

# **MODEL SMALL COMMUNITY SHELTER PLAN**

**During disasters and emergencies**

**DEVELOPED BY THE  
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM  
EMERGENCY PREPAREDNESS PROGRAM**

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# COMMUNITY SHELTER OPERATIONS PLAN

## A. PURPOSE:

A community shelter provides for the protection and care of the population from the effects of disasters and other hazards through the activation of shelters and provision of mass care and social service for those sheltered.

This plan defines how a community shelter will be managed and operated.

## B. SCOPE:

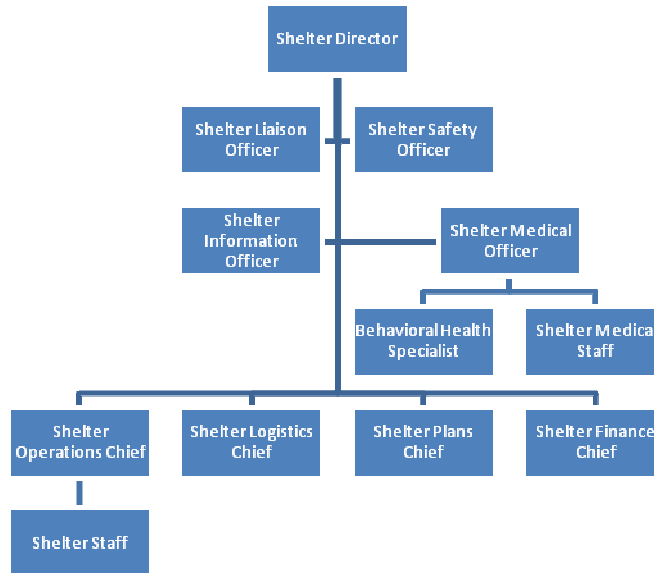
Sheltering encompasses the following activities:

1. Mass Care - The provision of emergency shelter for disaster victims includes the use of pre-identified shelter sites in existing structures and creation of temporary facilities.
2. Mass Feeding - The provision for feeding disaster victims and emergency workers through a combination of fixed sites, mobile feeding units and bulk food distribution.
3. Emergency First Aid - Emergency first aid services will be provided to disaster victims and workers at mass care facilities and other designated areas. This emergency first aid will be supplemental to emergency health and medical services established to meet the needs of disaster victims.
4. Medical care – Care of special needs disaster victims may be required. This would include care of victims with chronic disease and other who require medical attention.
5. Disaster Welfare Information (DWI) - DWI regarding individuals within the affected area will be collected and provided to immediate family members outside the affected area. DWI will also be provided to assist in the reunification of family members within the affected area who were separated at the time of the disaster.

## C. LOCATION:

A designated shelter location should be established. It's use should be defined by a memorandum of understanding between the community and the facility owner.

## D. SHELTER MANAGEMENT TEAM



## E. RESPONSIBILITIES

1. Shelter Director: The Shelter Director is responsible for overall management and control of shelter operations. That includes the decision to open the shelter and implement the shelter plan, appointing a shelter team and establishing liaison with the community, Red Cross and other entities.
2. Shelter Liaison Officer: The Shelter Liaison Officer is responsible for establishing and maintaining contact with other organizations including the community, borough, Red Cross, health entities, state agencies and others as appropriate.
3. Shelter Information Officer: The Shelter Information Officer is responsible for developing information for shelter staff and shelterees, working with other Information officers and dealing with the media.
4. Shelter Safety Officer: The Shelter Safety Officer is responsible for monitoring the facility, staff, shelterees, and shelter operations for safety and recommended safe practices.
5. Shelter Medical Officer: The Shelter Medical Officer is responsible for health care of shelterees and shelter staff.

6. Shelter Behavioral Health Specialist: The Shelter Behavioral Health Specialist is responsible for monitoring shelter staff and shelterees for signs of stress, providing information and intervention for those suffering from stress and coordinating Critical Incident Stress management briefings.
7. Shelter Operations Chief: The Shelter Operations Chief is responsible directing shelter operations and managing shelter staff.
8. Shelter Logistics Chief: The Shelter Logistics Chief is responsible for support functions including supplies, equipment, transportation, communication, food service, sanitation, and other
9. Shelter Planning Chief: The Shelter Planning Chief documents activities, actions, and decisions, establishes objectives, and publishes incident action plans.
10. Shelter Finance Chief: The Shelter Finance Chief tracks expenses, coordinates emergency procurement requests and develops and submits reimbursement invoices.

## **F. NOTIFICATION AND ACTIVATION**

Upon determination of an impending or actual incident of disastrous proportions, the Shelter Director in consultation with community leaders will implement this shelter plan.

The Incident Commander is responsible for notifying local, regional and state agencies and the American Red Cross that a major disaster has occurred or is eminent and the shelter has been activated.

## **G. DEACTIVATION**

Partial deactivation would occur based upon the extent of the current response and recovery actions and at the discretion of the Shelter Manager. Full deactivation would occur at the termination of the operational elements at the local EOC.

## **H. ANNEXES:**

1. MOU for Shelter Facility
2. Shelter Supplies
3. Shelter Staff/Volunteers
4. Shelter Processing Procedures
5. Shelter Medical/Health Issues
6. Job Action Sheets, Shelter Director, Shelter Safety Officer, Shelter Liaison Officer, Shelter Public Information Officer, Shelter Medical Officer, Shelter Behavioral Health Specialist, Shelter Operations Chief, Shelter Logistics Chief, Shelter Planning Chief, Shelter Finance and Administration Officer.

## **ANNEX 1: Shelter MOU**

**MEMORANDUM OF UNDERSTANDING (MOU) FOR USE OF FACILITIES  
IN THE EVENT OF A MASS MEDICAL EMERGENCY  
(Community name), and (Facility owner) agree that:**

In the event of a catastrophic medical emergency in (Community name), resources will be quickly committed to providing a necessary shelter.

