



# **DISASTER PREPAREDNESS PLAN**

# **2011**

## **FORT LAUDERDALE CHILDREN'S MEDICAL SERVICES**

**1625 SE 3<sup>RD</sup> AVENUE  
Suite 415**

**Fort Lauderdale, FL 33316**

**PHONE: (954) 713-3100      FAX: (954) 713-3179**

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## ROLES AND RESPONSIBILITIES

**Pre-Planning:**

Ft. Lauderdale Children's Medical Services (CMS) office works in collaboration with the **Substance Abuse and Health Care Services Division of Broward County** to implement the emergency shelter for children with special health care needs.

CMS responsibilities include:

1. Triage referrals to determine medical eligibility for special needs shelter.
2. Review current CMS caseload to complete/update Shelter Registration Form. (See page 15)
3. Develop a list of children eligible for the shelter and those requiring evacuation to a hospital. (e.g. ventilator dependent)
4. Supply a list to **Broward County Elderly Services** of children and families requiring special transportation for evacuation to the shelter, and for those requiring sheltering at hospital.
5. Identify, in coordination with Broward County Substance Abuse and Health Care Services Division, needed supplies (e.g. medical, mats, water, oxygen, food, nutrition supplement, meds, paper goods, supplies) in sufficient quantities to stock the special needs shelter as well as fans, generators, cellular phones and requested special equipment.
6. Develop, in coordination with Broward County Substance Abuse and Health Care Services Division, nutrition service plans.
7. Complete *Family Disaster Plan & Shelter Registration Form* for children with Special Health Care needs scheduled to attend the shelter.
8. Provide health care professional staffing at shelter in partnership with the North and South Broward Hospital Districts.
9. Provide direction and assistance in the triage, treatment and or appropriate dispositions of evacuees. This includes letter to families regarding shelter registration. (See attachment II)

## **CHILDREN'S MEDICAL SERVICES DISASTER READINESS**

## **Are you prepared for the next disaster (such as hurricane)?**

The CMS staff will ensure that our children with special health care needs and families know the procedures to take prior to a disaster occurring. Each family should follow the following steps:

1. If your care coordinator recommends that your child should go to the special needs shelter, verify with them that they have your correct address and phone number. They will also need to know if you need county transportation to the shelter.
2. Prepare a list of items that you would need at the shelter. This list should include:
  - a) Any medications, for a seven-ten-day period, for yourself or any other children that will be accompanying you.
  - b) Diapers and formula for your child with special health care needs including any special nutrition supplements (if applicable);
  - c) Any medical equipment your child is using or might need (example: oxygen, suction machine, nebulizer, feeding pump, custom wheelchair); **Charged batteries for all medical equipment.**
  - d) Any supplies such as sterile gauze pads, hydrogen peroxide, cotton applicators, sterile saline, etc. for seven-ten day period.
  - e) Non-medical supplies such as:  
Flashlight, change of clothes, blankets or sleeping bags, pillows, portable radios, child's favorite toy or stuffed animal, tissues, bottles, pacifiers, etc.;
3. Stay tuned to your local radio and/or TV stations at the time a hurricane (or other disaster) is approaching for notification of shelter openings.

The shelter will be equipped with food for your family and your child if he/she is on a regular diet. There will also be medical and nursing staff available to assist in the case of an emergency.

**The space at the shelter is limited and we want to emphasize there will only be room for the children who are registered their immediate family members, and caregiver (nurse, home health aide) if indicated.**

**IMPORTANT REMINDER**

Please be sure to charge all electrical equipment that your child may need during a hurricane watch (a hurricane watch means that a hurricane is approaching within 36 hours). Tune in to your local TV/radio stations.

The following are examples of equipment that should be plugged into an electrical outlet 24 hours before the hurricane:

- apnea monitors
- suction machines
- feeding pumps
- nebulizers

When the battery on your equipment is fully charged, the equipment will be able to be used for several hours. It is recommended that you have 2 fully charged batteries.

***If you have any questions regarding the shelter  
or what to bring with you,  
contact your CMS nurse care coordinator at:  
(954) 713-3100***

# DISASTER PHASES

All staff is to follow regular work hours until notified by the Regional Nursing Director or designee that CMS has been notified by Broward County Substance Abuse and Health Care Services Division to dismiss employees because of impending disaster.

**PLEASE NOTE:** If disaster develops on a non-working day, management staff will be notified to report to the CMS office to follow the established procedure for securing the office and transporting client medical records of pre-registered clients and supplies to the special needs shelter.

## **Pre-Phase (General Preparation)**

1. Care Coordinators will triage caseload to determine which clients need to be assigned to the Special Needs Shelter and require county transportation. A Family Disaster Plan/Shelter Registration Form will be completed, with the original placed in the medical record, and a copy to the OCMC.
2. The names of the clients needing transportation to the shelter will be forwarded by the OCMC to the Division of Elderly Services.
3. Care Coordinators will be pre-assigned to the shelter teams to insure appropriate shelter coverage.
4. Staff Directory will be updated, and distributed to all staff.
5. The supplies coordinator will prepare a box of office supplies for the shelter.
6. The clinical supervisor will prepare clinical supplies for shelter.

## **Phase I (Hurricane Watch)**

1. Management staff will meet with, or be in contact with if not during working hours, staff to advise of current disaster status and review Disaster Preparedness Plan.
2. DCSA will load CMS case management data information on the Nursing Director's computer laptop.

3. Non-nursing staff, under the direction of the Program Manager, will be assigned to secure and protect office equipment. Visquine bags will be distributed to cover all electrical equipment in the office.
4. Each employee will be responsible to:
  - Return all charts to the medical record room.
  - Gather all personal items and take them home.
7. Management will notify Broward County Substance Abuse and Healthcare Services Division (954-728-2712 or 954-831-4051) to inform them that the disaster supplies located at CMS need to be picked up and delivered to the shelter (see Disaster Supply Checklist).
6. The Medical Records staff will organize for delivery to the shelter the current CAP assessment and care plans for the children with special health care needs that are pre-registered for the shelter.

## **Phase II (Hurricane Warning)**

1. Nurses who are scheduled to work Team 1 at the shelter will be relieved of duty to secure their homes before reporting to the shelter. This will occur once announcement of shelter openings has been made. They will report to Site Director upon arrival.

Staff working in the shelter should bring the following items:

- 3-4 days change of clothes;
- Sleeping apparel, i.e. pillow, own sleeping bag, blanket or inflatable mattress (provided by CMS)
- Own medication and any special nutrition/diet supplies
- Flashlight;
- Extra batteries;
- Toiletries (comb, toothbrush, etc.);

**Note: Pets are not allowed at the shelter.**

2. Other staff will remain on duty at the CMS office until the end of their scheduled workday or until released by the Nursing Director based on the County Administrator's recommendation.

