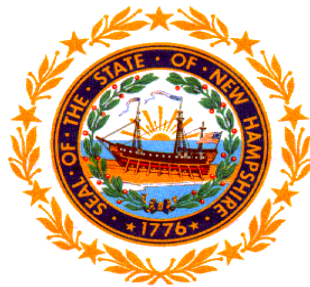


Guidance for Conducting Health Surveillance in Shelters

**New Hampshire Department of Health and
Human Services**



June 2013

Version 1.0

Guidance for Conducting Health Surveillance in Shelters

The purpose of this appendix is to assist shelter managers with the monitoring, surveillance and reporting of illness and injury in emergency shelters or congregate facilities in New Hampshire during an emergency. Monitoring the health of residents in shelters provides situational awareness and can help prevent outbreaks and the spread of communicable diseases.

It is recommended that health surveillance be initiated within 24 hours of shelter activation. For posters and educational materials, reference Appendix C in the *New Hampshire General Sheltering: Guide for Local Jurisdictions*. If a shelter needs assistance or guidance to conduct surveillance, a request should be made to the State Emergency Operations Center (SEOC) ESF 8 Desk by calling 603-223-3729 or posting the request to WebEOC. The NH Department of Health and Human Services is currently developing a disaster response rapid assessment team to assist with infection control, surveillance and response to outbreaks in shelters.

Shelters that are operating under the American Red Cross (ARC) will complete surveillance activities using their organization's forms and submit them through the ARC Disaster Operations Center (DOC). The ARC DOC will submit the surveillance forms daily to the SEOC ARC Liaison; the SEOC ARC Liaison will then submit them to the SEOC ESF-8 desk.

1. Conducting Health Surveillance in a Shelter

The Medical Unit Leader in the shelters will oversee health surveillance and work with the Medical Unit Staff to complete the *Natural Disaster Morbidity Surveillance Individual Forms* and the *Natural Disaster Morbidity Surveillance Summary Report*. The municipal Health Officer or other designated Environmental Health Specialist will oversee the environmental assessments of the shelter and complete the *Environmental Health Assessment Form for Shelters*.

Natural Disaster Morbidity Surveillance Individual Form (“Individual Form”)

The *Natural Disaster Morbidity Surveillance Individual Form* is completed for each individual that visits the first aid or Medical Unit. It should be considered a confidential document and kept with the medical narratives completed for each individual. This form should **not** be posted to WebEOC and should **not** be sent to the SEOC.

Natural Disaster Morbidity Surveillance Summary Report (“Summary Report”)

The *Summary Report* provides situational awareness on the health and well-being of shelter residents to the Shelter Manager, Local Emergency Operation Center (LEOC), Emergency Management Director (EMD), Health Officer (HO) and the SEOC ESF-8 desk. The form is completed using the information from the Individual Forms and should be completed by the Medical Unit Leader or their designee and reported daily to the Shelter Manager and the LEOC (if activated). Following local protocol, the form should be submitted daily to the SEOC ESF 8 desk by calling 603-223-3729 or by fax (603-225-7341). Depending on the type of incident and existing resources, other means of transmitting the information to the SEOC may be available. The SEOC ESF 8 desk will forward the information to the Emergency Preparedness Surveillance Specialist at the

Bureau of Infectious Disease Control. The Summary Report represents aggregate shelter information and should **not** be posted to WebEOC by local/regional shelters. In the event HAM radio is used, information should be reported over a secure channel. When possible, aggregate shelter data will be reported back to the shelter and LEOC by the SEOC ESF-8 desk to assist in decision making and situational awareness.

Environmental Health Assessment Form for Shelters

The *Environmental Health Assessment Form for Shelters* should be completed prior to opening the shelter and once each operational period. It should be submitted to the Shelter Manager for review and to the LEOC (if activated) to provide situational awareness of the conditions in the shelter. Unless there is a resource request or incident, this form does not need to be sent to the SEOC and is intended for use by the local/regional shelter for environmental assessments.

These forms have been developed by the Centers for Disease Control and Prevention. Additional information on these forms can be found at <http://emergency.cdc.gov/disasters/surveillance> and <http://www.bt.cdc.gov/shelterassessment/>.

2. Preventative Measures

Triage

- A separate area should be designated away from the Registration Area to screen evacuees with emergent health needs as observed by shelter workers.
- Evacuees with a cough should be provided with a disposable surgical mask and directed to the Medical Unit or First Aid Station. They should be provided instruction on how to properly use the mask.

Protective Measures for Staff and Volunteers

- Shelter workers should be provided personal protective equipment (gloves, surgical mask) when they are in contact with ill residents/workers and bodily fluids. They should be provided instruction on when to use and how to use the personal protective equipment.
- Shelter workers should perform a self-assessment every 24 hours and if symptoms are present, they should report to the Medical Unit or First Aid Station.

