hotspot, etc.

Pet Sheltering

SETUP

Only service animals will be allowed to stay in the main shelter area in order to continue the service they have been trained to provide their owners. The County will provide limited pet sheltering in the form of the Companion Animal Shelter Trailer (CAST) for shelter clients only. EM will coordinate the delivery of the CAST to the shelter site and the initial setup of trailer generator and water supply. EM staff will conduct just-in-time training to the Pet Sheltering Supervisor as to monitoring the generator, water supply, and waste-water containment. EM will also arrange for the delivery of the Companion Animal Mobile Equipment Trailer (CAMET) for storage purposes. Cats and dogs are the only pets that will be housed at the County Shelter Site. The Pet Sheltering Supervisor will work in conjunction with the Shelter Manager to determine the best area to position the CAST and to establish a pet walking and relief area. The Pet Shelter will be open from 7 a.m. to 7 p.m. and will be staffed by 2 people working 6-hour shifts. If the use of pre-existing structures at the shelter site is not available, the Pet Sheltering Supervisor will set up a tent with a registration table next to the CAST where pets may be checked in/out. The Supervisor will also set-up signs designating a pet walking and relief area, a dispenser for waste disposal bags and trash receptacle.

In the event of a large-scale event where the CAST does not provide enough shelter space, the Pet Sheltering Supervisor, EM and the Facility Representative will discuss the possibility of requesting an additional CAST be delivered from another region. As a last resort, the possibility of opening additional space within the shelter and utilizing kennels stored on the CAMET will be considered.

IMPORTANT NOTE



For the safety of both pets and staff only Pet Sheltering Team Members are allowed inside the Companion Animal Sheltering Trailer (CAST).

INTAKE

All pets are required to be current on vaccinations. Pets without a vaccination history will be required to receive vaccines (rabies, bordetella, distemper) before pets can be registered to stay in the CAST.

Staff will conduct an Initial Health Assessment on all pets. Animals that do not pass the Initial Health Assessment will not be admitted. Staff will advise shelter clients of possible options available to house the animal elsewhere. Cats must be brought in via cat carrier. Dogs must be on a leash or in a pet carrier.

Staff will complete the Pet Sheltering Registration and Agreement form for each pet. Shelter clients must sign for and agree to all conditions prior to the pet being accepted. Pets will be entered into the shelter software program. Staff will also take a photo of the pet and owner for identification purposes. Pet owners over 18 will be issued an identification wristband (limit 2 people per pet) to be used during pet check in/out. The wristband will correspond to the id band issued to the pet. Pet owners will be given a copy of Pet Sheltering Rules with all applicable information being filled in.

The Pet Sheltering Supervisor may decide at any time if an animal is unsuitable to remain in the CAST due to illness, aggressive behavior or failure of the pet owner to follow Pet Sheltering Rules. Shelter clients are limited to 4 animals. Clients with pets in excess of 4 may need to find an alternate sheltering option if space is not available in the CAST.

Pet sheltering staff are the only personnel that may place or remove an animal from a kennel. Each animal will be placed in a kennel with their identification information mounted to the outside of the kennel.

DAILY OPERATIONS

Staff will feed and administer medications to all pets according to information taken during registration. Pet owners are encouraged to use the food provided by the shelter. This food is selected for its digestive health benefits, aiming to support pets' gastrointestinal well-being. Staff will accommodate pets on a medically prescribed diet. Staff will complete logs documenting each feeding and the administration of medication. All staff will wash and disinfect their hands at regular intervals during pet care and after cleaning any kennels or relief areas.

DOGS

At registration, staff will work with the owner to establish an exercise schedule for dogs staying at the shelter using the Exercise Sign-Up Sheet. Owners are responsible for animal relief and exercise in designated areas. Owners will be required to select 3-4 times from early or late morning, afternoon and late afternoon schedules. Staff will check the dog out to the owner and check the pet back in at its return. While the dog is checked out, staff will check the crate and conduct any necessary cleaning. If the dog owner misses their scheduled time, staff may allow for a different time to be selected, if one is available. Dog owners will only be able to walk their dogs in designated areas. Owners are responsible for picking up all waste in the outdoor relief areas. Dogs MUST remain on leash anytime they are outside of the CAST.

CATS

Cats will remain in the CAST for their stay and can only be checked out if they are leaving the shelter premises. Staff will provide all feeding, medication and cleaning during their stay.

EXTENDED CHECK-OUT

Pet owners wishing to leave the shelter premises for the day may take pets with them by checking out during the scheduled time. Pets that have been checked out are not allowed to remain on the shelter premises during the day. Pets must be checked back into the CAST prior to 6 p.m.

The Pet Sheltering Supervisor will utilize emergency pet supplies and will notify the Logistics Supervisors of any current or anticipated needs.

SHELTER CLOSURE/CHECK-OUT

Staff will perform check-out of pets when shelter clients leave the shelter. Any unclaimed animals will be processed into Cabarrus County Animal Shelter. Owners must claim animals within 72 hours. Ownership of animals unclaimed after 72 hours will be forfeited. All unused food and medication are to be returned to the shelter client.

Cats will only be released via cat carriers. Dogs will only be released on leash or in carriers.

FORM



The **Extended Check Out Log** on page 110 can be used to track pets departure and return to the shelter.

Establishing daily schedules and activities helps promote routines for shelter clients and staff in an otherwise potentially chaotic setting. The Shelter Manager or Shelter Shift Supervisor will conduct all briefings and staff meetings. In large shelter operations, only Team Supervisors should attend staff meetings and will be responsible for sharing information with their Team Members. Dormitory Supervisors will work in conjunction with the Shelter Manager and Supervisor to update the information “hub.”

Activities to facilitate routines and client well-being include:

- Create an information “hub” where messages, information, shelter rules and schedules will be posted. Updates to information about the incident should first be cleared for release by the County PIO and/or the EOC. Consider what locations and alternate formats would best serve shelter clients.
- Create and share schedules with clients for:
 - » Quiet hours
 - » Lights out
 - » Mealtimes and menus
 - » Showers
 - » Shelter Manager briefings
- Conduct a staff meeting with shelter supervisors, liaisons, and leads at the start of each shift to discuss:
 - » Updates on shelter population
 - » Updates on disaster and shelter operations
 - » Changes to staff assignments
 - » Needs of shelter clients and staff
 - » Supply needs
 - » Challenges or issues that require action
 - » Other items such as possible visitors or media inquiries

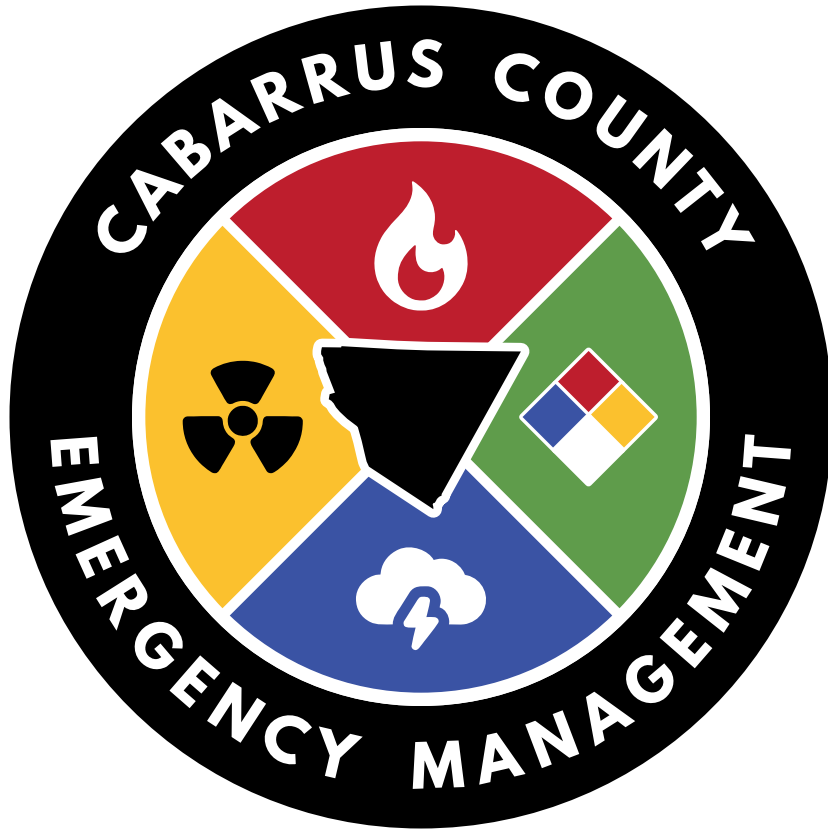
IMPORTANT NOTE



Posting **Shelter Rules** (page 98) in prominent locations sets clear expectations and provides shelter clients a common understanding of what is required and acceptable.

Due to different scheduling needs, it may not be possible to meet with all shelter staff leadership at the same time. The Shelter Manager or Supervisor should follow up to share and gather information listed above with staff who were unable to attend the staff meeting.

- The Shelter Manager, or their designee, will conduct a daily client briefing at the same time every day to:
 - » Communicate pertinent information
 - » Address any issues clients may have



**Cabarrus County Sheltering
STANDARD OPERATING GUIDELINES**

Shelter Deactivation

Decision making

The County will decide when to close the shelter based on the continued impact of the event, the urgency of need to return the facility to normal conditions, and the ability of clients to return to original or alternate housing, and any other conditions that may affect the shelter.

Discharge Planning

Upon the decision to close a shelter:

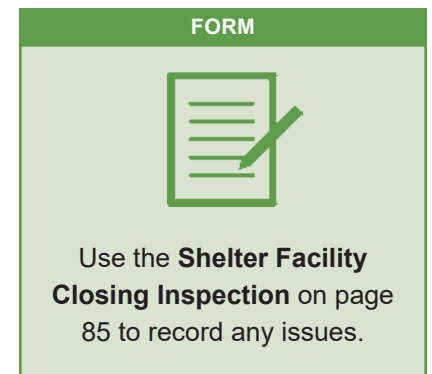
- Partnering agencies will be notified via notification system.
- Shelter staff will be notified of closing dates and advised on needed actions at their shift briefing. Email and phone may also be utilized to provide this information.
- Shelter clients will be notified at the daily briefing of the shelter closing date and that Social Services staff and/or ARC will be contacting them to determine if future assistance is needed. This information will be posted at the information “hub,” near the Shelter Sign In/Out Record, and at the Shelter Entrance.
- Shelter clients will be interviewed by Social Services Staff to determine if any assistance is needed. This interview may take place in person, by phone or through an online meeting. Social Services staff may need to be increased to handle discharge planning.
 - » Clients that are able to leave without assistance should be advised to check out at the Sign In/Out sheet in the Registration Area.
 - » Clients that are determined by Social Services/ARC to require assistance in securing alternative housing will work with those entities to develop a recovery plan that will enable their discharge by the shelter closing date.
 - » Social Services staff will assess and determine income eligibility, social service programs as well as any Aging/Adult Services or Child Welfare Services for shelter clients.
 - » Social Services will proceed in accordance with established protocols for any client who is determined to require Aging/Adult or Child Welfare services
 - » If local resources have been exhausted or if the event is extensive in magnitude, the EOC may request assistance through Web EOC from the NC Multi-Agency Shelter Transition Team (MASTT).
 - » The MAST Team works with Social Services and the Red Cross and other entities to help shelter clients move forward in their recovery process.

Closure and Clean-up

The Shelter Manager or Supervisor will notify the EOC when all clients have been discharged and the shelter staff have completed all closure responsibilities. All shelter personnel will be responsible for packing up and cleaning the shelter. Equipment and any excess supplies will be returned to the appropriate agency which provided or purchased the supplies. No equipment or supplies will remain in the facility after closure. The shelter will be left in the condition that it was in prior to being opened or cleaner. It is the responsibility of the Shelter Manager and Shift Supervisors to ensure to the best of their ability that the facility has been returned to its original state prior to the final walk through.

Final Walk Through

EM, the Shelter Manager, and the Facility Representative will conduct a walk-through of the areas used in the shelter to document the condition of the facility and any facility equipment that was utilized. Any deficiencies that can't be resolved onsite will be facilitated by EM.



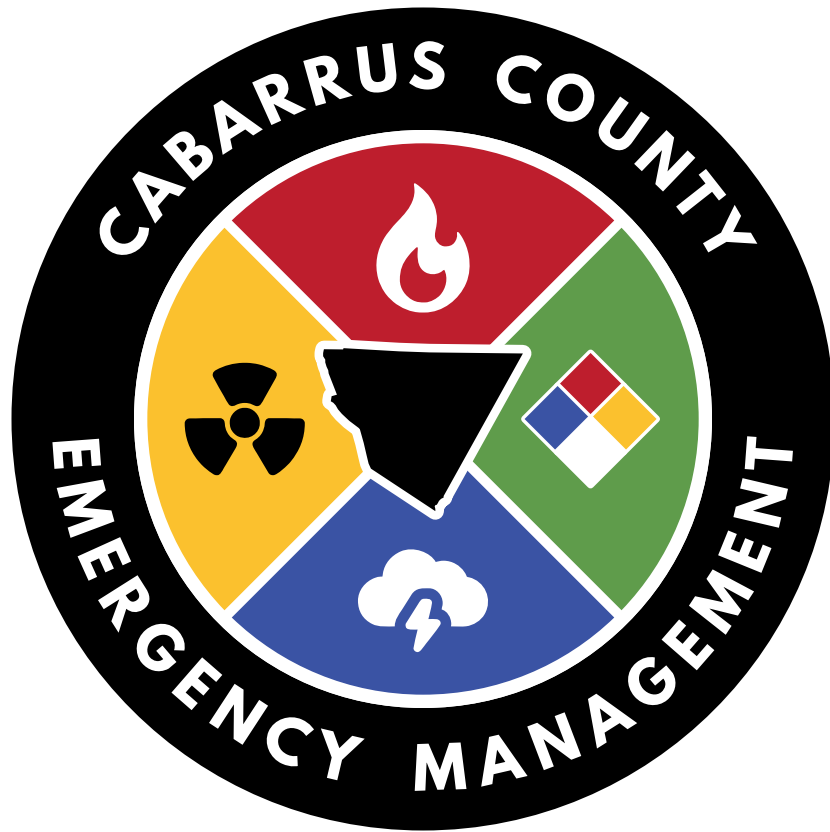
Debrief and After-Action Report

EM will conduct a debriefing with all shelter staff after closure of the shelter. This debrief will be conducted as soon as feasibly possible in order to capture all concerns, suggestions and lessons learned. This debrief may be conducted via in-person meetings or via other forms of questionnaires or polling.

EM will coordinate the preparation of an After-Action Report (AAR) that will include:

- An executive summary of the shelter operation
- Location of the shelter
- Dates of operation
- Summary of services provided
- Participating agencies
- Problems and areas of improvement

EM will then present the AAR to partnering agencies leadership and work to create an Improvement Plan with the aid of those agencies.



**Cabarrus County Sheltering
STANDARD OPERATING GUIDELINES**

Information + Resources

Shelter Groups

This document explains the different categories into which organizations are grouped and their functions concerning Shelter Group Notifications. It also provides a list of pre-scripted messages that may be sent out to the various groups.

Cabarrus County uses the Everbridge messaging system to notify pre-identified individuals from organizations that support shelter operations. These organizations are classified into three categories:

- **Facilities Group:** Responsible for opening and supporting the actual facility where a shelter is opened.
- **Shelter Group:** Provides staffing directly working in a shelter.
- **Courtesy Group:** May provide staffing, equipment, or other resources to support shelter operations. They may not always be actively involved in shelter operations but will be notified of shelter openings and closings to maintain situational awareness and be prepared to provide additional requested support.

Cabarrus County Shelter Support Organizations

Facilities Group	Shelter Group	Courtesy Group
Infrastructure and Asset Management (IAM)	American Red Cross (ARC)	Concord Emergency Management
Kannapolis City School (KCS)	Department of Social Services (DSS)	El Puente
Cabarrus County Schools (CCS)	Cabarrus Health Authority (CHA)	North Carolina Emergency Management (NCEM)
	Emergency Medical Services (EMS)	Cabarrus County Sheriff's Office Animal Services
	Cabarrus County Sheriff's Office	Salvation Army
	Partners Health Management	Cooperative Christian Ministry (CCM)
		Kannapolis Emergency Management

Shelter Group Notification Messaging

The following are pre-scripted messages that have been entered into the **Everbridge** system for rapid deployment to the shelter groupings mentioned above. Additional messages and information will be created and deployed as needed.

Shelter Group Messaging	
Standby	Cabarrus County is considering opening a congregate care shelter due to (incident name). Inform staff to be placed on standby. Further information will be sent at (time).
Report	Cabarrus County is opening a congregate care shelter at (facility) located at (address) at (date / time). Staff should report to this location by (date / time) to begin shelter setup.
Cancel	Disregard standby message. Cabarrus County will not be opening a shelter at this time. Cancel staff placed on standby.

Facility Group Messaging	
Standby	Cabarrus County is considering opening a shelter at (facility) due to (incident). If you support this facility inform appropriate staff to be placed on standby. Further information will be sent at (time).
Report	Cabarrus County is opening a congregate shelter at (facility) at (date / time). If you support this facility have staff report at (date / time).
Cancel	Disregard standby message. Cabarrus County will not be opening a shelter at this time. Cancel staff placed on standby.

Courtesy Group Messaging	
Initial	This is a courtesy message to inform you Cabarrus County is opening a congregate shelter at (location). No action is required from you or your organization at this time.
Final	This is a courtesy message to inform you the Cabarrus County congregate shelter at (locations) will be closing at (time) on (date).

This section details the different staff roles within the shelter. The job aids provided here are designed to assist you in effectively carrying out your duties. It's important to note that while these job aids cover essential tasks, they may not encompass all responsibilities you might be assigned.

The knowledge and training outlined in the job aids represent the minimum requirements. We strongly encourage all shelter staff to undergo as much training as possible and to participate in refresher courses regularly.

Similarly, the supplies listed for each position are minimum items considered necessary. Feel free to bring additional supplies that you believe will enhance your ability to fulfill your duties. However, please be mindful of security and storage space limitations within the shelter.

Roles and Responsibilities Matrix

A list of shelter jobs and their primary responsibilities are shown in the following table. Staff may be expected to perform jobs outside of their designated roles. All staff are encouraged to act as hosts and provide a welcoming atmosphere to ensure that shelter clients have as positive experience as possible. Here are some guidelines for all shelter staff to follow regarding interactions with shelter clients:

Active Listening: Practice active listening when engaging with individuals. Give them your full attention and show empathy and understanding.

Communication: Ensure that communication channels are accessible to individuals with various needs. This may include requesting that alternative communication methods such as sign language interpreters, visual aids, or assistive technology for those with speech or hearing impairments be provided.

Provide Supportive Assistance: Offer shelter clients assistance as needed, but always respect the individual's autonomy and preferences. Ask how you can best support them rather than assuming their needs.

Answer Questions: If you can answer a client's question, please do so promptly and accurately. If a question exceeds your knowledge, stay with the client if possible until you can find someone who can provide the information needed. If you cannot answer a question immediately, make arrangements to contact the client later with the requested information.

Privacy: Maintain confidentiality and respect the privacy and dignity of individuals when discussing their needs. Avoid discussing sensitive information in public settings unless necessary and appropriate.

SHELTER ROLES AND RESPONSIBILITIES

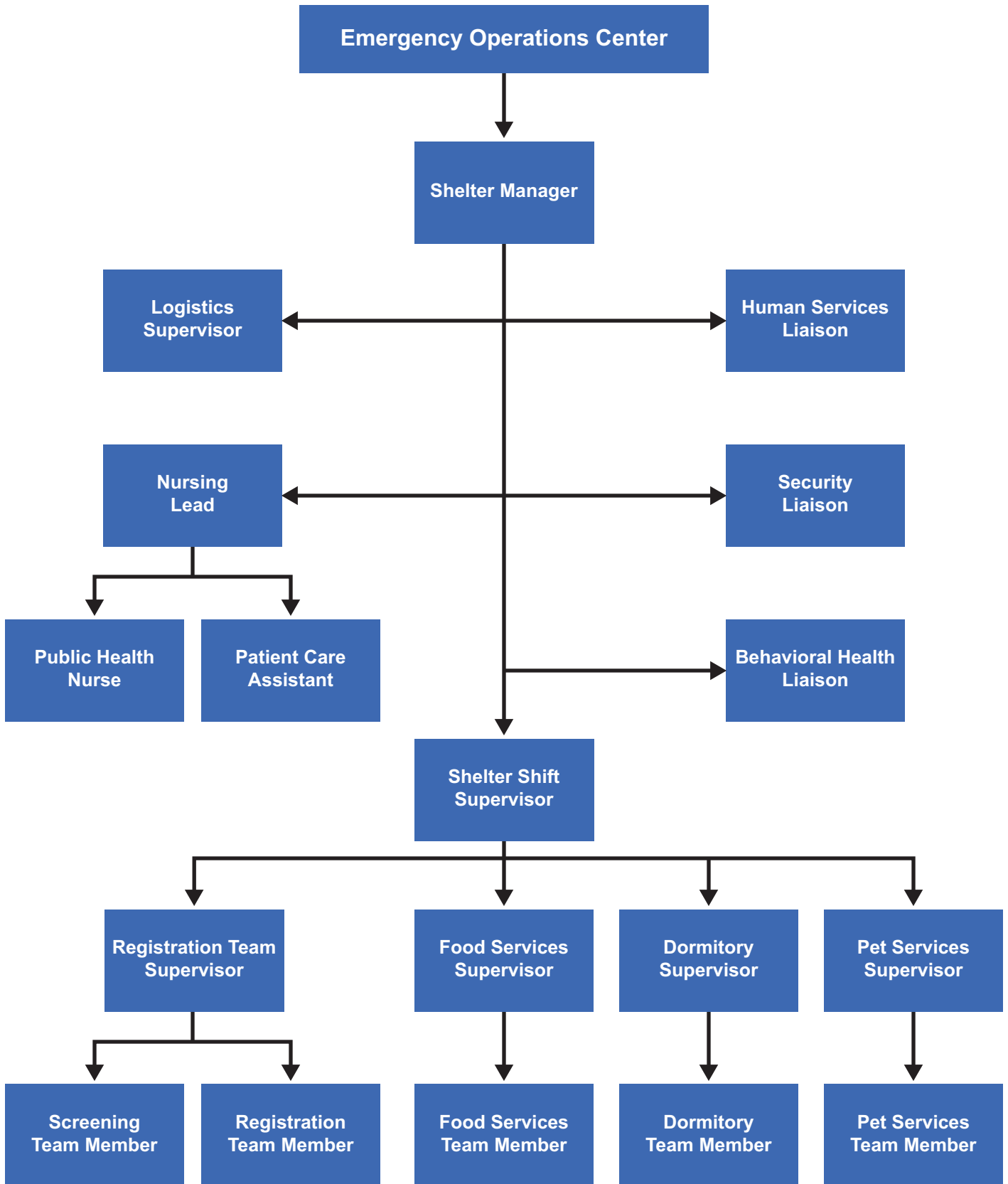
Role	Responsibilities	Forms Needed
Shelter Manager	Responsible for all aspects of the shelter operations at the shelter location. Main shelter contact for all partnering agencies.	Specific to the Manager Role: Shelter Facility Pre-Opening Inspection, Shelter Facility Closing Inspection, Staff Brief Job Aid, Daily Shelter Report. The Manager should also have all shelter forms, handouts, signs and job aids for all shelter roles.
Shelter Shift Supervisor	Supports the Shelter Manager in all aspects of shelter operations and is the primary contact for supervisors assigned to the registration, dormitory, feeding, and pet sheltering areas. In the absence of the Shelter Manager, the Shelter Shift Supervisor provides guidance to shelter staff on functional and access needs support, registration questions, shelter client disputes, and any other issues that staff feel exceed their normal ability to respond to. Ensures all applicable reports are being completed and submits them to Shelter Manager	The Shelter Shift Supervisor should have all shelter forms, handouts, signs and job aids for all shelter roles including Shelter Manager.
Dormitory Supervisor	Provides a welcome atmosphere to shelter clients and answers any questions. Oversight of all dormitory activities and any dormitory staff. The Dormitory Supervisor will fulfill all the duties of Dormitory Team members in the absence of additional dormitory staff.	Sheltering SOG, Shelter Rules, Dormitory Supervisor and Team Member Job Aids, Dormitory Map
Dormitory Team Member	Oversee the dormitory, provide needed hygiene items to clients, clean the dormitory area as necessary.	Sheltering SOG, Shelter Rules, Dormitory Team Member Job Aid
Logistics Supervisor	Coordinates with shelter staff and the EOC to secure needed supplies for sheltering operations. Divides time between the shelter and the EOC as necessary.	Sheltering SOG, Logistics Supervisor Job Aid, Cabarrus County Procurement Policy
Food Service Supervisor	Supervise food service operations and staff. Ensure that proper food handling procedures are being followed. Coordinate with the Logistics Supervisor to order meals and any other supplies needed. Assists clients with special nutritional needs.	Sheltering SOG, Food Service Supervisor and Team Member Job Aids