## **Phase III (During the Hurricane)**

Staff at the shelter will provide assistance as directed by the Site Director.

## **Phase IV (Recovery Activities)**

1. Upon receiving the “ALL CLEAR” notification from the media or their supervisor, staff will report to the CMS office.
2. If storm damage prevents certain staff from reporting to the CMS office, they should report to the shelter.

*The safety and well being of state employees is highly regarded. If one of the above 2 steps does not occur, attempts will be made to locate the employee, based on the emergency contact information they have provided.*

3. Staff will assess damage (if any) to areas of responsibility and report them to the DCSA by completing the Damage Assessment Report (page 22).
4. Medical records, disaster equipment and supplies will be returned to CMS as soon as shelter is closed.
5. Care Coordinators will contact all at risk families to assess child’s status.



# VENT-DEPENDENT CHILDREN

## Evacuation Plan for Vent Dependent Children

1. At the 36 hour pre-impact watch:
  - CMS care coordinators will notify their vent-dependent client's families that there is a hurricane watch or other type of pending disaster and to "stand by".
  - Joe DiMaggio Children's Hospital and Coral Springs Medical Center will have beds designated.
  - Families will make sure that they have adequate supplies and medication for 3 days. Arrangements should be made to care for other family members at home. Only one parent will accompany child to hospital. Arrangements should also be made for a designated person to assure that the home is safe to return post disaster.
  - Care Coordinators will notify the home health agencies that they will need to send at least one nurse to the hospital in order to maintain care for the child.
  - CMS management will notify AMR Ambulance Company to begin preparations for pick-up.
  - One CMS nurse is assigned to Joe DiMaggio Children's Hospital and the other to Coral Springs Medical Center.
2. At the 24-hour warning:
  - The two assigned CMS care coordinators will contact the families to be ready for pick-up by the ambulance company.
  - The ambulance company will begin to transport the children to the hospitals.
  - The two assigned CMS care coordinators will report to their designated hospital.
  - Ambulances will enter hospitals via emergency room.
3. At the "post impact" and "all clear" notification:
  - Parent will verify with their designated contact that their home is safe and electricity is available.
  - Only then will transportation begin to return children home.

# CONTINUITY OF GOVERNMENT

The essential functions of Ft. Lauderdale Children's Medical Services will be maintained in an emergency situation through delegation of authority. This continuity is outlined on page 9, Emergency Call Listing.

## CONTINUITY OF OPERATIONS

In the event that essential health functions cannot be provided at the Ft. Lauderdale CMS office, alternative sites will be used. The special needs shelter will be activated in case of a hurricane or other disaster where special needs children will need emergency shelter. The name and location of this shelter is listed on page 14.

For disasters where the special needs shelter will not be opened, CMS management staff, and other staff as needed, will be located at one of the following alternative sites, depending on the location and circumstances of the disaster:

Broward County Health Department Annex  
780 SW 24<sup>th</sup> Street  
Ft. Lauderdale

North Regional Health Center  
601 West Atlantic Blvd.  
Pompano Beach

~~South Regional Health Center~~  
~~4105 Pembroke Road~~  
~~Hollywood~~

Broward County Emergency Operations Center  
201 NW 84<sup>th</sup> Avenue  
Plantation

# EMERGENCY CALL LISTING

In the event of an emergency or disaster, the following individuals should be contacted regarding the role of Children's Medical Services personnel:

## **DISASTER COOR./SITE DIRECTOR**

Mary Hooshmand, SE Region Nursing Director  
Home: (561) 393-8556  
Work: (954) 713-3117  
Cell: (954) 801-5017

## **MEDICAL COVERAGE COORDINATOR**

Henry Lin, M.D.  
Home: (954) 384-4759  
Beeper: (954) 269-9826  
Work: (954) 563-4323  
**Back-up:** Beverley Nelson-Curtis, M.D.  
Home: (954) 575-0128  
Cell: (954) 551-9962/954-298-4374

## **BACK-UP SITE DIRECTOR COORDINATOR**

Regine Placide, SRNS  
Home: (954) 695-1703  
Work: (954) 713-1248  
Cell: (954) 868-6657

## **SHELTER SHIFT SUPERVISORS**

Lidiette Nieto, SRNS  
Home: (954) 783-3630  
Work: (954) 713-3166  
Cell: (954) 292-8742

Mary P. Joyce, SRNS  
Home: (954) 752-9210  
Work: 954-713-3166  
Cell: (954) 218-1759

## **ADMIN. DISASTER COOR.**

Maura Callahan, MPH  
Home: (954) 533-5321  
Work: (954) 713-3103  
Cell: (954) 809-9040

## **BACK-UP DISASTER COORDINATOR**

Javed Ali  
Home:  
Work: (954) 713-3177  
Cell: (954) 394-3268

## **COMPUTER COORDINATOR**

Dave Sinclair, DCSA  
Home: (954) 474-5665  
Work: (954) 713-3114  
Cell: (954) 654-1407

Kathy Sandy, SRNS  
Home: 954-578-7376  
Work: (954) 713-3166  
Cell: (954) 292-8743

It will be the Site Director/Back-up's responsibility to contact all CMS personnel regarding a sudden or impending disaster. In the event of a major disaster, normal CMS clinic operations will be temporarily discontinued. The emergency operations procedures will be activated.

# COUNTY SPECIAL NEEDS SHELTERS

## KEY PERSONNEL (5/29/12)

ESF#18 EOC    - 954-831-3835    - 954- 831-3838    ESF -6 (Mass Care) 954-831-4091  
                   - 954-831-3836    - 954-831-3839                               954-831-4092  
                   - 954-831-3837    - 954- 831-3840  
                   - 954-831-5826

