WRHSAC
Western Region Homeland
Security Advisory Council

ANNEX

[Name of Jurisdiction] CEMP Plan

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Introduction

PURPOSE

The purpose of this [Name of Jurisdiction] Functional Needs Guidance/Template is to provide recommendations for Municipal Emergency Management Officials to prepare and train their teams to accommodate and assist individuals with functional needs in a disaster/emergency. It will be an annex to both the Comprehensive Emergency Management Plan (CEMP) and the Public Health Emergency Preparedness and Response Plan.

Use the accompanying Standard Operating Guide (SOG) when writing, executing, and assessing Incident Action Plans (IAPs) during incidents or events.

SCOPE

All persons responsible for public safety should read and understand the information contained in this Annex. This Annex is not a stand-alone plan; Functional Needs Support Services (FNSS) is applicable to all hazards and capabilities.

Policies and Authorities

The United States has regulations and laws designed to prohibit discrimination and ensure adequate access to services for individuals with functional needs. This template is based on responsibilities and requirements in Title II of the Americans with Disabilities Act (ADA). The authorities and legal considerations listed below are generalized to the [Name of Jurisdiction]. Specific legal considerations and authorities for each jurisdiction or region are documented within the body of the CEMP.

Situation

FUNCTIONAL NEEDS - DEFINED

1. The term "functional needs" is used by the [Name of Jurisdiction] to describe individuals who under usual circumstances are able to function on their own for daily living with or without a support system. Consistent with the definition of "special needs populations" as it appears in the National Response Framework (NRF), this definition reflects the capabilities of individuals, not a condition or label. It uses a function-based approach known as C-MIST.

2. C-MIST is an acronym for Communication, Medical, maintaining Independence, Supervision, and Transportation.

3. For planning purposes, it should be assumed that any individual may require some type of extra support during an emergency, depending on common temporary circumstances such as a recent hospital stay, loss of eye glasses, a car without gas, an illness, a newborn, etc. Individuals can move in and out of a functional needs group.

4. People in need of additional response assistance may also include those who have disabilities; who live in institutionalized setting; who are elderly; who are children; who are from diverse cultures; who are disadvantaged; who have limited English proficiency; who are non-English speaking; who struggle with transportation; who have chronic medical disorders; and those who have pharmacologic dependency.

5. Lack of financial resources may magnify all C-MIST disabilities.

6. Every community has an obligation to plan for FNSS in emergencies.

FUNCTIONAL AREAS EXPLAINED

1. **Communication:** Individuals with limitations that interfere with receiving and responding to information will need communications provided in ways they can understand and use. They may not be able to hear verbal announcements, see directional signs, or understand how to get assistance due to hearing, vision, speech, cognitive, or intellectual limitations, and/or limited English proficiency.

2. **Medical:** Even if a person comes with a caregiver, they may still need certain physical or materials accommodations. Individuals may need assistance to: assess and manage terminal, contagious or unstable conditions that require observation and ongoing or intermittent treatment, including behavioral health conditions; manage intravenous therapy, tube feeding, and vital signs; receive dialysis, oxygen, and suction administration; manage wounds; replace, store, administer and monitor medications; and replace and operate power-dependent and other equipment and supplies that are medically necessary. **These individuals may be self-sufficient if material assistance is provided** (i.e. medical cots, availability of refrigeration or sharps containers). If adequate support is not available from caregivers, family, or friends, these individuals **require the support of trained medical and mental health professionals**.

3. **Maintaining Independence:** Individuals requiring support to be independent in daily activities may lose this support during an emergency or disaster. Such support may include consumable medical supplies (diapers, formula, bandages, ostomy supplies, etc.), durable medical equipment (wheelchairs, walkers, scooters, etc.); service animals, and/or attendants or caregivers. Support for these individuals will enable them to maintain their pre-disaster level of independence.

