Appendix C - Shelter Material
Barren River District Health Department Shelter Contact Sheet

Dear Shelter Official:

Barren River District Health Department (BRDHD) is tasked with monitoring and maintaining the public’s health. In congregated living situations the risk of spreading communicable diseases is increased due to the exposures some of the shelter residents may have experienced as well as the living conditions they now face. We want to help you in maintaining a safe and healthy living environment until the shelter residents can be placed in more permanent living situations. The following pages* detail some of the primary health issues that you need to be aware of and focused on during the days, weeks, or months to come. First and most importantly, however, if you have any health-related questions or in the case that you suspect a disease outbreak has started in your shelter population, please do not hesitate to contact the individuals listed below:

Primary contact: _________________________________

Phone #: ( ) - 

( ) - 

Secondary Contact: _______________________________

Phone #: ( ) - 

( ) - 

If you cannot reach the listed individuals, please do not hesitate to contact us at our 24-hour access number: (270) 202-5785

Especially be alert for symptoms including vomiting, diarrhea, severe rashes, coughing illnesses, and high fevers and let BRDHD know if you are seeing increasing numbers of these.

Thank you for your generous willingness to house those displaced by the ___________________________. It is through your efforts and generosity that many are being carried through this difficult time.

See Attached: Food Service Guidelines For Emergency Shelters, Infection Control Guidance for Community Evacuation Centers Following Disasters, and Identifying and Preventing TB in Shelters
FOOD SERVICE GUIDELINES FOR EMERGENCY SHELTERS

- All food products must be from an approved commercially prepared source. Home canned foods are prohibited and home prepared foods are discouraged due to unknown sanitary conditions in private homes.

- Wash hands with hot soapy water before handling food and after using the bathroom.

- Always wash hands; wash, rinse and sanitize cutting boards, dishes and utensils after they come in contact with raw meat, poultry and seafood.

- Wash, rinse and sanitize cutting boards, dishes, utensils and counter tops after preparing each food item and before starting on the next food. Proper cleaning and sanitizing may be achieved by washing in hot, soapy water, rinsing in a clear, hot rinse and immersing or spaying with a solution of 5.25% unscented household bleach and water (one tablespoon of bleach per 2 gallons of warm water equals approximately 100 parts per million chlorine). Cleaning may be accomplished using an automatic home dishwasher, but sanitization may not be adequate.

- All fruits and vegetables must be washed prior to slicing, cooking, or serving.

- No smoking in the food preparation, serving and utensil washing areas. Restrict activities of food handlers to food preparation and service functions (to prevent cross contamination, individuals involved in shelter sanitation and diaper changing should not serve as food handlers).

- Consider using paper towels to clean up kitchen surfaces and dispose of immediately. If cloth towels are used, wash them often in the hot cycle of a washing machine.

- Use a different cutting board for each raw meat product or, clean and sanitize between species.

- Never place cooked food on a plate which previously held raw meat, poultry or seafood.

- To assure proper INTERNAL product temperatures, a metal stemmed, dial-type thermometer should be obtained and used. Heat meat, pork and fish to at least 145 degrees F. for 15 seconds; cook poultry to 165 degrees F. for 15 seconds. Heat eggs until yolk and white are firm, 155 degrees F. for 15 seconds.

- When cooking in a microwave oven, make sure there are no cold spots in food where bacteria can survive. Cover food, stir and rotate for even cooking, if there is no turntable, rotate dish by hand once or twice during cooking to achieve an internal temperature of 165 degrees F.

- Keep hot foods hot (140 degrees F.) and cold foods cold (41 degrees or below) during transportation and serving. Serve foods promptly.

- Refrigerate (41 degrees F. or below) or freeze (0 degrees F.) perishables, prepared foods and leftovers within 2 hours. Food not refrigerated within 2 hours should be discarded. Don’t overcrowd the refrigerator. Cold air must circulate to keep food safe.

- Heat leftovers thoroughly to at least 165 degrees F. Divide large amounts of leftovers into small, shallow containers for quick cooling in the refrigerator. Rapid chilling may be achieved by placing food container in an ice bath and stirring; or ice may be added to food as an ingredient to speed cooling.
Infection Control Guidance for Community Evacuation Centers Following Disasters

These recommendations provide basic infection control guidance to prevent exposure to or transmission of infectious diseases in temporary community evacuation centers.

Community evacuation centers include medium and large-scale, organized, temporary accommodations for persons displaced from their homes (e.g., following natural disasters such as hurricanes, floods, and earthquakes). Evacuation facilities may be residential (e.g., dormitories or campsites) or non-residential (e.g., sports stadiums and churches), with varying degrees of sanitary infrastructure. Individuals in evacuation centers are required to share living spaces and sanitary facilities and may be exposed to crowded conditions. Evacuees may have health problems including traumatic injuries, infectious diseases, and chronic illnesses such as renal failure.

General Infection Prevention for Residential Evacuation Centers

Use of appropriate infection prevention measures by all staff and evacuees can reduce the spread of infectious diseases.
- Staff and residents should wash their hands with soap and water frequently.
- Children should be assisted in washing their hands with soap and water frequently.
- Alcohol hand gels are an effective addition to hand washing, and a reasonable temporary substitute when soap and clean water are not readily available.
- Alcohol hand gel should be positioned throughout the evacuation center, especially at the beginning of food service lines and outside of toilet facilities.
- Encourage good personal hygiene practices including the following:
  - Cover your cough with tissues, disposing tissues in the trash, or with your hands. Wash your hands or use alcohol hand gel after coughing. If possible, tissues should be provided in evacuation center living areas.
  - Follow good hygienic practices during food preparation.
  - Do not share eating utensils or drinking containers.
  - Do not share personal care items such as combs, razors, toothbrushes, or towels with any one else.
- Facilities should be adequate to allow residents to bathe at least twice weekly.
- Laundry facilities should be available to allow appropriate laundering of clothes and bed linens.

Hand Hygiene

After an emergency, it can be difficult to find running water. However, it is still important to wash your hands to avoid illness. It is best to wash your hands with soap and water but, when water isn’t available, you can use alcohol hand gels made for cleaning hands. Below are some tips for washing your hands with soap and water and with alcohol hand gel.
Infection Control Guidance for Community Evacuation Centers Following Disasters (continued from previous page)

When should you wash your hands or use an alcohol hand gel?

1. Before eating food.
2. After handling uncooked foods, particularly raw meat, poultry, or fish.*
3. After going to the bathroom.
4. After changing a diaper or cleaning up a child who has gone to the bathroom.
5. Before and after tending to someone who is sick.
6. Before and after treating a cut or wound.
7. After blowing your nose, coughing, or sneezing.
8. After handling an animal or animal waste.
9. After handling garbage.

*Food handlers should wash hands with soap and water before beginning work, and before returning to work from any toilet visit or break. Alcohol hand gel should not be substituted in food handlers.

Cleaning the Living Area

Keeping surfaces and items clean helps to reduce the spread of infections to residents and staff.

- Clean surfaces with a household detergent when visibly dirty and on a regular schedule:
  - Kitchens and bathrooms should be cleaned daily and as necessary.
  - Living areas should be cleaned at least weekly and more often if necessary.
  - Bed frames, mattresses and pillows should be cleaned/laundered between occupants.
  - Other furniture should be cleaned weekly and as needed.
  - Spills should be cleaned up immediately.

- Sanitize (i.e., reduce microbial contamination to safer levels) high-risk surfaces using a household disinfectant (e.g., a product with a label stating that it is a sanitizer) or a mixture of 1 teaspoon of household bleach in 1 quart of clean water (mixed fresh daily). High-risk surfaces include:
  - Food preparation surfaces.
  - Surfaces used for diaper changing.
  - Surfaces soiled with body fluid (e.g., vomitus, blood, feces).