### Substance Abuse & Health Care Services Division (SAHCS) & Human Services Department Emergency Operating Center

<b>Marie McGinley (Pre/Post)</b>	<b>Admin. Manager</b>	SAHCS Div. (BARC)	(W)954-357-5450	(H)954-765-3695	(C)954-249-5753
<b>Paul Jaquith (A Shift)</b>	<b>Director</b>	SAHCS Div. (Shelter Staff & Lead)	(W)954-357-5444	(H) 954-432-7606	(C)954- 309-4383
<b>Michelle Riegler (A Shift)</b>	<b>Special Projects Coordinator</b>	SAHCS Div. (Shelter Staff & Lead)	(W) 954-357-5455	(H) 954-561-4276	(B) 954-249-8881
<b>William Beeda (A Shift)</b>	<b>Office Mgr.</b>	SAHCS Div. (Shelter Supplies)	(W) 954-357-5445	(H)954-733-6291	(B) 954-897-5364 (C) 954-303-8003
<b>Joanne Richter (A Shift)</b>	<b>Asst. Director</b>	SAHCS Div. (BARC)	(W)954-357-5444	(H) 954-566-5705	(C)954-257-8073
<b>Mark Francis (B Shift)</b>	<b>Acting Asst. Director</b>	SAHCS Div. (Shelter Staff & Lead)	(W) 954-327-8750	(H)954-	(B)954- (C)954-830-5820
<b>Audrey Cohen (B Shift)</b>	<b>Sp. Proj. Coord.</b>	SAHCS Div. (Shelter Staff & Lead)	(W) 954-327-8750	(H)305-931-0624	(B) 954-679-2842 (C) 954-980-2901
<b>John Scerba (B Shift)</b>	<b>Quality Assurance</b>	SAHCS Div. (Shelter Supplies)	(W) 954-357-5457	(H)954-476-1217	(B)954- 897-5009 (C) 954-804-4353 (C) 954-257-0099
<b>Jacqueline Panellas (B Shift)</b>	<b>Acting Treatment Dir.</b>	SAHCS Div. (BARC)	(W)954-357-	(H) 954-384-1520	(B) 888-845-3700 (C)954-240-6679
<b>Jasmine Bascombe (C Shift)</b>	<b>Prog. Mgr.</b>	SAHCS Div. (Shelter Staff & Major Disaster After)	(W) 954-831-1505	(H)954-420-5972	(C) 954-240-4204

<b>Martha Baer (C Shift)</b>	<b>Accountant</b>	SAHCS Div. (Shelter Supplies)	(W) 954-357- 5448	(H)954- 761-7902	(C) 954-240-8411
<b>Karen Hamberger (C Shift)</b>	<b>Contract Grants Admin.</b>	SAHCS Div. (BARC)	(W)954-357-5432	(H) 954-723-0598	(B)954-387-1185 (C)954-605-7384
<b>Dan Schevis</b>	<b>Special Assist. to the Director</b>	Human Services Dept.	(W) 954-357-6375	(H) 954-763-3574	(C) 954-445-6375
<b>Neesa Warlen</b>	<b>Assistant Director</b>	Human Services Dept.	(W) 954-357-6748	(H) 954-792-8526	(B)954-679-5353 (C)954-557-9078
<b>Alisa Tang Hap</b>	<b>Fiscal Operations Mgr.</b>	Human Services Dept.	(W)954-357-6388	(H)954-252-0232	(C)954- 802-0067
<b>Bob Wessman</b>	<b>Help Desk</b>	Human Services Dept.	(W) 954-357-5956	(H)954-341-9372	(C) 954-261-9084

**Memorial Healthcare System**  
**McNicol Middle School**  
**School Phone #: 926-0975**  
**Cafeteria Phone #: 926-0986**

<b>Rochelle Ayala Medical Doctor</b>	<b>Shelter Manager McNicol's</b>	Interim Administrator and Chief Medical Officer Memorial Primary Care Services	(W) 954-985- 1551, ext. 2037	(H) 954- 349- 1389	(B)954- 286-0086
<b>Mario Salceda</b>	<b>Alternate Shelter Manager Mc Nichols</b>	Administrator of Memorial Practice Management	(W)954- 954- 985-2370	(H)954- 438- 8337	(B) 954-286-8479
<b>Debra Patterson</b>	<b>Principal</b>	School Board	(W)954-926- 0986	(H)954-742- 8582	(C)954-600-8582
	<b>RACES</b>	McNicol School			
<b>Ruth McDonald</b>	<b>Staff</b>	SAHCS	(W)954-327- 8750	(H)954-458- 6871	(C)954-309-4046
<b>Walter Bradley</b>	<b>Staff (Prog. Mgr.)</b>	SAHCS	(W)954-964- 0515	(H) 954-366- 1603	(B)954-240-0058
<b>Michelle Ross</b>	<b>Staff</b>	SAHCS	(W)954-341- 3925	(H) 954-755- 6209	(C)954-695-3477 (B)954-896-0225
<b>Linda Vitta</b>	<b>Staff</b>	SAHCS	(W) 954-357- 5438	(H)954-385- 2755	(C) 954-240-9902
<b>Catalina Granja</b>	<b>Staff</b>	SAHCS	(W)954-791- 1006	(H) 954-345- 9348	(C)954-464-4971

### North Broward Hospital District

<b>Jasmin Shirley</b>	<b>Vice President, Ambulatory Svcs.</b>	NBHD	(W)954-355- 5903	(H)954-462- 5438 954-873-2312	(B)954-928-5115
<b>Scott DiMarzo</b>	<b>Director/Qualit y/Clinic Operations</b>	NBHD	(W) 954-355- 4953	(H)954-835- 0911 954-465-6138	(B)954-730-5969
<b>Dudley Hall</b>	<b>Acct. Svcs. Specialist</b>	NBHD	(W)954-355- 4946	(H)954-432- 3431	(B) 954-898-9198
<b>Richard Sudol</b>	<b>District Safety/EOC Officer</b>	NBHD	(W) 954-831- 2782	(H) 954-571- 2464 (C) 954-818- 8041	(B) 954-528- 0438

### North Broward Hospital District

#### New River Middle School

**School Phone #: 316-0492**

**Cafeteria Phone #: 316-0401**

<b>Maxine James-Francis</b>	<b>Shelter Manager - New River</b>	Director, 7 <sup>th</sup> Avenue Family Health Center (NBHD)	(W) 954-759- 6652	(H) 954-344- 0686	(B) 954- 896- 5627 (C) 954-465- 1923
<b>Jan Beal</b>	<b>Principal</b>	New River	(W)954-323- 3600	(H)954-704-9691	(C)954-262- 6211
	<b>RACES</b>	New River			
<b>Carol Cook</b>	<b>Staff</b>	SAHCS	(W)954-327- 8750	(H)954- 739- 0435	(B) 954-679- 8105
<b>William Green</b>	<b>Staff</b>	SAHCS	(W)954-327- 8750x222	(H) 305-442- 8005	(C)954-296- 1588
<b>Beverly Keeve</b>	<b>Staff</b>	SAHCS	(W)954-327- 8750	(H)954-321-5909	(B)954-679- 2037
<b>Malerie Bleich</b>	<b>Staff (Prog. Mgr.)</b>	SAHCS	(W) 954-791- 1006	(H)954-566-7865	(C) 954-249- 8838

**North Broward Hospital District**  
**Indian Ridge Middle School**  
**School Phone #: 916-0141**  
**Cafeteria Phone #: 916-0161**

