

Special Needs Shelter (SpNS) CHD Plan Assessment

County: _____

CHD Director/Administrator: _____

Visit Date: _____

Participants: _____

Assessment Criteria	Comments / Assignments <i>(please include the page & paragraph # where this element can be located in your SpNS plan)</i>
1. Physical location of SpNS	
2. Shelter Capacity	
3. Anticipated Shelter Census	
4. Who maintains facility?	
5. Is facility structurally secure/ARC 4496 compliant	
6. Does facility have a generator for: A. Emergency Lighting? B. Emergency Outlets? C. HVAC Operation?	
7. Who operates and maintains the generator? A. Type of fuel? (diesel, gasoline, natural gas, propane gas) B. Duration sustained operation without refueling?	
8. Who supplies O2 during an event? A. Type, (Liquid, bottled, Concentrator)?	
9. Is food prepared on site and who prepares the food?	
10. Who supplies the food?	
11. Do the SpNS locations have available refrigeration?	
12. Where are the shelter's supplies maintained during the year? (On/Off site)? A. If not on site, how are they transported for an event? B. Who maintains the supplies?	
13. Is EMS support on site?	
14. Is there a back up water supply available? A. Potable (drinkable) water. B. Utility (non-drinkable) water (i.e. toilet flushing).	
15. Are clients pre-registered?	
16. Is client information maintained in a database?	
17. Who maintains the database?	
18. Is standard written admission criteria used to determine if client is SpNS appropriate?	
19. Who determines admission criteria?	
20. Are clients triaged at pre-registration?	
21. Who does the triage?	
22. Do you have computer support on site?	
23. Do you have laptops or handhelds for client registration?	
24. How are clients identified and registered upon arrival at SpNS during an event? (i.e. armbands)	
25. Are staff family members allowed in the shelter?	
26. Is child care available?	
27. Does the staff have written assignments and schedules?	
28. Can operations be maintained at least 72 hours post-storm without assistance?	
29. What is the normal work schedule and who makes the assignments?	

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30. Are there teams? How are they comprised?	
31. How is staff identified? (i.e. badge, vest, armband)	
32. When activated, how are team members contacted?	
33. Who represents the CHD at the EOC ESF(8/18) desk?	
34. Which agency takes the lead for the SpNS?	
35. Who manages the Shelter?	
36. Is there written nursing criteria?	
37. Are there stocked medications? A. Over the counter? B. Prescribed?	
38. Where are the medications stored? Are they rotated?	
39. Is physician support available on site?	
40. If you have a staff physician available, do they write treatment orders or prescribe medications?	
41. How are supplies inventoried and stored securely?	
42. Does the shelter have separate eating and sleeping facilities for staff?	
43. Do you have Standard Operating Guideline for activation, operation, and deactivation of SpNS? Does it address: A. Media Management B. Mortuary Procedure C. Security D. Discharge Planning E. Resource Management F. Communication with ESF-8/HDIC	
44. Do you actively recruit non CHD staff to work in the SpNS?	
45. Do you have shelter training programs for your staff?	
46. Are clients allowed to bring pets to the shelter?	
47. Do hospice clients come to the shelter?	
48. Are hospice clients required to have a hospice nurse in attendance?	
49. Do home health agencies participate in SpNS staffing/planning?	
50. Are social work services available? Trained in CISM/BFAST/CFAST?	
51. Is public transportation provided?	
52. Do all transports arrive at the same entrance?	
53. Are stretcher clients brought to the SpNS?	
54. Do you have or participate in a SpNS committee? A. Which agencies are represented?	