Hand Hygiene and Cough Etiquette

- Provide tissues for coughing individuals and instruct individuals to cough or sneeze into their sleeve or crook of their elbow.
- Remind shelter workers/residents to wash their hands with soap and water or to use an alcohol-based hand sanitizer before and after eating, after using the restroom, after diapering, after caring for pets, and after removing personal protective equipment. Posters are available at <http://www.dhhs.nh.gov/dphs/cdcs/publications.htm> and should be placed in high traffic areas in the shelter. Provide hand sanitizer near the food service area and other shelter areas as appropriate and encourage residents/workers to use it.

Environmental Measures

- Clean commonly touched surfaces, cots, toys, food preparation areas, bathrooms, dining areas, isolation areas, and the Medical Unit or First Aid Station with an Environmental Protection Agency (EPA) registered disinfectant (read the manufacture's label for usage).
- Encourage the placement of cots in a head-to-toe fashion to reduce the risk of disease spread and give at least 3 feet between cots, see schematic on page 7.

3. Illness in a Shelter

When a shelter worker suspects illness in a shelter resident, the shelter worker should:

- Call 911 if it is an emergency.
- If possible, escort the resident/worker to the Medical Unit or notify the Medical Unit. Observe and stay with the resident/worker until shelter medical support arrives.

Medical Unit staff will examine the resident/worker to determine if symptoms are communicable and the appropriate treatment measures are implemented. The following signs and symptoms may be associated with communicable diseases: vomiting, fever, diarrhea, cough, sore throat, rash, and a stiff/sore neck. Individuals with severe or rapidly progressive illnesses should be referred to a medical professional or facility as soon as possible.

4. Outbreaks in a Shelter

If a resident or shelter worker is suspected to have a communicable disease of concern (eg. Meningitis, influenza, pertussis), or there are 3 or more shelter residents/workers with similar symptoms within a 24 hour period, the Public Health Nurses at the NH DPHS should be notified ASAP at 603-271-4496 or 1-800-852-3345 ext. 4496 (weekdays) or ext. 5300 (after hours). The NH DPHS will notify the SEOC ESF 8 desk by calling 603-223-3729. In the event HAM radio is used, information should be reported over a secure channel. The Shelter Manager should also notify the LEOC or EMD about the situation.

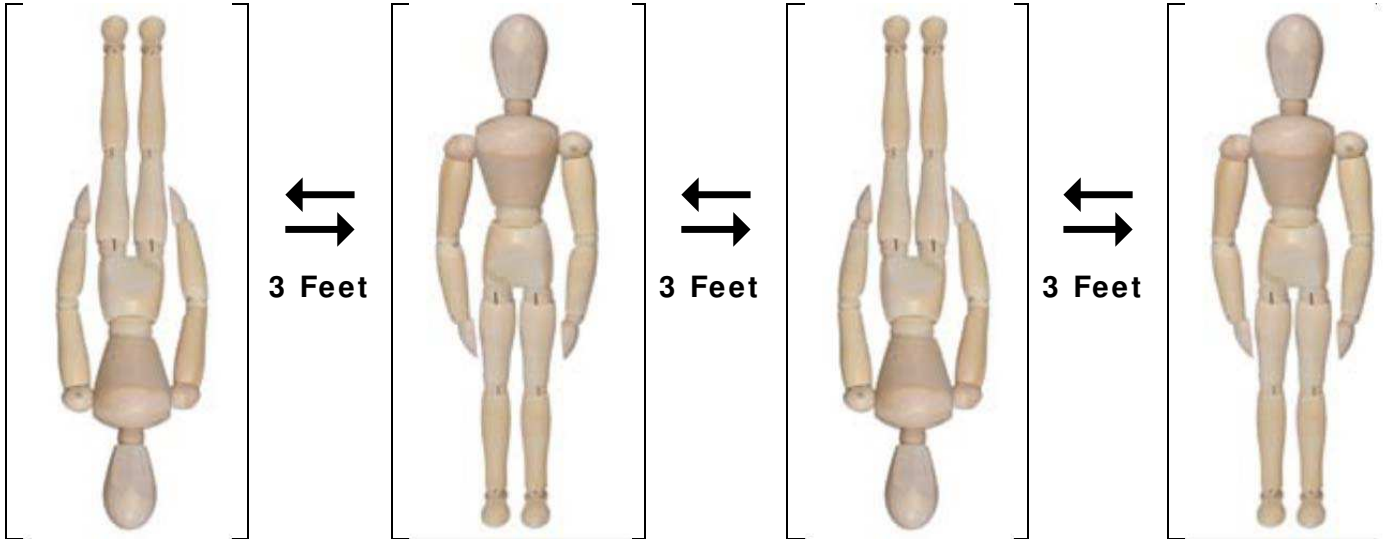
The incident should be documented in the Medical Unit Activity Log and the Medical Unit Leader should consult with the Shelter Manager regarding direction from the NH DPHS Public Health Nurses. The Shelter should implement infection control measures as directed by the Public Health Nurses.