Laundry

- Garments heavily soiled with stool should be handled carefully, wearing gloves, and placed in a plastic bag for disposal. If stool can easily be removed using toilet paper, the garment may be laundered as described below.
- Wash clothing in a washing machine using normal temperature settings and laundry detergent.
- Household bleach can be used at normal concentrations.
- Dry clothes completely in a dryer.
- There is no need to disinfect the tubs of washers or tumblers of dryers if cycles are run until they are completed.
- Make sure donated clothing is washed before distribution.
Garbage

- Waste disposal should comply with local requirements including disposal of regulated medical waste such as syringes and needles.
- Facilities should provide for proper disposal of syringes and needles used for medications.
- Containers designed for sharp waste disposal should be placed where sharp items are used. A heavy plastic laundry detergent bottle with a lid may be used if official sharps containers are not available.
- Use trash receptacles lined with plastic bags that can be securely tied shut.
- Trash bags should not be overfilled.
- Place trash in an area separated from the living spaces, preferably in trash bins.
- Have waste pick-ups scheduled frequently—daily, if possible.
- Separate medical waste from household waste for pickup; follow local guidelines for pickup of medical waste.

Special Considerations for Non-Residential Evacuation Centers

Non-residential evacuation centers such as stadiums and churches have limited capacity for providing sanitary and food preparation facilities. Bathing and laundry resources are also likely to be limited. In general, it is preferable for non-residential facilities to be used only for very short-term evacuation. Food-service and laundry should be provided from external sources rather than attempting to set up poorly controlled on-site alternatives or allowing residents to attempt these activities individually.

Because of the potentially high ratio of residents to toilets, non-residential facilities have a particular need for frequent and supervised cleaning and maintenance of sanitary facilities. Designated evacuation center personnel should staff each restroom, controlling the number of individuals using the facility at one time, ensuring that surfaces are wiped down with disinfectant at least hourly, and that basic supplies such as hand soap, paper towels, and toilet paper are maintained.

The ability to clean surfaces in non-residential settings may be limited by the size or other physical characteristics of the facility. This increases the importance of hand hygiene. However, such facilities are also likely to have limited availability of hand washing sinks. Thus, additional attention should be paid to positioning alcohol hand gel dispensers in convenient locations throughout the living areas and at the beginning of food service lines, and ensuring that all arriving residents are instructed on their use and availability.

Open sleeping areas should be set up to prevent crowding, ideally with at least 3 feet separating each cot from the next.

Management of Persons with Infectious Diseases in Evacuation Centers

The arrival of evacuees who may have open wounds, symptomatic infections, and unrecognized or incubating infectious diseases, combined with potential for crowding and limited sanitary infrastructure, increases the risk of infections spreading among residents and between residents and staff. In particular, respiratory infections, diarrheal diseases and skin infections or infestations are prone to spread under these conditions. Before entering an evacuation center, all residents should be screened for the following conditions:
- Fever
- Cough
- Skin rash or sores
- Open wounds

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Centers for Disease Control and Prevention
SAFER • HEALTHIER • PEOPLE™
Infection Control Guidance for Community Evacuation Centers Following Disasters (continued from previous page)

- Vomiting
- Diarrhea

Persons with any of the above conditions should be admitted to the evacuation center only after appropriate medical evaluation and care. Residents of the center should be instructed to report any of the above conditions to the center staff. If a potentially infectious condition is identified in a person already residing at the evacuation center, the ill individual(s) should be separated from other residents or transferred to a special needs evacuation center (see below). A separate area or room should be identified in advance to be used to house potentially infectious residents awaiting evaluation or transfer. If several residents with similar symptoms are identified, they may be housed together in one area. However, cots should still be separated by at least 3 feet. A dedicated restroom should be identified if possible and reserved for use of the ill individuals only. More than one separate area may be needed if more than one illness is identified in the population, e.g., an area for people with diarrhea, and another area for people with a cough and fever. Such separate areas will need to have extra staff members dedicated to monitoring people housed there and ensuring that the area is kept clean and appropriately supplied.

Staff members with any of the above symptoms should not work in the evacuation center, but should seek medical evaluation for assessment and clearance prior to returning to work. Staff members working with residents who have symptoms of illness should use Standard Precautions (defined below) for any interactions that require potential contact with body fluids, and should place particular emphasis on hand hygiene.

Each evacuation center should have a clear plan for transferring individuals with potentially communicable diseases from the evacuation center to an appropriate healthcare facility. This includes plans for having ill individuals with respiratory symptoms wear a paper mask while awaiting evaluation or transfer. A waiting area should be designated that is separate from the main center living areas, but which can be closely monitored by center staff. A system for identifying and notifying the receiving facility must be in place.

Special-Needs Evacuation Centers

Special-needs evacuation centers are places that can provide safe refuge to those individuals who require supervision by a healthcare professional. They include:

- People with minor health or medical conditions that require professional observation, assessment, and maintenance beyond the capabilities of the general evacuation center staff or facility.
- People with infectious diseases whose care requires protective equipment or isolation that are not available at the general evacuation center.
- People who require assistance with activities of daily living or more skilled nursing care but do not require hospitalization.
- People who need medications or monitoring by health professionals.

Standard Precautions should be used whenever working with ill individuals, to protect residents and staff from exposure to recognized and unrecognized sources of infection. Transmission-Based Precautions, including personal protective equipment (e.g., gloves, masks, and gowns) and isolation of ill individuals in separate rooms or areas, are based on the type(s) of symptoms an ill individual has. These precautions should be used when appropriate in the special-needs evacuation center. If possible, special-needs evacuation center staff should have access to healthcare personnel who are trained in infection control.
Infection Control Guidance for Community Evacuation Centers Following Disasters (continued from previous page)


*Standard Precautions (summary):*

During the care of any ill individual, personnel should:

- Wear gloves if hand contact with blood, body fluids, respiratory secretions or potentially contaminated surfaces is expected.
- Wear a disposable gown if clothes might become soiled with a patient’s blood, body fluids or respiratory secretions.
- Change gloves and gowns after each patient encounter and wash hands or use alcohol hand gel immediately after removing gloves.
- Wash hands or use alcohol hand gel before and after touching a patient, after touching the patient’s environment, or after touching the patient’s respiratory secretions, whether or not gloves are worn.
- When hands are visibly dirty or contaminated with respiratory secretions, wash hands with soap (either plain or antimicrobial) and water.

Related Links:

- Keep Food and Water Safe after a Natural Disaster or Power Outage (http://www.bt.cdc.gov/disasters/foodwater.asp)
- Cover your cough information and posters (http://www.cdc.gov/flu/protect/covercough.htm)

For more information, visit www.bt.cdc.gov/disasters, or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).
Identifying Persons in Your Mass Patient Care System/Shelter Who May Have TB

In your mass patient care system/shelter, you should actively assess two groups of persons:

- Persons who were under treatment for TB
- Persons who currently have symptoms of active TB disease

To assess these persons, you should ask the following questions:

1. Were you taking medicine for TB just before coming to the shelter? (If yes, go directly to Management of Persons Who Were Under Treatment for TB. If no, proceed with questions 2-5.)

2. Have you coughed up any blood in the last month?

or

3. Do you have a cough that produces mucous that has lasted for at least 2 weeks?

and

4. Have you felt feverish or had chills or profuse sweating (night sweats) for more than one or two weeks?

and

5. Have you lost a lot of weight recently? More than 10 pounds?

(If the person answer “yes” to question 2 or answers “yes” to each of the questions 3, 4, and 5, proceed to Management of Persons with Symptoms of TB Disease.)
Management of Persons Who Were Under Treatment for TB **BEFORE**
coming to the shelter:

Suggested questions to ask persons who are identified as being treated for TB before coming to the shelter:

- **Did you take any medicine** for your tuberculosis?
  - When did you start this medicine? When did you stop? Are you out of medicine?
  - Do you remember the names of the pills? *(If they can’t remember, try asking how many different types of pills they were taking for TB.)*
  - Who was giving you the medicine? (Did you go to the health department or pharmacy, or did someone come to you and give you each individual dose?)