4. **Supervision:** Before, during, and after an emergency individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment (particularly if they have dementia, Alzheimer's or psychiatric conditions such as schizophrenia or intense anxiety). If separated from their caregivers, young children may be unable to identify themselves; and when in danger, they may lack the cognitive ability to assess the situation and react appropriately.

5. **Transportation:** Individuals who cannot drive or who do not have a vehicle may require transportation support for successful evacuation. This support may include accessible vehicles (e.g., lift-equipped or vehicles suitable for transporting individuals who use oxygen) or information about how and where to access mass transportation during an evacuation or Mass Care operation.

C-MIST STRENGTHS

1. It is scalable, comprehensive, and adaptable to jurisdictional needs

2. It allows for comprehensive planning around broad-based functional categories as opposed to specific categories or groups of at-risk individuals

3. It allows for specific planning and resource allocation based on a community's functional needs

4. It avoids potential privacy issues by addressing functional needs rather than medical diagnosis. C-MIST enhances emergency planners' and responders' knowledge of specific needs that may impact access to services.

PLANNING NETWORKS

1. Key stakeholders from local agencies, disability navigators, disability organizations, community based organizations, faith-based organizations, non-governmental organizations, and private sector organizations that serve individuals with functional needs within the jurisdiction have been identified and included in [Name of Jurisdiction] emergency planning committees. **Please refer to FORM 1.**

2. Resources and capabilities for each entity have been integrated into preparedness, response, recovery, and mitigation plans.

MEMORANDA OF UNDERSTANDING/AGREEMENT

[Name of Jurisdiction] has signed Memoranda of Understanding/Agreement (MOU/A) with agencies/organizations providing services to individuals with functional needs. These memoranda describe the roles and responsibilities of each party as they relate to natural or human-created disasters in the instance that [Name of Jurisdiction] requests assistance.

MOUs also seek to establish a continuing relationship between [Name of Jurisdiction] and the business or agency that can act as a source for the response and recovery of catastrophic events.

Possible MOU/A partnerships using C-MIST include:

    a. Communication

        i. Translation Services

        ii. Sign Language/Braille services

        iii. Intellectual/Developmental Disability Services

        iv. Legal Services

    b. Medical

        i. Long Term Care Facilities

        ii. Assisted Living Facilities

        iii. Pharmacies

        iv. Medical Equipment and Supplies

    c. Independence

        i. Service Animal Care

        ii. Durable Medical Equipment (Wheelchairs, Walkers, Scooters)

    d. Supervision

        i. Caseworkers/Personal Care Attendants for Adults or Children

        ii. Day Care Centers

    e. Transportation

        i. Bus and Taxi Companies

        ii. Faith Based Organizations

        iii. Correctional Facilities

        iv. Area Public and Private Schools

v. Senior Service Programs with Chair Vans

2. See Appendix 1 for a sample MOU/A

3. **Complete the Table 1**, below, adding details specific to [Name of Jurisdiction].

Table 1		
Agency	**MOU Date**	**Point of Contact**

Concept of Operations

MISSION

When directed, [Name of Jurisdiction] activates its Comprehensive Emergency Management Plan (CEMP) and conducts the activities outlined in this and each ESF annex in order to meet the functional needs of the entire population during any incident or event.

FNSS OPERATIONS ESSENTIAL TASKS

1. Gain Situational Awareness early – know who is involved, what you have, and what you need.

2. Ensure that all responders consider FNSS/C-MIST as integral to the operation.

3. Have and activate MOUs with relevant FNSS and other partners/services.

4. Have and issue FNSS Communication-aid Kits to first responders. These kits may include signs in multiple languages, pictographs, translation resources, guides for interfacing with autistic and deaf individuals, large markers, etc.

5. Ensure partnering organizations (MRC, EMS, hospitals, BOH, Mental Health agencies and Long-Term Care for Medical/Behavioral Health) are familiar with FNSS plans. **Please refer to FORM 1.**

6. Develop Case Management teams/protocols to assist impacted individuals in creating/managing their own Recovery Plans. The American Red Cross and other service agencies may be able to assist with Case Management.