**(Community) and (owner of facility) enter into this partnership as follows:**

1. Facility Space: (Community name) accepts designation of (name of facility) located at (address of facility) as a shelter in the event the need arises.
2. Use of the Facility: Request to use facility as a shelter will occur as soon as possible through the local Emergency Operations Center. Designation and use of (name of facility) will be mutually agreed upon by all parties to this agreement.
3. Modification or Suspension of Normal Activities: (name of facility) agrees to alter or suspend normal operations in support of the shelter site as needed.
4. Use of Facility Resources: (name of facility) agrees to authorize the use of facility equipment, building, communications equipment, computers, Internet services, copying equipment, fax machines, etc. Facility resources and associated systems will only be used with facility management authorization and oversight to include appropriate orientation/training as needed.
5. Costs: All reasonable and eligible costs associated with the emergency and the operation of the shelter that include modifications or damages to the facility structure, equipment and associated systems directly related to their use in support of the shelter are submitted for consideration and reimbursement through established disaster assistance programs.
6. Contact Information: (name of facility) will provide (Community name) the appropriate facility 24 hour/7 day contact information, and update this information as necessary.
7. Duration of Agreement: The minimum term of this MOU is two years from the date of the initial agreement. Subsequent terms may be longer with the concurrence of all parties.
8. Agreement Review: A review will be initiated by (Community name) and conducted following a disaster event or within two years after the effective date of this agreement. At that time, this agreement may be negotiated for renewal. Any changes at the facility that could impact the execution of this agreement will be conveyed to the identified primary contacts or their designees of this agreement as soon as possible. All significant communications between the Parties shall be made through the primary contacts or their designees.

9. Amendments: This agreement may be amended at any time by signature approval of the parties' signatories or their respective designees.

10. Termination of Agreement: Any Party may withdraw at any time from this MOU, except as stipulated above, by transmitting a signed statement to that effect to the other Parties. This MOU and the partnership created thereby will be considered terminated thirty (30) days from the date the non-withdrawing Party receives the notice of withdrawal from the withdrawing Party.

11. Capacity to Enter into Agreement: The persons executing this MOU on behalf of their respective entities hereby represent and warrant that they have the right, power, legal capacity, and appropriate authority to enter into this MOU on behalf of the entity for which they sign.

Facility Official: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Community Official: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**To authorize facility use, call:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
After-hours/emergency phone number

**To open facility, call:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime phone number

**Alternate contact to open facility, call:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
After-hours/emergency phone number

## **ANNEX 2: Shelter Supplies**

## SHELTER SUPPLIES

ITEM DESCRIPTION	Unit Description	Cost per
Clip Board,		
Dry Erase Markers Multicolor		
Duct Tape 3" Roll		
Envelopes Manila, 9" x 12" Box of 50	\$29.95 1	\$29.95
Extension Cords 12 gauge; 100' length		
Extension Cords 12 gauge; 50' length		
Extension Cords 14 gauge; 25' length		
File Folders Gray Color 10 Boxes of 100		
Flashlights with Extra Batteries Each		
Headlights- LED, High Intensity with Extra Batteries Each		
Lanterns, Fluorescent, Camping With Extra Batteries Each		
Lock Boxes (Store/Lock Medications)		
Masking Tape 2" Boxes of 6		
Name Tags self-adhesive 4 Boxes of 100		
Note Pads, Letter Size White, Lined		
Paperclips 5 Large Boxes of 100		
Pens, Ballpoint Black Ink Medium Point 10 Boxes of 12		
Pens, Ballpoint Red Ink Medium Point Box of 12		
Poster boards White		
Packs Post-it Notes 3" x 5", Lined		
Rubber Bands Medium 1 lb.		
Scissors, Regular Stainless Steel Each \$5.95	5	\$29.75
Scotch Tape Dispensers (Disposable) With Extra Rolls		
Sharpie Markers Multicolor, Fine Tip Box of 8	\$9.50 1	\$9.50
Sharpie Markers Multicolor, Regular Tip Box of 4	\$8.95 1	\$8.95
Staplers standard		
Staples standard Box of 500		
Paper cups 5 oz. plastic Case of 1,000		
Paper plates plastic Case of 1,000		
Surge Protector, Ground Fault Circuit Protector GFC Each \$16.50	10	\$165.00
Toilet Paper (emergency supply) 1,000 Roll	Rolls	
Hand soap		
Towels		
Sheets, blankets		
Cots, mattresses, sleeping bags		
Trash Bags, Tall Kitchen Size White		
Bottled Water, Individual (emergency supply)		
Write on-Cling Perforated Poly Static Sheets		

## **ANNEX 3: Shelter Staff/Volunteers**

- 1. Staff Check-in and Briefing Process**
- 2. Shelter Volunteer Information Sheet**
- 3. Shelter Team Roster**
- 4. Recommended Staff Personnel Items List**
- 5. Shelter Team Roster**
- 6. Taking Care of You**

## **Staff Check-in and Briefing Process**

**Purpose:** To provide for an efficient and effective manner of tracking volunteers and to provide the volunteer with necessary information for their assignment.

### **Check-In/Briefing Process**

1. Place a sign on the entrance door designating the site as the check-in site for each volunteer
2. Greet each volunteer
3. Obtain an Emergency Contact Form from each individual
4. If necessary confirm that each team member has lodging arrangements secured
5. Perform briefing, which should include:
  - a. The length of time anticipated
  - b. Confirm the type of assignment for each volunteer
  - c. Provide information on the conditions of facilities/environment
  - d. Provide description of potential threats (physical, i.e. outbreak of a contagious disease; mental, i.e. no showers, sleeping on floor; hazards, i.e. downed electrical lines)
  - e. Provide information on meals and other
  - f. Determine the date, time and location of check out/debriefing and ensure acknowledgement of this information from all team members
  - k. Schedule Critical Incident Stress Management (CISM) briefing for all volunteers

**SHELTER VOLUNTEER INFORMATION SHEET**

***This form is to be filled out and taken with you to turn in at the check-in/briefing site.***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Community: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_/\_\_\_\_-\_\_\_\_ Work phone: \_\_\_\_/\_\_\_\_-\_\_\_\_

Cell phone: \_\_\_\_/\_\_\_\_-\_\_\_\_

Agency/Office: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

Community: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_

Emergency contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_ Cell: \_\_\_\_/\_\_\_\_-\_\_\_\_

Profession/ Job skills:

## SHELTER TEAM ROSTER with Contact Information

FULL NAME NICK NAME	TEAM	M/F	PHONE #	ADDRESS	EMERGENCY CONTACT INFO (FAMILY)	SUPERVISORS NAME	SKILL (ADMIN, MEDICAL, FOOD SERVICE etc.)