SHELTER ROLES AND RESPONSIBILITIES

Role	Responsibilities	Forms Needed
Public Health Nurse Lead	Providing clinical management, disease surveillance and assistance with staffing for general population shelters. Supervises clinical staff. Monitors infection prevention control practices. Addresses and advises on public health issues as needed. Works closely with local Boards of Health, the Department of Public Health and the Center for Disease Control to monitor public health.	Sheltering SOG, Shelter Rules, Public Health Nurse Lead, Nurse, and Patient Care Assistant Job Aids, CMIST Worksheet, Client Cold Storage Medication Log, Cold Storage Temperature Log, OTC Medication Log
Public Health Nurse	Assists clients with basic health needs to enable clients to maintain independence while in shelter. Upholds infection prevention control practices. Addresses and advises on public health issues as needed.	Sheltering SOG, Shelter Rules, Public Health Nurse, and Patient Care Assistant Job Aids, CMIST Worksheet, Client Cold Storage Medication Log, Cold Storage Temperature Log, OTC Medication Log
Patient Care Assistant	Assists clients with basic health needs to enable clients to maintain independence while in shelter. Upholds infection prevention control practices. Addresses and advises on public health issues as needed.	Sheltering SOG, Shelter Rules, Patient Care Assistant Job Aids, Client Cold Storage Medication Log, Cold Storage Temperature Log, OTC Medication Log
Environmental Health	Coordinates the initial facility assessment with the Shelter Manager. Conducts Environmental Health Assessment and food inspections. Determines the public health needs of the shelter population and recommends appropriate protective measures. Liaison to the Public Health Director and the state branch of Environmental Health.	Facility Inspection forms
Pet Sheltering Supervisor	Responsible for all aspects of the pet sheltering operations at the shelter location. Main pet sheltering contact for the EOC and Shelter Manager.	Sheltering SOG, Pet Sheltering Supervisor and Team Member Job Aids, Pet Sheltering Rules, Pet Exercise Session Sign Up Sheet, Pet Shelter Extended Check-Out Log
Pet Sheltering Team Member	Conduct shelter intake, check-in and check-out activities, animal care activities, and upkeep of the Companion Animal Shelter Trailer (CAST) and pet maintenance area under the supervision of the Pet Sheltering Supervisor.	Sheltering SOG, Pet Sheltering Team Member Job Aid, Pet Sheltering Rules, Pet Exercise Session Sign Up Sheet, Pet Shelter Extended Check-Out Log

SHELTER ROLES AND RESPONSIBILITIES

Role	Responsibilities	Forms Needed
Registration Supervisor	Oversight of all shelter intake, check-in and check-out activities. Distribute shelter information including rules, procedures and policies to shelter clients. Referral of shelter clients for functional and access needs assessment, health services or animal care as needed. Perform all registration area tasks in the absence of other Registration/Screening Team Members.	Sheltering SOG, Shelter Rules, Registration Supervisor, Team Member and Screening Team Member Job Aids, Shelter Registration Form, CMIST Worksheet, Dormitory Map, Sign In/Out Record
Registration Team Member	Conduct shelter intake, check-in and check-out activities. Distribute shelter information including rules, procedures and policies to shelter clients.	Sheltering SOG, Shelter Rules, Registration Team Member Job Aid, Shelter Registration Form, CMIST Worksheet, Dormitory Map, Sign In/Out Record
Screening Team Member	Conduct a brief assessment of shelter client health. Direct clients to registration or isolation areas.	Sheltering SOG, Shelter Rules, Screening Team Member Job Aid



Shelter Manager Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Cabarrus County EOC Liaison or Cabarrus County EM
Reporting to you:	Shelter Shift Supervisor, Logistics Supervisor, Nursing Lead, Human Services Liaison, Security (Law Enforcement) Liaison, Behavioral Health Liaison
General job overview:	Responsible for all aspects of the shelter operations at the shelter location. Main shelter contact for all partnering agencies
Knowledge and training:	ARC Shelter Fundamentals, ARC Shelter Supervisor Course, Psychological First Aid: Helping Others in Times of Stress

INITIAL ACTIONS

- Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
 - Gather information as to shelter location, scope, capacity, staffing, layout and supplies with the IC/ EOC or EM
 - Create contact list including but not limited to:
 - Supporting agencies
 - EOC
 - Facility Representative
 - Discuss approval and process for all shelter expenditures from the IC/EOC
 - Review
 - Cabarrus County Sheltering SOG
 - All Shelter forms
 - All Shelter Job Aids
 - Conduct opening the facility walk-through with Facility Manager/Representative and complete Shelter Facility Pre-Opening Inspection Form
 - Locate AEDs, first aid kits, fire extinguishers and fire exits. Include this information in staff brief.
- Ensure the applicable staff positions and tasks are assigned with priority given to the following positions:
- Shelter Shift Supervisor: Primary contact for shelter staff. In the absence of a shift supervisor, the Shelter Manager will be responsible for all duties.
 - Logistics Supervisor: posting of signage outside of the shelter, supply organization, coordinating delivery of supplies needed to set up and maintain feeding and other shelter operations.
 - Nursing Lead: set up health services and isolation area and prepare to perform health screenings for incoming shelter clients.
 - Registration Supervisor: set up registration and screening areas, assigns cots.
 - Dormitory Supervisor: set up cots, monitor sleeping areas.
 - Food Services Supervisor: prepare/set out snacks and beverages. Determine when the first meal will be procured/obtained, time of meal, number of meals required.

<input type="checkbox"/> Use the Staff Brief Job Aid to brief and organize staff (basic operations, sign-in/out process for staff, completion of ICS 214's, individuals with functional and access needs, service animals, household pets, any other key issues).
<input type="checkbox"/> Supervise shelter setup. Essential areas first: Screening, registrations, health services, isolation, dormitory and feeding. Ensure space is designated for possible setup of behavioral health, human services, supply storage, client recreation area, lactation and staff command/break area.
<input type="checkbox"/> Review site at completion of setup.
<input type="checkbox"/> Complete contact list for the shelter and distribute.
<input type="checkbox"/> Notify EOC/EM when shelter is ready to receive clients.
<input type="checkbox"/> Develop staffing plan for next 48-72 hours in coordination with the EOC/EM and sheltering partners.
<input type="checkbox"/> Coordinate notification of additional personnel if needed.
<input type="checkbox"/> Meet with Logistics Supervisor to discuss orders of needed supplies.
<input type="checkbox"/> Meeting with Food Service Supervisor to discuss food services needs and schedules.
<input type="checkbox"/> Meet with Shelter Shift Supervisor to discuss shelter schedule and daily operations and required paperwork.

DAILY SHELTER OPERATIONS

<input type="checkbox"/> Sign in and out at the Staff Area, including leaving for breaks.
<input type="checkbox"/> Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.
<input type="checkbox"/> Conduct check-in every shift with Shift Supervisor.
<input type="checkbox"/> Maintain regular (at least daily) communication with EOC/supporting agencies to communicate and review the following: <ul style="list-style-type: none"> <input type="checkbox"/> Daily shelter activity and client count information. <input type="checkbox"/> Discuss issues and resource support needs. <input type="checkbox"/> Evaluate security requirements and place support requests. <input type="checkbox"/> Discuss status of overall disaster response and any potential issues that might impact shelter operations.
<input type="checkbox"/> Hold regularly scheduled meetings with shelter clients to: <ul style="list-style-type: none"> • Communicate pertinent information. • Provide rumor control.
<input type="checkbox"/> Conduct meetings with shelter staff as needed.
<input type="checkbox"/> Review shift assignments for shelter staff.
<input type="checkbox"/> Review ICS 214's from staff.
<input type="checkbox"/> Use the Daily Shelter Report form to conduct regular shelter walk-throughs and monitor the following shelter operations: <ul style="list-style-type: none"> • Registration area • Food Service area • Dormitory area • Other areas of the facility including restrooms and exterior
<input type="checkbox"/> Ensure client needs and health standards are being met.
<input type="checkbox"/> Establish regular communication with Facility Representative to share concerns and address potential problems.

SHELTER CLOSING ACTIONS
<input type="checkbox"/> Discuss plans for closing the shelter with the EOC and relevant supporting agencies.
<input type="checkbox"/> Discuss closing plans with shelter staff supervisors. Identify the following: <ul style="list-style-type: none"> • Unmet needs of shelter clients and resources that may be available to assist. • What cleaning and closing actions will need to be taken by staff. • Final paperwork completion and submission procedures. • Timeframe for completing closing actions. • When to expect debrief meetings/survey.
<input type="checkbox"/> Discuss closing plans with shelter clients. Provide the following: <ul style="list-style-type: none"> • Adequate notice of closing. • Referrals, if needed.
<input type="checkbox"/> Ensure that the facility has been thoroughly cleaned.
<input type="checkbox"/> Inspect facility to ensure all shelter signage has been removed.
<input type="checkbox"/> Identify and provide notification to the appropriate party of all borrowed, misplaced or broken equipment.
<input type="checkbox"/> Perform final facility walkthrough with facility representative and complete Shelter Facility Closing Inspection form.
<input type="checkbox"/> Submit all paperwork including activity logs, invoices and reports to the EOC/EM.
<input type="checkbox"/> Participate in debrief. Contribute to AAR report and Plan of Improvement as requested by EM.

SHELTER MANAGER SUPPLY LIST
Documents: Copies of all forms used in sheltering operations, Sheltering SOG, job aids, and signage
Client Supplies: Refer to the Shelter Supply List in the Sheltering SOG and individual job aids
Office supplies: Pens and pencils, notebook, post-its, scissors, stapler, paper clips, binder clips, clipboards, folders, binders, 3-hole punch, tape
Personal supplies: Agency ID, mobile phone and charger, comfortable closed toe shoes, water bottle, snacks

Shelter Shift Supervisor Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Shelter Manager
Reporting to you:	Registration Team Supervisor, Food Service Supervisor, Dormitory Supervisor, Pet Sheltering Supervisor
General job overview:	Supports the Shelter Manager in all aspects of shelter operations and is the primary contact for supervisors assigned to the registration, dormitory, feeding, and pet sheltering areas. In the absence of the shelter manager, the Shelter Shift Supervisor provides guidance to shelter staff on functional and access needs support, registration questions, shelter client disputes, and any other issue that staff feel exceed their normal ability to respond to. Ensures all applicable reports are being completed and submits them to Shelter Manager
Knowledge and training:	ARC Shelter Fundamentals, ARC Shelter Supervisor Course, Psychological First Aid: Helping Others in Times of Stress

INITIAL ACTIONS

- Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
- Review
 - Cabarrus County Sheltering SOG
 - All Shelter forms
 - All Shelter Job Aids
- Assist the Shelter Manager in site setup.
- Receive initial staffing plan and contact list from Shelter Manager.
- If present at shelter opening, attend initial staff briefing along with meetings for Logistics and Food Services.

DAILY SHELTER OPERATIONS

- Sign in and out at the Staff Area, including leaving for breaks.
- Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.
- Coordinates with Food Service Supervisor on daily menu, meal schedule and resource/staffing needs.
- Meets with Registration Team Supervisor to discuss check-ins/check-outs, material or staffing needs.
- Conducts check-in with Pet Sheltering Supervisor regarding facility, staff or resource needs.
- Meets with Dormitory Supervisor to discuss new or ongoing shelter client needs.
- Provides Dormitory Supervisor on information to be posted in the dormitory area including, but not limited to:
 - Scheduled Shelter Manager briefing to clients
 - Meal schedule
 - Shelter quiet times
 - Shelter rules and policies
 - Any other information useful to shelter clients

<input type="checkbox"/> Conduct regular shelter walk-throughs to monitor the following shelter operations: <ul style="list-style-type: none"> • Registration area • Food preparation and serving areas • Dormitory area • Other areas of the facility including restrooms and exterior
<input type="checkbox"/> Performs daily check-ins with the following to assess needs and support: <ul style="list-style-type: none"> • Nurse Lead • Behavioral Health • Social Services • Security • EMS
<input type="checkbox"/> Collects daily activity logs (Form ICS 214) and submits to the Shelter Manager.
<input type="checkbox"/> Completes shelter schedules and submits to shelter manager for approval
<input type="checkbox"/> Maintain shelter staff contact list
<input type="checkbox"/> Compiles shelter information for assigned shift on: <ul style="list-style-type: none"> • Number of clients • Number of meals distributed
<input type="checkbox"/> Conduct shift-change briefing with oncoming Shelter Shift Supervisor to share issues from the previous shift and to discuss: <ul style="list-style-type: none"> • Projected shelter needs • Staff schedules and assignments • Potential areas of concern
<input type="checkbox"/> Provides other assistance to shelter staff as able.

SHELTER CLOSING ACTIONS

<input type="checkbox"/> Attend shelter closing meeting conducted by the Shelter Manager to discuss: <ul style="list-style-type: none"> • Unmet needs of shelter clients and resources that may be available to assist. • What cleaning and closing actions will need to be taken by staff. • Final paperwork completion and submission procedures. • Timeframe for completing closing actions. • When to expect debrief meetings/survey.
<input type="checkbox"/> Supervise and complete all actions required to clean the shelter and return it to its original state.
<input type="checkbox"/> Remove all shelter signage.
<input type="checkbox"/> Demobilize shelter equipment. <ul style="list-style-type: none"> • Ensure all shelter equipment is accounted for. • Verify that equipment is cleaned and disinfected. • Compile list of disposable items that will need to be restocked and provide to the Shelter Manager • Report any missing or broken equipment to the Shelter Manager.
<input type="checkbox"/> Notify Shelter Manager of any damages to the shelter facility that cannot be resolved prior to closure.
<input type="checkbox"/> Collect all paperwork including ICS 214 forms, invoices and reports and submit to the Shelter Manager.
<input type="checkbox"/> Participate in debrief. Contribute to AAR report, Plan of Improvement as requested by EM.

SHELTER SHIFT SUPERVISOR SUPPLY LIST

Documents: Copies of all forms used in sheltering operations, Sheltering SOG, job aids, and signage

Client Supplies: Refer to the Shelter Supply List in the Sheltering SOG and individual job aids

Office supplies: Pens and pencils, notebook, post-its, scissors, stapler, paper clips, binder clips, clipboards, folders, binders, 3-hole punch, tape

Personal supplies: Agency ID, mobile phone and charger, comfortable closed toe shoes, water bottle, snacks

Logistics Supervisor Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Shelter Shift Supervisor
Reporting to you:	n/a
General job overview:	Coordinates with shelter staff and the EOC to secure needed supplies for sheltering operations. Divides time between the shelter and the EOC as necessary.
Knowledge and training:	ARC Shelter Fundamentals

INITIAL ACTIONS

- Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
- Review
 - Cabarrus County Sheltering SOG
 - Logistics Supervisor Job Aid
 - Cabarrus County Procurement Policy
- Coordinate with EM and Shelter Manager on the delivery of shelter equipment to the shelter facility.
- If facility equipment or furniture need to be moved, make note of original configuration and coordinate with Facility Rep to discuss best method of storage.
- Setup of supply storage.
Supply area should ideally be located inside the shelter for easy access and be able to be secured. If interior secure space is not available, the Logistics Supervisor should request the placement of a trailer to be placed on-site as storage.
- Create schedule of daily check-ins with the following:
 - Shelter Manager
 - Shelter Shift Supervisor
 - Registration Supervisor
 - Dormitory Supervisor
 - Food Services Supervisor
 - Nurse Lead
 - Pet Sheltering Supervisor
- Attend brief with Shelter Manager to discuss orders of needed supplies for shelter opening.

DAILY SHELTER OPERATIONS

- Sign in and out at the Staff Area, including leaving for breaks.
- Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift

<input type="checkbox"/> Conduct daily check-ins and review the following: <ul style="list-style-type: none"> • Supply needs • Anticipated or current rate of supply consumption • Timelines for delivery of supplies
<input type="checkbox"/> Coordinate transportation and delivery of supplies.
<input type="checkbox"/> Purchase supplies utilizing all County Purchasing Procedures and securing approval from the EOC.
<input type="checkbox"/> Conduct an inventory of all supplies delivered for accuracy.
<input type="checkbox"/> Retain and submit all documentation of purchases and deliveries to the EOC on a regular basis.
<input type="checkbox"/> Create and maintain log of all supplies ordered, delivered and used.
<input type="checkbox"/> Provide secure storage for supplies.
<input type="checkbox"/> Work closely with the Food Service Supervisor to determine number and type of meals and delivery times.

SHELTER CLOSING ACTIONS

<input type="checkbox"/> Attend closing brief with Shelter Manager to receive instructions and timelines for shelter closure.
<input type="checkbox"/> Ensure that all shelter supplies are cleaned and loaded for transport back to the appropriate agency.
<input type="checkbox"/> If using interior space, complete all actions to clean and return the space to its original space.
<input type="checkbox"/> Arrange for the removal of trailers and equipment from the shelter site with the EOC
<input type="checkbox"/> When other areas have completed their closure activities, perform additional walk through to ensure all shelter equipment and materials have been removed.
<input type="checkbox"/> Notify Shelter Manager of any damages to the shelter facility that cannot be resolved prior to closure.
<input type="checkbox"/> Turn in all remaining paperwork to the EOC.
<input type="checkbox"/> Participate in debrief. Contribute to AAR report and Plan of Improvement as requested by EM.

LOGISTICS SUPPLY LIST

Office supplies: Pens and pencils, notebook, post-its, scissors, stapler, paper clips, binder clips, clipboards, folders, binders, 3-hole punch, tape
Personal supplies: Agency ID, mobile phone and charger, comfortable closed toe shoes, water bottle, snacks

Registration Supervisor Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Shelter Shift Supervisor
Reporting to you:	Registration and Screening Team Members
General job overview:	Provides a welcome atmosphere to shelter clients arriving at the shelter. Oversight of all shelter intake, check-in and check-out activities. Distribute shelter information including rules, procedures and policies to shelter clients. Referral of shelter clients for functional and access needs assessment, health services or animal care as needed. Perform all registration area tasks in the absence of other Registration/Screening Team Members.
Knowledge and training:	ARC Shelter Fundamentals, ARC Shelter Supervisor Course, Psychological First Aid: Helping Others in Times of Stress

INITIAL ACTIONS

<input type="checkbox"/> Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
<input type="checkbox"/> Review <ul style="list-style-type: none"> <input type="checkbox"/> Cabarrus County Sheltering SOG <input type="checkbox"/> Shelter Rules <input type="checkbox"/> Shelter Registration Form <input type="checkbox"/> Sign In/Out Record <input type="checkbox"/> CMIST Worksheet <input type="checkbox"/> Dormitory Map <input type="checkbox"/> Registration Supervisor Job Aid <input type="checkbox"/> Registration Team Member Job Aid <input type="checkbox"/> Screening Team Member Job Aid
<input type="checkbox"/> Setup of registration table(s). <i>The registration area should have, at minimum, 1 table, 2 chairs for staff, and 2 chairs for shelter clients</i>
<input type="checkbox"/> If required, setup of initial screening table(s). <i>Set up screening area with a minimum of 1 table and 2 chairs for staff. The screening area should preferably be located on the exterior of the building in a covered area near the shelter entrance.</i>
<input type="checkbox"/> If possible, set up waiting area for people waiting to register. Ensure area is protected from elements and include chairs if they are available.
<input type="checkbox"/> Post registration signage.
<input type="checkbox"/> Post signage at all exits to remind those leaving the shelter to go to the registration desk when checking out of the shelter.
<input type="checkbox"/> Review shelter registration policies and procedures with staff.
<input type="checkbox"/> Distribute necessary forms to staff.
<input type="checkbox"/> Assign team members to registration or screening tables.

DAILY SHELTER OPERATIONS
<input type="checkbox"/> Sign in and out at the Staff Area, including leaving for breaks.
<input type="checkbox"/> Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.
<input type="checkbox"/> Oversee registration area activities including: <ul style="list-style-type: none"> • Intake • Assign cots and update Dormitory Map • Check-in and check-out • Refer shelter clients to additional services as needed (functional and access needs, medical, behavioral, human services) • Final check-out of clients
<input type="checkbox"/> Assign cots to shelter clients. <ul style="list-style-type: none"> • Assign family members to adjacent cots • Provide additional space or special placement for clients with disabilities or other access or functional needs.
<input type="checkbox"/> Work with Registration Team Members to refer the following individuals to a Health Service staff member: <ul style="list-style-type: none"> • Ill/injured persons • Any individuals on medications • Any individual with restricted diets • Individuals who request support for access or functional needs or who may have pre-disaster medical needs (e.g., mother with a newborn infant or someone just released from the hospital).
<input type="checkbox"/> Contact the Shelter Manager or Shelter Shift Supervisor with shelter client issues that are beyond the scope of the registration team to resolve. Clients required by law to register with any state or local government agency should be referred directly to the Shelter Manager or, in the Shelter Shift Supervisor
<input type="checkbox"/> Provide registration information to the Shelter Shift Supervisor. Track the following: <ul style="list-style-type: none"> • Total number of people registered since the shelter opened. • Total number of people registered during shift. • Total number of current shelter occupants (exclude any household that have left and do not plan to return). • Estimated number of pets referred to pet sheltering. • Total registration team members on current shift.
<input type="checkbox"/> Ensure shelter registration forms are stored in the appropriate location, as instructed by the Shelter Manager.
<input type="checkbox"/> Make sure Registration Team Members are distributing Shelter Rules to all shelter clients.
<input type="checkbox"/> Periodically provide Dormitory Supervisor with Dormitory Map updates.
<input type="checkbox"/> Maintain Sign In/Out Record. <i>All clients, caregivers and visitors must sign in and out upon entering and leaving the facility.</i>
<input type="checkbox"/> Escort official visitors, including the media, to the Shelter Manager after they have been signed in.
<input type="checkbox"/> Communicate registration area needs, potential issues, and security concerns to Shelter Shift Supervisor.
<input type="checkbox"/> Ensure that Registration Team Members are completing ICS 214 forms and collect them at the end of their shift.
<input type="checkbox"/> Review ICS 214 forms for accuracy and completeness and submit to Shelter Shift Supervisor.
<input type="checkbox"/> Create and distribute staff contact list (give copy to Shelter Shift Supervisor).
<input type="checkbox"/> Conduct shift change briefing with oncoming Registration Supervisor.