    Please provide Red Cross contact information here:

    _____

    _____

    _____

7. Work with MRC, CERT, EMS, Boards of Health (BOH), community agencies/organizations to assist Functional Needs individuals. **Please refer to FORM 1.**

8. Work with MRC/DART, veterinarians, kennels, farmers to manage service animals and pets. **Please refer to FORM 2.**

9. Initiate De-mobilization and Recovery Planning at the beginning of the response.

10. Consider adding a Functional Needs Advisor to the Incident Command to ensure FNSS planning is included in all aspects of planning and operations, particularly the Incident Briefing Report (situational awareness) and the Incident Action Plan (IAP). **Please refer to FORM 3.**

FNSS INITIAL RESPONSE ACTIONS

1. Action 1: Assessment of the Incident or Event

    a. Use the ICS Form 201 (Incident Briefing) to assess and verify the scope of the emergency/threat regarding functional needs. **Please refer to FORM 4.**

    b. Develop a local or regional database; use GIS Mapping (if available)

    c. Determine the composition of affected population, cross-referencing this overlay with any local databases

    d. Consider the full range of places where you might encounter individuals with specific functional needs:

        i.   Nursing Homes and Group Homes

        ii. Schools and Colleges

        iii. Retirement Communities

        iv. Social Service or Support Agencies

        v.   Businesses and Shopping areas

        vi. Tourist Lodgings

        vii. Children's Overnight Camps

        viii. Homeless Shelters

        ix. Labor (Logging, Farming) Camps

        x.   Subsidized Housing Complexes

        xi. Hospitals and other residential medical facilities

        xii.   Large public events such as fairs, concerts, other gatherings

   e. Consider functional needs support for:

        i.   People with Disabilities

        ii.   The Elderly

        iii.   School Children

        iv.   People from Diverse Cultures

        v.   People whose first languages is not English

        vi.   People with Chronic Medical disorders

        vii.   People facing economic adversity (food Insecure, homeless)

        viii.   People who lack cars/transportation

        ix.   People who have a Pharmacological Dependency

        x.   Behavioral Health Clients

   f. The ICS Planning section will need to conduct a gap analysis - estimate the number and type affected, and assess your ability to respond.

   g. The ICS Logistics section will, if necessary/possible, look to evacuate acute medical care cases 24 hours in advance of others with FN and the general public

   h. Review and activate the MOUs from Section E (MOUs) Paragraph III (Situation).

   i. Contact the Finance/Admin section to get any Incident Command System (ICS) Forms necessary to properly document this incident, to support potential reimbursement and legal purposes. The ICS Finance and Administration Section should Document all FNSS response activities and financial expenditures.

        <mark>**Please provide Finance/Admin contact information here:**</mark>

        _____

        _____

        _____

        _____

        _____

2.   Action 2: Coordinate and Communicate

   a. Ensure relevant response partners understand how FNSS are integral to the emergency response. Likely contacts that need FNSS Awareness: <mark>**Please refer to FORM 5.**</mark>

        i.   Board of Health (BOH) staff and members, nursing

        ii.   Emergency Management Director (EMD)

        iii.   Mayor/Selectboard/Town Manager

        iv.   Public Information Officer (PIO); Spokesperson(s)

        v.   Police, fire, other public safety

        vi.   (DPW) roads/water/sewer, building, etc.

        vii.   Regional Shelter Team Points of Contact/ Leaders

        viii.   Incident Management Team (IMT)

    b.   Ensure that the FNSS Advisor and ICS Liaison Officer have a direct access phone line to receive incoming calls from personnel or agencies that may seek situational updates or operations plans information.

    c.   Ensure that the ICS Planning section helps responders to understand the definitions and explanations of the Functional Areas (C-MIST). See Paragraph III (Situation) Section B (Functional Needs Explained).