- **When** was this diagnosis made?
  - Do you remember if you had to cough up sputum (phlegm from deep inside your lungs) into a cup for your doctor/nurse to send to the lab? *(This would be part of work-up for TB disease.)*

- **Who** prescribed your TB medicine?
  - Very important: Try to get name/contact info for health department or private provider who prescribed anti-TB treatment (or at least get the county/parish in which person lived).

- For persons whom you suspect as being under treatment for TB disease (not latent TB infection), immediate action is needed. This includes anyone in your shelter who was taking more than one medicine for TB or was receiving directly observed treatment for this disease. You should immediately notify the state TB Control Office, (502) 564-4276
  - Please be prepared to provide patient name, date of birth, state of origin. This basic information is needed to make contact with the referring state to obtain medical history.

**Management of Persons with Symptoms of TB Disease:**

If anyone in your shelter has symptoms of TB disease (that is, if the person answer “yes” to question 2 or answers “yes” to each of the questions 3, 4, and 5 above), a thorough medical evaluation is in order.

If BRDHD determines that a person with TB was potentially contagious while staying in the shelter, a contact investigation will be needed. This is the process for identifying persons who may have been exposed to this infectious disease and providing any needed follow-up care. The contact investigation is done by BRDHD in cooperation with the shelter staff.
**Additional Measures You Can Take to Prevent the Spread of TB**

TB is spread when people with TB in their lungs cough or sneeze. Keep plenty of tissues on hand and offer them to clients and staff to cover their cough. Open windows and turn on fans. Fresh air and sunlight will kill the TB germs. **But most importantly, contact your state or local TB program if you suspect someone has TB disease.**

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**Background Information on Tuberculosis (TB)**

**What is TB?**

Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs. But, TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. TB disease was once the leading cause of death in the United States.

TB is spread through the air from one person to another. The bacteria are put into the air when a person with active TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected.

However, not everyone infected with TB bacteria becomes sick. People who are not sick have what is called latent TB infection. People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others. But, some people with latent TB infection go on to get TB disease.

People with active TB disease can be treated and cured if they seek medical help. Even better, people with latent TB infection can take medicine so that they will not develop active TB disease.

**How is TB spread?**

TB is spread through the air from one person to another. The bacteria are put into the air when a person with active TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected.

When a person breathes in TB bacteria, the bacteria can settle in the lungs and begin to grow. From there, they can move through the blood to other parts of the body, such as the kidney, spine, and brain.

TB in the lungs or throat can be infectious. This means that the bacteria can be spread to other people. TB in other parts of the body, such as the kidney or spine, is usually not infectious.

People with active TB disease are most likely to spread it to people they spend time with every day. This includes family members, friends, and coworkers.

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### The Difference Between Latent TB Infection and Active TB Disease

<table>
<thead>
<tr>
<th>A Person with Latent TB Infection (LTBI)</th>
<th>A Person with Active TB Disease</th>
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<tr>
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<tr>
<td>Has no symptoms</td>
<td>Has symptoms that may include:</td>
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<tr>
<td>Does not feel sick</td>
<td>a bad cough that lasts longer than 2 weeks</td>
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<tr>
<td>Cannot spread TB to others</td>
<td>pain in the chest</td>
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<tr>
<td>Usually has a positive skin test</td>
<td>coughing up blood or sputum</td>
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<tr>
<td>Has a normal chest x-ray and sputum test</td>
<td>weakness or fatigue</td>
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<tr>
<td>May be taking medication to treat this condition (either isoniazid [INH] for 6-9 months or rifampin for 4 months)—these doses are usually self administered</td>
<td>weight loss</td>
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<tr>
<td></td>
<td>no appetite</td>
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<tr>
<td></td>
<td>chills</td>
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<td>fever</td>
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<td>sweating at night</td>
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<tr>
<td></td>
<td>May spread TB to others</td>
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<tr>
<td></td>
<td>Usually has a positive skin test</td>
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<td>May have an abnormal chest x-ray, or positive sputum smear or culture</td>
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</table>

Usually treated with four medicines (isoniazid, rifampin, pyrazinamide, and ethambutol) for at least 2 months, then isoniazid and rifampin for at least another 4 months—these doses are typically administered under directly observed therapy (DOT) by a health department worker.
Shelter Resident Letter

Dear Shelter Resident:

Welcome to the Shelter! We are glad that you have reached our region safely. As the local health agency for this area, the Barren River District Health Department can help you make the proper contacts with various health and social service programs.

Staff from the Health Department will be visiting your facility shortly. Because you are now living with a large group of people, you may be more easily exposed to illnesses. The Health Department will work with the shelter operators and residents to make sure that you don’t get sick while you are staying in the shelter. Please watch for symptoms of illness such as vomiting, diarrhea, severe rashes, cough and fever. If you or someone near you has one of the above symptoms, please tell a shelter official right away. The Health Department will also be monitoring for illnesses as well as monitoring food preparation and sanitation.

If you have any other health concerns, please do not hesitate to contact the Health Department at any time. A 24-hour information line is available to you by calling PHONE NUMBER_____________________. We are here to assist you while you are in our area.

Sincerely,

NAME
TITLE
Barren River District Health Department
This form is meant to be used in conjunction with the KHELPS Displaced Person Intake form for those identified with health, medication, psychological or other needs. The purpose of the Medical and Needs Assessment Form is to:

1) Provide shelter operations personnel information on who may need medical follow-up or special accommodations and
2) Provide the Kentucky Department for Public Health and local health departments with information we need to help meet the medical and psychological needs of the evacuees.

The form may be filled out by the evacuee or a family member, but a trained lay person should be available to assist. If a trained person (e.g., nurse, EMT, medical records or trained lay person) is available to oversee the completion of the form, then more complete and accurate information will be available.

At some point soon after the completion of the form, the information should be reviewed by health staff to determine special accommodations for shelterees such as equipment and medication needs or transfer to another facility like a hospital or special needs shelter.

The third page of the form is to be used by health staff in documenting further assessment and follow-up when the shelteree is ill or needs further assessment/evaluation.
Medical and Public Health Needs Assessment

Shelter Name: __________________________ City: __________________________

Last Name: ___________________________ First Name: ____________ MI: __________ Age: ________ SS #: __________

Race: ________ Marital Status: ___________ Sex: ________ Cell phone ( ) __________

Home City: ___________________________ Home State: __________________________ Home Zip: __________________________

Are you sick?  Yes [ ]  No [ ]

If yes (Check all the symptoms you have):
[ ] Fever  [ ] Chills  [ ] Cough  [ ] Productive Cough  [ ] Night Sweats  [ ] Open wounds
[ ] Coughing up blood  [ ] Diarrhea  [ ] Nausea  [ ] Vomiting  [ ] Rash  [ ] Dehydration
[ ] Puncture Wound/Bite  [ ] Broken Bones  [ ] Other: __________________________

Comments: ____________________________

Who else is staying with you at the shelter?