SHELTER CLOSING ACTIONS
<input type="checkbox"/> Attend closing brief with Shelter Manager to receive instructions and timelines for shelter closure.
<input type="checkbox"/> Brief Registration Team Members on what cleaning and closing actions will need to be taken.
<input type="checkbox"/> Inspect Registration Area to ensure all shelter signage has been removed.
<input type="checkbox"/> Demobilize shelter equipment. <ul style="list-style-type: none"> • Use list below as a guide to ensure all shelter equipment is accounted for. • Clean and disinfect equipment as necessary. • Make note of any disposable items from supply list below that will need to be restocked. • Report any missing or broken equipment to the Shelter Shift Supervisor.
<input type="checkbox"/> Perform final walk through of Registration Area.
<input type="checkbox"/> Notify Shelter Shift Supervisor of any damages to the shelter facility that cannot be resolved prior to closure.
<input type="checkbox"/> Turn in all remaining paperwork, include ICS 214 and intake forms, to Shelter Shift Supervisor.
<input type="checkbox"/> Participate in debrief. Contribute to AAR report and Plan of Improvement as requested by EM.

LOGISTICS SUPPLY LIST
Registration setup: Tables, chairs, secure storage for registration forms, registration signage, painters' tape
Screening setup (if applicable): Tables, chairs
Client supplies: Shelter Rules handout, hand sanitizer, tissue
Cleaning Supplies: Disinfectant wipes, broom, dust pan, paper towel, all purpose cleaner, disposable gloves
Office supplies: Pens and pencils, notebook, post-its, scissors, stapler, paper clips, binder clips, clipboards, folders, binders, 3-hole punch, tape
Personal supplies: Agency ID, mobile phone and charger, comfortable closed toe shoes, water bottle, snacks

Registration Team Member Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Registration Supervisor
Reporting to you:	n/a
General job overview:	Provide a welcome atmosphere to shelter clients arriving at the shelter. Conduct shelter intake, check-in and check-out activities. Distribute shelter information including rules, procedures and policies to shelter clients.
Knowledge and training:	ARC Shelter Fundamentals

INITIAL ACTIONS

- Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
- Review
 - Cabarrus County Sheltering SOG
 - Shelter Rules
 - Shelter Registration Form
 - Sign In/Out Record
 - CMIST Worksheet
 - Dormitory Map
 - Registration Team Member Job Aid
- Assist Registration Supervisor in setup of registration area tables, signage, etc.
The registration area should have, at minimum, 1 table, 2 chairs for staff, and 2 chairs for shelter clients.

DAILY SHELTER OPERATIONS

- Sign in and out at the Staff Area, including leaving for breaks.
- Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.
- Register shelter clients using Shelter Registration Form. Use only one form per family.
- Oversee registration area activities including:
 - Intake
 - Assign cots and update Dormitory Map
 - Check-in and check-out
 - Refer shelter clients to additional services as needed (functional and access needs, medical, behavioral, human services)
 - Clients required by law to register with any state or local government agency should be referred directly to the Shelter Manager or, in the Shelter Shift Supervisor
 - Final check-out of clients

<input type="checkbox"/> Assign cots to shelter clients. <ul style="list-style-type: none"> • Assign family member to adjacent cots. • Provide additional space or special placement for clients with disabilities or other access or functional needs.
<input type="checkbox"/> Work with Registration Team Supervisor to refer the following individuals to a Health Service staff member: <ul style="list-style-type: none"> • Ill/injured persons • Any individuals on medications • Any individual with restricted diets • Individuals who request support for access or functional needs or who may have pre-disaster medical needs (e.g., mother with a newborn infant or someone just released from the hospital).
<input type="checkbox"/> Distribute Shelter Rules to all shelter clients.
<input type="checkbox"/> Direct registered clients to Dormitory Area
<input type="checkbox"/> Ensure shelter registration forms are stored in the appropriate location, as instructed by the Registration Supervisor.
<input type="checkbox"/> Maintain Sign In/Out Record. <i>All clients, caregivers and visitors must sign in and out upon entering and leaving the facility.</i>
<input type="checkbox"/> Notify Registration Supervisor of official visitors.
<input type="checkbox"/> Remind clients that they are expected to sign out at the registration desk upon final departure.
<input type="checkbox"/> Answer shelter client questions or refer them to other shelter staff if appropriate
<input type="checkbox"/> Communicate registration area needs, potential issues, and security concerns to Registration Team Supervisor.

SHELTER CLOSING ACTIONS

<input type="checkbox"/> Ensure that the Registration Area has been thoroughly cleaned.
<input type="checkbox"/> Remove all shelter signage from the Registration Area.
<input type="checkbox"/> Identify and provide notification to the Shelter Shift Supervisor of all borrowed, misplaced or broken equipment.
<input type="checkbox"/> Perform final walk through of Registration Area.
<input type="checkbox"/> Notify Registration Supervisor of any damages to the shelter facility that cannot be resolved prior to closure.
<input type="checkbox"/> Turn in all remaining paperwork to Registration Supervisor.
<input type="checkbox"/> Participate in debrief.

LOGISTICS SUPPLY LIST

Registration setup: Tables, chairs, secure storage for registration forms, registration signage, painters' tape
Client supplies: Shelter Rules handout, hand sanitizer, tissue
Cleaning supplies: Disinfectant wipes, broom, dust pan, paper towel, all purpose cleaner, disposable gloves
Office supplies: Pens and pencils, notebook, post-its, scissors, stapler, paper clips, binder clips, folders, binders, 3-hole punch, tape
Personal supplies: Agency ID, mobile phone and charger, comfortable closed toe shoes, water bottle, snacks

Screening Team Member Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Registration Supervisor
Reporting to you:	N/A
General job overview:	Provide a welcome atmosphere to shelter clients arriving at the shelter. Conduct a brief assessment of shelter client health. Direct clients to registration or isolation areas.
Knowledge and training:	ARC Shelter Fundamentals, just-in-time training from Public Health Nursing Lead.

INITIAL ACTIONS

- Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
- Assist Registration Supervisor in setup of screening area tables, signage, etc.
Set up screening area with a minimum of 1 table and 2 chairs for staff. The screening area should preferably be located on the exterior of the building in a covered area near the shelter entrance.
- Review
 - Cabarrus County Sheltering SOG
 - Screening Team Member Job Aid

DAILY SHELTER OPERATIONS

- Sign in and out at the Staff Area, including leaving for breaks.
- Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.
- Ask all persons do you have any of these new symptoms?
 1. Fever= \geq 100 degrees
 2. Cough, congestion, sore throat, runny nose, shortness of breath
 3. Muscle aches with flu-like symptoms, loss/decrease of taste or smell
 4. Chills or shaking chills, headache, diarrhea, nausea, decreased appetite or any GI symptoms
 5. Contact with a person who has been quarantined or confirmed with Covid-19
- If “no” to all questions, direct individual to Registration.
- If “yes” to any question, direct individual to Isolation.
- Answer shelter client questions or refer them to other shelter staff if appropriate.
- Communicate registration area needs, potential issues, and security concerns to Registration Team Supervisor.

SHELTER CLOSING ACTIONS

- Remove all shelter signage from the Screening Area.
- Demobilize shelter equipment.
Use list below as a guide to ensure all shelter equipment is accounted for.
 - Clean and disinfect equipment as necessary.
 - Make note of any disposable items from supply list below that will need to be restocked.
 - Report any missing or broken equipment to the Registration Supervisor.
- Perform final inspection of Screening Area.
- Notify Registration Supervisor of any damages to the shelter facility that cannot be resolved prior to closure.
- Turn in all remaining paperwork to Registration Supervisor.
- Participate in debrief.

LOGISTICS SUPPLY LIST

Screening setup: Tables, chairs

Client supplies: Shelter Rules handout, hand sanitizer, tissue

Cleaning supplies: Disinfectant wipes, paper towel, all-purpose cleaner, disposable gloves

Office supplies: Pens and pencils, notebook, post-its

Personal supplies: Agency ID, mobile phone and charger, comfortable closed toe shoes, water bottle, snacks

Dormitory Supervisor Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Shelter Shift Supervisor
Reporting to you:	Dormitory Team Members
General job overview:	Provide a welcome atmosphere to shelter clients and answer any questions. Oversight of all dormitory activities and any dormitory staff. The Dormitory Supervisor will fulfill all the duties of Dormitory Team members in the absence of additional dormitory staff.
Knowledge and training:	ARC Shelter Fundamentals, ARC Shelter Supervisor Course, Psychological First Aid: Helping Others in Times of Stress

INITIAL ACTIONS

- Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
- Review
 - Cabarrus County Sheltering SOG
 - Shelter Rules
 - Dormitory Supervisor Job Aid
 - Dormitory Team Member Job Aid
 - Dormitory Map
- If facility equipment or furniture need to be moved, make note of original configuration and coordinate with Facility Rep to discuss best method of storage.
- Set up cots in dormitory space.
 - Walkways need to be a minimum of 36" wide.
 - Place accessible cots with one side along a wall if possible and ensure there is a minimum of 36" of space along a cot to allow an individual space to transfer from a mobility device.
 - Designate space for single men, single women, and families.
 - Note which cots would be best suited to those individuals with special medical and functional and access needs.
- Ensure adequate trash cans/bags are available in the Dormitory Area.
- Complete assigned portion of the Dormitory Map and submit to Registration Supervisor. Make a copy for the Dormitory Team if possible.
- Attend opening brief with Shelter Manager.
- Review shelter registration rules and completion of ICS 214 forms with dormitory staff.
- Distribute necessary forms to staff.

DAILY SHELTER OPERATIONS
<input type="checkbox"/> Sign in and out at the Staff Area, including leaving for breaks.
<input type="checkbox"/> Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.
<input type="checkbox"/> Ask unfamiliar individuals entering the Dormitory Area if they are registered at the Registration Area.
<input type="checkbox"/> Direct clients to assigned cots (reference dormitory map).
<input type="checkbox"/> Monitor the capacity of the dormitory area and notify the Shelter Shift Supervisor when approaching capacity.
<input type="checkbox"/> Create and manage a schedule for the shower facilities (if available).
<input type="checkbox"/> Create an information “hub” where messages, information, shelter rules and schedules will be posted. <ul style="list-style-type: none"> • Updates to information about the incident should first be cleared by release by the County PIO and/or the EOC. • Information posted on the “hub” should be approved by the Shelter Shift Supervisor. • Consider what locations and alternate formats would best serve shelter clients.
<input type="checkbox"/> Post schedules on the information hub for the following: <ul style="list-style-type: none"> • Quiet hours • Lights out • Mealtimes and menus • Showers (if applicable) • Shelter Manager briefings
<input type="checkbox"/> Educate shelter clients on the shelter rules and enforce them, when necessary, to ensure a safe and secure shelter for all.
<input type="checkbox"/> Ensure clients are respecting the boundaries of other clients and other clients’ belongings.
<input type="checkbox"/> Remind shelter clients to check out at Registration before leaving the shelter.
<input type="checkbox"/> Conduct or assign staff to perform regular walk throughs of dormitory and bathroom facilities and notify the Shelter Shift Supervisor of concerns and potential issues.
<input type="checkbox"/> Direct clients with medical, behavioral or other concerns to the appropriate staff.
<input type="checkbox"/> Refer anyone who expresses interest in volunteering to the Shelter Shift Supervisor.
<input type="checkbox"/> Notify Logistics Supervisor of any supply needs.
<input type="checkbox"/> Periodically check with Registration Team for updates to the Dormitory Map.
<input type="checkbox"/> Create and distribute staff contact list (give copy to Shelter Shift Supervisor).
<input type="checkbox"/> Review ICS 214 forms for accuracy and completeness and submit to Shelter Shift Supervisor.
<input type="checkbox"/> Conduct shift change briefing with oncoming Dormitory Supervisor.

SHELTER CLOSING ACTIONS
<input type="checkbox"/> Attend closing brief with Shelter Manager to receive instructions and timelines for shelter closure.
<input type="checkbox"/> Brief Dormitory Team Members on what cleaning and closing actions will need to be taken.
<input type="checkbox"/> At shelter closing: <ul style="list-style-type: none"> • Disinfect and fold up cots. • Clean and return furniture or equipment in shelter areas back to their original configuration. • Collect and return all shelter supplies. • Remove and return all signs posted in and around dormitory area. • Ensure all trash is placed in garbage bins and that bins are emptied.
<input type="checkbox"/> Ensure that the Dormitory Area has been thoroughly cleaned.

- | |
|---|
| <input type="checkbox"/> Inspect the Dormitory Area to ensure all shelter signage has been removed. |
| <input type="checkbox"/> Perform final walk through of Dormitory Area. |
| <input type="checkbox"/> Notify Shelter Shift Supervisor of any damages to the shelter facility that cannot be resolved prior to closure. |
| <input type="checkbox"/> Turn in all remaining paperwork to Shelter Shift Supervisor or Shelter Manager. |
| <input type="checkbox"/> Participate in debrief. Contribute to AAR report and Plan of Improvement as requested by EM. |

LOGISTICS SUPPLY LIST

Dormitory setup: Cots, blankets, and pillows, measuring tape, trash cans, trash bags, dormitory signage, painters' tape

Client supplies: Hygiene kits, feminine hygiene items, hand sanitizer, diapers and disposable wipes, durable medical equipment, batteries

Cleaning supplies: Broom, dustpan, Swiffer and Swiffer WetJet Pads, disposable gloves, mop, bucket, paper towel, all-purpose cleaner, bleach

Office supplies: Pens, notebook, post-its, markers, scissors, stapler

Personal supplies: Agency ID, mobile phone and charger, comfortable closed toe shoes, water bottle, snacks, flashlight

Dormitory Team Member Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Dormitory Supervisor
Reporting to you:	n/a
General job overview:	Provide a welcome atmosphere to shelter clients and answer any questions. Assist in dormitory activities.
Knowledge and training:	ARC Shelter Fundamentals

INITIAL ACTIONS	
<input type="checkbox"/>	Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
<input type="checkbox"/>	Review <ul style="list-style-type: none"> • Cabarrus County Sheltering SOG • Shelter Rules • Dormitory Map • Dormitory Team Member Job Aid
<input type="checkbox"/>	Assist Dormitory Supervisor if facility equipment or furniture need to be moved. Make note of original configuration and coordinate with Facility Rep to discuss best method of storage.
<input type="checkbox"/>	Assist Dormitory Supervisor with the setup of cots in dormitory space.
<input type="checkbox"/>	Place trash cans/bags in the Dormitory Area.

DAILY SHELTER OPERATIONS	
<input type="checkbox"/>	Sign in and out at the Staff Area, including leaving for breaks.
<input type="checkbox"/>	Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.
<input type="checkbox"/>	Ask unfamiliar individuals entering the Dormitory Area if they are registered at the Registration Area.
<input type="checkbox"/>	Direct clients to assigned cots (reference dormitory map).
<input type="checkbox"/>	Monitor the capacity of the dormitory area and notify the Dormitory Supervisor when approaching capacity.
<input type="checkbox"/>	Educate shelter clients on the shelter rules and enforce them, when necessary, to ensure a safe and secure shelter for all.
<input type="checkbox"/>	Ensure clients are respecting the boundaries of other clients and other clients' belongings.
<input type="checkbox"/>	Remind shelter clients to check out at Registration before leaving the shelter.
<input type="checkbox"/>	Perform regular walk throughs of dormitory and bathroom facilities and notify the Dormitory Supervisor of concerns and potential issues.
<input type="checkbox"/>	Refer anyone who expresses interest in volunteering to the Dormitory Supervisor.
<input type="checkbox"/>	Direct clients with medical, behavioral or other concerns to the appropriate staff.
<input type="checkbox"/>	Communicate Dormitory Area needs, potential issues, and security concerns to Dormitory Supervisor before ending shift.

SHELTER CLOSING ACTIONS
<input type="checkbox"/> Attend brief with Dormitory Supervisor on what cleaning and closing actions will need to be taken.
<input type="checkbox"/> Disinfect and fold up cots.
<input type="checkbox"/> Return facility furniture or equipment in shelter areas back to their original configuration.
<input type="checkbox"/> Collect and return all shelter supplies.
<input type="checkbox"/> Remove and return all signs posted in and around dormitory area.
<input type="checkbox"/> Place trash in garbage bins and that bins are emptied.
<input type="checkbox"/> Thoroughly clean the Dormitory Area.
<input type="checkbox"/> Remove all shelter signage.
<input type="checkbox"/> Notify Dormitory Supervisor of any damages to the shelter facility that cannot be resolved prior to closure.
<input type="checkbox"/> Turn in all remaining paperwork to Dormitory Supervisor.
<input type="checkbox"/> Participate in debrief.

LOGISTICS SUPPLY LIST
Dormitory setup: Cots, blankets, and pillows, measuring tape, trash cans, trash bags, dormitory signage, painters' tape
Client supplies: Hygiene kits, feminine hygiene items, hand sanitizer, diapers and disposable wipes, durable medical equipment, batteries
Cleaning supplies: Broom, dustpan, Swiffer and Swiffer WetJet Pads, disposable gloves, mop, bucket, paper towels, all-purpose cleaner, bleach
Office supplies: Pens, notebook, post-its, markers, scissors, stapler
Personal supplies: Agency ID, mobile phone and charger, comfortable closed toe shoes, water bottle, snacks, flashlight

Food Service Supervisor Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Shelter Shift Supervisor
Reporting to you:	Food Service Team Members
General job overview:	Provide a welcome atmosphere to shelter clients and answer any questions. Supervise food service operations and staff. Ensure that proper food handling procedures are being followed.
Knowledge and training:	ARC Shelter Fundamentals, ServSafe Food Handler Certification

INITIAL ACTIONS

- Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
- Review
 - Cabarrus County Sheltering SOG
 - Shelter Rules
 - Food Service Supervisor Job Aid
 - Food Service Team Member Job Aid
- If facility equipment or furniture need to be moved, make note of original configuration and coordinate with Facility Rep to discuss best method of storage.
- Setup of Food Service Area.
The Food Service Area should have, at minimum, 2-3 tables from which to serve food, 2-3 tables with chairs for shelter clientele to utilize while eating. 1 table from which bottle water and snacks can be dispensed. Post signs regarding handwashing and mealtimes. Access to sinks for handwashing is essential.
- Check bathroom facilities to ensure that there is:
 - Hot and cold running water
 - Soap
 - Functioning toilets
- Attend brief with Shelter Manager to discuss food services needs and schedules for shelter opening.
- Brief Food Service Team Members on safe food handling practices (do so on a regular basis) and completing ICS 214 forms.

DAILY SHELTER OPERATIONS

- Sign in and out at the Staff Area, including leaving for breaks.
- Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.

<input type="checkbox"/> At the beginning of each shift instruct Food Services Team to wash their hands with soap and water for a minimum of 20 seconds: <ul style="list-style-type: none"> • Before starting a shift • After using the bathroom • After smoking • After touching face, nose or hair • In between handling raw and cooked food
<input type="checkbox"/> Send Food Services Team members home if they exhibit signs of illness, infected burns, cuts or boils.
<input type="checkbox"/> Ensure Food Service Team wear plastic gloves when touching ready-to-eat foods.
<input type="checkbox"/> Check that utensils (serving spoons, fork, tongs, etc.) are used when serving food and that they are cleaned, sanitized and properly stored after use.
<input type="checkbox"/> Confirm that Food Service Team wear aprons over clothing and hair nets.
<input type="checkbox"/> Advise Food Service Team to remove rings, dangling bracelets, wristwatches, etc. while preparing or handling food.
<input type="checkbox"/> Ensure tables are wiped off after seatings with a sanitizing solution.
<input type="checkbox"/> Verify that food service and eating areas are kept clean during your shift.
<input type="checkbox"/> Make sure that trash is emptied regularly.
<input type="checkbox"/> Immediately report any signs of insects or rodents to the Shelter Shift Supervisor.
<input type="checkbox"/> Record the type of hot food and monitor its internal temperature at least once each hour. <ul style="list-style-type: none"> • All hot food must remain above 135 degrees F.
<input type="checkbox"/> Record the type of cold food and monitor its internal temperature every 30 minutes. <ul style="list-style-type: none"> • Cold foods should never remain at room temperature for more than an hour. • Cold food should be stored in a chiller at 41 degrees F or below. • All cold food must remain below 41 degrees F.
<input type="checkbox"/> Leftover hot and cold food is to be disposed of and not to be re-served to shelter clients.
<input type="checkbox"/> Track the number of clients served at each meal and report that information to the Shelter Shift Supervisor.
<input type="checkbox"/> Coordinate with the Logistics Supervisor to procure needed supplies.
<input type="checkbox"/> Record client information and special dietary needs requests. Report this information to the Logistics Supervisor in order to coordinate appropriate meals. <p><i>Every effort will be made to provide for special dietary needs, but all dietary needs may not be able to be met in a shelter situation.</i></p>
<input type="checkbox"/> Coordinate with Logistics Supervisor to order meals and schedule deliveries
<input type="checkbox"/> Inspect Food Service Area at end of shift for cleanliness and order. Inspect snack table for stock available.
<input type="checkbox"/> Review ICS 214 forms for accuracy and completeness and submit to Shelter Shift Supervisor.
<input type="checkbox"/> Create and distribute staff contact list (give copy to Shelter Shift Supervisor).
<input type="checkbox"/> Conduct shift change briefing with oncoming Feeding Supervisor.

SHELTER CLOSING ACTIONS

<input type="checkbox"/> Attend closing brief with Shelter Manager to receive instructions and timelines for shelter closure.
<input type="checkbox"/> Brief Food Service Team Members on what cleaning and closing actions will need to be taken.
<input type="checkbox"/> Inspect Food Service Area to ensure all shelter signage has been removed.

- | |
|--|
| <input type="checkbox"/> Demobilize shelter equipment. <ul style="list-style-type: none"> • Use list below as a guide to ensure all shelter equipment is accounted for. • Clean and disinfect equipment as necessary. • Make note of any disposable items from supply list below that will need to be restocked. • Report any missing or broken equipment to the Shelter Shift Supervisor. |
| <input type="checkbox"/> Clean and return furniture or equipment in shelter areas back to their original configuration. |
| <input type="checkbox"/> Perform final walk through of Food Service Area. |
| <input type="checkbox"/> Turn in all remaining paperwork to Shelter Shift Supervisor or Shelter Manager. |
| <input type="checkbox"/> Participate in debrief. Contribute to AAR report and Plan of Improvement as requested by EM. |

LOGISTICS SUPPLY LIST
Food service setup: Tables, chairs, chafing trays, sternos, lighter for sternos, serving spoons, coffee supplies and carafes, trash cans, trash bags
Serving supplies: Disposable plates, bowls, cups, eating utensils, napkins, condiments
Staff supplies: Disposable gloves, aprons and hair nets, food thermometer
Cleaning supplies: Broom, dustpan, Swiffer and Swiffer WetJet Pads, disposable gloves, mop, mop bucket, floor cleaner solutions, paper towel, all-purpose cleaner, bleach, cloths for wiping down tables, dish soap
Office supplies: Pens, notebook, post-its, markers, scissors, stapler
Personal supplies: Agency ID, mobile phone and charger, comfortable closed toe shoes, water bottle, snacks, flashlight

Food Service Team Member Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Food Service Supervisor
Reporting to you:	n/a
General job overview:	Provide a welcome atmosphere to shelter clients and answer any questions. Assist in food service operations and staff. Follow proper food handling procedures.
Knowledge and training:	n/a

INITIAL ACTIONS

- Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
- Review
 - Cabarrus County Sheltering SOG
 - Shelter Rules
 - Food Service Team Member Job Aid
- Assist in the setup of the Food Service Area.
- Attend Food Service Team Members brief on safe food handling practices and completing ICS 214 forms.