3.   Action 3 – Integrate FNSS into Incident Planning

    a.   Individuals requiring additional assistance are not necessarily a small group. Know that a majority of the population is likely to have some need when viewed against the C-MIST functions

    b.   Ensure FNSS planning is included in the Incident Briefing Report and the Incident Action Plan (IAP).

4.   Action 4: Integrate FNSS into all Risk Communications/Public Information Plans

    a.   See the SOG for Risk Communications and PIO Job Action Sheets

    b.   Ensure all risk communication entities (Public Information Officer, The Joint Information Center/System (JIC/JIS) have Situational Awareness of FN response

    c.   Ensure that the Public Information Officer, and JIC/JIS has access to pre-translated messages, or to a translator(s)

    d.   PIO develops messages related to FN:

        i.   Available Services by C-MIST Function (eg. communication, medical, transportation, support services)

        ii.   Actions to take if there's advanced warning. Details are available at http://www.ready.gov/basic-disaster-supplies-kit and include having additional medications, extra batteries for devices, and important documents (such as prescriptions) in a waterproof container.

        iii.   Immediate actions to take

        iv.   FNSS items to bring if evacuated, e.g.:

            1.   Medical records or health care proxies

            2.   Sensory tools (Emotional or Mental)

            3.   Items that help maintain focus when stressed (Cognitive)

            4.   Medicines, necessary medical equipment and supplies

            5.   Contact information for care givers

e. PIO works with media outlets (Local Television) to have FNSS, resources:

    i. Sign Language interpreters on camera

    ii. Close Captioning

    iii. On-air personalities reference FNSS messaging

f. PIO through logistics ensures that emergency hotlines include TTY/TDD

g. Ensure that messages are available in Braille, large and high contrast print, or audio recordings

h. Ensure that the PIO, JIC/JIS (using Media, Social Media, ARC) provides information to family members alerting them about where to go or who to contact regarding separated parties. Use services such as the American Red Cross

i. Review and Update all Media Contact Information, including

    i. Traditional Media (TV, Radio, Newspaper)

    ii. Social Media (Blogs, Twitter, Facebook)

    iii. FNSS Media Channels: deaf, blind, languages, and cultures

j. The Planning Section and PIO will assess message distribution needs for:

    i. Low Literacy

    ii. Other Languages

    iii. Cultural Barriers

    iv. Deaf (Using Written Communications)

    v. Visually impaired (Using large print, graphics, or oral)

    vi. Lower Income

    vii. At-Risk Populations

    viii. Rural and Isolated areas

    ix. Homecare providers

k. Always consider those who can't, or won't receive messages

l. Always consider those who can't, or won't understand messages

m. Always consider those who can't, or won't act on your message

n. Consider locations for FNSS message distribution: **Please refer to FORM 6.**

    i. Meals on Wheels

    ii. Day Care Centers

    iii. Senior Centers/ and Councils on Aging

    iv. TDD/ATT Language Lines

    v. Interpreter

    vi. WIC Programs

      vii.   Health and Human Service Agencies serving functional needs

     viii.   Employers

       ix.   Housing Authorities

        x.   Tribal Councils

      xi.   Health Care Providers

     xii.   Pharmacists

    xiii.   Law Enforcement

    xiv.   Mental Health Agencies/Workers

     xv.   Shelters/Soup Kitchens/Food Distribution Sites

    xvi.   Faith Community

5. Action 5: Review FNSS Policies, and Procedures

    a. Ensure all EOC and IC personnel know the Law and Regulations pertinent to FNSS, including

       i.   Americans with Disabilities Act

      ii.   Stafford Act

     iii.   Post Katrina Emergency Management Reform Act (PKEMRA)

    b. A comprehensive list can be found at:
   www.phe.gov/preparedness/planning/abc/Pages/functional-needs.aspx

       i.   Review all local administrative policies and procedures, including:

      ii.   CORI/SORI checks

     iii.   Risk Assessment

     iv.   Policies for volunteer liability and indemnification

6. Action 6: Identify and complete all relevant ICS Forms

    a. See Section V (Resource Requirements) for additional details

    b. Your ICS Logistics Section should use Mass211 for any unexpected or unanticipated requests or needs for services.