<table>
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<tr>
<th>Name (first, middle initial, last)</th>
<th>Relationship</th>
<th>Age</th>
<th>Sex</th>
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Do you have someone we can contact in case of an emergency? Yes [ ]  No [ ]

If yes: Name: ___________________________ Phone: __________________________
Address: ___________________________ City/State/Zip: __________________________

CURRENT MEDICAL SITUATION

Were you exposed to “untreated” or “dirty” water at any time since the hurricane?  Yes [ ]  No [ ]

If yes: Type of exposure:  Drank [ ]  Waded/walked in [ ]  Submerged/partially submerged [ ]

Did you come from a previous shelter or temporary housing situation?  Yes [ ]  No [ ]

If yes: Location ___________________________  Name of Facility ___________________________
City and State ___________________________

Can you walk without help?  Yes [ ]  No [ ]  If No: Cane [ ]  Walker [ ]  Wheelchair [ ]  Bedridden [ ]

If bedridden can you be moved in a wheelchair?  Yes [ ]  No [ ]

What are your transportation needs:  Ambulance [ ]  Van w/lift [ ]  Assistance walking [ ]
Regular car or van [ ]  Other: __________________________

Check if you have any of the following immediate medical needs:

Foot care/podiatry [ ]  Dental care [ ]
Joint/bone pain [ ]  Vision care [ ]

Name of personal Doctor or Clinic: ___________________________ Phone: ( ) __________

Office Location (City and State): ___________________________
MEDICAT INFORMATION (Check all disabilities/conditions that you may have)

___ AIDS/HIV
___ Anemia
___ Anxiety / Nervous
___ Arthritis, Severe
___ Asthma
___ Back Injury
___ Blind (Guide Dog? Y N)
___ Breathing Impaired
___ Cancer
___ Complete Paralysis
___ Diabetes: __ Oral ___ Insulin
___ Drug Dependency
___ Alcohol: ___ Other

___ Electrically dependent life support
___ Hearing Impaired
___ Heart Condition
___ Hepatitis (circle all types that apply: A B C D E )
___ Hypertension (High Blood Pressure)
___ Incontinence
___ Kidney disease: Dialysis Yes No
___ Memory Impairment
___ Osmotic
___ Oxygen Supported: L/Min____
___ Tank ____ O2 Converter ___

Other:

List any significant family history of medical conditions (e.g. heart disease, diabetes, asthma, psychiatric):

Have you had any recent Operation(s)? Yes □ No □

If Yes, when and what type of operation

IMMUNIZATION HISTORY:

Have you had a Tetanus shot in the last five years? Yes □ No □ Unknown □

Have you had a Hepatitis A vaccination? Yes □: How many ____ No □ Unknown □

Have you had a Hepatitis B vaccination? Yes □: How many ____ No □ Unknown □

Have you had a Meningococcal vaccination? Yes □: How many ____ No □ Unknown □

Have you had a vaccination in the last month? Type(s):

Have you had a flu vaccination this year? Yes □: Month __________ No □ Unknown □

CURRENT MEDICATIONS:

Pharmacy Name: __________________________ Location (City & State) __________________________

Please list all medications that you are currently taking:

<table>
<thead>
<tr>
<th>Name/Type</th>
<th>Amount/ Dosage</th>
<th>How often</th>
<th>Do you have any?</th>
<th>Prescription Bottle Number (If Known)</th>
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09/01/05
CARE AND TREATMENTS:

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<tr>
<th>What medical/psychological care or treatment are you currently receiving (be specific)</th>
<th>How often?</th>
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LIST ANY ALLERGIES (Medicine, Food, or Other)

Do you have special dietary needs?  Yes □  No □

*If Yes, list them:*

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RELEASE OF INFORMATION

1. [ ] I hereby authorize for the medical information contained herein to be released to the appropriate health authority. I understand that this information will be used solely for the purpose of evaluating my needs in a time of presidentially declared state of emergency and will be maintained as confidential. I provide this information on a voluntary basis.

SIGNATURE: _______________________________ DATE: _____/____/____

WITNESS: _______________________________ DATE: _____/____/____
Medical Assessment

Shelter Name: ________________________  City: ________________________

Name: ________________________  Birth date: ______  Age: ___  SS #: __________
Race: ______  Sex: ______  City/State/Zip: ________________________  Cell phone: (___)

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL:

VITAL SIGNS:  T ___________  P ___________  R ___________  B/P ___________

Referred to: ___________________________________________  Date: ___________
Reason: ___________________________________________

What was done to address current illness/condition(s):

Additional Comments:

________________________________________________________

Date: ___________

Health Care Professional Signature and Title

Discharge Date:
Discharged to: ______  other shelter  _____  hospital  ______  family residence  other: ____________________
Name (shelter/hospital/family member): ___________________________________________
Address: ________________________
City/State/Zip: ________________________
Telephone: (_____) ________________________

Page 5 of 5
### Aggregate Natural Disaster Morbidity Report Form

**For Reporting Purposes**
Submit completed form daily to KY Department for Public Health Operations Center via email (CHFSOPHDOC@ky.gov), Phone (888-398-0013) or Fax (502-564-0177)

---

**Part I**
**FACILITY INFORMATION**

**LOCATION:**

- [ ] State
- [ ] Zip Code
- [ ] Name of Facility

**REPORTING PERSON/CONTACT:**

- [ ] Name
- [ ] Email
- [ ] Phone
- [ ] Fax

---

**Part II**
**REPORTING PERIOD**

**START:**

- [ ] AM
- [ ] PM

**END:**

- [ ] Month
- [ ] Day
- [ ] Year
- [ ] Hour (CST)

**TOTAL SHELTER POPULATION AT START:**

---

**Part III**
**PERSONS SEEN OR TREATED**

**TOTAL SEEN OR TREATED DURING CURRENT REPORTING PERIOD:**

- [ ] Age
  - [ ] ≤ 1 year
  - [ ] ≥ 65 years
  - [ ] Pregnant/females

- [ ] Race/Ethnicity
  - [ ] White
  - [ ] Black/African American
  - [ ] Hispanic or Latino
  - [ ] Asian
  - [ ] Unknown

---

**Part IV**
**TREATED PATIENTS**

Use categories that best describe patients' current reasons for seeking care. Complete the total patient tallies for each syndrome category in the column to the right. Be as specific as possible. A single patient may be counted more than once.

<table>
<thead>
<tr>
<th>SYNDROME CATEGORY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury – Total</td>
<td></td>
</tr>
<tr>
<td>Unintentional injury (e.g., fall, burn, biting, cut, foreign body, vehicle collision, poison-not CO)</td>
<td></td>
</tr>
<tr>
<td>CO poisoning</td>
<td></td>
</tr>
<tr>
<td>Violence / assault (e.g., sexual or other)</td>
<td></td>
</tr>
<tr>
<td>Suicide / self-inflicted injury</td>
<td></td>
</tr>
<tr>
<td>Cold or heat-related illness</td>
<td></td>
</tr>
<tr>
<td>Injury-not specified above</td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal Illness – Total</td>
<td></td>
</tr>
<tr>
<td>Nausea / vomiting</td>
<td></td>
</tr>
<tr>
<td>Bloody diarrhea</td>
<td></td>
</tr>
<tr>
<td>Watery diarrhea</td>
<td></td>
</tr>
<tr>
<td>Respiratory Illness – Total</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td></td>
</tr>
<tr>
<td>Pneumonia, suspected</td>
<td></td>
</tr>
<tr>
<td>Shortness of breath or difficulty breathing</td>
<td></td>
</tr>
<tr>
<td>Wheezing in chest</td>
<td></td>
</tr>
<tr>
<td>Dermatologic Illness – Total</td>
<td></td>
</tr>
<tr>
<td>Rash</td>
<td></td>
</tr>
<tr>
<td>Infection</td>
<td></td>
</tr>
<tr>
<td>Infestation (e.g., lice or scabies)</td>
<td></td>
</tr>
<tr>
<td>Other Illness – Total</td>
<td></td>
</tr>
<tr>
<td>Fever (i.e., &gt;100.4°F or 38°C)</td>
<td></td>
</tr>
<tr>
<td>Severe viral hepatitis, suspected</td>
<td></td>
</tr>
<tr>
<td>Meningitis/encephalitis, suspected</td>
<td></td>
</tr>
<tr>
<td>Other illness – not specified above</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SYNDROME CATEGORY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of chronic disease – Total</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Immunocompromised</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>Seizure</td>
<td></td>
</tr>
<tr>
<td>Mental Health – Total</td>
<td></td>
</tr>
<tr>
<td>Affective symptoms</td>
<td></td>
</tr>
<tr>
<td>Drug / alcohol intoxication or withdrawal</td>
<td></td>
</tr>
<tr>
<td>Psychological evaluation</td>
<td></td>
</tr>
<tr>
<td>Suicidal thoughts or ideation</td>
<td></td>
</tr>
<tr>
<td>Violent behavior / threatening violence</td>
<td></td>
</tr>
<tr>
<td>Obstetrics/gynecology – Total</td>
<td></td>
</tr>
<tr>
<td>Complication of pregnancy</td>
<td></td>
</tr>
<tr>
<td>GYN condition not associated with pregnancy or post-partum period</td>
<td></td>
</tr>
<tr>
<td>In labor</td>
<td></td>
</tr>
<tr>
<td>Routine pregnancy check-up</td>
<td></td>
</tr>
<tr>
<td>Routine / follow-up care – Total</td>
<td></td>
</tr>
<tr>
<td>Blood pressure check</td>
<td></td>
</tr>
<tr>
<td>Blood sugar check</td>
<td></td>
</tr>
<tr>
<td>Wound care</td>
<td></td>
</tr>
<tr>
<td>Medication refill</td>
<td></td>
</tr>
<tr>
<td>Vaccination</td>
<td></td>
</tr>
</tbody>
</table>