<b>Susan Oulette</b>	<b>Shelter Co- Mgr. Indian Ridge</b>	Director, Specialty Care Center -NBHD	(W) 954-527- 6007	(H)954-920- 4632	(B)954-528- 9021 (C) 954-501- 8921
<b>Kathy Nelson</b>	<b>Shelter Co- Mgr. Indian Ridge</b>	Director, Pompano Primary Care Center -NBHD	(W)954-786- 5903	(H) 954-753- 9230	(B)954-497- 7813
<b>Frank Zagari</b>	<b>Principal</b>	Indian Ridge	(W)954-916- 0141	(H)954-680- 7513	(C)954-240- 7807
	<b>RACES</b>	Indian Ridge			
<b>Jim Riley</b>	<b>Staff</b>	SAHCS	(W)954- 327- 8750	(H)954-799- 0229	(B)954-258- 0582
<b>Rita Volpitta</b>	<b>Staff</b>	SAHCS	(W)954-327- 8750	(H)954-981- 6536	(B)
<b>Goergia Kowlessar</b>	<b>Staff</b>	Program Research and Dev.	(W)954-357- 8219	(H)954-578- 9365	(C)954-410- 0110
<b>Antony Kowlessar</b>	<b>Staff</b>	Program Research and Dev.	(W) 954-357- 8212	(H)954-578- 9365	(B)954-413- 5831

**Children's Medical Services (CMS)****Sunset School****School Phone #: 797-8750**

<b>Mary Hooshmand, RN</b>	<b>Shelter Manager-Sunset</b>	Nursing Dir. CMS	(W) 954-713-3117	(H)561-393-8556	(C) 954-801-5017
<b>Vacant</b>	<b>Program Administrator</b>	<b>Program Administrator</b>	<b>(W)</b>	<b>(H)</b>	<b>(C)</b>
<b>Maura Callahan, MPH</b>	<b>OMCM</b>	CMS	(W) 954-713-3103	(H) 954-533-5321	(C) 954-809-9040
<b>Mary P. Joyce</b>	<b>Sr. Nursing Supervisor/Designee in absence of RN Supervisor</b>	CMS	(W)954-713-3130	(H)954-752-9210	(C) 954-218-1759
<b>Lidiette Nieto</b>	<b>Shelter Shift Supervisor</b>	CMS	(W)954-713-3126	(H)954-783-3630	(C)954-292-8742
<b>Kathy Sandy</b>	<b>Shelter Shift Supervisor</b>	CMS	(W)954- 713-3166	(H)954-578-7376	(C)954-292-8743
<b>Joy Lasky</b>	<b>Principal</b>	Sunset School	(W)954-797-8750	(H)954-486-9554	(C) 954-695-6848
	<b>RACES</b>	Sunset School			
<b>Becky Bedell</b>	<b>Quality Assurance Coord.</b>	CSA	(W)954-357-7880	(H)954-360-9248	(B)954-898-6152 (C) 954-260-5869
<b>Donna Sogegian</b>	<b>HSSM II</b>	CSA	(W)954-797-7119 x107	(H) 954-473-0789	(C) 954-309-0048
<b>Kevin O'Mara</b>	<b>Staff</b>	CSA	(W)954-357-7881	(H)954-792-1766	(B)954-528-2066 (C) 954-651-4204
<b>Mandy Wells</b>	<b>Staff</b>	CSA	(W)954-765-4159	(H) 954-968-5978	(B) 954-497-7068
<b>Ernie Perez</b>	<b>Staff</b>	CSA	(W)954-357-6811	(H)954-474-3075	(B)954-815-6811
<b>Leona McAndrews</b>	<b>Staff</b>	CSA	(W)954-357-6425	(H)954-973-2634	(B)954-679-3003 (C)Personal 954-254-1719



## Broward County Participating Divisions

<b>Dick Cummings</b>	<b>Purchasing Director</b>	Purchasing	(W)954-357-6070	(H)954-752-2376	(B)954-413-3039 (C) 954-249-5004
<b>Stephen Ferrante</b>	<b>Director</b>	Elderly/Vet Svcs	(W)954-537-2805	(H)954-537-7962	(B)954-879-6033
<b>Ray Borlie</b>	<b>Paratransit CTC Program Manager</b>	Mass Transit	(W)954-357-6799	(H)954-369-8847	(B)
<b>Robert Roth</b>	<b>Director</b>	Mass Transit	(W) 954-357-8301		(C) 954-303-7228
<b>Ed Wisniewski</b>	<b>Paratransit Manager</b>	Mass Transit	(W) 954-357-8321		(C) 954-802-7990
<b>Steve Kidd</b>	<b>Paratransit Supervisor</b>	Mass Transit	(W)954-357-8328		(B)954- 877-5009
<b>Andrea Busada</b>	<b>Paratransit Supervisor</b>	Mass Transit	(W) 954-357-8494	(H) 954-480-2969	
<b>Gene Vardaman</b>	<b>Director</b>	Tele-communications	(W)954-357-8678	(H)954-431-9653	(B)954-497-9251 (C) 954-249-6923
<b>Anthony Carper</b>	<b>Director</b>	Emergency Mgt.	(W) 954-831-3907	(H)	(B)954-879-5505
<b>Herminio Lorenzo</b>	<b>Director</b>	Safety & Emergency Svcs./Fire Rescue	(W-) 954-831-8201	(H)954-305-823-6581	(B)954-879-5543
<b>Wayne Mailliard</b>	<b>Deputy Chief Operations</b>	Fire Rescue	(W) 954-321-4600	(H) 954-432-3784	(B)954- 528-5936
<b>Sgt. Harrison Humphreys</b>	<b>BSO</b>	Detention	(W) 954-831-5335 Harrison(unders core)Humphreys @sheriff.org.		(C) 954-410-1315
<b>Robert Clark</b>	<b>Director</b>	Streets/Highway	(W)954-974-4100	(H)	(C)954-612-0855
<b>Robert Harbin</b>	<b>Director</b>	Parks/Rec.Labor	(W)954-357-8106	(H)561-369-8649	(C)954-410-4898
<b>Robert Williams</b>	<b>Safety</b>	Parks/Rec Labor	(W)954-357-8153	(H)954-718-0041	(B)954-879-2708
<b>Michael Elwell</b>	<b>Director</b>	Children Services Administ.	(W)954-357-7880	(H)561-753-3029	(B)954-413-6846 (C)954-257-2511