5. Guidance for Medical Unit Staff

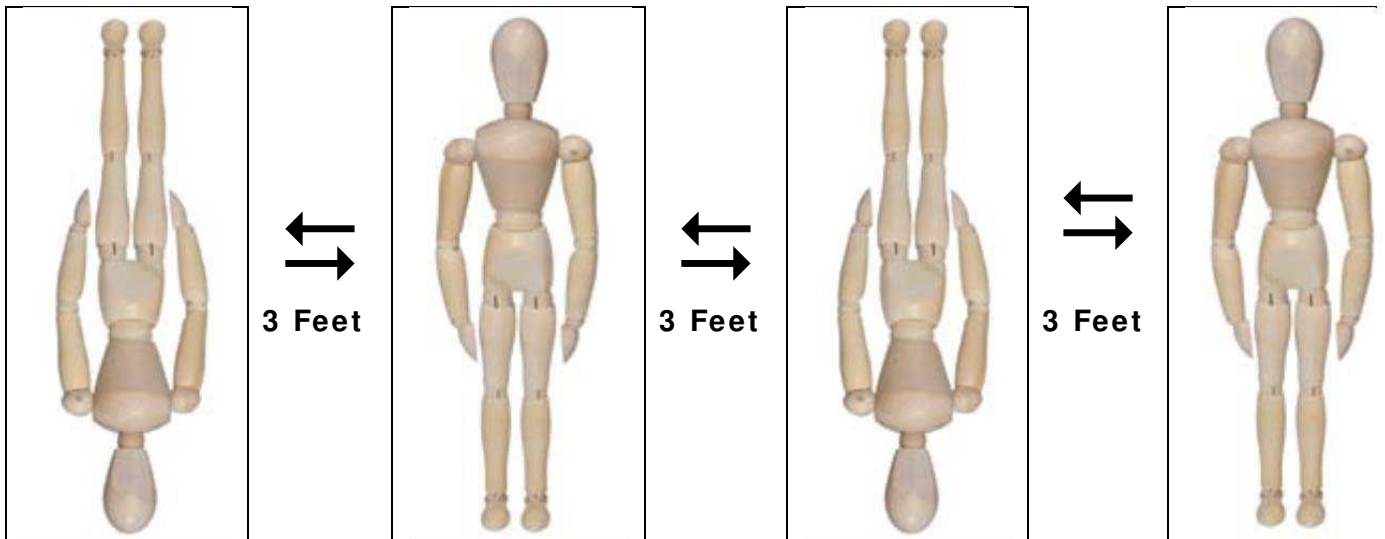
This table is intended as a guideline and is not all inclusive. Standard Precautions should be used for all individual encounters. For guidance with isolation precautions, cohort or designating isolation areas in the shelter, contact the NH DPHS Public Health Nurses. A picture depicting cot or sleeping configurations to limit disease transmission is shown on page 6.

Infection Control Triage			
Symptoms/Syndrome	Isolation Precaution Category¹	Individual Placement/ Separation	Requires medical professional assessment
Respiratory			
Cough, runny nose, watery eyes	Standard	None	No
Fever (Temp > 100°F*) & cough in adults	Droplet	Cohorting; Spatial distancing ²	Yes
Fever (Temp > 100°F*) & cough in children	Droplet Contact	Cohorting; Spatial distancing ²	Yes
Fever (Temp > 100°F*), cough with bloody sputum, and weight loss	Airborne ³	AIIR [^] or negative pressure area/room; Cohorting; Spatial distancing ²	Yes
Diarrhea or Vomiting			
Vomiting	Standard	Social distancing ³	Yes
Loose or unformed stools	Standard	None	No
Watery or explosive stools, with or without blood	Contact	Cohorting; Spatial distancing ²	Yes
Skin			
Fever (Temp > 100°F*) & rash	Airborne ³	Cohorting; Spatial distancing ²	Yes
Fever (Temp > 100°F*), upper chest rash, and stiff/sore neck	Droplet	Cohorting; Spatial distancing ²	Yes
Eye infections (drainage from eye)	Standard	Social distancing ⁴	Yes
Draining wound/lesion	Contact	Cohorting; Spatial distancing ²	Yes
Itchy rash without fever	Contact	Cohorting; Spatial distancing ²	Yes
<p>1If the disaster is an infectious disease disaster (bioterrorism or pandemic) and the causative disease is known, the appropriate isolation precautions for that disease should be used.</p> <p>2 Spatial Distancing involves separating the potentially contagious person from others by a distance of at least 3 feet</p> <p>3Transfer to medical facility as soon as possible</p> <p>4Social Distancing for eye infections and vomiting consists of instructing the symptomatic individual or parent (if the individual is a child) to remain with the family unit and away from other individuals in the shelter, perform frequent hand hygiene, and inform shelter workers if symptoms progress. These actions should continue until symptoms subside.</p> <p>*The temperatures listed were changed from >101.1F to >100F to keep consistent with the CDC surveillance forms.</p> <p>[^]Airborne Infection Isolation Room (AIIR)</p> <p>Source: <i>Infection Prevention and Control for Shelters During Disasters</i>. Association for Professionals in Infection Control and Epidemiology Emergency Preparedness Committee 2007/2008. Page 36.</p>			

