



**DISASTER
PREPAREDNESS
PLAN**

2011

**FORT LAUDERDALE
CHILDREN'S MEDICAL
SERVICES**

**1625 SE 3RD AVENUE
Suite 415**

Fort Lauderdale, FL 33316

PHONE: (954) 713-3100 FAX: (954) 713-3179

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ROLES AND RESPONSIBILITIES

Pre-Planning:

Ft. Lauderdale Children's Medical Services (CMS) office works in collaboration with the **Substance Abuse and Health Care Services Division of Broward County** to implement the emergency shelter for children with special health care needs.

CMS responsibilities include:

1. Triage referrals to determine medical eligibility for special needs shelter.
2. Review current CMS caseload to complete/update Shelter Registration Form. (See page 15)
3. Develop a list of children eligible for the shelter and those requiring evacuation to a hospital. (e.g. ventilator dependent)
4. Supply a list to **Broward County Elderly Services** of children and families requiring special transportation for evacuation to the shelter, and for those requiring sheltering at hospital.
5. Identify, in coordination with Broward County Substance Abuse and Health Care Services Division, needed supplies (e.g. medical, mats, water, oxygen, food, nutrition supplement, meds, paper goods, supplies) in sufficient quantities to stock the special needs shelter as well as fans, generators, cellular phones and requested special equipment.
6. Develop, in coordination with Broward County Substance Abuse and Health Care Services Division, nutrition service plans.
7. Complete *Family Disaster Plan & Shelter Registration Form* for children with Special Health Care needs scheduled to attend the shelter.
8. Provide health care professional staffing at shelter in partnership with the North and South Broward Hospital Districts.
9. Provide direction and assistance in the triage, treatment and or appropriate dispositions of evacuees. This includes letter to families regarding shelter registration. (See attachment II)

CHILDREN'S MEDICAL SERVICES DISASTER READINESS

Are you prepared for the next disaster (such as hurricane)?

The CMS staff will ensure that our children with special health care needs and families know the procedures to take prior to a disaster occurring. Each family should follow the following steps:

1. If your care coordinator recommends that your child should go to the special needs shelter, verify with them that they have your correct address and phone number. They will also need to know if you need county transportation to the shelter.
2. Prepare a list of items that you would need at the shelter. This list should include:
 - a) Any medications, for a seven-ten-day period, for yourself or any other children that will be accompanying you.
 - b) Diapers and formula for your child with special health care needs including any special nutrition supplements (if applicable);
 - c) Any medical equipment your child is using or might need (example: oxygen, suction machine, nebulizer, feeding pump, custom wheelchair); **Charged batteries for all medical equipment.**
 - d) Any supplies such as sterile gauze pads, hydrogen peroxide, cotton applicators, sterile saline, etc. for seven-ten day period.
 - e) Non-medical supplies such as:
Flashlight, change of clothes, blankets or sleeping bags, pillows, portable radios, child's favorite toy or stuffed animal, tissues, bottles, pacifiers, etc.;
3. Stay tuned to your local radio and/or TV stations at the time a hurricane (or other disaster) is approaching for notification of shelter openings.

The shelter will be equipped with food for your family and your child if he/she is on a regular diet. There will also be medical and nursing staff available to assist in the case of an emergency.

The space at the shelter is limited and we want to emphasize there will only be room for the children who are registered their immediate family members, and caregiver (nurse, home health aide) if indicated.

IMPORTANT REMINDER

Please be sure to charge all electrical equipment that your child may need during a hurricane watch (a hurricane watch means that a hurricane is approaching within 36 hours). Tune in to your local TV/radio stations.

The following are examples of equipment that should be plugged into an electrical outlet 24 hours before the hurricane:

- apnea monitors
- suction machines
- feeding pumps
- nebulizers

When the battery on your equipment is fully charged, the equipment will be able to be used for several hours. It is recommended that you have 2 fully charged batteries.

***If you have any questions regarding the shelter
or what to bring with you,
contact your CMS nurse care coordinator at:
(954) 713-3100***

DISASTER PHASES

All staff is to follow regular work hours until notified by the Regional Nursing Director or designee that CMS has been notified by Broward County Substance Abuse and Health Care Services Division to dismiss employees because of impending disaster.

PLEASE NOTE: If disaster develops on a non-working day, management staff will be notified to report to the CMS office to follow the established procedure for securing the office and transporting client medical records of pre-registered clients and supplies to the special needs shelter.

Pre-Phase (General Preparation)

1. Care Coordinators will triage caseload to determine which clients need to be assigned to the Special Needs Shelter and require county transportation. A Family Disaster Plan/Shelter Registration Form will be completed, with the original placed in the medical record, and a copy to the OMCM.
2. The names of the clients needing transportation to the shelter will be forwarded by the OMCM to the Division of Elderly Services.
3. Care Coordinators will be pre-assigned to the shelter teams to insure appropriate shelter coverage.
4. Staff Directory will be updated, and distributed to all staff.
5. The supplies coordinator will prepare a box of office supplies for the shelter.
6. The clinical supervisor will prepare clinical supplies for shelter.

Phase I (Hurricane Watch)

1. Management staff will meet with, or be in contact with if not during working hours, staff to advice of current disaster status and review Disaster Preparedness Plan.
2. DCSA will load CMS case management data information on the Nursing Director's computer laptop.

3. Non-nursing staff, under the direction of the Program Manager, will be assigned to secure and protect office equipment. Visquine bags will be distributed to cover all electrical equipment in the office.
4. Each employee will be responsible to:
 - Return all charts to the medical record room.
 - Gather all personal items and take them home.
7. Management will notify Broward County Substance Abuse and Healthcare Services Division (954-728-2712 or 954-831-4051) to inform them that the disaster supplies located at CMS need to be picked up and delivered to the shelter (see Disaster Supply Checklist).
6. The Medical Records staff will organize for delivery to the shelter the current CAP assessment and care plans for the children with special health care needs that are pre-registered for the shelter.

Phase II (Hurricane Warning)

1. Nurses who are scheduled to work Team 1 at the shelter will be relieved of duty to secure their homes before reporting to the shelter. This will occur once announcement of shelter openings has been made. They will report to Site Director upon arrival.

Staff working in the shelter should bring the following items:

- 3-4 days change of clothes;
- Sleeping apparel, i.e. pillow, own sleeping bag, blanket or inflatable mattress (provided by CMS)
- Own medication and any special nutrition/diet supplies
- Flashlight;
- Extra batteries;
- Toiletries (comb, toothbrush, etc.);

Note: Pets are not allowed at the shelter.

2. Other staff will remain on duty at the CMS office until the end of their scheduled workday or until released by the Nursing Director based on the County Administrator's recommendation.

Phase III (During the Hurricane)

Staff at the shelter will provide assistance as directed by the Site Director.