DAILY SHELTER OPERATIONS

- Sign in and out at the Staff Area, including leaving for breaks.
- Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.
- Wash hands with soap and water for a minimum of 20 seconds:
 - Before starting a shift
 - After using the bathroom
 - After smoking
 - After touching face, nose or hair
 - In between handling raw and cooked food
- Inform Food Service Supervisor if bathroom facilities lack:
 - Hot and cold running water
 - Soap
 - Functioning toilets
- Notify Food Service Supervisor of:
 - Illness
 - Infected burns, cuts or boils
- Remove rings, dangling bracelets, wristwatches, etc. while preparing or handling food.
- Wear aprons over clothing and hair nets.
- Wear plastic gloves when touching ready-to-eat foods.
- Use utensils (serving spoons, fork, tongs, etc.) when serving food. Clean, sanitize and properly store utensils after use.

<input type="checkbox"/> Wipe tables off after seatings with a sanitizing solution.
<input type="checkbox"/> Clean food serving and dining tables on a regular basis and as needed.
<input type="checkbox"/> Empty trash regularly.
<input type="checkbox"/> Immediately report any signs of insects or rodents to the Feeding Team Supervisor
<input type="checkbox"/> Dispose of leftover hot and cold foods. Do not re-serve to clients.
<input type="checkbox"/> Record client information and special dietary needs requests. Report this information to the Food Service Supervisor in order to coordinate appropriate meals. <i>Every effort will be made to provide for special dietary needs but all dietary needs may not be able to be met in a shelter situation.</i>
<input type="checkbox"/> Communicate Food Service Area needs, potential issues and security concerns to Food Service Supervisor
<input type="checkbox"/> Answer shelter client questions or refer them to other shelter staff if appropriate.

SHELTER CLOSING ACTIONS

<input type="checkbox"/> Attend brief with Food Service Supervisor on what cleaning and closing actions will need to be taken.
<input type="checkbox"/> Complete all actions required to clean the shelter feeding area and return it to its original state.
<input type="checkbox"/> Demobilize shelter equipment. <ul style="list-style-type: none"> • Use list below as a guide to ensure all shelter equipment is accounted for. • Clean and disinfect equipment as necessary. • Make note of any items from supply list below that will need to be restocked. • Report any missing or broken equipment to the Shelter Shift Supervisor.
<input type="checkbox"/> Turn in all remaining paperwork to Food Service Supervisor.
<input type="checkbox"/> Participate in debrief.

LOGISTICS SUPPLY LIST

Food service setup: Tables, chairs, chafing trays, sternos, lighter for sternos, serving spoons, coffee supplies and carafes, trash cans, trash bags
Serving supplies: Disposable plates, bowls, cups, eating utensils, napkins, condiments
Staff supplies: Disposable gloves, aprons and hair nets, food thermometer
Cleaning supplies: Broom, dustpan, Swiffer and Swiffer WetJet Pads, disposable gloves, mop, mop bucket, floor cleaner solutions, paper towel, all-purpose cleaner, bleach, cloths for wiping down tables, dish soap
Office supplies: Pens, notebook, post-its, markers, scissors, stapler
Personal supplies: Agency ID, mobile phone and charger, comfortable closed toe shoes, water bottle, snacks, flashlight

Public Health Nursing Lead Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Shelter Manager
Reporting to you:	Nurse, Patient Care Assistant
General job overview:	Providing clinical management, disease surveillance and assistance with staffing for general population shelters. Supervises clinical staff. Monitors infection prevention control practices. Addresses and advises on public health issues as needed. Works closely with local Boards of Health, the Department of Public Health and the Center for Disease Control to monitor public health.
Knowledge and training:	<p>Minimum Required Qualifications:</p> <ul style="list-style-type: none"> • Unencumbered NC RN license or approved to practice via the Enhanced Nurse Licensure Compact (eNLC)³ • Current CPR and AED Certification • Red Cross Shelter Training (Shelter Fundamentals & Nurse Courses) • ICS-100, ICS-200, ICS-300, ICS-400, ICS-700, ICS-800 • At least 3 years of management experience
	<p>Recommended Training:</p> <ul style="list-style-type: none"> • Basic First Aid refresher-online. • Mental Health First Aid or Psychological First Aid
	<p>Just-in-Time Training includes:</p> <ul style="list-style-type: none"> • How to complete cot-to-cot assessments using the C-MIST worksheet 4 to monitor for declining health, unmet needs, etc. • CHA standing orders, if applicable • Tour of the facility and review of emergency and security plans • Documentation requirements and protocols for ensuring HIPAA compliance
References	<ol style="list-style-type: none"> 1. NC Board of Nursing Positions Statement on Standing Orders. Retrieved from https://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf 2. North Carolina Board of Nursing/Nursing Practice Act. Retrieved from https://www.ncleg.net/enactedlegislation/statutes/html/byarticle/chapter_90/article_9a.html 3. North Carolina Board of Nursing/licensing and eNLC. Retrieved from https://www.ncbon.com/licensure-listing-nurse-licensure-compact 4. American Red Cross C-MIST form. Retrieved from http://www.drc-group.com/library/exercise/osc/OSC-CMISTWorksheet.pdf

INITIAL ACTIONS
<input type="checkbox"/> Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
<input type="checkbox"/> Review <ul style="list-style-type: none"> • Cabarrus County Sheltering SOG • Shelter Rules • Public Health Nursing Lead Job Aid • Public Health Nurse Job Aid • Patient Care Assistant Job Aid • C-MIST Worksheet (American Red Cross)
<input type="checkbox"/> Setting up and providing clinical management, disease surveillance and assistance with staffing for general population shelters.
<input type="checkbox"/> Determine the public health needs of the shelter population and take appropriate protective measures.
<input type="checkbox"/> Providing communicable disease prevention and non-communicable disease management education, resources, and guidance to shelter staff and residents.
<input type="checkbox"/> Monitor and communicate with Boards of Health, the Department of Public Health and the Center for Disease Control.

DAILY SHELTER OPERATIONS
<input type="checkbox"/> Sign in and out at the Staff Area, including leaving for breaks.
<input type="checkbox"/> Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.
<input type="checkbox"/> Manages the assessment/triage station.
<input type="checkbox"/> Monitor public health and communicate with Boards of Health, the Department of Health and the Center for Disease Control.
<input type="checkbox"/> Coordinate Health Services Team to conduct CMIST assessment worksheets with shelter clients to determine needs.
<input type="checkbox"/> Monitor infection control practices, conduct communicable disease outbreak monitoring & reporting, as needed. Issue orders as needed to ensure public health.
<input type="checkbox"/> Monitor client population's health (presence of chronic disease, communicable disease and injuries).
<input type="checkbox"/> Assessing for and monitoring potential environmental threats (external/internal) to shelter or shelter population.
<input type="checkbox"/> Making recommendations to the shelter manager when presenting residents fall outside of the medical management capabilities of the general population shelter. Engage appropriate partners to facilitate client referral to location that can accommodate medical management needs of client.
<input type="checkbox"/> Referral and discharge planning for persons discharged from general population shelters.
<input type="checkbox"/> Applying basic first aid, if needed.
<input type="checkbox"/> Assessing clients' mental health status and making appropriate referrals.
<input type="checkbox"/> Report unmet dietary needs of clients with special dietary needs to Shelter Manager.
<input type="checkbox"/> Report need for replacement of lost/damaged medications or Durable Medical Equipment (DME) (i.e. wheelchair, raised/handicap accessible toilet seat, cane, or walker) to Shelter Manager.
<input type="checkbox"/> Requesting interpretation or translation assistance for clients.
<input type="checkbox"/> As needed, make adult clients aware of the availability of over-the-counter (OTC) medications. Note, PHN's are not responsible for recommending or distributing OTC medications.
<input type="checkbox"/> Engage with FAST teams to ensure independence of access & functional needs (AFN) shelter residents.
<input type="checkbox"/> Maintaining documentation in all records and reports.

SHELTER ROLES AND RESPONSIBILITIES

- Assuring documentation and referrals are in accordance with ARC confidentiality policies. ARC is exempt from HIPAA law.
- Setting up, managing, directing, staffing and evaluating mass immunization clinics.

SHELTER CLOSING ACTIONS

- Attend closing brief with Shelter Manager to receive instructions and timelines for shelter closure.
- Communicate with Boards of Health, the Department of Health and the Center for Disease Control on shelter closure.
- Continue to monitor public health status
- Demobilize shelter equipment.
 - Use list below as a guide to ensure all shelter equipment is accounted for.
 - Clean and disinfect equipment as necessary.
 - Make note of any items from supply list below that will need to be restocked.
 - Report any missing or broken equipment to the Logistics Supervisor.
- Notify the Logistics Supervisor of any assistance needed with demobilizing Health Services Area especially as related to removing and transporting equipment.
- Ensure that the Registration Area has been thoroughly cleaned.
- Perform final walk through of Registration Area
- Notify Shelter Manager/Supervisor of any damages to the shelter facility that cannot be resolved prior to closure.
- Turn in all CMIST and any other medical related forms along with ICS 214 forms to the Shelter Manager.
- Participate in debrief. Contribute to AAR report, Plan of Improvement as requested by EM.

PUBLIC HEALTH NURSING LEAD SUPPLY LIST

Item	Quantity
Agency ID	
Stethoscope	
Blood pressure cuff	
Masks & gloves of preference	
CPR face masks (pediatric & adults) with extra filters	
Clothes appropriate for weather; dress in layers	
Comfortable shoes	
Change of clothes as back-up	
Any personal medical related items that you feel like you might need	
Personal prescription & over-the-counter medicines needed for duration of shift	
Snacks based on dietary needs or preference	
Cell phone, charger, earbuds	
List of important phone numbers	
Flashlight & batteries	
Coloring books/crayons, deck of cards, board games, puzzles, or other stress reducers you do not mind leaving behind when demobilized.	

All clinical equipment necessary for nurses to fulfill their role in a general population shelter will be provided in CHA's stocked shelter kits. Complete list of items included in each shelter will be included in the Sheltering SOG materials.

Public Health Nurse Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Nursing Lead
Reporting to you:	Patient Care Assistant
General job overview:	Assists clients with basic health needs to enable clients to maintain independence while in shelter. Upholds infection prevention control practices. Addresses and advises on public health issues as needed
Knowledge and training:	<p>Minimum Required Qualifications:</p> <ul style="list-style-type: none"> • Unencumbered NC RN license or approved to practice via the Enhanced Nurse Licensure Compact (eNLC)³ • Current CPR and AED Certification • Red Cross Shelter Training (Shelter Fundamentals & Nurse Courses) • ICS-100, ICS-200, ICS-300, ICS-400, ICS-700, ICS-800
	<p>Recommended Training:</p> <ul style="list-style-type: none"> • Basic First Aid refresher-online. • Mental Health First Aid or Psychological First Aid
	<p>Just-in-Time Training includes:</p> <ul style="list-style-type: none"> • How to complete cot-to-cot assessments using the C-MIST worksheet 4 to monitor for declining health, unmet needs, etc. • CHA standing orders, if applicable • Tour of the facility and review of emergency and security plans • Documentation requirements and protocols for ensuring HIPAA compliance
References	<ol style="list-style-type: none"> 1. NC Board of Nursing Positions Statement on Standing Orders. Retrieved from https://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf 2. North Carolina Board of Nursing/Nursing Practice Act. Retrieved from https://www.ncleg.net/enactedlegislation/statutes/html/byarticle/chapter_90/article_9a.html 3. North Carolina Board of Nursing/licensing and eNLC. Retrieved from https://www.ncbon.com/licensure-listing-nurse-licensure-compact 4. American Red Cross C-MIST form. Retrieved from http://www.drc-group.com/library/exercise/osc/OSC-CMISTWorksheet.pdf

INITIAL ACTIONS

<input type="checkbox"/> Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
<input type="checkbox"/> Review <ul style="list-style-type: none"> • Cabarrus County Sheltering SOG • Shelter Rules • Public Health Nurse Job Aid • Patient Care Assistant Job Aid • C-MIST Worksheet (American Red Cross Form)
<input type="checkbox"/> Ensure all necessary supplies are within the public health shelter kit(s). Notify Nursing Lead if additional supplies are needed.
<input type="checkbox"/> Determine the public health needs of the shelter population and take appropriate protective measures.
<input type="checkbox"/> Identify unmet needs among the shelter clients and make appropriate referrals to maintain clients' independence.

DAILY SHELTER OPERATIONS

<input type="checkbox"/> Sign in and out at the Staff Area, including leaving for breaks.
<input type="checkbox"/> Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.
<input type="checkbox"/> Work at the Health Services area, screening/triage station and isolation room(s) (if applicable).
<input type="checkbox"/> Complete CMIST worksheets with shelter families to determine needs.
<input type="checkbox"/> Engage with FAST teams to ensure independence of access & functional needs (AFN) shelter residents
<input type="checkbox"/> Monitor client population's health (presence of chronic disease, communicable disease and injuries).
<input type="checkbox"/> Consult with the Nursing Lead (your supervisor) if questions or issues arise.
<input type="checkbox"/> Assisting with disease surveillance activities.
<input type="checkbox"/> Initiate isolation/quarantine protocols for clients with suspected communicable illness.
<input type="checkbox"/> Referral and discharge planning for persons discharged from general population shelters.
<input type="checkbox"/> As needed, make adult clients aware of the availability of over-the-counter (OTC) medications. Note, PHN's are not responsible for recommending or distributing OTC medications.
<input type="checkbox"/> Assess clients' mental health status and notify Nursing Lead for assistance in making appropriate referrals.
<input type="checkbox"/> Report unmet dietary needs of clients with special dietary needs to Nursing Lead.
<input type="checkbox"/> Report need for replacement of lost/damaged medications or Durable Medical Equipment (DME) (i.e. wheelchair, raised/handicap accessible toilet seat, cane, or walker) to Nursing Lead.
<input type="checkbox"/> Request interpretation or translation assistance for clients.
<input type="checkbox"/> Assist Nursing Lead with providing basic first aid, if needed.
<input type="checkbox"/> Refer shelter clients to Red Cross Client Services (when available) to establish recovery plan.
<input type="checkbox"/> Maintain documentation in all records and reports
<input type="checkbox"/> Assure documentation and referrals are in accordance with ARC confidentiality policies. ARC is exempt from HIPAA law.

SHELTER CLOSING ACTIONS

<input type="checkbox"/> Upon discharge of clients ensure all needs have been met by the Shelter Team and ensure client has transportation or ensure transportation arrangements are made with the transportation agency.

- Demobilize shelter equipment.
 - Use list below as a guide to ensure all shelter equipment is accounted for.
 - Clean and disinfect equipment as necessary.
 - Make note of any items from supply list below that will need to be restocked.
 - Report any missing or broken equipment to the Nursing Lead
- Notify Nursing Lead of any assistance needed with demobilizing Health Services Area especially as related to removing and transporting equipment.
- Ensure that the Health Services Area has been thoroughly cleaned.
- Perform final walk through of Health Services Area.
- Notify Nursing Lead of any damages to the shelter facility that cannot be resolved prior to closure.
- Ensure all client paperwork is filed securely.
- Turn in equipment received and completed ICS 214 forms and sign out.
- Provide input to the Nursing Lead for the After-Action Report and Corrective Action Plan.

PUBLIC HEALTH NURSE SUPPLY LIST

Item	Quantity
Agency ID	
Stethoscope	
Blood pressure cuff	
Masks & gloves of preference	
CPR face masks (pediatric & adults) with extra filters	
Clothes appropriate for weather; dress in layers	
Comfortable shoes	
Change of clothes as back-up	
Any personal medical related items that you feel like you might need	
Personal prescription & over-the-counter medicines needed for duration of shift	
Snacks based on dietary needs or preference	
Cell phone, charger, earbuds	
List of important phone numbers	
Flashlight & batteries	
Coloring books/crayons, deck of cards, board games, puzzles, or other stress reducers you do not mind leaving behind when demobilized.	

All clinical equipment necessary for nurses to fulfill their role in a general population shelter will be provided in CHA's stocked shelter kits. Complete list of items included in each shelter kit can be found in the Sheltering SOG materials

Patient Care Assistant Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Nursing Lead
Reporting to you:	n/a
General job overview:	Assists clients with basic health needs to enable clients to maintain independence while in shelter. Upholds infection prevention control practices. Addresses and advises on public health issues as needed
Knowledge and training:	Minimum Required Qualifications: <ul style="list-style-type: none"> Red Cross Shelter Fundamentals Training ICS-100, ICS-200, ICS-700, ICS-800 Preferred to have work experience with clients in a clinical setting
	Recommended Training: <ul style="list-style-type: none"> Current CPR and AED Certification or Basic First Aid refresher-online Mental Health First Aid or Psychological First Aid

INITIAL ACTIONS

- Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
- Review
 - Cabarrus County Sheltering SOG
 - Shelter Rules
 - Patient Care Assistant Job Aid
 - C-MIST Worksheet (American Red Cross Form)
- Ensure all necessary supplies are within the public health shelter kit(s). Notify Nursing Lead if additional supplies are needed.
- Support Public Health Nurse (PHN) in providing the clinical function within a general population shelter.

DAILY SHELTER OPERATIONS

- Sign in and out at the Staff Area, including leaving for breaks.
- Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.
- Assist Public Health Nurse (PHN) with completion of ARC paperwork (CMIST, etc.) with clients and caregivers and coordinating the Health Services Station
- Assist PHNs at the screening station and isolation rooms, if necessary.
- Ensure client living/sleeping area is kept clean
- Assist PHN with monitoring client population's health (presence of chronic disease, communicable disease and injuries).
- Report all issues to the Nursing Lead.

<input type="checkbox"/> Turn all paperwork over to the Nursing Lead.
<input type="checkbox"/> Assist with setup of client transport by EMS or pre-identified transportation provider if client is placed out of the shelter.
<input type="checkbox"/> Assist PHN with providing basic first aid, as needed.
<input type="checkbox"/> Requesting interpretation or translation assistance for clients.

SHELTER CLOSING ACTIONS

<input type="checkbox"/> Demobilize shelter equipment. <ul style="list-style-type: none"> • Use list below as a guide to ensure all shelter equipment is accounted for. • Clean and disinfect equipment as necessary. • Make note of any items from supply list below that will need to be restocked. • Report any missing or broken equipment to the Nursing Lead
<input type="checkbox"/> Notify Nursing Lead of any assistance needed with demobilizing Health Services Area especially as related to removing and transporting equipment.
<input type="checkbox"/> Ensure that the Health Services Area has been thoroughly cleaned.
<input type="checkbox"/> Perform final walk through of Health Services Area.
<input type="checkbox"/> Notify Nursing Lead of any damages to the shelter facility that cannot be resolved prior to closure.
<input type="checkbox"/> Ensure all client paperwork is filed securely.
<input type="checkbox"/> Turn in equipment received and completed ICS 214 forms and sign out.
<input type="checkbox"/> Provide input to the Nursing Lead for the After-Action Report and Corrective Action Plan.

PATIENT CARE ASSISTANT SUPPLY LIST

Item	Quantity
Agency ID	
Masks & gloves of preference	
Clothes appropriate for weather; dress in layers	
Comfortable shoes	
Change of clothes as back-up	
Any personal medical related items that you feel like you might need	
Personal prescription & over-the-counter medicines needed for duration of shift	
Snacks based on dietary needs or preference	
Cell phone, charger, earbuds	
List of important phone numbers	
Flashlight & batteries	
Coloring books/crayons, deck of cards, board games, puzzles, or other stress reducers you do not mind leaving behind when demobilized.	

All clinical equipment necessary for nurses to fulfill their role in a general population shelter will be provided in CHA's stocked shelter kits. Complete list of items included in each shelter kit can be found in the Sheltering SOG materials.

Environmental Health Inspector Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Public Health Director
Reporting to you:	n/a
General job overview:	
Knowledge and training:	

INITIAL ACTIONS

- Determine the public health needs of the shelter population and take appropriate protective measures.
- Coordinate initial facility assessment with Shelter Manager.
- Conduct an environmental health assessment and food inspection of the shelter.
- Monitor and communicate with the Public Health Director and Environmental Health State branch.

DAILY SHELTER OPERATIONS

- Monitor public health and communicate with Public Health Director and Environmental Health State branch.
- Take protective and preventative measures and ensure sanitation standards are met.
- Conduct ongoing environmental health assessments and food inspections as needed

SHELTER CLOSING ACTIONS

- Communicate with Public Health Director and Environmental Health State branch on shelter closure.
- Turn in all environmental health inspection forms to the Shelter Manager

ENVIRONMENTAL HEALTH INSPECTOR SUPPLY LIST

Pet Sheltering Supervisor Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Shelter Shift Supervisor
Reporting to you:	Pet Sheltering Team
General job overview:	Oversees all pet sheltering activities, administers vaccinations as needed, instructs staff in sheltering procedures, coordinates supply orders with Logistics Supervisor
Knowledge and training:	This role is filled by the Cabarrus County Animal Shelter Manager. Pre-requisites for this position are fulfilled through the course of employment.

INITIAL ACTIONS	
<input type="checkbox"/>	Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
<input type="checkbox"/>	Review <ul style="list-style-type: none"> • Cabarrus County Sheltering SOG • Pet Sheltering Supervisor Job Aid • Pet Sheltering Team Member Job Aid • Pet Sheltering Rules • Pet Exercise Session Sign Up Sheet • Pet Shelter Registration and Agreement • Pet Shelter Extended Check-Out Log
<input type="checkbox"/>	Establish location of the CAST with Shelter Manager and Facility Representative. (Allow room for placement of CAMEL trailer for storage use.)
<input type="checkbox"/>	Designate pet exercise/relief area with Shelter Manager and Facility Representative
<input type="checkbox"/>	Upon arrival of the CAST coordinate with EM to perform just in time training on CAST operation
<input type="checkbox"/>	Set up Pet Sheltering Intake and Registration Area. <i>Area setup should consist of, at a minimum, a pop-up tent, 1 table with 2 chairs for staff and 2 for clients. Small refrigerator for vaccines, surge protector, CAMEL for storage.</i>
<input type="checkbox"/>	Coordinate with Logistics Supervisor delivery of supplies and vaccine stock.
<input type="checkbox"/>	Post directional signage to pet sheltering area from main shelter entrance.
<input type="checkbox"/>	Post signage indicating exercise and relief areas.
<input type="checkbox"/>	Place trash cans in relief areas and pet waste bag dispenser.
<input type="checkbox"/>	Establish tentative schedule for pet walking times. <ul style="list-style-type: none"> • Schedule should allow for 20 minutes minimum. • Times should be offered early and late morning, afternoon and late afternoon.
<input type="checkbox"/>	Activate and schedule staff to perform in the Pet Shelter Team Member role.
<input type="checkbox"/>	Brief staff on pet sheltering guidelines, staff check in/out procedures and completion of ICS 214 forms at opening.
<input type="checkbox"/>	Create and distribute staff contact list (give copy to Shelter Shift Supervisor as well).
<input type="checkbox"/>	Create and distribute schedule for staff.
<input type="checkbox"/>	Attend opening brief with Shelter Manager.
<input type="checkbox"/>	Distribute necessary forms to staff.