## Recommended Staff Personal Items List

### What Staff Should Bring? :

In order to ensure that the staff's personal needs are met during the emergency period, they are encouraged to bring the following items:

- Sleeping bag, bed roll and/or a lounge chair
- Pillow
- Changes of clothing for 7 days
- Appropriate Comfortable Footwear
- Drinking water
- Non-perishable food/snacks
- Manual can opener
- Toiletry items (toothbrush, toothpaste, deodorant, foot powder, etc.)
- Toilet tissue
- Towel, washcloth and soap
- Flashlight with extra batteries
- Headlamp with extra batteries
- Radio with extra batteries
- Diversion aids (cards, games, books, etc.)
- Medications for 7 days
- ID badge
- Rain jacket/wet weather gear
- Cash (but not too much)
- Fanny pack (no purse)
- Multiple channel walkie-talkies (if they have a set)

**IMPORTANT NOTE:** If the staff is accompanied by family to the shelter, they should bring enough of the items listed above to make their family's stay as comfortable as possible.

## **Taking Care Of You**

### **Care for yourself so you can care for others!**

**While you are deployed to assist with disaster services, please keep your health and well being in mind. Your health and safety is just as important as those you are trying to help. You can only be of assistance to others if you are strong and healthy.**

#### **Normal Reactions to a Disaster Event**

- No one who responds to a mass casualty event is untouched by it
- Profound sadness, grief, and anger are normal reactions to an abnormal event
- You may not want to leave the scene until the work is finished
- You will likely try to override stress and fatigue with dedication and commitment
- You may deny the need for rest and recovery time

#### **Ways to take care of yourself**

- Be sure your team section knows where you are going, and what time you will return.
- Make sure you stay hydrated. It is recommended that you drink ½ oz. of water per pound of body weight each day. This means a 150 lb. person should drink approximately 75 oz. of water each day. Make sure the water you drink is safe. Either drink bottled water or water that has been appropriately treated with chlorine.
- Make sure you eat regularly to keep your energy level up. Avoid excessive intake of sweets, caffeine, or alcohol.
- Continue taking your regular medications at the normal times each day. In stressful situations, it is easy to forget and suffer adverse effects.
- Try to incorporate short periods of mild exercise into your day. This will help relieve stress increase energy.
- Pair up with a responder so that you may monitor one another's stress, communicate your needs to your co-workers.
- Schedule a break or rest period before you become seriously fatigued.
- If possible communicate with family members or friends for support.
- Share your feelings and frustrations with others before they cause physical or emotional symptoms and inhibit your ability to perform your job.

- Recognize signs of stress, inability to focus, sleep disturbances, physical symptoms (headache, stomach ache), physical exhaustion, and discuss with your team leader.
- Use stress management techniques, e.g. visualization, deep breathing, taking a break, stretching, or talking with a co-worker, to diffuse stress before it becomes debilitating.
- Use counseling assistance programs available through your agency

### **Signs That You May Need Stress Management Assistance**

- Difficulty communicating thoughts
- Difficulty remembering instructions
- Difficulty maintaining balance
- Uncharacteristically argumentative
- Difficulty making decisions
- Limited attention span
- Unnecessary risk-taking
- Tremors/headaches/nausea
- Tunnel vision/muffled hearing
- Colds or flu-like symptoms.
- Disorientation or confusion
- Difficulty concentrating
- Loss of objectivity
- Easily frustrated
- Unable to engage in problem-solving
- Unable to let down when off duty
- Refusal to follow orders
- Refusal to leave the scene
- Increased use of drugs/alcohol
- Unusual clumsiness

Team Leader Guide 3/2008

## **ANNEX 4 Shelter Processing Procedures**

- 1. Shelter Intake Form**
- 2. Visitor Sign in Sheet**

# SHELTER INTAKE FORM

(This form is to be completed for all shelter occupants)

## To Be Completed Or Verified By The Clerical Staff Receiving Clients At Shelter

ARRIVAL - Date: \_\_\_\_\_ Time: \_\_\_\_\_ Mode of Arrival: \_\_\_\_\_

Shelter Location: \_\_\_\_\_

NAME - Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address:  
\_\_\_\_\_

Community: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_ (years) Sex: \_\_\_\_

SSN: \_\_\_\_\_

Medicare/Medicaid number: \_\_\_\_\_

Weight: \_\_\_\_ (lbs) Height: \_\_\_\_ (ft.) \_\_\_\_ (in.) Primary Language: \_\_\_\_\_

Residence Type: \_\_\_\_\_ Living Situation: Alone Relative Other: \_\_\_\_\_

Name of Emergency Contacts: Local: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Non - Local: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐

## To Be Completed By Health And Medical Staff

## Medical Needs of Shelteree

<b>Dependent On Electricity:</b> O2 Concentrator Feeding Pump Suction Other: _____		<b>Oxygen Dependent:</b> 24 hour Only Overnight Nebulizer CPAP O2 Type: _____ Liters flow: _____ L/min O2 Company: _____ Phone: _____ _____	
Assistance with medications Insulin Dependent Assistance needed with Insulin	Mental Health Problems Anxiety/Depression Alzheimer's/Dementia - <b>Full time caregiver must be present at all times during client stay at shelter.</b>	Vision Hearing Speech Cognitive	Loss/ Impaired Loss/ Impaired Impaired Impaired
Incontinence Dialysis Dependent	Mobility Impaired Walker Cane Wheelchair	Open wounds Decubitis	
Other/Comments:			
<b>Medical Information:</b> Primary Doctor: _____ Phone: _____ Home Health Agency: _____ Phone: _____ Dialysis: _____ Phone: _____ Pharmacy _____ Phone: _____ Patient Assigned to Hospice Name of Hospice: _____ Phone: _____ Do Not Resuscitate Order (DNRO) provided Photo ID Person present having knowledge of client's identity Living Will provided Client Identification Verified- <i>Identification must be on the client at all times during the shelter event.</i> List Medications: _____			



