

State and Regional Medical Needs Shelter Plan

Form 1 - State Medical Needs Shelter Environmental Assessment Form

Assessing Agency:	Assessing Agency/Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Emergency contact # <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">() - </div>					
Shelter Information:	Shelter Type: <input type="checkbox"/> Regional MSN <input type="checkbox"/> State MNS <input type="checkbox"/> Other: _____ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
Current Census # <div style="border: 1px solid black; height: 20px; width: 50px; display: inline-block;"></div>	Location Name and Description OR Designated Name of Facility <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
Staff # <div style="border: 1px solid black; height: 20px; width: 50px; display: inline-block;"></div>	Street Address <div style="border: 1px solid black; height: 20px; width: 150px;"></div>	City (County) Zip Code GPS <div style="border: 1px solid black; height: 20px; width: 150px;"></div>					
	Date Shelter Opened: <div style="border: 1px solid black; width: 100px; text-align: center;">MM/DD/YYYY</div>	Date Assessed: <div style="border: 1px solid black; width: 100px; text-align: center;">MM/DD/YYYY</div> Time: <div style="border: 1px solid black; width: 100px; text-align: center;">am pm</div>					
	Reason for Assessment: <input type="checkbox"/> Preoperational <input type="checkbox"/> Initial <input type="checkbox"/> Routine <input type="checkbox"/> Other: _____						
I. FACILITY							
1 Structural damage	Y	N	U	28 Preparation on site	Y	N	U
2 Security/law enforcement available	Y	N	U	29 Served on site	Y	N	U
3 Water system operational	Y	N	U	30 Safe food sources	Y	N	U
4 Hot water available	Y	N	U	31 Adequate supply	Y	N	U
5 HVAC system operational	Y	N	U	32 Proper storage	Y	N	U
6 Adequate ventilation	Y	N	U	33 Appropriate food temperatures	Y	N	U
7 Adequate space per person	Y	N	U	34 Hand-washing facilities available	Y	N	U
8 Free of injury/ occupational hazards	Y	N	U	35 Safe food handling	Y	N	U
9 Free of pest or vector issues	Y	N	U	36 Dish washing facilities available	Y	N	U
10 Acceptable level of cleanliness	Y	N	U	37 Clean kitchen area	Y	N	U
11 Electrical grid system operational	Y	N	U	38 Adequate water supply	Y	N	U
12 Generator in use (type: _____)	Y	N	U	39 Adequate ice supply	Y	N	U
13 Indoor air temperature adequate	Y	N	U	40 Safe water source	Y	N	U
				41 Safe ice source	Y	N	U
II. SANITATION				V. FOOD AND WATER			
14 Adequate laundry services	Y	N	U	42 Adequate number of collection receptacles	Y	N	U
15 Adequate number of toilets	Y	N	U	43 Appropriate separation	Y	N	U
16 Adequate number of showers	Y	N	U	44 Appropriate disposal	Y	N	U
17 Adequate number of hand-washing stations	Y	N	U	45 Appropriate storage	Y	N	U
18 Hand-washing supplies available	Y	N	U	46 Timely removal	Y	N	U
19 Toilet supplies available	Y	N	U	47 Hazardous waste generated	Y	N	U
20 Acceptable level of cleanliness	Y	N	U	48 Medical waste generated	Y	N	U
21 Sewage system type: _____							
III. HEALTH AND MEDICAL				VI. SOLID WASTE			
22 Medical care services on site	Y	N	U	49 Adequate number of beds/cots/mats	Y	N	U
23 Mental health care services on site	Y	N	U	50 Adequate supply of bedding	Y	N	U
IV. COMPANION ANIMAL				51 Bedding changed regularly	Y	N	U
24 Companion animals present	Y	N	U	52 Adequate spacing	Y	N	U
25 Animal care available	Y	N	U	53 Clean diaper -changing facilities	Y	N	U
26 Designated animal area	Y	N	U	54 Adequate toy hygiene	Y	N	U
27 Acceptable level of cleanliness	Y	N	U	55 Sage toys	Y	N	U
				56 Clean food and bottle preparation	Y	N	U
				57 Adequate child care services	Y	N	U
VII. SLEEPING and CHILDCARE							
VIII. CRITICAL NEEDS or COMMENTS (write on back if necessary)							

Mississippi Health Environmentalist Signature

Date

State and Regional Medical Needs Shelter Plan

Mississippi Shelter Environmental Assessment Form Instructions

Shelter type: "Community/Recovery": general public. "Medical Needs": population with specific medical requirements. "Other": relief workers base camp, etc.

Reason for Assessment: "Preoperational": before opening. "Initial": first assessment after opening. "Routine": assessments occurring on a regular basis (e.g., daily, weekly). "Other": occurrence such as an outbreak or a complaint.

Current Census: Estimated number of persons, including workers, in shelter at the time of inspection.