Cot or Sleeping Configuration to Reduce the Risk of Disease Spread



3 Feet



Source: *Infection Prevention and Control for Shelters During Disasters*. Association for Professionals in Infection Control and Epidemiology, 2007/2008 Emergency Preparedness Committee. Appendix G.

6. Health Surveillance Forms and Posters

This section contains the following items:

- Natural Disaster Morbidity Surveillance Individual Form (“Individual Form”)
- Natural Disaster Morbidity Surveillance Summary Report (“Summary Report”)
- CDC Environmental Health Assessment Form for Shelters
- DPHS, Communicable Disease Control and Surveillance (Posters) are available at <http://www.dhhs.nh.gov/dphs/cdcs/publications.htm>



Natural Disaster Morbidity Surveillance Individual Form

Complete this form for every patient that comes to the Medical Unit/First Aid Station and **keep confidential**.

Part I: VISIT INFORMATION	Name of Facility <input style="width: 90%;" type="text"/>	City <input style="width: 90%;" type="text"/>	State <input style="width: 90%;" type="text"/>	Date of Visit <input style="width: 40%;" type="text"/> / <input style="width: 40%;" type="text"/> / <input style="width: 20%;" type="text"/>	Time of Visit <input style="width: 40%;" type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM
--	--	--	---	---	--

Part II: PATIENT INFORMATION	Unique Identifier/Medical Record Number <input style="width: 90%;" type="text"/>	Age <input type="checkbox"/> <1yrs <input style="width: 80%;" type="text"/> yrs	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No/NA	If yes, due date <input style="width: 40%;" type="text"/> / <input style="width: 40%;" type="text"/> / <input style="width: 20%;" type="text"/>
---	---	--	--	--	--

Race/Ethnicity White Black/African American Hispanic or Latino Asian Unknown

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

If Yes, occupation/response role Activity at time of injury/illness

Part III: REASON FOR VISIT (Please check all categories related to patient's current reason for seeking care)