## **ANNEX 5 Shelter Medical Health Issues**

- 1. Special Needs Shelter Areas**
- 2. Isolation Precautions in the Shelter Setting**
- 3. Common Disaster Stress Reactions**
- 4. Psychological Response to a Traumatic Event**

## **SPECIAL NEEDS SHELTER AREAS**

**A special needs shelter may have to be required for individuals that need more intensive medical care. A special needs shelter could be established in the same facility as the shelter or it could be established in another location such a facility nearer to the community health care facility.**

- 1) A person with special needs is someone, who during periods of evacuation or emergency, requires sheltering assistance, due to physical impairment, mental impairment, cognitive impairment, or sensory disabilities, that exceeds the basic level of care provided at a general population shelter, but does not require the level of care provided at a skilled medical facility. A person with special needs is not a person residing in a facility required by state law to have an evacuation and emergency management plan for natural and man-made disasters.
- 2) Eligibility guidelines for Special Needs Shelterees may include, but are not limited to:
  - a) A person with a stable medical condition that requires periodic observation, assessment, and maintenance (i.e. glucose readings, vital signs, ostomy care, urinary catheter)
  - b) A person requiring periodic wound care assistance (i.e. dressing changes).
  - c) A person with limitations that requires assistance with activities of daily living
  - d) A person requiring and needing assistance with oral, subcutaneous or intramuscular injectable, or topical medication
  - e) A person requiring minimal assistance with ambulation, position change and transfer (i.e. able to move more than 100 feet with or without an assistive device)
  - f) A person requiring oxygen that can be manually supplied
  - g) A person medically dependent on uninterrupted electricity for therapies including but not limited to oxygen, nebulizer, and feeding tubes. Ventilator dependent persons and persons with multiple special needs requiring a higher level of care, may need to be referred to a skilled medical facility
  - h) A person with mental or cognitive limitations requiring assistance who is accompanied by an appropriate fulltime caregiver for the duration of their stay in the shelter
  - i) A person requiring fulltime care who is accompanied by an appropriate fulltime caregiver for the duration of their stay in the shelter
  - j) A person whose weight does not exceed the safety weight restrictions of provided cots.

- k) A person who can be safely transferred and does not require specialty lifting or transferring equipment. A person requiring a stretcher to be transported may need to be referred to a higher skilled medical facility
- 3) Every reasonable effort shall be made to avoid admitting a person with a known communicable condition or a condition that requires airborne precautions, i.e. Methicillin Resistant *Staphylococcus aureus* (MRSA) or persons who require respiratory isolation such as infectious Tuberculosis (TB).
- 4) Counties with special needs shelters with resources that can safely accept a person exceeding the above criteria may choose to do so.

## SPECIAL NEEDS SHELTERS - LEVELS OF CARE

### Examples of Eligibility Guidelines

CONDITION	GENERAL NEEDS SHELTER	SPECIAL NEEDS SHELTER	HOSPITAL
Alzheimer's Disease/Dementia	Early	Progressive	Advanced/Total Care
Ambulation (walker, cane, crutches, wheelchair) • Arthritis • Osteoporosis • Parkinson's Disease • Multiple Sclerosis • Muscular Dystrophy • Neuromuscular Disorders	Yes	Assistance required	Bedridden
Aphasia (difficulty communicating)	Yes	Combined with other conditions	
Cardiac abnormalities	Stable	Controlled	Unstable
Contagious diseases or infection *MRSA	Consult with Infectious Disease Specialist		
Dialysis	Yes	Combined with other conditions	Unstable
Diabetes/Hyperglycemia	Insulin and diet controlled	Requires assistance	
Eating and swallowing disorders	Yes	Require assistance/ Tube feeding	
Ileostomy/Colostomy	Yes	Combined with other conditions	
Neurological Deficit	No	Yes	
Psychosis	Controlled	Requires caregiver	Uncontrolled

Respiratory • Asthma/Chronic Obstructive Pulmonary Disease (COPD) • Emphysema	Yes	Oxygen Dependent	Ventilator Dependent
Seizures	Controlled	Medication assistance required	Uncontrolled
Sleep Apnea	Not-mechanically dependent	Mechanically dependent	
Wheelchair Transferable	Mobile with minimal assistance	Wheelchair bound with complicating conditions	
Wounds *MRSA	Uncomplicated	Open draining wounds, dressing changes, complicated treatments	

## ISOLATION PRECAUTIONS IN THE SHELTER SETTING

### TRANSMISSION:

Microorganisms are transmitted by several routes, and the same microorganism may be transmitted by more than one route. There are five main routes of transmission- contact, droplet, airborne, common vehicle and vector borne.

1. **Contact transmission** can be divided into two subgroups- direct contact transmission and indirect contact transmission. Direct contact transmission involves a direct body surface to body surface contact and physical transfer of microorganisms. Direct contact transmission can also occur between two people, one serving as the source of infection and the other as a susceptible host. Indirect contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, such as contaminated equipment or contaminated hands that are not washed and/or gloves that are not changed between clients;
2. **Droplet transmission** is caused by droplets that are generated from the source person, primarily during coughing, sneezing and talking. Transmission occurs when droplets containing microorganisms generated from the infected person are propelled a short distance through the air and deposited on the host's conjunctivae, nasal mucosa or mouth. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission;
3. **Airborne transmission** occurs by dissemination of either airborne droplet nuclei (small particles five microns or smaller in size) of evaporated droplets containing microorganisms that remain suspended in the air for long periods of time or dust particles containing the infectious agent. Microorganisms carried in this manner can be dispersed widely by air currents and may be inhaled by a susceptible host within the same room or over a longer distance from the source patient (depending on environmental factors). Special air handling and ventilation requirements are required to prevent airborne transmission. Microorganisms transmitted by the airborne route include Mycobacterium tuberculosis and the rubeola and varicella viruses, to name a few;
4. **Common vehicle transmission** applies to microorganisms transmitted by contaminated items such as food, water, medications, devices and equipment;

Standard Precautions will be used for the care of all clients. Clients with known or suspected conditions requiring contact or droplet precautions may be cared for in the shelter setting provided the appropriate personal protective equipment is available. Clients requiring airborne precautions should not be cared for in the shelter setting due to the fact that specialized ventilation requirements are not available in the shelter setting.