Phase IV (Recovery Activities)

1. Upon receiving the “ALL CLEAR” notification from the media or their supervisor, staff will report to the CMS office.
2. If storm damage prevents certain staff from reporting to the CMS office, they should report to the shelter.

The safety and well being of state employees is highly regarded. If one of the above 2 steps does not occur, attempts will be made to locate the employee, based on the emergency contact information they have provided.

3. Staff will assess damage (if any) to areas of responsibility and report them to the DCSA by completing the Damage Assessment Report (page 22).
4. Medical records, disaster equipment and supplies will be returned to CMS as soon as shelter is closed.
5. Care Coordinators will contact all at risk families to assess child’s status.

VENT-DEPENDENT CHILDREN

Evacuation Plan for Vent Dependent Children

1. At the 36 hour pre-impact watch:
 - CMS care coordinators will notify their vent-dependent client's families that there is a hurricane watch or other type of pending disaster and to "stand by".
 - Joe DiMaggio Children's Hospital and Coral Springs Medical Center will have beds designated.
 - Families will make sure that they have adequate supplies and medication for 3 days. Arrangements should be made to care for other family members at home. Only one parent will accompany child to hospital. Arrangements should also be made for a designated person to assure that the home is safe to return post disaster.
 - Care Coordinators will notify the home health agencies that they will need to send at least one nurse to the hospital in order to maintain care for the child.
 - CMS management will notify AMR Ambulance Company to begin preparations for pick-up.
 - One CMS nurse is assigned to Joe DiMaggio Children's Hospital and the other to Coral Springs Medical Center.

2. At the 24-hour warning:
 - The two assigned CMS care coordinators will contact the families to be ready for pick-up by the ambulance company.
 - The ambulance company will begin to transport the children to the hospitals.
 - The two assigned CMS care coordinators will report to their designated hospital.
 - Ambulances will enter hospitals via emergency room.

3. At the "post impact" and "all clear" notification:
 - Parent will verify with their designated contact that their home is safe and electricity is available.
 - Only then will transportation begin to return children home.

CONTINUITY OF GOVERNMENT

The essential functions of Ft. Lauderdale Children's Medical Services will be maintained in an emergency situation through delegation of authority. This continuity is outlined on page 9, Emergency Call Listing.

CONTINUITY OF OPERATIONS

In the event that essential health functions cannot be provided at the Ft. Lauderdale CMS office, alternative sites will be used. The special needs shelter will be activated in case of a hurricane or other disaster where special needs children will need emergency shelter. The name and location of this shelter is listed on page 14.

For disasters where the special needs shelter will not be opened, CMS management staff, and other staff as needed, will be located at one of the following alternative sites, depending on the location and circumstances of the disaster:

Broward County Health Department Annex
780 SW 24th Street
Ft. Lauderdale

North Regional Health Center
601 West Atlantic Blvd.
Pompano Beach

~~South Regional Health Center~~
~~4105 Pembroke Road~~
~~Hollywood~~

Broward County Emergency Operations Center
201 NW 84th Avenue
Plantation

EMERGENCY CALL LISTING

In the event of an emergency or disaster, the following individuals should be contacted regarding the role of Children's Medical Services personnel:

DISASTER COOR./SITE DIRECTOR

Mary Hooshmand, SE Region Nursing Director
Home: (561) 393-8556
Work: (954) 713-3117
Cell:(954) 801-5017

MEDICAL COVERAGE COORDINATOR

Henry Lin, M.D.
Home: (954) 384-4759
Beeper: (954) 269-9826
Work: (954) 563-4323
Back-up: Beverley Nelson-Curtis, M.D.
Home: (954) 575-0128
Cell: (954) 551-9962/954-298-4374

BACK-UP SITE DIRECTOR COORDINATOR

Regine Placide, SRNS
Home: (954) 695-1703
Work: (954) 713-1248
Cell: (954) 868-6657

SHELTER SHIFT SUPERVISORS

Lidiette Nieto, SRNS
Home: (954) 783-3630
Work: (954) 713-3166
Cell: (954) 292-8742

Mary P. Joyce, SRNS
Home: (954) 752-9210
Work: 954-713-3166
Cell: (954) 218-1759

ADMIN. DISASTER COOR.

Maura Callahan, MPH
Home: (954) 533-5321
Work: (954) 713-3103
Cell: (954) 809-9040

BACK-UP DISASTER COORDINATOR

Javed Ali
Home:
Work: (954) 713-3177
Cell: (954) 394-3268

COMPUTER COORDINATOR

Dave Sinclair, DCSA
Home: (954) 474-5665
Work: (954) 713-3114
Cell:(954) 654-1407

Kathy Sandy, SRNS
Home: 954-578-7376
Work: (954) 713-3166
Cell: (954) 292-8743

It will be the Site Director/Back-up's responsibility to contact all CMS personnel regarding a sudden or impending disaster. In the event of a major disaster, normal CMS clinic operations will be temporarily discontinued. The emergency operations procedures will be activated.

COUNTY SPECIAL NEEDS SHELTERS

KEY PERSONNEL (5/29/12)

ESF#18 EOC - 954-831-3835 - 954- 831-3838 ESF -6 (Mass Care) 954-831-4091
 - 954-831-3836 - 954-831-3839 954-831-4092
 - 954-831-3837 - 954- 831-3840
 - 954-831-5826

Substance Abuse & Health Care Services Division (SAHCS) & Human Services Department Emergency Operating Center

| | | | | | |
|--|---|--|------------------|------------------|--|
| Marie McGinley (Pre/Post) | Admin. Manager | SAHCS Div. (BARC) | (W)954-357-5450 | (H)954-765-3695 | (C)954-249-5753 |
| Paul Jaquith (A Shift) | Director | SAHCS Div. (Shelter Staff & Lead) | (W)954-357-5444 | (H) 954-432-7606 | (C)954- 309-4383 |
| Michelle Riegler (A Shift) | Special Projects Coordinator | SAHCS Div. (Shelter Staff & Lead) | (W) 954-357-5455 | (H) 954-561-4276 | (B) 954-249-8881 |
| William Beeda (A Shift) | Office Mgr. | SAHCS Div. (Shelter Supplies) | (W) 954-357-5445 | (H)954-733-6291 | (B) 954-897-5364 (C) 954-303-8003 |
| Joanne Richter (A Shift) | Asst. Director | SAHCS Div. (BARC) | (W)954-357-5444 | (H) 954-566-5705 | (C)954-257-8073 |
| Mark Francis (B Shift) | Acting Asst. Director | SAHCS Div. (Shelter Staff & Lead) | (W) 954-327-8750 | (H)954- | (B)954- (C)954-830-5820 |
| Audrey Cohen (B Shift) | Sp. Proj. Coord. | SAHCS Div. (Shelter Staff & Lead) | (W) 954-327-8750 | (H)305-931-0624 | (B) 954-679-2842 (C) 954-980-2901 |
| John Scerba (B Shift) | Quality Assurance | SAHCS Div. (Shelter Supplies) | (W) 954-357-5457 | (H)954-476-1217 | (B)954- 897-5009 (C) 954-804-4353 (C) 954-257-0099 |
| Jacqueline Panellas (B Shift) | Acting Treatment Dir. | SAHCS Div. (BARC) | (W)954-357- | (H) 954-384-1520 | (B) 888-845-3700 (C)954-240-6679 |
| Jasmine Bascombe (C Shift) | Prog. Mgr. | SAHCS Div. (Shelter Staff & Major Disaster After) | (W) 954-831-1505 | (H)954-420-5972 | (C) 954-240-4204 |