<b>Fred Murry</b>	<b>Director</b>	Family Success Administration	(W)954-357-6367	(H)954-429-3849	(B)954-403-9256 (C) 954-253-0428
<b>Joel Mariani</b>	<b>Warehouse</b>	Central Warehouse	(W)954-537-2850	(H)954-755-5612	(B)954-402-3493
<b>Jerry King</b>	<b>Warehouse</b>	North Warehouse	(W)954-831-1448		
<b>Greg Sitnek</b>	<b>Director</b>	Fleet Svcs.	(W)954-970-0102	(H)954-749-8123	(B)954-879-3747

### Other Administrative Resources

<b>George Danz</b>	<b>Director-Trauma Services</b>	Medical Examiner	(W)954-765-4199	(H)954-426-0053	(B)954-879-5528
<b>Jerry Graziose</b>	<b>Facilities-Risk Management</b>	School Board	(W)754-321-4202	(H)954-974-7331 (F)954-973-6905	(B)888-463-1542 (C)954-240-5955
<b>Ed Robertson</b>	<b>Director of Emergency Services</b>	American Red Cross	(W)954-763-9900		
<b>Beverley Nelson-Curtis</b>	<b>Medical Director</b>	BC Health Dept.	(W)954-467-4822	(H)954-344-3832	(B) 954-896-7463 (C)954-551-9962
<b>David Roach</b>	<b>Administrator</b>	BC Health Dept.	(W)954-467-4817	(H)954-741-1347	(B)954-286-8027
<b>Deborah Hill</b>	<b>Nursing Dir.</b>	BC Health Dept.	(W) 954-467-4814	(H)954-747-4851	

# CMS STAFF DIRECTORY

Employee	Address	City, State, Zip Code	Home #	Contact Person	Phone 1	Name/Phone 2
ADELL, Robin	2810 SW 87th Ave, #907	Davie, FL 33328	954-916-8509, 954-850-5443 Cell	Alex Looker	954-534-3983	
ALI, Javed	9591 SW 1 <sup>st</sup> Court	Pembroke Pines, FL 33025	954-430-0615 Home 954-394-3268 Cell	Michelle Haima Ali	954-274-4558	
BAZA, Frances	9395 S Belfort Circle	Tamarac FL 33321	954-724-4116	Lisa Murccia, Daughter	704-752-5772	
BEHESHTI, Parizad	11050 NW 27 <sup>th</sup> Street	Sunrise FL 33322	954-801-2387	Parichehk Moeinian	954-746-1831-H	
BELL, Alicia	3017 NW 7th Court	Ft. Lauderdale FL 33311	754-214-0114	Tammy Adams	954-584-2170	954-534-6311 Cell
BISSAINTHE, Rita	3549 NW 39 <sup>th</sup> Avenue	Lauderdale Lakes FL 33309	954-918-1529 (Cell)	Yslaine Bissainthe	954-851-6325 H 954-868-8752 Cell	
BOYLAN, Tricia	1119 SW 2nd Street	Boca Raton FL 33486	561-391-4536 561-906-7399 Cell	Peter Boylan Cate Boylan	561-394-0886 561-504-6422	
BROWN, Francine	2210 NW 194 Terrace	Miami Gardens FL 33056	305-761-6180 Cell	Donaster Colas Una Dennis	920-254-5949 Cell 305-761-2925 Cell	
BROWN, Linda	2930 NW 8th Street	Pompano Beach FL 33069	954-722-5325	Nicholl Brothers/ Joyce Hampton	954-429-8432 Sister	954-722-5325 Daughter
CALLAHAN, Maura	10255 SW 112 Street	Miami FL 33176	305-283-7480	Margaret Callahan Edward Callahan	305-992-0221 Cell 305-992-8535 Cell	954-290-0672 Cell David Shiffman, BF
CANELL, Barbara	13850 NE 17 <sup>TH</sup> Avenue	North Miami FL 33181	786-925-2244 <a href="tel:786-925-0815">786-925-0815 Cell</a>	Marie A Canell Jean N Canell	305-746-9608 Cell 305-331-0588 Cell	
CHARLES, Mary	4535 Treehouse Lane #7F	Tamarac FL 33319	954-482-5321 954-822-2054 Cell	Kerby Charles	954-709-9757 Cell	
COICOU, Angeline	1620 NW 17 <sup>th</sup> Avenue Apt #7	Pompano Beach FL 33069	954-740-4567-Cell 954-610-5223-(Alt)	Angela Eugene Stevenson Bonhomme	954-479-1941-Cell 954-839-0404-Cell	
CRUZ, Carmen	2455 SW 42nd Avenue	Ft. Lauderdale FL 33317	954-584-7371 754-281-1876 Cell	Marjorie Pamblanco	954-584-7371	
DESHONG, Lorraine	6221 SW 9th Place	N Lauderdale FL 33068	954-974-6583	Renrick DeShong	954-254-6244 Cell	954-735-1245 Sister

DORNAU, Suzanne	1609 SW 15 <sup>TH</sup> Terrace	Ft Lauderdale Fl 33312	954-610-0725 Cell	Peter Dornau Gregor Dornau	954-629-4964 954-296-7016	
DUKES, Bridgette	15551 NW 2nd Place	Miami Fl 33169	305-354-9591 786-586-4515 Cell	Jennie Davis	305-633-2713	
EBANKS, Gigliola	4404 SW 160 <sup>th</sup> Ave #814	Miramar Fl 33027	954-436-4253 305-282-7806 Cell	Ernesto Ebanks	954-651-4501	EBANKS, Gigliola
FONTINA, Linda	2707 NE 14 <sup>th</sup> Street #306	Pompano Beach Fl 33062	954-943-0419	Rita Andrews Ronald Fontina	321-917-0575 Cell 321-720-7328 Cell	
GALKIN, Donna	101 Essex Road	Hollywood Fl 33024	954-558-1431	Libbie Galkin	561-683-9349	
GARCIA, Evelyn	6380 Farragut Street	Hollywood FL 33024	954-804-7263 Cell	Jose C Garcia Hildelisa Castro	754-423-4908 Cell 954-636-0260 Cell	754-281-6602 Cell Juan P Castro
GREEN, Lesley	733 NW 28th Street	Wilton Manors Fl 33311	954-568-3055 954-270-4858 Cell	Ron Green		954-270-5946
HALL, Ann-Marie	10332 NW 2nd Court	Plantation Fl 33322	954-530-2565 Bpr 954-928-9770	Euris Hall	954-821-8134	239-772-3352
HANNAPARKIN, Jennifer	630 SW 29th Terrace	Ft Lauderdale Fl 33312	954-792-2657 954-849-5037 Cell	Ena Hanna Neville Hanna	954-792-2657 954-581-1415	
HO, Zarina	2745 SE 2nd Street	Pompano Beach Fl 33062	954-650-2518	954-941-6552; cell: 954-650-2518	Nina	954-650-3557
HOOSHMAND, Mary	91 SW 12TH Way	Boca Raton Fl 33486	561-393-8556 954-801-5017 Cell	Nader Hooshmand	561-393-8556	561-543-8766
JOYCE, Mary P.	11160 Heron Bay Blvd, #623	Coral Springs, Fl 33076	954-218-1759 Work Cell 954-643-4471 Personal Cell	Parnell Joyce	954-993-0264	
KWOK, Shirley	520 N 68th Terrace	Hollywood, Fl 33024	954-962-3593 954-801-9762 Cell	Jeanie Lee, Daughter	954-962-8761	
LIN, Mooi Lan	1538 NW 168th Avenue	Pembroke Pines Fl 33028	954-438-7190	Stephen Lin	305-591-3388 work	954-646-1504 Cell
LIPMAN, Eleanor	8001 NW 71st Court	Tamarac Fl 33321	954-720-0407	Jonathan Lipman	954-805-6570	