DAILY SHELTER OPERATIONS
<input type="checkbox"/> Sign in and out at the Staff Area, including leaving for breaks.
<input type="checkbox"/> Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.
<input type="checkbox"/> Confirm all registration forms are completed and stored appropriately.
<input type="checkbox"/> Use software to document feedings, medication administration or any notes.
<input type="checkbox"/> Ensure that no unvaccinated animals are being sheltered.
<input type="checkbox"/> Create schedule for dispensing medication to pets as necessary.
<input type="checkbox"/> Create schedule of feeding times for pets.
<input type="checkbox"/> Maintain and store vaccine stock.
<input type="checkbox"/> Monitor CAST fuel supply for generator, water supply, and wastewater collection daily.
<input type="checkbox"/> Ensure daily inspections are being conducted of area surrounding CAST and pet walking area. <ul style="list-style-type: none"> • Refill waste disposal bags as needed. • Empty trash receptacle as needed. • Pick up pet waste if necessary.
<input type="checkbox"/> Confirm that pet crates are being adequately cleaned.
<input type="checkbox"/> Review feeding and medication logs daily.
<input type="checkbox"/> Coordinate with Logistics Supervisor on any current or anticipated needs.
<input type="checkbox"/> Conduct daily briefing with Shelter Shift Supervisor.
<input type="checkbox"/> Brief staff of any updates to incident/shelter operations
<input type="checkbox"/> Facilitate any issues with shelter pets/clients/staff. Notify Shelter Shift Supervisor if additional assistance is required.
<input type="checkbox"/> Review ICS 214 forms for accuracy and completeness and submit to Shelter Shift Supervisor.

SHELTER CLOSING ACTIONS
<input type="checkbox"/> Attend closing brief with Shelter Manager to receive instructions and timelines for shelter closure.
<input type="checkbox"/> Brief Pet Sheltering Team Members on what cleaning and closing actions will need to be taken.
<input type="checkbox"/> Confirm animals being checked out for the final time from shelter are leaving with all their personal items, food and medication.
<input type="checkbox"/> At shelter closure, process any unclaimed pets into Cabarrus County Animal Shelter.
<input type="checkbox"/> Supervise and complete all actions required to clean the CAST and surrounding areas and return it to its original state.
<input type="checkbox"/> Notify Shelter Shift Supervisor of any damages to the shelter facility, CAST, CAMEL or other equipment that cannot be resolved prior to closure.
<input type="checkbox"/> Turn in all remaining paperwork to Shelter Shift Supervisor or Shelter Manager.
<input type="checkbox"/> Participate in debrief. Contribute to AAR report and Plan of Improvement as requested by EM.

PET SHELTERING SUPERVISOR SUPPLY LIST
Pet Sheltering Setup: CAST, CAMEL, table, chairs, wi-fi, extension cords, power strip, camera, photo printer, diesel for generator, trash cans, trash bags, pet waste disposal bags, cable ties, pet sheltering signage, painters' tape, orange cones, caution tape, refrigerator, vaccines
Client supplies: ID bands for pets, colored wrist bands for owner id, disposable litter boxes, litter, GI food for cats and dogs, food and water bowls, bedding

SHELTER ROLES AND RESPONSIBILITIES

Cleaning supplies: Disposable gloves, 5-gallon buckets, scrub brushes, pooper scoopers, all-purpose cleaner, bleach, paper towel, spray bottles, hose

Office supplies: Pens, notebook, post-its, markers, scissors, stapler, photo paper

Personal supplies: Agency ID, mobile phone and charger, comfortable closed toe shoes, water bottle, snacks, flashlight, handling gloves, first aid kit

Pet Sheltering Team Member Job Aid

READ THIS ENTIRE JOB AID BEFORE TAKING ACTION

Reports to:	Pet Sheltering Supervisor
Reporting to you:	n/a
General job overview:	Assist the Pet Sheltering Supervisor in the sheltering and care of cats and dogs belonging to shelter clients.
Knowledge and training:	This role is filled by the Cabarrus County Animal Shelter employees and volunteers. Prerequisites for this position are fulfilled through the course of employment and volunteer activities.

INITIAL ACTIONS

- Begin an ICS 214 form documenting work start and end times, any notable occurrences and activities completed during your shift.
- Review
 - Cabarrus County Sheltering SOG
 - Pet Sheltering Team Member Job Aid
 - Pet Sheltering Rules
 - Pet Exercise Session Sign Up Sheet
 - Pet Shelter Registration and Agreement
 - Pet Shelter Registration and Agreement
- Assist Pet Sheltering Supervisor in setting up Pet Sheltering Intake and Registration Area
Area setup should consist of, at a minimum, a pop-up tent, 1 table with 2 chairs for staff and 2 for clients. Small refrigerator for vaccines, surge protector, CAMET for storage.

DAILY SHELTER OPERATIONS

- Sign in and out at the Staff Area, including leaving for breaks.
- Complete an ICS 214 documenting your shift start and end times, any notable occurrences and activities completed during your shift.
- Complete all registration paperwork at animal intake.
Ensure no unvaccinated animals are admitted to the Pet Shelter.
- Create logs for each sheltered pet to document feedings, medication administration or any notes.
- Dispense medication to pets as per instructions.
- Follow food and watering schedule for pets.
- Document feedings, medication administration or any other items of note in sheltering software.
- Facilitate pet exercise and relief times by bringing dogs to and from the CAST to pet owners.
- Check and clean pet kennels:
 - When dogs are on relief/exercise breaks
 - Cat litter boxes in the morning and evening
 - If additional cleaning is needed.

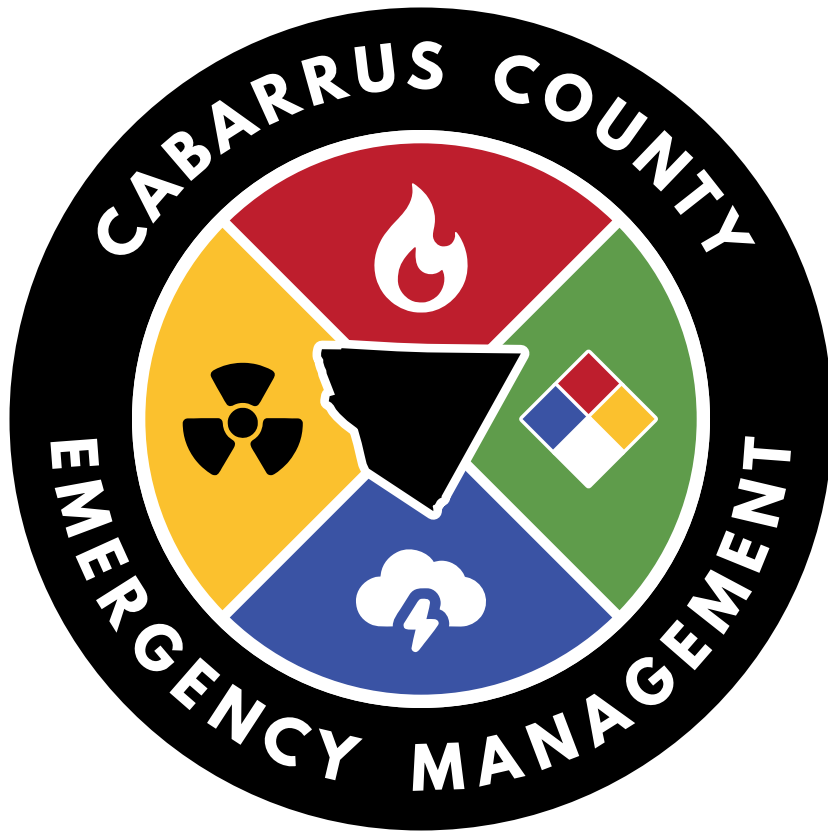
<input type="checkbox"/> Conduct daily inspections of areas surrounding CAST and pet walking area. <ul style="list-style-type: none"> • Refill Waste Disposal Bags as needed. • Empty trash receptacle as needed. • Pick up pet waste if necessary.
<input type="checkbox"/> Notify with Pet Sheltering Supervisor on any current or anticipated needs.
<input type="checkbox"/> Brief staff of any updates to incident/shelter operations

SHELTER CLOSING ACTIONS

<input type="checkbox"/> Attend closing brief with Shelter Manager to receive instructions and timelines for shelter closure.
<input type="checkbox"/> Brief Pet Sheltering Team Members on what cleaning and closing actions will need to be taken.
<input type="checkbox"/> Confirm animals being checked out for the final time from shelter are leaving with all their personal items, food and medication.
<input type="checkbox"/> Demobilize pet sheltering equipment. <ul style="list-style-type: none"> • Use list below as a guide to ensure all equipment is accounted for. • Clean and disinfect equipment as necessary. • Make note of any disposable items from supply list below that will need to be restocked. • Report any missing or broken equipment to the Pet Sheltering Shift Supervisor.
<input type="checkbox"/> Notify Pet Sheltering Supervisor of any damages to the shelter facility, CAST, CAMET or other equipment that cannot be resolved prior to closure.
<input type="checkbox"/> Turn in all remaining paperwork to Pet Sheltering Supervisor.
<input type="checkbox"/> Participate in debrief.

PET SHELTERING TEAM MEMBER SUPPLY LIST






Pet Sheltering Setup: CAST, CAMET, table, chairs, wi-fi, extension cords, power strip, camera, photo printer, diesel for generator, trash cans, trash bags, pet waste disposal bags, cable ties, pet sheltering signage, painters' tape, orange cones, caution tape, refrigerator, vaccines
Client supplies: ID bands for pets, colored wrist bands for owner id, disposable litter boxes, litter, GI food for cats and dogs, food and water bowls, bedding
Cleaning supplies: Disposable gloves, 5-gallon buckets, scrub brushes, pooper scoopers, all-purpose cleaner, bleach, paper towel, spray bottles, hose
Office supplies: Pens, notebook, post-its, markers, scissors, stapler, photo paper
Personal supplies: Agency ID, mobile phone and charger, comfortable closed toe shoes, water bottle, snacks, flashlight, handling gloves, first aid kit













**Cabarrus County Sheltering
STANDARD OPERATING GUIDELINES**






Shelter Forms

Quick Reference Guide

Form	Purpose	How / When to Use
Shelter Facility Pre-Opening Inspection (page 78) 	To assess the condition of shelter prior to opening	<input type="checkbox"/> Completed by the Shelter Manager while accompanied by the Facility Rep. <input type="checkbox"/> Note the condition of the facility and utility systems <input type="checkbox"/> Record any damage on the form and with photographs <input type="checkbox"/> Share a copy with the Facility Rep.
Accessibility Checklist (page 80) 	To aid in setting up the facility to accommodate those clients with accessibility challenges.	<input type="checkbox"/> Can be used by all shelter staff during shelter setup <input type="checkbox"/> Refer to the checklist periodically to ensure the shelter remains accessible
Shelter Manager Opening Briefing Agenda (page 82) 	Provides a guide at the opening briefing for sharing and gathering information.	<input type="checkbox"/> Used by the Shelter Manager or the Shelter Shift Supervisor at the initial staff brief
Shelter Staff Sign In / Out Record (page 83) 	To provide a record and contact information of all shelter staff that are currently on shift.	<input type="checkbox"/> Located at the staff command/break area <input type="checkbox"/> Sign In/Out when starting and ending your shift and whenever leaving for a break <input type="checkbox"/> Note a good phone number on the form to enable staff to easily contact you
Daily Shelter Report (page 84) 	Provides a snapshot of the number of shelter clients, meals provided and any other shelter operations of note.	<input type="checkbox"/> Completed by the Shelter Manager <input type="checkbox"/> Information provided by area supervisors <input type="checkbox"/> The completed form should be shared daily with the EOC

Form	Purpose	How / When to Use
<p>Shelter Facility Closing Inspection (page 85)</p> 	<p>Used during the final walk-through of the shelter to assess shelter condition and any damages</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Completed by the Shelter Manager while accompanied by the Facility Rep. <input type="checkbox"/> Record any damage on the form and with photographs <input type="checkbox"/> Share a copy with the Facility Rep.
<p>Shelter Registration Form (pages 90 and 95)</p> 	<p>To capture basic information about who is staying at the shelter</p> <p>Available in English and Spanish</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Fill out one (1) form per household to register people staying at the shelter <input type="checkbox"/> Complete when people first arrive and update upon departure <input type="checkbox"/> File alphabetically in location that can only be accessed by shelter workers
<p>CMIST Worksheet (page 96)</p> 	<p>Documents possible considerations for access and functional needs. Serves as a guideline for referral services</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Can be completed at Registration or by Health Services staff <input type="checkbox"/> Does not need to be completed for all shelter clients, but should be used for clients identified as having access needs during the registration process. <input type="checkbox"/> Follow up on assessment by notifying your supervisor of potential client needs
<p>Shelter Rules (page 98)</p> 	<p>To provide shelter clients with information on shelter rules</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Distribute one (1) copy to each household as they enter the shelter for the first time as part of the registration process
<p>Dormitory Map (page 99)</p> 	<p>Documents the location of cots and their assigned number. Also used to document the assignment of shelter clients to cots.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Dormitory Supervisor draws initial map and assigns each cot a number and then gives the form to the Registration Supervisor <input type="checkbox"/> The Registration Team uses the map to assign clients to cots <input type="checkbox"/> Note each clients name next to the number of the cot they are assigned <input type="checkbox"/> Share copies of the map with the Dormitory Team periodically

Form	Purpose	How / When to Use
Shelter Sign In / Out Record (page 101) 	To track which shelter clients and shelter visitors are currently in the shelter	<input type="checkbox"/> Keep in the Registration Area <input type="checkbox"/> All shelter clients and visitors must sign in/out when entering or leaving the shelter
Cold Storage Medication Log (page 102) 	Provides a record of shelter client medication being stored in (cold storage) refrigeration at the shelter	<input type="checkbox"/> To be kept in the Health Services area and completed by Health Services Staff <input type="checkbox"/> Collect all information when client brings medication to Health Services Area <input type="checkbox"/> Complete form when returning medication to shelter client at check-out
Cold Storage Temperature Log (page 103) 	Provides a record of refrigerated medicine storage at the shelter	<input type="checkbox"/> To be kept in the Health Services area and completed by Health Services Staff <input type="checkbox"/> Note temperature of the medication refrigeration at the beginning of the shift <input type="checkbox"/> Note temperature of the medication refrigeration at the end of the shift
OTC Medication Log (page 104) 	Creates a record of OTC medication taken by shelter clients while at the shelter	<input type="checkbox"/> To be kept in the Health Services area and completed by Health Services Staff <input type="checkbox"/> Complete the requested information each time a shelter client takes OTC medicine
Food Holding Time / Temperature Log (page 105) 	Tracks the temperature of buffet style foods to ensure that hot foods are kept above 135°F and cold foods remain below 41°F.	<input type="checkbox"/> To be kept at Food Services Area <input type="checkbox"/> Completed by Food Service Supervisor or their designee <input type="checkbox"/> Used to ensure hot food stays 135°F and cold food is below 41°F

Form	Purpose	How / When to Use
<p>Pet Shelter Registration and Agreement (page 106)</p> 	<p>Intake form for pets documenting feeding and medication needs. Also serves as an agreement for pet sheltering services and the expectations of the pet owner.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> To be kept at the Pet Sheltering Area and completed by the Pet Sheltering Staff <input type="checkbox"/> One form should be completed for each pet being housed at the shelter facility
<p>Pet Sheltering Rules (page 107)</p> 	<p>To provide shelter clients with pets staying at the shelter facility with information on shelter rules</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Distribute one (1) copy to shelter client when they register a pet to stay at the shelter facility <input type="checkbox"/> To be kept at the Pet Sheltering Area
<p>Pet Exercise Session Sign-Up (page 109)</p> 	<p>Provides a way for shelter clients to schedule a time to take their pet (dog) to the relief and exercise area.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> To be kept at the Pet Sheltering Area <input type="checkbox"/> Completed by the pet (dog) owner with assistance from the Pet Sheltering Staff <input type="checkbox"/> Staff should encourage pet owners to sign up for times early so as to get the times that work best for their schedule (up to 4 times per day)
<p>Pet Shelter Extended Checkout Log (page 110)</p> 	<p>A log of shelter clients who have opted to temporarily remove their pet from the shelter facility</p>	<ul style="list-style-type: none"> <input type="checkbox"/> To be kept at the Pet Sheltering Area <input type="checkbox"/> Completed by the pet owner with assistance from the Pet Sheltering Staff <input type="checkbox"/> Staff should remind pet owners that pets must be returned to the shelter prior to 6 p.m. in order to be housed that night in the shelter
<p>General Shelter Supplies List (page 111)</p> 	<p>Use as a guide to what supplies should be provided in a shelter</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Use the list as a guide <input type="checkbox"/> Make note of additional items that may be needed and notify supervisor of the need.

SHELTER FACILITY PRE-OPENING INSPECTION

Shelter Opening Date: _____

Facility Name: _____ Address: _____

Person Completing Inspection: _____ Date of Inspection: _____

Facility Representative: _____

Phone: _____ Email: _____

Inspect all areas that will be utilized during sheltering activities including exterior areas designated for use in pet sheltering. Check yes, no, not applicable (NA), or unknown (U). Specific areas needing correction should be noted under "Comments." Pre-existing damage should be documented on this form and through photographs. Provide a copy of this form to the facility representative.

Yes	No	NA	U	Comments	Areas to Inspect
					Is the facility neat, clean and orderly?
					Are indoor and outdoor walking surfaces free of trip and fall hazards (e.g. uneven sidewalks, loose/missing tiles, wires, etc.)?
					Are the routes to exits relatively straight and clear of obstructions?
					Are all emergency exits properly identified and secured? Are there at least 2 exits per floor?
					Are illuminated exit and exit directional signs clearly visible and operational?
					Is there an emergency evacuation plan posted?
					Is there an identified assembly area away from the building?
					Are fire extinguishers present and equipped with current inspection tags?
					Are there smoke detectors or sprinklers?
					Are there any site-specific hazards?
					Is there a back-up power source?
					If power fails, is automatic emergency lighting available for all exit routes, stairs and restrooms?
					Are the following utility systems in good working order: electric, water, sewage, HVAC?
					Are all kitchen equipment and fixtures in working order, including hot and cold water?

continued on back

ACCESSIBILITY CHECKLIST

Shelter staff continuously evaluate accessibility during setup and while navigating the shelter, actively engaging with shelter clients. Immediate solutions are implemented when possible, while issues requiring further attention are promptly reported to the shelter manager or shift supervisor for resolution support.

Shelter Setup

- Are cots placed far enough apart with pathways for access by mobility devices (at least 36" wide)?
- If there are steps in any area of the building needing access by individuals served, is there an alternate route, elevator, and/or ramps available and in use.
- Are doors accessible with push button, push bar access?
- Is there a drop off area with clear/flat and unobstructed access to the building with at least a 5-foot-wide aisle?
- Are accessible restrooms/showers available? Is there an accessible route (36" wide) to the restrooms/showers? Is there at least one stall at least 60" wide and 56" deep? Are there grab bars in place and mounted correctly for safety? Is there availability of at least one family use bath/dressing room providing access for individuals needing assistance from family/caregivers?
- Is there an accessible route (36" wide) between the serving area and in between tables in the eating area(s)?
- Is there accessible parking (and if temporary, properly marked)? Are there curb ramps? Are there spaces for accessible vans/trucks using side lifts?
- Is there at least one entrance to the building that is accessible for people with mobility issues with signage identifying the location of the accessible entrance? Is the accessible parking close to the accessible entrance?
- Is there an awareness of sensory issues (lighting, noise, etc.) and a space designated as a quiet room?
- Are the portable bathrooms, showers, and hand washing stations accessible (is the approach free from stones, rubble, steps, tree roots, mud, or loose sand)? Do portable bathrooms have easy access with ramps, including threshold ramps to enter/exit doors? Are showers accessible with roll-in options and easy use with bath chair, if needed? Are bath chairs available?
- Is there designated space (room, privacy screens, etc.) for people to attend to personal activities of daily living with privacy and dignity?
- Is the emergency evacuation route accessible?
- Is there an appropriate area for service and assistance animals to relieve themselves?
- Are there power outlets in areas with clear and easy access to charge power chairs and other assistive technology devices?

Registration

- Is the registration table accessible to those with mobility devices (no higher than 36")?
- Are there additional accessibility items to assist in registration (larger print, magnifiers, Show Me tools, tablets with communication apps, pocket talkers, language lists (e.g., 'I speak' card), etc.)?
- Is there a private area for check-in for those that are fearful of speaking in large crowds?

continued on back

Shelter Services

- Is there an accessible route (36" wide) to shelter services with accessible signage?
- Is there line management available (alternatives for those with mobility issues who are waiting in line for food/services)?
- Is there a contact list for transportation resources and disability service agencies available?

Communication

- Is there communication accessibility (interpreters for foreign language, ASL; access to Language Lines; information written on whiteboards in simple language; announcements made with PA system; accessibility to internet)?
- Is there easy-to-read signage? Is the signage prominently posted (not in the front of a table), visible, readable, large print with readable font (sans serif fonts recommended)? Use of pictograms in signs (for limited English proficiency and/or those who can't read)?
- If there are television sets in the shelter, is the closed caption function turned on?

SHELTER MANAGER

Shelter Opening Briefing Agenda

If available, distribute copies of Shelter SOG or post QR code linking to Shelter SOG.

Introductions

- Introduce yourself as the Shelter Manager.
- Ask workers to introduce themselves by providing their name, agency and any experience that will be helpful in their shelter assignment.
- Identify any workers assigned to specialty positions (e.g., Health Services).

Chain of Command

- Explain that there is an organizational structure that must be followed for the shelter to run well
- Direct any issues, questions or needs following the chain of command. The following illustrates a question moving through the full chain of command:
A registration team member would first direct a question to the Registration Team Lead. If the Lead is unable to answer the question, the question should then be directed to the Shelter Shift Supervisor. The Shelter Shift Supervisor will escalate the question to the Shelter Manager, who can involve the EOC if necessary.
- Shelter staff should not direct issues or requests to outside individuals/entities.

Identify Shelter Supplies Available and Where They Are

Review the Shelter Rules

- Emphasize that the primary job of shelter staff is to keep people safe
- People coming to the shelter will be from all walks of life and are likely arriving at the shelter in an anxious state. Stay calm and professional and treat everyone equally.

Review Key Shelter Functions, Setup and Assign Roles

- Review which areas of the facility are authorized for use and which are off limits Review the areas of the facility that will require setup.
- Assign shelter roles and direct staff to review the Shelter SOG and relevant job aids and forms.
- Encourage shelter staff to be flexible and prepared to wear multiple hats as the situation evolves.

Safety Brief

- Shelter staff must wear issued vests for easy identification by shelter clients Report issues to your next in chain of command right away.

Documentation and Communication

- Sign in at the start of your shift and sign out at the end.
- Provide key contact information to your next in chain of command and to other staff working on your team Complete a 214 for each shift and submit it at the end of each shift. You must sign your 214.