| | | | | | |
|--|--|-------------------------------------|----------------------|------------------|------------------------------------|
| Martha Baer (C Shift) | Accountant | SAHCS Div. (Shelter Supplies) | (W) 954-357- 5448 | (H)954- 761-7902 | (C) 954-240-8411 |
| Karen Hamberger (C Shift) | Contract Grants Admin. | SAHCS Div. (BARC) | (W)954-357-5432 | (H) 954-723-0598 | (B)954-387-1185 (C)954-605-7384 |
| Dan Schevis | Special Assist. to the Director | Human Services Dept. | (W) 954-357-6375 | (H) 954-763-3574 | (C) 954-445-6375 |
| Neesa Warlen | Assistant Director | Human Services Dept. | (W) 954-357-6748 | (H) 954-792-8526 | (B)954-679-5353 (C)954-557-9078 |
| Alisa Tang Hap | Fiscal Operations Mgr. | Human Services Dept. | (W)954-357-6388 | (H)954-252-0232 | (C)954- 802-0067 |
| Bob Wessman | Help Desk | Human Services Dept. | (W) 954-357-5956 | (H)954-341-9372 | (C) 954-261-9084 |

Memorial Healthcare System
McNicol Middle School
School Phone #: 926-0975
Cafeteria Phone #: 926-0986

| | | | | | |
|--|---|--|---------------------------------|-----------------------|------------------------------------|
| Rochelle Ayala Medical Doctor | Shelter Manager McNicol | Interim Administrator and Chief Medical Officer Memorial Primary Care Services | (W) 954-985- 1551, ext. 2037 | (H) 954- 349- 1389 | (B)954- 286-0086 |
| Mario Salceda | Alternate Shelter Manager Mc Nichols | Administrator of Memorial Practice Management | (W)954- 954- 985-2370 | (H)954- 438- 8337 | (B) 954-286-8479 |
| Debra Patterson | Principal | School Board | (W)954-926- 0986 | (H)954-742- 8582 | (C)954-600-8582 |
| | RACES | McNicol School | | | |
| Ruth McDonald | Staff | SAHCS | (W)954-327- 8750 | (H)954-458- 6871 | (C)954-309-4046 |
| Walter Bradley | Staff (Prog. Mgr.) | SAHCS | (W)954-964- 0515 | (H) 954-366- 1603 | (B)954-240-0058 |
| Michelle Ross | Staff | SAHCS | (W)954-341- 3925 | (H) 954-755- 6209 | (C)954-695-3477 (B)954-896-0225 |
| Linda Vitta | Staff | SAHCS | (W) 954-357- 5438 | (H)954-385- 2755 | (C) 954-240-9902 |
| Catalina Granja | Staff | SAHCS | (W)954-791- 1006 | (H) 954-345- 9348 | (C)954-464-4971 |

North Broward Hospital District

| | | | | | |
|-----------------------|---|------|------------------|--------------------------------------|------------------|
| Jasmin Shirley | Vice President, Ambulatory Svcs. | NBHD | (W)954-355-5903 | (H)954-462-5438 954-873-2312 | (B)954-928-5115 |
| Scott DiMarzo | Director/Quality/Clinic Operations | NBHD | (W) 954-355-4953 | (H)954-835-0911 954-465-6138 | (B)954-730-5969 |
| Dudley Hall | Acct. Svcs. Specialist | NBHD | (W)954-355-4946 | (H)954-432-3431 | (B) 954-898-9198 |
| Richard Sudol | District Safety/EOC Officer | NBHD | (W) 954-831-2782 | (H) 954-571-2464 (C) 954-818-8041 | (B) 954-528-0438 |

North Broward Hospital District

New River Middle School

School Phone #: 316-0492

Cafeteria Phone #: 316-0401

| | | | | | |
|-----------------------------|------------------------------------|--|---------------------|------------------|---------------------------------------|
| Maxine James-Francis | Shelter Manager - New River | Director, 7 th Avenue Family Health Center (NBHD) | (W) 954-759-6652 | (H) 954-344-0686 | (B) 954- 896-5627 (C) 954-465-1923 |
| Jan Beal | Principal | New River | (W)954-323-3600 | (H)954-704-9691 | (C)954-262-6211 |
| | RACES | New River | | | |
| Carol Cook | Staff | SAHCS | (W)954-327-8750 | (H)954- 739-0435 | (B) 954-679-8105 |
| William Green | Staff | SAHCS | (W)954-327-8750x222 | (H) 305-442-8005 | (C)954-296-1588 |
| Beverly Keeve | Staff | SAHCS | (W)954-327-8750 | (H)954-321-5909 | (B)954-679-2037 |
| Malerie Bleich | Staff (Prog. Mgr.) | SAHCS | (W) 954-791-1006 | (H)954-566-7865 | (C) 954-249-8838 |

North Broward Hospital District**Indian Ridge Middle School****School Phone #: 916-0141****Cafeteria Phone #: 916-0161**

| | | | | | |
|------------------------------|--|--|----------------------|----------------------|---|
| Susan Oulette | Shelter Co- Mgr. Indian Ridge | Director, Specialty Care Center -NBHD | (W) 954-527- 6007 | (H)954-920- 4632 | (B)954-528- 9021 (C) 954-501- 8921 |
| Kathy Nelson | Shelter Co- Mgr. Indian Ridge | Director, Pompano Primary Care Center -NBHD | (W)954-786- 5903 | (H) 954-753- 9230 | (B)954-497- 7813 |
| Frank Zagari | Principal | Indian Ridge | (W)954-916- 0141 | (H)954-680- 7513 | (C)954-240- 7807 |
| | RACES | Indian Ridge | | | |
| Jim Riley | Staff | SAHCS | (W)954- 327- 8750 | (H)954-799- 0229 | (B)954-258- 0582 |
| Rita Volpitta | Staff | SAHCS | (W)954-327- 8750 | (H)954-981- 6536 | (B) |
| Goergia Kowlessar | Staff | Program Research and Dev. | (W)954-357- 8219 | (H)954-578- 9365 | (C)954-410- 0110 |
| Antony Kowlessar | Staff | Program Research and Dev. | (W) 954-357- 8212 | (H)954-578- 9365 | (B)954-413- 5831 |