LOPEZ, Veronica	1016 NW 106 <sup>th</sup> Terrace	Pembroke Pines FL 33026	954-430-0410 (H) 954-232-3739 (Cell)	Toni Ann Lopez  Angelina Brown	954-430-0410 (H) 954-673-7510 (Cell) 954-962-1012 (H) 954-224-8067 (Cell)	
LUGO, Awilda	8415 Forest Hills Drive #1	Coral Springs, FL 33065	954-918-7304 561-502-9205 (Cell)	Anna Galluci David (Son)	954-971-4468 954-536-5337	
MALCOM, Andrea						
MAIS, Monique	8845 Southampton Drive	Miramar, FL 33025	954-404-8508-H 954-696-2771-C	Donna L. Williams Charmaine Lindo Sean C. Mais-Ex	617-361-1467-H 954-749-1975-H 786-619-7439-C	617-306-5492-C 954-548-9294-C
MEDINA, Eneida	4984 SW 158 Way	Miramar FL 33027	954-588-6904 Cell	Kenesha Medina	954-548-7603	
MONZER-SHAW, Charmaine	911 NW 35 <sup>th</sup> Avenue	Fort Lauderdale FL 33311	954-584-4835 954- 802-0093. Cell	Noel Shaw	954-802-4665 Cell	
MOUCHETTE, Debre	7109 Woodmont Way	Tamarac FL 33321	954-726-4112 954-675-1121 Cell	Millicent Smith Chantel Smith	954-245-8867Cell 954-696-3479 Cell	
NELSON-CURTIS, Beverley, MD	5891 NW 54th Circle	Coral Springs, FL 330767	954-575-0128 954-551-9962 Cell 954-298-4374 Cell			954-809-9039 Dr. Curtis blackberry
NICOLAS, Maxine	4731 NW 13th Street	Lauderhill, FL 33313	954-731-6903	Yves Nicolas	754-422-9187 Cell	954-240-2396 Cell
NIETO, Lidiette	2447 SE 15th Street	Pompano Beach FL 33062	954-783-3630 954-461-7881 Cell	Franklin Nieto	954-783-3630 954-461-7883 Cell	954-943-3597 Niece
OLIVER, Isabel	156 NE 20th Court	Wilton Manors FL 33305	954-566-6046 954-235-0830 Cell	Hans Hillebrand Andrea M Hillebrand	954-980-6070 Cell 954-235-0832 Cell	
OSBORNE, Juliet	7402 NW 34th Street	Lauderhill, FL 33319	954-749-9412 Cell 954-609-2411	Cheryl Page, Sister Veronica Oatfield	954-588-9641 954-761-8578 cell	
PLACIDE, Regine	4081 Carambola Circle North	Coconut Creek, FL 33066	954-868-6657 Work 954-695-1703 Cell	Jean Placide	954-345-3641 Home 954-448-8030 Cell	
RANGER, Hyacinth	2851 NW 194th Street	Miami Gardens, FL 33056	Doane Ranger Sue-Jay Ranger	786-285-5716 786-859-6063		
RICHARDSON, Marie	10641 NW 27th Court	Sunrise, FL 33322	954-353-0432	Serol Richardson	011-509-215-0271 011-509-449-1282 Cell	

RUDOLPH, Kathryn						
SANDY, Kathy Ann	4920 NW 86th Terrace	Lauderhill, FI 33351	954-578-7376 954-292-8743 Cell	Cynthia Boyd	954-290-9479	
SHARP, Sherry	4829 NW 96th Terrace	Sunrise, FI 33351	954-572-8326 954-461-8484 Cell	Rick Sharp/Roslyn Citrin	954-461-8414 954-345-9018	
SINCLAIR, Dave	11451 NW 23rd Street	Plantation, FI 33323	954-474-5665 954-448-1248 Cell 954-654-1407 Blackberry	Cardia Sinclair	754-224-1664	
SINGH, Sonia	6596 Schooner Terrace	Margate, FI 33063	954-969-7854 954-614-9854 Cell	Barath Sing Adesh Jaggernaut	954-232-1808 Cell 561-798-6172 561-313-2087 Cell	
STROSBERG, Adam	940 SO. Hillcrest Ct #202	Hollywood FI 33021	954-987-7858 518-496-0042 Cell	Jeffrey Strosberg	518-496-3300 Cell	
TERCHA, Erica C	807 W Oakland Park Blvd #G5	Oakland Park FI 33311	954-937-1986 Cell	Brady Tercha Glady Bouchard-Santos	954-937-1984 Cell 954-515-6279 Cell	
THIRY, Samantha						
TOLBERT, Brenda	1211 NW 23rd Avenue	Pompano Beach FI 33069	954-984-9021	Cecil Tolbert/Sarah Howard	954-973-4745	
TOY, Pamela	150 NW 28 CT	Pompano Beach, FI. 33064	954-943-3124	Stacy Kweder	1-860-681-5793 Cell	
WALLACE, Carol	3401 NW 32nd Street	Lauderdale Lakes FI 33309	954-735-5854 954-829-1534 Cell	Trevor Wallace	954-735-5854 954-829-9615 Cell	
WILLIAMS, Denyse	110 Freedom Court	Deerfield Beach FL 33442	954-857-1865-Cell	Brigett Williams	954-263-7355-Cell	
WAYNE, Jody	8589 Tomaline Boulevard	Boynton Beach, FI 33472	561-735-9231	Lary Wayne	954-491-3611 Xt 24 561-271-4546 Cell	

**CONTRACT NURSES**

BEYAH-GILMER, Asya	305-705-3349- Home 305-331-9444 Cell					
DASHER, Ericka	954-290-7816 Cell					
GARCIA, Iraida	954-340-7927- Home 973-978-7336- Cell					
MARTINEZ, Martha	954-4500853- Home 754-423-4194 Cell					
PHILIPS, Christine	864-907-5767					
PHILIPPE-AUGUSTE, Gilberte	678-755-1677 Cell					

# SHELTER STAFFING SCHEDULE

(Subject to Change)

## Site Director

Mary Hooshmand, R.N., Ph.D., SE Region Nursing Director  
Maura Callahan, Program Administrator Back up  
Regine Placide, RN, SRNS –Back up

## Medical Doctor Shelter Coverage

Henry Lin, M.D., M.D.  
Beverley Nelson-Curtis, M.D. – Back-up

Ventilator Dependent Coverage: Joe DiMaggio Children's Hospital, Martha Martinez, RN  
Coral Springs Medical Center, Zarina Ho, RN.