<p style="text-align: center;">TYPE OF INJURY</p> <p><input type="checkbox"/> Abrasion, laceration, cut</p> <p><input type="checkbox"/> Avulsion, amputation</p> <p><input type="checkbox"/> Concussion, head injury</p> <p><input type="checkbox"/> Fracture</p> <p><input type="checkbox"/> Sprain/strain</p> <p style="text-align: center;">MECHANISM OF INJURY</p> <p><input type="checkbox"/> <u>Bite/sting</u>, specify: <input type="checkbox"/> Insect <input type="checkbox"/> Snake <input type="checkbox"/> Other specify _____</p> <p><input type="checkbox"/> <u>Burn</u>, specify: <input type="checkbox"/> Chemical <input type="checkbox"/> Fire, hot object or substance <input type="checkbox"/> Sun exposure</p> <p><input type="checkbox"/> <u>Cold/heat exposure</u>, specify: <input type="checkbox"/> Cold (e.g., hypothermia) <input type="checkbox"/> Heat (e.g., stress, hyperthermia)</p> <p><input type="checkbox"/> Electric shock</p> <p><input type="checkbox"/> <u>Fall, slip, trip</u>, specify: <input type="checkbox"/> From height <input type="checkbox"/> Same level</p> <p><input type="checkbox"/> Foreign body (e.g., glass shard)</p> <p><input type="checkbox"/> Hit by or against an object</p> <p><input type="checkbox"/> <u>Motor vehicle crash</u>, specify: <input type="checkbox"/> Driver/occupant <input type="checkbox"/> Pedestrian/bicyclist</p> <p><input type="checkbox"/> Non-fatal drowning, submersion</p> <p><input type="checkbox"/> <u>Poisoning</u>, specify: <input type="checkbox"/> Carbon monoxide exposure <input type="checkbox"/> Inhalation of fumes, dust, other gas <input type="checkbox"/> Ingestion specify _____</p> <p><input type="checkbox"/> Use of machinery, tools, or equipment</p> <p><input type="checkbox"/> <u>Violence/assault</u>, specify: <input type="checkbox"/> Self-inflicted injury/suicide attempt <input type="checkbox"/> Sexual assault <input type="checkbox"/> Other assault specify _____</p>	<p style="text-align: center;">ACUTE ILLNESS/SYMPTOMS</p> <p><input type="checkbox"/> Conjunctivitis/eye irritation</p> <p><input type="checkbox"/> Dehydration</p> <p><input type="checkbox"/> <u>Dermatologic/skin</u>, specify: <input type="checkbox"/> Rash <input type="checkbox"/> Infection <input type="checkbox"/> Infestation (e.g., lice, scabies)</p> <p><input type="checkbox"/> Fever (≥100°F or 37.8°C)</p> <p><input type="checkbox"/> <u>Gastrointestinal</u>, specify: <input type="checkbox"/> Diarrhea <input type="checkbox"/> Bloody <input type="checkbox"/> Watery <input type="checkbox"/> Nausea or vomiting</p> <p><input type="checkbox"/> Jaundice</p> <p><input type="checkbox"/> Meningitis/encephalitis-like ★</p> <p><input type="checkbox"/> Neurological (e.g., altered mental status, confused/disoriented, syncope)</p> <p><input type="checkbox"/> <u>Obstetrics/Gynecology</u>, specify: <input type="checkbox"/> GYN condition not associated with pregnancy or post-partum <input type="checkbox"/> In labor <input type="checkbox"/> Pregnancy complication (e.g., bleeding, fluid leakage) <input type="checkbox"/> Routine pregnancy check-up</p> <p><input type="checkbox"/> <u>Pain</u>, specify: <input type="checkbox"/> Abdominal pain or stomachache <input type="checkbox"/> Chest pain, angina, cardiac arrest <input type="checkbox"/> Ear pain or earache <input type="checkbox"/> Headache or migraine <input type="checkbox"/> Muscle or joint pain (e.g., back, hip) <input type="checkbox"/> Oral/dental pain</p> <p><input type="checkbox"/> <u>Respiratory</u>, specify: <input type="checkbox"/> Congestion, runny nose, sinusitis <input type="checkbox"/> Cough, specify: <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> With blood ★ <input type="checkbox"/> Pneumonia, suspected <input type="checkbox"/> Shortness of breath/difficulty breathing <input type="checkbox"/> Wheezing in chest</p> <p><input type="checkbox"/> Sore throat</p>	<p style="text-align: center;">EXACERBATION OF CHRONIC DISEASE</p> <p><input type="checkbox"/> <u>Cardiovascular</u>, specify: <input type="checkbox"/> Hypertension <input type="checkbox"/> Congestive heart failure</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Immunocompromised (e.g., HIV, lupus)</p> <p><input type="checkbox"/> <u>Neurological</u>, specify: <input type="checkbox"/> Seizure <input type="checkbox"/> Stroke</p> <p><input type="checkbox"/> <u>Respiratory</u>, specify: <input type="checkbox"/> Asthma <input type="checkbox"/> COPD</p> <p style="text-align: center;">MENTAL HEALTH</p> <p><input type="checkbox"/> Agitated behavior (e.g. violent behavior/threatening violence)</p> <p><input type="checkbox"/> Anxiety or stress</p> <p><input type="checkbox"/> Depressed mood</p> <p><input type="checkbox"/> Drug/alcohol intoxication or withdrawal</p> <p><input type="checkbox"/> Previous mental health diagnosis (e.g. PTSD)</p> <p><input type="checkbox"/> Psychotic symptoms (e.g. paranoia)</p> <p><input type="checkbox"/> Suicidal thoughts or ideation</p> <p style="text-align: center;">ROUTINE/FOLLOW-UP</p> <p><input type="checkbox"/> Medication refill If yes, how many medications? _____</p> <p><input type="checkbox"/> Blood sugar check <input type="checkbox"/> Vaccination</p> <p><input type="checkbox"/> Blood pressure check <input type="checkbox"/> Wound care</p> <p style="text-align: center;">OTHER</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
--	--	---

<p><input type="checkbox"/> Influenza-like-illness (ILI) – Fever (temperature of 100°F [37.8°C] or greater) AND a cough or a sore throat</p>	<p>★ Call the NH DPHS ASAP at 603-271-4496 or (NH only) 1- 800-852-3345 ext. 4496 (weekdays) or ext. 5300 (after hours)</p>
---	--

Instructions for Completing the Natural Disaster Morbidity Surveillance Individual Form ("Individual Form")

This form is completed for each individual that visits the first aid or Medical Unit in a disaster response facility. It should be considered a **confidential** document and kept with the medical narratives completed for each individual. This form should **not** be posted to WebEOC and should **not** be sent to the SEOC.