| OTHER REASON FOR VISIT, not listed above |       |

---

BRDHD All Hazards Plan 2022

June 2022

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H:\Disaster Preparedness\All Hazard Plan\BRDHD All Hazards Plan\BRDHD All Hazards Plan 2022\12 - Tab and Appendices-Mass Patient Care
I. ASSESSING AGENCY

Name of Inspector: ___________________________ Inspector ID: ___________________________ Phone: (_____)-_____-

Date: __/__/__

PERMITTED FOOD FACILITIES:

Number affected due to situation: _______ Estimated time to recovery: _______ Number still in operation: _______

II. FACILITY IDENTIFICATION

Shelter Name: ___________________________ Street Address: ___________________________ City: ___________________________

County Name or Number: ___________________________

Name of Shelter Manager: ___________________________ Place(s): (____) _____-____

Name of Environmental Manager: ___________________________ Place(s): (____) _____-____

Name of Medical Station Contact: ___________________________ Place(s): (____) _____-____

Shelter Sponsor/Mng Agency: ___________________________

Type of Facility: School ______ Church ______ Convention/Arena/Expo Center ______ Other ___________________________

Food Preparation: ↑ On-Site ↑ Off-Site Off-Site Preparation Location ___________________________

Water: ↑ Municipal ↑ Private Sewage: ↑ Municipal ↑ Private Refuse Disposal: ↑ Municipal ↑ Private

If private, type: ___________________________

III. CENSUS

≤ 2 yrs _______ 3-17 yrs _______ 18-64 yrs _______ ≥ 65 yrs _______ Total age groups _______

**Please mark ONLY those items needing correction or immediate attention with an “X” in the center column**

IV. FACILITY

| Structural damage (Roof, Walls, Windows, etc) | X | Immediate Needs | Comments |
| Security/Law enforcement adequate | | |
| Identification required for entry | | |
| All outside doors adequately secured | | |
| Adequate ventilation | | |
| HVAC system operational | | |
| Hot water available | | |
| Electricity available | | |
| Adequate space per person (20 ft²/person) | | |
| Presence of pest/rodent issues | | |
| Acceptable level of cleanliness | | |
| Designated smoking area | | |
| Handicap accessibility | | |

V. FOOD SERVICE DEFICIENCIES

| Approved Safe food source | | |
| Safe food handling/prep | | |
| Clean kitchen/prep area | | |
| Adequate food holding temperatures (≤41°F or >135°F) | | |
| Refrigeration adequate (≤41°F) | | |
| Food storage separate from chemicals | | |
| Dishwashing facilities available | | |
| Mop sink/utility sink available | | |
| Adequate hand washing station | | |
| Adequate formula preparation & bottle cleaning area | | |
| Clean baby food/bottle prep area | | |

VI. DRINKING WATER

| Approved safe water source | | |
| Adequate water supply (15 liters/person/day) | | |
| Ice from approved source, protected from contamination | | |
| Distilled water to prepare baby formula | | |

VII. WASTE WATER/SEWAGE

<p>| Sewage system accessible &amp; operational | | |
| Portable Units: pumping &amp; cleaning schedule | | |
| Adequate ventilation | | |
| Adequately cleaned | | |</p>
<table>
<thead>
<tr>
<th>VIII. SANITATION</th>
<th>N</th>
<th>Immediate Need</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>One hand washing station /20 persons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One toilet / 20 persons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One shower / 20 persons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptable level of cleanliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate laundry services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Covered containers in female toilets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate supply of toilet supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate hand towels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilets maintained according to schedule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate diapering areas (one per 12 infants, clean)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate handicap facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate cleaning supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IX. SOLID WASTE

| Approved waste containers |   |                |         |
| Adequate number of waste containers |   |                |         |
| Approved disposal |   |                |         |
| Timely removal of trash and debris |   |                |         |
| Adequate storage |   |                |         |
| Storage area maintained, debris accumulation prevented |   |                |         |

X. SLEEPING AREA

| Separate area for families |   |                |         |
| Adequate number of cots/beds/mats |   |                |         |
| Adequate spacing of cots/beds/mats |   |                |         |
| (2 ft bed-to-bed, 4 ft head-to-head) |   |                |         |
| Adequate supply of bedding (one set per cot) |   |                |         |
| Bedding changed according to schedule |   |                |         |
| Acceptable level of cleanliness |   |                |         |

XI. HEALTH/MEDICAL CARE

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>(If &quot;No&quot; skip this section)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of medical services available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate handwashing station, accessible &amp; nearby</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical supplies separate from food &amp; chemicals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separate refrigeration for medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate security for medical supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biohazard bags &amp; sharps containers available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptable level of cleanliness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate security for entry to patient areas</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

XII. CHILDREN'S AREA

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>(If &quot;No&quot; skip this section)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand washing required for children &amp; adults before eating &amp; after leaving play area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided toys easily cleaned, do not pose a choking hazard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toys cleaned/disinfected 3X daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate child/caregiver ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate monitoring for security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptable level of cleanliness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

XIII. COMPANION ANIMALS PRESENT

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>(If &quot;No&quot; skip this section)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal care available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated animal area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptable level of cleanliness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate food and water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate security for safety of animals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refer questions about the form or assessment procedures to:
Division of Public Health Protection & Safety
Phone # on weekends: (502) 564-5459
Mon-Fri: (502)-564-7398

BRDHD All Hazards Plan
June 2022
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H:\Disaster Preparedness\All Hazard Plan\BRDHD All Hazards Plan\BRDHD All Hazards Plan 2022\12 - Tab and Appendices-Mass Patient Care
Environmental Surveillance Form

Health Shelter Assessment Form Instruction Sheet

I. ASSESSING AGENCY DATA
- Date: Self-explanatory
- Agency Name: Self-explanatory
- Agency ID: Self-explanatory
- Agency Contact: Self-explanatory

II. FACILITY TYPE, NAME, AND DATA
- Location Name and Description: Example: ‘Rockville Elementary School’- brown building next to the police station.
- Street Address: Self-explanatory
- City/County: Self-explanatory
- Shelter Manager: Name and phone of responsible contact person, such as facility manager or designated person in charge, and his or her title.
- Environmental Manager: Name and phone of responsible contact person for environmental issues.
- Medical Station: Name and phone of responsible contact person for medical station.
- Shelter Sponsoring Agency: Red Cross, etc.
- Type of Host Facility: School, Church, Arena, Convention Center, or Other
- Water Source: Sewage type and Refuse Disposal (municipal or private)