Children's Medical Services (CMS)**Sunset School****School Phone #: 797-8750**

| | | | | | |
|----------------------------|--|------------------------------|----------------------|------------------|---|
| Mary Hooshmand, RN | Shelter Manager-Sunset | Nursing Dir. CMS | (W) 954-713-3117 | (H)561-393-8556 | (C) 954-801-5017 |
| Vacant | Program Administrator | Program Administrator | (W) | (H) | (C) |
| Maura Callahan, MPH | OMCM | CMS | (W) 954-713-3103 | (H) 954-533-5321 | (C) 954-809-9040 |
| Mary P. Joyce | Sr. Nursing Supervisor/Designee in absence of RN Supervisor | CMS | (W)954-713-3130 | (H)954-752-9210 | (C) 954-218-1759 |
| Lidiette Nieto | Shelter Shift Supervisor | CMS | (W)954-713-3126 | (H)954-783-3630 | (C)954-292-8742 |
| Kathy Sandy | Shelter Shift Supervisor | CMS | (W)954- 713-3166 | (H)954-578-7376 | (C)954-292-8743 |
| Joy Lasky | Principal | Sunset School | (W)954-797-8750 | (H)954-486-9554 | (C) 954-695-6848 |
| | RACES | Sunset School | | | |
| Becky Bedell | Quality Assurance Coord. | CSA | (W)954-357-7880 | (H)954-360-9248 | (B)954-898-6152 (C) 954-260-5869 |
| Donna Sogegian | HSSM II | CSA | (W)954-797-7119 x107 | (H) 954-473-0789 | (C) 954-309-0048 |
| Kevin O'Mara | Staff | CSA | (W)954-357-7881 | (H)954-792-1766 | (B)954-528-2066 (C) 954-651-4204 |
| Mandy Wells | Staff | CSA | (W)954-765-4159 | (H) 954-968-5978 | (B) 954-497-7068 |
| Ernie Perez | Staff | CSA | (W)954-357-6811 | (H)954-474-3075 | (B)954-815-6811 |
| Leona McAndrews | Staff | CSA | (W)954-357-6425 | (H)954-973-2634 | (B)954-679-3003 (C)Personal 954-254-1719 |

Broward County Participating Divisions

| | | | | | |
|--------------------------------|--|--------------------------------------|---|---------------------|-------------------------------------|
| Dick Cummings | Purchasing Director | Purchasing | (W)954-357-6070 | (H)954-752-2376 | (B)954-413-3039 (C) 954-249-5004 |
| Stephen Ferrante | Director | Elderly/Vet Svcs | (W)954-537-2805 | (H)954-537-7962 | (B)954-879-6033 |
| Ray Borlie | Paratransit CTC Program Manager | Mass Transit | (W)954-357-6799 | (H)954-369-8847 | (B) |
| Robert Roth | Director | Mass Transit | (W) 954-357-8301 | | (C) 954-303-7228 |
| Ed Wisniewski | Paratransit Manager | Mass Transit | (W) 954-357-8321 | | (C) 954-802-7990 |
| Steve Kidd | Paratransit Supervisor | Mass Transit | (W)954-357-8328 | | (B)954- 877-5009 |
| Andrea Busada | Paratransit Supervisor | Mass Transit | (W) 954-357-8494 | (H) 954-480-2969 | |
| Gene Vardaman | Director | Tele-communications | (W)954-357-8678 | (H)954-431-9653 | (B)954-497-9251 (C) 954-249-6923 |
| Anthony Carper | Director | Emergency Mgt. | (W) 954-831-3907 | (H) | (B)954-879-5505 |
| Herminio Lorenzo | Director | Safety & Emergency Svcs./Fire Rescue | (W-) 954-831-8201 | (H)954-305-823-6581 | (B)954-879-5543 |
| Wayne Mailliard | Deputy Chief Operations | Fire Rescue | (W) 954-321-4600 | (H) 954-432-3784 | (B)954- 528-5936 |
| Sgt. Harrison Humphreys | BSO | Detention | (W) 954-831-5335 Harrison(unders core)Humphreys@sheriff.org. | | (C) 954-410-1315 |
| Robert Clark | Director | Streets/Highway | (W)954-974-4100 | (H) | (C)954-612-0855 |
| Robert Harbin | Director | Parks/Rec.Labor | (W)954-357-8106 | (H)561-369-8649 | (C)954-410-4898 |
| Robert Williams | Safety | Parks/Rec Labor | (W)954-357-8153 | (H)954-718-0041 | (B)954-879-2708 |
| Michael Elwell | Director | Children Services Administ. | (W)954-357-7880 | (H)561-753-3029 | (B)954-413-6846 (C)954-257-2511 |

| | | | | | |
|---------------------|------------------|-------------------------------|-----------------|-----------------|-------------------------------------|
| Fred Murry | Director | Family Success Administration | (W)954-357-6367 | (H)954-429-3849 | (B)954-403-9256 (C) 954-253-0428 |
| Joel Mariani | Warehouse | Central Warehouse | (W)954-537-2850 | (H)954-755-5612 | (B)954-402-3493 |
| Jerry King | Warehouse | North Warehouse | (W)954-831-1448 | | |
| Greg Sitnek | Director | Fleet Svcs. | (W)954-970-0102 | (H)954-749-8123 | (B)954-879-3747 |

Other Administrative Resources

| | | | | | |
|-------------------------------|---------------------------------------|--------------------|------------------|------------------------------------|-------------------------------------|
| George Danz | Director-Trauma Services | Medical Examiner | (W)954-765-4199 | (H)954-426-0053 | (B)954-879-5528 |
| Jerry Graziore | Facilities-Risk Management | School Board | (W)754-321-4202 | (H)954-974-7331 (F)954-973-6905 | (B)888-463-1542 (C)954-240-5955 |
| Ed Robertson | Director of Emergency Services | American Red Cross | (W)954-763-9900 | | |
| Beverley Nelson-Curtis | Medical Director | BC Health Dept. | (W)954-467-4822 | (H)954-344-3832 | (B) 954-896-7463 (C)954-551-9962 |
| David Roach | Administrator | BC Health Dept. | (W)954-467-4817 | (H)954-741-1347 | (B)954-286-8027 |
| Deborah Hill | Nursing Dir. | BC Health Dept. | (W) 954-467-4814 | (H)954-747-4851 | |