## **CMS Southeast Region - Ft. Lauderdale Office Disaster Plan- Pediatric Special Needs Shelter Staffing**

TEAM 1	TEAM 2	TEAM 3
<b>Team Leader: Lidiette Nieto</b>	<b>Team Leader: Kathy Sandy</b>	<b>Team Leader: Regine Placide</b>
Carmen Cruz	Adam Strosberg	Sherry Sharp
Veronica Lopez	Juliet Osborne-MFC	Gigliola Ebanks, SW
Jennifer Hannaparkin	Marie Richardson	Charmaine Monzer-Chaw
Kathryn Rudolph	Eneida Medina, SW	Sonia Singh
Lesley Green, SW	Eleanor Lipman	Erica Tercha
Ann Marie Hall-SW-MFC	Gilberte Philippe-Auguste	Pamela Toy
Samantha Thiry	Debre Mouchette	Jody Wayne
Barbara Canell	Suzanne Dornau	Monique Mais
Lorraine DeShong	Rita Bissanthe	Asya Beyah-Gilmer
Javed Ali	Trisha Boylan	Francine Brown
		Parizad Beheshti

\*Team/Shift Supervisor

6 additional nurses (3 from the NBHD and 3 from the SBHD)  
will also be staffed at the shelter.

## SHELTER LOCATION



## **SHELTER LOCATION**

Sunset School\*  
3775 SW 16th Street  
Ft. Lauderdale, FL 33312

\*This location is confidential.

## **DIRECTIONS**

From I-95, exit Davie Blvd west.  
At State Road 7 (US 441) make a left/south.  
At SW 16<sup>th</sup> Street, turn left/east (next to McDonalds). Proceed 2 blocks.  
The school is on the left/north side.  
A landmark to look for is the  
Dixie Peel Water Treatment Plant on State Road 7.  
The school is located behind it.

# Ft. Lauderdale CMS Family Disaster Plan & Shelter Registration Form

Child: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ APT # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

**Do you reside in a mobile home?** ☐ Yes ☐ No

**EVACUATION DESTINATION:** In the event of a disaster that requires you to leave your home, where would you go?

A. **CMS Shelter:** ☐ Yes ☐ No B. Hospital: ☐ Yes ☐ No

C. If no, where: \_\_\_\_\_ Phone: \_\_\_\_\_

D. If applicable, number of family member coming to shelter: **Adults:** \_\_\_\_\_ **Children** \_\_\_\_\_

## MODE OF TRANSPORTATION/TIME:

A. How will you travel: \_\_\_\_\_ How long will it take to get to your evacuation site: \_\_\_\_\_

B. **Do you require CMS to arrange transport to the CMS shelter?** ☐ Yes ☐ No  
*If yes, parent/guardian must provide car seats for all children going by CMS transport*

C. **Do you require ambulance transport (ex. vent-dependent clients)?** ☐ Yes ☐ No

**Do you require:** Wheelchair ☐ Yes ☐ No Nebulizer ☐ Yes ☐ No Oxygen ☐ Yes ☐ No

**LIST ITEMS/SUPPLIES AND EQUIPMENT THAT YOU WOULD NEED TO CARE FOR THIS CHILD FOR AT LEAST ONE (1) WEEK.** (i.e., respiratory equipment, feeding supplies, suctioning, medications) Attach additional details if necessary. Attach to back of this form 1. Client Information Form and 2. Child Assessment Plan/Care Coord. Assessment Sheets.

Quantity	Items/Supplies & Equipment
Quantity	Nutrition Supplies/Special Dietary Items
Quantity	Medications

**CLOSEST APPROPRIATE MEDICAL FACILITY:** List the name of the hospital that is located closest to the place that you will be if you are required to leave your home: \_\_\_\_\_

**EVACUATION SUPPORT SYSTEM:** Identify all support systems (i.e. nursing) that will be available to you and your child at this evacuation site other than CMS staff: \_\_\_\_\_

## SIGNATURES:

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
CMS Care Coordinator

\_\_\_\_\_  
Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

Revised 1/2011

# DISASTER SUPPLIES

Stored at the CMS Office to be picked up and delivered to the shelter by the County.

BOX #1	
ITEM	QUANTITY
5cc Syringes	100
10cc Syringes	100
60cc Syringes	100
1cc - 25g 5/8 syringes	100
23g 3/4 needles	100
25g 5/8 needles	100
Sharp containers	3
BOX #2	
Bladder Care Tray	1
Urine Meter Foley Tray	2 (Exp. 11/97)
Red Robins Urethral Cath 14 FR	6
Foley Cathe 8 FR	1
Self Cath Female #14	22
Self Cath Kit Female #8	4
Uro Sheath small	30
Uro Sheath medium	30
Uro Sheath large	30
Band Aids	3 boxes
4 x 4 Sterile	2 boxes (count 50)
Surgical Tape 1"	10 rolls
Cotton Swabs	300
Alcohol Prep	3 boxes
Small Nasal Tips	3
2- Color Wristbands	6 boxes (3 boxes for each color)
BOX #3	
Nebulizer Kits	12
Nasal O2 Cannula	20
O2 Tubing	20
Yankauer Suction set	4
Yankauer Suction Instrument	1
Aerosol mask only	8
BOX #4	
Corpack feeding bags	
BOX #5	
Suction Machine	
French Suction Catheters #8	33