III. CENSUS
- Current Census: estimated number of persons, including workers, in shelter at the time of inspection.

IV. FACILITY
- Structural damage: hole damage to physical structure (e.g., roof, windows, walls, etc).
- Security and layout: evidence of security system available at facility site.
- Identification required for entry: self-explanatory
- Adequate ventilation: facility well-ventilated and free of air hazards such as smoke, fumes, etc.
- HVAC system operational: self-explanatory
- Hot water available: self-explanatory
- Electrical grid system operational: self-explanatory
- Adequate space per person in sleeping area: 20 sq ft per person.
- General shelters: 40 sq ft per person.
- Special needs shelters: 60-100 sq ft per person.
- Free of pest and vector issues: no presence of mosquitoes, flies, ticks, roaches, rodents, etc.
- Acceptable level of cleanliness: self-explanatory
- Designated smoking area: self-explanatory
- Handicap accessibility: ADA Compliant

V. FOOD
- Food service: self-explanatory
  - Source of food: source of the food is from a licensed contractor or caterer.
  - Preparation on site: self-explanatory.
  - Food handlers: food handlers are using gloves, avoiding cross contamination, using appropriate utensils, etc.
- Clean kitchen areas: self-explanatory
- Food temperatures: hot food kept above 135°F; cold food kept at or below 41°F. Refer to local code or US Food Code.
- Proper storage: adequate refrigeration to maintain food at 41°F.

VI. DRINKING WATER AND ICE
- Safe water from an approved source.
- Adequate water supply: drinking water in the range of 1 to 10 gallons per person per day, for all uses, 3.5 gallons per person per day.
- Safe ice from an approved source (permitted facility outside affected area) and protected from contamination.
- Bottled water provided for baby formula preparation: self-explanatory.

VII. WASTE WATER / SEWAGE
- Sewerage system accessible and operational: self-explanatory.
- Portable toilets: Pumped and cleaned according to a set schedule.
- Adequate ventilation: bathrooms and portables self-ventilated and free of odors.
- Adequate cleanliness: self-explanatory
- Handwashing facilities provided for all units: self-explanatory
- Soap and toilet paper: self-explanatory

VIII. SANITATION
- Adequate number of operational toilet paper: 1 per 20 persons.
- Adequate number of operational toilets: minimum 1 per 20 persons or as specified by sex.
- Adequate number of operational showers/bathing facilities: 1 per 20 persons.
- Acceptable level of cleanliness: self-explanatory
- Adequate laundry services: provided with separate areas for soiled and clean laundry.
- Covered garbage: provided in secure garbage.
- Toilet supplies available: toilet paper, feminine hygiene supplies, and diapers/pads for children and adults.
- Handwashing supplies available: water, soap, and paper towels.
- Toilets cleaned according to schedule: self-explanatory
- Adequate diapering areas: 1 diaper station per 12 infants, covered waste containers, disposable cleaning wipes and surface coverings, & instructions for cleaning the area posted by the changing tables.
- Adequate diapering facilities: ADA compliant.
- Adequate cleaning supplies: self-explanatory.

IX. SOLID WASTE GENERATION
- Appropriate disposal and labeling in approved containers.
- Adequate collection receptacles: minimum 1 (30-gallon) container for every 10 persons
- Approved disposal: self-explanatory
- Timely removal of waste: collected regularly.
- Appropriate storage and separation from common areas.
- Storage area maintained: self-explanatory.

X. SLEEPING AREA
- Separate area for families: self-explanatory
- Adequate bedding/mats for each resident: (2’ long, at least 1½” thick)
- Adequate bedding for each cot, bed, or mat: self-explanatory
- Clean bedding available: self-explanatory
- Acceptable level of cleanliness: self-explanatory

XI. HEAT / COOL
- Medical care services available: list of medical care available in comments section.
- Adequate handwashing stations available: self-explanatory
- Medical supplies separate from food and chemicals: self-explanatory
- Adequate security for medical supplies: locked cabinets.
- Eichholtz bags and sharps containers available: self-explanatory
- Acceptable level of cleanliness: self-explanatory
- Adequate security for entry to patient area: self-explanatory

XII. CHILDCARE AREA
- Play area provided: self-explanatory
- Handwashing facilities available: for adults and children with paper towels, soap, and water
- Toys easily obtained and do not pose a choking hazard self-explanatory
- Adequate toy hygiene: toys cleaned (3K per day) with a non-atomic, approved disinfectant.
- Adequate equipment supervision: 4:12 months (5:1) 6-6 years old (14:1) 2-24 months (12:1), 7-8 years old (12:1) 9-13 years old (12:1) 14-17 years old (12:1) 18-21 years old (12:1)
- Adequate monitoring or security: self-explanatory
- Acceptable level of cleanliness: self-explanatory

XIII. COMPANION ANIMALS
- Companion animals present: animals in facility.
- Animal care available: animals have clean, fresh water and food.
- Designated animal area: animals located away from people and separate housing
- Acceptable level of cleanliness: self-explanatory
- Adequate food and water: self-explanatory
- Adequate security for safety of animals

June 2014
**Disaster-related Mortality Surveillance Form**

Complete one form per decedent.

Complete the form for all known deaths related to a disaster. This information should be obtained from a medical examiner, coroner, hospital, funeral home or DMORT (Disaster Mortuary Team) office. Please, complete one form per decedent.

**Part I: General Information**

1. **Type of disaster:**
   - □ Hurricane
   - □ Heat wave
   - □ Tornado
   - □ Technological disaster
   - □ Flood
   - □ Terrorism
   - □ Earthquake
   - □ Other (specify)

2. **Facility type (info source):**
   - □ ME office
   - □ Funeral home
   - □ Nursing home
   - □ Coroner office
   - □ Hospital
   - □ DMORT office
   - □ Other (specify)

3. **Facility address:**
   - Street: __________________________
   - County/parish: ___________________
   - State: ___________________________
   - Zip code: ________________________

4. **Contact person (informant):**
   - Name: ___________________________
   - Phone number: ____________________
   - Email Address: _________________

**Part II: Deceased Information**

5. **Case / medical record number:** __________________________

6. **Body identified?**
   - □ Yes
   - □ No
   - □ Pending

7. **Date of Birth (MM/DD/YY) / /□ Unknown**

8. **Age in years:**
   - □ < 1 yr
   - □ Unknown

9. **Residential address of decedent:**
   - County/parish: ___________________
   - City: ___________________________
   - State: ___________________________
   - Zip code: ________________________

10. **Ethnicity:**
    - □ Hispanic
    - □ Non Hispanic
    - □ Unknown

11. **Race:**
    - □ American Indian or Alaskan Native
    - □ Black or African American
    - □ Asian
    - □ Native Hawaiian or other Pacific Islander
    - □ Other race

12. **Gender:**
    - □ Male
    - □ Female
    - □ Unknown
    - □ Undetermined

13. **Date of Death (MM/DD/YY) / /□ Unknown**

14. **Time of Death (24 hr clock):**
    - □ Unknown
    - / /□ Unknown

15. **Date of body recovery (MM/DD/YY):**
    - □ Unknown
    - / /□ Unknown

16. **Time of body recovery:**
   - □ 24 hr clock
   - □ Decedent’s home
   - □ Hospital
   - □ Hospital / long term care facility
   - □ Hospice facility
   - □ Prison or detention center
   - □ Other (specify)

17. **Place of death or body recovery:**
   - □ Decedent’s home
   - □ Hospital
   - □ Hospital / long term care facility
   - □ Hospice facility
   - □ Prison or detention center
   - □ Other (specify)

18. **Location of death or body recovery:**
    - □ Resident
    - □ Non-resident intrastate
    - □ Unknown
    - □ Foreign
    - □ Non-resident interstate
    - □ Other