CMS STAFF DIRECTORY

| Employee | Address | City, State, Zip Code | Home # | Contact Person | Phone 1 | Name/Phone 2 |
|-------------------|---|------------------------------|---|--|--|---|
| ADELL, Robin | 2810 SW 87th Ave, #907 | Davie, Fl 33328 | 954-916-8509, 954-850-5443 Cell | Alex Looker | 954-534-3983 | |
| ALI, Javed | 9591 SW 1 st Court | Pembroke Pines, Fl 33025 | 954-430-0615 Home 954-394-3268 Cell | Michelle Haima Ali | 954-274-4558 | |
| BAZA, Frances | 9395 S Belfort Circle | Tamarac Fl 33321 | 954-724-4116 | Lisa Murccia, Daughter | 704-752-5772 | |
| BEHESHTI, Parizad | 11050 NW 27 th Street | Sunrise Fl 33322 | 954-801-2387 | Parichehk Moeinian | 954-746-1831-H | |
| BELL, Alicia | 3017 NW 7th Court | Ft. Lauderdale Fl 33311 | 754-214-0114 | Tammy Adams | 954-584-2170 | 954-534-6311 Cell |
| BISSAINTHE, Rita | 3549 NW 39 th Avenue | Lauderdale Lakes Fl 33309 | 954-918-1529 (Cell) | Yslaine Bissainthe | 954-851-6325 H 954-868-8752 Cell | |
| BOYLAN, Tricia | 1119 SW 2nd Street | Boca Raton Fl 33486 | 561-391-4536 561-906-7399 Cell | Peter Boylan Cate Boylan | 561-394-0886 561-504-6422 | |
| BROWN, Francine | 2210 NW 194 Terrace | Miami Gardens Fl 33056 | 305-761-6180 Cell | Donaster Colas Una Dennis | 920-254-5949 Cell 305-761-2925 Cell | |
| BROWN, Linda | 2930 NW 8th Street | Pompano Beach Fl 33069 | 954-722-5325 | Nicholl Brothers/ Joyce Hampton | 954-429-8432 Sister | 954-722-5325 Daughter |
| CALLAHAN, Maura | 10255 SW 112 Street | Miami Fl 33176 | 305-283-7480 | Margaret Callahan Edward Callahan | 305-992-0221 Cell 305-992-8535 Cell | 954-290-0672 Cell David Shiffman, BF |
| CANELL, Barbara | 13850 NE 17 TH Avenue | North Miami Fl 33181 | 786-925-2244 786-925-0815 Cell | Marie A Canell Jean N Canell | 305-746-9608 Cell 305-331-0588 Cell | |
| CHARLES, Mary | 4535 Treehouse Lane #7F | Tamarac Fl 33319 | 954-482-5321 954- 822-2054 Cell | Kerby Charles | 954-709-9757 Cell | |
| COICOU, Angeline | 1620 NW 17 th Avenue Apt #7 | Pompano Beach FL 33069 | 954-740-4567-Cell 954-610-5223-(Alt) | Angela Eugene Stevenson Bonhomme | 954-479-1941-Cell 954-839-0404-Cell | |
| CRUZ, Carmen | 2455 SW 42nd Avenue | Ft. Lauderdale Fl 33317 | 954-584-7371 754-281-1876 Cell | Marjorie Pamblanco | 954-584-7371 | |
| DESHONG, Lorraine | 6221 SW 9th Place | N Lauderdale Fl 33068 | 954-974-6583 | Renrick DeShong | 954-254-6244 Cell | 954-735-1245 Sister |

| | | | | | | |
|-----------------------|--------------------------------------|-------------------------|--|-------------------------------------|--|------------------------------------|
| DORNAU, Suzanne | 1609 SW 15 TH Terrace | Ft Lauderdale FI 33312 | 954-610-0725 Cell | Peter Dornau Gregor Dornau | 954-629-4964 954-296-7016 | |
| DUKES, Bridgette | 15551 NW 2nd Place | Miami FI 33169 | 305-354-9591 786-586-4515 Cell | Jennie Davis | 305-633-2713 | |
| EBANKS, Gigliola | 4404 SW 160 th Ave #814 | Miramar FI 33027 | 954-436-4253 305-282-7806 Cell | Ernesto Ebanks | 954-651-4501 | EBANKS, Gigliola |
| FONTINA, Linda | 2707 NE 14 th Street #306 | Pompano Beach FI 33062 | 954-943-0419 | Rita Andrews Ronald Fontina | 321-917-0575 Cell 321-720-7328 Cell | |
| GALKIN, Donna | 101 Essex Road | Hollywood FI 33024 | 954-558-1431 | Libbie Galkin | 561-683-9349 | |
| GARCIA, Evelyn | 6380 Farragut Street | Hollywood FL 33024 | 954-804-7263 Cell | Jose C Garcia Hildelisa Castro | 754-423-4908 Cell 954-636-0260 Cell | 754-281-6602 Cell Juan P Castro |
| GREEN, Lesley | 733 NW 28th Street | Wilton Manors FI 33311 | 954-568-3055 954-270-4858 Cell | Ron Green | | 954-270-5946 |
| HALL, Ann-Marie | 10332 NW 2nd Court | Plantation FI 33322 | 954-530-2565 Bpr 954-928-9770 | Euris Hall | 954-821-8134 | 239-772-3352 |
| HANNAPARKIN, Jennifer | 630 SW 29th Terrace | Ft Lauderdale FI 33312 | 954-792-2657 954-849-5037 Cell | Ena Hanna Neville Hanna | 954-792-2657 954-581-1415 | |
| HO, Zarina | 2745 SE 2nd Street | Pompano Beach FI 33062 | 954-650-2518 | 954-941-6552; cell: 954-650-2518 | Nina | 954-650-3557 |
| HOOSHMAND, Mary | 91 SW 12TH Way | Boca Raton FI 33486 | 561-393-8556 954-801-5017 Cell | Nader Hooshmand | 561-393-8556 | 561-543-8766 |
| JOYCE, Mary P. | 11160 Heron Bay Blvd, #623 | Coral Springs, FI 33076 | 954-218-1759 Work Cell 954-643-4471 Personal Cell | Parnell Joyce | 954-993-0264 | |
| KWOK, Shirley | 520 N 68th Terrace | Hollywood, FI 33024 | 954-962-3593 954-801-9762 Cell | Jeanie Lee, Daughter | 954-962-8761 | |
| LIN, Mooi Lan | 1538 NW 168th Avenue | Pembroke Pines FI 33028 | 954-438-7190 | Stephen Lin | 305-591-3388 work | 954-646-1504 Cell |
| LIPMAN, Eleanor | 8001 NW 71st Court | Tamarac FI 33321 | 954-720-0407 | Jonathan Lipman | 954-805-6570 | |