    c. The website is www.mass211help.org

7. Action 7: Find Resources

    a. See Section V (Resource Requirements) for additional details

    b. Your ICS Logistics Section should use Mass211 for any unexpected or unanticipated requests or needs for services.

    c. The website is www.mass211help.org

FNSS OPERATIONS

1. Function 1: Communications. As you work to inform responders, other EOC personnel, and the public, consider coaching responders on the following tasks:

    a. Always keep in mind that some individuals cannot hear verbal announcements, see directional signs, or understand instructions due to hearing, vision, speech, cognitive, or intellectual limitations.

    b. People may respond in an unanticipated fashion due to cultural, mental, emotional, or physical differences.

    c. Procure communications kits for your responders from Logistics that include

        i. Language identification graphic

        ii. Notepads and pencils

        iii. Contact list for special services

    d. Verify that you have TDD/TTY lines at shelters and the JIC, hot lines, and that assistive technology is available at shelters for people who are deaf, blind, or those with intellectual or other cognitive disabilities

        i. **Visually Impaired:** People may be reluctant to leave familiar surrounding if evacuation order comes from a stranger.

        ii. **Guide dogs:** could become confused or disoriented in a disaster and need others to lead them, as well as their dog.

        iii. **Mobility Impaired:** People may fear being ignored or considered "too hard to do," or subject to extra charges for special equipment, e.g. reinforced cots.

        iv. **Special Dietary:** People may be reluctant to leave unless sure there is an adequate special food supply.

        v. **Medical Conditions**: People who may be concerned about the availability of specialized equipment, e.g.: dialysis machine or other life-sustaining equipment or treatment.

        vi. **Animals:** People with pets may fear rejection at shelters.

        vii. **Cultural:** People with strong cultural or religious taboos

        viii. **Legal:** People who fear public places due to outstanding warrants, restraining orders, child support defaults, undocumented workers.

    e. See the Crisis Communications SOG for additional guidance.

2. Function 2: Medical. As your ICS staff develops the medical plan, consider the following tasks:

    a. Verify appropriate (credentialed/licensed) staff (including medical, behavioral health, and client casework, pharmacists).

    b. Establish Medical Services as needed: Shelters and Emergency Dispensing Sites. See the EDS SOG for more details.

c. For Medications, activate your MOA/U or determine location of community emergency caches of Over the Counter (OTC) meds, basic medical equipment and supplies, and arrange for them to be distribution centers, shelters etc.

d. See Emergency Dispensing Site SOG/Plan for guidance about accessing Strategic National Stockpile medications

e. With respect to medical transport, devise plans for transfer and transport of clients requiring Emergency Room evaluation and/or hospital care

f. With respect to Disease Surveillance, in addition to syndromic surveillance plans and interventions to detect and minimize contagious disease, e.g.; separate rooms in shelters, client education, activate MOUs with vendors, hospitals, assisted living facilities, Pharmacies, and other previously identified service agencies to provide adequate Durable Medical Equipment (DME) and Consumable Medical Supplies (CMS) and special diets

g. Further, Activate any MOUs with vendors, hospitals, assisted living facilities, Pharmacies, and other previously identified service agencies to provide adequate Durable Medical Equipment (DME) and Consumable Medical Supplies (CMS) and special diets;

3. Function 3: Maintaining Independence. Individuals who safely provide self-care at home may not function well in an emergency setting. This includes individuals who are not traditionally considered IRAA or are only temporary IRAA such as individuals who recently had surgery or a baby. Know that maintaining Independence during an emergency helps during recovery.

a. Ensure Responders understand additional steps essential to addressing Functional Independence Needs at General Population Shelters, Medical Shelters, Reception Centers, Emergency Dispensing Sites or other Emergency Facility Considerations in any operations.