19. **Prior to death, the individual was a:**
    - □ Resident
    - □ Non-resident intrastate
    - □ Unknown
    - □ Foreign
    - □ Non-resident interstate
    - □ Other

20. **Was the individual paid or volunteer worker involved in disaster response?**
    - □ Yes
    - □ No
    - □ Unknown

21. **Body recovered by:**
    - □ Law enforcement
    - □ Fire department
    - □ DMORT
    - □ EMS
    - □ Search and rescue
    - □ Family or individual
    - □ Other (specify)

**Part III: Cause and Circumstance of death**

22. **Mechanism or cause of death — Injury**
    - □ Drowning
    - □ Electrocution
    - □ Lightning
    - □ Motor Vehicle occupant/driver
    - □ Pedestrian/bicyclist struck by vehicle
    - □ Structural collapse
    - □ Fall
    - □ Cut/struck by object/tool
    - □ Poisoning / toxic exposure:
      - □ CO exposure
      - □ Inhalation of other fumes/smoke, dust, gases
      - □ Ingestion of drug or substance
      - □ Other (specify)
    - □ Suffocation asphyxia
    - □ Burns (flame or chemical)
    - □ Firearm/gunshot
    - □ Extreme heat (e.g., hyperthermia)
    - □ Extreme cold (e.g., hypothermia)
    - □ Other (specify)
    - □ Unknown cause of injury

23. **Cause of death — Illness**
    - □ Neurological disorders
    - □ Meningitis/encephalitis
    - □ Seizure disorder
    - □ Stroke (hemorrhagic or thrombotic)
    - □ Other (specify)
    - □ Respiratory failure
    - □ COPD
    - □ Pneumonia
    - □ Asthma
    - □ Pulmonary embolism
    - □ Other (specify)
    - □ Cardiovascular failure
    - □ ASCVD
    - □ Congestive heart failure
    - □ Other (specify)
    - □ Renal failure
    - □ GI and endocrine
    - □ Bleeding
    - □ Hepatic failure
    - □ Pancreatitis
    - □ Diabetes complication
    - □ Septic
    - □ Dehydration
    - □ Allergic reaction
    - □ Other (specify)
    - □ Unknown cause of illness

24. **Cause of death:**
    - □ Confirmed
    - □ Probable
    - □ Pending
    - □ Unknown

25. **Relationship of cause of death to disaster:**
    - □ Direct
    - □ Possible
    - □ Indirect
    - □ Undetermined

26. **Circumstance of death:** (Free text)

27. **Who signed the death certificate?**
    - □ ME/coroner
    - □ Physician
    - □ Not signed

28. **Date of report completed:**
    - □ 07/21/2007
### General Information

**Q1. Disaster type** — Destructive forces originating from natural environment, such as hurricanes and earthquakes or man made (i.e., terrorist attack, WMD, toxic chemical release, nuclear reactor accident). If it is hurricane, please, specify the name.

**Q2. Facility type** — Center involved in dead body handling during disaster and provided the information. Please check one that best applies.

### Deceased Information

**Q5. Case/ Medical record number** — As appears in facility record

**Q6. Body identified** — Yes or No if personal identity (name, DOB or residency) was identified or not

**Q7. Date of birth** — Date of birth in MM/DD/YY format

**Q8. Age in years** — Age in years, if age is less than one year please check the appropriate box

**Q9. Residential address of deceased** — Deceased’s home address including county of residence

**Q10. Ethnicity** — Hispanic or non-Hispanic category

**Q11. Race** — Select one or more of the racial category.

**Q12. Gender** — Male, female

**Q13. Date of death** — Date of death in MM/DD/YY format

**Q14. Time of death** — Enter the exact or estimated time and minute according to 24-hour clock

**Q15. Date of body recovered** — Date body taken from place of death in MM/DD/YY format

**Q16. Time of body recovered** — Enter the exact or estimated time and minute according to 24-hour clock

**Q17. Place of death** — Place where deceased was physically located at the time of death

**Q18. Location of death or body recovery** — State and county of death

**Q19. Deceased status prior to death** — Deceased residential at the time of death

**Q20.** — Refers to work related deaths, this include volunteers deployed for disaster response.

**Q21. Body recovered by** — The entity name who recovered the body

### Cause and Circumstance of Death

**Q22. Mechanism or cause of death/ injury** — Record the mechanism that best describes the death. Record other and specify if the cause is not listed, but is known.

- **Drowning** — Includes but not limited to accidental drowning while in natural/flood water or following fall into natural/flood water.
- **Electrocution** — Includes but not limited to exposure to electric transmission lines or other unspecified electric current.
- **Lightning** — Includes death related to thunder or lightning.
- **Motor vehicle occupant/driver** — Includes collisions relating to land transport accidents (e.g., car, motorcycle).
- **Pedestrian/bicyclist struck by vehicle** — Includes collisions involved non-motorized road users with motorized vehicles during the disaster period.
- **Structural collapse** — Include but not limited to building or shelter collapse.
- **Fall** — Includes but not limited to falls on same level from slipping or tripping; falls involving ice and snow; falls from trees, bed, stairs, roofs, ladders, etc.
- **Cut/struck by object/tool** — Includes but not limited to contact or collision with inanimate objects that results in a physical damage and causes death.
- **Poisoning/toxic exposure** — Includes accidental poisoning by and exposure to liquids or gases and ingestion of drugs or substances.
- **Suffocation** — Includes but not limited to mechanical or oxygen depleted environment.
- **Burn** — Includes but not limited to chemical, fire, hot object or substances contact.
- **Firearm/mgunshot** — Firearm injuries, including self-inflicted.
- **Heat related injury** — Includes excessive heat as he cause of heat stroke, hyperthermia or others.
- **Cold related injury** — Includes excessive cold as the cause of hypothermia.

**Q23. Cause of death/ illness** — Record the cause that best describes the disease process. If other, please specify.

- **Neurological disorders** — Includes but not limited to CNS infectious disease, seizure disorder, intracerebral hemorrhage, cerebral infarction and stroke.
- **Respiratory failure** — Includes but not limited to COPD, pneumonia, asthma and pulmonary embolism.
- **Cardiovascular failure** — Includes but not limited to atherosclerotic cardiovascular disease, heart failure.
- **Renal failure** — Includes kidney failure and other disorders of the renal system.
- **GI and endocrine** — Includes but not limited to upper and lower GI bleeding, jaundice, hepatoma and pancreas.
- **Sepsis** — Includes systemic infection.
- **Dehydration** — Includes sensible and insensible fluid and electrolyte loses.
- **Allergic reaction** — Topical or systemic reaction including anaphylactic shock.

**Q24. Cause of death** —

- **Confirmed** — If the case of death was certain and confirmed by a ME/physician.
- **Probable** — If there is uncertainty to confirm the case.
- **Pending** — If the case is subject for further investigation.

**Q25. Relationship** —

- **Direct** — Refers to a death caused by the environmental force of the disaster (e.g., wind, rain, floods, or earthquakes) or by the direct consequences of these forces (e.g., structural collapse, flying debris).
- **Indirect** — Refers to unsafe or unhealthy conditions, or conditions that cause a loss or disruption of usual services that contributed to the death. Unsafe or unhealthy conditions may include but are not limited to hazardous road conditions, contaminated water supplies, scattered debris. Disruptions of usual services may include but are not limited to utilities, transportation, environmental protection, medical care or police/fire.
- **Possible** — Refers to a death that occurred in the disaster-affected area during the disaster period. The cause or manner of death is unidentified or pending and the informant believes that a possible relationship between the death and the disaster might exist.
- **Unrelated** — Refers to a death with no relationship to the disaster.
BRIEF GUIDANCE ON THE SHELTER SURVEILLANCE PROCESS IN KENTUCKY

The Kentucky Department for Public Health (KDPH) would like to offer local health departments the following brief guidance on the process to conduct surveillance of shelters.