| | | | | | | |
|--------------------------------|-----------------------------------|-----------------------------|--|---|--|---------------------------------------|
| LOPEZ, Veronica | 1016 NW 106 th Terrace | Pembroke Pines FL 33026 | 954-430-0410 (H) 954-232-3739 (Cell) | Toni Ann Lopez Angelina Brown | 954-430-0410 (H) 954-673-7510 (Cell) 954-962-1012 (H) 954-224-8067 (Cell) | |
| LUGO, Awilda | 8415 Forest Hills Drive #1 | Coral Springs, FL 33065 | 954-918-7304 561-502-9205 (Cell) | Anna Galluci David (Son) | 954-971-4468 954-536-5337 | |
| MALCOM, Andrea | | | | | | |
| MAIS, Monique | 8845 Southampton Drive | Miramar, FL 33025 | 954-404-8508-H 954-696-2771-C | Donna L. Williams Charmaine Lindo Sean C. Mais-Ex | 617-361-1467-H 954-749-1975-H 786-619-7439-C | 617-306-5492-C 954-548-9294-C |
| MEDINA, Eneida | 4984 SW 158 Way | Miramar FL 33027 | 954-588-6904 Cell | Kenesha Medina | 954-548-7603 | |
| MONZER-SHAW, Charmaine | 911 NW 35 th Avenue | Fort Lauderdale FL 33311 | 954-584-4835 954- 802-0093. Cell | Noel Shaw | 954-802-4665 Cell | |
| MOUCHETTE, Debre | 7109 Woodmont Way | Tamarac FL 33321 | 954-726-4112 954-675-1121 Cell | Millicent Smith Chantel Smith | 954-245-8867Cell 954-696-3479 Cell | |
| NELSON-CURTIS, Beverley, MD | 5891 NW 54th Circle | Coral Springs, FL 330767 | 954-575-0128 954-551-9962 Cell 954-298-4374 Cell | | | 954-809-9039 Dr. Curtis blackberry |
| NICOLAS, Maxine | 4731 NW 13th Street | Lauderhill, FL 33313 | 954-731-6903 | Yves Nicolas | 754-422-9187 Cell | 954-240-2396 Cell |
| NIETO, Lidiette | 2447 SE 15th Street | Pompano Beach FL 33062 | 954-783-3630 954-461-7881 Cell | Franklin Nieto | 954-783-3630 954-461-7883 Cell | 954-943-3597 Niece |
| OLIVER, Isabel | 156 NE 20th Court | Wilton Manors FL 33305 | 954-566-6046 954-235-0830 Cell | Hans Hillebrand Andrea M Hillebrand | 954-980-6070 Cell 954-235-0832 Cell | |
| OSBORNE, Juliet | 7402 NW 34th Street | Lauderhill, FL 33319 | 954-749-9412 Cell 954-609-2411 | Cheryl Page, Sister Veronica Oatfield | 954-588-9641 954-761-8578 cell | |
| PLACIDE, Regine | 4081 Carambola Circle North | Coconut Creek, FL 33066 | 954-868-6657 Work 954-695-1703 Cell | Jean Placide | 954-345-3641 Home 954-448-8030 Cell | |
| RANGER, Hyacinth | 2851 NW 194th Street | Miami Gardens, FL 33056 | Doane Ranger Sue-Jay Ranger | 786-285-5716 786-859-6063 | | |
| RICHARDSON, Marie | 10641 NW 27th Court | Sunrise, FL 33322 | 954-353-0432 | Serol Richardson | 011-509-215-0271 011-509-449-1282 Cell | |

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|-------------------------|-----------------------------|---------------------------|---|---------------------------------------|--|--|
| RUDOLPH, Kathryn | | | | | | |
| SANDY, Kathy Ann | 4920 NW 86th Terrace | Lauderhill, FI 33351 | 954-578-7376 954-292-8743 Cell | Cynthia Boyd | 954-290-9479 | |
| SHARP, Sherry | 4829 NW 96th Terrace | Sunrise, FI 33351 | 954-572-8326 954-461-8484 Cell | Rick Sharp/Roslyn Citrin | 954-461-8414 954-345-9018 | |
| SINCLAIR, Dave | 11451 NW 23rd Street | Plantation, FI 33323 | 954-474-5665 954-448-1248 Cell 954-654-1407 Blackberry | Cardia Sinclair | 754-224-1664 | |
| SINGH, Sonia | 6596 Schooner Terrace | Margate, FI 33063 | 954-969-7854 954-614-9854 Cell | Barath Sing Adesh Jaggernauth | 954-232-1808 Cell 561-798-6172 561-313-2087 Cell | |
| STROSBERG, Adam | 940 SO. Hillcrest Ct #202 | Hollywood FI 33021 | 954-987-7858 518-496-0042 Cell | Jeffrey Strosberg | 518-496-3300 Cell | |
| TERCHA, Erica C | 807 W Oakland Park Blvd #G5 | Oakland Park FI 33311 | 954-937-1986 Cell | Brady Tercha Glady Bouchard-Santos | 954-937-1984 Cell 954-515-6279 Cell | |
| THIRY, Samantha | | | | | | |
| TOLBERT, Brenda | 1211 NW 23rd Avenue | Pompano Beach FI 33069 | 954-984-9021 | Cecil Tolbert/Sarah Howard | 954-973-4745 | |
| TOY, Pamela | 150 NW 28 CT | Pompano Beach, FI. 33064 | 954-943-3124 | Stacy Kweder | 1-860-681-5793 Cell | |
| WALLACE, Carol | 3401 NW 32nd Street | Lauderdale Lakes FI 33309 | 954-735-5854 954-829-1534 Cell | Trevor Wallace | 954-735-5854 954-829-9615 Cell | |
| WILLIAMS, Denyse | 110 Freedom Court | Deerfield Beach FL 33442 | 954-857-1865-Cell | Brigett Williams | 954-263-7355-Cell | |
| WAYNE, Jody | 8589 Tomaline Boulevard | Boynton Beach, FI 33472 | 561-735-9231 | Lary Wayne | 954-491-3611 Xt 24 561-271-4546 Cell | |

CONTRACT NURSES

| | | | | | | |
|-------------------------------|--|--|--|--|--|--|
| BEYAH-GILMER, Asya | 305-705-3349- Home 305-331-9444 Cell | | | | | |
| DASHER, Ericka | 954-290-7816 Cell | | | | | |
| GARCIA, Iraida | 954-340-7927- Home 973-978-7336- Cell | | | | | |
| MARTINEZ, Martha | 954-4500853- Home 754-423-4194 Cell | | | | | |
| PHILIPS, Christine | 864-907-5767 | | | | | |
| PHILIPPE-AUGUSTE, Gilberte | 678-755-1677 Cell | | | | | |

SHELTER STAFFING SCHEDULE

(Subject to Change)

Site Director

Mary Hooshmand, R.N., Ph.D., SE Region Nursing Director
 Maura Callahan, Program Administrator Back up
 Regine Placide, RN, SRNS –Back up

Medical Doctor Shelter Coverage

Henry Lin, M.D., M.D.
 Beverley Nelson-Curtis, M.D. – Back-up

Ventilator Dependent Coverage: Joe DiMaggio Children’s Hospital, Martha Martinez, RN
 Coral Springs Medical Center, Zarina Ho, RN.