Number of Staff/Volunteers: Number of persons working in the facility at the time of assessment.

I. Facility

- Structural damage: note damage to physical structure (e.g., roof, windows, walls, etc).
- 2 Security/law enforcement available: security guards or police officers available at facility site.
- 3 Water system operational: self-explanatory.
- 4 Hot water available: self-explanatory.
- 5 HVAC system operational: self-explanatory.
- 6 Adequate ventilation: facility well-ventilated and free of air hazards such as smoke, fumes, etc.
- 7 Adequate space per person in sleeping area:
- evacuation shelters, 20 ft² per person;
 - general shelters, 40 ft² per person;
 - medical needs shelters, 60-100 ft² per person.
- 8 Free of injury/occupational hazards: With regard to general safety, some examples include:
- Is the facility free of frayed or exposed electrical wires, carbon monoxide hazards, hazardous materials, etc.?
 - Are on-duty staff and members wearing PPE?
- 9 Free of pest/vector issues: note presence of mosquitoes, fleas, flies, roaches, rodents, etc.
- 10 Acceptable level of cleanliness: self-explanatory.
- 11 Electrical grid system operational: self-explanatory.
- 12 If generator in use: check for appropriate location, capacity, adequate fuel and ventilation.
- If yes, indicate fuel type: gas, diesel, solar, etc.
- 13 Indoor temperature (°F): temperature measurement from random inside location (ASCE standard for temperatures in buildings).

II. Sanitation

- 14 Adequate laundry services: provided with separate areas for soiled and clean laundry.
- 15 Adequate # operational toilets: minimum 1 per 20 persons or as specified by sex.
- 16 Adequate # operational showers/bathing facilities: 1 per 15 persons.
- 17 Adequate # operational hand-washing stations: 1 per 15 persons.
- 18 Hand-washing supplies available: water, soap, and paper towels; if water is unavailable, hand sanitizers (at least 60% alcohol).
- 19 Toilet supplies available: toilet paper, feminine hygiene supplies, and diapers/pads for children and adults.
- 20 Acceptable level of cleanliness: self-explanatory.
- 21 Sewage system type: self-explanatory.

III. Health and Medical

- 22 Medical care services available: If yes, list type of care available in comments section.
- 23 Counseling services available: If yes, list type of mental/social services available in comments section.

IV. Companion Animals

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

IV. Food and Water

- 28 Preparation on site: self-explanatory.
- 29 Served on site: self-explanatory.
- 30 Safe food source: food source from licensed contractor or caterer.
- 31 Adequate supply: self-explanatory.
- 32 Appropriate storage: food stored according to safe storage practices to prevent contamination or spoilage - refer to local code or US Food Code.
- 33 Appropriate temperatures: hot food kept above 135°F; cold food kept below 40°F. Or refer to local code or US Food Code.
- 34 Hand-washing facilities available: fixed or portable, as long as they are operational.
- 35 Safe food handling: food preparers are using gloves, avoiding cross contamination, using appropriate utensils, etc. - refer to local code.
- 36 Dishwashing facilities available: place to wash, rinse and sanitize kitchen utensils and cooking equipment.
- 37 Clean kitchen area: self-explanatory.
- 38 Adequate water supply: drinking water in range of 1-2 gallons/per person/per day, for all uses 3-5 gallons/per person/per day.
- 39 Adequate ice supply: sufficient to maintain cold food temperatures.
- 40 Safe water from an approved source.
- 41 Safe ice from an approved source.

V. Solid Waste

- 42 Adequate collection receptacles: minimum 1 (30-gal) container for every 10 persons.
- 43 Appropriate separation between medical/infectious waste and general refuse.
- 44 Appropriate disposal and labeling in approved containers.
- 45 Appropriate storage and separation from common areas.
- 46 Timely removal of waste - collected regularly.
- 47 Check all types of waste generated at facility (e.g., solid, hazardous, medical).
- 48 Check all types of waste generated at facility (e.g., solid, hazardous, medical).

VI. Sleeping and Child Care

- 49 Adequate cots/beds/mats for each resident/staff.
- 50 Adequate bedding for each cot, bed, or mat.
- 51 Clean bedding available: self-explanatory.
- 52 Adequate spacing: at least 3 ft between cots/beds/mats.
- 53 Clean diaper-changing facilities: self-explanatory.
- 54 Adequate toy hygiene: toys cleaned with a nontoxic, approved disinfectant. Refer to local code.
- 55 Safe toys: should adhere to applicable age group standards.
- 56 Clean food/bottle preparation area: self-explanatory.
- 57 Adequate child/caregiver supervision ratio: a. birth-12 mos (3:1); b. 13-30 mos (4:1); c. 31-35 mos (5:1); d. 3 years (7:1); e. 4-5 years (8:1); 6-8 years (10:1); 9-12 years (12:1).

VII. Critical Needs or Comments

List any critical needs requiring public health follow-up or comments.