Two streams of data collection are needed in sheltering situations: Disease/Injury Surveillance and Environmental Shelter Assessment. We will address the disease, or morbidity, surveillance process first and then the environmental health assessment process. Hopefully, this will cover the basics you will need to understand and conduct necessary surveillance in shelters should the need arise.

Morbidity Surveillance

Use

Disease surveillance is conducted daily in shelters to track the number of illnesses/injuries arising in order to detect any emerging public health issues. The process and forms are not used to document burden of chronic disease, or as medical records for shelter inhabitants.

Forms

The disease surveillance forms currently in use in Kentucky have been sent to the Regional Epidemiologists but are also filed in the KY Health Alert Network (HAN) Document Library in the following file path: https://han.ky.gov/hans/Documents/Shelter%20Surveillance/ (Once in, look at the title under the bold document heading to see the document name corresponding to those that were emailed out).

The three pertinent forms include:

1) Individual Morbidity Report Form (Natural Disaster Morbidity Report Form): can be filled out for each person who becomes ill or injured while in the shelter (each medical encounter basically).

2) Morbidity Tally Sheet (Natural Disaster Morbidity Tally Form): used at the end of the day to tally the number of each illness or injury seen that day - may or may not be useful in your operations.

3) Morbidity Summary Sheet (Aggregate Natural Disaster Morbidity Report Form): filled out once each day to submit to the state health department.

Completion of forms

The Regional Epidemiologist has overall responsibility to make sure that forms are completed and submitted daily for each shelter. This does not mean that the Regional Epidemiologist will necessarily fill the forms out themselves. In the case of any shelter, there is usually someone in charge of the shelter and that is who would be approached to assign someone to be responsible for filling out the forms each day. If there is medical staff, they would be the obvious choice to fill out the disease (morbidity) surveillance forms. Keep in mind, these forms are only used for
people who have an illness or injury of some sort and are intended not to be filled out on every person in the shelter.

If it isn’t possible to identify a person at the shelter who can take responsibility for filling out the daily forms, then the Regional Epidemiologist will try to find another way to get the forms completed – either doing it themselves or arranging for others in the local public health network to do it. Obviously, if a lot of shelters open up or conditions make travel very difficult, the Regional Epi will not physically be able to do it themselves, so other local LHD personnel might be needed to take on this responsibility. In the case of small shelters (e.g., two families at a church), just a call each day would probably suffice to fill the Summary (Aggregate) Morbidity form out, if phone lines are up. Otherwise, an in-person check would be advisable.

The Regional Epi should go over these forms with whoever might be filling them out.

If the Regional Epi is coordinating surveillance at several shelters, the forms could be sent to them first and then they would forward on to the state, but that would be up to the local arrangements made with the Epi.

Note:
One temptation is to use the individual morbidity form as a medical record. That is not the intent but rather to get information only on emergent medical/mental health issues (instead of recording every chronic condition the patient has), so that we can stay on top of the potential arising public health problems. In the past, we have told medical staff in larger shelters that they can use the form as a medical record but need to have a method to clearly show why the patient was seen for medical services so that could be counted on the Summary Morbidity Form.

State Contact persons for Questions: Doug Thoroughman, TJ Sugg, Sara Robeson
(502-564-7243)

Environmental Health Shelter Assessment

Use
Environmental Health Shelter Assessment is conducted daily to monitor the environmental conditions within each shelter to make sure that these conditions are safe for residents of the shelter.

Forms
The environmental assessment forms currently in use in Kentucky have been sent to the LHD Environmental Health Directors and Environmentalist list-servers and are also filed in the KY Health Alert Network (HAN) Document Library in the following file path:
https://han.ky.gov/bna/Documents/Shelter%20Surveillance/ (Once in, look at the title under the bold document heading to see the document name corresponding to those that were emailed out).

There is only one pertinent form (Env_Hlth_EnviroShelterSurveillanceKY_JAN_10_v1_Final.doc) with an associated companion instruction sheet (Environmental Health Assessment Form For Shelters).
**Completion of forms**

The Environmental Health program of the local health department with jurisdiction over the shelter has overall responsibility to make sure that forms are completed and submitted daily for each shelter. This usually requires direct daily visits by an Environmental Health Technician (or Sanitarian) to go through the check list. If food is being provided on-site, this is particularly crucial. This can be combined with picking up the disease surveillance form at the same time each day if that works. In smaller shelters, an initial inspection and then subsequent calls might suffice if it is difficult to get to the shelter or there are too many shelters for the environmental staff to cover in a day. The environmental staff people should be able to understand the forms but if they have difficulties, they can email or call to get direction (unless they are in a no-electricity situation, in which case they should use their best judgment on how to proceed).

**State Contact persons for Questions:** Kathy Fowler or Colleen Kaelin  
(502) 564-4537
**Disaster-related Injury Surveillance Form**

Complete the form for all known injuries related to a disaster. This information should be obtained from hospitals, LTC, or shelter administration. Please, complete one form per facility. Submit completed form daily to KY Department for Public Health via Fax (502-564-0477). For questions phone (502-564-3418).

<table>
<thead>
<tr>
<th>Part I</th>
<th>General information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Type of disaster:</td>
<td>2. Facility type (info source): Please check one that best applies.</td>
</tr>
<tr>
<td>□ Hurricane (name______________)</td>
<td>□ Hospital □ LTC □ Shelter providing medical care</td>
</tr>
<tr>
<td>□ Heat wave</td>
<td>□ Other (specify)__________________________</td>
</tr>
<tr>
<td>□ Tornado</td>
<td></td>
</tr>
<tr>
<td>□ Winter Storm</td>
<td>If Hospital or LTC: Is the facility operational?</td>
</tr>
<tr>
<td>□ Technological disaster</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>□ Flood</td>
<td>Is the facility on Diversion?</td>
</tr>
<tr>
<td>□ Terrorism</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>□ Earthquake</td>
<td>Are there any unconscious/non-communicative patients that still need to be connected with family members?</td>
</tr>
<tr>
<td>□ Other (specify)__________</td>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
<th>Aggregate Injury Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Facility:</td>
<td>4. Contact person (informant) at facility:</td>
</tr>
<tr>
<td>Facility Name:__________________________</td>
<td>Name__________________________</td>
</tr>
<tr>
<td>Street ________________________________</td>
<td>Phone number __________________</td>
</tr>
<tr>
<td>County/parish ______________ State __________</td>
<td>Email Address __________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Total number of patients with disaster-related injuries:</th>
<th>6. Severity of Injuries Counts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________________________________________</td>
<td>Life Threatening:________</td>
</tr>
<tr>
<td></td>
<td>Serious:________</td>
</tr>
<tr>
<td></td>
<td>Minor:________</td>
</tr>
<tr>
<td></td>
<td>Deaths:________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Number transferred to this facility</th>
<th>8. Number transferred from this facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:__________________________</td>
<td>To:__________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Number patients from out-of-state transported to facility</th>
<th>10. Breakdown of Mechanism or Cause of Injuries (number of patients in each category)</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________________________________________</td>
<td>Drowning</td>
</tr>
<tr>
<td></td>
<td>Fall</td>
</tr>
<tr>
<td></td>
<td>Cut/stab by object/tool</td>
</tr>
<tr>
<td></td>
<td>Burns (flame or chemical)</td>
</tr>
<tr>
<td></td>
<td>Other (specify)__________________________</td>
</tr>
<tr>
<td></td>
<td>Unknown cause of injury</td>
</tr>
<tr>
<td></td>
<td>Poisoning/toxic exposure (If any, has facility had to activate decontamination equipment? □ YES □ NO)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Date of report completed:</th>
<th>12. Name of person submitting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(MM/ DD /YY) _____ / _____ /____</td>
<td>Form v1.1 Rev 03/2012</td>
</tr>
</tbody>
</table>