Questions

DAILY SHELTER REPORT

Date: _____

Facility: _____ Address: _____

Shelter Manager: _____

Shift Supervisor 1st: _____

Shift Supervisor 2nd: _____

Shift Supervisor 3rd: _____

Shelter Population

Morning Count: _____ Time: _____

Evening Count: _____ Time: _____

New Registrations Today: _____

Total Number of Registrations: _____

Meals Served

Breakfast: _____

Lunch: _____

Dinner: _____

Total: _____

Snack: _____

Special Diet Requirements: _____

Staff

Red Cross Staff: _____

Facility Staff: _____

Other Staff: _____

Time of Count: _____

Supplies Needed

Item	Amount Needed

Anything unusual or situations of note:

Safety, Security and Housekeeping Check: Time(s) of Check: _____

Comments: _____

Prepared by (signature): _____

Prepared by (printed name): _____

Date & Time: _____



Shelter Dormitory Registration Form

Disaster Cycle Services Job Tools

DCS JT-F Respond/Sheltering

Shelter Dormitory Registration Form Instructions

Use the *Shelter Dormitory Registration Form* to collect information about clients who are staying in the shelter dormitory. Complete the *Shelter Dormitory Registration Form* as completely as possible during initial registration. Registration forms are stored securely in the registration area during a shelter operation. Information from this form is not released to anyone but the client without the client's permission, except under exceptional circumstances. When the shelter is closing, give all copies of the *Shelter Dormitory Registration Form* to the shelter manager for proper disposition according to current record retention policies.

This job tool should be used in conjunction with the following doctrine:

- Sheltering Standards and Procedures
- Job Tool: Operating a Shelter

Complete this form following the steps below:

1. Enter the first date the form was used.
2. Consult with the shelter manager to identify the "DR Number" and the "Shelter Name/Location."
3. **Make the following OBSERVATIONS:**
 - a. Does the client or a family member appear to be in need of immediate medical attention, too overwhelmed or agitated to complete registration, or a threat to themselves or others?
 - If YES, STOP the registration process and do one of the following:
 - If situation is critical, call 9-1-1, and notify health services and the shelter manager.
 - Contact health services and/or mental health worker on site.
 - If no health or mental health resource on site, direct concern to shelter manager.
 - If NO, continue the registration process.
 - b. Does the client have a service animal, use a wheelchair/walker, or demonstrate any other circumstance where it appears they may need help in the shelter?
 - If YES, acknowledge their need and offer assistance. This may include contacting a health services worker. Contact shelter manager for additional support, when needed.
4. **Ask the following QUESTIONS:**
 - a. Is there anything you or a member of your family needs right now to stay healthy while in the shelter? If not, is there anything you know you will need in the next 6-8 hours?
 - b. Do you/family member have a health, mental health, disability, or other condition about which you are concerned?
 - If YES to either question, continue registration process, and do the following:
 - Identify what assistance the client needs. Acknowledge their need, and offer assistance.
 - If their need is medical or mental health, or you need help providing assistance to the client:
 - Contact health or mental health services worker on site;
 - If no health or mental health workers on site, contact shelter manager for follow-up;
 - If the shelter manager is not available, or if the shelter manager instructs you to, list clients who have a "yes" response on the Shelter Referral Log;\
 - Give the Shelter Referral Log to workers from Disaster Health Services, Disaster Mental Health, or Disaster Spiritual Care or to the shelter manager when they arrive.

5. Complete the Household Information section:
 - a. List the last name of the family's head of household or the last name provided by the head of household that will be used to identify the family.
 - b. Enter the number of individuals in each age group being registered as part of this family. If additional family members arrive later, add them to the same registration form.
 - c. Enter the family's pre-disaster address.
 - d. If the family is moving to a different city after the disaster, list post-disaster address (if known).
 - e. Enter the primary contact phone number for the family.
 - f. Enter an alternate contact phone number for the family.
 - g. Enter the primary email address to contact the family.
 - h. List the primary language spoken by the family.
 - If the primary language spoken by the family is not English, list any family members registered in the shelter who do speak English. Family members who speak English may be able to translate for non-English speaking family members.
 - i. Enter the method of transportation used to get to the shelter. Examples: public transportation, private vehicle, walked, dropped off. This information is useful in planning if clients will need transportation to appointments, planning for transportation when the shelter shuts down, and security patrols in the parking lot.
 - If the client is parking a personal vehicle in the shelter parking lot, enter the license plate number and state. This is helpful when security is patrolling the lot for safety.
6. Complete the Individual Family Members section:
 - a. If there are more than 6 family members, list additional family members on the back of the registration form or on an additional sheet of paper attached to this form.
 - b. Enter the family member's name.
 - c. Enter the family member's age.
 - This is helpful for demographic reporting and for planning age-appropriate services and activities within the shelter.
 - d. Enter the family member's gender: "M" for male or "F" for female.
 - This is helpful when demographic reporting is required and for planning gender-appropriate services and activities within the shelter.
 - e. Enter the date that the family member arrived at the shelter for the first time.
 - f. If the shelter is using cot numbers, enter the cot assigned to the member once assignments are made.
 - This is often done after initial registration. If cot numbers are not assigned, this field is left blank.
 - g. Enter whether or not the family member wants to help in the shelter: "Y" for yes or "N" for no.
 - Assure clients that volunteering to work in the shelter is not a requirement. If they do want to volunteer, connect them with the shelter manager, staff services, or the person assigned to eventbased volunteers within the shelter.
 - h. Enter the date that the family member leaves the shelter for the last time.
 - If this client is leaving temporarily, use a temporary marking system to indicate that they are not at the shelter.
 - i. Enter any notes requested by the operation regarding client departure. This often includes the address where the client is going to be staying and/or other post-disaster contact information.
7. Have the client initial yes or no to each statement:
 - Someone in the household is required by law to register with a state or local government agency.
 - Clients may ask what this question means. If they do not know what it means, it is likely that they do not have to register.
 - If they answer "yes," discreetly contact the shelter manager. The shelter manager talks to the client privately to understand the nature of the registration requirement and follows steps outlined in the Job

Tool: Operating a Shelter to ensure safe and equitable shelter services for all Red Cross clients.

- If they answer “no,” but continue to ask about what this question means, explain briefly and without elaboration that there are a number of reasons why an individual might need to register with a government agency, and for the safety and dignity of all clients, the shelter manager handles those situations confidentially.
 - Someone in the household is a veteran or active military.
 - If they answer yes, refer them to available veteran and military resources
 - I agree to have my information shared with other agencies providing disaster relief services.
 - For example, another non-government agency may have disaster relief assistance that would benefit the client, or FEMA may be providing individual assistance in a large disaster.
8. Have the client sign to acknowledge that the family has read the Shelter Client Welcome Handout or had it read to them.
9. Print your name or sign legibly in case there is a need to follow up with any questions.

TIP: Fill out the header on a master form, then make copies for use during the same incident at the same shelter.

Dormitory Registration

Date: _____ Incident/DR#: _____ Shelter Name/Location: _____

Observations:

- Does the client or a family member appear overwhelmed or agitated?
- Does the client have a medical or mental health condition that appears they may need assistance in the shelter?

If "YES," STOP the registration process and do one of the following:

- If situation is critical, call 9-1-1, and notify health services and the shelter manager.
- Contact health services and/or mental health worker on site.
- If no health or mental health resource on site, direct concern to shelter manager.

Questions:

- Is there anything you or a member of your family needs right now to stay healthy while in the shelter?
- Will you need in the next 6-8 hours?

If "YES," acknowledge their need, and offer assistance.

If "YES" to either question, continue registration process, and do the following:

- Identify what assistance the client needs. Acknowledge their need, and offer assistance.
- If their need is medical or mental health, or you need help providing assistance to the client:
 - Contact health or mental health services worker on site;
 - If no health or mental health workers on site, contact shelter manager for follow-up;
 - If the shelter manager is not available, or if the shelter manager instructs you to, list clients who have a "yes" response on the **Shelter Referral Log**.

Tally age groups to facilitate efficient shelter population counts.

65+yrs:

Primary Language: _____

If not English, Family Member present who speaks English: _____

Method of Transportation: _____

If personal vehicle—plate #/State (for emergency purposes only): _____

It helps to know if the family needs transportation to appointments, planning transportation as shelter is closing, and identifying vehicles in the lot.

When appropriate, family members who speak English may be able to translate for the head of household.

Arrival Date	Rm./Cot	Volunteer? (y/n)	Departure Date	Departure Notes:

In shelters where cot numbers are used, add cot assignment information as it becomes available.

Connect clients who wish to help in the shelter with the shelter manager or staff services.

Include post-disaster contact information if available.

Have client initial yes or no to each statement.
See Job Tool: Operating a Shelter for more information.

- ___ Yes ___ No Someone in the household is required by law to register with a state or local government agency.
- ___ Yes ___ No Someone in the household is a Veteran or Active Military.
- ___ Yes ___ No I agree to have my information shared with other agencies providing disaster relief services.

By signing here, I acknowledge that the information on this form is accurate, I have initialed the three statements above, and I have read/been read and understand the *Shelter Client Welcome Handout*:

Signature: _____

Date: _____

Shelter Worker Name/Signature: _____

Sign or print legibly.

Shelter Dormitory Registration

Date: _____ Incident/DR#: _____ Shelter Name/Location: _____

Observations:

1. Does the client or a family member appear to be in need of immediate medical attention, appear too overwhelmed or agitated to complete registration, or a threat to themselves or others?
2. Does the client have a service animal, use a wheelchair/walker, or demonstrate any other circumstance where it appears they may need help in the shelter?

Questions:

1. Is there anything you or a member of your family needs right now to stay healthy while in the shelter? If not, is there anything you know you will need in the next 6-8 hours?
2. Do you/family member have a health, mental health, disability, or other condition about which you are concerned?

HOUSEHOLD INFORMATION

Family Name (Last Name):	# Family members registered:					
	0-3yrs:	3-7yrs:	8-12yrs:	13-18yrs:	19-65yrs:	65+yrs:
Pre-disaster Address:			Post-disaster Address (if different):			
Primary Phone:	Other Phone:		Email:			
Primary Language:			If Not English, Family Member Present Who Speaks English:			
Method of Transportation:			If Personal Vehicle, Lic. Plate #/State (for security purposes only):			

INDIVIDUAL FAMILY MEMBER INFORMATION (for additional names, use back of page)

Name (Last, First)	Age	Gender (M/F)	Arrival Date	Rm./Cot	Volunteer? (y/n)	Departure Date	Departure Notes:

Yes No Someone in the household is required by law to register with a state or local government agency.
 Yes No Someone in the household is a veteran or active military.
 Yes No I agree to have my information shared with other agencies providing disaster relief services.

By signing here, I acknowledge that the information on this form is accurate, I have initialed the three statements above, and I have read/been read and understand the *Shelter Client Welcome Handout*:

Signature: _____ Date: _____

Shelter Worker Name/Signature: _____

Instrucciones del formulario de registro para el dormitorio del refugio

Utilice el Formulario de registro para el dormitorio del refugio para recabar información sobre los damnificados que se queden en el dormitorio del refugio. Complete el Formulario de registro para el dormitorio del refugio con toda la información que sea posible durante el registro inicial. Los formularios de registro se almacenan de manera segura en el área de registro durante la operación del refugio. La información de este formulario no se entrega a nadie sin el permiso del damnificado, salvo en circunstancias excepcionales. Cuando el refugio esté cerrando, entregue todas las copias del Formulario de registro para el dormitorio del refugio al director para su respectiva eliminación conforme a las políticas actuales de retención de registro.

Esta herramienta de trabajo se utilizará junto con la siguiente normativa:

- Normas y procedimientos del refugio
- Herramienta de trabajo: Operación de un refugio

Complete este formulario según las siguientes instrucciones:

1. Consigne la fecha en que se usó el formulario por primera vez.
2. Consulte con el director del refugio para identificar el “número DR” y el “nombre/ubicación del refugio”.
3. **Haga las siguientes OBSERVACIONES:**
 - a. ¿La persona afectada o un familiar parecen necesitar atención médica inmediata, están demasiado abrumadas o agitadas para completar el registro o plantean una amenaza para sí mismas o los demás?
 - Si la respuesta es afirmativa, DETENGA el proceso y adopte una de las siguientes medidas:
 - Si la situación es crítica, llame al 911 y notifique a los servicios de salud y al director del refugio.
 - Contacte a los servicios de salud o al personal de salud mental de las instalaciones.
 - Si no hay recursos médicos o de salud mental en el refugio, plantee la situación al director.
 - Si la respuesta es negativa, continúe con el proceso de registro.
 - b. ¿La persona afectada tiene un animal de servicio, utiliza una silla de ruedas o andador, o muestra otras circunstancias que parecen indicar que puede necesitar ayuda en el refugio?
 - Si la respuesta es afirmativa, reconozca esa necesidad y ofrezca asistencia. Esto puede incluir el contacto con un trabajador de los servicios de salud. Cuando sea menester, contacte al director del refugio para obtener apoyo adicional.
4. Haga las siguientes PREGUNTAS:
 - a. ¿Hay algo que usted o un familiar necesite de inmediato para mantener la salud mientras estén en el refugio? Si la respuesta es negativa, ¿hay algo que sabe que precisará en las siguientes 6 a 8 horas?
 - b. ¿Usted o un miembro de la familia tienen alguna afección, enfermedad de salud mental, discapacidad u otra condición que les preocupe?
 - Si la respuesta es afirmativa a alguna de estas preguntas, continúe con el proceso de registro y haga lo siguiente:
 - Identifique qué asistencia necesita la persona albergada en el refugio. Reconozca esa necesidad y ofrezca asistencia.
 - Si tienen alguna necesidad médica o de salud mental, o si precisa ayuda para brindar asistencia al damnificado:
 - Contacte al personal de los servicios de atención médica o de salud mental de las instalaciones.

- Si no hay personal de dichas áreas en las instalaciones, contacte al director del refugio para efectuar un seguimiento.
 - Si el director del refugio no se encuentra disponible o si así se lo ordena, haga una lista con las personas afectadas para quienes tengan una respuesta positiva en el Registro de derivaciones del refugio.
 - Entregue el Registro de derivaciones del refugio al personal de servicios de salud en casos de desastre, al personal de servicios de salud mental en casos de desastre o al director del refugio cuando lleguen.
5. Complete la sección Información de la familia:
- a. Consigne el apellido del jefe de hogar o el apellido brindado por el jefe de hogar que será utilizado para identificar a la familia.
 - b. Indique la cantidad de personas en cada grupo de edades que se registra como parte de esta familia. Si más tarde llegan familiares adicionales, agréguelos al mismo formulario de registro.
 - c. Indique el domicilio de la familia antes del desastre.
 - d. Si la familia se mudará a otra ciudad después del desastre, indique una dirección respectiva (si la conociera).
 - e. Indique el número de teléfono del principal contacto de la familia.
 - f. Indique el número de teléfono de un contacto alternativo de la familia.
 - g. Indique el correo electrónico principal para contactar a la familia.
 - h. Consigne los idiomas principales que habla la familia.
 - Si el idioma principal no es el inglés, indique qué miembros de la familia registrados en el refugio hablan inglés. Puede que los miembros de la familia que hablan inglés estén en condiciones de traducir a los familiares que desconocen el idioma.
 - i. Indique el medio de transporte empleado para llegar al refugio. Ejemplos: utilizaron transporte público o un vehículo privado, fueron a pie, los llevó alguien. Esta información es útil para planificar si los damnificados necesitarán que se los transporte para las citas, combinar el transporte cuando el refugio cierre y para las patrullas de seguridad en el estacionamiento.
 - Si el damnificado estaciona un vehículo personal en el estacionamiento del refugio, indique el número de placa y el estado. Esto es útil cuando los guardias patrullan el estacionamiento por seguridad.
6. Complete la sección Miembros de la familia individual:
- a. Si la familia tiene más de 6 miembros, incluya los nombres adicionales en el reverso del formulario de registro o en una hoja aparte adjuntada a este formulario.
 - b. Consigne el nombre del familiar.
 - c. Indique la edad del familiar.
 - Esto es útil para informar datos demográficos y planificar actividades y servicios adecuados según la edad dentro del refugio.
 - d. Indique el sexo del familiar: “M” para masculino o “F” para femenino.
 - Esto es útil para informar datos demográficos y planificar actividades y servicios adecuados según la edad dentro del refugio.
 - e. Consigne la fecha en que el familiar llegó al refugio por primera vez.
 - f. Si el refugio utiliza números de cama, consigne el número asignado al familiar una vez que se hayan efectuado tales asignaciones.
 - A menudo, esto se realiza después del registro inicial. Si no se asignan números de cama, el campo se debe dejar en blanco.
 - g. Indique si el familiar desea ayudar en el refugio: “S” para indicar que sí y “N” para indicar que no.
 - Asegúreles a los damnificados que el voluntariado para trabajar en el refugio no es un requisito. Si desean ofrecerse como voluntarios, póngalos en contacto con el director del refugio, los servicios de personal u otra persona asignada a voluntarios por eventos dentro de las instalaciones.

- h. Consigne la fecha en que el familiar deja el refugio por última vez.
 - Si se retira de forma temporal, utilice el sistema para marcar tal modalidad a fin de indicar que no se encuentran en el refugio.
 - i. Incluya las notas necesarias para la operación que sean relativas a la partida del damnificado. Esto a menudo incluye el domicilio donde se quedará u otra información de contacto posterior al desastre.
7. Pídale al damnificado que para cada afirmación responda “sí” o “no”.
- Alguien en la familia debe registrarse por ley ante un organismo gubernamental estatal o local.
 - Las personas afectadas pueden preguntar qué significa esta pregunta. Si desconocen el significado, es probable que no tengan que registrarse.
 - Si la respuesta es afirmativa, contacte al director del refugio de manera discreta. El director del refugio hablará con el damnificado en privado a fin de comprender la naturaleza del requisito de registro y seguirá los pasos indicados en la Herramienta de trabajo: Operación de un refugio a fin de garantizar la seguridad y los servicios equitativos de albergue para todos los damnificados que recurran a la Cruz Roja.
 - Si la respuesta es negativa, pero continúan pidiendo el significado de la pregunta, explique de manera breve y sin elaboración que hay un número de motivos por los que una persona puede tener que registrarse ante un organismo gubernamental y, por la seguridad y dignidad de todos los damnificados, el director del refugio maneja esas situaciones con confidencialidad.
 - Alguien en la familia es veterano o militar en servicio activo.
 - Si la respuesta es afirmativa, déVELO a los recursos disponibles veteranos y militares.
 - Acepto que se entreguen mis datos a otros organismos que brindan servicios de socorro en casos de desastre.
 - Por ejemplo, otro organismo no gubernamental puede contar con ayuda en casos de desastre que pueda beneficiar al damnificado o FEMA puede ofrecer asistencia individual en grandes catástrofes.
8. Pida al damnificado que firme para reconocer que la familia ha leído o que alguien les ha leído el Folleto de bienvenida para el damnificado.
9. Escriba su nombre o firme de forma legible en caso de que se deba hacer un seguimiento con alguna de las preguntas.

CONSEJO: Complete el encabezado del formulario modelo, luego haga copias para utilizarlas durante el mismo incidente en el mismo refugio.

II. Registro de dormitorio del refugio

Fecha: _____ Incidente/nro. DR: _____ Nombre/ubicación del refugio: _____

Observaciones:

1. ¿La persona afectada o el personal del refugio tiene alguna necesidad que pueda ser atendida?
2. ¿La persona afectada tiene alguna discapacidad que pueda ser atendida?

Si la respuesta es afirmativa, DETENGA el proceso y adopte una de las siguientes medidas:

- o Si la situación es crítica, llame al 911 y notifique a los servicios de salud y al director del refugio.
- o Contacte a los servicios de salud o al personal de salud mental de las instalaciones.
- o Si no hay recursos médicos o de salud mental en el refugio, plantee la situación al director.

Preguntas:

1. ¿Hay algo que usted o un familiar necesite que sea atendido en el refugio?

Si la respuesta es afirmativa, reconozca esa necesidad y ofrezca asistencia.

Anote grupos de edades para facilitar el recuento eficaz de la población del refugio.

Si la respuesta es afirmativa a alguna de estas preguntas, continúe con el proceso de registro y haga lo siguiente:

- Identifique qué asistencia necesita la persona albergada en el refugio. Reconozca esa necesidad y ofrezca asistencia.
- Si tienen alguna necesidad médica o de salud mental, o si precisa ayuda para brindar asistencia al damnificado:
 - o Contacte al personal de los servicios de atención médica o de salud mental de las instalaciones.
 - o Si no hay personal de dichas áreas en las instalaciones, contacte al director del refugio para efectuar un seguimiento.
 - o Si el director del refugio no se encuentra disponible o si así se lo ordena, haga una lista con las personas afectadas para quienes tenga una respuesta positiva en el Registro de derivaciones del refugio.

65 años.

Idioma principal:

Si no fuera el inglés, un miembro de la familia que esté presente y lo hable:

Método de transporte:

Si es un vehículo personal, número de placa (solo para fines de seguridad):

Es útil saber si la familia necesita transporte para acudir a las citas, para planificación de transporte una vez que cierre el refugio e identificación de los vehículos que se encuentran en el estacionamiento.

Cuando corresponda, los miembros de la familia que hablen inglés pueden traducir a los familiares que desconocen el idioma.

Apellido	Habitac./Cama	¿Es voluntario? (s/n)	Fecha de salida	Notas de la salida:

En refugios donde se utilizan números de cama, agregue la información de la cama asignada cuando esté disponible.

Ponga en contacto a los damnificados que deseen ayudar en el refugio con el director o los servicios de personal.

Incluya la información de contacto posterior al desastre si estuviera disponible.

Pídale al damnificado que para cada afirmación responda "sí" o "no".

____ Sí ____ No Alguien en la familia es veterano o miembro de la Guardia Nacional

____ Sí ____ No Alguien en la familia es veterano o miembro de la Guardia Nacional

Para obtener más información consulte la herramienta de trabajo: Operación de un refugio para más información.

____ Sí ____ No Acepto que se entreguen mis datos a otros organismos que brindan servicios de socorro en casos de desastre.

Con mi firma a continuación, reconozco que la información incluida en este formulario es correcta, que he marcado las tres declaraciones anteriores y que he leído y comprendo el Folleto de bienvenida para el damnificado:

Firma: _____ Fecha: _____

Nombre/firma del empleado del refugio: _____

Firma o nombre en letra de imprenta.

Registro en el dormitorio del refugio

Fecha: _____ Incidente/nro. DR: _____ Nombre/ubicación del refugio: _____

Observaciones:

- ¿La persona afectada o un familiar parecen necesitar atención médica inmediata, están demasiado abrumadas o agitadas para completar el registro o plantean una amenaza para sí mismas o los demás?
- ¿La persona afectada tiene un animal de servicio, utiliza una silla de ruedas o andador, o muestra otras circunstancias que parecen indicar que puede necesitar ayuda en el refugio?

Preguntas:

- ¿Hay algo que usted o un familiar necesite de inmediato para mantener la salud mientras estén en el refugio? Si la respuesta es negativa, ¿hay algo que sabe que precisará en las siguientes 6 a 8 horas?
- ¿Usted o un miembro de la familia tienen alguna afección, enfermedad de salud mental, discapacidad u otra condición que les preocupe?

INFORMACIÓN DE LA FAMILIA		
Apellido (último nombre):	Cantidad de miembros de la familia registrados: 0 a 3 años: 3 a 7 años: 8 a 12 años: 13 a 18 años: 19 a 65 años: Más de 65 años:	
Domicilio antes del desastre:	Domicilio después del desastre (si fuera distinto):	
Teléfono principal:	Otro teléfono:	Correo electrónico:
Idioma principal:	Si no fuera el inglés, un miembro de la familia que esté presente y lo hable:	
Método de transporte:	Si es un vehículo personal, número de placa y estado (solo para fines de seguridad):	

INFORMACIÓN DEL MIEMBRO INDIVIDUAL DE LA FAMILIA (para los nombres adicionales, utilice el dorso de la página)

Nombre (de pila y apellido)	Edad	Sexo (M/F)	Fecha de llegada	Habitac./ Cama	¿Es voluntario? (s/n)	Fecha de salida	Notas de la salida:

Sí No Alguien en la familia debe registrarse por ley ante un organismo gubernamental estatal o local.

