

ENVIRONMENTAL HEALTH DISASTER SHELTER ASSESSMENT GUIDE

This guide will help you use the & OW JSP ONFOUBM)FBMUI "TTFTTNFQU'PSN
It defines some of the measures and terms used in the form. Numbers match those in the assessment form. CI 0



48. Hand-washing facilities available: fixed or portable, as long as they work.
49. Safe food handling: food preparers are using gloves, avoiding cross contamination, using appropriate utensils (e.g., single-use), etc. Refer to local code.
50. Dishwashing facilities available: place to wash, rinse, and sanitize kitchen utensils and cooking equipment.
51. Clean kitchen area: self-explanatory.
76. Adequate number of working hand-washing stations = 1 per 15 persons.
77. Hand-washing supplies available: clean water, soap, and paper towels; if water is unavailable, hand sanitizers (at least 60% alcohol).
78. Toilet supplies available: toilet paper, feminine hygiene supplies, and diapers/pads for children and adults.
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V. DRINKING WATER AND ICE

52. Adequate water supply = 1–2 gallons/per person/per day drinking water, 3–5 gallons/per person/per day for all uses
53. Check all that apply. Safe water from an approved source. Safe sources include municipal, well, bottled, and on site storage.
54. Presence of residual free chlorine: measure and record. Measurement should be within 0.5–2.5 ppm.
55. Adequate ice supply = enough to maintain cold food temperatures.
56. Water system operational: self-explanatory.
57. Safe ice from an approved source. Examples include temporary container, bagged ice, and on site ice machine.
58. Hot water available: self-explanatory.

VI. HEALTH/MEDICAL (Review patient complaint records and talk to providers)

59. Total number of residents currently seeking medical attention for an acute illness.
60. Total number of residents who self-report as being pregnant at the time of intake.
61. Note any reports of injuries or outbreaks of violence among residents, workers, or visitors.
62. Note any reported respiratory illness(es) (e.g., flu).
63. Note any reported GI illness(es) (e.g., norovirus).
64. Note any other reported illness(es).
65. If #64 is yes, indicate symptoms presented by resident.
66. If medical care services are available, list type of care available in comments section.
67. If first aid kits are available on site, list location of kits in comments section.
68. If automated external defibrillators (AEDs) are available on site, list location of AEDs in comments section.
69. Mental health services available: self-explanatory.
70. Temperature-regulated storage for residents' personal medication (e.g., insulin, vaccines).

VII. SANITATION (Augment with off site or portable facilities, as needed.)

71. Adequate laundry services, provided with separate areas for soiled and clean laundry.
72. Adequate number of working toilets = minimum 1 per 20 persons.
73. Indoor toilets include connected to municipal water/sewer.
74. Outdoor toilets include portable toilets.
75. Adequate number of working showers/bathing facilities = 1 per 15 persons.