### RECOMMENDED DISEASE CONTROL MEASURES FOR DISASTER SHELTERS

1. **Assessments:** Assess all patients for dehydration, discomfort, and general well being. Note specific symptoms indicating infection.

2. **Recording information:** Maintain a log noting the name, chief complaint and date of reported illness for all ill residents and staff.
3. **Reporting:** In the event of 2 or more cases with similar symptoms, please contact the appropriate health entity immediately.
4. **Diagnostics:** Notify the resident's personal physician. Request laboratory testing to identify the agent responsible for resident's illness.
5. **Notification of outbreak:** In the case of an outbreak advise all staff, residents, families and visitors of the situation—post notices on all entrances to the shelter and in places visible to the shelter residents.

6. **Observe Standard Precautions.**

a. Placement:

- Ill shelter residents should be placed with other individuals who are having the same symptoms. Syndrome complexes which should be cohorted (kept together) include:

Diarrhea - acute diarrhea, fever, nausea and vomiting

Respiratory - fever and cough

Rash - either petechial/ecchymotic, Vesicular, or maculopapular (with cough, coryza & fever). Each type of rash indicates a different possible infection.

Skin/Wound infection - abscesses or draining wound that can not be covered

- If there is only one symptomatic individual, the person should be kept away from healthy people.
- Limit ill individuals' mobility as much as possible. If separate rooms are not available, it may be helpful to designate a specific area for the ill individuals.
- If the shelter has rooms, designate one room as a clinic area and keep healthy individuals out.

b. Personal Protective Equipment (PPE):

- Healthcare workers should wear gloves and/or gowns when in direct patient contact or in contact with items in the patient's environment and change gloves between patient contacts.
- Attention to proper removal of PPE is important. Used, soiled PPE must be carefully discarded as close to the point of use as possible.

- If possible, healthcare workers should wear a mask when cleaning areas grossly contaminated by feces or vomitus.
- Masks should be worn whenever there is a possibility of aerosolization of the contaminated materials.

7. **Cleaning of contaminated areas/equipment to prevent transmission of microorganisms/ germs:**

- Avoid sharing patient care equipment (e.g. bedside commodes). If such items must be shared, they should be cleaned and disinfected before reuse.
- Devise a schedule to ensure cleaning of shelter common areas (e.g. handrails and doorknobs), shelter bathrooms and dining facilities, if they exist.
- Paper towels or a disposable mop and soap or detergent should be used to completely clean up feces, vomitus or/and body fluid.
- After complete cleaning a 10% bleach solution (or equivalent commercial product) should be used for terminal (environmental) disinfection.

8. **Hand washing:**

- Enforce proper hand washing for all healthcare workers and shelter residents.
- Whenever possible use running water and soap for hand washing.
- Alcohol gel preparations may be used for hand sanitization when hands are not grossly soiled.
- Hold a “town hall meeting” to discuss the importance of proper hand washing and give a demonstration.
- Post signs in visible areas reminding individuals to wash hands thoroughly.

9. **Work restrictions:** Do not let ill healthcare workers care for other individuals. All ill workers should be excluded from the shelter environment until 24-48 hours after the cessation of symptoms.

## COMMON DISASTER STRESS REACTIONS

<p><b>Psychological and Emotional</b></p> <ul style="list-style-type: none"> <li>• Feeling heroic, invulnerable, euphoric</li> <li>• Denial</li> <li>• Irritability and anger; anxiety and fear</li> <li>• Worry about the safety of self or others</li> <li>• Restlessness, sadness, depression, moodiness</li> <li>• Distressing dreams</li> <li>• Guilt or “survivor guilt”</li> <li>• Feeling overwhelmed, hopeless</li> <li>• Feeling isolated, lost, abandoned</li> <li>• Apathy</li> <li>• Identification with survivors</li> </ul>	<p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li>• Memory problems</li> <li>• Disorientation</li> <li>• Confusion</li> <li>• Slowness of thinking and comprehension</li> <li>• Difficulty setting priorities, making decisions</li> <li>• Poor concentration</li> <li>• Limited attention span</li> <li>• Loss of objectivity</li> <li>• Unable to stop thinking about disaster</li> <li>• Blaming</li> </ul>
<p><b>Behavioral</b></p> <ul style="list-style-type: none"> <li>• Change in activity</li> <li>• Decreased efficiency and effectiveness</li> <li>• Difficulty communicating</li> <li>• Increased use of humor</li> <li>• Outbursts of anger</li> <li>• Inability to rest or “let down”</li> <li>• Change in eating habits</li> <li>• Change in sleeping patterns</li> <li>• Change in patterns of intimacy and sexuality</li> <li>• Change in job performance</li> <li>• Period of crying</li> <li>• Increased use of alcohol, tobacco and drugs</li> <li>• Social withdrawal, silence</li> <li>• Vigilance about safety of environment</li> <li>• Avoidance of activities or places that triggers memories</li> <li>• Proneness to accidents</li> </ul>	<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• Increased heartbeat, respiration's</li> <li>• Increased blood pressure</li> <li>• Upset stomach, diarrhea, nausea</li> <li>• Change in appetite, weight gain or loss</li> <li>• Sweating or chills</li> <li>• Tremor (hands or lip); Muscle twitching</li> <li>• “Muffled” hearing</li> <li>• Tunnel vision</li> <li>• Feeling uncoordinated</li> <li>• Headaches</li> <li>• Soreness in muscles; Lower back pain</li> <li>• Feeling a “lump in the throat”</li> <li>• Exaggerated startle reaction</li> <li>• Fatigue</li> <li>• Menstrual cycle changes</li> <li>• Decreased resistance to infection</li> <li>• Flare-up of allergies and arthritis</li> <li>• Hair loss</li> </ul>

## PSYCHOLOGICAL RESPONSE TO A TRAUMATIC EVENT

Crisis intervention is psychological first aid. Most people's reactions to the current crisis situation are normal responses to an abnormal situation.