CMS Southeast Region - Ft. Lauderdale Office Disaster Plan- Pediatric Special Needs Shelter Staffing

| TEAM 1 | TEAM 2 | TEAM 3 |
|------------------------------------|---------------------------------|------------------------------------|
| Team Leader: Lidiette Nieto | Team Leader: Kathy Sandy | Team Leader: Regine Placide |
| Carmen Cruz | Adam Strosberg | Sherry Sharp |
| Veronica Lopez | Juliet Osborne-MFC | Gigliola Ebanks, SW |
| Jennifer Hannaparkin | Marie Richardson | Charmaine Monzer-Chaw |
| Kathryn Rudolph | Eneida Medina, SW | Sonia Singh |
| Lesley Green, SW | Eleanor Lipman | Erica Tercha |
| Ann Marie Hall-SW-MFC | Gilberte Philippe-Auguste | Pamela Toy |
| Samantha Thiry | Debre Mouchette | Jody Wayne |
| Barbara Canell | Suzanne Dornau | Monique Mais |
| Lorraine DeShong | Rita Bissanthe | Asya Beyah-Gilmer |
| Javed Ali | Trisha Boylan | Francine Brown |
| | | Parizad Beheshti |

*Team/Shift Supervisor
 6 additional nurses (3 from the NBHD and 3 from the SBHD)
 will also be staffed at the shelter.

SHELTER LOCATION

SHELTER LOCATION

Sunset School*
3775 SW 16th Street
Ft. Lauderdale, FL 33312

*This location is confidential.

DIRECTIONS

From I-95, exit Davie Blvd west.
At State Road 7 (US 441) make a left/south.
At SW 16th Street, turn left/east (next to McDonalds). Proceed 2 blocks.
The school is on the left/north side.
A landmark to look for is the
Dixie Peel Water Treatment Plant on State Road 7.
The school is located behind it.

Ft. Lauderdale CMS Family Disaster Plan & Shelter Registration Form

Child: (Last) _____ (First) _____ Phone: _____ Cell Phone _____

Address: _____ APT # _____ City _____ ZipCode _____

Diagnosis: _____ Primary Care Physician: _____

Do you reside in a mobile home? Yes No

EVACUATION DESTINATION: In the event of a disaster that requires you to leave your home, where would you go?

A. **CMS Shelter:** Yes No B. **Hospital:** Yes No

C. If no, where: _____ Phone: _____

D. If applicable, number of family member coming to shelter: **Adults:** _____ **Children** _____

MODE OF TRANSPORTATION/TIME:

A. How will you travel: _____ How long will it take to get to your evacuation site: _____

B. **Do you require CMS to arrange transport to the CMS shelter?** Yes No
If yes, parent/guardian must provide car seats for all children going by CMS transport

C. **Do you require ambulance transport (ex. vent-dependent clients)?** Yes No

Do you require: **Wheelchair** Yes No **Nebulizer** Yes No **Oxygen** Yes No

LIST ITEMS/SUPPLIES AND EQUIPMENT THAT YOU WOULD NEED TO CARE FOR THIS CHILD FOR AT LEAST ONE (1) WEEK. (i.e., respiratory equipment, feeding supplies, suctioning, medications) Attach additional details if necessary. Attach to back of this form 1. Client Information Form and 2. Child Assessment Plan/Care Coord. Assessment Sheets.

| Quantity | Items/Supplies & Equipment |
|----------|--|
| | |
| | |
| Quantity | Nutrition Supplies/Special Dietary Items |
| | |
| | |
| Quantity | Medications |
| | |
| | |

CLOSEST APPROPRIATE MEDICAL FACILITY: List the name of the hospital that is located closest to the place that you will be if you are required to leave your home: _____

EVACUATION SUPPORT SYSTEM: Identify all support systems (i.e. nursing) that will be available to you and your child at this evacuation site other than CMS staff: _____

SIGNATURES:

Parent/Guardian

Date

CMS Care Coordinator

Code

Date

Print Parent/Guardian Name

DISASTER SUPPLIES

Stored at the CMS Office to be picked up and delivered to the shelter by the County.

| BOX #1 | |
|--------------------------------|----------------------------------|
| ITEM | QUANTITY |
| 5cc Syringes | 100 |
| 10cc Syringes | 100 |
| 60cc Syringes | 100 |
| 1cc - 25g 5/8 syringes | 100 |
| 23g 3/4 needles | 100 |
| 25g 5/8 needles | 100 |
| Sharp containers | 3 |
| BOX #2 | |
| Bladder Care Tray | 1 |
| Urine Meter Foley Tray | 2 (Exp. 11/97) |
| Red Robins Urethral Cath 14 FR | 6 |
| Foley Cathe 8 FR | 1 |
| Self Cath Female #14 | 22 |
| Self Cath Kit Female #8 | 4 |
| Uro Sheath small | 30 |
| Uro Sheath medium | 30 |
| Uro Sheath large | 30 |
| Band Aids | 3 boxes |
| 4 x 4 Sterile | 2 boxes (count 50) |
| Surgical Tape 1" | 10 rolls |
| Cotton Swabs | 300 |
| Alcohol Prep | 3 boxes |
| Small Nasal Tips | 3 |
| 2- Color Wristbands | 6 boxes (3 boxes for each color) |
| BOX #3 | |
| Nebulizer Kits | 12 |
| Nasal O2 Cannula | 20 |
| O2 Tubing | 20 |
| Yankauer Suction set | 4 |
| Yankauer Suction Instrument | 1 |
| Aerosol mask only | 8 |
| BOX #4 | |
| Corpack feeding bags | |
| BOX #5 | |
| Suction Machine | |
| French Suction Catheters #8 | 33 |