Part I: Visit Information	<ul style="list-style-type: none"> • Name of Facility: location where the person sought medical care • City, State: location of facility • Date of Visit: date of visit to the Medical Unit or first aid station in MM/DD/YY format • Time of Visit: time the individual visited the Medical Unit or first aid station
Part II: Individual Information	<ul style="list-style-type: none"> • Unique Identifier/Medical Record Number: unique number that was assigned to the individual as a medical record number or client number when entering the shelter. If this type of system is not used, you can put the individual's first and last name • Age in years: Age in years, if age is less than one year please check the appropriate box • Gender: Male, female • Pregnant: if individual is pregnant, check the "Yes" box and if known include due date • Race/Ethnicity: check the appropriate box(es) • Work Injury: If it is a work related injury as a result of the disaster response or rebuilding efforts, check the "Yes" box. If the answer is "yes" include the occupation or role during the response and the activity at the time of injury/illness (e.g. cutting down trees)
Part III: Reason for Visit	<p>Reason for Visit: Check all the boxes that relate to the individual's current reason for seeking care.</p>
Part IV: Disposition	<p>Disposition: Check the box that indicates what happened to the person once they left the Medical Unit or first aid station.</p>



Natural Disaster Morbidity Surveillance Summary Report

Submit completed form each operational period to the SEOC ESF 8 Desk via phone (603-223-3729) or fax (603-225-7341). Do **not** post to WebEOC.

Part I FACILITY INFORMATION	
LOCATION:	
STATE	ZIPCODE
NAME OF FACILITY	
REPORTING PERSON/CONTACT:	
PHONE	NAME
FAX	EMAIL
Part II REPORTING PERIOD	
START:	<input type="checkbox"/> AM <input type="checkbox"/> PM
END:	<input type="checkbox"/> AM <input type="checkbox"/> PM
MONTH	DAY
YEAR	HOUR (CIRCLE)
TOTAL FACILITY POPULATION AT START:	

Part III PERSONS SEEN OR TREATED	
TOTAL SEEN OR TREATED DURING CURRENT REPORTING PERIOD:	
RACE / ETHNICITY	Race Optional
	White
	Black/African American
	Hispanic or Latino
	Asian
AGE	Unknown
	≤ 1 years
	≥ 65 years
Pregnant females	
TOTAL TRANSPORTED TO HOSPITAL:	

Part IV TREATED INDIVIDUALS
 Use categories that best describe individuals' **current** reasons for seeking care. Complete the **Total** tallies for each syndrome category in the column to the right. Be as specific as possible. A single individual may be counted more than once.

SYNDROME CATEGORY	TOTAL
WORKERS/VOLUNTEERS - TOTAL	_____
INJURY - TOTAL	_____
Fall, slip, trip (from height or same level)	_____
Motor vehicle crash	_____
Carbon monoxide exposure	_____
Violence/assault	_____
Injury - not specified above	_____
DERMATOLOGIC/SKIN - TOTAL	_____
Rash	_____
Infection	_____
Infestation (e.g., lice or scabies)	_____
GASTROINTESTINAL ILLNESS - TOTAL	_____
Diarrhea - bloody	_____
Diarrhea - watery	_____
Nausea or vomiting	_____
OB/GYN - TOTAL	_____
GYN condition not associated with pregnancy or post-partum period	_____
In labor	_____
Pregnancy complication	_____
Routine pregnancy check-up	_____
RESPIRATORY ILLNESS - TOTAL	_____
Congestion, runny nose, sinusitis	_____
Cough	_____
Pneumonia, suspected	_____
Shortness of breath or difficulty breathing	_____
Wheezing in chest	_____
INFLUENZA-LIKE-ILLNESS (ILI) - TOTAL	_____

SYNDROME CATEGORY	TOTAL
OTHER ILLNESS - TOTAL	_____
Dehydration	_____
Fever (≥100° F or 37.8° C)	_____
★ Meningitis/encephalitis-like symptoms, suspected	_____
Neurological	_____
Pain	_____
Other illness – not specified above	_____
EXACERBATION OF CHRONIC DISEASE - TOTAL	_____
Cardiovascular disease (e.g., hypertension, CHF)	_____
Diabetes	_____
Immunocompromised (e.g., HIV, lupus)	_____
Neurological (e.g., seizure, stroke)	_____
Respiratory (e.g., Asthma, COPD)	_____
MENTAL HEALTH - TOTAL	_____
Agitated behavior	_____
Anxiety or stress	_____
Depressed mood	_____
Drug/alcohol intoxication or withdrawal	_____
Previous mental health diagnosis	_____
Psychotic symptoms (e.g. paranoia)	_____
Suicidal thoughts or ideation	_____
ROUTINE/FOLLOW-UP - TOTAL	_____
Medication refill	_____
Blood sugar check	_____
Blood pressure check	_____
Vaccination	_____
Wound care	_____
OTHER REASON FOR VISIT, not listed above	_____

Instructions for Completing the Natural Disaster Morbidity Surveillance Summary Report (“Summary Report”)

The Summary Report provides situational awareness for the Local Emergency Operation Center (LEOC) if it is activated and the SEOC ESF-8 desk. The form is completed using the information from the Individual Forms and should be completed by the Medical Unit Leader or their designee each operational period and reported daily by the LEOC (if activated), the Shelter Manager, or their designee to the SEOC ESF 8 desk by calling 603-223-3729 or by fax (603-225-7341). The SEOC ESF 8 desk will forward the information to the Emergency Preparedness Surveillance Specialist at the Bureau of Infectious Disease Control. The Summary Report represents aggregate shelter information and should **not** be posted to WebEOC by local/regional shelters. In the event HAM radio is used, information should be reported over a secure channel.