### ***Psychological First Aid***

Intervention Goals:

1. Restore equilibrium
2. Allow ventilation of feelings
3. Enhance the person's problem solving skills
4. Prevent serious problems from arising

Start where the person is with issues that most concern them. Your agenda may not be seen as important to the person as their own.

Invite the person to talk; listen for facts and feelings. Never minimize problems; to the person they are real. Your objective is to make the person feel heard, accepted, and understood – this will reduce the intensity of emotional distress. You can use problem-solving mechanisms through addressing: behavior, feelings and affect, somatic symptoms, effects on family and friends and changes in expectations about life since the crisis occurred.

The task of the person in crisis is to: survive physically, express feelings, come to terms with what has happened, behaviorally adjust to what has happened and be prepared for future reactions.

### ***Do's***

1. Make contact, listen carefully, communicate acceptance
2. Reflect feelings and facts
3. Ask open ended questions
4. Explore solutions – see if the person can generate solutions and set priorities
5. Concrete action – use their ideas to make the situation better
6. Follow up – for example: take appropriate action for someone who is suicidal or in need of medication for a psychiatric condition

### ***Don'ts***

1. Tell your own story
2. Rely on yes and no responses to questions

3. Attempt to solve it all

***Tactics***

1. Be a non-hostile authority – people in crisis want someone who will listen yet also someone who knows what they are doing. Realize that angry people are angry at the situation, not at you.
2. Show understanding – empathy is central to crisis work
3. Offer realistic reassurance in response to questions such as “Will I ever forget?” (For example, “some things we remember some things we don’t remember. You may always remember this, but you’ll be able to handle the memories better over time.”)
4. Restate content
5. Reflect feelings
6. Provide encouragement
7. Explore possible solutions
8. Avoid suggesting solutions until you have heard theirs, then try to combine them
9. Be non-judgmental – defer judgment even when you are asked
10. Reflect the validity of the feelings rather than the actual words or actions suggested
11. Help plan a short term plan of action
12. Attend to immediate needs first
13. See the counseling as collaborative and be directive if necessary

## **ANNEX 6. Job Action Sheets**

- 1. Shelter Director Job Action Sheet**
- 2. Medical Officer Job Action Sheet**
- 3. Medical Staff Job Action Sheet**
- 4. Behavioral Health Specialist Job Action Sheet**
- 5. Liaison Officer Job Action Sheet**
- 6. Safety Officer Job Action Sheet**
- 7. Information Officer Job Action Sheet**
- 8. Shelter Operations Chief Job Action Sheet**
- 9. Shelter Logistics Chief Job Action Sheet**
- 10. Shelter Planning Chief Job Action Sheet**
- 11. Shelter Finance and Administration Job Action Sheet**

## **SHELTER DIRECTOR JOB ACTION SHEET**

The Shelter Director is responsible for:

- Activating the shelter Incident Command System
- Activating elements of the Incident Command System
- Contact the Red Cross
- Conduct Shelter facility walk through
  - Assemble the initial shelter management staff to do a walk through evaluation of the shelter. Staff should include the shelter director, shelter safety officer, shelter medical officer, shelter operations officer
- Lay out the facility
  - Assess the facility and determine locations for: registration/check in, sleeping, feeding, recreation, medical care, meeting, work area for shelter staff.
- Staffing
  - Determine how many staff will be required.
  - Develop a contact list for all staff
  - Register all staff
  - Schedule 3, 9 hour shifts
  - Designate supervisors for each function and shift.
  - Orient staff to basic duties and operations for running a shelter
- Access communication systems
- Establish of incident objectives and strategies
- Ensure team safety
- Sign In/Out on the Staff Line List
- Complete a Timesheet
- Review the Job Action Sheet for their position, if applicable
- Maintain safety of shelter
- Conduct walkthrough of shelter with facility's representative and document deficiencies during each shift

- Notify Incident Commander, others when shelter is operational and of any unresolved deficiencies
- Meet with kitchen staff to arrange feeding schedules ensuring all staff and clients have time to eat.
- Establish communication with the community EOC other entities
- Obtain briefings from involved parties at every shift change
- Conduct command team strategy meetings as needed
- Ensure the Shelter and Special Needs Shelter Logs are maintained
- Ensure all shelter reports are completed
- Coordinate transport of shelterees
- Ensure all staff have assign shifts (work/sleep)
- Continually assess shelter situation
- Establish and monitor site security
- Determine information needs/approve information releases
- Schedule and conduct briefings
- Approve requests for additional resources and release of resources
- Approve the use of volunteers
- Serve as point of contact for all media, if PIO is not available
- Ensure appropriate incident/accident reports are accomplished and witness statements obtained for all accidents resulting in personal injury or damage to equipment
- Establish deactivation priorities and implement
- Conduct site inspection with appropriate staff prior to closure of shelter

## MEDICAL OFFICER JOB ACTION SHEET

- The Medical Officer is a member of the Shelter Command team and is responsible for:
  - Providing oversight of all medical services
  - Ensuring triage of clients coming in to the shelter
  - Ensuring team safety
- Responsibilities:
- Sign In/Out on the Staff Line List
- Complete a Timesheet
- Report to the Shelter Director and obtain briefings
- Coordinate with command team to establish shelter set-up
- Oversee the selection of shelter care areas, in consultation with Shelter Director
- Attend and participate in command team meetings
- Maintain the Special Needs Shelter Log
- Inspect and check equipment
- Ensure that care areas are set up properly and that appropriate personnel, equipment and supplies are in place
- Orient staff to shelter layout
- Identify roles/responsibilities
- Assign staff to initial assessment area
- Establish medical staff schedules
- Ensure the medical staff perform only those duties consistent with their level of expertise and only according to their professional licensure.
- Supervise the health care delivery services of the medical staff
- Recommend medical staffing level adjustments as appropriate.
- Brief team members
- Ensure staff are familiar with communication procedures