Sí No Alguien en la familia es veterano o militar en servicio activo.

Sí No Acepto que se entreguen mis datos a otros organismos que brindan servicios de socorro en casos de desastre.

Con mi firma a continuación, reconozco que la información incluida en este formulario es correcta, que he marcado las tres declaraciones anteriores y que he leído o me han leído y comprendo el *Folleto de bienvenida para el damnificado*:

Firma: _____ Fecha: _____

Nombre/firma del empleado del refugio: _____



CMIST Worksheet

Total Number of Family Included on This Form: _____

Date:	Client/Family Name:	County/State:
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Location in Shelter:	Interviewer:
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This document covers possible considerations for access and functional needs. It is not all-inclusive, but serves as a guideline for referral purposes.

COMMUNICATION	
NEED:	ACTION:
<input type="checkbox"/> Access to auxiliary communication service	<input type="checkbox"/> Provide written materials in alternative format (braille, large and high contrast print, audio recording, or readers). <input type="checkbox"/> Provide visual public announcements. <input type="checkbox"/> Provide qualified sign language or oral interpreter. <input type="checkbox"/> Provide qualified foreign language interpreter.
<input type="checkbox"/> Access to auxiliary communication device	<input type="checkbox"/> Provide access to teletypewriter [TTY, TDD, or CapTel] or cell phone with texting capabilities; pen and paper.
<input type="checkbox"/> Replacement of auxiliary communication equipment	<input type="checkbox"/> Provide replacement eyeglasses. <input type="checkbox"/> Provide replacement hearing aid and/or batteries.
MAINTAINING HEALTH	
NEED:	ACTION:
<input type="checkbox"/> Special diet <input type="checkbox"/> Food Allergies _____ (type)	<input type="checkbox"/> Provide alternative (low sugar, low sodium, pureed, gluten-free, dairy-free, peanut-free) food and beverages; _____ (diet type).
<input type="checkbox"/> Medical supplies and/or equipment for everyday care (including medications) <i>not</i> related to mobility <i>*For replacement eyeglasses or hearing aid, see Communication</i> <i>*For assistive mobility equipment (e.g., wheelchair), see Independence</i>	Refer to Disaster Health Services to provide or procure one or more of the following: <input type="checkbox"/> Replacement medication <input type="checkbox"/> Wound management/dressing supplies <input type="checkbox"/> Diabetes management supplies (e.g., test strips, lances, syringes) <input type="checkbox"/> Bowel or bladder management supplies (e.g., colostomy supplies, catheters) <input type="checkbox"/> Oxygen supplies and/or equipment
<input type="checkbox"/> Assistance with medical care normally provided in the home <input type="checkbox"/> Allergies (environmental or other high risk) _____(type) <i>*For medical treatments that are not normally provided in the home (e.g., dialysis), see Transportation</i>	Refer to Disaster Health Services to assist with one or more of the following: <input type="checkbox"/> Administration of medication <input type="checkbox"/> Storage of medication (e.g., refrigeration) <input type="checkbox"/> Wound management <input type="checkbox"/> Bowel or bladder management <input type="checkbox"/> Use of medical equipment <input type="checkbox"/> Universal precautions / infection prevention and control (e.g., disposal of biohazard materials, such as needles in sharps containers)
<input type="checkbox"/> Support for pregnant women <input type="checkbox"/> Support for nursing mothers <input type="checkbox"/> Infant care availability	<input type="checkbox"/> Provide support by ongoing observation. <input type="checkbox"/> Provide support and/or room for breastfeeding women. <input type="checkbox"/> Assure diaper changing area is available.
<input type="checkbox"/> Access to a quiet area	<input type="checkbox"/> Provide access to a quiet room or space within the shelter (e.g., for elderly persons, people with psychiatric disabilities, parents with very young children, children and adults with autism).
<input type="checkbox"/> Access to a temperature-controlled area	<input type="checkbox"/> Provide access to an air-conditioned and/or heated environment (e.g., for those who cannot regulate body temperature).
<input type="checkbox"/> Mental health care (e.g., anxiety and stress management)	<input type="checkbox"/> Refer to Disaster Mental Health Services

INDEPENDENCE	
NEED:	ACTION:
<input type="checkbox"/> Durable medical equipment for individuals with conditions that affect mobility	<input type="checkbox"/> Provide assistive mobility equipment (e.g., wheelchair, walker, cane, crutches). <input type="checkbox"/> Provide assistive equipment for bathing and/or toileting (e.g., raised toilet seat with grab bars, handled shower, bath bench). <input type="checkbox"/> Provide accessible cot (may be a crib, inclined head or other bed type).
<input type="checkbox"/> Power source to charge battery-powered assistive devices	<input type="checkbox"/> Provide power source to charge battery-powered assistive devices.
<input type="checkbox"/> Bariatric accommodations	<input type="checkbox"/> Provide bariatric cot or bed.
<input type="checkbox"/> Service animal accommodations	<input type="checkbox"/> Provide area where service animal can be housed, exercised, and toileted. <input type="checkbox"/> Provide food and supplies for service animal.
<input type="checkbox"/> Infant supplies and/or equipment	<input type="checkbox"/> Provide infant supplies (e.g., formula, baby food, diapers, crib).
SERVICES, SUPPORT AND SELF-DETERMINATION	
NEED:	ACTION:
<input type="checkbox"/> Adult personal assistance services <input type="checkbox"/> Child personal assistance services <i>*Includes general observation and/or assistance with non-medical activities of daily living, such as grooming, eating, bathing, toileting, dressing and undressing, walking, etc.</i>	<input type="checkbox"/> Identify family member or friend caregiver. <input type="checkbox"/> Assign qualified shelter volunteer to provide personal assistance services. <input type="checkbox"/> Contact local agency to provide personal assistance services. <input type="checkbox"/> Coordinate childcare support such as play areas, age-appropriate activities, and equal access to resources.
TRANSPORTATION	
NEED:	ACTION:
<input type="checkbox"/> Transportation to designated facility for medical care / treatment <input type="checkbox"/> Transportation for non-medical appointment	<input type="checkbox"/> Coordinate provision of accessible shelter vehicle and driver for transportation. <input type="checkbox"/> Contact local transit service to provide accessible transportation.

HOUSING CHALLENGES		
Pre-Disaster homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-Disaster precariously housed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-Disaster HUD housing occupant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Disaster Address:

Actions:

No needs identified

Contact Shelter Manager

Contact Disaster Mental Health Services

Agency, please provide agency name _____

Other _____

Disaster Health Services (name/signature/date) _____

This information may be shared with Shelter Manager, Recovery Services, and Disability Integration Services.

Welcome to the Cabarrus County Shelter!

We're here to help you during this challenging time. To ensure everyone's safety and comfort, we have a **few rules** that we request you follow.



RESPECT AND KINDNESS

- Respect others' privacy and property.
- Follow shelter staff instructions and shelter rules.
- Maintain a safe and quiet environment for all occupants.
- Quiet time is important for everyone at the shelter. Please be extra kind and think about others' needs during this time.



SAFETY FIRST

- No weapons, drugs, alcohol, tobacco, vaping or smoking inside the shelter premises.
- Know the emergency exits, and if you see anything that doesn't seem right, let us know. Your safety is our top priority.
- Everyone staying in the shelter must register. All shelter information is kept confidential.
- All persons must check in/out when entering or leaving the shelter using the **Shelter Sign In/Out Record**.



TAKING CARE OF YOUR SPACE

- Each occupant is responsible for their belongings.
- Secure valuable items or keep them in designated storage areas.
- Limit personal items to essentials due to space constraints.
- Keep your area tidy and look out for each other. If you need anything, just ask!



HEALTH AND HYGIENE

- Maintain personal hygiene by using provided facilities (restrooms, showers).
- Dispose of trash in designated receptacles
- Report any health concerns or symptoms to shelter staff promptly.



MEALS AND SNACKS

- Please enjoy the meals, snacks, and beverages provided by the shelter **ONLY** in the areas set aside for dining.
- Respect meal schedules and food distribution guidelines.
- Let us know if you have any special dietary needs. We want to make sure everyone is receiving the nutrition they need.



CHILDREN AND PETS

- Children must be supervised at all times by a responsible adult.
- Only service animals are allowed inside the shelter.
- Pets being sheltered at the onsite trailer are only allowed in designated exterior areas.



CHECKING OUT

- Follow check-out procedures when leaving the shelter.
- Place any borrowed items (bedding, towels) in provided receptacles.
- Share your thoughts on how we can improve for next time.

These rules are to keep everyone safe and comfortable in the shelter and make sure things run smoothly. These rules are subject to change and any updates will be communicated to each shelter resident during your stay. Failure of a shelter client to comply with these rules will result in permanent removal from the shelter facility and property. Do not hesitate to seek out shelter staff with any questions on these rules or for any other item you need further information on. We are here to help and support you!

DORMITORY MAP

Facility Name: _____

Address: _____

This form is to be used by the Dormitory Supervisor and the Registration Team. The form will be kept at Registration to aid in assigning cots to clients. The Dormitory Team will be provided copies of the completed form with updates to cot assignments being provided as regularly as possible.

TO BE COMPLETED BY THE DORMITORY SUPERVISOR:

Draw a dormitory map in the box below, indicating doors, restroom access, aisles, emergency exits and cot placement. Number the cots. When the map is completed turn this form into the Registration Team Supervisor.



SHELTER SIGN IN / OUT RECORD

Shelter Name / Location: _____

Date	Name	Time In	New or Returning	Time Out	Temporary or Final Exit	Contact Information	Notes
			<input type="checkbox"/> New <input type="checkbox"/> Returning		<input type="checkbox"/> Temporary <input type="checkbox"/> Final		
			<input type="checkbox"/> New <input type="checkbox"/> Returning		<input type="checkbox"/> Temporary <input type="checkbox"/> Final		
			<input type="checkbox"/> New <input type="checkbox"/> Returning		<input type="checkbox"/> Temporary <input type="checkbox"/> Final		
			<input type="checkbox"/> New <input type="checkbox"/> Returning		<input type="checkbox"/> Temporary <input type="checkbox"/> Final		
			<input type="checkbox"/> New <input type="checkbox"/> Returning		<input type="checkbox"/> Temporary <input type="checkbox"/> Final		
			<input type="checkbox"/> New <input type="checkbox"/> Returning		<input type="checkbox"/> Temporary <input type="checkbox"/> Final		
			<input type="checkbox"/> New <input type="checkbox"/> Returning		<input type="checkbox"/> Temporary <input type="checkbox"/> Final		
			<input type="checkbox"/> New <input type="checkbox"/> Returning		<input type="checkbox"/> Temporary <input type="checkbox"/> Final		
			<input type="checkbox"/> New <input type="checkbox"/> Returning		<input type="checkbox"/> Temporary <input type="checkbox"/> Final		
			<input type="checkbox"/> New <input type="checkbox"/> Returning		<input type="checkbox"/> Temporary <input type="checkbox"/> Final		
			<input type="checkbox"/> New <input type="checkbox"/> Returning		<input type="checkbox"/> Temporary <input type="checkbox"/> Final		
			<input type="checkbox"/> New <input type="checkbox"/> Returning		<input type="checkbox"/> Temporary <input type="checkbox"/> Final		
			<input type="checkbox"/> New <input type="checkbox"/> Returning		<input type="checkbox"/> Temporary <input type="checkbox"/> Final		

Cabarrus County Client Shelter Cold Storage Medication Log

Incident Name: _____

Shelter Name/Location: _____

Client Name: _____ DOB: _____

Best Contact Phone Number: _____

Notes: _____

Medication Name	Dosage	Frequency	Exp. Date	Packaging
1.				
2.				
3.				
4.				

MEDICATION INTAKE			
Medication received by:		Date:	Time:
Refrigeration temperature at time of receipt:			
Client signature:			

MEDICATION RETURN / DISPOSAL			
Medication (check one): <input type="checkbox"/> Returned to client <input type="checkbox"/> Disposed			
Staff signature:		Date:	Time:
Client signature (if returned):			

Cabarrus County Shelter Cold Storage Temperature Log

Staff members are required to check and record the temperature of the medication refrigerator at the beginning and end of their shifts, as well as whenever medications are checked in. Record periodic checks on the log below. The temperature at the receipt of medication is to be recorded on the Cold Storage Medication Log. This protocol ensures the consistent monitoring of the refrigerator's temperature, maintaining the integrity and efficacy of medications that require refrigeration.

Date	Time	Current Temp	Minimum Temp	Maximum Temp	Initials	Comments / Corrective Actions

Optimal Range for Refrigerator: 36° – 46° Fahrenheit (2° to 8° Celsius)

Correction Actions must be noted if temperatures fall outside of the optimal range. Things to consider include: Did the refrigerator get unplugged? Was the thermostat adjusted? Was the door left open? Was there a power outage? Was the Nursing Lead notified? If unable to determine the problem, have meds been moved to a different, temperature monitored refrigerator and a sign placed on refrigerator that it should not be used?

Print Name	Signature	Initials

CABARRUS COUNTY SHELTER OTC MEDICATION LOG

Incident Name: _____ Shelter Name / Location: _____

Date	Time	Client Name (please print)	DOB (please print)	OTC Medication Name	Lot #	Exp. Date	Amount self- administered by client	Signature of client or parent / guardian if client is less than 18 years old	Shelter staff initials

FOOD HOLDING TIME / TEMPERATURE LOG

Product	Temp. at 30 mins.	Temp. at 1 hr.	Temp. at 1.5 hrs.	Temp. at 2 hrs.	Discard Time	Initials

Pet Shelter Registration and Agreement

I, the animal owner signed below, request the emergency housing of the animal being evacuated because of a pending or occurring disaster. **I must be housed at this shelter during my pets stay.** The animal owner hereby releases the person or entity who is receiving the animal from any and all liability regarding the care and housing of the animal during and following this emergency. The animal owner acknowledges that if emergency conditions pose a threat to the safety of the animal, additional relocation may be necessary, and this release is intended to extend to such relocation.

The animal owner acknowledges that the risk of injury or death to the animal during an emergency cannot be eliminated and agree to be responsible for any veterinary expenses which may be incurred in the treatment of their animal.

The Shelter reserves the right to refuse aggressive or ill animals.

The Shelter is not responsible for lost or ruined items.

Check out is required when departing from the shelter.

ANIMAL OWNER INFORMATION			
Animal Owner Signature:			Date:
Animal Owner Name(s):			
Address:			
City:	State:	Zip Code:	
Phone #:	Emergency Phone #:		
Do you have your phone available now?	Email:		
Emergency Contact Name (not in shelter):			Phone:
Emergency Contact Person* in Shelter:			Phone:
<i>*This person will be responsible for providing pet care in your absence.</i>			
ANIMAL INFORMATION			
Name:		Color / Identifying Marks:	
Breed:	Sex:	Spayed / Neutered?	Age:
Is this animal on any medication or on a medically-prescribed diet? <i>Pets will be fed provided GI food unless otherwise medically prescribed.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list all medications and directions for administering:			
Vaccine records provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pet will be vaccinated at shelter: <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any belongings this pet came in with other than medications (food, leash, toy, etc.):			
Is there any other information you would like to share about your pet:			
CHECK OUT: <i>Signature below indicates that the owner or guardian has received their pet and belongings and is checking out of the shelter.</i>			
Owner Signature:			
Date and Time Checked Out:			
Staff Name:		Date / Time:	

Cabarrus County Pet Sheltering Rules

Welcome,

We understand that this is a stressful time for both you and your beloved pets. Please know that we are here to support you and ensure the safety and well-being of your furry family members. Our dedicated team is committed to doing our best to accommodate both pets and owners during this challenging period.

Your pet's health and happiness are our top priorities. We encourage you to communicate any specific needs or concerns you may have regarding your pet's care. Together, we can work towards providing the best possible care and support for your pets while you focus on your own well-being. By following the pet shelter rules diligently, we can create a safe and comfortable environment for all.

Cabarrus County Pet Sheltering Team

General Rules

Pets Sheltered: We understand the importance of your pets to you and wish we could accommodate all types of animals. However, for the safety and well-being of everyone in our emergency shelter, we are only equipped to house dogs and cats at this time. Your understanding and cooperation in this matter are greatly appreciated.

Vaccination Requirement: It's crucial for the health of all pets in the shelter that they have up-to-date vaccinations. If your pet's vaccinations are not current, our staff will administer the necessary vaccines before they can be sheltered. This step helps prevent the spread of diseases among the sheltered animals.

Pet Check-Out: We strongly support any shelter clients who would like to check their pet out of the shelter for the day. Only owners over 18 years old, wearing a wristband corresponding to the ID band issued to their pet, will be allowed to check out animals. Pets who are checked out of the shelter may not remain on the shelter premises. Pet owners will be asked to indicate a time that they will return so that shelter staff can plan ahead.

Pet Limit: While we want to accommodate as many pets as possible, space considerations are essential for the comfort and safety of all animals. Generally, households are limited to bringing 4 pets to the shelter. However, if space allows and our staff determines it's feasible, exceptions may be made to accommodate additional pets.

Toys and Bedding: Familiar items can be comforting to pets. We accept toys and blankets that pets are safe to be left unattended with. If your pet is prone to destroying their toys/bedding we request that you not bring them so as to lessen the clean-up burden on staff and reduce the chance of potential medical emergencies.

Right to Decline Service: The safety and well-being of all animals and humans in the shelter are paramount. If an animal displays aggressive behavior or shows signs of illness that poses a risk to others, our staff reserves the right to refuse entry or request the animal to leave the premises. Additionally, shelter clients who fail to follow shelter rules may be asked to find alternate sheltering arrangements for their pets.

Unclaimed Pets: We will keep you informed of shelter status and closing dates. If a pet remains unclaimed at the time of shelter closing it will be transported to the Cabarrus County Animal Shelter (CCAS) where standard guidelines regarding owner claims will be followed. It is the pet owner's responsibility to contact CCAS within 24 hours of their pet being transported to CCAS to communicate a plan to pick up their pet as quickly as possible. Depending on the space available, CCAS will attempt to accommodate a courtesy hold of no longer than 5 days. This time frame is at the discretion of the CCAS Shelter Manager and is dependent on county animal enforcement needs and space available in the shelter. You may be requested to remove your pet sooner.

Companion Animal Shelter Trailer (CAST): For the safety and security of your pets, only shelter staff is allowed inside the CAST.

Cat Guidelines

Arrival in Carriers: Cats must arrive in carriers for their safety and security during transport and while in the shelter.

Food and Stay: Unless your cat requires a specific diet due to medical reasons, they will be provided with food by the shelter. Cats are expected to remain in the shelter for the duration of their stay unless checked out to go off shelter premises..

Staff Responsibilities for Cats: Our dedicated staff will ensure that cat crates are kept clean, and they will administer food and any required medications to your feline companion.

Dog Guidelines

Leash Requirement: Dogs must be brought to the shelter on leashes to maintain control and prevent any incidents with other animals or people. Smaller dogs may also be brought to the shelter in a carrier.

Check-Out Process: Only owners over 18 years old, wearing a wristband corresponding to the ID band issued to their pet, will be allowed to check out animals.

Exercise Schedule: To ensure that dogs receive adequate exercise, opportunities to relieve themselves and mental stimulation, owners are asked to sign up for at least 3 exercise sessions daily. These sessions are scheduled in the morning, late morning, afternoon, and late afternoon to accommodate various routines.

Dog Exercise Rules: While at the shelter, dogs must remain leashed and use the designated exercise areas provided. This helps prevent conflicts between animals and ensures everyone's safety.

Waste Disposal: Owners are responsible for promptly cleaning up after their pets and disposing of waste in the designated containers provided by the shelter. This helps maintain a clean and hygienic environment for all animals and people in the shelter.

Staff Responsibilities for Dogs: Similar to cats, our staff will regularly clean dog crates, provide food, and administer any necessary medications to ensure the comfort and health of dogs staying at the shelter.

By following these guidelines and working together with our staff, we can ensure a smooth and safe experience for all pets and their owners during their stay at the emergency pet shelter.

Thank you for entrusting us with the care of your pets. We are here for you every step of the way.

INSTRUCTIONS: Sign up for at least 3 times per day, once per session, to take your dog to the exercise and relief area. Choose (1) time from each of the designated sessions: early morning, late morning, afternoon or late afternoon. Our goal is to keep this process as stress free as possible; so kindly return your dog by the end of your scheduled session. This ensures ample space and quiet for each pet during their session. Please respect our host facilities by not using areas not designated for pets. For longer visits with your pet, inquire about our day check-out procedures from pet sheltering staff.

PET EXERCISE SESSION SIGN-UP

Date: _____

EARLY MORNING	
Time	Owner & Pet Name
7:30 to 7:50	
8:00 to 8:20	
8:30 to 8:50	
9:00 to 9:20	
9:30 to 9:50	

LATE MORNING	
Time	Owner & Pet Name
10:00 to 10:20	
10:30 to 10:50	
11:00 to 11:20	
11:30 to 11:50	
Shelter Operations	

AFTERNOON	
Time	Owner & Pet Name
12:30 to 12:50	
1:00 to 1:20	
1:30 to 1:50	
2:00 to 2:20	
Shelter Operations	

LATE AFTERNOON	
Time	Owner & Pet Name
3:30 to 3:50	
4:00 to 4:20	
4:30 to 4:50	
5:00 to 5:20	
5:30 to 5:50	

GENERAL SHELTER SUPPLY LIST

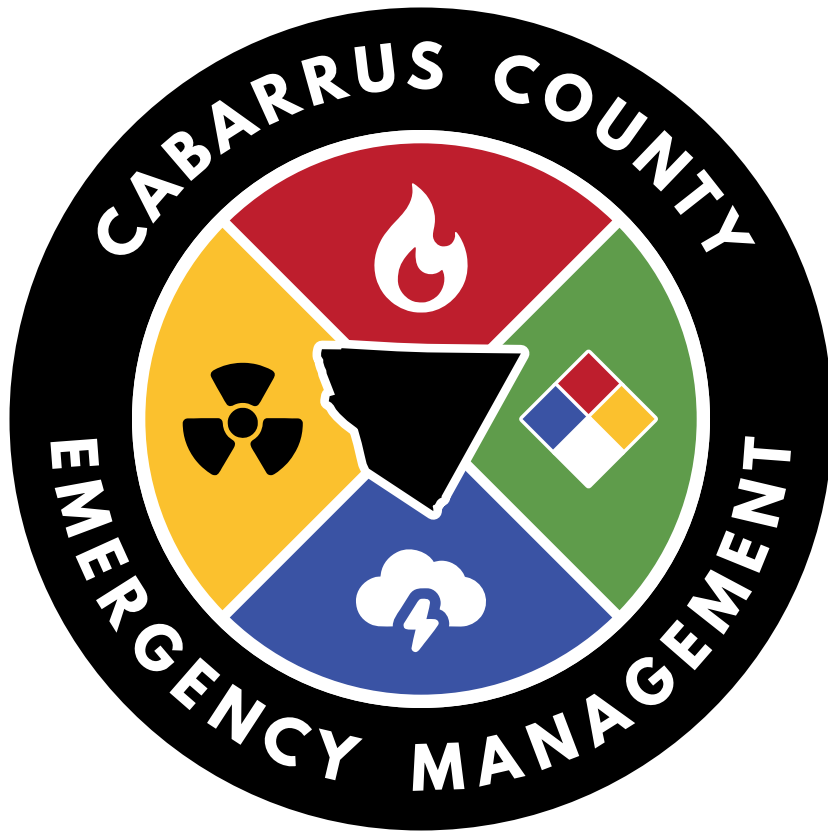
This list is a guide to items that may be needed in a shelter setting. It is not to be considered all-inclusive.