| | |
|---|------------------|
| Suction Catheters #12 | 19 |
| De Lee Suction Catheter Kit #8 | 7 |
| De Lee Suction Catheter #6 ½ | 36 |
| De Lee Mucus Trap #10 | 1 |
| De Lee Trap #8 | 2 |
| Suction Cath Kit #12 | 7 |
| Suction Cath Kit #10 | 4 |
| Suction Cath Kit #8 with glove | 30 |
| Suction Cath Kit #10 with glove | 27 |
| Suction Cath with control valve #18 | 22 |
| BOX #6 | |
| ITEM | QUANTITY |
| Resuscitator | 3 |
| Tracheotomy Tubes Shiley - size #0 | 3 |
| size #1 | 3 |
| size #3 | 3 |
| size #4 | 3 |
| size #5 | 3 |
| Mada Resuscitator | 1 |
| Anatomical Mask Infant | 1 |
| O2 Tubing 25 ft. | 8 |
| Tracheotomy Ties | 1 roll |
| BOX #7 | |
| Sterile Water | 4 bottles |
| Alcohol | 3 |
| Peroxide | 2 |
| Home Care Kit Germicide | 2 |
| Bandage Scissors | 1 |
| Stethoscopes | 4 |
| Resuscitators | 15 micro-shields |
| Blood Pressure Kit | |
| Otoscope with ophthalmoscope attachment | |
| Saline Bullets | 1 box 100 count |
| Thermometer (Genius) | |
| BOX #8 | |
| Tracheotomy Care Kit | 8 |
| Suction Catheters #8 | 12 |
| Tracheotomy Mask | 2 |
| O2 Mask with Tubing | 1 |
| Specimen cup | 3 |
| Feeding Tube 5FR | 12 |
| Infant Feeding Tube 8FR | 2 |
| BOX #9 | |
| Gloves | 10 boxes |

| BOX #10 | |
|-----------------|----------|
| Paper Towels | 10 rolls |
| Red bags | |
| BOX #11 | |
| Visquine | |
| BOX #12 | |
| Underpads | |
| BOX #13 | |
| Buretrol | |
| BOX #14 | |
| Nebulizer | 3 |
| Suction Machine | 2 |
| Compact Spacers | 10 |

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Reference Books to be Transported to the Shelter from CMS

- PDR 2009
- Merck Manual
- Nelson Textbook of Pediatrics
- Harriet Lane
- Lippincott's Nursing Drug Guide.
- Maternal-Child Health (Mosby)

CHILDREN'S MEDICAL SERVICES SHELTER DRUG LIST

To be obtained from hospital pharmacy and hand carried by South Broward Hospital District Staff to the special needs shelter.

| DRUG | QUANTITY |
|---|--------------|
| Phenobarbital elixir 20mg | 3 bottles |
| Tylenol elixir | 3 trays |
| Albuterol 0.083% | 3 vials |
| Xoponex 1.25 mg & .63 mg | 1 box each |
| Depakene syrup 250 mg/5ml | 1 bottle |
| Zantac syrup 15mg-ml | 1 bottle |
| Reglan syrup 5mg per ml | 1 bottle |
| Prevacid 15mg. 30mg | 1 tray each |
| Dilantin suspension 125mg per 5ml | 1 bottle |
| Bactrim suspension & tablets 80/400mg suspension is 40mg/200mg | 3 bottles |
| AZT 50mg per 5ml liquid | 3 bottles |
| Augmentin Suspension 125 & 250MG (three times a day) 200 & 400MG (Twice a day) | 3 bottles |
| Rocephin injection | 5 injections |
| Clindamycin 75mg/5ml | 5 bottles |
| Clindamycin Caps 300mg | 1 bottle |
| Bactroban ointment | 5 tubes |
| INH syrup 50mg per 5ml | 3 bottles |
| Benadryl syrup & tablets Syrup=12.5mg/5ml Tablets=25mg, 50mg Injection=50mg/ml | 1 tray |
| Nasalcrom nasal spray | 3 bottles |

| | |
|---|---------------------------------|
| IV supplies | 2 500 cc D5W |
| 2 500 cc NS | 2 500 cc D5 1/2 NS |
| 2 accucheck machines | 2 500 cc Lactated Ringers |
| D25 1 bottle | 4 IV start Kits |
| | 2 boxex 22 G Butterfly |
| | 2 24 G Butterfly |
| | IV tubing/connectors |
| Nitroglycerin 1/150gr (sl) | |
| Tylenol Tablets Motrin Tablets and Liquid | 10 bottles |
| Heparin Flush Kits | 25 |
| Phenobarbital elixir 15mg/5ml | 20 vials (multi dose) |
| Valium 1mg/ml, 5mg/ml | 10 vials (multi dose) |
| Compazine | 10 vials (multi dose) |
| Insulin - NPH | 20 vials |
| Insulin - Regular | 10 vials |
| Betadine | 6 bottles |
| IV supplies | 10 sets of tubing |
| | 5 1000 cc bags Lactated Ringers |
| | 5 1000 cc bags D5/NS |
| | 5 #18 Angiocaths |
| | 5 #21 Angiocaths |
| | 10 quick cath start kits |
| Zithromax suspension 100mg/5ml | 5 bottles |
| 200mg/5ml | 5 bottles |
| Capsules=250 mg | 1 bottle |
| Mylanta Liquid | 5 bottles |
| Amoxillin suspension 125 mg &250mg Capsules 500mg | 5 bottles |
| Phenobarbital tablets 15mg | 4 bottles |
| Dilantin 100mg | 2 bottles |
| Benadryl 50mg injection | 20 |
| Ativan injection 2mg/ml | 5 vials |
| Pulmicort 0.25mg/2 ml, 0.5mg/2 ml | 1 box each |

| | |
|--------------------------------|-----------------|
| Orapred 15 mg/5ml | 2 bottles |
| Epipen | 2 auto injector |
| Epipen JR. | 2 auto injector |
| Racemic Epinephrine | 1 bottle |
| Epinephrine injection 1:10,000 | 2 injections |

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SHELTER SUPPLIES

To be provided by and delivered to the shelter by the County.

| | |
|-------------------------------------|--|
| Diapers | 5 cases (1 case med child; 1 case large child; 2 cases small adult; 1 case med adult) |
| Tissues | 2 boxes |
| Chux Underpads | 1 case |
| O2 Tanks | |
| Cold and Hot Pads | 1 box |
| Medical Waste Bag Containers | 6 each large size |
| Antiseptic cleaning supplies | 1 case of 10 Cavi Wipes by Metrex. 1 case of Lysol spray disinfectant |
| Privacy Screens | 10 |
| Drinking Water | 1 case |
| Pediasure | 12 cases of 24 oz ready to ingest |
| Pediasure w/fiber | 2 cases of 24 oz ready to ingest |
| Ensure Plus | 2 cases of 24 oz ready to ingest |
| Vivonex | 1 cases of 24 oz ready to ingest |
| Enfamil | 2 cases of 24 oz ready to ingest |
| Similac | 2 cases of 24 oz ready to ingest |
| Pedialyte | 3 cases of 24 oz ready to ingest |
| Isomil or Prosobee | 2 cases of 24 oz ready to ingest |
| Progestimil | 1 cases of 24 oz ready to ingest |

****Surplus formulas will be delivered to CMS after shelter closure for distribution to families.**