- Evaluate staff for signs and symptoms of stress reaction and poor coping
- Schedule operation activities/tasks
- Ensure proper storage, maintenance and utilization of all supplies
- Prepare orders for medications and supplies
- Notify logistics section of needs/shortfalls
- Determine future operational needs
- Establish sanitation procedures, and ensure utilization of Standard Precautions
- Monitor potential for infectious disease transmission
- Evaluate the conditions of the clients
- Ensure security of medical records
- Ensure maintenance of Individual Line List for Evacuees
- Ensure appropriate documentation of intake, triage and care of all clients

## BEHAVIORAL HEALTH SPECIALIST JOB ACTION SHEET

The Behavioral Health Specialist works for the Shelter Medical Officer

### Responsibilities:

- Sign In/Out on the Staff Line List
- Complete a Timesheet
- Report to the Shelter Medical Officer and obtain briefings
- Participate in briefings and meetings as required.
- Provide education on normal stress reaction information sheets/education to staff.
- Evaluate staff for signs and symptoms of stress reaction and poor coping
- Evaluate shelterees for signs and symptoms of stress reaction and poor coping
- Determine future operational needs
- Assess current capability to provide mental health support to staff members and shelterees.
- Project immediate and prolonged capacities to provide mental health services based on current information and situation.
- Coordinate additional mental health support through the Shelter Medical Officer
- Prepare for the possibility that a staff member or their family member may be a victim and anticipate a need for psychological support.
- Coordinate continuing support to staff members
- Routinely visit work and shelter areas and evaluate mental health needs.
- Assist in developing an action plan to the when requested.
- Document actions, issues and decisions
- Plan to conduct stress debriefings for staff and shelterees periodically for an extended period.

## Medical Staff Job Action Sheet

The Medical staff are credentialed medical personnel and are responsible for:

- Signing In/Out on the Staff Line List
- Completing a Timesheet
- Supervising non-medical personnel performing health care activities.
- Maintaining safety of shelter
- Be familiar with shelter floor plan
- Assessing the physical condition of shelterees on an on-going basis
- Assessing the mental and emotional condition of shelterees on an on-going basis
- Monitor those shelterees who are receiving oxygen and, if problems occur, make appropriate referral
- Supervise and assist in the administration of medication to shelterees
- Maintain shelterees medical records
- Consult with Shelter Director or Shelter Logistics Chief for needed supplies or equipment
- Maintain standard precautions
- Monitor potential for infectious disease transmission
- Locate and know how to use necessary equipment
- Assist in discharge planning
- Participate in shelter closing activities

## **SHELTER LIAISON OFFICER JOB ACTION SHEET**

The Shelter Liaison Officer is responsible for:

- Establishing and maintaining contact with community EOC and other agencies and entities during shelter operations
- Participate in Community IMT Briefings
- Include shelter needs and issues in Situation Reports
- Coordinate support from the IMT for shelter operations
- Assist in establishing of incident objectives, strategies and action plans
- Ensure team safety
- Sign In/Out on the Staff Line List
- Complete a Timesheet
- Participate in briefings from involved parties at every shift change
- Determine additional resource, personnel and other needs
- Serve as point of contact for all media, if Shelter Chief, PIO are not available

## **SHELTER SAFETY OFFICER JOB ACTION SHEET**

The Shelter Safety Officer is responsible for:

- Sign In/Out on the Staff Line List
- Complete a Timesheet
- Participate in briefings from involved parties at every shift change
- Ensure team safety
- Determine additional resource, personnel and other needs
- Assist in establishing of incident objectives, strategies and action plans
- Coordinate security issues as appropriate
- Determine safety risks of to personnel and shelterees. Advise the Shelter Manager and Section Chiefs of any unsafe condition and corrective recommendations.
- Evaluate building or incident hazards and identify vulnerabilities.
- Assess facility operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.
- Ensure implementation of all safety practices and procedures.
- Attend all command briefings and Incident Action Planning meetings to gather and share incident and facility safety requirements.
- Document all key activities, actions, and decisions.
- Continue to assess safety risks of the incident to personnel, facilities and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.
- Ensure proper equipment needs are met and equipment is operational prior to each operational period.
- Re-assess the safety risks of the extended incident to personnel, facilities, and the environment and report appropriately. Advise the Shelter Manager and Section Chiefs of any unsafe condition and corrective recommendations
- Continue to assess operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.

- Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Shelter Manager.
- Participate in after-action debriefings and document observations and recommendations for improvements for possible inclusion in the After-Action Report.
- Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.

## **SHELTER PUBLIC INFORMATION OFFICER JOB ACTION SHEET**

The Shelter Public Information Officer is responsible for:

- Assisting with establish of incident objectives and strategies
- Ensure team safety
- Sign In/Out on the Staff Line List
- Complete a Timesheet
- Review the Job Action Sheet
- Establish contact with other PIOs.
- Receive information in the disaster/emergency from other sources and agencies
- Determine information needs
- Develop information for shelterees, seek approval from Shelter Director prior to release
- Participate in briefings from involved parties at every shift change
- Conduct command team strategy meetings as needed
- Ensure all shelter reports are completed
- Continually assess shelter situation
- Serve as point of contact for all media
- Assist in establishing of incident objectives, strategies and action plans
- Ensure team safety

## **MEDIA RELATIONS GUIDELINES**

The media will very likely show up at the Shelter to collect information about shelter operations and to interview staff and clients. These are guidelines to make this process easier.

It should be noted that all shelter staff, including public information officers, whether from a local entity or regional organization function under the direction and control of the shelter unit leader. PIO staff should report to the Shelter Director upon arrival to develop a co-operative media relations strategy.