b. Ensure that responders know that people who function fine at home may experience challenges in unfamiliar settings, especially if adaptive resources and devices that assisted them at home are not available.

c. See the Sheltering SOG for detailed information on lighting, bathing and toilet facilities, secluded areas, proper cots, proper signage, and play areas for children.

d. Secure IRAA Staff/Services:

   i. Personal Care Attendants (PCA) or family caregivers

   ii. Staff assistants to help with ambulation, activities of daily living, other care with which the client needs help to remain independent

   iii. Service Animals and care

   iv. Transportation assistance

   v. Ongoing evaluation of care plan and implementation; revision of care plan as necessary

e. Provide essential resources:

   i. Consumable medical supplies (diapers, formula, bandages, ostomy supplies, insulin, oxygen, etc.),

   ii. Durable medical equipment (wheelchairs, walkers, scooters, etc.)

       iii.   Caseworkers to help clients replace personal equipment, medications and supplies in the disaster

   f.   Ensure that messaging includes what to bring to the shelter eg. Medications, prescriptions, medical equipment; etc.

4. Function 4: Supervision

   a.   Responders working with FNSS Supervision needs must consider Alzheimer's or psychiatric conditions such as schizophrenia or intense anxiety), Separation anxiety (autism, young children, elderly), people unable to identify themselves or a lack cognitive ability to assess dangerous situations and react appropriately.

   b.   Given these criteria, be sure to identify those with supervision needs at intake, and develop plans to provide for each individual's requirements.

   c.   Ensure that personnel with current CORI/SORI are assigned (dedicated to) supervision of unaccompanied minors without caregivers

   d.   Create a phone bank with the JIC/JIS using Social Media or other outlets to provide information to family members alerting them about where to go or who to contact regarding separated parties

5. Function 5: Transportation. As you develop your transportation plans (including demobilization) consider the following that individuals become part of the IRAA population during an emergency because they do not drive, do not have a vehicle, or their vehicle is not accessible (e.g., lift-equipped or vehicles suitable for transporting individuals who use oxygen)

   a.   Work with the PIO to provide information on how/where to access mass transportation.

   b.   Work with the ICS Logistics Transportation/Equipment Manager to identify and assign vehicles for specific IRAA functional needs

   c.   Identify agencies or organizations not covered under MOUs but may have vehicles. These might include: **Please refer to FORM 7.**

       i.   Taxi Companies

       ii.   School, Public Buses

       iii.   Area Public and Private School

       iv.   Faith-based organizations

       v.   Correctional Facilities

       vi.   Senior Services Vans

       vii.   Long-term Care (LTC) Vans

       viii.   Delivery trucks with tail gate lifts

   d.   Be adaptive: Make reasonable modification to additional support vehicles as needed, such as removing rear seats from vans

FNSS RECOVERY AND DEMOBILIZATION

1. Activity 1: Demobilization

      a. Review and complete the demobilization/transitional plans that were begun for each client with functional/access needs at arrival at the shelter/evacuation

      b. Coordinate with Voluntary Organizations Active in Disaster (VOAD) and Community Based Organizations (CBO), Faith Community for follow-up. **Please refer to FORM 8.**

      c. Caution: Do not demobilize too rapidly – create a committee or task force to ensure all FNSS needs will be met as individuals begin to transition back to their new normal.

      d. Complete and submit forms for emergency expenditures

2. Activity 2: Transition Back Home

      a. Verify that client's home has been inspected (by health department, Fire Dept., Building Inspector or other suitable agency) and is safe and appropriate for them to re-inhabit in light of their functional needs and available support services

      b. Ensure that client will have access to necessary durable medical equipment (DME)

      c. Ensure that the client will have access to consumable medical supplies (CMS)

      d. Ensure that the client will have access to medications

      e. Ensure all caregiver and agency support at appropriate/necessary levels when transitioning out of shelter/evacuation station, making referrals as needed and documenting services

      f. Provide interpreters for review of plans with clients and caregivers as appropriate, including alternate languages, ASL, Braille, literacy assist, and other communication requirements

      g. Arrange for transportation for those who need specific vehicle types

3. Activity 3: Participate in the After-Action Review Process

      a. Ensure that you involve representatives of the functional needs community as you develop your AAR/IP