Part I: Facility Information	<ul style="list-style-type: none"> • Location: Include the State, Zip Code and the name of the facility where the Medical Unit/first aid station is located • Reporting person/contact: include the name and email of the contact person along with the phone number and fax number of the facility where the contact can be reached
Part II: Reporting Period	<ul style="list-style-type: none"> • Start/End: put the date (MM/DD/YY), and time for the operational period that corresponds to the information on the report • Total Facility Population: Include the total population of the individuals in the facility during the operational period that corresponds to the information on the report
Part III: Persons Seen or Treated	<ul style="list-style-type: none"> • Total Seen or Treated: Include the number of people that were seen or treated at the Medical Unit/first aid station during the reporting period • If possible, write the number of people for each race/ethnicity category, each age category and if known, the number of people seen that were pregnant • Include the number of individuals that were referred or transported to the hospital
Part IV: Treated Individuals	<ul style="list-style-type: none"> • Use the categories that best describe individuals’ current reasons for seeking care. • Complete the total tallies for each syndrome category in the column to the right. Write a “0” if none of the individuals had the syndrome (e.g. if no one came in for a motor vehicle crash, write “0”). • A single individual may be counted more than once if they come to the medical/first aid station with multiple problems (e.g. an individual has a cut on their hand and they have their blood sugar checked). • If the patient has meningitis/encephalitis-like symptoms, the NH DPHS needs to be notified ASAP at 603-271-4496 or (NH only) 1-800-852-3345 ext. 4496 (weekdays) or ext. 5300 (after hours).

Environmental Health Shelter Assessment Form Instruction Sheet

I. ASSESSING AGENCY DATA

1. Assessing Agency/Organization Name: self-explanatory.
2. Assessor Name/Title: self-explanatory.
3. Assessor Phone contact: self-explanatory.
4. Email or Other Contact: Note email or describe any other means of communication for assessor (e.g., radio, pager).

II. FACILITY TYPE, NAME and DATA

5. Shelter Type. "Community/Recovery": general public. "Special Needs": population with specific medical requirements. "Other": relief workers base camp, etc.
6. ARC Facility: Is the shelter managed by the American Red Cross?
7. If #6 is yes, indicate ARC Facility code.
8. Date Shelter Opened: self-explanatory.
9. Date Assessed: self-explanatory.
10. Time Assessed: self-explanatory.
11. Reason for Assessment. "Preoperational": before opening. "Initial": first assessment after opening. "Routine": assessments occurring on a regular basis (e.g., daily, weekly). "Other": occurrence such as an outbreak or a complaint.
12. Location Name and Description. Example: "Rockville Elementary School - brown building next to the police station."
13. Street Address: self-explanatory.
14. City/County: self-explanatory.
15. State: two-letter Postal Code abbreviation.
16. Zip Code: five-digit US Zip Code.
17. Latitude/Longitude of facility location: self-explanatory.
18. Facility Contact/Title: name of responsible contact person, such as a facility manager or designated person in charge, and his or her title.
19. Facility Type: self-explanatory.
20. Phone: self-explanatory.
21. Fax: self-explanatory.
22. Email or Other Contact: note email or describe any other contact means for shelter manager, director, or supervisor (e.g., radio, pager).
23. Current Census: estimated number of persons, including workers, in shelter at the time of inspection.
24. Estimated Capacity: maximum number of persons allowed in facility, for use as a shelter, if known.
25. Number of Residents: number of permanent or registered residents at the time of assessment.
26. Number of Staff/Volunteers: number of persons working in the facility at the time of assessment.

III. FACILITY

27. Structural damage: note damage to physical structure (e.g., roof, windows, walls, etc).
28. Security/law enforcement available: security guards or police officers available at facility site.
29. Water system operational: self-explanatory.
30. Hot water available: self-explanatory.
31. HVAC system operational: self-explanatory.
32. Adequate ventilation: facility well-ventilated and free of air hazards such as smoke, fumes, etc.
33. Adequate space per person in sleeping area:
 - a. evacuation shelters, 20 ft² per person;
 - b. general shelters, 40 ft² per person;
 - c. special needs shelters, 60–100 ft² per person.