Suction Catheters #12	19
De Lee Suction Catheter Kit #8	7
De Lee Suction Catheter #6 ½	36
De Lee Mucus Trap #10	1
De Lee Trap #8	2
Suction Cath Kit #12	7
Suction Cath Kit #10	4
Suction Cath Kit #8 with glove	30
Suction Cath Kit #10 with glove	27
Suction Cath with control valve #18	22
<b>BOX #6</b>	
<b>ITEM</b>	<b>QUANTITY</b>
Resuscitator	3
Tracheotomy Tubes Shiley - size #0	3
size #1	3
size #3	3
size #4	3
size #5	3
Mada Resuscitator	1
Anatomical Mask Infant	1
O2 Tubing 25 ft.	8
Tracheotomy Ties	1 roll
<b>BOX #7</b>	
Sterile Water	4 bottles
Alcohol	3
Peroxide	2
Home Care Kit Germicide	2
Bandage Scissors	1
Stethoscopes	4
Resuscitators	15 micro-shields
Blood Pressure Kit	
Otoscope with ophthalmoscope attachment	
Saline Bullets	1 box 100 count
Thermometer (Genius)	
<b>BOX #8</b>	
Tracheotomy Care Kit	8
Suction Catheters #8	12
Tracheotomy Mask	2
O2 Mask with Tubing	1
Specimen cup	3
Feeding Tube 5FR	12
Infant Feeding Tube 8FR	2
<b>BOX #9</b>	
Gloves	10 boxes

BOX #10	
Paper Towels	10 rolls
Red bags	
BOX #11	
Visquine	
BOX #12	
Underpads	
BOX #13	
Buretrol	
BOX #14	
Nebulizer	3
Suction Machine	2
Compact Spacers	10

Clinic:drugsupply.doc/ce

### **Reference Books to be Transported to the Shelter from CMS**

- PDR 2009
- Merck Manual
- Nelson Textbook of Pediatrics
- Harriet Lane
- Lippincott's Nursing Drug Guide.
- Maternal-Child Health (Mosby)

# CHILDREN'S MEDICAL SERVICES SHELTER

## DRUG LIST

To be obtained from hospital pharmacy and hand carried by South Broward Hospital District Staff to the special needs shelter.

DRUG	QUANTITY
Phenobarbital elixir 20mg	3 bottles
Tylenol elixir	3 trays
Albuterol 0.083%	3 vials
Xoponex 1.25 mg & .63 mg	1 box each
Depakene syrup 250 mg/5ml	1 bottle
Zantac syrup 15mg-ml	1 bottle
Reglan syrup 5mg per ml	1 bottle
Prevacid 15mg. 30mg	1 tray each
Dilantin suspension 125mg per 5ml	1 bottle
Bactrim suspension & tablets 80/400mg suspension is 40mg/200mg	3 bottles
AZT 50mg per 5ml liquid	3 bottles
Augmentin Suspension 125 & 250MG (three times a day) 200 & 400MG (Twice a day)	3 bottles
<b>Rocephin injection</b>	5 injections
<b>Clindamycin 75mg/5ml</b>	5 bottles
<b>Clindamycin Caps 300mg</b>	1 bottle
<b>Bactroban ointment</b>	5 tubes
INH syrup 50mg per 5ml	3 bottles
Benadryl syrup & tablets Syrup=12.5mg/5ml Tablets=25mg, 50mg Injection=50mg/ml	1 tray
Nasalcrom nasal spray	3 bottles

<b>IV supplies</b>	2 500 cc D5W
2 500 cc NS	2 500 cc D5 1/2 NS
2 accucheck machines	2 500 cc Lactated Ringers
D25 1 bottle	4 IV start Kits
	2 boxex 22 G Butterfly
	2 24 G Butterfly
	IV tubing/connectors
Nitroglycerin 1/150gr (sl)	
Tylenol Tablets Motrin Tablets and Liquid	10 bottles
Heparin Flush Kits	25
Phenobarbital elixir 15mg/5ml	20 vials (multi dose)
Valium 1mg/ml, 5mg/ml	10 vials (multi dose)
Compazine	10 vials (multi dose)
Insulin - NPH	20 vials
Insulin - Regular	10 vials
Betadine	6 bottles
IV supplies	10 sets of tubing
	5 1000 cc bags Lactated Ringers
	5 1000 cc bags D5/NS
	5 #18 Angiocaths
	5 #21 Angiocaths
	10 quick cath start kits
Zithromax suspension 100mg/5ml	5 bottles
200mg/5ml	5 bottles
Capsules=250 mg	1 bottle
Mylanta Liquid	5 bottles
Amoxillin suspension 125 mg &250mg Capsules 500mg	5 bottles
Phenobarbital tablets 15mg	4 bottles
Dilantin 100mg	2 bottles
Benadryl 50mg injection	20
Ativan injection 2mg/ml	5 vials
Pulmicort 0.25mg/2 ml, 0.5mg/2 ml	1 box each

Orapred 15 mg/5ml	2 bottles
Epipen	2 auto injector
Epipen JR.	2 auto injector
Racemic Epinephrine	1 bottle
Epinephrine injection 1:10,000	2 injections

.docx

**SHELTER SUPPLIES**



To be provided by and delivered to the shelter by the County.

<b>Diapers</b>	<b>5 cases (1 case med child; 1 case large child; 2 cases small adult; 1 case med adult)</b>
<b>Tissues</b>	<b>2 boxes</b>
<b>Chux Underpads</b>	<b>1 case</b>
<b>O2 Tanks</b>	
<b>Cold and Hot Pads</b>	<b>1 box</b>
<b>Medical Waste Bag Containers</b>	<b>6 each large size</b>
<b>Antiseptic cleaning supplies</b>	<b>1 case of 10 Cavi Wipes by Metrex. 1 case of Lysol spray disinfectant</b>
<b>Privacy Screens</b>	<b>10</b>
<b>Drinking Water</b>	<b>1 case</b>
<b>Pediasure</b>	<b>12 cases of 24 oz ready to ingest</b>
<b>Pediasure w/fiber</b>	<b>2 cases of 24 oz ready to ingest</b>
<b>Ensure Plus</b>	<b>2 cases of 24 oz ready to ingest</b>
<b>Vivonex</b>	<b>1 cases of 24 oz ready to ingest</b>
<b>Enfamil</b>	<b>2 cases of 24 oz ready to ingest</b>
<b>Similac</b>	<b>2 cases of 24 oz ready to ingest</b>
<b>Pedialyte</b>	<b>3 cases of 24 oz ready to ingest</b>
<b>Isomil or Prosobee</b>	<b>2 cases of 24 oz ready to ingest</b>
<b>Progestimil</b>	<b>1 cases of 24 oz ready to ingest</b>

**\*\*Surplus formulas will be delivered to CMS after shelter closure for distribution to families.**

# DAMAGE ASSESSMENT REPORT

**Date:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Area being reported:** \_\_\_\_\_

### Brief description of damage:

This image shows a full page of blank, lined paper. It features approximately 20 horizontal black lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings present.

**\*\*Upon completion, this form is to be submitted to the DCSA.**