COORDINATING GUIDES

1. See Standard Operating Guidelines (SOG) for Evacuation and Sheltering for additional details.

2. See Standard Operating Guidelines (SOG) for Risk Communications for additional details.

3. See Standard Operating Guidelines (SOG) for Emergency Dispensing for additional details.

Resource Requirements

A. During any response, public safety officials will encounter unexpected and unanticipated requests for services or equipment. When this happens, use Mass 211 (www.mass211help.org) and a keyword search to find resources or equipment

B. If you cannot find what you need via the web search, dial 211 and speak to the Mass211 Operator, a trained professional in locating specific service providers in your area.

C. Use Appendix 2 for the Mass 211 Taxonomy of Available Services

OFFICIAL:

_____

Emergency Management Director

Forms and Additional Materials

FORM 1 – REGIONAL SHELTER PLANNING PARTNER CONTACT LIST

REGIONAL SHELTER PLANNING PARTNER CONTACT LIST		
FILL OUT EMERGENCY CONTACT INFORMATION. ADD ROWS SPECIFIC TO YOUR NEEDS/LOCATION.		
Name	**Phone Number**	**Emergency Number**
Agency	**Primary Website**	**Secondary Website**

FORM 2 – REGIONAL SHELTER PLANNING PARTNER CONTACT LIST: SERVICE ANIMALS & PETS

REGIONAL SHELTER PLANNING PARTNER CONTACT LIST FOR THE MANAGEMENT OF SERVICE ANIMALS AND PETS		
FILL OUT EMERGENCY CONTACT INFORMATION. ADD ROWS SPECIFIC TO YOUR NEEDS/LOCATION.		
Name	**Phone Number**	**Emergency Number**
Agency	**Primary Website**	**Secondary Website**

FORM 3 – LIST OF POTENTIAL FUNCTIONAL NEEDS ADVISOR CANDIDATES

REGIONAL SHELTER PLANNING LIST OF POTENTIAL FUNCTIONAL NEEDS ADVISOR CANDIDATES		
FILL OUT EMERGENCY CONTACT INFORMATION. ADD ROWS SPECIFIC TO YOUR NEEDS/LOCATION.		
Name	**Phone Number**	**Emergency Number**

FORM 4 – ICS 201 – INCIDENT BRIEFING FORM

REGIONAL SHELTER COMMAND ICS 201 – INCIDENT BRIEFING FORM		
ICS 201 – Incident Briefing Form	**Purpose:** Documents the situation and objectives determined by the Incident Commander/SHELTER Manager, Command and General staff during Activation and Notification	
1. Incident Name:	**When to fill out:** At the start of the *FIRST* Operational Period	
2 Date	3. Time	**Completed by:** Shelter Manager
4. Operational Period:	**Approved by:** Incident Commander	
5. Prepared by: Name: Position: IC/Shelter Branch Manager	**Send to:** All responders as a component of the Incident Action Plan for the FIRST operational period ONLY	
6. Approved by: Name:	**Note Well:** This form has ***multiple pages*** – please check that all are duplicated! Revise to reflect scope and nature of the emergency.	

Position:	

7. Situation Summary

What has happened here?

Where?

Likely Duration

Scope/Size

Risk Factors/Exposures/Protective Actions

Assess impacted population

Access and Functional Needs Assessment

What have I never seen before?

What is foreign to me?

What have I seen before; what is familiar to me?

What do I know?

What do I need to know?

Once these questions are answered, consider:

What do I want to do?

What do I have to do?

What can I do?