### **Who should talk to the media?**

The Shelter Director or designee is the appropriate spokesperson to report on the overall operations. Questions regarding medical operations should be addressed by the medical officer. Questions regarding facility operations should be addressed by the facility representative or designee.

### **What type of things should be discussed?**

Designated spokespersons should address only issues relating to shelter operations. It is best to avoid acronyms and jargon when being interviewed. The spokesperson should not speculate or give opinions about the storm nor comment on how other people are performing their jobs.

### **How should the media be received?**

The media can greatly assist in getting information to the public. Everyone, including the media, who comes to your site, should be treated with respect and dignity. Media should sign in. If the designated spokespersons are busy, ask the media to wait in a non-client area. All media relations should be handled in a timely manner. It may be appropriate to conduct a group interview if several media representatives show up at the same time.

### **Can they interview the clients?**

The shelter unit leader will make a general announcement that the media is in the shelter and will answer any questions from clients and staff. Shelterees are under no obligation to be interviewed, and their involvement is voluntary. If shelterees give written permission (See Attachment 11), they may be interviewed and photographed. However, media should not be allowed unescorted access to the shelter and shelterees. The individuals' rights of privacy must be respected at all times.

## **SHELTER OPERATIONS CHIEF JOB ACTION SHEET**

The Shelter Operations Chief is responsible for:

- Assist in setting up and opening shelter
- Directing and supervising daily operations
- Orient staff to basic duties and operations for running a shelter
- Appoint supervisors
- Assign volunteers to shifts and supervisors
- Assist in establish of incident objectives, strategies and action plans
- Ensure team safety
- Sign In/Out on the Staff Line List
- Complete a Timesheet
- Maintain safety of shelter
- Conduct walkthrough of shelter with facility's representative and document deficiencies during each shift
- Obtain briefings from involved parties at every shift change
- Ensure the Shelter and Special Needs Shelter Logs are maintained
- Ensure all shelter reports are completed
- Ensure all staff have assign shifts (work/sleep)
- Continually assess shelter situation
- Establish and monitor site security
- Prepare for and participate in briefings
- Determine additional resource, personnel and other needs
- Approve the use of volunteers
- Serve as point of contact for all media, if PIO is not available
- Ensure appropriate incident/accident reports are accomplished and witness statements obtained for all accidents resulting in personal injury or damage to equipment

- Direct deactivation procedures
- Assist with final site inspection with appropriate staff prior to closure of shelter

## Shelter Logistics Chief Job Action Sheet

The Logistics Support Staff is responsible for:

- Signing In/Out on the Staff Line List
- Reporting to Shelter Director
- Completing a Timesheet
- Review the Job Action Sheet for their position, if applicable
- Maintain safety of shelter
- Be familiar with shelter floor plan
- Set up Sign in/Sign out Area, including posting of signs and setting up of tables and chairs
- Post shelter rules in a visible location in the registration/information area
- Complete Intake process
- Maintain Volunteer Roster
- Maintain accurate count of clients, caregivers, and staff in the Shelter
- Provides administrative and logistical support to the medical staff
- Coordinate food service
- Coordinate shelter maintenance, clean up, trash removal etc.
- Report any problems to the Shelter Manager
- Assist in closure of the shelter

## **SHELTER PLANNING CHIEF JOB ACTION SHEET**

The Shelter planning Chief is responsible for:

- Sign In/Out on the Staff Line List
- Complete a Timesheet
- Review the Job Action Sheet
- Maintain safety of shelter
- Participating in the Shelter facility walk through
- Assist IMT in Lay out the facility
  - Assess the facility and determine locations for: registration/check in, sleeping, feeding, recreation, medical care, meeting, work area for shelter staff.
- Assist the Shelter Director and Shelter Operations Chief in staffing issues
- In consultation with the Incident Commander, establish the incident objectives and operational period.
- Document all key activities, actions, and decisions.
- Facilitate and conduct incident action planning meetings with Command Staff, Section Chiefs and other key individuals to plan for the next operational period.
- Coordinate preparation and documentation of the Incident Action Plan and distribute copies to the Shelter Director and all Section Chiefs.
- Meet regularly with the Shelter Director to brief on the status of planning and the Incident Action Plan.
- Attend command briefings and meetings.
- Continue to receive projected activity reports from Section Chiefs at designated intervals to prepare status reports and update the Incident Action Plan.
- Continue to meet with Command Staff, Section Chiefs to evaluate facility and personnel, review the demobilization plan and update the Incident Action Plan.
- Coordinate final reporting external agencies through Liaison Officer and Public Information Officer.
- Work with Planning and Finance/Administration Sections to complete cost data information.

- Begin development of the Incident After-Action Report and Improvement Plan and assign staff to complete portions/sections of the report.

## **SHELTER FINANCE CHIEF JOB ACTION SHEET**

The Shelter planning Chief responsibilities:

- Sign In/Out on the Staff Line List
- Complete a Timesheet
- Review the Job Action Sheet
- Maintain safety of shelter
- Document all key activities, actions, and decisions.
- Participate in incident action planning meetings.
- Attend command briefings and meetings.
- Compile cost data information.
- Maintain completed timesheets
- Assist with development of the Incident After-Action Report and Improvement Plan.
- Participate in Incident Action Plan preparation, briefings, and meetings as needed and, Provide cost implications of incident objectives.
- Ensure that the Incident Action Plan is within financial limits established by the Incident Commander.
- Determine if any special contractual arrangements/agreements are needed.
- Distribute the Time Sheets and ensure time is recorded appropriately.
- Communicate frequently with the Incident Commander; brief routinely on the status of the Finance/Administration Section.
- Develop a "cost-to-date" incident financial status report every 24 hours summarizing financial data relative to personnel, supplies and other expenditures and expenses.
- Work with the Incident Commander and other Section Chiefs to identify short and long term issues with financial implications; establish needed policies and procedures.
- Ensure that required financial and administrative documentation is properly prepared. Collate and process invoices received.
- Coordinate emergency procurement requests.

- Collect and analyze all financial related data.
- Ensure processing and payment of invoiced costs.
- Submit required reimbursement paperwork and track payments.