Office Supplies	Quantity
3 Hole Punches	
3 Ring Binders	
Binder Clips	
Clipboards	
Large Envelopes (10x13)	
Markers	
Note Pads	
Painter's Tape	
Paperclips	
Pencils (mechanical)	
Pens	
Post-Its	
Scissors	
Scotch Tape	
Staplers	
Staples	
General Supplies	Quantity
Batteries	
Caution Tape (yellow)	
Chairs	
Clear Gallon Bags	
Duct Tape	
Extension Cords	
Flashlights	
General Signage	
Power Strips	
Tables (folding)	
Trash Bags (heavy duty)	
Trash Cans	
Hygiene Supplies	Quantity
Antibacterial Cleansing Wipes	
Antibacterial Soap (bar)	
Bath Towels	
Bath Towels	

Combs (individual)	
Conditioner	
Deodorant (unscented)	
Feminine Products	
Hand Sanitizer	
Mouth Wash	
Shampoo	
Shower Shoes (adult)	
Shower Shoes (child)	
Tissues	
Toilet Paper	
Toothbrushes (adult)	
Toothbrushes (child)	
Toothpaste	
Wash Cloths	
Cleaning Supplies	Quantity
5 Gallon Buckets	
All-Purpose Cleaner	
Bleach	
Brooms	
Cloths / Rags (dishes / tables)	
Dish Soap	
Dustpans	
Gloves (disposable)	
Gloves (rubber)	
Mops	
Paper Towels	
Standard Sponges	
Swiffer	
Swiffer Wetjet Pads	
Infant / Toddler Care	Quantity
Coloring Books	
Crayons	
Diaper Wipes (fragrance free)	
Diapers (size 1)	

Diapers (size 3)	
Diapers (size 4T–5T)	
Electrical Receptical Covers	
Infant Care Signage	
DME	Quantity
3 In 1 Commodes (over toilet use)	
Bariatric Cots	
Bed Wedges (for bariatric cot)	
Independent Toilet Seats (w/ safety bars)	
Refridgerator	
Shower Chair	
Walkers (dual release)	
Wheel Chair (XL adult)	
Wheelchair (adult)	
Food Service	Quantity
Aprons	
Banquet Packs (utensils)	
Bottled Water	
Bowls (disposable)	
Chafing Trays	
Coffee Carafe	
Coffee Supplies	
Condiments	
Cups (insulated, paper, 12oz)	
Flexible Drinking Straws	
Food Service Signage	
Food Thermometers	
Gloves (food handling)	
Hairnets	
Lids (with straw holes)	
Lighter (for sternos)	
Plates (disposable)	
Serving Spoons	
Sternos	
Pet Operations	Quantity
Bedding	
Bowls (Food / Water)	
Cable Ties	

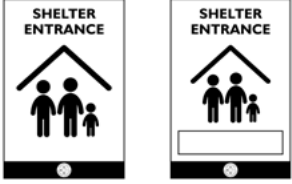


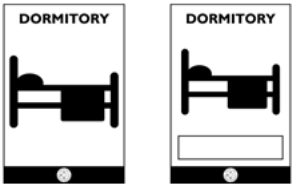
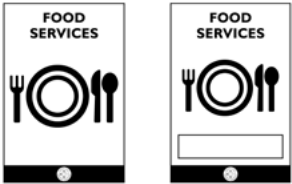
Camera	
Camet	
Cast	
Cat Food	
Diesel (for generator)	
Disposable Litter Boxes	
Dog Food	
Hose	
Owner ID Wrist Bands	
Pet Care Signage	
Pet Id Bands	
Photo Paper	
Photo Printer	
Pooper Scoopers	
Spray Bottles	
Wi-Fi	
Patient Care	Quantity
Blood Pressure Cuff	
CPR Face Mask Filters	
CPR Face Masks (adult)	
CPR Face Masks (child)	
Gloves	
Masks	
Patient Care Signage	
Stethoscope	
Registration	Quantity
Registration Signage	
Shelter Rules Handouts	
Storage for forms (Secure)	
Shelter Management	Quantity
Copies of all forms used	
Sheltering SOG	
Job Aids	
Blankets	
Pillows	
Cots	
Shelter Signage	

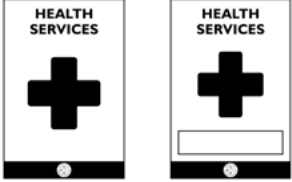


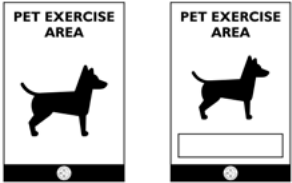



**Cabarrus County Sheltering
STANDARD OPERATING GUIDELINES**

Shelter Signs

Quick Reference Guide

Sign	Purpose	Where To Place
<p>Shelter Entrance</p> 	<p>Signs that identify where to enter the shelter facility.</p> <p><i>(Arrows can be added to guide clients)</i></p>	<ul style="list-style-type: none"> ✓ Roadways leading to the facility ✓ Parking areas and walkways to facility entrance ✓ Outside the building used for sheltering
<p>Shelter Registration</p> 	<p>Signs that help clients find the Registration Area.</p> <p><i>(Arrows can be added to guide clients)</i></p>	<ul style="list-style-type: none"> ✓ Walkways leading to Registration Area ✓ In and around the Registration Area
<p>Check In / Check Out</p> 	<p>Sign instructing clients to use the Shelter Sign In / Sign Out Record.</p>	<ul style="list-style-type: none"> ✓ At exits of the shelter ✓ At exit of dormitory ✓ In the Registration Area
<p>Dormitory</p> 	<p>Signs that help clients find the Dormitory Area.</p> <p><i>(Arrows can be added to guide clients)</i></p>	<ul style="list-style-type: none"> ✓ In the Registration Area ✓ In hallways leading to Dormitory ✓ At the Entrance to the Dormitory
<p>Food Services</p> 	<p>Signs that help clients find the Food Service Area.</p> <p><i>(Arrows can be added to guide clients)</i></p>	<ul style="list-style-type: none"> ✓ In the Dormitory ✓ In the hallways leading to the Food Services Area ✓ At the entrance of the Food Services Area

Sign	Purpose	Where To Place
<p>Health Services</p> 	<p>Signs that help clients find the Health Services Area.</p> <p><i>(Arrows can be added to guide clients)</i></p>	<ul style="list-style-type: none"> ✓ In the Dormitory ✓ In the hallways leading to the Health Services Area ✓ At the entrance of the Health Services Area
<p>Children's Recreation Area</p> 	<p>A sign to let shelter clients know where the Children's Recreation Area is located</p>	<ul style="list-style-type: none"> ✓ At the entrance to the Children's Recreation Area
<p>Pet Sheltering</p> 	<p>A sign to let shelter clients know where the Pet Sheltering Area is.</p> <p><i>(Arrows can be added to guide clients)</i></p>	<ul style="list-style-type: none"> ✓ In the Registration Area ✓ Outside the shelter entrance ✓ Pet Sheltering is often far from the main sheltering area. Use as many directional signs as needed
<p>Pet Exercise Area</p> 	<p>A sign to let shelter clients know where the Pet Exercise Area is</p> <p><i>(Arrows can be added to guide clients)</i></p>	<ul style="list-style-type: none"> ✓ Near Pet Shelter ✓ Outside Pet Exercise Area ✓ Use as many directional signs needed ✓ These signs should be laminated or covered due to outside location
<p>Pick up Pet Waste</p> 	<p>A sign reminding clients to pick up pet waste.</p>	<ul style="list-style-type: none"> ✓ Near Pet Shelter ✓ At regular intervals in the Pet Exercise Area ✓ Near trash cans placed for pet waste ✓ These signs should be laminated or covered due to outside location

SHELTER ENTRANCE



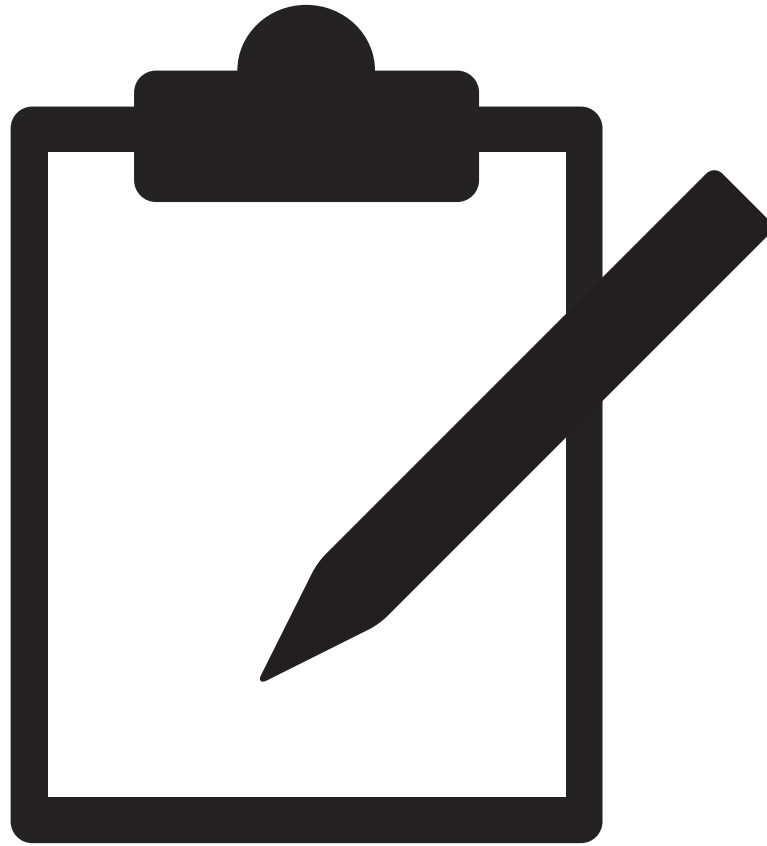
SHELTER ENTRANCE



SHELTER REGISTRATION



SHELTER REGISTRATION



CHECK IN AND OUT EVERY TIME

**All shelter clients and visitors must
sign in and out of the shelter every time
they enter and leave the shelter.**



DORMITORY



DORMITORY



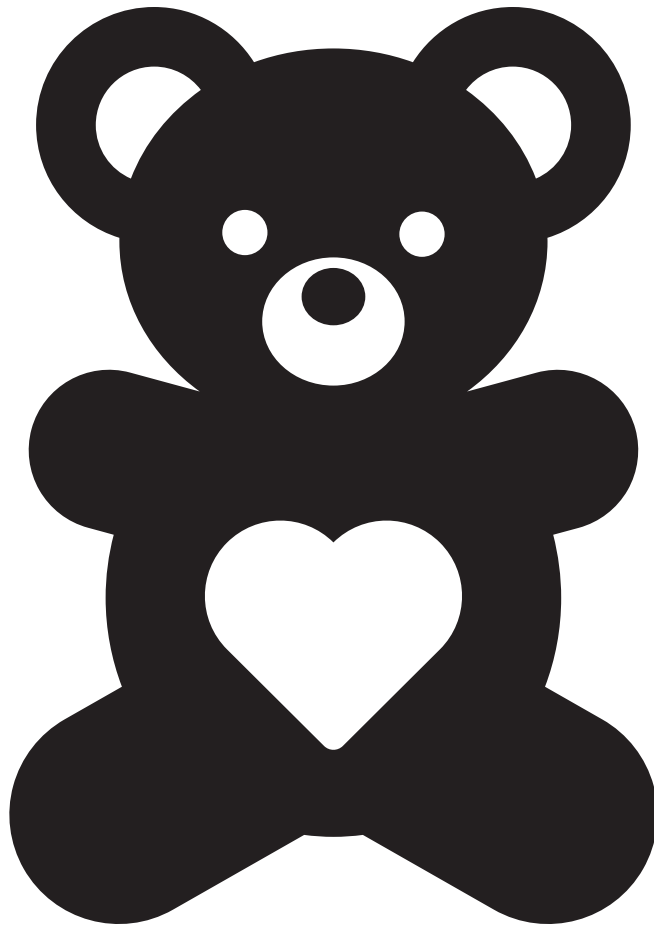
FOOD SERVICES



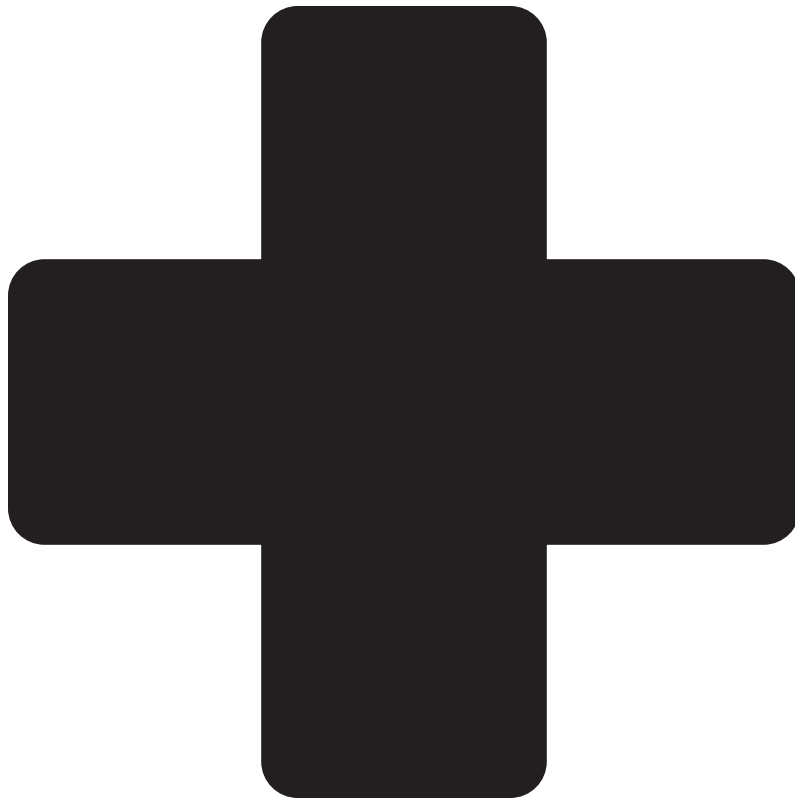
FOOD SERVICES



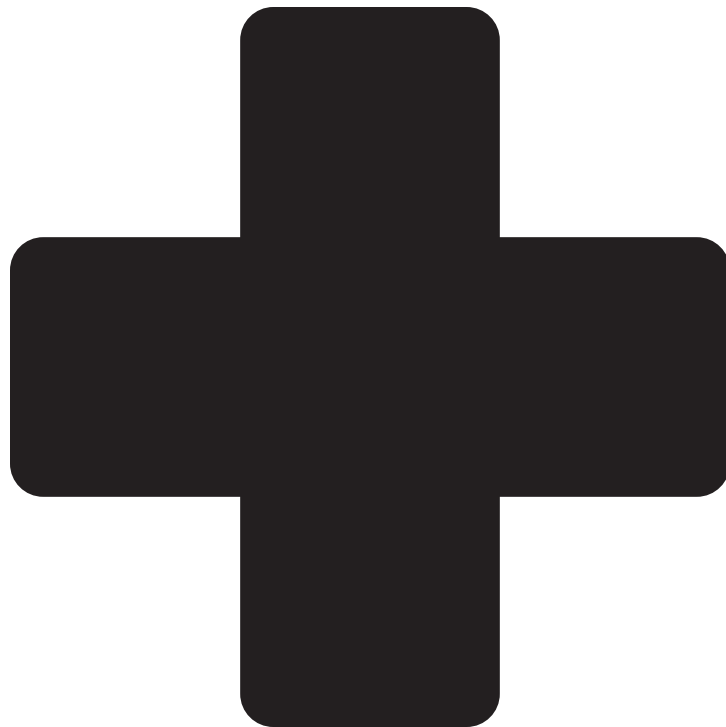
CHILDREN'S RECREATION AREA



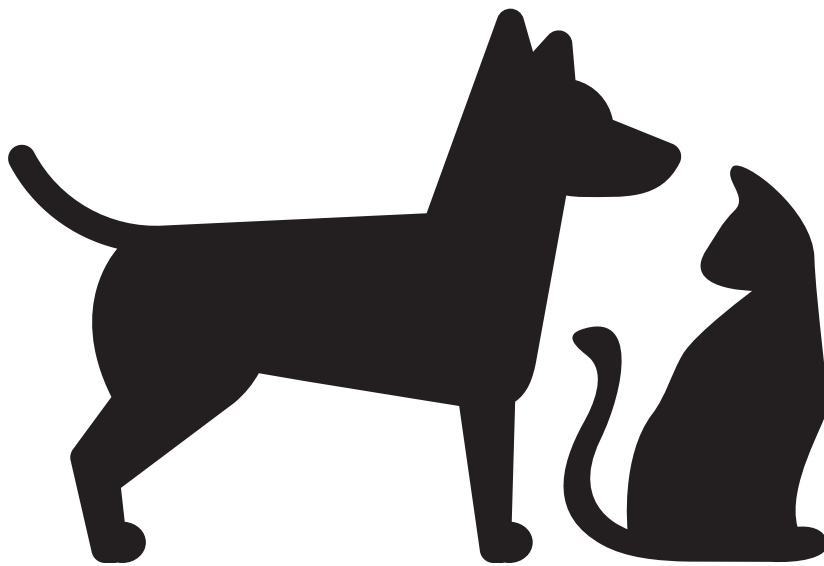
HEALTH SERVICES



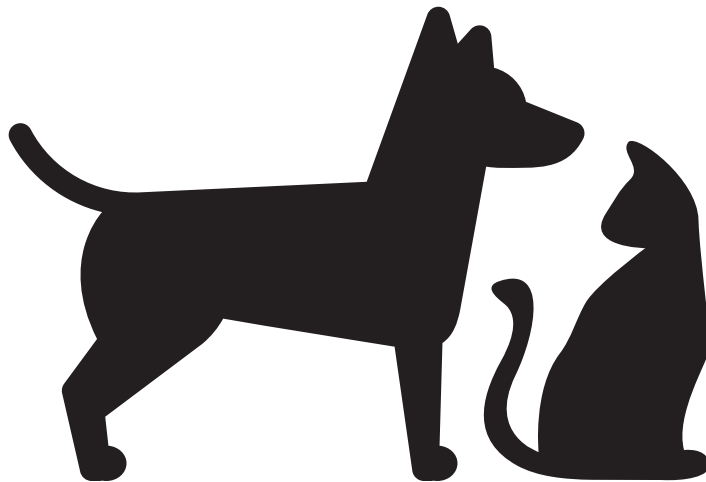
HEALTH SERVICES



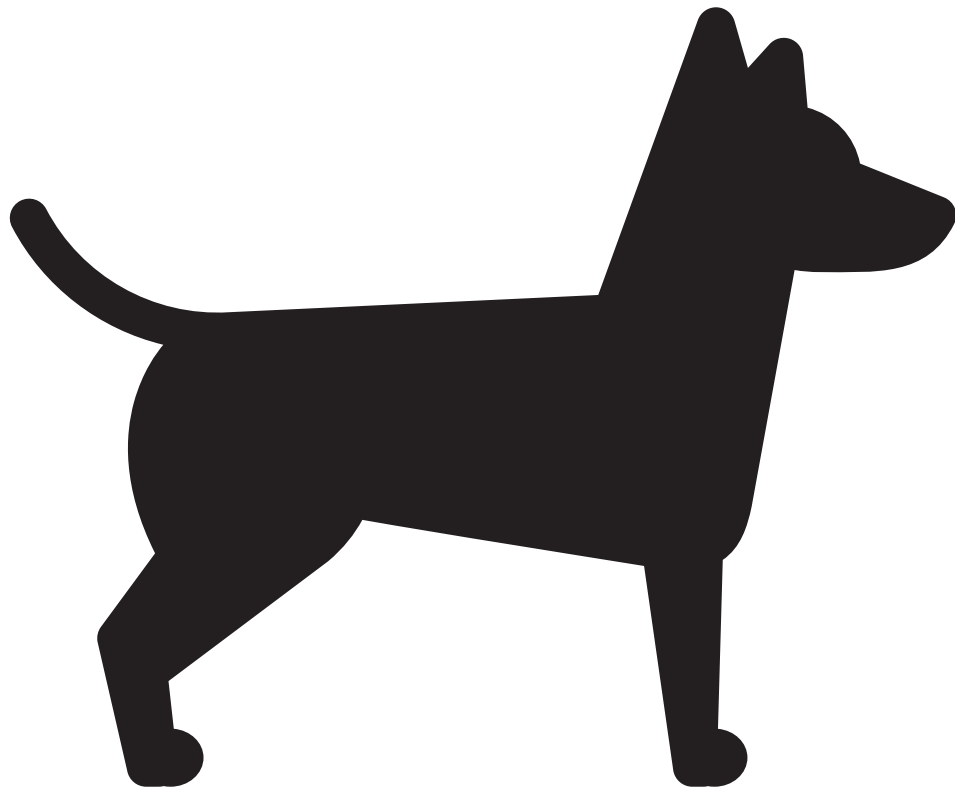
PET SHELTER



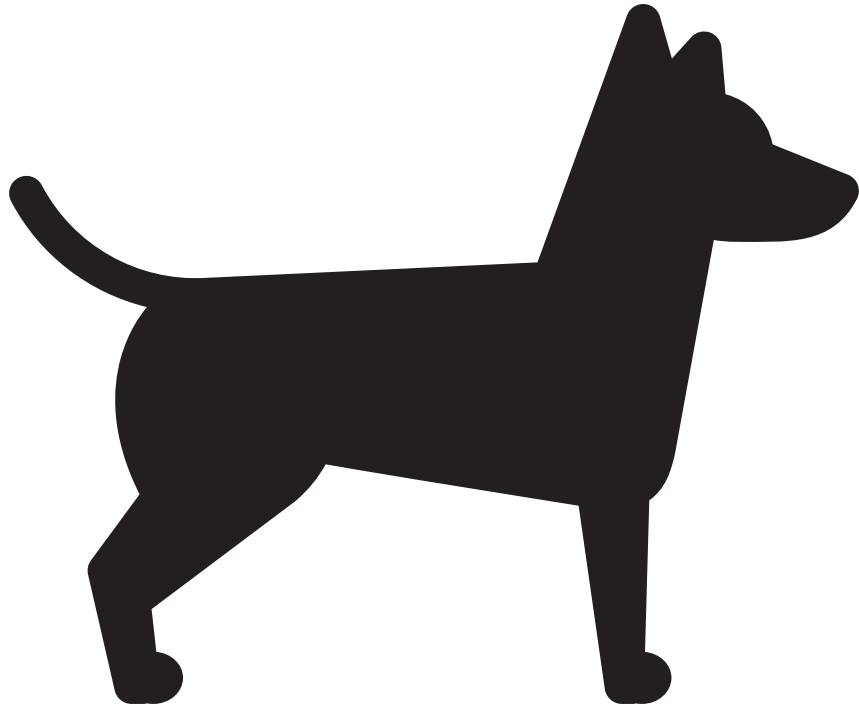
PET SHELTER



PET EXERCISE AREA



PET EXERCISE AREA



PICK UP PET WASTE