Event summary:

Statistics:

Total population

impacted

expected at shelter

Duration:

Anticipated duration of <u>situation</u>:   days / weeks / months / unknown

Anticipated duration of the <u>infectious disease emergency response</u>:   days / weeks / months / unknown

8. Summary of Current Actions Taken:

-
-

9. Objectives And Tasks For The Initial Operational Period:

Objectives	Tasks for each objective
1.	1.
2.	1.
3.	1.
4.	1.
5.	1.
6.	1.

10. Other agencies involved:

-
-
-
-
-

11. Stations and Staff required for the Response:

Activate*	Station	Recommended Staff	Total Staff
	Command		
☑	*Incident Commander*		
☑	*Regional Shelter Supervisor*		
☑	*Liaison Officer*		
☑	*Safety/Security Officer*		
☑	*Public Information Officer*		
☑	*Liaison Officer*		
☑	*Public Health Officer*		
☐	Operations		
☑	*Shelter Branch Manager*		
☐	Ombudsman		
☑	*Animal Shelter Branch Manager*		

☑	FNSS Advisor		
☑	*Dormitory*		
☐	Registration		
☑	*ARC Case Management*		
☑	*Medical Team*		
☐	Behavioral Health		
☐	Plans Section		
☐	Planning Manager		
☐	Demobilization Unit		
☐	Logistics Section		
☑	*Logistics Manager*		
☐	Service Branch Leader		
☐	Communication Unit		
☑	*Food Unit*		
☑	*Staffing Unit*		
☐	Support Branch Leader		
☐	Facilities Unit		
☐	Volunteer Management		
☐	Supplies Unit		
☐	Transportation		
☐	Donations		
☐	Finance and Administration Section		
☐	Finance and Admin Section Chief		
☐	Cost Unit		
☐	Time Tracking Unit		

* Pre-checked boxes indicate Stations/positions that should be activated for every response

12. Key Resources required for the FIRST Operational Period

Resource	# Requested	ETA	Location / Assignment
		am / pm	
		am / pm	

		am / pm	
		am / pm	

13. Operational Period Time Frame (Date , Hours):

14. Time for first Command and General Staff Meeting: am / pm

15. Shelter Layout Diagram: Insert Here

16. Maps Insert Here

FORM 5 – CONTACTS THAT NEED FNSS AWARENESS

REGIONAL SHELTER PLANNING		
CONTACTS THAT NEED FNSS AWARENESS		
FILL OUT EMERGENCY CONTACT INFORMATION. ADD ROWS SPECIFIC TO YOUR NEEDS/LOCATION.		
Name	**Phone Number**	**Emergency Number**

FORM 6 – CONTACTS FOR FNSS DISTRIBUTION

REGIONAL SHELTER PLANNING
CONTACTS FOR FNSS DISTRIBUTION

FILL OUT EMERGENCY CONTACT INFORMATION. ADD ROWS SPECIFIC TO YOUR NEEDS/LOCATION.

Name	Phone Number	Emergency Number

FORM 7 – CONTACTS FOR AGENCIES OR ORGANIZATIONS WITH VEHICLES

REGIONAL SHELTER PLANNING

CONTACTS FOR AGENCIES OR ORGANIZATIONS WITH VEHICLES

FILL OUT EMERGENCY CONTACT INFORMATION. ADD ROWS SPECIFIC TO YOUR NEEDS/LOCATION.

Name	Phone Number	Emergency Number

FORM 8 – CONTACTS FOR ORGANIZATIONS ACTIVE IN DISASTER (VOAD) & COMMUNITY BASED ORGANIZATIONS (CBO)

REGIONAL SHELTER PLANNING
CONTACTS FOR ORGANIZATIONS ACTIVE IN DISASTER (VOAD) & COMMUNITY BASED ORGANIZATIONS (CBO)

FILL OUT EMERGENCY CONTACT INFORMATION. ADD ROWS SPECIFIC TO YOUR NEEDS/LOCATION.

Name	Phone Number	Emergency Number