34. Free of injury/occupational hazards: With regard to general safety, some examples include:
 - a. Is the facility free of frayed or exposed electrical wires, carbon monoxide hazards, hazardous materials, etc.?
 - b. Are on-duty staff and members wearing PPE?
35. Free of pest/vector issues: note presence of mosquitoes, fleas, flies, roaches, rodents, etc.
36. Acceptable level of cleanliness: self-explanatory.
37. Electrical grid system operational: self-explanatory.
38. If generator in use: check for appropriate location, capacity, adequate fuel and ventilation.
39. If #38 is yes, indicate whether the generator fuel type is gas, diesel, solar, etc.
40. Indoor temperature (°F): temperature measurement from a random location inside facility (ASCE standard for temperatures in buildings).

IV. FOOD

41. Preparation on site: self-explanatory.
42. Served on site: self-explanatory.
43. Safe food source: source of the food from a licensed contractor or caterer.
44. Adequate supply: self-explanatory.
45. Appropriate storage: food stored according to safe storage practices to prevent contamination or spoilage – refer to local code or US Food Code.
46. Appropriate temperatures: hot food kept above 135 °F; cold food kept below 40 °F. Or refer to local code or US Food Code.
47. Hand-washing facilities available: fixed or portable, as long as they are operational.
48. Safe food handling: food preparers are using gloves, avoiding cross contamination, using appropriate utensils, etc. – refer to local code.
49. Dishwashing facilities available: place to wash, rinse and sanitize kitchen utensils and cooking equipment.
50. Clean kitchen area: self-explanatory.

V. DRINKING WATER AND ICE

51. Adequate water supply: drinking water in the range of 1–2 gallons/per person/per day, for all uses 3-5 gallons/per person/per day.
52. Adequate ice supply: ice supply sufficient to maintain cold food temperatures.
53. Safe water from an approved source.
54. Safe ice from an approved source.

VI. HEALTH/MEDICAL

55. Outbreaks, unusual illness/injuries: note any reports of illness/injuries or outbreaks of violence among residents, workers, or visitors.
56. Medical care services available: If yes, list type of care available in comments section.
57. Counseling services available: If yes, list type of mental/social services available in comments.

VII. SANITATION (*Augment with off site and/or portable facilities as needed.)

58. *Adequate laundry services: provided with separate areas for soiled and clean laundry.
59. *Adequate number of operational toilets: minimum 1 per 20 persons or as specified by sex.
60. *Adequate number of operational showers/bathing facilities: 1 per 15 persons.
61. *Adequate number of operational hand-washing stations: 1 per 15 persons.

62. Hand-washing supplies available: water, soap, and paper towels; if water is unavailable, hand sanitizers (at least 60% alcohol).
63. Toilet supplies available: toilet paper, feminine hygiene supplies, and diapers/pads for children and adults.
64. Acceptable level of cleanliness: self-explanatory.
65. Sewage system type: self-explanatory.

VIII. SOLID WASTE GENERATED

66. Adequate collection receptacles: minimum 1 (30-gal) container for every 10 persons.
67. Appropriate separation between medical/infectious waste and general refuse.
68. Appropriate disposal and labeling in approved containers.
69. Appropriate storage and separation from common areas.
70. Timely removal of waste – collected regularly.
71. Check all types of waste generated at facility (e.g., solid, hazardous, medical).

IX. CHILDCARE AREA

72. Clean diaper-changing facilities: self-explanatory.
73. Hand-washing facilities available: for adults and children with paper towels, soap, and water.
74. Adequate toy hygiene: toys cleaned with a nontoxic, approved disinfectant. Refer to local code.
75. Safe toys: should adhere to applicable age group standards.
76. Clean food/bottle preparation area: self-explanatory.
77. Adequate child/caregiver supervision ratio:
 - a. birth–12 months (3:1),
 - b. 13–30 months (4:1),
 - c. 31–35 months (5:1),
 - d. 3 years (7:1),
 - e. 4–5 year olds (8:1),
 - f. 6–8 year olds (10:1),
 - g. 9–12 year olds (12:1).

78. Acceptable level of cleanliness: self-explanatory.

X. SLEEPING AREA

79. Adequate cots/beds/mats for each resident/staff.
80. Adequate bedding for each cot, bed, or mat.
81. Clean bedding available: self-explanatory.
82. Adequate spacing: at least 2.5 - 3 ft between cots/beds/mats.
83. Acceptable level of cleanliness: self-explanatory.

XI. COMPANION ANIMALS

84. Companion animals present: animals in facility.
85. Animal care available: animals have clean, fresh water and food.
86. Designated animal area: animals located away from people and separately housed.
87. Acceptable level of cleanliness: self-explanatory.

XII. OTHER CONSIDERATIONS

88. Handicap accessibility: self-explanatory.
89. Designated smoking areas: space is marked, maintained, and away from general shelter population.
90. Check box at top of form regarding immediate needs identified.

XIII. GENERAL COMMENTS

Add any general comments or additional notes about any sections.

XIV. IMMEDIATE NEEDS SHEET

List any identified critical needs or items, including the respective item numbers.